

Legislative Assembly of Alberta

Title: **Tuesday, May 10, 1994**

1:30 p.m.

Date: 94/05/10

[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**

MRS. ABDURAHMAN: Mr. Speaker, I wish to present a petition signed by 40 Albertans, and it states:

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.

Thank you, Mr. Speaker.

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

MR. DALLA-LONGA: Thank you, Mr. Speaker. I beg leave to present a petition signed by people from all over Alberta, some from the Brooks area, some from the Banff-Cochrane area, requesting that the Legislative Assembly of Alberta urge the government to maintain the Children's hospital in its current location. There are over 500 names on this petition.

Thank you.

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

DR. NICOL: Thank you, Mr. Speaker. I'd like to present a petition from the people of southern Alberta with a total of 6,202 signatures asking the Legislature to urge the government to maintain the Alberta Children's hospital. They see this as one way that they can express their interest from southern Alberta.

head: **Reading and Receiving Petitions**

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I would request that the petition I presented on April 26 be now read. That's the one regarding the School Act and the Catholic school system and expresses concerns from residents of Edmonton-Avonmore and surrounding districts. Some of those people were even here with us last night.

CLERK:

We, the undersigned, petition the Legislative Assembly of Alberta 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 Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker. I would ask that the petition I tabled on April 25 regarding concerns about the direction education is taking in this province be now read and received.

CLERK:

We, the undersigned residents of Alberta petition the Legislative Assembly to urge the Government of Alberta not to implement the plan to restructure the educational system in Alberta, as proposed by the Minister of Education.

We also request the Assembly to urge the Government of Alberta to ensure that every Albertan will have the opportunity for input and involvement in future plans to restructure the educational system in Alberta.

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

MR. BRUSEKER: Thank you, Mr. Speaker. I would ask that the petition I tabled on April 21 regarding the Hyndman report be now read and received.

CLERK:

We the undersigned petition the Legislature of Alberta to urge the Government to reconsider the recommendation of the Hyndman Report in regards to the relocation of the Alberta Children's Hospital in Calgary.

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

MR. DALLA-LONGA: Thank you, Mr. Speaker. I would request that the petition which I presented to the House on April 25 concerning the Children's hospital be now read and received.

CLERK:

We, the undersigned, petition the Legislative Assembly of Alberta to urge the government to maintain the Alberta Children's Hospital on its current site and as it currently exists as a full service pediatric health care facility.

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

DR. NICOL: Thank you, Mr. Speaker. I request that the petition I submitted on April 25 concerning the Children's hospital now be read and received.

CLERK:

We the undersigned petition the Legislative Assembly of Alberta to urge the Government to maintain the existing Alberta Children's Hospital in Calgary as a full service, active hospital which will continue to serve the children of southern Alberta.

head: **Presenting Reports by
Standing and Special Committees**

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

MR. RENNER: Thank you, Mr. Speaker. The Standing Committee on Private Bills has had certain Bills under consideration and wishes to report as follows. The committee recommends that the following Bills be proceeded with: Pr. 1, Mandy Anderson Adoption Act; Pr. 4, Concordia College Amendment Act, 1994; Pr. 7, Scott Peter Lavery Adoption Act; Pr. 12, Travis Trevor Purdy Adoption Act; and Pr. 14, Jody Anne van Overmeeren Adoption Act.

Mr. Speaker, Bill Pr. 5, Suk Yin Poon Adoption Act, has been withdrawn by the petitioner.

Mr. Speaker, I request the concurrence of the Assembly in these recommendations.

MR. SPEAKER: Does the Assembly concur with this report?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried.

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'm giving notice that tomorrow I'll be moving that written questions and motions for returns stand and retain their places on the Order Paper.

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

MR. BRASSARD: Thank you, Mr. Speaker. I wish to give notice now that I will rise at the appropriate time under Standing Order 40 to present a motion seeking unanimous consent of this House to in fact congratulate the Olds Grizzlys for winning the 1994 national Centennial Cup, beating Kelowna. I will now table this motion.

MR. SPEAKER: The hon. Member for Clover Bar-Fort Saskatchewan.

MRS. ABDURAHMAN: Thank you, Mr. Speaker. I wish to give notice that I will rise at the appropriate time under Standing Order 40 to present a motion seeking unanimous consent of this House to offer congratulations to two outstanding statesmen: Nelson Mandela and F.W. de Klerk.

head: **Tabling Returns and Reports**

MR. DECORE: Mr. Speaker, I would like to take this opportunity to table 4,000 letters – the same 4,000 letters that the Premier got but couldn't bring into the Legislature himself; I guess he couldn't carry them in – that deal with education in Alberta. These letters are brought together by a coalition of organizations throughout Alberta that are complaining about the government's gutting of the education system. So I wish to table these 4,000 letters.

MR. DAY: It's less than 1 percent. We did well.

MR. DECORE: Well, less than 1 percent, Mr. Minister, but a very powerful message to you, I hope. I hope.

Mr. Speaker, the second tabling that I wish to undertake is to table a document dated the 9th of August, 1989, from the Premier of Alberta to Mr. Peter Hutton, general manager of Opron, and a second document which is marked as exhibit D in the affidavit of Peter Hutton on the Opron matter. It is a memorandum from a Mr. Thiessen, who is a director in the ministry of the environment.

Thank you, sir.

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

MR. HENRY: Thank you very much, Mr. Speaker. I would beg leave to table four copies of a letter that was delivered to all MLAs yesterday. The letter deals with recommendations regarding our education system, and it is signed by a coalition of 20 – that's 20 – groups concerned about children's education.

Thank you.

MR. ROSTAD: Mr. Speaker, I'd like to file the response to Question 146 and also the 1993 annual report of the Law Society of Alberta.

MR. SPEAKER: The hon. Member for Bonnyville.

MR. VASSEUR: Thank you, Mr. Speaker. Subsequent to the Premier's concern yesterday about the tendering process on the fire hall in Bonnyville, I'd like to table four copies of the tendering process, which includes the 10 or 12 contractors that were invited and the subsequent six contractors that bid on the project in an open tendering process with a specific date and time.

head: **Introduction of Guests**

1:40

MR. SPEAKER: The hon. Minister of Municipal Affairs.

DR. WEST: Thanks, Mr. Speaker. I'd like to introduce to the Assembly 55 students from the Kitscoty elementary school in my constituency. They're here watching democracy in action. I hope that they're not disappointed by some of the activity in this House during question period. They were in my office a few minutes ago, and I pointed out to them that they along with their parents and other Albertans own this building, own everything that's in my office and that we're only here at the privilege of the citizens of Alberta. Therefore, I welcome them to this Assembly. They're accompanied today by teachers Kim Aitken, Bob Gerhart, and Elgin Pawlak and bus driver Dennis Hayward. I apologize to one member; I didn't get their name, so I haven't introduced them. They're in the members' gallery, and I would ask that they rise and receive the very warm welcome of this House.

MR. SPEAKER: The hon. minister without portfolio.

MRS. MIROSH: Yes, Mr. Speaker. I would like to introduce to you and through you to Members of the Legislative Assembly a Calgary entrepreneur, a professional engineer with SNC-Lavalin, Mr. Steve Berbekar, sitting in the members' gallery. I'd like to ask Mr. Berbekar to rise and receive a warm welcome from this Assembly.

MRS. ABDURAHMAN: Mr. Speaker, I'd like to introduce to you and through you some very special people: Dr. Roy leRiche and his wife, Joyce leRiche; Krish Moodley; PoPs Venkatraman; Preg Govender; Joe Pillay; Barbara Pillay; also my family and the greatest asset I've got Abdul Abdurahman, my husband; my daughter Amanda Abdurahman Burnett; and a very special young lady, Lyndsay Burnett, who can tell you about the health care system. It's a special day not only in the Abdurahman household but for all South Africans. I'd ask them to please stand and accept the warm welcome of this House.

MR. SPEAKER: The hon. Member for Red Deer-South.

MR. DOERKSEN: Thank you, Mr. Speaker. I'd like to introduce to you and through you to the members of this Assembly a fine young gentleman named Brad Strohschein. Brad will be working with me in Red Deer over the summer, and he's visiting the Legislature this afternoon. I'd ask him to rise and receive the warm welcome of this House.

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

MR. SAPERS: Thank you, Mr. Speaker. It's my pleasure to introduce to you and to all members of the Assembly three parents who are visiting the Legislature today to help focus their concern about the future of education. Sitting in the public gallery are

Cathy Staring Parrish, Cheryl Hasker-Ewatski, and Rhonda Ouimet. I would ask them all to please rise and receive the welcome of this Assembly.

MR. SPEAKER: The hon. Member for Calgary-Mountain View.

MR. HLADY: Thank you, Mr. Speaker. I'd like to introduce to you and through you three members – two have been introduced before in this House – of the PC youth association of Alberta: President Craig Watt and Jeff Paruk and, for the first time, David Michalchuk. Could they please rise and receive the warm welcome of this Assembly.

Thank you.

head:

Oral Question Period

Paddle River Dam

MR. DECORE: Mr. Speaker, it goes without saying that ministers of the Crown are obligated to ensure that the taxpayer of Alberta is protected, but that clearly hasn't been the case in Opron. In August of 1989 Opron came to the Premier of Alberta, our Premier, and presented the Premier with certain documents and their side of the story on the Paddle River scam. The Premier told the officials of Opron that there would be a review, and he told them that he would get back to those officials from Opron. To this day Opron has not heard from the Premier of Alberta. Mr. Premier, explain why after almost five years you did nothing, knowing all along that you had a duty to protect the taxpayer, a taxpayer that now has had to shell out about a million dollars because of the government's deceit, negligence, and fraud.

MR. KLEIN: Well, Mr. Speaker, I take very, very strong exception to those words. Certainly the judge alluded to some behaviour on the part of public officials during the tendering and construction stage of the dam some 12 years ago. When that file was brought to my attention, virtually everything went over to the Justice department. There was an ongoing litigation at that particular time. I can tell you that many attempts were made to try and settle this out of court, and I will tell you that the amount the court awarded was precisely the amount we offered Opron.

MR. DECORE: Mr. Speaker, judges don't allude and they don't allege. They find findings of fact, and they found deceit, negligence, and fraud.

Mr. Premier, explain how after being briefed as the minister on Opron, after being briefed as the Premier of Alberta on Opron, after visiting and talking to the officials of Opron, after getting documents from Opron on their side of the story you did not hold your officials responsible for deceit, negligence, and fraud.

MR. KLEIN: Mr. Speaker, there were allegations on both sides of the issue. There is another story, and that is the story that certainly came from Justice department lawyers, who have a different view of this situation than the hon. leader of the Liberal Party. I point out again that there was ongoing litigation. Yes, we wanted to see this settled out of court. Opron asked for a lot more than we were willing to give, and as it turned out, the court action that resulted awarded precisely within dollars the amount of money that we originally offered Opron.

MR. DECORE: Mr. Speaker, if the Premier knew that there was a settlement offered, he knew then of negligence, deceit, and

fraud. That's the conclusion that one must draw. Why, then, Mr. Premier, under those circumstances, when you knew all of this, when you knew a settlement was offered, have no heads rolled, exactly in the same way that NovAtel saw no heads roll?

