

Legislative Assembly of Alberta

Title: **Tuesday, April 26, 1994**

1:30 p.m.

Date: 94/04/26

[Mr. Speaker in the Chair]

head: **Prayers**

MR. SPEAKER: Let us pray.

Dear God, author of all wisdom, knowledge, and understanding, we ask Thy guidance in order that truth and justice may prevail in all our judgments.

Amen.

head: **Presenting Petitions**

MR. SPEAKER: The hon. Member for Calgary-North West.

MR. BRUSEKER: Thank you, Mr. Speaker. I would like to present a petition containing 158 signatures urging "the Government to reconsider the recommendation of the Hyndman Report" with respect to "the Alberta Children's Hospital." These signatures were collected primarily in the constituency of Calgary-North West.

MR. SPEAKER: The hon. Member for Calgary-Currie.

MRS. BURGNER: Thank you, Mr. Speaker. I would like to present a petition with 10,125 names on behalf of the parents of the children who have utilized the facility at Alberta Children's hospital urging the government to maintain the hospital "on its current site and as it currently exists as a full service pediatric health care facility."

MR. SPEAKER: The hon. Member for Pincher Creek-Macleod.

MR. COUTTS: Thank you very much, Mr. Speaker. I'd like to present the Legislature with a petition signed by 1,012 seniors across Alberta urging the government to reconsider the health care premium benefits and to move the thresholds for a single senior to \$20,000, a two-senior couple to \$35,000, a one-senior couple to \$35,000.

MR. SPEAKER: The hon. Member for Edmonton-Avonmore.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I am pleased to rise today to present to the House a petition signed by several concerned Edmontonians who want

to urge the Government not to amend the School Act in such a way that jeopardizes the economic structure of the Catholic School system.

MR. SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. I'd like to present a petition from 1,792 people in the Lethbridge area concerned about the cuts to the seniors' programs, and they'd like to urge the government to reconsider their levels of cuts.

MR. SPEAKER: The hon. Member for Edmonton-Strathcona.

MR. ZARIWNY: Thank you, Mr. Speaker. I'd like to present a petition signed by 321 University of Alberta students who are urging the government to reconsider its proposed cuts to education.

MR. SPEAKER: The hon. Member for Sherwood Park.

MR. COLLINGWOOD: Thank you, Mr. Speaker. I beg leave this afternoon to present a petition signed by 328 residents of Sherwood Park, Edmonton, and surrounding area urging "the Government to maintain the Grey Nuns Hospital in Mill Woods as a Full-Service, Active Hospital."

head: **Reading and Receiving Petitions**

MR. SPEAKER: The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker. I would ask that the petition I tabled on March 31 regarding student loans be now read and received.

CLERK:

We, the undersigned residents of Alberta, call on the Legislative Assembly to urge the Government of Alberta to abandon the proposal to privatize student loans, and make the entire student aid system more responsive to student needs.

MR. SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Mr. Speaker. I request that the petition I presented on April 11 be now read and received.

CLERK:

We, the undersigned, petition the Legislative Assembly of Alberta to urge the Government not to alter the level of support for all benefits for Alberta's seniors until seniors have been consulted and have agreed to any revisions.

MR. SPEAKER: The hon. Member for Edmonton-Highlands-Beverly.

MS HANSON: Thank you. Mr. Speaker, on April 11 I introduced a petition with a total of 512 signatures urging the government to keep the current system of family and community social services intact. I now request that the petition be read and received.

CLERK:

We, the undersigned, petition the Legislative Assembly of Alberta to urge the Government to keep the current system of funding for Family and Community Support Services and not transfer any FCSS dollars to the Department of Municipal Affairs.

MR. SPEAKER: The hon. Member for Sherwood Park.

MR. COLLINGWOOD: Thank you, Mr. Speaker. I'd ask that the petition I presented on April 12 now be read and received.

CLERK:

We the undersigned petition the Legislative Assembly of Alberta to urge the Government to maintain the Grey Nuns Hospital in Mill Woods as a Full-Service, Active Hospital and continue to serve the south-east end of Edmonton and surrounding area.

head: **Notices of Motions**

MR. SPEAKER: The hon. Deputy Government House Leader.

MRS. BLACK: Thank you, Mr. Speaker. Pursuant to Standing Order 34(2)(a) I am giving notice that tomorrow I will be moving that written questions do stand and retain their places on the Order Paper with the exception of written questions 191, 194, and 195.

I am also giving notice that I will be moving that motions for returns stand and retain their places on the Order Paper with the exception of motions 190, 192, 193, 196, 197, and 198.

MR. SPEAKER: The hon. Member for Edmonton-Norwood.

MR. BENIUK: Thank you, Mr. Speaker. I wish to give oral notice that today following question period I will move the following motion pursuant to Standing Order 40:

Be it resolved that the Legislative Assembly urge the government to mark the eighth anniversary of the nuclear disaster in Chernobyl, Ukraine, by providing in concert with the federal government whatever assistance is necessary to fully assess the human and environmental damage created by the Chernobyl disaster on the people of Ukraine and, further, that the Legislative Assembly urge the government to provide support to the people of Ukraine to continue efforts in the environmental cleanup and other health related matters.

head: **Introduction of Bills**

Bill 17

Treasury Department Statutes Amendment Act, 1994

MR. DINNING: Mr. Speaker, I request leave to introduce Bill 17, the Treasury Department Statutes Amendment Act, 1994. This being a money Bill, His Honour the Honourable the Lieutenant Governor, having been informed of the contents of this Bill, recommends the same to the Assembly.

Mr. Speaker, this Bill does three things. One, it ensures that financial responsibility is vested throughout the administration of government. Secondly, it increases the province's debt limit to cover the cost of this year's consolidated overspending. Finally, it makes amendments consistent with the recommendations of the Financial Review Commission to streamline the administration of a number of funds but maintain the important management and accountability functions of these operations.

[Leave granted; Bill 17 read a first time]

head: **Tabling Returns and Reports**

MR. DINNING: Mr. Speaker, I'm pleased to provide to you and to the Legislature Library copies of the 1993 annual report of the Alberta Municipal Financing Corporation.

MR. SPEAKER: The hon. Member for Edmonton-Mayfield.

MR. WHITE: Thank you, Mr. Speaker. I rise to table in the House 500 coupons that read: "Don't cut education, Ralph. Protect it!" I'm sorry that we don't have any in the negative this time.

head: **Introduction of Guests**

MR. KOWALSKI: Mr. Speaker, it's very significant that Canadians take the time to learn more about one another, and an example of learning about one another is occurring today. We have two groups of young people, one group from the community of Barrhead in Alberta and another group from St. Raymond, which is a small community near Quebec City in the province of Quebec. They're here in Alberta as a result of an exchange of students. Alberta young people have gone to Quebec, and now these young students from Quebec have come to Alberta. Accompanying the group from St. Raymond in Quebec are teachers Yvon Bellerive and Jean-Guy Marcotte. Accompanying the group from Barrhead in Alberta are three very activist parents

who've been involved in this activity: Gerry St. Pierre, Adeline Semler, and their conductor of transportation, Gerry Boisjoli. Leading the group – and I'm very proud of this – is a very, very good friend of mine: my wife, Jeannine. The groups are in both the members' gallery and the public gallery, and I'd ask them all to stand and receive the warm welcome of the Assembly.

1:40

MR. HIERATH: I'd like to take this opportunity to introduce to you and through you to members of the Assembly our Ethics Commissioner, Bob Clark. He is seated in your gallery, Mr. Speaker, and I would like to ask him to please rise and receive the warm welcome of this Assembly.

MR. SPEAKER: The hon. Minister of Community Development.

MR. MAR: Thank you, Mr. Speaker. It's my great pleasure to introduce to you and through you to members of this House the Hon. Sheila Finestone, secretary of state responsible for multiculturalism and the status of women. She is in the Speaker's gallery, and I'd ask her to rise and the House to give her the warm welcome of this Assembly.

MR. SPEAKER: The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you very much, Mr. Speaker. It's my pleasure to introduce to you today and through you to members of the Assembly two parents who are in the gallery today because they are concerned about the future of education in Alberta. They are Lori Brohman and Ana Ojala. If they could stand and receive the warm welcome of the Assembly.

Thank you.

MR. SPEAKER: The hon. Member for Vegreville-Viking.

MR. STELMACH: Thank you, Mr. Speaker. I'm proud today to introduce to you and through you to the elected Members of this Legislative Assembly the first group of students to visit this Assembly from my old high school in Andrew. Accompanying them today are teacher Harry Bidniak and principal, Marshall Stewart, who during his lifetime served the community of Andrew as the mayor and also as the fire chief, and bus driver Mr. John Danyluk, whom we had the pleasure of introducing last week. Please rise and receive the traditional warm welcome of the Assembly.

MR. SPEAKER: The hon. Member for St. Albert.

MR. BRACKO: Thank you, Mr. Speaker. On behalf of my colleague from Spruce Grove-Sturgeon-St. Albert and myself I would like to introduce to you and through you to the Members of the Legislative Assembly 45 hardworking and dedicated students from one of St. Albert's finest high schools St. Albert high. They represent two classes. One is bilingual, and they take their social studies in French. The second is a quest class. They are here with their teachers and colleagues of mine Noreen Ehalt and Tom Kalis. They are seated in the public gallery. I'd ask that they rise and receive the warm welcome of the Assembly. Bonne journée.

MRS. MIROSH: Mr. Speaker, I'd like to introduce to you and through you to Members of the Legislative Assembly a very dear friend of mine, a nursing colleague from the Royal Alex school of nursing who is organizing a major nurses' reunion this weekend.

Marg Sorenson, would you please rise and receive the warm welcome of the Legislative Assembly.

MR. SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to members of the Assembly two women from my constituency who work hard in my constituency office: Debby Sisson and Marilyn Van Hove. Would they please rise and receive the warm welcome of this Assembly.

MR. SPEAKER: Hon. members, due to traffic at this spot earlier, a very important tabling was overlooked. Could there be unanimous consent to revert to that item of business?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried.

head: **Tabling Returns and Reports**
(*reversion*)

MR. SPEAKER: Hon. members, I am pleased to table with the Assembly the second annual report of the office of the Ethics Commissioner for the period April 1, 1993, to March 31, 1994. This report is pursuant to section 44 of the Conflicts of Interest Act. A copy of the report was distributed to Members of the Legislative Assembly earlier today.

Thank you very much.

head: **Oral Question Period**
Catholic School System

MR. DECORE: Mr. Speaker, Catholic school boards have indicated that they will not meet tomorrow's deadline for opting in to the province's tax and power grab. The Premier told Albertans, particularly Albertans of Catholic persuasion, yesterday that he will refuse and does refuse to allow a reference to the Court of Appeal to determine these issues pertaining to the Catholic school system. The whole matter now verges on a crisis. Mr. Premier, will you call the bishops and the school authorities today and work this problem out so that this does not become a crisis in our courts?

MR. KLEIN: No, I will not call the bishops. Why would I call the bishops? Mr. Speaker, the fundamental point we have to be cognizant of is that we want to create fiscal equity, we want to protect the constitutional rights of Catholics, and we want to meet our financial targets. Indeed, the Minister of Education has been meeting with those – and I must emphasize "those" – Catholic school boards who are concerned about this issue. I would remind the hon. leader of the Liberal opposition that by and large not all Catholic school boards are opposed to this particular scenario.

MR. DECORE: Mr. Premier, this does not create fiscal . . .

MR. SPEAKER: Supplemental question. [interjection] Supplemental question.

MR. DECORE: Mr. Premier, what will you do to these boards tomorrow when they say that they will not meet your deadline?

MR. KLEIN: I don't think I'll be doing anything. The hon. Minister of Education may have a plan or a scenario, but I would

think it would be entirely up to the boards who oppose this particular direction that the government is taking. The government has no plans to do absolutely anything other than to follow through with what we originally set out.

MR. DECORE: Mr. Premier, why do you insist on being a bullyboy on this issue? Why don't you have the matter referred to the Court of Appeal on a reference so that it doesn't cost the taxpayers of Alberta a lot of money and it doesn't cost the people in the Catholic school boards a lot of money and it doesn't waste time?

MR. KLEIN: As I understand from the hon. Minister of Justice, a reference indeed could take a lot of time. In other words, these things are not adjudicated overnight. We're quickly approaching our deadlines, and we've got to take action and action that is deemed by most of the jurisdictions in this province to be fair and equitable to all.

School Superintendents

MR. DECORE: Mr. Speaker, in January the Minister of Education said that he would appoint school superintendents. There was an instant outcry, so in Bill 19 the minister has adopted a more subtle approach. Now superintendents will be approved by the minister, will be accountable to the minister, and can be fired when the minister chooses for inappropriate behaviour. Mr. Minister, explain what real difference there is between having the right to hire a superintendent and having the right to reject, hold accountable, and fire superintendents.

MR. JONSON: Mr. Speaker, with respect to the matter of the superintendency as it applies to the School Act, I did consult extensively with school boards across this province after the announcement on January 18. One concern that school boards had generally across this province which we recognized and listened to was that they did want to employ their own superintendents. We made those adjustments in terms of what was placed in Bill 19, and the reaction I have received since that change has been very positive from school boards.

1:50

MR. DECORE: Well, Mr. Speaker, I must go back and ask the minister to listen to the question, because this is important to Albertans of Catholic persuasion. Explain what the real difference is, Mr. Minister, between having the right to hire a superintendent and having the right to reject, hold accountable, and fire superintendents. Pretty simple. Tell us what the difference is.

MR. JONSON: First of all, Mr. Speaker, the issue with respect to the separate Catholic system of this province as I have understood it in talking to Catholic school boards across this province is that there be the assurance that the person hired as superintendent would be Catholic, would be able to reflect the spiritual and ethical nature of a Catholic school system, and that has never been at issue in the whole discussion. With respect to the approval of the appointment of a superintendent, this is a provision that was in in 1988, is being returned to, and it provides that certification with respect to academic qualifications is provided for.

Secondly, Mr. Speaker, with respect to being accountable, it is important, particularly when we are downsizing Alberta Education, that there be a direct line of communication and there be an accurate flow of information back and forth on important items between Alberta Education and the school boards of this province.

MR. DECORE: Mr. Minister, considering that superintendents of the Edmonton and Calgary Catholic boards spoke out against Bill 19 at the rallies last Thursday, does the minister deem that behaviour inappropriate behaviour under his new Bill?

MR. JONSON: Mr. Speaker, I assume that the superintendents that are being referred to were speaking with the full knowledge and approval and instruction of their boards of education, and so be it.

Student Loans

MR. DECORE: Mr. Speaker, the government's new student loan program seems designed to help bank shareholders more than it's designed to help students. The Canadian Imperial Bank of Commerce gets the vast bulk of the lowest risk loans plus a huge premium from the government. Students will pay more than bank customers will, and the government still bears the risk for the shakiest 10 percent of the loan portfolio. Mr. Minister, how is this new plan good for students when they'll pay more for their loans than most bank customers at the Canadian Imperial Bank of Commerce?

MR. ADY: Mr. Speaker, the hon. leader asked a multitude of questions there, so I hope that you'll allow me the time to give a multitude of answers. First of all, the students will not be called on to be penalized in any way with the program that has been put forward there for them. As far as the premium that's paid to the bank, we deal in about a hundred million dollars of cost to the Students Finance Board, and 5 percent of that, which is the premium that's being paid to the bank, amounts to \$5 million. In today's world we're paying out somewhere between \$15 million and \$20 million by default on student loans. So if the bank is prepared to take on that risk for a \$5 million premium, I believe that the taxpayers of the province will be receiving a pretty good return on the proposal.

MR. DECORE: Mr. Minister, how can this plan be fair when the children of wealthy parents can go to the bank with those students and negotiate a lower bank interest rate than most other students can? How's that fair?

MR. ADY: Mr. Speaker, let's be clear that children of wealthy parents will not be accessing student loans. Let's remember that the student loan program is a needs-based program. It's there for students who don't have the resources to access the postsecondary education system in our province. If parents have money to do what the hon. member indicates, then they would foot the bill for their students to be in the postsecondary system. I believe that his concern has to do with the fact that there is a provision in this new program that if a student were able to find someone to cosign their loan at the time that they consolidate it, they may be able to negotiate a better and a lower interest rate to repay. I don't see that as a penalty to students; I see that as an advantage. Should we take that away from them? I think not.

MR. DECORE: Mr. Speaker, why would the government give CIBC a \$5 million bonus when the bank already will get 65,000 new customers and they'll be able to charge those new customers, those students bank loan rates that are higher than most people will pay to CIBC?

MR. ADY: Mr. Speaker, the bank loan rate that students will be charged is on par with any other person who would come to the

bank without collateral and without a credit rating, and that's the circumstance with students. Now, there is an interest shielding program in place that will ensure that students will not pay a higher interest rate than they would under the system that we presently have in place.

MR. SPEAKER: The hon. Member for Wainwright.

Agricultural Trade Dispute

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Agriculture, Food and Rural Development. It's regarding the U.S. trade action. Last Friday the United States government announced that they would be taking action to limit Canadian exports of wheat and barley. This action is especially troubling in light of the recently signed trade agreements and of the Americans apparent complete disregard towards freer trade practices. Can the minister outline what type of action the Americans are undertaking and what restrictions this action will mean to our Alberta producers?

MR. SPEAKER: The hon. Minister of Agriculture, Food and Rural Development.

MR. PASZKOWSKI: Thank you, Mr. Speaker, and thank you to the hon. Member for Wainwright. It's unfortunate that we're in the position we are now with the GATT negotiations, because indeed the original intention of GATT was to allow for enhanced market accessibility. Indeed, we seem to be embroiling ourselves in a scenario that is creating more hardship than it is creating ability to access additional markets.

First of all, we have to understand that the United States moves \$11 billion to \$12 billion of product into Canada. So there's opportunity both ways here. It's not just a matter of Canadian trade moving into the United States. Secondly, we have indeed made some suggestions to the federal government regarding the development of strategy. The Americans have identified article 28 and section 22 as the major concerns that they have brought forward. We have recommended to our federal negotiators that we should take section 22 right off the table. We should indeed, and we have made a proposal as to how we could make the Wheat Board more transparent that would accommodate the needs of GATT. We've also made recommendations to the federal government on how to pay the producer so that the Crow benefit is no longer on the table. Once we've taken section 22 off the table, article 28 is no longer a major irritant.