MR. KLEIN: This case had not yet gone to court. The litigation was then taking place, Mr. Speaker. This was between Opron and the Justice department. All my correspondence and all the allegations of Opron were submitted to Justice. There are also documents, that I'm sure are in the hands of Justice as I speak, that were communicated to me alleging certain irregularities and improper behaviour on the part of Opron. It was only when this went to court and was properly adjudicated that we were able to take some action, and we are taking that action. The judge's comments relative to fraudulent and deceitful behaviour – as the hon. leader of the Liberal Party well knows, that situation has been referred to the Justice department in Saskatchewan for an independent assessment of the situation.

1:50

MR. DECORE: Mr. Speaker, in exhibit D that's been filed, Opron states that the now minister of transportation met with Opron before Opron even got the contract to do the construction work on the Paddle River dam. In court document D-474 an official of the Alberta government states that the truckers were supposed to get \$6.50 per load for gravel, a figure that truckers themselves agreed upon. That same court document also states that the now minister of transportation stated that the deal for gravel would be \$9.00 per load. To the minister of transportation: is it now the policy of the government to have ministers who have unrelated portfolios meet with contractors before contracts are even signed?

MR. TRYNCHY: Mr. Speaker, if I met with Opron, it would have been at the request of Opron and not myself as minister of any department.

MR. DECORE: Smells fishy, Mr. Minister. Smells fishy.

Mr. Minister, my second question to you is this: is it now the policy of the government to allow ministers who have nothing to do with a particular portfolio to set prices, as you did when you unilaterally took the figure from \$6.50 per load to \$9.00 per load?

MR. TRYNCHY: Mr. Speaker, that statement is false. That is wrong. I never took any figure from any place to another figure. It was what was in the contract, and I asked the question: what's in the contract; why isn't that being paid? Every minister, every colleague has an opportunity to discuss any matter they wish with another minister, and I accept that. But I did not move any figure, as alleged by the leader of the Liberal Party, from one figure to another. That is false.

MR. DECORE: Mr. Speaker, why is it that the document we filed in this Assembly says – this is from a senior government official – that the proposal is for \$6.50 and Mr. Trynchy "stated that the deal was \$9.00"? Why would you say what you said today when it's all here in black and white, Mr. Minister? Why would you say that today?

MR. TRYNCHY: Mr. Speaker, I read the same document that he refers to. That is somebody else's comments referring to something they think happened or didn't happen. This minister, this MLA, this colleague here did not move any figure from whatever he says to another figure. I discussed the matter with

the truckers, and they told me that this is the figure they were guaranteed to get, and I asked the question: if that's the figure you were supposed to get, truckers, why are you not getting it?

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

DR. PERCY: Thank you, Mr. Speaker. The Premier in this House has supported the view that day work and equipment rentals on government projects are spoils to be divvied up among Conservative MLAs. The Premier has supported the view that it's who you know that counts, not what you do.

MR. DAY: Point of order, Mr. Speaker.

DR. PERCY: Incredibly the Premier has asserted that this attitude has led to the so-called success of the Paddle River dam and Oldman dam projects. My first question is to the Premier. How can the Premier assert that the Paddle River dam was a success when it came in 240 percent over budget?

MR. KLEIN: Well, in terms of fulfilling its function relative to flood control, it is a tremendous success, Mr. Speaker. A tremendous success. I would encourage the hon. member to go and visit the dam, talk to the farmers downstream, and ask them what they think about the dam. They will tell you that without that dam they would have lost literally thousands and thousands of acres to flooding.

DR. PERCY: Mr. Speaker, my second question is to the Premier. How can you assert, Mr. Premier, that divvying up contracts among Conservative MLAs, as was done on the Paddle River dam, as was done on the Oldman dam, is cost efficient when the Oldman dam has come in 50 percent over the original estimates? How is that cost efficient and fair to taxpayers?

MR. KLEIN: Well, as far as I know, the Oldman dam was on budget in accordance with the calculations relative to the bid dollars at that particular time, Mr. Speaker. The Oldman dam is performing very well indeed and has provided a stable supply of water for irrigation in southern Alberta.

Mr. Speaker, relative to this allegation of divvying up contracts and being selective in awarding contracts, I would suggest that this is the most flagrant example of the pot calling the kettle black. I alluded yesterday to the fire hall situation in Bonnyville. Well, it goes on. Not only were contractors from outside of Bonnyville prohibited from bidding on the fire hall in Bonnyville, but the mayor . . . [interjections]

MR. SPEAKER: Order please. [interjections] Order please. The hon. opposition caucus is not a panel of censors.

MR. KLEIN: Mr. Speaker, the mayor wouldn't even allow an outside bid on a photocopier. The mayor also refused to allow outside bidders on the library. The mayor also refused to allow outside bidders, bidders from outside that town, on the water treatment plant. The list goes on and on.

MR. VASSEUR: Point of order.

MR. SPEAKER: Final supplemental.

DR. PERCY: Thank you, Mr. Speaker. My final question is to the Premier. Mr. Premier, why have you forsaken the notion of a level playing field where it's what you do that counts, not who

you know, when it comes to the awarding of day work and equipment rentals?

MR. KLEIN: You should know all about that, hon. member, because I just alluded to very discriminatory and certainly biased tendering practices by one of your own caucus members.

Employment Programs in the North

MR. JACQUES: Mr. Speaker, unlike the blathering of the Liberal opposition this government is concerned about the economic well-being of my constituents and indeed the economic well-being of all northern Albertans.

MR. SAPERS: Point of order.

MR. JACQUES: Northern Alberta represents 60 percent of the provincial area, contains 10 percent of the population, and unfortunately it has pockets of high unemployment, particularly in the more remote communities. My question is to the Minister of Family and Social Services. What actions or programs, Mr. Minister, have you undertaken to address northern areas where unemployment opportunities are scarce? [interjections]

MR. CARDINAL: Mr. Speaker, for people that are interested in unemployment in northern Alberta, I'll give the answer. If they'll let me answer, that is. Of course the strategy of this minister and this government was always to reform the welfare system so we can have more people in the work force but hopefully in the private-industry work force. That is still our target, but in the meantime there are pockets of areas, like the hon. member mentioned, where there will be high unemployment or underemployment. In those areas we have created various forms of programs, and one of the programs that stands out at this time is the northern job corps, which provides basic training and transitional support for people moving from welfare or unemployment to jobs in the area or the region. In '93-94 alone we managed to spend close to \$4 million in that particular program and very successfully.

MR. JACQUES: Mr. Minister, what kinds of skills would you teach in this type of program?

MR. CARDINAL: Mr. Speaker, because there's been unemployment for so long in northern Alberta, some of the training is basically on basic life skills, academic upgrading, safety on the jobsite, and reporting on time – those types of basic skills.

2:00

MR. SPEAKER: Final supplemental.

MR. JACQUES: Thank you, Mr. Speaker. Again to the minister: can you give examples of how communities are benefiting from the job corps program?

MR. CARDINAL: Mr. Speaker, there are a number of benefits. It does not only benefit people in those communities. It benefits all Albertans, I believe, and all Canadians, when you see people off welfare and back in the work force. Although the initial cost may be higher, the long-term cost is definitely not higher. Some of the projects that are done through the northern job corps may include day care centres, churches, some minor infrastructure that does not compete with private industry, work on arenas, basically

community-related work projects. As you're aware, the recent drop in caseload has been very positive. The polls done by the *Journal* and the *Herald* show that 64 percent of Albertans support the direction this government is taking in relation to reform of the welfare system.

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

Paddle River Dam
(continued)

MR. COLLINGWOOD: Thank you, Mr. Speaker. In an historic and unprecedented decision the courts have found this government – this government – guilty of fraud, deceit, dishonesty, and negligence in the construction of the Paddle River dam. Albertans know that if this government is guilty of fraud, so too are the ministers and senior civil servants that allowed the fraud to occur. What Albertans would like to know is who acted dishonestly on the project and, more importantly, why. My question is to the Premier. Since you haven't asked the Saskatchewan Justice minister to identify the fraudulent parties, will you tell us, Mr. Premier, who in your government is guilty of fraud on the Paddle River dam?

MR. KLEIN: Mr. Speaker, that issue is now in the hands of the Saskatchewan Justice department to do an independent assessment relative to the judge's remarks. If there ever was an instance of fraud and deceit and false information, it exists right over there.

MR. COLLINGWOOD: We'll let that go, Mr. Speaker.

My second question to the Premier is this: will the Premier tell Albertans whether bureaucrats on the Paddle River dam project were directed to act dishonestly by their superiors or ministers desperate to see the dam built or whether they acted alone?

MR. KLEIN: Mr. Speaker, that is the most ridiculous question I think I have ever heard in this House. All the evidence that presumably was available came out in the civil court trial relative to this particular situation. Obviously the hon. members of the Liberal opposition know that, because that's where they're doing their research these days. They're doing their research in the courtrooms. It appears to me that what they're trying to do is have this whole situation retried. It has already been adjudicated. In 1983 I was the mayor of Calgary, and as I said before, I wasn't even aware that there was a Paddle River in this province.

MR. SPEAKER: Final supplemental.

MR. COLLINGWOOD: Thank you, Mr. Speaker. A question that's more relevant to the Premier: will the Premier tell us why he promoted senior civil servants in the department of the environment who were responsible for the Paddle River dam project?

MR. KLEIN: Mr. Speaker, I can't recall any promotions taking place in my department of officials who might or might not have been involved in that particular situation. I know that the assistant deputy minister was the assistant deputy minister when I came in and was the same assistant deputy minister when I left. I know my deputy minister was the deputy minister when I came in was the same deputy minister when I left. Now he is of course the senior deputy. If the hon. member has some real facts and has

some proof that these individuals were personally responsible, I would ask him to gracefully step out of the House, name these people publicly, and really put it all where his mouth is and where he doesn't have the protection of this Legislative Assembly.

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

Adult Education

MRS. BURGNER: Thank you, Mr. Speaker. Last week a series of meetings were held in Edmonton and Calgary to discuss the white paper, Adult Learning: Access through Innovation, and Agenda for Change. During these discussions a number of goals and strategies were discussed, and I would like the Minister of Advanced Education and Career Development to advise this Assembly if any consensus was reached on a number of these specific goals.

MR. ADY: Mr. Speaker, in fact, yes, there were meetings held in Calgary and Edmonton last week. About 150 participants were invited to come and to debate the issues that were outlined in the draft white paper. An endeavour was made to get a good cross section of participants, of stakeholders. It's too early to draw a conclusion, but I believe that there were some directions set on some of the specific items that were focused in the draft white paper, and we are at the present time trying to collate the information and hope to have it move forward in an expedient manner.

MR. SPEAKER: Supplemental question.

MRS. BURGNER: Thank you, Mr. Speaker. Concern has been expressed that there was limited business representation at the roundtable in Calgary. Could the minister please comment on the effect this might have on the access proposal?

MR. ADY: Mr. Speaker, in fact we did invite a good representation of businesspeople to the roundtables in Calgary. Those who responded that they could come and then it turned out were not able to come caused a certain level of disappointment to us. We had invited 44 business representatives to attend, and as it turned out, there were only 17 of that particular group who were able to attend and consequently caused some concern that the balance we had hoped to achieve was negated to some extent. However, those who were there worked very hard, and there was certainly good input into that. I expect we'll be able to draw very good conclusions from the roundtables that were conducted.

MR. SPEAKER: Final supplemental.

MRS. BURGNER: Thank you. My final supplemental is: will we be looking at further participation, then, from business with respect to the white paper?

MR. ADY: Mr. Speaker, the opportunity still is there for businesspeople and others to make written submissions. For those who received the actual draft white paper document, there was a tear-out centre leaf that they could fill out and submit comments or briefs that they may want to write. So the opportunity does exist to still receive input from whatever sectors out there may wish to do so.

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

Paddle River Dam

(continued)

MR. CHADI: Thank you, Mr. Speaker. On May 4 the Leader of the Opposition tabled a memo from Peter Melnychuk to the then minister of the environment, Fred Bradley. The memo is clear that the Member for Whitecourt-Ste. Anne interfered with the selection of who gets work by prioritizing and adding . . .

Speaker's Ruling Anticipation

MR. SPEAKER: Order please. This subject is a matter of a ruling tomorrow on the very question of interference. That question will not be allowed.

Lethbridge-West.

MR. CHADI: Well, allow me to rephrase it then.

MR. SPEAKER: No, you have lost your question.

MR. CHADI: That's not fair, Mr. Speaker. [interjections]

MR. SPEAKER: Order. [interjections] Order.

The hon. Member for Lethbridge-West.

2:10

Children's Hospital

MR. DUNFORD: Thank you, Mr. Speaker. My questions today are to the Minister of Health. On behalf of the constituents of Lethbridge-West I want to state how strongly opposed we are to the relocation of the Alberta Children's hospital within Calgary. The Hyndman report recommending relocation is not current government policy, but this is not clear to most Albertans. To the minister: what is the current government position on this report?

MRS. McCLELLAN: Mr. Speaker, the Calgary acute care planning group have been carrying out for a number of months a process of defining the best way to deliver acute care services in that city for the community of Calgary and for the surrounding area. They've gone through an extensive amount of clinical work in the city. They have done some studies internally. They've commissioned Price Waterhouse to do a report and then asked a facilitator group to come in and review all of that information and bring them some recommendations.

I have met with the Calgary acute care planning group, and the process now is that they have a number of working groups to look at a number of those issues. One of those working groups is a working group of members of the Children's hospital, the Foothills hospital, and a parent's group or a community group to assess whether indeed the Children's hospital should be relocated to another site.

MR. SPEAKER: Supplemental question.

MR. DUNFORD: Thank you, Mr. Speaker. Again to the minister: how long will discussions on this report take place?

MRS. McCLELLAN: Mr. Speaker, it is expected that the working group will have their work concluded by about the third week in May.

MR. SPEAKER: Final supplemental.

MR. DUNFORD: Thank you. Again to the minister: when will the government assure the parents and the family members of

children using the Alberta Children's hospital that these services will not be disrupted?

MRS. McCLELLAN: Mr. Speaker, there has never been any question that the final decisions that are made in children's health in Calgary or anywhere else will be made in the best interests of delivering children's health programs. That will be the criteria used for final decisions as to how we deliver those services.

MR. SPEAKER: The Member for Calgary-Buffalo.

Gimbel Foundation Act

MR. DICKSON: Thank you, Mr. Speaker. The Premier has attacked the Deputy Minister of Health, and this was for a letter written to the Private Bills Committee about the Gimbel Foundation proposal. The deputy minister was simply responding to a request for information from a legislative committee. The letter clearly avoids sweeping policy statements. What it does is flag serious concerns about the Gimbel proposal. My question is to the hon. Premier. Will the Premier acknowledge today that part of the job of this department is to provide advice to the Legislative Assembly when that advice is expressly asked for?

MR. KLEIN: I don't recall attacking in any way, shape, or form the deputy minister. The deputy minister was not, as I understand it, the author of the letter to which the hon. member alludes. So I had nothing at all to say about the deputy minister. I had something to say about whoever authored that particular letter, and the minister has that situation in hand. I said that whoever authored the letter went far beyond answering the questions and indeed offered opinions and in fact stated that it was Health department policy when in fact it is not Health department policy.

MR. DICKSON: Mr. Speaker, I think the letter speaks for itself. Will the Premier acknowledge that it is critically important to hear the views of senior policy advisors before his government endorses a radically different proposal?

MR. KLEIN: Yes, and I'm sure that the minister hears those views all the time. In this particular instance, and I must make it abundantly clear, the committee asked some very straightforward questions and wanted some very straightforward, factual answers, not opinions and not what one person claimed to be government policy when in fact it was not government policy.

MR. DICKSON: Well, since the letter does speak for itself, Mr. Speaker, I ask this final question of the hon. Premier. Is there no room in this so-called open government for senior public servants to express concerns, concerns which the Premier appears to want to keep secret?

MR. KLEIN: I guess if they're asked for their concerns. In this particular case, Mr. Speaker, they were not asked about their concerns. They were asked to answer some very straightforward questions with factual information, and that, sir, was not provided.

Paddle River Dam

(continued)

MR. BRUSEKER: Mr. Speaker, the issue of the Paddle River dam has got a lot of interesting related ideas. One of those deals with a company called Mijay that had a Komatsu bulldozer that, I guess, worked from time to time. Curiously, the company was owned by the cousin of the MLA for Whitecourt-Ste. Anne. So

my question to the minister of the department of transportation is this: is it still the practice of the department to ensure that relatives of members of the department get earthwork even though the department learns that the equipment isn't satisfactory for the job?

MR. TRYNCHY: Mr. Speaker, when you do a project on day labour any place in the province, you take local equipment, and you pay them on an hourly basis. Now, if the equipment is not in working condition, it does not work and it does not get paid. In this case I think what the hon. member is asking about is that there was a list of contractors on a piece of paper that all applied for work. All received work. Whether they were cousins or brothers or sisters or neighbours, they all received work. [interjections] All the people that asked for work were invited to work if their equipment was in shape to work. That's the way that was done at that time.

MR. BRUSEKER: Well, Mr. Speaker, my supplementary question, then, is: I'd like to know from the minister what criteria are used in determining the first and second and third cousin - I mean choice; sorry - for work when it's stated that the equipment isn't operational.

MR. TRYNCHY: Mr. Speaker, I have some difficulty with the question because I don't know what he means by first, second, third, or fourth. My understanding is that there were a number of contractors listed. They all applied to the ministry of the environment. I was asked if these were local contractors. My answer was yes, and they all got jobs if their equipment was satisfactory to be put on the job.

MR. BRUSEKER: My final supplementary question is to the Premier. Mr. Premier, how can you allow this minister to continue to sit and make decisions like this that affect and impact the taxpayers of this province?

MR. KLEIN: Mr. Speaker, how could the hon. member ask such a silly question? [interjections]

MR. SPEAKER: Order.
The hon. Member for Calgary-East.

Public Works Tendering Policy

MR. AMERY: Thank you, Mr. Speaker. There has been much controversy in this Assembly . . . [interjections]

MR. SPEAKER: Order.
The hon. Member for Calgary-East.

MR. AMERY: Thank you, Mr. Speaker. There has been much controversy in this Assembly in the last few days about this government's procedure of contracting and procurement of services and goods. My question is for the Minister of Public Works, Supply and Services. I understand that construction projects tendered by your department are dealt with in different ways depending on the project. Can the minister explain the differences?

MR. SPEAKER: The hon. Minister of Public Works, Supply and Services.

MR. THURBER: Thank you, Mr. Speaker. I think it's important that everybody understand. I've tried to outline the procedure

on several days recently, but I think it's important that we take it directly from our tendering procedures. There are several ways that we do let tenders out on contracts and on construction projects. For the information of the House, for projects over \$200,000 bids are solicited by advertised public tender. Tenders are also solicited through the open bidding service, which can be subscribed to. It's an electronic system and can be subscribed to by everybody in the province. For projects under \$200,000 contractors are invited to submit tenders on the basis of location of the project and the complexity of the work. Tenders received whether through advertisement or invitation are opened in public, and I think it's important to remember that. Interested parties can attend all of these tender openings. Where an emergency exists or special expertise is required, bids are solicited from a single contractor when there's something necessary to be done on a moment's notice.

2:20

MR. SPEAKER: Supplemental question.

MR. AMERY: Thank you, Mr. Speaker. Mr. Minister, do you have a procedure in place for the purchase of these goods, since your department is also responsible for the purchase of many goods used by all government departments?

MR. SPEAKER: The hon. minister.

MR. THURBER: Thank you, Mr. Speaker. The purchase of goods for all government departments is generally conducted by invitational tendering to private sectors through the open bidding system. Exceptionally complex requirements are addressed through a request for proposal in a variety of situations which request a solution to stated requirements. Sole source purchases are made only in exceptional circumstances, such as situations to match existing products. In all cases the lowest cost response which fully meets all of the requirements is selected.

MR. SPEAKER: Final supplemental.

MR. AMERY: Thank you, Mr. Speaker. To the same minister: is the information you have just provided available to members of this Assembly?

MR. THURBER: Yes, Mr. Speaker, it is. I might mention at this time that there's another area in which we are involved in contracting, and that's in the property management contracts. To maximize the use of local firms in whatever constituency in this province, prequalifications for all property management contracts, caretaking, and grounds maintenance are advertised in local newspapers. Prequalified firms are then invited to bid on the cost of the work, and all of these bids as well are opened in public.

At this time, it is my pleasure, and I would like to add for the clarification of everybody, to table with the Assembly a summary of just what I have said, which is the Public Works, Supply and Services' tendering procedures.

MR. SPEAKER: The hon. Member for West Yellowhead.

Education Funding

MR. VAN BINSBERGEN: Thank you, Mr. Speaker. Yesterday the Minister of Education stated that increases in school requisitions would be held to 5 percent. He also said that any extra

revenue as a result of increased assessment would be used to provide help to low-assessment boards. However, we also find that for some towns requisitions have increased as much as 12 percent. So my question is to the Minister of Education. Would the minister tell us whether there is in fact a cap of 5 percent on the increase in requisitions or not?

MR. JONSON: Yes, Mr. Speaker, there is a cap of 5 percent.

MR. SPEAKER: The hon. member.

MR. VAN BINSBERGEN: Thank you very much. Will the minister, then, please inform the municipalities that have been overbilled that there is in fact a cap and that they don't have to pay any more than the cap?

MR. JONSON: Mr. Speaker, that has been done or will be done shortly. I would like to also point out that in the initial communication to municipalities across the province, the estimate in terms of live mill rates, live assessment, and so on was done. We reviewed the impact of that because we have to find out that statistical information at the local level. The impact of that was reviewed, and as I indicated yesterday quite clearly, there is a 5 percent cap being placed on the increase so that it will be reasonable across the province.