MR. FISCHER: Is it likely that we will reach an agreement in the next 90-day period given the fact that we've been negotiating since last December?

MR. PASZKOWSKI: Though we're deeply concerned about the issue and obviously it's one of great concern to all of agriculture, we don't see any immediate urgency to the matter, because we do have 90 days to sit and negotiate. From Alberta's perspective we're not encouraging the discussions around sanctions. We feel that the discussion should be in a more positive vein and a more positive light and that we should be coming together to negotiate to the betterment of both Canada's trade and the United States' trade. So we feel that this is an excellent opportunity to enhance our trade relationships. We don't agree with trying to identify commodities that we should be providing with trade sanctions. We don't think that's the proper way to negotiate.

2:00

MR. FISCHER: Does Canada have any recourse in the event that a suitable deal cannot be reached with the Americans?

MR. PASZKOWSKI: Speaking on behalf of Alberta agriculture, we feel that this is perhaps an opportunity to enhance our whole area of market access of value added. We indeed think that this is a time that we want to be expanding our horizons, remembering that 63 percent of everything we produce in agricultural products in Alberta leaves the province. Obviously our natural advantage is in the export field. So we are considering various options that are available. We will indeed be considering sending some of our department people into the United States to share with them the Alberta advantage and to share with them the reason why perhaps they should be locating in Alberta and developing the processing facilities right here in Alberta rather than looking for raw product coming out of Alberta and having to pay tariffs on top of that.

MR. SPEAKER: The hon. Member for Edmonton-Mill Woods.

Student Loans

(continued)

DR. MASSEY: Thank you, Mr. Speaker. The government's draft white paper asks Albertans how the students' loan program should be changed. That question is to be addressed next month as part of the government's consultation plan. Yet today the minister announces that the proposed changes are a done deal. To the minister of advanced education: why the charade of consultation when the decision has been made?

MR. ADY: Mr. Speaker, I'm a little surprised that the hon. Member for Edmonton-Mill Woods would ask a question like that when the draft white paper that's put out by my department explicitly says that a new repayment proposal for student finance is imminent; in other words, it's about to be announced. It says that it's about to be announced. It has nothing to do with it being part of the consultation. It's part of the background having to do with tuition and student loans and so on, but as far as the repayment schedule is concerned, it talks about it being imminent and ready to be announced.

MR. SPEAKER: Supplemental question.

DR. MASSEY: Thank you, Mr. Speaker. To the minister: why, then, does the paper specifically ask participants if they agree with the way the rationalization of the student finance program proposal is being done? Why ask them if they agree?

MR. ADY: Mr. Speaker, the hon. member is taking out of context in order to serve his own purposes. Certainly if the roundtable wants to discuss that, it's fine with me. It's part of a discussion paper, but an indication in there is that it will be announced.

MR. SPEAKER: Final supplemental.

DR. MASSEY: Thank you, Mr. Speaker. To the minister then: how many more of the questions asked in the white paper have already been decided?

MR. ADY: I believe the thing that we can conclude has already been decided is that the Liberals will be negative on whatever comes forward regardless of what it might be.

Mr. Speaker, the information and the focus questions that are in the draft white paper are those that were drawn from roundtables. They're there for discussion. There have not been decisions made on them. The hon. member has been invited to attend these roundtables. He can be there to be part of this discussion, so I'm looking forward to the very positive input he will have now that the hon. leader has said that he's going to be more supportive of positive things that this government is doing. Let's see it for a change.

MR. SPEAKER: The hon. Member for Calgary-North Hill.

Toll Roads

MR. MAGNUS: Thank you, Mr. Speaker. The philosophy of user pay as applied to infrastructure projects is becoming more common throughout North America and the world. In Canada there are three major projects spanning the active public/private continuum: the Coquihalla highway in B.C., which is public; Highway 407 in Ontario, which is private; and the bridge between P.E.I. and New Brunswick, which is a combination of both. In such cases tolls are being used to recoup the costs of investment as well as operating and maintenance costs. My question to the Minister of Transportation and Utilities is: have you investigated the feasibility of utilizing public- and private-sector partnerships to develop toll road highways in Alberta?

MR. TRYNCHY: Mr. Speaker, some weeks ago I was approached by the private sector to have a discussion in regards to toll roads. I want to make it very, very clear to Albertans that the toll road issue in the province of Alberta is a private-sector initiative and not the government of Alberta's initiative. I did meet with the private sector. We've had some good discussions. They've asked some questions, and I've asked some questions. Yes, we expect to meet again to see if there is a role for the private sector to play in toll roads in the province of Alberta.

MR. SPEAKER: Supplemental question.

MR. MAGNUS: Thank you, Mr. Speaker. To the same minister: what discussions have you had with the city of Calgary regarding toll roads in light of the city of Calgary's GoPlan, which is their long-term transportation planning initiative?

MR. TRYNCHY: Mr. Speaker, quite recently I wrote a letter to both cities in regards to toll road initiatives that they might want to enter into. Just recently, as a matter of fact, I spoke to the Alberta road builders association in Calgary. The city of Calgary had some people sitting at my table, and we had a good discussion. Hopefully our dialogue that evening and our letters back and forth will generate some further discussion. I'm quite impressed with the response I've received from the cities, because they both say that some of our proposals might well solve the transportation problems in the province of Alberta and their cities.

MR. SPEAKER: Final supplemental.

MR. MAGNUS: Thank you, Mr. Speaker. To the same minister: have you determined whether or not there is any road in this province with traffic volumes high enough to generate sufficient revenues to pay for the construction of the toll road?

MR. TRYNCHY: Mr. Speaker, that's a good question. If you were to take a private-sector development and try to put it into a

road in the province of Alberta, at this time I don't believe there is sufficient traffic to warrant the private sector's total involvement. What I've suggested to the private sector and also will discuss with the cities is: is there a role for the cities of Edmonton and Calgary, the province, and the private sector to become involved in generating a proposal on toll roads? Yes, you could have a toll road in the province today, but your return might take you many, many years, and I don't believe the private sector would accept that. By looking at it from a three-way partnership, we might be able to arrive at a conclusion that's satisfactory to all.

MR. SPEAKER: The hon. Member for Lethbridge-East.

Home Schooling

DR. NICOL: Thank you, Mr. Speaker. Last year the Minister of Education held a consultation process on revising Alberta's home schooling policies and regulations. However, before the new regulations were put in place and before the results of this process were made public, the minister halved the funding for home educators. Even worse, home schoolers have been hearing rumours for some time that the minister intends to force their children to be evaluated through standard grades 3, 6, and 9 tests. To the Minister of Education: a group of home schoolers in my constituency would like the minister to explain what studies his department conducted to determine that half funding is adequate for home schoolers.

MR. JONSON: Mr. Speaker, with respect to the question, the basis on which the decision was made was first of all meetings that were held which involved extensive representation from the home schooling community prior to the beginning of this year, and it also involved other stakeholder representatives. At those meetings it was identified that home schooling funding could be reduced significantly.

The second reason, Mr. Speaker, is that within the context of our overall budget reductions in education, to do our part in balancing the provincial deficit, albeit we are still clearly the government's number one priority, we decided to reduce the funding. That announcement, of course, needed to be made with the other school grants on January 18.

2:10

MR. SPEAKER: Supplemental question.

DR. NICOL: Thank you, Mr. Speaker. Again to the minister: how does halving funding to home schoolers fit with your government's stated commitment to guarantee equal access to quality education for all children?

MR. JONSON: Mr. Speaker, as is the case with private education in the province, home schooling is an opportunity of choice for parents. I must emphasize that the public and separate schools of this province are available to provide education for all students, an equitable and fair opportunity along with our overall plan for funding education, and that opportunity is there. If parents in their best judgment decide to home school, that is accepted in our system and recognized, but that is done at reduced funding.

MR. SPEAKER: Final supplemental.

DR. NICOL: Thank you, Mr. Speaker. Again to the Minister of Education: is the minister now taking away the parents' choice by

imposing curriculum-based testing on students whose parents chose home schooling because of their concern for curriculum content?

MR. JONSON: Mr. Speaker, in due course, as was committed to some time ago, the proposed home schooling regulations will be circulated one more time to the home schooling community for response. But certainly as a government which is charged with the responsibility of education in the province and relative to certain court decisions of some time ago, we do have an overall responsibility with respect to ensuring that education is delivered. The issue of assessment on a regular basis will certainly be brought forward in the proposals on those regulations. I think everyone in the province, the parents, everyone, wants to see all students achieve in certain key skill areas.

MR. SPEAKER: The hon. Member for Peace River.

Health Services Restructuring

MR. FRIEDEL: Thank you, Mr. Speaker. My question is to the Minister of Health. I was recently informed that the Cross Cancer Institute had canceled an outreach clinic because it was relatively inefficient to travel to that community for a small number of people. It's always been my information that the institute is funded as a provincewide facility and not just for the Edmonton area. My question to the minister is: will the institute be allowed to use funding reduction as an excuse to reduce or cut back services to rural Alberta?

MRS. McCLELLAN: Well, certainly, Mr. Speaker, I think the Alberta Cancer Board has operated very well within their budget and has been very careful to look at how they expend their dollars to ensure that they are able to provide services in the best way. There are a number of outreach clinics in the outlying areas in the province. We expect those to continue. The Cancer Board, I should point out, is a provincial board. It is not a board set up for the major cities or the smaller cities. It is set up to provide cancer programs to the province, and I think they do it in a very good way.

MR. SPEAKER: Supplemental question?

MR. FRIEDEL: Yes. To the same minister: is there going to be any mechanism in place to ensure that the new regional health authorities are going to have some input into the services of the Cross institute?

MRS. McCLELLAN: Mr. Speaker, certainly the regional health authorities will be involved in discussions as to how we deliver programs such as the cancer program. I think it is obvious that there are some provincial programs that will have to have special consideration in the way they're handled with the regional health authorities. However, as much as possible, the regional health authorities will be involved in decision-making as to how to deliver those programs in their communities. I think that's appropriate. I think it is in the best interests of efficient delivery and to ensure that people's health needs are met.

MR. FRIEDEL: Again to the same minister: will this same kind of policy apply to the other specialized services; for example, renal dialysis or specialized surgery?

MRS. McCLELLAN: Again, Mr. Speaker, there are a number of provincial programs that are delivered from tertiary care institu-

tions in some cases today, such as renal dialysis. We would expect that that same interaction will occur. However, there is a positive to the regional health authority. We have 17 regional health authorities in the province now rather than some 200 boards for these people to work with. So I think it will be much easier to offer a comprehensive service and for the regional health authorities to say how those services could best be applied in their region at what locations and by what methods. So I think the opportunity will be greatly enhanced under the new authorities.

MR. SPEAKER: The hon. Member for Edmonton-Glenora.

HIV-tainted Blood

MR. SAPERS: Thank you, Mr. Speaker. The spread of HIV and the safety of our blood supply concern everyone. Yesterday the Premier said, "We are full participants in the program," in response to a question regarding what his government has done to track Albertans who have been exposed to tainted blood. I'd like the Minister of Health to outline the details of this program and inform the Assembly how constituents can benefit from it.

MRS. McCLELLAN: Mr. Speaker, I believe what the Premier referenced yesterday and I referenced also yesterday or the day before is that the province is a full participant in the Krever inquiry, and we are. We support the inquiry both in concept and in purpose as well as fiscally.

On the issue of tracking, the province has made a decision as to how to put the information into people's hands. We worked with the College of Physicians and Surgeons in doing that. We worked with our hospital system and felt that that was the most effective way. I think that those issues are being discussed at the Krever inquiry. I have said repeatedly that we have laid all of our documentation before the inquiry. We have had all of our experts appear at the Krever inquiry, and we are fully wishing to be participatory because we want to ensure that we have a safe blood supply for all people in Canada.

MR. SAPERS: Seeing as there is no program, just participation in a royal commission, will the minister now commit to tracking blood victims and developing a comprehensive program that will meet their needs?

MRS. McCLELLAN: Mr. Speaker, the assumption that there is no program simply comes back to the fact that members opposite have a script and have to follow it.

I will outline one more time the process that we followed in Alberta. There was a federal parliamentary subcommittee on health, and they gave some recommendations. We followed those recommendations by working with the College of Physicians and Surgeons. They issued a news release. We also notified all hospitals that any patient that contacted them regarding risk should contact their doctor to arrange a test. We did not advise them directly to track. We felt they should make those decisions. But we certainly did provide the hospitals with information in case they were contacted; we provided that. The College of Physicians and Surgeons have pointed out that it is more practical and less costly to identify people through a general notice and do the tests immediately rather than go through the time-consuming job of searching hospital records. This minister does accept expert advice from persons like the College of Physicians and Surgeons. That was their recommendation; we followed it. There is a program.

MR. SAPERS: Well, there's no tracking; we know that.

Madam Minister, perhaps you could inform the Assembly why it is that as Minister of Health you continue to refuse to put HIV on the list of those diseases that must be reported? This is a public health issue.

2:20

MRS. McCLELLAN: Mr. Speaker, two things. In the preamble, which I know there isn't supposed to be but there was, there is the opportunity for tracking in this province, and we have supplied the information available.

Mr. Speaker, there are pros and cons on the discussion on whether HIV should be notifiable or not. If the member attended the inquiry or listened to all of the discussion in the inquiry, he would know that there are arguments on both sides. As the Minister of Health certainly I rely on expert information, including Dr. Romanowski's. There is a conflict as to whether it is the most appropriate.

The argument against mandatory reporting – and I want the hon. member to listen very carefully to this. This is a very important subject. The argument against mandatory reporting is that it may increase and does increase resistance to testing. It is a concern that if people fear being tested, they may not have it done and be more at risk. It is a serious debate, and I think the hon. member would know that clearly there are two sides to it and also understand that the Minister of Health will take the expert advice available to her in making that decision.

MR. SPEAKER: The hon. Member for Calgary-Currie.

Student Loans

(continued)

MRS. BURGNER: Thank you, Mr. Speaker. Postsecondary students are interested in the new financial loan arrangements, even, I note, if the Liberals are not. In this new method of student loan payment . . . [interjections]

Speaker's Ruling Argumentative Questions

MR. SPEAKER: Order. The Chair will take the opportunity to remind all hon. members that they should not have argumentative questions or preambles. We were making fairly good headway on this question period until some hon. members thought that they didn't like the answers, and now we have some people asking argumentative questions. Please.

The hon. Member for Calgary-Currie.

Student Loans

(continued)

MRS. BURGNER: Thank you, Mr. Speaker. The agreement with the CIBC involves students taking advantage of a floating or fixed interest rate. My question to the minister of advanced education is this. If the options available to students – floating rates, prime plus 2.5 percent, or a fixed rate, prime plus 5 percent – work out to be actually higher than what the students pay under the old system, doesn't that negatively affect the students?

MR. ADY: Mr. Speaker, for some reason the media's had a very difficult time understanding this, and the Liberals certainly have. So I can understand why the hon. member, who didn't have an opportunity to attend my press conference like members opposite did this morning, wouldn't understand it. I would like to make it clear that when we initiated the review of the repayment system for students, I made it very clear to those negotiating it that I did

not want students to be worse off with this program than they are with the present one. So the whole motivation was to improve the system and the process by which students would repay their loans. As part of that agreement I introduced an interest shielding program, and this is the part that will address the concerns of the hon. member.

Let me give a scenario. If it turns out that the floating rate of prime plus 2 and a half percent is greater than the present interest rate paid, then the government would pay the difference. Now, that will cost the government a little bit of money, but it will give the students the comfort that they need to ensure that they will not be paying more under this program than under the previous one.

MR. SPEAKER: Supplemental question.

MRS. BURGNER: Thank you, Mr. Speaker. The minister may think that the students may not be worse off, but my question, then, is: are they actually better off?

MR. ADY: Absolutely. They will be better off than with the present very harsh repayment system that students are subject to. If the hon. members across the way would like to have students go on being thrown into default at the whim of a bank, then they would support the old program. Now, that's what we moved to preclude.

I should point out that the interest shielding protects them from unpredictable high interest rates, but in turn they will receive a lot more benefits, such as a graduated repayment system, which they don't presently have. Presently they are called on, and they have a set interest rate that the bank gives them. It's for 10 years, and there is no flexibility there. When they default, the bank calls the government and asks for the money. They are in default and subject to a collection agency. Frankly, Mr. Speaker, I've never ever wanted one of those people chasing me, and I don't think it's fair that students should have to contend with that. They will also have longer amortization rates. They'll have options of . . .

MR. SPEAKER: Final supplemental.

MRS. BURGNER: Thank you, Mr. Speaker. My final question relates to the bank. Why are we not opening up all this business to organizations other than the CIBC, or is it going to go just to that financial institution?

MR. ADY: Well, Mr. Speaker, we are. It is open to other institutions. As a matter of fact, if any institution wants to come forward - now, I heard from across the way that this is a sweetheart deal. If hon. members over there would like to come forward, we'll be happy to have them sign up and give them the same deal the Bank of Commerce gets today. Any institution that wants to come forward and offer us a deal as good as CIBC can sign on tomorrow. But let me say that most institutions that came forward were not prepared to sign their names on the dotted line on the deal that CIBC offered us. They're the only institution that would give us as good a deal as we received. We feel that it's fair to the students; it's fair to the taxpayers of this province.

MR. SPEAKER: The hon. Member for Edmonton-Whitemud.

North West Trust Company

DR. PERCY: Thank you, Mr. Speaker. North West Trust is owned by the government of Alberta, and the decisions of the government-appointed board ought to reflect the interests of

Alberta taxpayers. Two decisions of this board demonstrate an irresponsible use of taxpayer dollars: the sale of Bancorp and the North West Trust policies of golden handshakes to its management. To the Provincial Treasurer: will the Treasurer admit that his letter of April 19 and, I might add, the miraculous same day response from North West Trust are nothing more than a public relations ploy to get the government off the hook for \$1.1 million in golden handshakes that his board contractually locked the Alberta taxpayer into?

MR. DINNING: No, Mr. Speaker.

DR. PERCY: If other ministers would be equally brief, it might be a fine day.

Will the Treasurer explain his approval of the sale of the North West Trust subsidiary Bancorp and the loss of \$1.3 million, \$1 million of which was golden handshakes, when Bancorp had turned a profit in 1993 and could have been sold as part and parcel of North West Trust as part of the entity?