MR. VAN BINSBERGEN: Perhaps the department will get its act together after all.

Will the minister tell us whether the increased revenue that he plans to use for equity funding will replace the \$72 million contribution from the general revenue fund? In other words, some more off-loading.

MR. JONSON: Mr. Speaker, that's a rather outlandish question given the information that the hon. member has been provided in terms of a budget and expenditures by the Department of Education. The \$68 million that is clearly stated as coming from general revenue will continue to come from general revenue. As I've indicated repeatedly inside and outside of this Assembly, we are providing for equity funding in the coming year using the revenue garnered from the growth and assessment across the province up to a cap of 5 percent because in the coming year we do not have the additional amount that was provided last year from lottery funds.

MR. SPEAKER: The hon. Member for Calgary-Fish Creek.

Regional Health Authorities

MRS. FORSYTH: Yes. Thank you, Mr. Speaker. My question today is to the Minister of Health. I have had concerns expressed to me from constituents who wish to apply for positions on the new regional health authorities about the shortness of the time limits for applications. Would the minister consider extending the deadline?

MRS. McCLELLAN: Mr. Speaker, it is certainly not my intention to extend the deadline. I announced on April 22 that we would be receiving applications. The application forms, I believe, were forwarded and available to all MLAs, their offices, through health units. There's been a fair amount of discussion. Besides that, it has been known for some considerable time that we would be appointing regional health authorities. So I would certainly

encourage people to take the time to make their interest known by May 12, which is Thursday of this week.

MR. SPEAKER: The hon. member.

MRS. FORSYTH: Yes. Thank you, Mr. Speaker. My second question. Some of my constituents are concerned that the applications are being screened before being presented to you. What exactly is the screening process?

MRS. McCLELLAN: Mr. Speaker, I did outline in the House, I believe, on one other occasion that the applications are all being forwarded to the health plan co-ordination project team. This team is some 17 persons from across this province. They have been asked to sort them into regions, to check the applications to ensure that they meet the criteria outlined, and then to forward them to the minister.

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

Senior Citizens' Housing

MR. BRACKO: Thank you, Mr. Speaker. The new social housing Bill is a slap in the face to seniors who were promised that there would be adequate consultation before any changes were made to their programs. To the chair of the Seniors Advisory Council: will the member share with us the information that shows that seniors wanted to go to a market-value rate for rents in lodges?

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

MRS. BURGNER: Thank you, Mr. Speaker. No doubt in the information that the seniors brought to our attention they had some serious concerns about the cost of the shelters that they were accessing, and the advisory council has taken those recommendations. In fact, you have precipitated our announcements. We will be looking at some of the issues that they have raised following the resolution of the Alberta seniors' benefit program.

Thank you.

MR. SPEAKER: Supplemental question.

MR. BRACKO: Thank you. The government doesn't even know what the income of seniors and rents in lodges are.

Supplemental to the Minister of Community Development: what provision are you going to make for seniors faced with rents that are higher than their monthly income?

MR. MAR: Steve, do you want to answer that?

DR. WEST: Mr. Speaker, maybe I should make a little clarification, because so many times questions in this Assembly drop an innuendo or an allegation underneath it without getting right to the point.

In this question here you would assume that the rates set for seniors' accommodations in this province are set by the province directly. I was just at a conference a few months ago with the federal government and the other ministers across the provinces. For rent for seniors' accommodation in apartments and those cost shared, manors and what have you, with the federal government, the threshold set was 30 percent of income and was set by the federal government many years ago. We started out charging

only 20 percent during the days when we could afford to subsidize between that and that set by the federal government. Many other provinces started at 25 percent. Then we moved to 25 percent of their income. At this meeting in Toronto the federal minister said that we can no longer afford to stay at the 25 percent level, and since 60 percent of all provinces were now at 30 percent, would the other provinces please move. So we phased it in over two years. Some have phased it in over three, some of the have-not provinces. We are moving to 28 percent of their income this year and 30 percent next year to accommodate the federal government, who cost shares the debentures on 15,000 to 17,000 of these units at 70-30 percent. They have the right to dictate what type of income and what type of percentage we should use against it.

2:30

MR. SPEAKER: Final supplemental.

MR. BRACKO: Thank you. The minister mustn't have heard my question. It was about lodges, not self-contained units.

To the Minister of Municipal Affairs. Seniors are scared. Will you postpone the debate on this Bill to the fall so that seniors will have a chance to respond to this issue very important to them?

DR. WEST: Mr. Speaker, we have consulted with some 400 management agencies and the 59 lodge foundation boards along with the senior representative groups. We have heard a lot of feedback. The hon. member now made reference to the other 7,000 beds that we have in our portfolio, which are the lodge beds. They are subsidized on average across this province by requisitions by both the municipalities and this province by 50 percent. If they're paying, say, \$600 for their accommodation, many of the foundations along with the province subsidize over \$600 a unit in a given year for that accommodation. A percentage of those, the newer ones, again are cost shared by the federal government on a 70-30 split. But they do have a formula in there that says that it's rent geared to income. Now, the Hon. Mr. Dingwall of the federal government is directing that we must do a better cost recovery on these long-term debentures . . .

MR. DINNING: He's a Liberal too.

DR. WEST: Yes. When we were down at the meeting, we all talked, the 10 provincial ministers, and agreed that we had to give more flexibility to those management agencies that were running the lodges so that they could address need in the formula of rent. They asked the governments to go back, as we're doing, to study the programs to see how we could follow with dollars the clients who needed it and through a housing Act such as Bill 34 allow flexibility so they could charge more to seniors that could afford it and allow us to supplement those that could not.

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

Child Welfare Contracts

MS HANSON: Thank you, Mr. Speaker. The government's plan to privatize child welfare seems to be in full swing. The northeast region has added a twist. Not only have they contracted out child welfare services to a commercial operator; they gave this multi-million dollar contract to an ex-employee. My question is to the minister. Mr. Minister, was there a tendering process for the in-home support contract given to your former employee in Lac La Biche?

MR. CARDINAL: Mr. Speaker, there is no plan at this time to privatize the child welfare area. Part of the overall plan is to make sure that wherever possible groups at the community level become involved in the process of child welfare. That includes aboriginal groups across Alberta. In fact, we have contracts that were let out to about 150 agencies across Alberta. These are community agencies that we contract with and which provide a good service.

In the specific case of northeast Alberta, Mr. Speaker, I believe that any former employee of this government that is no longer employed by this government should have as equal an opportunity as any other Albertan to bid on government contracts and deliver the government contracts. I don't believe we should penalize the thousands of employees, the good employees we have in this government by keeping them from bidding or participating in these opportunities.

MS HANSON: Thank you, Mr. Minister. The community care options project in Lac La Biche is operated and owned by a former employee. That's one of the agencies that you are contracting with?

MR. CARDINAL: In that particular case, this is an independent contractor, Mr. Speaker, who employs over 26 home support workers in that region. The high percentage of these home support workers are native people dealing with native families, dealing with native children. This is part of our strategy of keeping families at home where they belong with the children and providing the support services. In this particular case, if the hon. member wants to review the process, my office is open. The hon. member can come in there, and we'll go through the process of how this person was selected.

MR. SPEAKER: Final supplemental.

MS HANSON: Thank you, Mr. Speaker. Mr. Minister, since this agency is owned and operated by a former manager of the Lac La Biche office, I wonder if you could tell me if . . . [interjections]

MR. SPEAKER: Order.

MS HANSON: Thank you.

Would you tell me, please, if this employee required the 12 months separation from employment, or did the deputy minister have to give his authorization?

MR. CARDINAL: Mr. Speaker, in a case of that nature, if an employee of the government – it doesn't matter what department – decides to resign from their position and a job comes open and they apply for the job, there is no requirement for them to wait a year.

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

head: **Members' Statements**

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

Nurses Week

MR. SAPERS: Thank you, Mr. Speaker. May 9 through May 15 is Nurses Week in Alberta, and we have much reason to recognize this group of valuable health care professionals. At last count there were almost 24,000 registered nurses in Alberta contributing to the health and welfare of Albertans.

Nurses provide care to individuals, families, groups, and communities. Being a nurse means being a communicator, a facilitator, a caregiver, and an educator. Nursing involves assessing health needs and helping to manage care. Nurses have the unique ability to provide care and offer services to clients in the home, at work, in schools, in community settings, and of course in hospitals. Caring is an inherent and central part of nursing practice. Nurses are key to any model of health care which have wellness, health promotion, and prevention as priorities.

Mr. Speaker, during this period of rapid change our health care system needs nurses more now than ever, yet their numbers are being cut and their profession faces uncertainty. Hundreds and hundreds of nurses have already lost their jobs, and many more have had their hours of work reduced. Those remaining face pay cuts and have no job security.

What nurses need and what our health care system requires is a comprehensive work force adjustment strategy. Such a strategy would include retraining, job relocation assistance, and incentives for early retirement. This government has encouraged young Albertans to become nurses, provided quality training to prepare them, and then without notice has threatened their future. These motivated, well-trained caregivers now deserve immediate action from this government to make good on the promise of work force adjustment assistance.

Thank you, Mr. Speaker.

MR. SPEAKER: Could the hon. members in the northeast corner allow the hon. Member for Lethbridge-West to be heard.

Free Votes

MR. DUNFORD: Thank you, Mr. Speaker. My theme today is free votes. When I first became serious about entering politics, which was a short 16 months ago, I read the report of the previous Parliamentary Reform Committee, and I was impressed with the concept of free vote. I incorporated the free vote into my campaign to win the nomination, and I believe it helped me actually win that nomination.

Along came the election. Again I campaigned utilizing the concept of a free vote, and after my election I came to Edmonton with free votes in mind. When I arrived, I was pleased to hear that the House leaders of both sides of the House were in fact working on a system for free votes. When it was announced, I excitedly quoted the late Martin Luther King by exclaiming, "Free at last, free at last. Thank God Almighty, we're free at last."

Well, Mr. Speaker and fellow members of the Legislature, my exclamations were of little value, for I'm sad to say that free votes do not exist in this House, and the fault lies with the Liberal opposition. I have observed for some time from this side of the House that the Liberals were voting as a block. Members might be missing for a variety of reasons, but the result was always the same: the Liberals always on the same side. Now, in case I was seeing things incorrectly, I had some research done. In 27 opportunities for free votes in only two cases did the Liberals vote in any sort of diversity, and one that we can't count was on a motion 40.

2:40

Mr. Speaker, I stand in mourning in front of you today for the loss of private members' responsibility. It is only through the expression of free votes that we can truly be accountable to our

constituents. I resent this loss. I blame the Liberal colleagues, and I want my discontent on the record. [interjections]

MR. SPEAKER: Order.

The hon. Member for Lac La Biche-St. Paul.