MR. DINNING: Well, Mr. Speaker, I know that the hon. member knows the answer to that question because he has met with officials of North West Trust and been briefed on the answer, but I'll tell Albertans the answer. This government back in early 1993 under the leadership of Premier Klein made a decision and made it very forcefully and well known that we were going to get out of the trust company business, that being in the trust company business was not a business that the government or the taxpayers should be in. As a result, the board of directors of the corporation, who had previously purchased Bancorp to be an asset management company, realized that the future in that kind of asset management function was not going to be very attractive to people who wanted to place their assets there, because North West Trust had perhaps an uncertain future as to its ownership. So, as a result, the company made the smart decision, given that we were going to get out of the business, to pare down the nature of its business to make it more streamlined, more attractive for a private-sector purchaser to invest in that company.

As a result, Mr. Speaker, there were write-downs of the previous investment; there were write-downs of various assets. There was a severance package of a little over \$700,000 offered to 20 employees, and it's regrettable. It is regrettable, but I think it's more important that this government gets out of the business of business rather than trying to run companies like this that more properly should be in the hands of private-sector ownership.

2:30

MR. SPEAKER: Final supplemental.

DR. PERCY: Thank you, Mr. Speaker. Does the Treasurer still have confidence in the board of North West Trust in light of its money-losing sale of Bancorp, the golden handshake to the CEO and president, and the golden handshakes to the members of Bancorp?

MR. DINNING: Mr. Speaker, the short answer is yes, but I know you would want a longer answer, and the member across the way really is inviting and begging a longer answer.

The fact is, Mr. Speaker, I wrote to the chairman of the board of North West Trust Company last week asking that the "Board of Directors review the remuneration and termination arrangements for executives and senior officers." I reflected that while this is a private-sector company operating in the private sector, it is owned by the taxpayer. So therefore it must live by the taxpayer or the public-sector standard.

I would remind the hon. member that it was this government under the leadership of this Premier who required that salaries, benefits, and allowances be fully disclosed not only within government but within the entire public sector. I can say that the disclosure we made back in March on specific salaries for specific employees included all of the Premier's staff, some eight senior people. [interjections] Mr. Speaker, it's a well-known fact . . .

MR. SPEAKER: Order. I'm afraid the hon. Provincial Treasurer has slipped over the edge.

The hon. Member for Olds-Didsbury.

Lottery Funds

MR. BRASSARD: Thank you, Mr. Speaker. I was recently contacted by a local exhibition committee requesting video lottery terminals for their exhibition for the four days, and it reminded me again just how much I personally oppose these machines. Having said that, I must honestly admit that the VLTs and all other forms of lottery, for that matter, have been very popular. To the Deputy Premier, the Minister of Economic Development and Tourism: could you indicate what gross dollar effect lottery dollars are having on your department?

MR. KOWALSKI: Mr. Speaker, gross lottery dollars are having little or no impact on my department, but they're having a rather significant impact on the people of Alberta. I think in the last day the Provincial Treasurer has introduced Bill 26, the Appropriation (Lottery Fund) Act, 1994, and if this Assembly agrees and passes this Bill, then the minister responsible for the Interprovincial Lottery Act will be forced to convey \$211 million in this fiscal year from the Alberta lottery fund to the general revenue fund. Those dollars will of course be spent on education and health. That's a pretty dramatic amount of money, \$211 million, in this fiscal year. It's about eight times higher than it was only two fiscal years ago.

MR. BRASSARD: Can the minister explain how he can justify so many lottery dollars going to sports functions and facilities during this time of fiscal restraint?

MR. KOWALSKI: Well, Mr. Speaker, I just indicated in the House that this year \$211 million will be addressed to the general revenue fund, and those dollars will go to pay for education and health. In the Alberta lottery fund, which this Assembly has now approved for the fiscal year of 1994-95, \$125 million will be expended on numerous volunteer organizations throughout the province, in fact perhaps more than 10,000 different volunteer groups throughout the province of Alberta.

MR. BRASSARD: Can the minister answer whether or not we will have soon reached the saturation point with these machines and we can put this on to other things?

MR. KOWALSKI: Well, Mr. Speaker, the program that the government has announced is now partway through. We announced that we would be dealing with a maximum number of 8,600 VLTs throughout the province of Alberta. We now, in April of 1994, have some 4,500 and a few additional beyond that in place, and people enjoy them. It's 30 percent cheaper to game in Alberta than in Las Vegas and Reno. It seems to me that we would encourage Albertans to enjoy the quality of life in the province of Alberta and we would ask them to enjoy the economy

of Alberta rather than expending those dollars in a state out of this country and certainly out of this province.

MR. SPEAKER: The time for question period has expired.

head:

Members' Statements

MR. SPEAKER: The hon. Member for Edmonton-Whitemud.

Federal Transfer Payments

DR. PERCY: Thank you, Mr. Speaker. This afternoon I want to address the issue of federal transfer payments. Certainly we've heard that the federal government is considering redesigning the program and scaling back significantly. I want to put the federal transfer program in some form of context.

Presently, federal transfers to the provincial government account for 15 percent of provincial government revenues. A million of this is in established program financing, postsecondary education, \$600,000 is under the Canada assistance plan, and there's around \$125 million in other programs. The federal government has a deficit problem, and we know that since '86, there's been a progressive scaling back of transfers under this program, piecemeal tinkering.

I would urge the provincial government to negotiate with the federal government and take an aggressive stance in trying to get these programs to be more specific to the needs of western Canada, specific to the needs of Alberta, to try and focus on making these programs responsive to issues such as our high degree of economic instability, trying to make sure that the unemployment insurance program is in fact actuarially sound and represents the employment experience of Alberta and is not regionally discriminatory, as the program presently is.

I would urge the government to focus on trying to ensure that Canadians, regardless of where they live, are treated equally. Simply because poor people live in Alberta, British Columbia, and Ontario, it does not mean they should be treated any differently. Under the current cost-shared programs, federal transfers, they are. I think the provincial government should work hard to try and make sure that the federal government targets programs to individuals and in many instances disentangles those programs from provincial governments. The name of the game, Mr. Speaker, is to ensure that the single taxpayer in this country gets the greatest value for their dollar and that Canadians, regardless of where they live, get all the benefits that they are entitled to.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. Member for Calgary-Bow.

Organ Transplants

MRS. LAING: Thank you, Mr. Speaker. Last week was organ donor week. Today the success rate of organ and tissue transplants grows steadily, and many Albertans are enjoying longer productive lives as a result. I personally know a person who had a kidney transplant eight years ago, and today he leads a very full and productive life and is one of the success stories of the organ donor program. Albertans should be very proud of the fact that they are leaders in organ donorship. Still, the demand for organs far outweighs the supply, and sadly many people still die needlessly on waiting lists.

This is an opportune time for Albertans to consider organ donation. Those who wish to make this donation, this precious gift, are urged to obtain an organ donor card or complete the consent form on the back of their driver's licence. A donor

consent form has also been incorporated into the new health care cards, which will be issued to all Albertans shortly. While these donor cards are legal documents, health care organizations in this province continue to request consent from family members. As well as signing your card, it's also imperative that you make your wishes known to your loved ones. This important decision should not be left to your family when they are under duress. Discuss this very vital issue with your families today, and sign a donor card to symbolize your decision to donate.

Thank you.

MR. SPEAKER: The hon. Member for Edmonton-Norwood.

Chernobyl Disaster

MR. BENIUK: Thank you, Mr. Speaker. Today, April 26, is the eighth anniversary of the Chernobyl nuclear accident and the attempted cover-up that compounded and needlessly exposed millions of innocent people to deadly radiation. Chernobyl stands as a monument to the world's greatest nuclear disaster and as a monument to the damage in human lives that could have been prevented if the civil rights and interests of citizens had been placed above the Soviet state's military, political, and ideological interests. The attempted Soviet government's cover-up confirms that democratic freedoms, including the existence of a free investigative press, are necessary safeguards against the government's possible abuse of power.

In areas affected by the fallout, people continued their normal existence unaware that the water and food they were consuming could be deadly. People continued to enter the nuclear death zone on vacation and to work. Children played in that deadly rain. While on May 1 the children of the party elite were being evacuated from Kiev, Soviet authorities still required other children to participate in Kiev's May Day parade. When Soviet authorities finally confirmed that a major nuclear accident had occurred some 80 miles north of Kiev, food contamination warnings were issued and a pipeline was built to a new water source for the city of Kiev. It should be noted that a tributary of the Dnieper River flows by that nuclear accident site. The wide Dnieper River flows through central Ukraine, supplying water to Kiev and other major cities.

2:40

The politically motivated cover-up of the nuclear accident caused needless damage to the health of millions of innocent people. To prevent this from happening again, let us work to ensure that democracy triumphs over ideology in eastern Europe and throughout the world. Let us always remember that the actions, misactions, or failure to act by politicians can cause great permanent harm to citizens.

MR. SPEAKER: The hon. Member for Edmonton-Whitemud on a point of order or two.

Point of Order Factual Accuracy

DR. PERCY: Two, Mr. Speaker. I stand under Standing Orders 23(h) and (i). I will go through the points of order in sequence.

First, the Provincial Treasurer had alleged that I had had a briefing from members of North West Trust, their management or their board. That is absolutely untrue.

MR. DINNING: Mr. Speaker, if my information is correct, I regret that it is. I withdraw if that is the case, and hang me.

MR. EVANS: Just a point of clarification on the point of order, Mr. Speaker; 23(h) does talk about making allegations. I hardly think that a comment about the possibility of a meeting to discuss an issue before the Assembly is an allegation against a member.

DR. PERCY: Well, I would view it as such, because it would imply that we had been fully briefed by the board and were asking questions to which we already knew the answers, and that is untrue, Mr. Speaker.

Point of Order Imputing Motives

DR. PERCY: The second is imputing false motives. The hon. Provincial Treasurer stood up and said that I actually desired a long answer from him, when mercifully short ones are all that I want.

MR. SPEAKER: The Chair certainly accepts these points of order in the manner and tone in which they've been presented and appreciates the hon. Provincial Treasurer clarifying the record. [interjections] Order please.

Just prior to calling Orders of the Day, friends of the hon. Member for Edmonton-Norwood on both sides have advised the Chair that it is his birthday today. So maybe all members would like to offer the hon. member best wishes on his birthday. [applause]

hand: Motions under Standing Order 40

MR. SPEAKER: Order please. The Chair has to retract Orders of the Day and call upon the hon. Member for Edmonton-Norwood to present arguments regarding urgency with respect to an application for a motion under Standing Order 40.

Anniversary of Chernobyl Disaster

MR. BENIUK: Thank you, Mr. Speaker. Eight years ago today the greatest nuclear disaster the world has ever seen occurred in Chernobyl, Ukraine. The radioactive fallout exceeded by 200 times the Hiroshima bomb. It is therefore urgent and timely that this motion be brought before the Legislative Assembly today on the eighth anniversary of this disaster.

It is urgent because while eight years have passed since the original explosion, the remaining reactors continue to operate out of necessity to supply required electricity to Ukraine cities and industry. It is also urgent because on the 20th of April, 1994, authorities reported the second mishap within two days at the Chernobyl nuclear plant. In one instance, reactor number 3 was shut down as a result of a flaw in the cooling system. Apparently, a short circuit released water from an emergency cooling reservoir into the reactor. A cement bunker enclosing the damaged reactor is cracking and could spread further contamination.

Ukraine presently contributes 15 percent of its national budget to the cleanup and other consequences of the accident. Ukraine evacuated over 150,000 people from the zone, and over 3 million hectares of agricultural land were withdrawn from cultivation. But many people continued to live and work in the contamination zone. Over 3 million people are registered as direct victims of Chernobyl.

It is urgent because the expected evaluation and analysis by national and international scientists and doctors on the ecological and health consequences has not taken place. The situation is further complicated by the massive misinformation and ignorance about the nuclear accident which still exist and are a direct by-

product of the original cover-up and misinformation by the old Soviet authorities.

Mr. Speaker, the timing of this motion is also critical because of the election last month of a new parliament in Ukraine, a member of which had been a visitor in our gallery in this House. This motion will send an urgent and positive signal to the newly elected parliamentarians to speed up the environmental cleanup and the necessary economic, environmental, political, and social reforms. The timing of this motion could not be better.

Finally, Mr. Speaker, the window of opportunity to ensure that Ukraine continues on this peaceful evolution into a democratic free-market state is narrowing. Internal fractures and interference from Russia could propel events in Ukraine into violence, that we witness in some other east European countries. The passage of this motion helps further to ensure that Ukraine remains an independent state and does not fall under the subjugation of a re-emerging expansionist Russia under a potentially radical leadership.

Mr. Speaker, the cultural and historic ties between Alberta and Ukraine go back over 100 years. Ukrainians were one of the original pioneers in western Canada. As citizens and taxpayers Ukrainians in Canada look forward to the provincial government joining with the federal government in helping Ukraine, their ancestral homeland, remain independent and peaceful and continue to evolve into a democratic and prosperous society.

Support of this motion would greatly facilitate this process. I ask for the unanimous consent of this House.

MR. SPEAKER: Is the Assembly agreed on granting unanimous consent to the placing of this motion?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried.

The hon. member may now move his motion.

Moved by Mr. Beniuk:

Be it resolved that the Legislative Assembly urge the government to mark the eighth anniversary of the nuclear disaster in Chernobyl, Ukraine, by providing in concert with the federal government whatever assistance is necessary to fully assess the human and environmental damage created by the Chernobyl disaster on the people of Ukraine and, further, that the Legislative Assembly urge the government to provide support to the people of Ukraine to continue efforts in the environmental cleanup and other health related matters.

MR. BENIUK: Can I speak to it now? Okay. Thank you, Mr. Speaker.

I would like to add a personal touch to the events surrounding Chernobyl. I was in Ukraine a couple of years ago. I must say that during the referendum campaign on Ukraine's independence, many of the parliamentarians told me the following story, and I will share it with you and with the members of this House. When the explosion took place, the winds were blowing towards Moscow, towards the northeast. They have informed me and they assure me it is accurate that the clouds were seeded by orders from Moscow, and the deadly rain came down. The winds shifted to the northwest, and the clouds were seeded again.

2:50

The damage to the area affected is enormous. It is north of Kiev, and it is virtually, to put it mildly, a death zone, yet there are some people living in that area. Ukraine has attempted to

move people out of that area. Resources are a problem. The medical situation is enormous. A million children have been affected; 3 million people have been registered as direct victims of the Chernobyl explosion disaster. The medical requirements are enormous. Ukraine, under the Soviet regime, became a major industrial, heavy-industry, military-oriented, infrastructure society. The consumer side is very weak. Ukraine can reproduce missiles, tanks, but it lacks materials in the hospitals. It lacks consumer goods, band-aids, needles, you name it; it lacks the very things which we take for granted. They are converting from a military industrial complex to a consumer infrastructure-based complex, but this is taking time.

What we here in the west can provide is enormous help in technology and advice. We have the expertise in environment. If you just leave, for example, Chernobyl and go into southeastern Ukraine, the pollution from industries is enormous. During the referendum campaign, Mr. Speaker, there was a smog of such magnitude that a person could walk faster than a vehicle could be driven. I was in that vehicle. We walked from a building to a building, the people I was campaigning with, and we couldn't see the other building. You could not see more than four feet in front of you; the smog was so enormous. I was assured by parliamentarians and many of the university students I talked with and some of the union people that I worked with during the referendum campaign that there are many industries in Ukraine where if you work for seven years, you are virtually guaranteed a disability pension for life because your health is shot.

Chernobyl personifies massive requirements for medical assistance and other aid from the west. There has never been an analysis of what is required and what the ramifications of the Chernobyl and other environmental concerns in Ukraine are. One reason is the massive misinformation and cover-up under the former Soviet authorities. The books are now open, but it takes a great deal of energy to find and analyze the health, environmental, ecological consequences of Chernobyl and the other environmental problems in Ukraine.

Ukraine, if I could, Mr. Speaker, is a country that is very industrialized, with highly educated people. It is a perfect trading partner for Alberta. They have massive coal reserves in the southeast, and there should be oil and gas there. There is some oil and gas in western Ukraine. Our technology would help immensely, and it would be mutually beneficial. We have mines in this province that are very, very safe. In Ukraine every day there is an injury or a death in the mines. There is a phenomenal market that will be mutually beneficial.

The damage that Chernobyl has caused, returning to that specific item. On a scale known as the international nuclear event scale of zero to seven, Chernobyl was a seven. There was a complete meltdown. There are major concerns about water because one of the tributaries that enters the Dnieper River flows right by that site, and that is the river, as I indicated earlier, that goes throughout Ukraine and provides most of the water that is taken from any river for industry or for personal consumption.

Mr. Speaker, Ukrainians came to Canada over a hundred years ago. They worked very hard with other pioneers to help build this province. As more and more people came into this province, the province prospered immensely. Many Ukrainians look back to Ukraine and are very proud now that Ukraine has become independent. There is a crisis, an economic crisis, an ecological crisis, a social crisis. Ukraine is peaceful. It has bent over backwards to ensure that every ethnic group, every ethnic nation in Ukraine is treated equally. That is one reason there is peace, a major reason. But the economy is in trouble. Ukraine doesn't have the resources to fully rectify the environmental problems

generated by Chernobyl and the other environmentally negatively generating industries.

I believe that Canadians of Ukrainian descent in this province would be very pleased if this Legislature voted in favour of this motion and the provincial government in co-operation with the federal government worked to help analyze the problems in Ukraine caused by Chernobyl and helped them during this period of time.

There is a massive opportunity for present and future trade and other opportunities. The people in Ukraine do look to Canada, to western Ukraine, to Alberta, with a very strong bond, a great deal of connection, a strong link, admiration. There is a very powerful link there, Mr. Speaker.

I thank you.

DR. WEST: Well, Mr. Speaker, I'd like to stand and support this motion. My heart goes out to the people of Ukraine that were involved around Chernobyl. I want to thank the hon. member for bringing this forward, for bringing a bit of a wake-up call to history of what happened eight years ago. I don't think yet that most of the people in the world realize the ongoing effect and devastation that occurred that day in Chernobyl. We have many examples throughout the world of catastrophes, but many of the catastrophes take place and the effect that we see is almost immediate, either in volcanoes or landslides, disruptions of people's lives, and they start immediately to repair those.

What happened in Chernobyl will go down in history as the most devastating peacetime catastrophe in the history of this world. Nuclear power, if it's not contained, and the by-products of that are something that this world knows very little about except from the fallout from Hiroshima. That day in Chernobyl unleashed, as you said, the equivalency of many, many atomic bombs. The devastation on people's lives has not yet been seen.

In order to acknowledge this – and I say that we do need to send expertise over there and people to help in the future health – I'm going to give an example in my life that acknowledges exactly what was going on. In the mid '50s and late '50s we were surface testing nuclear mechanisms both in the United States and other places in the world. The fallout from that had not been understood. In fact, we heard the term "ground zero" as troops were forced to go right in after an atomic bomb blast in the deserts and other such incidences. During those days I knew an individual that had gone into research of one of the first reactors in Canada to study the fallout of nuclear bombs and atomic devices, the uptake of such things as cesium and strontium 90 and 95, what effect it would have on human beings. They worked within a closed system in a very hot world called nuclear reactors. In those days a seal broke on the inner chamber and caught three of them inside that closed facility. In those days, although there was an acknowledgement by the people working there that it was a severe damage to them, it was hushed up and let go.

3:00

Over the next 20 years the individual that I knew slowly started to react to the devastation of nuclear contamination: first, the continual sickness, the destruction of the immune system to the point where the first sign was infections that wouldn't heal which normally other people get over very shortly, sores that wouldn't heal on the skin's surface. It progressed to a status where blood transfusions to increase the immune system would have to be taken every two to three weeks and living in a sterile condition for the next five to 10 years so that no contamination would infect the body so that the immune system wouldn't react and the person

would die. Twenty years to the day after the breaking of the seal on the reactor, that individual died.

This is eight years old, what we're talking here. The fury unleashed that day on the people of Ukraine will be seen over the next 20 to 30 years. That is what we must go over to help with, both that it never happens again technically, and second, there's going to be a tremendous amount of health related expertise needed in the next 20 years. They haven't even begun to see the devastation of that break.

The technology we could send is one that Canada has. I had a brother that worked for years on the Candu reactor with Atomic Energy of Canada. After Chernobyl he didn't stay long with Atomic Energy of Canada. For some reason he'd lost heart. He had set up Candu reactors in Korea, Argentina, and various other places in the world. He knew that the technology and the expertise in Russia was not good. He'd had Russians over to Toronto to the research project at Sheridan Park. When that devastation took place in Chernobyl, I think for some reason he'd lost heart in the atomic energy projects, and it wasn't long before he went off to what he calls retirement. Nonetheless, the expertise is in this country to go over and help them work on those nuclear power plants to perhaps a better day, if they have to use them.

I'm going to end this now and sit down. My heart still goes out to what you had said. The individual I talked about first of all was my father.

MR. DECORE: Mr. Speaker, I want to start by congratulating the Member for Edmonton-Norwood for bringing this matter forward and bringing it to caucus yesterday and bringing it to the Legislature today, and I want to thank the hon. minister for his comments on this horrible issue.

The hon. Member for Edmonton-Norwood indicated that there are Canadians of Ukrainian origin and that the history of Canadians of Ukrainian origin coming to Alberta is over a hundred years. In fact, in four years it will be a hundred years since my father's grandfather and his father came to Canada and settled in the Andrew area of this province. What's interesting is that when my great-grandfather and grandfather came to this country, neither could read and neither could write. What's also interesting is that they were running away from subjugation by Russia, subjugation that didn't allow them to seek the opportunity, to get the opportunity that they all dreamed of having. So they came to Canada to have their wishes fulfilled. Well, they were more than lucky, because those wishes were fulfilled beyond their greatest expectations. Education was possible for their families, good health care, entrepreneurial opportunity. Our family and other families very much benefited from Canada and from an involvement in Alberta. Canada is our home, and we're lucky and grateful to be here.

The irony, Mr. Speaker, is that Ukraine, which had an infrastructure of knowledge and universities and a health care system, is now a country that lags way behind us, lags behind Alberta in the opportunities that it has. I've spoken to doctors from this city and this province who have gone to Ukraine and have been appalled at the horror of the medical system that exists there. Even the basic understanding of cleanliness isn't the kind of understanding that we have in our hospital and health care systems. Canadian doctors, particularly those of Ukrainian origin who have organized this, want to step up that opportunity to take Canadians to Ukraine and help them with the development of a health care system, and they want some particular emphasis on the Chernobyl kind of horror that befell Ukrainians to try to help them work through that.

So it's odd for me, Mr. Speaker, to stand as a reasonably wealthy Albertan and Canadian to now see need to go back to

Ukraine to help them. But help we must, and I think we have to do it, as the hon. minister said, by using the tremendous resources of the atomic energy commission in Canada. We have knowledge that is renowned throughout the world, and we've got to put that knowledge to work to clean up the mess that exists. The evidence is clear that the bunker or the sarcophagus that covers the Chernobyl nuclear plant is now leaking. It's clear that Ukraine is so poor that it insists on continuing to use this facility for the generation of electrical power, all at the peril of human beings that are living in that area. So if the Candu experts, if the atomic energy experts from Canada can be mobilized and sent over there to help, we should do it as quickly as we can. I think this requires some action on the part of the Premier as the first minister to make contact with Ottawa in his position as minister responsible for FIGA to start this process going.

There are also human needs in Ukraine. I've talked a little bit about the health care system. I think the Premier could make the appropriate arrangements with Ottawa, with the minister of external affairs, with the Prime Minister to set up some sort of better system that comes out of Alberta or comes out of western Canada or comes out of the whole of Canada that's able to perfect the health care system in Ukraine to look after the health and human needs of those people that are in such great need.

Mr. Speaker, there's an interesting development at the Canadian federal government level, and it is a recognition by the minister of external affairs that much more needs to be done by Canada in Ukraine to help them with the development of entrepreneurial ventures, to help them with the development of their legislative process.

I want to take a moment to tell you of an experience I had just a few weeks ago when I spoke to an Edmonton lawyer who was there, as the hon. Member for Edmonton-Norwood was there, trying to develop democracy in Ukraine. That lawyer that was, again, working on the elections to ensure democracy in Ukraine talked about the futility that exists even in the equivalent of their House of Commons in Ukraine. They don't even have basic things like Standing Orders, that know how to deal with motions in that legislative or House of Commons assembly. He told me of instances where three motions are debated at one time because there are no rules. They need the knowledge. They need the people that have developed this skill and knowledge to teach them and help them with these human needs.

So, Mr. Speaker, lots that we can do as a province with the guidance of the Premier, the Minister of Health, perhaps the Minister of Economic Development and Tourism, whose background is of Ukrainian origin. Lots that we can do in concert with other provinces in Canada, and much that we can do in concert with the federal government. I'm hopeful that the Premier will take this initiative now that it's going to be passed and work quickly with the federal government to give the help to Ukraine that will allow them to be a strong member of the international community.

Thank you, Mr. Speaker.

3:10

MR. SPEAKER: The hon. Member for Edmonton-Avonmore.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I want to just briefly add a few comments in this respect myself. I want to begin by reiterating my congratulations as well to the Member for Edmonton-Norwood for bringing this motion onto the floor and to our hon. Leader of the Opposition for his comments as well as to the hon. Minister of Municipal Affairs.

A couple of years ago this province and particularly this city undertook an initiative in support of the tremendous need that suddenly arose following the Chernobyl disaster. It was the single largest airlift of medical supplies – drugs, equipment, and so on – which this city got together and shot over to Ukraine on the largest ever aircraft to touch down here and leave. That airlift in the spring of 1992 also generated thousands of letters and thousands of dollars in support of this disaster.

Two years before that airlift I happened to be in Ukraine myself, Mr. Speaker. I did some extensive touring as well as some extensive performing. During the course of my travels I had both the pleasure and the displeasure to meet so many people who were affected directly by this tragedy. As I toured the country and spoke with these people, there was something in their voices that called out and said, "We have just undergone one of the largest and most tragic events that any human being on this earth could ever undergo. Can you help somehow?" I helped then, as did thousands of other Canadians of Ukrainian origin, by sending money, by sending supplies, by sending gifts for the children. But today in this House I and all the members here have an opportunity to help in a much larger and I think perhaps more impactful way; that is, by supporting this motion.

We must continue to focus the attention of the world on this disaster. We must offer support and expertise to those individuals affected. We must do everything in our power, Mr. Speaker, to make sure that events like this don't occur ever again, and we must at the same time do whatever we can to prevent the spreading of the disaster that is already there. It begins by supporting a motion like this. We've sent the physical support. We've sent people over there. We've sent the supplies, money, and other items that I've mentioned earlier. We've indicated some of that support here already in this province through a commemorative monument, which stands proudly in Hawrelak park. Initiatives like this by the Ukrainian Canadian community at large here in Edmonton and across Alberta as well as the initiative by the Ukrainian Canadian Congress, Alberta Provincial Council with regard to the airlift will continue, because this province and this country are grateful to those early settlers who helped in fact settle and populate this great country and in particular this province.

Alberta is inextricably linked with Ukraine. In fact, we have a twin city in western Ukraine. We share with that city as we share with that country bases of economic benefits as well. We know now that there is going to be a huge pipeline built through the Balkans, through Poland into Ukraine, helping it maintain its democracy. We are pursuing further economic ties and economic opportunities here for Albertans, and at the same time we're helping Ukraine remain on its shaky feet as it goes through its infancy of democracy. We have a great deal invested, therefore, in this motion and what it embodies, and that is to protect what has recently begun over in what is called the breadbasket of Europe.

Mr. Speaker, we can't replace the lives that have been lost as a result of this tragedy. We can't undo the hurt and the pain which we saw vividly as journalists from our area in particular traveled to Ukraine and brought back accounts and pictures to prove what had happened. And we can't cover up the damage to the environment there and the damage that was caused elsewhere by the winds that carried radioactivity into other places. All we can do is what we're starting to do now through this motion; that is, every time possible, through every opportunity possible reiterate the tragedy and try and do something positive about it.

Just over 75 years ago when the Iron Curtain slammed down on an innocent group of people in Ukraine, everything was suddenly taken away. Many people tried to flee that oppression, some

unsuccessfully. But those who did make it, many of them landing here in Canada, brought with them something that we now have a chance to give back. Mr. Speaker, they brought hope. This motion, when passed in this Assembly, would send the strongest message at this stage that we can to support those dreams. Let us endorse this motion. Let us send them back some hope that we really do care.

Thank you.

MR. SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

MR. YANKOWSKY: Thank you, Mr. Speaker, for this opportunity to speak in support of Standing Order 40, dealing with the environmental disaster due to a malfunction at a nuclear power station.

As today we remember the Chernobyl nuclear power plant disaster, the world hopes and prays it never happens again. Chernobyl was a lesson on how dangerous nuclear power plants can be if through error or disaster they spew out their deadly radiation. This could happen at any nuclear site in the world. Remember Three Mile Island. Think about all the nuclear power plants sitting on the San Andreas Fault in the state of California. It kind of sends chills down your spine whenever we hear of yet another earthquake occurring there. As in Chernobyl we sometimes tend to get a little complacent and say, "It's been designed by top engineers to be safe, and there is a competent operating staff in control, so I'm not going to worry." Very well. We don't want anyone to become paranoid, but power plants run 24 hours a day, and history indicates that most disastrous accidents happen in the wee hours of the morning when the night shift is very tired. This was the case at Chernobyl. Now, just because operators get tired at 4 a.m., we can't shut down power plants. All we can do is hope that this problem is being addressed.

In Ukraine they not only suffered a terrible accident, but the true extent of the risks to the population were covered up. Clouds were seeded to contain the radiation to the country of Ukraine. Maybe that's fine to contain the radiation, but the population was not informed. Children played in the gentle rain, cattle continued to graze, and vegetables were gathered from the gardens. As a result, up to 8,000 lives were lost. Nature reacted and produced some of the most perverse oddities in history. Multiheaded animals were born, normally short-growing plants grew into monsters, and oddities in human babies also occurred. Mr. Speaker, this is what can happen when man's inventions run amok.

There is much cleanup to be done in Ukraine, and Albertans can help. Although we don't have any nuclear power plants here in Alberta, we are an energy-oriented province and can provide expert advice on alternate power generation. We have environmental experts that could be dispatched to finish the environmental cleanup, and it doesn't have to cost us anything. Ukraine has goods to trade and experts in areas that we are deficient in.

Mr. Speaker, time is of the essence to get this part of our world cleaned up. All I ask for is that this government consider what part they will play in this request.

MR. SPEAKER: Is the Assembly ready for the question?

HON. MEMBERS: Question.

MR. SPEAKER: All those in favour of the motion proposed by the hon. Member for Edmonton-Norwood, please say aye.

HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no. Carried. Let the record show unanimously.

head: **Orders of the Day**
3:20
head: **Public Bills and Orders Other than**
head: **Government Bills and Orders**
head: **Third Reading**

Bill 207
Adult Adoption Act

MR. SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. It's a real pleasure and indeed a privilege for me to stand and move third reading of Bill 207. I had the opportunity to discuss this Bill in committee last week, and all members of the Legislature will remember that we as a committee passed a number of amendments to the original Bill, which I feel very good about. I think they strengthen the Bill. They make it a very workable Bill and a Bill that, should the members of the Assembly vote in the affirmative today, will indeed become law in this province.

If I could just recap one more time for members the purpose of this Bill. This Bill will allow adult adoptions to take place in the province of Alberta with a process through Court of Queen's Bench. It will no longer be necessary for these procedures to take place through the Private Bills Committee in this Legislature; rather, adults in the province will be able to have the process approved in Court of Queen's Bench in their home jurisdiction.

It creates a number of advantages for Albertans. Number one, of course, is that it streamlines the process tremendously. It's very difficult under the existing process for individuals to come before a legislative committee, go through the whole process of appearing before the Private Bills Committee, awaiting the decision of this Legislature, and finally finding out, at times many months after the procedure has started, whether or not they have been successful.

The other thing, of course, is the cost. It costs as much as a thousand dollars. I've had discussions with many of the representatives who have been before the Private Bills Committee in past weeks, and I'm told that a thousand dollars is not an unreasonable amount of money that it would cost someone to have an adult adoption through the private Bills process. By bringing this process down to Court of Queen's Bench, that cost should diminish a lot. In fact, Mr. Speaker, I do have some statistics here. No, maybe I don't have them here. I have some numbers on what the fee structure might be expected to be. There is a fee structure in place, and if my memory serves me correctly, in the range of \$200 is what the total cost should be. So I think that will make things a lot easier for people who are trying to procure an adult adoption.

One of the criticisms, Mr. Speaker, of the process that we have in this Legislature – and it's a new process that we're working out and working through right now as we are dealing with the new rules of this Legislature – is that although we as a Legislature have developed rules which will allow private members' Bills to pass more smoothly through the Legislature, it has been said that we are almost circumventing the process of public hearing and public representation to these Bills and that perhaps we need to figure out a way with our private members' Bills to have more public input and more intervention from the public. I tend to agree with that. Certainly if it's a Bill of far-reaching horizons and the member bringing forward the Bill would propose a Bill that would have very much effect on the lives of Albertans, I think there is some argument to be made that there needs to be some

public representation and further public representation than what currently takes place with the private member's Bills.

I am pleased to inform the House that although this Bill is not of the far-reaching nature of some of the Bills that we would be discussing in this Legislature, it does affect a fair amount of people. I'm pleased that it has received a reasonable amount of publicity. I think most Albertans are aware that this Bill is in the process right now, and I have received a total of only two letters and two phone calls on this Bill. Both letters that I received requested copies of the Bill. I received them quite some time ago. Those copies were forwarded, and I have not had any comment back from the individuals, so I can only assume that they were pleased with what they saw. The two phone calls that I got were in support of the Bill. I did receive a few pieces of correspondence and a few phone calls regarding this Bill, but the individuals concerned were misinformed about this Bill and in fact thought that this was a Bill dealing with the child adoption process and the release of information to biological parents and the whole registries process. Those concerns do not relate to this Bill, and once I explained to the individuals indeed what this Bill did, there was no problem with them. They were very supportive of the Bill.

Should this Bill receive third reading today, Mr. Speaker, the Bill would, as any other Bill of the Legislature, then require Royal Assent before it becomes law. The last part of the Bill says that it "comes into force on Proclamation." I think that it's important that everyone understand that as of tomorrow adult adoptions are not going to be made available, or as of the day after the Lieutenant Governor appears in this Legislature to give Royal Assent, we will not automatically have a new process for adult adoptions.

I will continue to work very closely with Family and Social Services to develop a self-help kit that will enable an individual to go through this process on his own without the assistance of a lawyer. I think that's important. I think we want this to be as simple as possible. It will also be necessary, Mr. Speaker, to develop the application forms, the actual criteria that the individuals will deal with, to develop the protocol in the courts. So I would expect that even after this Bill is passed, on the assumption that members continue to give me their support, it will still be some time before proclamation comes in. From that point of view, I look forward to working over the coming months with Family and Social Services.

With that, Mr. Speaker, I will take my seat. I encourage all members of this House to give support at third reading on this Bill.

MR. SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you very much, Mr. Speaker. It's of interest to me that there aren't a lot of veteran members in this Assembly, but there are certainly some. Both in debate on Bill 207 and certainly in private conversations a number of members have said to me: a great idea, we'd thought about doing this, and so on. It's to the credit of this Member for Medicine Hat that he didn't only apprehend the need, but he developed the Bill and he shepherded it through the various stages to bring us to this point. I'm much impressed now when I hear this member in the same spirit indicate that he's anxious to follow through on one of the suggestions in terms of developing kits and so on to ensure that there are no unfair roadblocks to Albertans being able to access this, because that's at least one of the major purposes in going with it. I'm appreciative, and I think this particular member deserves the respect of all members in the Assembly for having pioneered it to that extent.

MR. SPEAKER: The Chair hesitates to interrupt the hon. Member for Calgary-Buffalo, but the time is elapsing, and all hon. members will probably want the chance to vote on this Bill today. Is that agreed?

HON. MEMBERS: Agreed.

MR. SPEAKER: Or would hon. members want it to go over until tomorrow?

HON. MEMBERS: No.

MR. SPEAKER: Agreed.

[Motion carried; Bill 207 read a third time]

head: Motions Other than Government Motions

3:30 Chelation Therapy

511. Moved by Mr. Brassard:

Be it resolved that the Legislative Assembly urge the government to examine the use of chelation therapy as an acceptable means of minimizing cardiac trauma.