Cost of Operating the Assembly

MR. LANGEVIN: Thank you, Mr. Speaker. The government has a three-year plan to balance the provincial budget by the year ending 1996-97. It was said that in the process not one department will escape the cuts, that not one stone will be left unturned, that this government will look at all possibilities of saving dollars. Well, one possibility that has not yet been explored is this very Assembly, the daily cost of operating this House. Every sitting day of this Assembly is another \$15,000-plus in expenses. Yes, \$15,000-plus. This is made up of producing *Hansard*, \$5,100; security and pages, \$2,600; TV coverage, sign language interpretation, \$560; Access link, \$50; utilities and miscellaneous, \$185. This amounts to a total of \$8,500. Add to this the MLA seasonal allowance of \$6,500 plus the cost of security that is paid by the Justice department for which I did not have the figures.

Mr. Speaker, certainly savings can be made here. All MLAs should consider that time is of the essence and that we should conduct our business expediently. How often do we leave this House late at night wondering what was really accomplished during the day? Too often this House becomes a forum to practise one's public speaking skills, a place to procrastinate and to delay the passing of legislation, a place to oppose for the sake of opposing and therefore creating the need to invoke closure. Imagine; a saving of 30 days in this session would equal half a million dollars. Don't get me wrong. In a democracy there is a place for positive and constructive opposition, where strong statements can be made to the point. At \$15,000 a day time is money.

Thank you.

Point of Order Allegations against a Member

MR. SPEAKER: The hon. Member for Bonnyville had a point of order.

MR. VASSEUR: Thank you, Mr. Speaker. Standing Orders 23(b) and (h). It's regrettable that the Premier is not here to hear the truth on the matter.

I'm wondering who does their research. There were allegations made a while ago about a water treatment plant that was bid some 14 years ago, when I was not the mayor of Bonnyville. As a matter of fact, it was a good strong Conservative that was mayor of Bonnyville at the time.

Another point that was erroneous was that the tender was a public tender.

MR. DINNING: Did we touch a nerve?

MR. VASSEUR: No, not at all. I'm just trying to straighten out the truth here.

MR. SPEAKER: Through the Chair. [interjections] Order.

MR. VASSEUR: The other one where there were some allegations made was the library in Bonnyville. I'm here to make you aware of the fact that between 1986 and '89, when the library was

built, I was not on council in Bonnyville, so I don't know what the process of tendering was at that time.

Now, if we can go back to the tendering process that was talked about yesterday on the fire hall, the minister of public works indicated just a while ago that this very, very same tendering process is used by the province, which is very acceptable. It's a public tender, a public opening, and it's a very similar system that we use in Bonnyville.

AN HON. MEMBER: What's the citation?

MR. VASSEUR: Standing Order 23(h).

MR. SPEAKER: Is the hon. member . . .

MR. VASSEUR: Not quite, no. I would like the statements that were made, Mr. Speaker, to be withdrawn because they're totally erroneous.

MR. SPEAKER: The hon. Deputy Government House Leader on this point of order.

MR. EVANS: This is an interesting debate on a non point of order, Mr. Speaker. The hon. member opposite has noted Standing Order 23(h), "makes allegations against another member." I think he's commenting on some statements by the hon. Premier in question period when the Premier made some statements that the mayor of Bonnyville had done some tendering on projects in a very loose way and had not in fact tendered within any kind of reasonable context that would be acceptable either to this government or anywhere else. The comment that was made was that there was preference given to the municipality of Bonnyville. Those were statements that were made in good faith by the Premier, with some background information. There's no point of order here whatsoever.

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

MR. SAPERS: Yes, on the point of order, Mr. Speaker. The Deputy Government House Leader is being selective in his memory of what happened in question period. I think *Hansard* will show that the Premier said that the member of the Liberal caucus would know about these, and at the same time pointed at the Member for Bonnyville. So perhaps the Deputy Government House Leader should pay more attention to the proceedings in this Assembly before he enters into the fray on a point of order.

MR. SPEAKER: Order please. The Chair is prepared to dispose of this point of order, which is that the hon. Member for Bonnyville has objected to certain allegations that were made by the hon. the Premier. Hon. members on both sides of the House should know something about allegations, and if we're going to be objecting about allegations, the Chair would suggest that there would probably be a possible 13 or 14 points of order after every question period when we hear the allegations that are made in preambles that seem to pass by mainly unnoticed. Nevertheless, they are there. The hon. Member for Bonnyville has had an opportunity to object to those particular allegations, but the Chair doesn't feel that they're of any higher order than many of the other allegations that were made.

The hon. Member for Edmonton-Glenora has a point of order.

Point of Order

Provocative Language

MR. SAPERS: Yes. Thank you, Mr. Speaker. I rise under *Beauchesne* 428. Earlier in question period the Member for Grande Prairie-Wapiti in a rather poorly worded preamble used the word "blathering" and accused the members of the Liberal caucus, I believe, of blathering. Now, earlier you have ruled, I think quite correctly, that language that is intended to provoke debate or be inflammatory is not to be accepted in a question preamble. I'm personally aware of members who have lost the opportunity to have questions or ministers that have been told that they don't have to answer because in your judgment questions have been framed in such a way as to provoke debate or to inflame. Certainly the use of the word "blathering" and the tone and the derisive manner in which the Member for Grande Prairie-Wapiti posed his question could be considered nothing less than provocative and inflammatory. Even as recently as today a member of the Liberal Opposition was denied the opportunity to ask a question. My point of order is that I would consider the preamble from the Member for Grande Prairie-Wapiti to be provocative and inflammatory, and I'm wondering why he was allowed to proceed with his question, why he was not censured at least to the extent of losing his opportunity to raise a question in this Assembly, considering the tone of his preamble.

2:50

MR. SPEAKER: The Chair would say that is a classic example of the pot calling the kettle black.

The hon. Member for Spruce Grove-Sturgeon-St. Albert.

Point of Order

Allegations against Members

MRS. SOETAERT: Thank you, Mr. Speaker. Under Standing Orders 23(h) and (i) I'd like to address the Member for Lethbridge-West's private member's statement on free votes. That certainly was just meant to provoke false and unavowed motives, because just this morning in Private Bills Committee for the second time ever or maybe only the first the Member for Wainwright shows up because it's a vote on the Gimbel Foundation. Just before we make the decision, Rod Love walks by upstairs and eyeballs everyone on that committee. So don't talk to me about free votes when you don't have them. [interjections]

MR. SPEAKER: Order please. The Chair will remind the hon. member that the type of allegations the hon. Member for Lethbridge-West was making was directed at an identifiable group in this Assembly, not at any individual. The hon. member has complained about it, but surely that is what debate in this Assembly is all about.

I guess the other points of order have disappeared.

head: **Motions under Standing Order 40**

Centennial Cup Championship

MR. SPEAKER: Standing Order 40. The hon. Member for Olds-Didsbury on the question of urgency.

MR. BRASSARD: Thank you, Mr. Speaker. I rise under Standing Order 40 to ask consent from this Assembly to deal with a motion which has already been distributed under my name and refers to a national hockey playoff that took place just this past weekend.

MR. SPEAKER: Is there consent in the Assembly for the hon. member to present his motion?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried.
The hon. Member for Olds-Didsbury.

Moved by Mr. Brassard:

Be it resolved that the Legislative Assembly of Alberta sends its congratulations to the Olds Grizzlys for winning the 1994 Centennial Cup, beating Kelowna in the final game 5-4 in overtime in Olds over the past weekend.

MR. BRASSARD: Mr. Speaker, the town of Olds is the smallest community ever to host the Centennial Cup series, the Canadian national junior hockey championships. Being the host club the Olds Grizzlys would normally have an automatic entry into the tournament, but in this instance they had already been declared the Alberta junior champions and had gone on to win the Doyle Cup for the Pacific championships. They were indeed extremely qualified participants. Their season was topped off last weekend when they won the Centennial Cup in overtime.

Mr. Speaker, a former Member of this Legislative Assembly, my predecessor and current Ethics Commissioner Mr. Bob Clark, is the manager of the Olds Grizzlys and headed an obviously very capable organization, resulting in the best calibre of hockey, at least in the junior A division, that this province has seen in many, many years. The organization is almost exclusively volunteer, and to them, to the Olds College who provided the residential care for the teams, and of course to the team itself who played such an outstanding season I ask that the Assembly join with me in extending our sincere congratulations. I notice that Mr. Clark happens to be with us in the Assembly, and perhaps it would be appropriate if we acknowledged directly to him our appreciation for a job well done.

MR. SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. It's my pleasure as a still-active hockey player to stand up and offer my congratulations to the Olds Grizzlys as well. I would confess that I spent most of my misspent youth on the hockey rinks of Alberta, from La Glace to Lethbridge to Lloydminster to Jasper. It has created very quality memories and, I would suggest, traits in me as I tread through this life.

I think the Olds Grizzlys certainly are very deserving, as the hon. Member for Olds-Didsbury indicated. They had that right to participate being that they were the host team. They earned it through the defeat of the Fort McMurray team, and my hon. colleague from Fort McMurray indicates it was that series that honed their skills to enable them to proceed to the great level that they reached. So I think the Olds Grizzlys certainly demonstrated the superior skills that enabled them to capture for the first time in Alberta the tier two hockey championship, known as the Centennial Cup.

I would also join the hon. Member for Olds-Didsbury with the rest of this Assembly to offer them the heartiest of congratulations on their achievement. The determination and the dedication that they exhibited and that propelled them to this championship, I would suggest, will put all these young men in a good stead, and they will undoubtedly become very quality, contributing citizens

to the province of Alberta in years to come. I would also acknowledge the Ethics Commissioner, Bob Clark, for his role as the team manager. It takes, as we all know in this House, many people to be part of a very successful team. I offer my heartiest congratulations on behalf of the Liberal Party and the Assembly to the Olds Grizzlys.

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

HON. MEMBERS: Question.

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

HON. MEMBERS: Aye.

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

The hon. Member for Clover Bar-Fort Saskatchewan.

South African Election

MRS. ABDURAHMAN: Thank you, Mr. Speaker. I rise under Standing Order 40 to seek unanimous consent from the Assembly to deal with the motion which has been distributed. The recent election of Nelson Mandela as the first black President of South Africa is one of the most notable, historical, significant milestones of the 20th century. A wall of prejudice has been destroyed to make South Africa one nation. It is important to offer our congratulations on this May 10, 1994, the day of his inauguration, and also acknowledge and congratulate F.W. de Klerk on his significant contribution to end apartheid. Members of the Legislative Assembly, I seek your support.

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

HON. MEMBERS: Question.

MR. SPEAKER: All those in favour of the hon. member presenting her motion?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed?
The hon. member.

Moved by Mrs. Abdurahman:

Be it resolved that the Legislative Assembly send its congratulations to two outstanding statesmen, Nelson Mandela and F.W. de Klerk, for achieving the one person, one vote election in South Africa, which brought an end to apartheid in that country. Be it also resolved that the Legislative Assembly of Alberta send its further congratulations to Nelson Mandela on his inauguration as the first black President of South Africa.

MRS. ABDURAHMAN: Thank you, Mr. Speaker. It is with pride that I table the motion. Today is a day to be proud, sad, humble, and joyous. A wall of prejudice has been destroyed to make South Africa one nation. I rise before you today with great pride and joy and seek support for the motion to acknowledge and congratulate two great statesmen, Nelson Mandela and F.W. de Klerk, who have achieved through their moderation freedom and

equality for South Africans, irrespective of race, colour, or religion. Today, Tuesday, May 10, the inauguration of Nelson Mandela, is the birth of a new nation.