MR. SPEAKER: The hon. Member for Olds-Didsbury.

MR. BRASSARD: Thank you, Mr. Speaker. A few years ago I was at a meeting with a friend of mine who had recently returned to work after recovering from a major operation. His heart condition had crept up on him until one day, experiencing extreme discomfort, he went to the hospital. He didn't come out for almost five weeks, during which time someone had quite literally removed his heart and installed six alternate arteries to replace those that had become plugged beyond recovery. It probably saved his life.

At lunch we went for a walk, and he told me about his operation. The former Minister of Health was with us, and the subject of chelation therapy came up. Although I had heard about it, I really wasn't all that familiar with the process. Later when my friend showed me the scars on his chest, and I imagined the traumatic impact the operation had on his body, I recalled our discussion about chelation therapy. I couldn't help but wonder why a person wouldn't check out an alternative, almost any alternative, that had a chance of working before one would undergo such trauma and risk. I decided to find out more about chelation therapy.

EDTA chelation therapy and its advocates have fought long and hard to gain acceptance within the medical community. This fight has been won in many other jurisdictions throughout the world where chelation is the remedy of choice for hundreds of thousands of patients who suffer from, in layman's terms, hardening of the arteries. The same struggle has been brewing in Alberta for quite some time now, and it is being spearheaded by those who have had the treatment and are living, walking, breathing testimony that this treatment does indeed work. I believe chelation therapy to be a legitimate and effective mode of treatment for many ailments impacted by poor circulation.

I'd like to begin by explaining how this treatment works, in layman's terms, the best way that I can. EDTA chelation is a treatment that is intended to remove toxic metals and certain unwanted metallic ions from the body. Ethylenediamine-tetraacetic acid, or EDTA, is a synthetic amino acid that bonds or chelates with metal ions in the blood vessels or body cells thereby making it possible for the body to discharge these harmful

substances through the kidneys. The traditional use of EDTA chelation is in the treatment of lead poisoning.

The focus of this motion before us today is to encourage the endorsement of the Alberta government and the Alberta medical society to use EDTA in the treatment of atherosclerosis. Anyone who has done research on this issue will note that the terms atherosclerosis, arteriosclerosis, and peripheral vascular disease are used seemingly interchangeably in available literature. I've been assured that while there may be some minor technical differences in the terminologies, for the purpose of debate on this issue these three terms can be indeed used interchangeably.

Mr. Speaker, in combating atherosclerosis, EDTA bonds with the heavy metal ions that are responsible for the hardening, or calcification, of the arteries. The catchword in heart disease these days is cholesterol. What few of us realize is that cholesterol is not the cause of arterial blockage and hardening, but rather it is a contributor. I am told that it is a fatty issue, and as such it is a very slippery compound. So on its own cholesterol would not clog up arteries by sticking to the walls of the vessel and constricting the passage. Cholesterol simply gets trapped in a netting that results from a pathology that is far too involved for me to explain. Heavy metals in the body contribute to this netting, or plaque, and because they create opposing electrical charges, they attract cholesterol and other fats to this unhealthy patch. The patch grows outward into the channel of the blood vessel thereby restricting blood flow.

The reason that EDTA is effective is because once it is in the bloodstream, it binds with these harmful metals and breaks down the netting of plaque. The metals are slowly discharged within 24 hours through the kidneys. Slowly, through the course of a series of chelation treatments, the plaque is eliminated, and the arteries are restored to their original diameter and elasticity. Improvements in blood flow are the end result. I realize, Mr. Speaker, that this is an oversimplification of the problem and the benefits of chelation therapy. Perhaps I would have been wise to defer the explanation to the hon. Member for Bow Valley, because he certainly is more of an authority on this than I am.

Chelation therapy for atherosclerosis is provided by specially trained and certified medical doctors using a slow intravenous drip. A single session costs approximately \$100 and takes from three to four hours to complete. The usual number of treatments required is between 20 and 30, so the price tag for treatment is between \$2,000 and \$3,000. Dosages are carefully monitored, and treatment is done on an outpatient basis. The generally accepted alternatives in medical circles are balloon angioplasty and bypass surgery. Both of these procedures are considerably more expensive than chelation. For instance, the average cost for a single bypass surgery in Alberta is between \$20,000 and \$50,000 per patient compared to between \$2,000 and \$3,000, as I mentioned, for a complete cycle of chelation treatment. Over 11,000 people per year have coronary artery bypass operations in Canada.

Now, if that's all there was to it, proponents of chelation would not have much of an argument. When we're talking about whether or not a foot needs to be amputated or, even worse, if a patient will live or die, saving money is hardly our first priority. However, when there is a wide body of evidence that is growing at an astounding rate which suggests that chelation therapy may be as or even more effective than angioplasty or bypass surgery, then I think we need to take notice.

According to the U.S. National Institutes of Health – and I find this hard to believe – 90 percent of the American patients who undergo bypass surgery receive no benefits from the operation. While, as I say, I find that hard to believe, equally impressive are the clinical records that reveal that 80 percent of the patients that

have been treated with chelation therapy reported average to outstanding success. Of course, the very nature of statistics is that they can be manipulated and are subject to a great deal of variables, yet we can't ignore these numbers even in their extremes. In other words, even if bypass surgery and chelation therapy were merely equal in their effectiveness, when you take into account that bypass surgery is 10 times more expensive, you would logically tend to favour the use of chelation therapy in treating atherosclerosis. At the very least it should be tried whenever possible before initiating the more traumatic measures.

Another aspect of chelation that is infinitely more important than the economics of the treatment is that of safety. Proponents of the treatment argue that in the three decades that it has been practised throughout the world, there has not been a single fatality attributed to chelation. Conversely, there is a definitive mortality rate for bypass surgery. While drugs and surgery address the symptoms of the disease, chelation goes directly to its causes and reverses the damaging process. Mr. Speaker, what we are talking about is the difference between hooking up a patient to an intravenous drip for a few hours on an outpatient basis versus cutting a person from the Adam's apple to the navel and prying their ribs apart with steel instruments and poking around with a scalpel. I have the greatest respect for the qualifications and skills of our surgeons, many of whom are close friends of mine, but regardless of how well trained the cardiac surgeon performing the operation may be and how advanced the technology is that he or she is using, a procedure of this magnitude is always going to involve a considerable degree of risk.

3:40

I recently spent a couple of days in a chelation therapy clinic. I spoke with Don, who had two angioplasty treatments and still was unable to walk any distance or even sweep a sidewalk. He has had 30 chelation therapy treatments and now owns his own landscaping business and walks and digs and shovels snow without difficulty. I spoke to Peter, who had triple bypass surgery in 1981. In 1983 he developed severe angina and could hardly walk up a flight of stairs. He declined the operation that was called for and went on chelation therapy. After 10 treatments his angina disappeared. He has had 25 treatments and can walk for miles and golfs regularly.

Ed is 58 years old and had a critical heart attack five years ago. His right leg was pregangrenous up to his knee with two large ulcers that would not heal. He was also a diabetic on 68 units of insulin per day. He spent three months in the hospital in 1991 and again in 1992. Both ankles were frozen so that he could hardly walk. When he was told that his right leg would be amputated, he checked himself out of the hospital and shortly afterwards began chelation therapy. He had 28 treatments, and his leg has returned to normal colour, and the ulcers have completely healed. A friend was there that said he watched him standing on the corner rocking back and forth and realized that his ankle joints, that had been frozen for a year and a half, had broken free. Even his insulin requirements were down 65 percent. I could go on, Mr. Speaker. I have dozens of these. But they all said the same thing, that they felt better, some more dramatically of course than others.

What I'm requesting here today is for the right of patients in Alberta to choose between two methods of treatment. One is very intrusive, traumatic, and expensive. The other is fairly simple and relatively inexpensive. They do not have this choice at present, and I would like to give an overview, as I understand it.

The Alberta College of Physicians and Surgeons is the regulatory body for the practice of medicine in our province. This body was created out of the Medical Profession Act, and its mandate is

to enforce that Act. More specifically, the role of the college is to protect the public by ensuring that generally accepted minimum standards are adhered to in the delivery of medical care. Essentially, they are looking out for the best interests of dependent and vulnerable patients, and this of course is very noble.

The rationale behind the college's position not to endorse EDTA chelation therapy is that the medical community has yet to be convinced by a comprehensive research study of the effectiveness of this treatment. The process that needs to be followed is for a study to be done so that EDTA can be licensed for the specific purpose of treating cardiovascular ailments under the federal Food and Drugs Act. If this were to occur, the college would lift the ban on chelation for atherosclerosis completely.

The college also cites lingering concerns with the safety of the procedure, even though there are thousands of patients who sing the praises of the safety and effectiveness of chelation in treating atherosclerosis. They dismiss such evidence as anecdotal. They continue to suggest that chelation therapy can cause adverse side effects ranging from cramps and discomfort to calcium deficiencies and acute kidney problems, quote, if improper dosages are administered and treatment is not monitored, unquote.

Mr. Speaker, there are glaring flaws in this argument. As we all know, even aspirin can be harmful if taken in improper dosages. Legitimization of this process would ensure that EDTA is administered properly. Secondly, I cannot understand for the life of me how EDTA can be administered safely for lead poisoning, as it routinely is in Alberta, yet somehow present some grave danger when used for clearing out someone's arteries.

To meet the requirements of the college, a, quote, double-blind study must be conducted that elicits a clear and measurable benefit without undue safety risk. The problem with the double-blind test is that it can be very expensive, with cost estimates being as high as \$200 million. Since EDTA is no longer a patented drug and is now generic, one of the primary sources of research funding is simply not available. Pharmaceutical companies often play an enormous role in financing medical research. They do this on the realization that they will be able to profit from the sale of any patented drugs that will subsequently be involved in the future of the experimental treatment if accepted by the medical community. Since EDTA is a mainstream generic drug, it would not be good business sense for such an expensive test to be subsidized by any of the major pharmaceutical companies.

Another problem with the double-blind study is the very definition of the experiment. As I understand it, double-blind means that neither the patient nor the doctor knows whether the medicine being applied is real or a controlled substance used for comparing the results. This is done to eliminate the factor of what doctors call the placebo effect. The placebo effect can best be defined as an unexplained improvement in a patient's condition that is not directly attributable to the medicine or treatment that patient has received. Opponents of EDTA chelation therapy for atherosclerosis often argue that measured benefits of the treatment are the result of this placebo effect.

The ethical and safety problems of the double-blind study are that if neither doctor nor patient knows what treatment is being supplied by a third party, the doctor is at a loss to intervene if he witnesses a deterioration in the patient's condition because he doesn't know if the patient is taking the medicine or the controlled substance. While the experiment runs its course, the patient's health could quite easily be at risk.

I don't wish to unfairly malign the college, and it would be erroneous and misleading for me to say that they have steadfastly opposed chelation therapy ever being legitimized in Alberta medical circles. The college has been somewhat co-operative

with proponents of this mode of treatment, and they are willing to accommodate the practice if their criteria are met.

The association that represents chelation therapy in this province was incorporated under the Societies Act in July of 1991 and is now to the point where they are over 3,000 members strong. Many of them are people who have undergone this treatment themselves and had meaningful lives given back to them. They swear by this treatment, and they are committed to spreading the word that it truly does work.

So that is what this motion is about, Mr. Speaker. I'm not prepared to advocate that chelation therapy is a treatment for everything I have heard it will benefit, but I am committed to seeing it gain legitimacy so that private chelation clinics can be fully accessible and the doctors can administer this treatment under established guidelines without fear of disciplinary action from the college.

For now I think a great step will be for our government to consider the EDTA Chelation Association of Alberta's proposed amendment to the Medical Profession Act, which is: a registered practitioner shall not be found guilty of unbecoming conduct or be found to be incapable or unfit to practise medicine or osteopathy solely on the basis that the registered practitioner employs a therapy that is nontraditional or departs from prevailing medical practice unless it can be demonstrated that the therapy has a safety risk unreasonably greater than the prevailing treatment. If the examination conducted can reveal the safety and effectiveness of EDTA chelation therapy to the satisfaction of the medical community, implementing this clause could make a tremendous difference to a great many lives.

Therefore, I respectfully request support of all members for this motion. Thank you.

3:50

MR. SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

MR. YANKOWSKY: Thank you, Mr. Speaker, for allowing me to add my comments to Motion 511. What is this lifesaving, life-enhancing procedure that is causing such controversy? Chelation therapy is a slow-drip IV injection of the synthetic amino acid EDTA. It was first used by doctors in the late 1930s to remove lead poisoning from workers who had been poisoned in battery factories and ship painters who used lead-based paint. By chance, doctors discovered that it also helped remove the deadly plaque from clogged arteries and veins and the calcium that accumulated in their walls from the aging process and from pollutants such as lead, mercury, cadmium, and excessive iron and copper in the environment. Chelation not only prevented many heart and circulatory diseases but reversed these conditions.

But there was a drawback to this wonderful discovery by medical doctors who achieved this breakthrough in their humble clinics. They had not first obtained permission from those who control the practice of medicine. Organized medicine refuses to acknowledge chelation's 60-plus years' track record in the prevention and healing of heart disease, stroke, senility, diabetic gangrene, and many other vascular-related conditions.

Are medical skeptics afraid that their own methods might become obsolete if an alternative emerges? Traditional doctors must realize that if established treatments were more effective, had fewer side effects, and were cheaper, patients would never switch. Organized medicine inflicts severe pressure on alternative practitioners to halt their methods. They are ostracized from their peers and endure frightening attacks alleging lack of ethics, fraud, and other fabrications. Even mental competence can be questioned.

Alternative practitioners are falsely accused of exploiting their patients for money. The medical profession can also be accused of a bad attitude and even worse behaviour toward colleagues who adopt drug-sparing therapies, which are indigenous to many different cultures. Natural techniques have helped to heal chronic illness throughout the 19th and 20th centuries with a degree of success about which sometimes the finest of medical specialists can only dream.

Mr. Speaker, it is believed that patients have the right to choose the treatment they wish. The Helsinki accord of the World Health Organization of the United Nations, to which Canada is a signer, states that doctors worldwide must be free to practise medicine and use therapy that they feel is beneficial and has no demonstrable harm to their patients without the fear of investigation or harassment by government or medical boards. Regrettably, this freedom has been curtailed.

Mr. Speaker, this is certainly true of chelation therapy. Freedom to choose a low-cost therapy that works painlessly is being, if not totally curtailed, made difficult to obtain. Chelation is health care, not sickness care. That is why costs of sickness care have skyrocketed and will continue to do so: because we have forgotten health care, or if not forgotten totally, we certainly don't place much emphasis on it. On July 1, 1993, the first chelation therapy clinic opened in Edmonton. Now there are four in Edmonton, three in Calgary, one in Grande Centre, and one in Fairview. There is a very large market for chelation therapy, and it is estimated that there are 12,000 people waiting for chelation therapy right now in Alberta.

Chelation therapy is not new. Chelation therapy has been used for some 60 years, and chelation therapy is safe. Out of some 2 million people who have been chelated in the United States and Canada thus far, there has not been one known death from chelation therapy. Mr. Speaker, patients have the right to demand the right to choose the type of therapy they want and not what's being forced on them. This way they will be taking responsibility for their own health. Yes, patients do have some rights. They have the right to be treated as an equal human being, with their problems being taken seriously. They have the right to an explanation on their health care. They have a right to know choices of treatment that are available to them and their possible side effects. They have a right to choose natural or complementary therapies and not to be ridiculed for their choice.

The word "chelation" means claw, and in this sense it is used to claw out metal ions from clogged arteries. EDTA chelation is also beneficial in treating strokes, neurodegenerative disease, arthritis, high blood pressure reduction, diabetes, cataracts, allergies, Alzheimer's disease, et cetera, et cetera. It works because it removes toxic heavy metals such as lead and mercury. Proponents of EDTA chelation therapy claim that cholesterol is not the cause of hardening of the arteries; it's caused by free radical pathology. Chelation treats the whole circulatory system, not only an inch and a half or so of artery that is replaced by very painful bypass surgery. Many legs of senior citizens have been saved from amputation because of poor circulation through chelation therapy.

Ongoing studies are also indicating that chelation seems to be beneficial in the prevention of cancer. Chelation is not a placebo. It is a proven therapy with glowing examples of people that have been restored to health. With prophylactic treatments from time to time they will indeed last a lifetime.

Mr. Speaker, I can give you many examples of people I know, friends and constituents, who have been helped immensely through chelation therapy. These are people that were indeed very concerned about whether they would continue to live or not because of real heart problems, problems that caused them to have

to take nitroglycerin tablets whenever they had to do any amount of exercise. In fact, even walking was a problem. A friend of mine who was told that he needed bypass surgery decided that he would not endure the pain and risks of bypass surgery and chose to go for chelation therapy instead. In fact, it was not available in Alberta. He had to go to British Columbia, which meant many very expensive trips, because whenever he went for treatment, he would have to stay in a hotel, and of course the treatments were quite expensive. But he persevered, and now he is experiencing excellent health once again. He does not need to take the nitroglycerin tablets, and he is able to continue with his business. He works very hard, and he is able to function absolutely normally.

Now, Mr. Speaker, this really says something, because when we have examples such as this, we know that it does work and that maybe it should be sanctioned by the College of Physicians and Surgeons. Chelation is practised in many clinics in the United States, but it is not supported by the American Medical Association. Many Albertans go to the U.S. to receive the treatment. In fact, one Ohio physician has been quoted as saying that about 40 percent of his patients come from Alberta. These are people we hear from the most, those who have had to pay for the treatment as well as accommodation and associated costs.

In New Zealand the heart association allocated funds for clinical research on chelation therapy. Its use has since been approved in New Zealand. In some cases people are first required to undergo chelation therapy. Only if the procedure is not successful will bypass surgery then be performed.

There is a strong grassroots lobby for chelation therapy in North America. In Alberta almost 3,000 households belong to chelation associations, and some 7,000 Albertans have received the treatment. As well, a provincewide petition to change the Medical Profession Act to allow for alternative therapy such as chelation began circulating in January of this year.

Albertans want an answer regarding the future of chelation therapy in this province, and that's what this motion is asking for. It's asking for the government to examine the use of chelation therapy, and I think given the volume of anecdotal evidence, the waiting lists, and the proliferation of clinics, it must be done. Let's get a consensus, a decision. Otherwise, these clinics are operating illegally, which opens up a whole issue of liability.

I will be supporting this motion, and I ask all hon. members to consider doing the same.

4:00

MR. SPEAKER: The hon. Member for Calgary-McCall.

MR. SOHAL: Good afternoon, Mr. Speaker. It is my pleasure to rise today and participate in the debate regarding the examination of EDTA chelation therapy in treating circulatory problems. The hon. Member for Olds-Didsbury and the hon. Member for Edmonton-Beverly-Belmont did a very fine job of explaining and making a case for a detailed examination of this alternative form of medicine. I would like to indicate from the outset that I'm supporting them in this urging for our government to conduct a comprehensive study that will alleviate any uncertainty that surrounds chelation therapy.

[Mr. Deputy Speaker in the Chair]

The position of the College of Physicians and Surgeons is that only when chelation is proven to them in the treatment of atherosclerosis will they recognize it as a legitimate manner of treatment. Certainly this sounds like a reasonable proposition, Mr.

Speaker. The college role as a regulatory body is one that is necessary and important in ensuring that the highest standards in the practice of medicine are adhered to. In this capacity they're looking out for the safety and well-being of all the people in this province, and I recognize and appreciate that.

Now that that's said, Mr. Speaker, perhaps I could have members of the Assembly take a glance at the position of the college from another perspective. You see, at the present the onus of providing proof has been placed on individuals, research scientists, and groups such as the EDTA Chelation Association of Alberta to come forward with the research that constitutes such proof. As has already been pointed out, we are dealing with a generic drug in EDTA, and, as such, the usual channels for research funding are very limited. That is why I think this motion to have the government find a way to conduct a comprehensive research project on the safety and effectiveness of chelation therapy is so important. While the actual mechanism for study is not set, perhaps the federal and provincial governments, in concert with the health protection branch and the Alberta Heritage Foundation for Medical Research, could undertake such an examination.

Of course, our government has to be concerned with balance sheets, but the well-being and safety of Albertans has and always will be the most important goal. As a government we have pledged to break new ground in the area of health care so that we can find more effective and cost-efficient ways of dealing with the well-being of our citizens. The very first page in the Health department's three-year business plan spells out the need to move away from an institutionally-based illness model and towards a system that is wellness based.

Mr. Speaker, there are numerous reports from clinics and individual patients that indicate the success of a mode of treatment that seems to me to be the epitome of wellness-based medicine. Chelation doctors throughout the world describe the process whereby the entire network of blood vessels of the body is flushed out and rid of debilitating plaque and freed of radical agents. Compare this with angioplasty or bypass surgery, where only a localized blood vessel or a group of vessels is repaired. The latter treatments serve as a band-aid solution, whereas EDTA chelation attacks the problem at the very root of its pathology.

EDTA chelation could be a pioneer project in our pursuit of a wellness-based model of medicine if a study could be conducted that would once and for all prove this treatment to be effective or ineffective. The results could end up saving millions of dollars every year in an area that costs Alberta far more money than any other service that government provides. More importantly, Mr. Speaker, we would be saving lives from one of the biggest killers of Albertans and Canadians.

What we are pushing for here today is for the government to lead the way in instigating this examination. It is not as though they would be blindly entering into uncharted waters. As has been mentioned, many other jurisdictions in Europe, Australia, New Zealand, and the United States have already legitimized these methods of treatment. Aside from that, we have thousands of people right here in Alberta who swear that it works and whose return to a normal and active life-style is their contribution to the body of evidence. In other words, the task at hand is not so daunting as it might appear at first glance. The thousands of successfully chelated patients provide a head start. We could also look over the shoulders of the other countries and American states that have accepted the therapy as a mainstream form of cardiovascular treatment. In doing so, we may even find that much of the groundwork has already been laid.

Mr. Speaker, I believe an analysis into the debate over EDTA chelation therapy would help clear the waters for members of this House. First off, I have heard arguments from those who are against the legitimization of chelation stating that acceptance of this treatment by the College of Physicians and Surgeons will inevitably open the floodgates to a vast array of other experimental treatments. I say to them that if those other alternatives can produce the volume of success stories that chelation has from both patients and well-respected doctors, then more power to them. We should be constantly on the lookout for new discoveries that can make our lives better. However, if these other modes of treatment cannot equal these individual success stories, then we need not be concerned with them.

Mr. Speaker, opponents of chelation also argue that there are still some lingering safety concerns with using EDTA to combat atherosclerosis. This should give us all the more incentive to conduct a study of chelation. There will always be individuals with atherosclerosis who want to try chelation therapy as an alternative, so an accurate assessment as to its effectiveness and safety would help them decide. What is at issue here is the freedom for Albertans to choose the form of treatment that they receive.

The mover of this motion has indicated that the alternative to chelation therapy is generally bypass surgery, and I understand that there are potential dangers associated with this procedure. The mortality rate of 4.5 percent that is associated with bypass surgery cannot be ignored. Conversely, the unofficial statistics and case studies of chelation indicate that there have been no recorded fatalities from chelation and that the side effects are minimal when administered properly. If we could only have official statistics, patients and doctors would be far better informed than they are at the present. This would be in the best interests of both individual patients and the medical community as a whole.

4:10

Mr. Speaker, as long as EDTA is administered by physicians trained in the procedure, safety will be assured. I would counter by saying that, if anything, chelation therapy has more potential to be hazardous in these outlawed clinics. If legitimization occurs, then the entire process will be opened up so that chelation can be scrutinized and regulated in accordance with the mandate of the college.

Mr. Speaker, it has been brought to my attention that the College of Physicians and Surgeons has passed an internal resolution to approach the medical schools at the universities of Calgary and Alberta with a proposal to conduct and assess research on chelation therapy for the treatment of atherosclerosis. The efforts of both the EDTA Chelation Association of Alberta and those of the medical community in Alberta have got the proverbial ball rolling. Hopefully, this motion will provide the extra push that is needed.

In summation, I think that it is urgent for the government to examine the use of chelation therapy as an acceptable means of minimizing cardiac trauma. This examination could either involve a government sponsored, double-blind study to settle the issue once and for all or preliminary study of the issue could promote a carefully considered endorsement of the procedure by an amendment to the Medical Profession Act. Regardless of the procedure, regardless of the outcome of that examination, scores of Albertans are likely to benefit.

Thank you, Mr. Speaker.

MR. DEPUTY SPEAKER: Edmonton-Glenora.

MR. SAPERS: Thank you very much, Mr. Speaker. I would like to add some brief comments to the debate on this motion. I would like to start by congratulating the Member for Olds-Didsbury for bringing it forward for debate.

Heart disease is one of the leading killers in this province and in fact in our country, and I think it is incumbent upon us all to help in the search to deal with cures and solutions in combatting heart disease and looking particularly for cost-effective means of dealing with heart disease.

Previous speakers have already outlined the cost differential between the other more intrusive and surgical procedures and chelation therapy. Previous speakers have also talked about what in fact EDTA chelation therapy entails, that it's an intravenous drip and it can be done on an outpatient basis. Certainly this kind of therapy is consistent with the direction that we all believe health care and health promotion must go in: looking at less intrusive means, more cost-efficient means, and actually treatments that are more life enhancing than some that are currently in place.

Chelation has often been frowned upon, looked down upon, but the medical community in fact is split on the benefits of chelation. The fact of the matter is that there is no conclusive research in this country that speaks to the benefits or the risks of chelation. Certainly the College of Physicians and Surgeons are appropriate in saying that they cannot endorse something without a scientific basis. Their job, after all, is to make sure that the best interests of patients are looked after and that a variety of medical interventions, from quackery through to true innovation, are not just allowed to go unregulated and be unleashed upon an unsuspecting public. So certainly the college can't be faulted for their stand, but it is time, Mr. Speaker, that we try to put to rest the debate about chelation and encourage a true scientific test, a trial in a carefully monitored way, so that the benefits of chelation can be determined.

I, like I believe every other member of this Assembly, have been approached by individuals who give firsthand, very compelling testimony of the benefits of chelation. They speak of regaining their vigour, their vitality. They speak of the emotion they felt when they realized that they no longer had to endure surgery or that they were no longer facing amputation. Mr. Speaker, this testimony cannot be ignored. There are thousands and thousands of Albertans who have a true and honest belief in the benefits of chelation, and I think we have a responsibility to take that testimony and put it to the test and listen to those who say that this treatment is both life giving and cost efficient.

Hardening of the arteries, arteriosclerosis, leads to all kinds of complications. They've been outlined by other speakers, and I know there are others that are anxious to comment on this motion, so I won't take the time of the Assembly now to replay all that. I would like to simply add my support for the necessity for a scientific trial. I think it's certainly appropriate to do so. I think it's appropriate for this Assembly to give some push and some legitimacy to that trial.

Again, I thank the Member for Olds-Didsbury for bringing this motion to the Assembly.

MR. DEPUTY SPEAKER: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Deputy Speaker. It is my pleasure to rise today to speak in support of Motion 511 as presented by the hon. Member for Olds-Didsbury. I would like to compliment the hon. member for bringing this motion forward. I think it's a treatment that is long overdue that should be available to Albertans without fear. It has been used throughout the world.

I don't want to go into detail because I believe that the hon. members for Edmonton-Beverly-Belmont and also Calgary-McCall and the hon. Member for Olds-Didsbury have done an excellent job of describing the treatment, the history of the treatment, and how effective it is.

I would just like to add to this that I support it one hundred percent because I have many acquaintances and people from my own constituency that have benefited greatly from this treatment. Years ago there were people from my hometown who went to the United States and other parts of the world to get the treatment. The last several years they used to go to Kelowna, British Columbia, for the same treatment. Now it's available in Alberta; I think at three different locations. There are some clinics in Calgary, some in Edmonton, and there's now one that opened in Cold Lake, which is just in the riding next to my hometown.

There's a lot of proof because there are a lot of people that we personally know who have benefited from the treatment. I know I remember a fellow in the town of St. Paul. His bed was booked at the university hospital here in Edmonton to get a leg amputated above the knee because he had poor circulation and gangrene was setting into the foot. He immediately went for chelation therapy. At that time he had to go to British Columbia because it was not available here. Today, five years later, he's working in my community, and he walks around without any problems.

I know another fellow in St. Paul – just last year this happened – and the man was diagnosed as having Alzheimer's disease. He was scheduled to be placed in an institution; he could not live alone anymore. He was under the supervision of his family until they could get a bed to place him in. But before he was placed in an institution in Edmonton here, they did one last test at the University of Alberta. They found out that he had a blockage of veins that feed the brain. These are blockages in the back of the neck; they're not parts where you can make a bypass. So they said there's nothing they could do for the man and he would be an Alzheimer type patient all his life. What happened is that he went for chelation therapy. He got the treatment here in Edmonton. He's been back home for the last two months. He lives alone now. He drives his vehicle. It didn't make him a young man where he's back to work, but he can socialize. He goes uptown for coffee, does his own shopping, and looks after himself very, very well. The problem with the blockage was that he was running short of blood and oxygen to the brain. This was causing the same symptoms as an Alzheimer's patient, but he only had a blockage which was corrected with this treatment.

Like it was mentioned before, if it's safe and acceptable for lead poisoning, I cannot understand why it could be dangerous and not acceptable for other treatments. If it works in the human body for one treatment, there's no reason why it would not work for other treatments.

It was mentioned by a previous speaker that 11,000 bypasses are done a year in Canada. If you look at \$30,000 apiece, we're probably expending about \$400 million a year to do heart bypasses. The treatment is about 10 percent of that cost. For about \$30 million to \$40 million we would probably look after all these patients.

4:20

I even have a fellow who worked on my campaign in my community who had heart blockage. He did not believe in chelation therapy, so he went for the bypass. They did four bypasses on his heart, open-heart surgery. It lasted about eight to nine months and the blockage reoccurred, which is often a symptom of bypasses. When he went back the second time and they thought they could do some corrective surgery, they found

out that at the location they had done the bypass, he could not be opened again. They said, "There's nothing we can do for you; you're going to have to prepare for the worst," because somehow the blockage came back. The physician told him it was unusual to happen so soon. In his case he was sent back home, and there was no help. He finally said, "Well, I'd better try alternative treatment." He went for some treatment to British Columbia. That was about a year ago. He came back, and now he's looking after his yard, his lawn, and he's working on the farm with his sons. It's unbelievable. I saw the man about two weeks ago when I went to Lac La Biche, and he looks about 10 years younger than he did four months ago.

I think there's so much evidence and there are so many people who have been helped that it's time we made a great push to make this available to all Albertans and to make sure that the doctors who offer it have no fear of being chastised or losing their licences from the College of Physicians and Surgeons because they're practising something that's not approved by the college. In the state of North Carolina last year, in their '93 session, they passed a special Act to regulate the practice of complementary medicine, and that was to make sure doctors were free to practise chelation therapy in their state. They have a board that is the same as our College of Physicians and Surgeons. At one certain place in the Act it says: the board shall not revoke the licence or deny a licence to a person solely because of that person's practice of a therapy that is experimental, that is nontraditional, or that departs from acceptable or prevailing medicine practices unless by competent evidence the board can establish that the treatment has a safety risk greater than the prevailing treatment or that the treatment is generally not effective. So for the same reason that we support it here, the government of that state decided to pass a special law to protect physicians that want to practise this in the state of North Carolina.

I think it's long overdue that the doctors of our province can of free will, if they feel that is the treatment that is needed by their patient, be able to practise this. I urge all members of this Assembly to support this motion. I hope we all support it and that in this case we can give free choice to Albertans to use this treatment if they wish to have it.

Thank you.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Currie.

MRS. BURGNER: Thank you, Mr. Speaker. It is a pleasure to rise in support of this motion as well. Perhaps following a lot of the medical discussion that has gone on in the previous debates, I have three documents I'd like to table which identify particularly medical research - these have been supplied to us by the MLA from Bow Valley - regarding studies that have been done on chelation therapy.

Mr. Speaker, the reason I wish to discuss the support of the motion is that what we're seeing in the debate on chelation therapy is a revisiting of how we access the medical profession in this province. One of the concerns I have is that in the original research that was undertaken in terms of preparing for this debate, it was made evident to us that as recently as 1993 the College of Physicians and Surgeons in Alberta reached a proposal stage for research, but the proposal didn't meet either ethical or scientific standards and therefore was not approved. My concern is that we have a system where over several years of practice in medical usage in the community, the concern for taking chelation therapy beyond its original intent for the right medical reasons has yet to be given the credence of research by the College of Physicians and Surgeons. Therefore, they in a way hold us hostage, because as

users of a system we know and respect the fact that we rely on credible research and accountability of the medical profession before we jump willy-nilly into medical treatments that are perhaps unsafe. But if on the other side of the coin we cannot get the medical profession to accept the responsibility to undertake research, we are caught in a bind. Therefore, the reason I'm supporting the motion is that I see what we're pushing here is the need to deal with that very question.

MR. DEPUTY SPEAKER: I hesitate to interrupt the hon. Member for Calgary-Currie, but the time limit for consideration of this item of business has concluded, so we're calling a vote on the motion as proposed by the hon. Member for Olds-Didsbury.

[Motion carried]

head: **Government Bills and Orders**
head: **Second Reading**

Bill 21
Alcohol and Drug Abuse Amendment Act, 1994

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Bow.

MRS. LAING: Thank you, Mr. Deputy Speaker. It's with a great deal of pleasure today that I rise to move second reading of Bill 21.

The Alcohol and Drug Abuse Act presently enables AADAC to provide for or fund programs and research related to prevention and treatment of alcohol and other drug problems. The current Act is very specific to alcohol and drug addiction and does not allow for the provision of services for other addictions. The amendment Act before you will provide the Alberta Alcohol and Drug Abuse Commission with the mandate to become involved in treatment, prevention, and research related to other addictive behaviours, such as gambling. Under this amendment AADAC will be able to be involved in treatment, prevention, and research as designated by the Lieutenant Governor in Council.

The Deputy Premier, minister for lotteries, and the Minister of Health announced on January 31, 1994, provision of services for problem gamblers through AADAC. The funding for these services would be through the Alberta Lotteries and gaming. Given the many similarities between alcohol and drug addiction and gambling addiction, provision of services for problem gambling can be most effectively achieved through the existing infrastructure and community-based addiction agencies.

This amendment will allow AADAC to provide for services to Albertans who might in the future or are now experiencing difficulties as a result of their gambling. We won't be creating a new bureaucracy or building new buildings, but we will be building on the strength, the skills, and the services of AADAC and building on the strengths of Alberta agencies and local communities. It is because of AADAC's close connection to many communities and community-based agencies and groups throughout the entire province that they can provide a range of services for Albertans who are experiencing problems as a result of their gambling or the gambling of a family member. Initiatives will be focused in the areas of education and prevention, treatment, training, research, and evaluation.

Mr. Deputy Speaker, AADAC is a name that's known nationally and internationally as one of the leaders in the field of substance abuse. It has a long history of service. The forerunner to AADAC was first established in 1951, when the Alcoholism Foundation of Alberta was started. Through this amendment in Bill 21 it would broaden the mandate to include other addictive

behaviours designated by the Lieutenant Governor in Council. There is no need, therefore, to change the name or the identity of AADAC. The provision that there must be a designation by the Lieutenant Governor in Council for additions to AADAC's mandate is an adequate control. The board of commissioners could not decide to add new roles to the mandate without proper direction. By using the term "addictive behaviours," in future the legislation will not have to be brought back to this Assembly for amendment when changes are made to the mandate, and this is in keeping with the emphasis of this government on cost effectiveness and efficiency.

I would therefore urge all members to support Bill 21 in second reading, and I look forward to their comments.

Thank you.

4:30

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. I would like to make a few comments on Bill 21. The issue of problem gambling is an issue that has been raised by members of this caucus for some time, and of course it's pleasing that the government has finally recognized that in fact this is an issue that needs government attention. It's a little dismaying that it's taken this long and particularly that really this little is being directed towards this issue.