Mr. Speaker, many might wonder why the Member for Clover Bar-Fort Saskatchewan is standing in this Assembly with great pride moving this motion. From Nelson Mandela's acceptance speech on May 2, delivered in Johannesburg, titled *A Joyous Night for the Human Spirit, Free at Last*, I would like to quote this passage:

I pledge to use all my strength and ability to live up to your expectations of me as well as the [African National Congress].

I am personally indebted and pay tribute to some of South Africa's greatest leaders, including John Dube, Josiah Gumede, G.M. Naicker, Dr. Abdurahman, Chief (Albert) Luthuli, Lilian Ngoyi, Bram Fisher, Helen Joseph, Yusuf Dadoo, Moses Kotane, Chris Hani and Oliver Tambo.

They should have been here to celebrate with us, for this is their achievement too.

Mr. Speaker, the Dr. Abdurahman mentioned was my late father-in-law, who contributed his entire life to his people, the nonwhites of South Africa.

3:00

I have not had the experience of living in South Africa. Indeed, I lived a privileged life elsewhere. I wish to share with you the feelings of my family and friend.

My husband shared these thoughts with me:

As a South African and now a Canadian living in Alberta, these are my thoughts on the vote for a new beginning.

South Africa is half a world away, and the outlines are somewhat blurred, but many things still stand out.

For those who have never had to endure the experience, it is difficult to explain the crushing humiliation of continual denial, of inability to attain and having inferiority enforced upon you for all of your life.

So many individuals have persevered for so long. So many have fought and died, been imprisoned and tortured.

Suddenly, there emerged two statesmen – Nelson Mandela and F.W. de Klerk – with compassion and belief in a new South Africa.

Suddenly, after all these years, there is the ability to place an "X" beside the person of your own choice. An ability and a democratic right, which has taken hundreds of years to evolve in South Africa, and which so many in other countries have taken for granted and many times, cannot be bothered to participate.

Suddenly it's all over and I almost cannot believe it.

My children, Amanda, Ross, Lucinda, and Vanessa, shared these reflections with me:

Our thoughts on this day of Nelson Mandela's election as president of South Africa: the end of apartheid. This morning, as we looked at Mandela's joyous face on the front page of the newspaper, we experienced many emotions. Our prevailing emotion was that of joy that this worthy man had reached his lifelong goal. Not the position of President, but the freedom of all the people of South Africa. Since our teens, Nelson Mandela has been one of our personal heroes. We admired him for his steadfast commitment to a worthy ideal, and for his ability to put . . . animosities aside and strive for a future where he could work co-operatively with old enemies.

We truly did not believe that majority rule in South Africa would be achieved in our lifetime, let alone that it would have been accomplished in such a comparatively peaceful manner. For us, this means that our dreams of seeing Dad's birthplace will become a reality, and not to encounter barriers due to the difference of our family's skin colour seems incredible.

Sadness also tinges our thoughts today. Growing up as we did in the U.K. and Canada, we've had a privileged life with creature comforts and personal freedoms beyond the comprehension of

millions. On those occasions when we encountered bigotry, we felt hurt, bewildered and angry. Knowing our own feelings at those times, we can only begin to imagine how it must have been for Dad, growing up in a country where his status as a human being was determined by the colour of his skin. No matter how worthy his contribution to his country, he was still legally denied the freedom granted to his white contemporaries. When your world is conspiring to prove your inferiority, it takes a great strength to withstand and develop a sense of self-worth. It's no wonder that Dad rarely talks of his life in South Africa. In fact, we can remember vividly the first time he spoke to us of his youth. We were in our teens, [and we were] discussing music. He taught us an Afrikaans folk song called *Jan Pierviet*. To this day we remember the lyrics and the melody.

Mum, in our childhood, you taught us that some things are always worth fighting for. At the time you used the example of the Nazi party and World War II. You explained that if people hadn't fought and died that the world would be a different and difficult place. You said that you and Dad would not have been married because it would have been interracial and against the law. Similarly, many people have fought and died or given all their heart and soul to achieve the downfall of a party and political ideal founded upon the same principles. People tend to forget the National Party political views parallel those of Nazi Germany and that many of the original members supported the Nazis during World War II.

We can only thank God for this wonderful day, for in comparison to the destruction of the Communist wall of Germany to make them one nation, so has a wall of prejudice been destroyed to make South Africa one nation.

We feel lucky to have grown up in Canada. Here we are all treated equal and I cannot imagine living as an inferior person based upon our colour, religion or language. While we have problems regarding tolerance, they are minor in comparison to the degrading of the vast majority of a population of a country to enhance the lives and position of a minority. The concept of apartheid should be offensive to any person.

We have always been intrigued by Grandpa Abdurahman, and fascinated by the "White Suitcase", hours were spent looking [into] its contents. We feel proud of his accomplishments and of being his grandchildren. To know that he is held in high regard by such a person as Nelson Mandela makes us feel proud indeed. We only wish Grandpa could have lived to see the end of apartheid. The thought that it took so many generations of people like him striving and dreaming of a freedom [he] would not live see, before the events of today could be realized, is at once melancholy and profoundly reaffirming of the basic worth of humanity.

Mum, today we are proud, sad, humble and joyous. It is surprising and gratifying to observe the strong showing of the moderates . . . the African National Congress and the "new" National Party. This reflects well as it is the moderates that will produce the change from now on. Radicals, be they black, coloured or white, will spell financial and political disaster for South Africa in the future.

The stepping stone to an integrated society has been placed. It will, however, take the same determination and perseverance that all the coloured, white and black leaders of the nonapartheid movement have shown to this time to fully integrate the South African society. The non-whites are finally free politically, but many may be restricted by economics to achieving their full potential within society. Similar road blocks are still evident within the United States.

Mostly, we're proud of Dad, and his father and his family for what they have done towards the downfall of this system. They lived through and helped right a wrong. They have helped to give the ability to all people of South Africa to help shape their future.

A close associate of the Abdurahman family in South Africa, now a resident in Edmonton, Alberta, Dr. Roy leRiche, has shared this with me, and I quote *The Birth of a Nation*:

The birthday of the new South Africa celebrates a new political philosophy in the way in which South Africans will meet and treat

each other – equal in spirit and attitude. The transition will be written in the annals of mankind as one of its noblest moments, when a ruling minority, voluntarily, by election, relinquished its grip of exclusive power. All the pieces of the complex racial jigsaw have coalesced into a national whole. Let us with the new country, with its excitement of youth, a great future, believing that all elections in future, unlike those of past centuries, will not be based on colour, but on the national good for all, in which persons of whatever colour will find a home in all political parties. If this can be preserved for prosperity, the greatest experiment in race relations will have materialized, demonstrating the goodwill of men and women of all races.

3:10

Mr. Speaker, let us as Albertans congratulate the people of South Africa on this incredible achievement of the 20th century, the end of the scourge of apartheid. It was through the fortitude of the extraordinary, lifelong commitment of these two great statesmen that this dream of free at last was achieved.

I would ask all Albertans and Canadians never to forget their roots, and acknowledge the heritage of their immigrant forefathers, many of whom came from Africa. Celebrate and build upon our differences. Make welcome new immigrants, remembering indeed that all our families were immigrants at one time. Let us never treat lightly the democratic rights earned by our forefathers. The very foundation upon which this great province and country were built stands as an everlasting testament that democracy can and does serve all of us with respect and dignity, regardless of ancestry. Mr. Speaker, we as Albertans and Canadians must learn from history, as a society and a people reflect, and never tolerate extremism.

In closing I wish once again to congratulate and commend those two outstanding statesmen, Nelson Mandela and F. W. de Klerk, who have given hope and a new future to South Africa. They are the 20th century true moderates who have pledged to accomplish what extremism has forbidden until this time.

I would therefore urge the support of all members regarding this motion, and thank you, Mr. Speaker. It's with pride I made my presentation.

MR. SPEAKER: The hon. Member for Highwood.

MR. TANNAS: Thank you, Mr. Speaker. My congratulations to the hon. Member for Clover Bar-Fort Saskatchewan for bringing this motion forward but more important than that for sharing her and her family's personal experiences with this Assembly. We can get some sense of what is happening there by TV, by perhaps reading books on the issue and certainly our daily newspapers, but it's that kind of message that you gave us today that really puts true meaning into the momentous event that has occurred in this part of the 20th century.

I would like to just offer a few random thoughts on this. As some people know, I and my family were privileged to live in east Africa and work there for several years. I also was able to visit South Africa. In those days you couldn't visit South Africa and go to another African country because as soon as they had their stamp on your passport, you were done. So you could only transit through South Africa to Lesotho or Zaire or Nigeria or somewhere else. Being there a number of years ago, I thought I would never see this day in this century, and to have it come so quickly is really wonderful.

A friend of mine went into a post office in South Africa. When you are in the business of mailing letters, such as we don't do here but used to many years ago, you would naturally in a big

post office go to the shortest line. He did so and immediately was being berated by all the people around him. He didn't understand it for a minute, and then he found out that he was in the black line. He being a white person had to be in the white line. He wasn't a fool. The white line was a lot longer. It's just those little indignities that you live with on a regular basis. Or being in the wrong market or trying to go to the wrong toilet. All kinds of issues. Those are just minor, and there's a whole lot that are a lot more fundamental.

I'd like to also reflect for a moment on some of the other people that have had a small part to play in this. If we remember back to the late '50s and early '60s, we had a Prime Minister who came from Saskatchewan. He stood up at the Commonwealth meeting and was berated by many Commonwealth members, but he insisted that South Africa change its way or lose the privilege of being in the Commonwealth, and they left the Commonwealth. Of course, I'm referring to John George Diefenbaker. I might refer to one who may not have such a warm memory in our minds, but it was another Prime Minister, Brian Mulroney, that stood at the Commonwealth and fought with the Prime Minister of the mother country to bring in sanctions. Now, we know sanctions only have a certain kind of leverage on a country to change its ways, but it was a couple of those kinds of actions in a small way that helped people outside help. I guess I can refer to my fellow High Riverite Joe Clark, who was foreign secretary at the time, as playing part of it.

I also like to think of one of the first books I read on Africa by Isak Dinesen. The one that really struck a chord was Alan Paton's *Cry, the Beloved Country*. What a wonderful book that is. I now want to go back and read that because he was decades ahead of his time, talking about this very issue in a very sensitive and human kind of way which, as I said, Clover-Bar Fort Saskatchewan did so well.

I think, of course, of people like Bishop Tutu and supporters of the Black Sash, who over a prolonged period of time, at risk to themselves within the country, lived within the rules but pushed for this.

I'm not sure that they indeed have one person, one vote. They certainly have the equal right to vote, but if you don't know the people in a given area, it's pretty hard to get that equality, and I would suspect that's going to be a while to sort out. But that's only a quibble.

I was particularly struck by the assertion – I can't say the exact words, but I can give you the essence of Nelson Mandela, who's said over and over again to all the people of South Africa: we are not ending one kind of racial oppression to begin a new kind; it's time for healing; it's time for a change. For Nelson Mandela and for ex-President de Klerk I have a great deal of admiration, and I'm sure all hon. members do as well.

Thank you again for bringing this to our attention at this time. It is worth while reflecting on what a momentous change has occurred on our second largest continent.

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 Clover Bar-Fort Saskatchewan, please say aye.

HON. MEMBERS: Aye.

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

**Point of Order
Tabling a Cited Document**

MR. SPEAKER: There are a couple of points that need attention. One is a ruling with respect to an answer to a question on government contracts where the Minister of Public Works, Supply and Services stated, quote:

I would just like to indicate that that's kind of an example right there of some 51 I won't say interferences but recommendations by members of the opposition over the last few years as to what should be done in a great group of different processes that the government was involved in, contracts, hiring contracts, and a whole bunch of things.

The minister had a bundle of papers in his hand as he made the statement. The Opposition House Leader raised a point of order at the end of that question period to the effect that the documents the minister had should be tabled pursuant to *Beauchesne* 495(5). The Chair said that it would review what was said and rule on the matter today.

3:20

Beauchesne 495(1) states:

A Minister is not at liberty to read or quote from a despatch or other state paper not before the House without being prepared to lay it on the Table.

Beauchesne 495(2) says:

It has been admitted that a document which has been cited ought to be laid upon the Table of the House, if it can be done without injury to the public interest. The same rule . . . cannot be held to apply to private letters or memoranda.

Beauchesne 495(5) states:

To be cited, a document must be quoted or specifically used to influence debate. The admission that a document exists or the reading of the salutation or address of a letter does not constitute citing.

Beauchesne 495(7) states:

When a letter, even though it may have been written originally as a private letter, becomes part of a record of a department, it becomes a public document, and if quoted by a Minister in debate, must be tabled on request.

The Chair has reviewed the statements made yesterday and the documents themselves. The Chair is of the opinion that these documents need not be tabled for two reasons. The documents do not appear to the Chair to be public documents. However, even if there is an argument under *Beauchesne* 495(7) that they have become public documents – and the Chair does not believe this to be the case – the documents were not cited or quoted by the minister according to *Beauchesne* 495(3) and (5).

**Speaker's Ruling
Tabling Committee Documents**

MR. SPEAKER: Another point the Chair would like to comment on, an event that occurred in the Assembly yesterday, May 9, 1994. The hon. Opposition House Leader tabled in the Assembly a May 2, 1994, letter from the Deputy Minister of Health to Parliamentary Counsel concerning Bill Pr. 6, Gimbel Foundation Act. It is to be noted that this Bill is under consideration by the Standing Committee on Private Bills. It appears that this letter was provided to or leaked to the media late last week. The Opposition House Leader is not a member of that committee. The Chair would refer members to paragraph 877 of *Beauchesne*, which contains a quotation from a resolution of the United Kingdom House of Commons which states

that the evidence taken by any select committee of this House and the documents presented to such committee and which have not been reported to the House, ought not to be published by any member of such committee or by any other person.

Our own Standing Orders provide in 65(3) that all documents which come into the possession of a committee or which are prepared by or for a committee belong to the committee until the committee reports or ceases to exist, whichever first occurs, after which they belong to the Assembly.

Whether the release of the document or its tabling constitutes a question of privilege is now a moot point as it was not raised at the time. Historically it appears that one difficulty with such questions of privilege is that the identity of the committee member who releases the document is generally unknown. Members are referred to *Erskine May* at pages 122 to 124 on this point.

The Chair would like to caution all members about releasing or tabling documents relating to the proceedings of committees of the Legislature prior to the committee's report being made. These committees are established by this House, and their rights and proceedings should be accorded respect by all members.

head: **Orders of the Day**

head: **Public Bills and Orders Other than
Government Bills and Orders
Second Reading**

Bill 211

Economic Strategy Act

[Adjourned debate May 4: Mr. Chadi]

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

SOME HON. MEMBERS: Question.

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

DR. NICOL: Thank you, Mr. Speaker. It gives me pleasure to address Bill 211, the Economic Strategy Act. This basically sets out a request . . .

**Speaker's Ruling
Opportunity for Debate**

MR. SPEAKER: Order please. If the hon. Minister of Municipal Affairs is rising on a question of whether the question had been called, members had said so, but the Chair had not put the question. Until the Chair puts the question, all hon. members have the right to participate.

The hon. Member for Lethbridge-East.

Debate Continued

DR. NICOL: Thank you again, Mr. Speaker. It gives me great pleasure to rise to speak to the Economic Strategy Act. Basically this Bill sets out a process through which the government should begin to develop an approach that would provide for the delineation of a strategy that would provide economic opportunity for the people of Alberta. As we deal with the issues that are coming up, I'd like to concentrate initially on the ag sector, which is one of the areas where I have more experience and more opportunity to comment directly on some of the initiatives that are going on. I think we also have to recognize that within the agriculture sector a lot of very worthwhile initiatives have been undertaken, but they haven't been organized in a manner that would be consistent with the strategy that's provided and suggested by this Act.

The main focus has to be in terms of looking at the opportunity that's provided by a strategy for the agriculture community especially as well as for many of the other producers of Alberta: the oil and gas industry, the forestry industry. The export market plays a very major role in looking at the potential for growth and the potential for diversification of these strategies. What I'd like to suggest is that we need to start and deal with a lot of the particular aspects of the economic development strategy that are outlined in section 3 of the Act where we talk about the role that the export market plays. We have to start dealing with a recognition that the export market is not a uniform market throughout the world, and we have to be able to identify the specific aspects of the sector that pertain specifically to Alberta's opportunities. Again, as we look, the example that I'd like to use is the agriculture sector.

We've talked a lot about the type of marketing strategies that are necessary for the entry of our agricultural products into the Pacific Rim. These differ significantly from the kinds of options that are necessary for the expansion and continued entry of our agricultural products into the U.S. We also want to look at it in terms of the strategy: how any kind of sector promotion can be used to deal with the ideas of import substitution. Here we're starting to look at issues of diversification, the need for promotion of new production possibilities that would provide for the growth of the sector domestically to provide an import substitute possibility. What we can have here in this kind of a situation is basically a growth in terms of our own markets. The main criteria has to be the introduction of techniques, technologies, information that allows our sector to be extremely competitive and to be able to provide to the consumer the options that are necessary so that they will choose an Alberta-produced product rather than have to be enticed into choosing this Alberta product because of a subsidy or a new . . .

MR. SPEAKER: The Chair hesitates to interrupt the hon. Member for Lethbridge-East, but according to Standing Orders, it being now 3:30, we must move to the next order of business.

head: Motions Other than Government Motions

3:30 Health Care Delivery

513. Moved by Mr. Mitchell:

Be it resolved that the Legislative Assembly urge the government to take a leadership role in developing a coherent health care delivery plan to reduce costs and increase the quality of health care delivery and to include an increased emphasis on

- (1) home care and community-based care,
- (2) proper community-based mental health delivery,
- (3) preventive health care,
- (4) regionalized governance,
- (5) community input and control,
- (6) demands and outcomes assessments, and
- (7) work force adjustment plan.

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

MR. MITCHELL: Thank you, Mr. Speaker. I rise to address my motion on the Order Paper which calls for a proper health care delivery planning process to reduce costs – not simply to reduce costs, as seems to be the obsessive, single-minded objective of this government, but to on the one hand reduce costs

while at the same time enhancing the quality of health care services that are afforded to Albertans today.

We see this government focus very much on, one, the accounting function of writing smaller cheques but having forgotten that they need to walk and chew gum at the same time and find a way to deliver quality health care services, enhanced health care services in fact, within the parameters that fiscal pressures have brought to bear upon this government and governments across the country. Unlike the fiscal pressures that some governments across the country feel, these fiscal pressures have by and large been self-imposed after 22 years of poor health care management, after 22 years of profligate spending, and after clearly trying to avoid the accountability that should be incumbent upon a government that has created the kinds of problems that have brought us to a point where measures must be implemented to solve a fiscal problem. Health care has to figure in that area. In this province I think most people would agree that even if we had all the money in the world, we do not have as effective a health care system as we could have, that there is a great deal of room for improvement, but if we are to achieve that improvement, it cannot be done by helter-skelter across-the-board cuts. It must be done with an effective planning process, an effective implementation process as well.

There is ample evidence, Mr. Speaker, that this government is without a health care plan. They are without a vision for health care. When's the last time you heard this government talk about any commitment to principles for a health care plan, principles for a health care system? Well, if you don't have those, you cannot structure a vision around which you can motivate and inspire people to achieve greater things within the fiscal parameters that confront us today.

I think if ever there was a glaring example of inadequate planning, we simply have to look at what's happened recently in Edmonton and Calgary. The government has said that it will cut \$270 million out of hospital acute care facilities in Edmonton and Calgary over the next three years. Upwards of over a hundred million dollars of that is to come out this fiscal year. They have tried to soften that blow by saying that at the same time they are going to increase funding for community-based public health care initiatives and other such initiatives. Right there, Mr. Speaker, is a glaring example of no plan. How could it be that a government would cut in the order of \$55 million from Edmonton hospitals and \$45 million from Calgary hospitals on the very same day that they determine to increase community-based public health care funding? Surely the pressure that they will put on acute care hospitals will result almost immediately in people being asked to leave hospitals early, probably prematurely, and certainly prematurely if there hasn't been a lead time throughout which public health care officials can structure proper community-based public health care services to absorb this increased demand on their resources at the same time to take pressure off the acute care facilities. It just seems so basic that you wouldn't do those two things at the same time; you would stage those two things.

A further example, I think, is the disturbing lack of analysis and data. There is no evidence of the government relating demand and need for health care services with the outcomes that current health care facilities can provide and health care institutions can provide and health care services can provide. In fact, it was very startling to me when in subcommittee of the budget debate I asked the minister, among other things, questions like these: could she tell us how many nurses she would have in this system in five years and 10 years? No. No study. Could she tell us, because the Premier had been talking so aggressively about this, whether

user fees could reduce this so-called abuse? Had she identified the abuse? Would user fees in fact reduce it if it existed? Well, she had done no such studies, and if she hadn't, certainly the Premier hadn't, so she couldn't adequately answer that question. I asked: could the Health minister please give us an indication of what she believes will be the single greatest, most frequent intervention undertaken by acute care facilities in this province in five years and 10 years? She was unable to answer that.

Imagine, Mr. Speaker, the president of a \$4 billion private-sector corporation, to use an analogy that will appeal to Conservatives, who couldn't answer the questions: "What would be the single product in greatest demand provided by your company in five years and 10 years? Have you consulted your client base to determine what you'll be doing, what you think they would want you to be doing for them in five years and 10 years?" Well, of course a \$4 billion corporation and its president would be able to answer those questions, because they would be looking to the future, they would have a vision of that future, and they would have data to back it up. None of that existed, and we have seen no evidence of it, certainly not in those answers.