Mr. Speaker, a report by the University of Alberta researcher Garry Smith that was released in January of '94 shows that approximately 5.6 percent, almost 6 percent, of Albertans are either problem or pathological gamblers. Now, this means that about 90,000 Albertans are considered problem gamblers, and about 35,000 are classified as pathological gamblers; they can't help themselves. The average monthly expenditure on gambling by pathological and problem gamblers is just over \$236 per month compared to just less than \$50 per month for the average Albertan, the nonproblem gambler. The typical pathological or problem gambler is under 30 years of age and is three times more likely to be a man than a woman. Now, women of course can become pathological gamblers. Usually in a period of about three years they tend to, in this report, become problem gamblers; they're a little quicker when they do get smitten with this bug. Studies show that women are more likely to become attracted to VLTs and become pathological gamblers with VLTs. More about that in just a minute because these video lottery terminals are a particular concern at this time in Alberta. Problem and pathological gamblers spend money first on lottery tickets, instant scratch tickets, card games, bingos, coin slot machines, horse races, raffle tickets, VLTs, and casinos.

Mr. Speaker, I'll add that at this particular time when we see the charities becoming more and more burdened as a result of government cuts in social programs, recreational programs, cultural programs, when we see the Premier in fact calling on volunteers and charitable groups to help fill the gap that's been left, to fill the void that's been left by the government pulling out and withdrawing from a variety of services, these charities and voluntary services are being driven to raise revenues from sources that they are probably not very comfortable with. I personally am involved in several charitable organizations who for years stayed away from bingos and casinos and the like because they did not believe philosophically that this was the way to raise money, particularly because gambling is seen as almost a tax on the poor. Studies have shown that people in lower income levels are more attracted to games of chance than those in higher income levels, and

often people in those lower income levels are the same individuals who are the recipients of the very services that they are now paying to support through their gambling activities.

Pathological gamblers whose game of choice is video lottery terminals report losing between \$200 and \$300 every time they play, and they play with some frequency. I'd like to just ask all members of the Assembly to think about the impact that has on families when you think of \$200 to \$300 a shot in disposable income, or perhaps income that really should be earmarked for other things, going into the void, just being spent in these VLTs.

In response to this problem, late in January the hon. Deputy Premier announced that there will be a government program to provide addictions counseling to problem gamblers. He announced that .5 percent - .5 percent - of lottery profits will be earmarked to fund the program and that AADAC would manage the program. Now, I don't have any particular quarrel with AADAC managing the program. In fact, I believe AADAC has a reputation that speaks for itself. Mr. Speaker, I don't have any quarrel with the fact that the government should be earmarking lottery profits to go to AADAC so that they can in fact begin to program in this very worthwhile area. I do question the amount of the support, and I wonder why it's so limited.

We discussed lottery fund commitments in this Chamber just last evening. It was noted that something less than a million dollars, \$820,000 I believe, is what's being given to AADAC for their treatment, their education, their staffing. The member responsible, the chairman of AADAC, stood up and gave a very glowing report of all the things that AADAC is going to do with the money. I'm impressed that in fact AADAC can try to attempt to do so much with so little. I wonder why it is that this government is being so parsimonious with gambling revenue when they've recognized, in fact, that this is a significant problem. I wonder how that \$820,000 compares to the millions of dollars that are being spent to promote gambling in this province. How much money is being spent on gambling?

MR. DINNING: How much would be enough, Howard?

MR. SAPERS: I note that the Treasurer is trying to engage in debate from his seat, and I'm wondering if he'd like to wait his turn and then speak from his feet and perhaps use his head instead of disrupting.

Mr. Speaker, I wonder how this compares to the money that's being spent to promote scratch tickets and lotteries and gaming and how it compares to just the TV advertising budget for the Western Canada Lottery that is promoted by this government. It seems to me that if this particular regime was serious about dealing with problem gambling, they would put their money where their mouth is and they wouldn't gamble on the effectiveness of interventions. This is certainly a Bill that deserves support because it's a step in the right direction, but it's another example of this government going halfway on a good idea. I would urge that when this program is reviewed, it be reviewed in fact with an eye towards increasing the amount, considering that we're talking about lottery and gambling revenues. We're not talking about the general revenue fund. We're not talking about tax dollars. We're talking about the moneys that are derived from this discretionary activity and then earmarking an appropriate amount so that the problem can be dealt with.

Now, the minister responsible for lotteries and VLTs - if his plans take root, we'll see something just shy of 10,000 VLTs. If the statistics bear out that these pathological gamblers drop \$200 to \$300 per session into these 9,000 or 10,000 VLTs, Mr. Speaker, it seems to me that we've got a tremendous pool of money to draw

from, and we can certainly do better than this pittance that's been put aside. It's about time the government takes full responsibility for the fact that they've encouraged this kind of potentially addicting behaviour. It also is about time that educational programs became an ongoing part of AADAC's repertoire of programs and that it not be dependent simply on the whim of a particular minister at a particular time who commits just really a token amount.

So in conclusion, Mr. Speaker, I will be voting for Bill 21 but with some reservation, that reservation being that it is really too little too late, but at least the government is owning up to its responsibility in this regard.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-McClung.

4:40

MR. MITCHELL: Thank you, Mr. Speaker. I rise in support of Bill 21 as well, but I do it with the kinds of reservations that have been expressed by my colleague from Edmonton-Glenora. There is no question that some Albertans face an addiction to gambling and that the government has an obligation to treat that addiction. Addictions of this nature are, I believe, every bit as much a disease as is heart disease or kidney disease or the many kinds of physical ailments that we accept at face value as being a health care problem. I believe that just as the government, reflecting the values of our community, has an obligation to address those kinds of health care problems, they have an obligation to address gambling addiction in this province. I believe that that obligation is of double significance because the government in its policy, particularly with respect to the new video terminals, has in fact contributed, created a context within which at least gambling addictions can thrive and grow.

There is no question, Mr. Speaker, but that gambling addictions create tremendous upheaval for the person who is specifically addicted but also create tremendous upheaval in the lives of members of their family and more generally creates a social problem which affects each and every one of us.

There is a true false economy in the government's pursuit of gambling revenues. It is a false economy, and it raises some very serious moral questions. It was very interesting to note today that the Member for Olds-Didsbury – and I think rightly so – raised a question of the minister responsible for lotteries and gambling in this province which really raised the moral question. I know that he is troubled by the government's role in gambling, as many of the members of this Legislature are. There is no question that there are financial pressures on this government, financial pressures which they themselves created, and lotteries and gambling have become at least one source of revenue, and not an insignificant one, to solve those problems. The fact of the matter is that gambling revenues are a false economy because gambling does create addiction and that in turn creates profound and increasingly widespread social problems in our society.

We have a government who argues strongly in favour of the family. We all believe in the institution that the family represents in our society. The fact of the matter is that gambling addiction is frequently an assault on that institution. So we can't have a government that on the one hand sanctimoniously wants to support values like the family but on the other hand seems incapable of taking the tough decisions that will in fact support that kind of self-righteousness. Mr. Speaker, gambling is an addiction in our society, gambling has been promoted by this government, so at the very least it is incumbent upon this government to take its

responsibility and to address the matter of treatment for gambling addiction.

The reason that I will support this Bill is because at least it allows AADAC, which is a responsible and accomplished organization, to begin to address gambling addiction as it has other forms of addictions in this province. The reason that I support it with reservation is because I have great concern that the government has pursued gambling as aggressively, as obsessively as it has in this province. I am particularly concerned with the impact of video lottery terminals and the literature that indicates that these are highly addictive. I am particularly concerned that the minister is planning to go from 2,600 video lottery terminals to an objective of 8,500 within the year. I think what we may find in the long run is that this commitment to treatment for gambling addiction is insufficient because of the effort that's been put into promoting gambling, is insignificant compared to the social costs that are created by gambling and gambling addiction, and in the final analysis this level of commitment is little more than a political offering, if you will, to make it appear that the government is doing something about gambling and gambling addiction so that it can justify its increasingly aggressive foray into the promotion of gambling in this province.

I would like to say that it is interesting that the minister would be taking some of the revenues from gambling to put into the treatment of gambling addiction. There is a parallel here for alcohol addiction which seems to be lost on this government. The Nechi Institute has outlined to the government an interesting proposal which parallels the kind of model that is embodied in this Bill. The proposal is that a certain fee should be taken from the sale of each bottle of alcohol in this province and applied to alcohol and drug abuse treatment and prevention programs in this province. The proposal is very, very timely because we see the government this year reducing – reducing – its commitment to alcohol and drug abuse programs. They have dropped them, at face value, from about \$28 million to \$26 million, and we don't know where that reduction will end. Again this is false economy, Mr. Speaker, because for every dollar they save now, they will very, very likely in turn spend multiples in an effort to solve the social problems that will be created by continued alcohol and drug abuse problems in this province.

AADAC itself has proposed a model of funding for alcohol and drug abuse programs that is not unlike and that parallels the Nechi proposal. That proposal is based upon a certain fee which would rise with the amount of alcohol involved in the sale of any given form of alcohol. So the stronger the spirit, the higher the level of fee that would be paid. Again, this fee could be taken and applied to drug and alcohol treatment programs, which would provide – unfortunately, I guess – a consistent source of funding for those programs, and an appropriate source to the extent that of course it is the alcohol itself that in the long run contributes directly to these problems.

Mr. Speaker, I'm not going to congratulate the government for raising this Bill. I'm going to say that it's the least they could do. In my cynical moments I believe it is a political initiative so that they can justify their continued reliance upon gambling revenues despite the level of social problems that gambling and gambling addiction causes. I would also like to underline the parallels between this model of funding for addiction treatment and the model that has been outlined by Nechi and the model that has been proposed by AADAC itself. It seems to me that it would be entirely reasonable, entirely appropriate that for a government to fund gambling addiction treatment in this way, it would be entirely appropriate and reasonable for it to fund alcohol and drug

abuse treatment in a similar way, at least to supplement the funding that they already provide.

I believe that in their headlong rush to balance the budget – and that is a very, very important objective; we must achieve it – the government . . .

MR. DINNING: Howard doesn't agree with that.

MR. MITCHELL: We all agree with that. In fact, we campaigned on that. Unlike the Premier, the Treasurer isn't listening and hasn't been listening for an awfully long time. We believe in balancing the budget. What we don't believe in, Mr. Speaker, is the easy way to do it.

MR. DINNING: You want to raise taxes.

MR. MITCHELL: Anybody can cut costs.

AN HON. MEMBER: Is that why you guys overspend?

MR. MITCHELL: It simply means writing a small enough cheque.

MR. DALLA-LONGA: But who overspent? Who created this mess?

4:50

MR. DEPUTY SPEAKER: Hon. members. [interjections] Whoa. Hon. member . . .

MR. DALLA-LONGA: They started it.

MR. DEPUTY SPEAKER: Immaterial whether it's junior high or here. Hon. members, we'd like to hear the words from Edmonton-McClung without being baited unduly.

MR. MITCHELL: I agree, but I wouldn't necessarily put the Treasurer into junior high yet, Mr. Speaker.

The trick is that there are competing objectives that need to be balanced. On the one hand, you have to balance the budget. We campaigned on it; they campaigned on it. Anybody – anybody, Mr. Speaker, even these guys – can do that by simply writing a small enough cheque. The Treasurer has begun to squint because the cheques are getting smaller and smaller all the time. The fact of the matter is he is getting lines around his eyes.

Good government, excellent government has to find a way to do that and to provide excellence in health care, excellence in education, and to address programs like this which are fundamentally important to our society and to individuals in our society. They have to find a way to walk and to chew gum at the same time. It seems that the Treasurer is incapable of doing that.

All we are saying, Mr. Speaker, is that it was lack of foresight that saw this government spending money on the way up in political ways that got us into this problem, and now, with lack of foresight, they think they can solve these problems. It is incomprehensible that a government which had that experience with creating that degree of problem for this province would turn around and think they can solve this with simple, simplistic, superficial solutions.

What I am saying in the context of this Bill, Mr. Speaker and Mr. Treasurer, if he's beginning to listen – we know he doesn't care – is . . . [interjections]

Point of Order

Imputing Motives

DR. L. TAYLOR: Point of order, Mr. Speaker. [interjections]

MR. DEPUTY SPEAKER: Hon. members. The hon. Member for Cypress-Medicine Hat has a citation for his point of order?

DR. L. TAYLOR: *Beauchesne* 83 and Standing Order 23(i) and (j).

MR. DEPUTY SPEAKER: Imputing motives?

DR. L. TAYLOR: Yes, certainly. To the hon. Treasurer: we know he cares.

MR. DEPUTY SPEAKER: The hon. Treasurer also rose at the same time.

DR. L. TAYLOR: We know he cares. We know he listens. I would request that you command the member opposite to withdraw those uncaring and nonlistening comments.

MR. DEPUTY SPEAKER: Hon. member. On the point of order?

MR. MITCHELL: No. I'd just like to keep talking, Mr. Speaker. I'm tired of these interruptions.

MR. DEPUTY SPEAKER: The hon. Provincial Treasurer.

Point of Order

Abusive Language

MR. DINNING: Well, on a similar point of order, Mr. Speaker, at 23 (j): using "abusive or insulting language of a nature likely to create disorder." There is simply no doubt about the disorder that has been created, so I would simply put the point that that kind of comment about an uncaring attitude or the fact that the Treasurer doesn't care is simply untrue, and the hon. member knows that even from the days that we were at university together. He knows that I've always been a caring individual, and I would ask him to graciously stand and reflect upon my sensitive, soft nature.

MR. MITCHELL: I will stand graciously, Mr. Speaker. To the disordered Treasurer: I am sorry.

Debate Continued

MR. MITCHELL: I would close, Mr. Speaker, simply by saying that it is very important in balancing the budget, which must be done, that we never lose sight of doing that with insight, with foresight, and with a sense of not creating more problems than we solve and not creating greater expense than we save. That's why I think there is some justification for this Bill: because it will address gambling addiction. I think the model should be applied, should be considered in light of drug and alcohol addictions, and I think the government should seriously consider the extent to which it is pursuing gambling revenues and promoting gambling in our society as a way of solving its financial problems.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Whitemud.

DR. PERCY: Thank you, Mr. Speaker. I rise to speak in favour of this Bill. I first want to commend the hon. Member for

Calgary-Bow in that the Act is in a sense open ended and allows other forms of addictive behaviour to be included subsequently. It isn't targeted specifically to gambling.

I want to agree, then, in principle with the Bill, but I also want to follow upon some of the issues that were raised by my colleague from Edmonton-McClung. If you look at the numbers in our province, we're gamblers. In per capita terms we have the highest level of expenditures. In part I think that's related to the age distribution of this province. We have the lowest median age. The climate as well, in the sense of the economic climate, is relatively unstable, and there's a lot of risk-taking behaviour here. So I mean there's a number of factors that might lead us, then, to be big gamblers. On the other hand, though, we have had a government in place that has actively promoted gambling as a revenue source. You know, they view it as perhaps both amusement, entertainment, and a voluntary tax. We know and we've certainly seen from the last budget that tax, tax, tax is the name of the game for the hon. Provincial Treasurer. User fee upon user fee.

So in that regard, then, whether it's voluntary or involuntary, this government is raising significant and substantial revenues from gambling. The magnitude is really staggering. If you look at 1973, for example, gross revenues from gambling were only \$110 million. In 1992 they had risen to \$1.2 billion, a significant growth. That level of expenditure was rising more rapidly than even the expenditures under the Getty Tory government. I mean, that's spending at its height. If we look at the current level of spending on gambling, it's really quite remarkable. Albertans spent \$698 million on bingos, raffles, and casinos, which is a way of community associations and volunteer groups trying to raise revenues and targeting them for community needs. Nobody can quibble with that. Certainly as much as one is in favour, though, one knows that there in fact are bingo addicts, horse racing addicts, and the like. Gambling is addictive, just as is alcohol. If we look at other expenditures, \$414 million on lottery tickets and video lotteries and \$223 million at the racetrack, gambling is big business, Mr. Speaker.

As much as I have chastised and will continue to chastise the Provincial Treasurer for imposing user fees disguised as taxes, here is where I think a case can be made for a dedicated source of financing for AADAC in dealing with addictions regardless of the source, whether it's gambling or alcoholism. As gambling spreads, as these VLTs become more prevalent, as gambling becomes far more socially acceptable because the government promotes it as a revenue source, just as we see with the spread of alcohol products - we have both a greater range now and certainly much greater convenience - there are problems to society. We know that alcoholism imposes tremendous social costs, many of which then are borne by government and ultimately Alberta taxpayers. That's true as a consequence of alcoholism; it's true as a consequence of gambling. There are costs, then, which fall on government and on Alberta taxpayers.

This is in a sense a sustainable demand. Once people have this addiction, it has to be treated. Do we then want to tie the treatment of this addiction which is there to the budget cycle, or do we want to make it self-financing? That's the issue. This is why I don't like user fees. I will go on record as saying I don't like certain types of user fees or net budgeting, for example. I think there are problems because you lose control over the expenditures. Here I think is a particular case where you can make an argument that perhaps you do want a dedicated source of revenue to AADAC to deal with these types of treatment problems. They're not going to go away. Alcoholism does not go away without treatment. Gambling addiction does not go away

without treatment. As governments cut back and as they try and set their list of priorities, they sometimes lose sight of the fact that these costs, which are borne out there by society as a whole and don't appear to be the highest priority for government, get lost in the shuffle. So I think one wants to try and get some type of treatment off the vicarious government/business cycle and tie it more directly into the revenues generated by those types of activities.

5:00

I think some type of mechanism under which, then, there could be a stream of revenues to AADAC to allow them to treat this problem on a longer term basis, where they knew the flow of revenues was independent of the vicissitudes of the political cycle and tied, in a sense, to the revenue flows generated by these types of addictive behaviours, would serve government well, because it would allow them to ensure that that problem was dealt with and it would reduce all of the social costs associated with this addiction. It would in a sense be equivalent to a user fee in that those that are consuming these products are paying for some of the costs associated with them.

That's one of the reasons, Mr. Speaker, that taxes on tobacco are so high. I mean, smoking causes serious health problems and a real drain on government coffers. They should be taxed. Smokers should be taxed for many of the costs that they impose.

The similar principle I would think would hold, Mr. Speaker, with regards to alcohol consumption and gambling. If there are revenues generated from it and we know that there is also addiction that is generated from the spread of these activities, let's get those funds dedicated, in place so that we can deal with addiction, so that we can in fact reduce the demands on government, and we can get it out of the political arena.

We can still have oversight on AADAC. If they're successful in treating, they reduce the pool of addicted and there's no longer the need for the revenues, fine. But let's get in place a mechanism to deal with this problem, because it is getting progressively worse. The data on gambling clearly shows that it's a thriving, growing business in the province of Alberta and that there are an increasingly larger number of people becoming addicted. Pathological addiction has tremendous costs to government, has tremendous costs to families. So it has to be treated.

The government certainly is, then, moving in this direction, but I think we should try and put in place a set of principles that ensures a sustained flow of revenues to get at this problem.

Thank you, Mr. Speaker.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thanks very much, Mr. Speaker. A couple of observations. I wanted to come at Bill 21 from a different perspective than the other speakers that have gone before me. I support the Bill and will vote in favour of it, but I have two concerns, and they're related concerns. The first one is: why AADAC? The other speakers, it appears to me, have assumed that it's a logical fit, that's it's a good fit. I question that, and I question whether AADAC is the most appropriate vehicle to deliver the service. I don't for a minute dispute the fact that AADAC has established a national and indeed I think an international reputation in terms of dealing with alcohol addiction, and I think we can be very proud of that facility in this province.

From talking to therapists and psychologists and counselors, I understand, Mr. Speaker, that there's a world of difference - a world of difference - between counseling people with an addiction

for gambling and those that have an addiction in terms of substance abuse or alcohol. I think it does not necessarily follow quite as automatically as perhaps some are assuming that if you're dealing with addiction, addiction is addiction, and it doesn't matter whether it's for substance abuse, alcohol abuse, or gambling. My limited research suggests to me that there are demonstrably different, qualitatively different considerations in dealing with the two types of addictions.

[Mr. Clegg in the Chair]

Now, if that's the case, then I guess I query: were there any alternatives to having the same service delivered other than doing it through AADAC? I know that AADAC and people in AADAC were feeling very anxious in terms of where their funding was going to go certainly in late fall of 1993 and early '94. I'm sure from an organizational perspective that this new mandate is a positive thing for AADAC, but if we step back and look at it from the point of view of the person that needs the service, was this the best agency to deliver it? Now, it may be that there are no alternatives in this province, but I'm a big believer in contracted agency work. I'm a big believer in wherever possible avoiding bureaucracies in terms of avoiding large organizations, because I think sometimes you have inefficiencies built in. The larger these agencies and these organizations get, sometimes what it means is not a better service delivery but a compromise in the first-rate kind of program and delivery of service we currently get from AADAC. I know that there are some agencies, and I'm thinking of the Alberta Council on Problem Gambling, and there may well be other agencies in the province. I'm wondering whether consideration was given to contracting out a substantial portion of the counseling work and so on.

There is going to be a telephone line, a hot line. A terrific idea. A very positive development. But once again could that be run more efficiently and in a more targeted way by people who have specialized knowledge and specialized experience in terms of dealing with gambling, sir? So that's my one concern.

The second concern I have is that when I look at AADAC, I think the cut in overall AADAC spending was forecast to be something in the order of 20 percent, Mr. Speaker, over three years. I stand to be corrected on the numbers, but that's my estimate. My concern is whether in fact the very excellent work that's currently being done by AADAC is going to be compromised if you now have basically the same infrastructure to deal with this significantly new target population. I guess I want some assurance, hopefully before we conclude dealing with this Bill, from the hon. Member for Calgary-Bow that that's been examined, that it's been addressed, and that that concern can be allayed. I have those two concerns with the Bill in front of us.

I would then simply add, I guess, my comment to those from other speakers. I'm uncomfortable with the extent to which not only this government but other provincial governments are seeing gambling revenue as a staple, as an absolutely core part of government funding. You know, I don't want to sound like I'm angling for a return of the temperance unions in the early days of Alberta. I think there maybe some who would take any suggestion that there are a lot of social problems related to gambling as a throwback to the early days of Prohibition. It's not that I think we're in that sort of a situation, but I think also, as other speakers have pointed out, that there's an enormous social cost that goes along with gambling. It has to be addressed. The Smith report identified it and quantified it to some extent, but what we're looking at is an enormous leap in terms of the number of VLTs. I mean, we're talking about going from 2,600 to 8,500 within the

space of a year. It would be foolish not to recognize that that means compounded social problems.

So for those reasons, I will support this with some trepidation. It's largely only because I have so much confidence in the good work that AADAC does now that I think some of my concerns perhaps will be mitigated, but I'd like a larger measure of comfort and some reassurance I don't currently have. I'd feel a whole lot more comfortable voting at subsequent stages of this if I had that further assurance.

Thank you, Mr. Speaker.

MR. ACTING SPEAKER: The hon. Member for Calgary-Bow.

MRS. LAING: Thank you very much. I'd like to answer some of the questions at this point, and then I'll check *Hansard*. [interjections] I believe there was another speaker.

MR. MITCHELL: This is second reading. You can't do that.

MRS. LAING: Pardon me?

MR. MITCHELL: This is second reading. You can't speak twice.

MRS. LAING: Can't I close debate?

MR. MITCHELL: Well, we're not finished, so you can't close debate.

MRS. LAING: Oh, okay. Well, I'll yield, then, to the member.

5:10

MR. KIRKLAND: Mr. Speaker, I will be brief with my comments seeing as there are a few members that are tiring of the debate here this afternoon. Certainly I would commend the hon. Member for Calgary-Bow for bringing forth Bill 21, which as I understand broadens the support for addictive behaviours. I think in light of the fact that the government has ventured into more gambling, certainly this goes hand in hand with that. When we look at the fact that there are approximately, as the hon. Member for Edmonton-Glenora mentioned, 125,000 Albertans that have a problem or a pathological gambling problem, certainly it is very needed that we embrace or introduce something like this.

I would suggest, Mr. Speaker, that if we were actually able to determine what I would term spillover costs – and that would be the intrusion into families and the resulting dysfunctional family behaviours – we would be into the millions of dollars. So I see this as being one of those preventative measures that certainly will pay dividends in the long run. I am firmly convinced that gambling impacts on the wholeness of the family. We have to work hard in this Legislature and this province to ensure that we remain to overcome that assault on the family, and this gambling to the magnitude it is in the province certainly is one of those little irritants that we have to work towards eliminating.

The initiative of spending .5 percent of lottery profits on addiction I think is a commendable one. I wonder in my mind if in fact it will be adequate to deal with it. I would hope that in fact it is. I would like to think that we will treat one and all and not run into different levels of gambling addiction and then start giving preference. I would ask the members of the House to certainly keep in mind, particularly the government that purports to be consulting on a regular basis, to give serious consideration to listening to the experts from Gamblers Anonymous who suggest, Mr. Speaker, that there is an overabundance of particularly VLTs in this province. I would suggest that if we

eliminate some of the temptation, we certainly would be moving in the right direction to eliminate some of the addiction as well.

One of the areas that I haven't heard mentioned in the debate this afternoon is the fact that there's only a finite number of dollars in this province that each Albertan has to spend on different causes that they run into. I would suggest that when I say that, there are many charities and many causes that formerly received the dollars now being spent on VLTs that cannot be spent on other causes. Those campaigns or causes, be they the Girl Guides selling cookies or the hockey player that knocks at your door to sell you almond chocolates or the school student that stops to get your support on a walkathon, those particular undertakings today are being hampered as a result of the fact that Albertans through addiction have had to spend their dollars elsewhere, in a VLT or bingos or the likes of that. Certainly I think it's easy to document that those dollars are not there that once were there.

I would suggest that the Bill is a positive Bill. I commend the member, as I indicated in my opening comments, for bringing it forth. Before leaving it, I would certainly like to reiterate the comment that the Member for Edmonton-McClung made, and that was to not lose sight of the proposal that Maggie Hodgson from the Nechi Institute brought forth. I'm aware of the other proposal that AADAC has on the table. The one that came forth from Nechi, I would suggest, is a simple one, and one that's easy to follow, and one that's easy to capture.

In closing the debate, certainly I would ask the hon. members opposite and these to of course support it, not to lose sight of my concern that the .5 percent may not do the job, and we should revisit that after one year to ensure that one and all that have this addiction receive the treatment.

So with those comments, Mr. Speaker, I would close and thank you for your indulgence.

MR. ACTING SPEAKER: The hon. Member for Calgary-West.

MR. DALLA-LONGA: Thank you, Mr. Speaker. I feel compelled to get up and speak to this Bill as well. I just have a few very brief comments. I'm concerned that with this Bill here we're getting a very dangerous trend. As I look at this Bill, you know, it's going to encompass people who have alcohol problems, drug abuse problems, and now people who have a gambling problem. Not just gambling, poker or Las Vegas style blackjack, whatever; it's going to include VLTs. I wonder where this is going to sort of stop.

As much a surprise as it may seem to the members opposite, I'm more in favour of people looking after themselves, being educated properly. I know that education is something that the members opposite don't necessarily always believe in either. I think we have to be responsible for our own actions. I think we have to be careful about including everything that sort of becomes an affliction in the AADAC or the alcohol and drug abuse sphere and saying, "Well, that's a problem in society; let's throw that in as well." I think we have to be careful because, you know, some people will become addicted to food. As I look around, there are probably some food addicts around here. There are some people that are probably addicted to Stanley Cup finals. Are they going to be in here? There are some people that are addicted to not always telling the truth, and they probably will have to be in here.

There are many things that can be addictions. I think what we need to do instead of helping them after the fact – the old saying "an ounce of prevention is worth a pound of cure": we need more in the way of education. Certainly we don't want to deny these people the help, but I don't think that's the answer. I think

the answer lies up front in helping them learn that they can get into problems.

I'll just relate to you a brief story. I've had some experiences in the bingo business; I've had some clients. It's absolutely incredible where this business is going. I had some clients who operated bingo halls, and they just mushroomed like crazy. I mean, the business was just exploding. People, particularly in small towns, rural Alberta – I guess they didn't have a lot to do – decided particularly in the winter months . . .

MRS. McCLELLAN: Try the bingo barns in the city.

MR. DALLA-LONGA: Yes, the biggest bingo barns are in the city, but the most people are also in the city. Statistically, as a percentage of population, the bingo players are in the smaller centres.

Now, I had a client . . . [interjections] My goodness, Mr. Speaker, they're coming alive here. It must be getting close to feeding time. I didn't even try to shake their cages. They must be getting hungry.

Anyway, to take this addiction thing, I had a client about a year ago that was involved in the bingo supply business, and he told me a story about his father, who was addicted to pull tabs, these things, I guess, that you pull apart. I've never even tried one. He'd go out and he'd blow \$75, \$100 a night on pull tabs, if you can believe it. I mean, this is something created through technology. It didn't even exist probably 20 years ago, and here we have somebody who's addicted to pull tabs, and he had to go to Gamblers Anonymous to get off this addiction.

DR. L. TAYLOR: Are you going to chartered accountants anonymous?

MR. DALLA-LONGA: The Member for Cypress-Medicine Hat asks if I'm going to chartered accountants anonymous. I'm not sure he knows what he's meaning by that.

Anyway, I think the point that I'd like to make, Mr. Speaker – and then I'll let someone else speak, maybe someone from the opposite side. It just seems that they don't have any views on this. Maybe they're all being told to not say anything; I don't know. They're just nodding up and down. The members in the front . . .

Speaker's Ruling Imputing Motives

MR. ACTING SPEAKER: Hon. member, we went through this last night, and I don't want to repeat it. We don't ask or tell people who can speak in this Chamber. It's strictly not in good taste to ask people to speak. That's their decision.

Continue on the subject.

MR. DALLA-LONGA: Mr. Speaker, I beg to differ. I wasn't asking them to speak. I was just making an observation about their lack of speaking. [interjections] I don't think it's proper for them to be interjecting like that as well. [interjections] My, they must be awfully hungry tonight, because they're sure noisy.

5:20

Debate Continued

MR. DALLA-LONGA: Mr. Speaker, let me summarize by saying that I think it's noble that we help our fellow Albertans, but I think we have to look at educating these people in advance. I think we'll spend less money, and we'll be better off as a result of it.

Thank you.

MR. ACTING SPEAKER: The hon. Deputy Premier.

MR. KOWALSKI: Thank you very much, Mr. Speaker. Bill 21 is not a lengthy Bill, but it is an important Bill in terms of one additional aspect that it adds in terms of responsibilities for the Alberta Alcohol and Drug Abuse Commission. Bill 21 is something that has been asked for by members of the government caucus and has been asked for by members of the opposition caucuses of the past as well. It's a Bill that basically allows the Alberta Alcohol and Drug Abuse Commission to deal with one additional type of so-called quantitative addiction, and that is gaming.

Gaming in its many forms is a very difficult thing to determine in terms of what is addictive and what is not addictive. It is the general consensus, and this Bill is the result of major consultations with all of the affected and impacted groups in the province of Alberta. It's one in which the government has gone out and listened to and received submissions from the various groups in the province of Alberta.

Mr. Speaker, when a decision was made to see the allocation of dollars for this particular area, my recollection is that there was generally a very complimentary response from the people of Alberta and the various organizations that felt there was need for this. They were very, very complimentary in terms of what the government was doing. This Bill now fulfills that commitment, and it should be viewed as a very positive approach. The debate on Bill 21 is not a debate on the question of gaming in the province of Alberta. It's a debate really on the question of the principle of asking the Alberta Alcohol and Drug Abuse Commission to deal with people who may have addictive behaviours caused by one of wanton numbers of gaming in the province of Alberta.

Individuals in Alberta can game in a variety of ways. It's part of history, part of our tradition, whether or not it's horse racing or whether or not it's buying lottery tickets or participating in bingo or participating in casinos or participating in pull tickets and raffle tickets and the like. There are very few people, Mr. Speaker, in terms of the data that was provided, that basically fall under the category "addictive," but almost 90 some odd percent of the people of Alberta do game in one way or another. That definition includes one who would buy from and want to support a volunteer group in their community, whether or not it's the Girl Guides who are selling something, a quilt raffle ticket, or in support of the Boy Scouts in terms of a small raffle that they're having unto themselves. It's part, in essence, of the tradition of this province.

There is the odd horror story that does come through, and it's because of the horror story that in essence we've asked one of the most respected organizations in the province of Alberta, the Alberta Alcohol and Drug Abuse Commission, to in fact participate and be involved in this area.

Mr. Speaker, in terms of making the decision as to who or what would be the entity that would be asked to work on a contractual basis to look after gaming, we surveyed the marketplace, and the marketplace in question was North America. In fact, we consulted with people in states in America and provinces in Canada and asked them if they were aware of the activities of the Alberta Alcohol and Drug Abuse Commission. Almost universally the responses came back and said that this is one group that is highly respected, highly talented, highly organized. In terms of the discussions that were held with the Alberta Alcohol and Drug Abuse Commission, in terms of signing final contracts with them to be responsible for this particular area, they were also very enthusiastic about doing it, not as a growth industry, not as a way of just expanding their so-called empire,

expanding their so-called mandate but as a way of dealing with problems when a small number of Albertans do feel compelled to seek some reassurance from professionals in this regard. Bill 21 allows this now to happen.

It's something that I think most citizens in Alberta would be very anxious to see happen and very anxious for everybody to move forward to. I'm unaware of any opponents to Bill 21, Mr. Speaker. I'm unaware of any negatives that certainly the minister of lotteries has ever received in being opposed to the Alberta Alcohol and Drug Abuse Commission being involved in this activity. I'm not aware of any of the so-called vested interest groups in the province of Alberta who have ever spoken out opposed to this. I can't think of something that's more positive that we have done and will be doing in this session of this current Legislature.

Professionals are involved in the field. They're working hand in hand with people from the various gaming organizations in the province of Alberta, whether or not it's Gamblers Anonymous or GamAnon or anything else. They've just stressed that they're very positively enthusiastic about this. It seems to me that it would be very helpful if all Members of the Legislative Assembly could find it in their hearts and their minds to basically be supportive of Bill 21 so in fact the professionals could be in a position to deal with people who have identified problems for themselves. These problems will not go away in their own light, but I think that with a little bit of care from people who do work for and are associated with the Alberta Alcohol and Drug Abuse Commission, then in essence we'll be in a very positive position to move forward.

Mr. Speaker, from time to time there's some question about the amount of dollars that have been allocated for this program. Well, once again in all of the assessments that were done, there was never a question of the funding source – in this case, the Alberta lottery fund – of ever saying that dollars would not be available. In fact, those involved in the Alberta lottery fund were driven by what was identified as what should be done by professionals in the field. Appropriate dollars were put in place. It is not a question of this debate to say: should there have been \$10 million or \$20 million or \$30 million put in place? In fact, the resources are there, and we're told conclusively by not only the professionals in the field but those who are involved in the anonymous organizations concerned with gaming that in fact sufficient dollars are put in place.

Mr. Speaker, Bill 21 is a very positive Bill. I sincerely hope that all members will be able to move and support it so it can be implemented into law and we can get on with the business of doing what we're supposed to be doing.

Thank you.

MR. ACTING SPEAKER: The hon. Member for Edmonton-Norwood.

MR. BENIUK: Thank you, Mr. Speaker. Would you like me to proceed or do it another day? I've got two minutes. Okay.

Mr. Speaker, while I support the Bill, I do have some questions, and perhaps the Deputy Premier may be able to assist in this. I believe that on the 31st of January of '94 he indicated that approximately half of 1 percent of the lottery profits would be earmarked for a fund. I was wondering how that would compare to the money that's being spent in advertising to encourage people to go and buy lottery tickets. The VLTs are not advertised extensively, but a great deal of advertising is done on lottery tickets. I was wondering if one could work out something so that the money spent for assisting people that become addicted to

gambling should equal at least the amount of money being spent for advertising to encourage people to gamble.

Now, many of the people that go and buy tickets or try to make some quick money on the VLTs are doing it because they think they can become instantly rich. This is the image that is projected through the ads: buy a ticket and your whole life-style changes. In actual fact a great deal of money is lost, and most of the people that do gamble end up in a very much economically worse position than they were before they threw their money into these VLTs or they bought the lottery tickets.

**Point of Order
Relevance**

MR. DAY: A point of order, Mr. Speaker.

MR. ACTING SPEAKER: A point of order, Government House Leader.

MR. DAY: I'll be quick. It has to do with relevance, the appropriate sections in Standing Orders and *Beauchesne*. This is a one sentence amendment. The principle on this is very narrow. We're getting stuff all over the map. Next it's going to be the colour of the book they want. Let's get on with the business of this Assembly. This type of debate is a joke.

[The Assembly adjourned at 5:30 p.m.]