A glaring example at a microlevel, if you will, of lack of planning. The Bow Valley centre has just implemented a new MRI program. Literally days after – literally days after – the hundreds of thousands of dollars were spent to put that program in place, a consultant's report commissioned by this government, undertaken by a former Treasurer of this government, recommended that the Bow Valley, the General hospital be closed. Mr. Speaker, it is as though the left hand has absolutely no idea what the right hand is doing, to speak figuratively.

We see in the breast screening process again a glaring lack of adequate planning. Yes, it is important to implement a breast screening process for what is perhaps one of the most frightening and, in some senses, in some cases, debilitating diseases for women, breast cancer. But why would the government set up a special program when they could simply plug into the infrastructure that already exists with radiologists across this province? The irony, in fact, again underlining the lack of planning, is that they claim that they set this program up to provide access in areas where there wasn't adequate access for women to this health care service. But where did they set up their first services? In Edmonton and Calgary.

The fact of the matter, Mr. Speaker, is that there are further examples of lack of planning: hospitals around the province that are being overutilized compared to hospitals around the province that are being underutilized. I was really struck by the minister who would stand up in defence of her urban health care policy and say: "Do you know what, Mr. Speaker? There are places in rural Alberta where it takes 65 minutes to get to a hospital." I say: "Well, then, what are you doing, Madam Minister? Why is it that you would allow a health care system with \$4 billion a year invested in it to not serve people in rural Alberta better than 65 minutes to their local hospital?" Maybe what she should be doing is investing and planning a world-class air and ground ambulance system that makes darn sure that people get to services much faster than 65 minutes. I don't think she should be bragging about that as a defence of her health care program in Edmonton and Calgary. Quite the contrary. It's a glaring example – a glaring example – of how this government simply hasn't planned. Millions, hundreds of millions of dollars spent on institutions in this fabricated myth that somehow if you've got a hospital, you've got health care. And still people in this province 65 minutes from

a hospital or 65 minutes from proper emergency health care. She should be ashamed of herself.

Mac MacKay. An example of a man who didn't get an MRI service although he had numbness in his leg, numbness in his arm, loss of memory, and slurred speech. He didn't have \$1,200 and would have had to wait six months otherwise to get a public health system MRI. Three weeks later he had a massive stroke and is massively disabled. That, Mr. Speaker, is not planning. That is the kind of cutting that results in longer term additional expense to this health care system.

What do we see the results being of this lack of planning? Across-the-board cuts. Easy to do. Mr. Speaker, anybody can write a small enough cheque. We see cutting that is driven strictly by some financial accounting obsession. Yes, we need to focus on the bottom line, but we must never, ever, ever lose sight that government has to do two things: it has to do quality health care service, among many other services, and it has to do it within the money that it's got. It has to do it fiscally responsibly. The bottom line, to use another term that sends chills up a Conservative's back, is that we have exactly the same kind of system; we simply have less of it. To those people who know that this system is not adequate even with the money that has been spent on it, that is a very, very disturbing and disconcerting conclusion.

3:40

Let me tell you how you should do a plan. First of all, you have to have a basis in principle, and these are ours, Mr. Speaker. The Liberal Party, the Liberal caucus in this Legislature, first and foremost subscribes to the principles of the Canada Health Act – and we do that with no embarrassment; in fact, with a great deal of pride – accessibility, universality, public administration, comprehensiveness, and portability. Not only does this government not subscribe to that fundamental value in this Canadian and Alberta health care system, but they surreptitiously, slowly, insidiously erode it with statements about the importance of privatization and commercialization and allowing the value to emerge – and I use those words lightly, value to emerge, this idea to emerge – that somehow health care can be an entrepreneurial opportunity, because it simply can't. It contravenes a value that is fundamental to the quality of our society.

We believe that the financial problems with the health care system have not been due to the principles of the Canada Health Act. The problems have been due to the mismanagement of the health care system in this province by past Conservative governments. This government has not been able to deliver a health care system to all Albertans with \$4 billion a year, that most people would consider to be adequate, in particular to many Albertans who live outside of major regional and urban centres. We believe that efficiencies must be found in the health care system, and they must be found on the basis of improving health care delivery at a lower cost. That is not pie in the sky, Mr. Speaker. There are fundamentally so many examples of how that can be achieved with proper management, proper creativity, and a vision for health care that goes beyond this highly technologically, institutionally, illness-driven model of health care that seems to have overwhelmed this government's view of the world. We cannot accept the easy solution of cutting costs without any regard whatsoever for the resulting quality of health care.

We are opposed to the creation of a more commercialized health care system. This will without doubt, Mr. Speaker, lead inevitably to a two-tiered system of health care in this province which will erode the fundamental value of the public health care system in this province and in this country. We will not permit

user fees to become a quick-fix means of fixing the financial problems associated with the health care delivery system, because we know where those problems exist. It isn't with the structure, the principles, the fundamental premise of our public health care system; it is with this government's mismanagement in the past and currently of that health care system.

We will address both rural and urban concerns at the same time, remembering that as many as 50 percent of the people who utilize some rural hospitals – only 9 percent come to major urban centres and major regional centres in this province to get quality, elite health care when they desperately need it, Mr. Speaker. You cut urban; you cut rural.

We will make decisions to dramatically change our health care system only on the basis – and I underline this: only on the basis – of consultation with the communities that will be affected and only after assessing the needs of each community. It seems so basic. It seems so easy to consider that that should be done. There is not a solution to this health care system that can conceivably be determined to be right until the people who are being affected by it in our communities across this province are consulted and consulted properly.

We stand for a broad view of health in our society that goes beyond the acute care driven illness-response model, Mr. Speaker. Health care in our society must be focused upon promotion of wellness, must be based upon the understanding that the quality of Albertans' health is in large part dependent upon environmental factors, the quality of our communities, the quality of life in our homes, and the manner in which we treat children among others in our society. It cannot be rooted simply in an acute care vision of health care.

Following from these ideas, these principles, Mr. Speaker, there are a number of prominent policy areas that we address in our vision of health care and in the manner in which we would plan a health care system. Regionalization. It makes sense, it is required, but it simply can't be done in the way that it's being done here: helter-skelter, having regional boards trying to make decisions three weeks or a month before the new regional boards are even going to be implemented. It is ludicrous to have that kind of structure being undertaken, to have processes of determining core values or core services in regions before the regional boards have even been put into place. Regional boards simply must be put into place before major restructuring decisions are made. Consideration must be given to the following principles – perhaps it's too late in establishing boundaries; it probably is – market areas, hospital referral areas, educational boundaries, and, of overwhelming importance, public health boundaries. As well, we have to have a service-based vision of regions rather than simply a geographic-based region.

With respect to regionalization, we need to elect board members. We cannot allow taxation, as is now being contemplated by this government, by unelected municipal authorities for health care. Public health must not be overwhelmed by an acute care delivery system under the new regional system. We have to emphasize initiatives that improve health care at less cost. There are many of those. We need proper public health. We need proper home care. The government says that B.C. uses one-third fewer beds in hospitals per year on a per capita basis. Well, they also have twice the per capita funding for home care. This is not a coincidence, Mr. Speaker. It is an essential step in ensuring that the pressure is taken off acute care facilities.

We need to have proper community-based mental health programs, and we must emphasize prevention through many and

varied programs such as proper enhanced drug and alcohol abuse programs, stricter smoking regulations, proper ambulance policy across this province, implementing effectively rather than reducing the implementation of physiotherapy services in this province, an emphasis on the relationship between the environment and health, and so on.

We need to look in particular at one overwhelming and fundamental consideration in this process, and that is that you don't plan to solve the problems of this health care system through broader commercialization, privatization, user fees, and the like. It is simply the fact – look across North America; look to the United States – that that kind of system is not more efficient and is not more effective than our system.

Mr. Speaker, I have colleagues who would like to address this issue and will flesh out our plan further. In conclusion, I would simply like to say that it is irrefutable that this government has not planned adequately for the drastic across-the-board cuts that they are now implementing. It is irrefutable that in the absence of a plan there is an absence of a vision around which people can be inspired to achieve great things in this very, very significant area. The frustration that we feel is that there are many if not obvious almost very obvious ways to enhance this health care system, to enhance it significantly at much reduced cost.

MR. SPEAKER: The hon. Member for Rocky Mountain House.

MR. LUND: Thank you, Mr. Speaker. It gives me a great deal of pleasure to rise in the Assembly this afternoon and talk about this Motion 513 as brought forward by the hon. Member for Edmonton-McClung. I was listening with a great deal of interest to try to determine and try to imagine why it would be that he brought this forward. Was it to prove that he had in fact read the minister's three-year business plan and in fact did understand what the government was doing and was going to come forward and endorse it? Was that maybe why he was presenting it? Could it be that he thought that when he gets out on the leadership campaign trail this fall, people would be thinking that he's come up with a brilliant new idea and here the government has already got this in process? Is that why he was presenting it, or is there some other reason? Because quite clearly anything that's contained in his motion is something that the government is currently doing or planning. I still am not sure exactly why he has done this.

3:50

The hon. member spent over half his time talking about things that I had trouble even relating to his motion. He mentioned things about a vision or a plan and talked about a \$4 billion corporation, how they would have a plan. For someone that had been a vice-president of a major corporation – we know the problems that corporation had – I'm wondering what happened to their plan. Where was their plan? I find it very interesting that all of a sudden someone can come into this House and have all kinds of plans when out there in the private sector the plan didn't work. He didn't have a plan, I guess.

He's criticizing the minister when in fact rural people have to travel 65 minutes to get to a hospital, yet he's talking about the fact that there wasn't enough cutting done in the rural area. I remember a leader of a party – and I think that member finally ended up in this House – going out on the election trail about a year ago and talking about closing down all these rural hospitals, and now he's standing in the House and criticizing because it's 65 minutes. I wonder what happened to that plan.

He's criticizing that in fact we're leading to a two-tiered system in the province. Well, Mr. Speaker, I would humbly suggest that in fact we have already developed a two-tiered system. Those that can afford it go to the United States and get whatever is necessary. So as far as thinking there's absolutely no two-tiered plan in the system already, I'm sorry but there is.

Mr. Speaker, I think perhaps we should talk a bit about the great things that are happening in this province and the things that we're doing as it relates directly to this motion as brought forward. Perhaps it would be best to start with a bit of background as to what has happened and talk a bit about the public consultation, because it seemed to be of a great deal of concern to the hon. member and it is a very important issue that in fact the system be driven from the bottom, and about the difficulty that we've got in the system today and some of the things that we have planned and that we are doing.

To start with, I want to mention the extensive consultation that has gone on in the province. There were a series of roundtables in late '93 that visited Grande Prairie, Calgary, Wainwright, Edmonton, Barrhead, Stettler, Coaldale, Jasper, Slave Lake, and Medicine Hat. Over 5,000 people participated in these workshops giving input to the forum. Out of that, of course, flowed the Starting Points document. So along with that document and documents like The Rainbow Report, An Agenda for Action: Final Report of the Advisory Committee on the Utilization of Medical Services . . . [interjections]

Speaker's Ruling Decorum

MR. SPEAKER: Order. [interjections] Order please. The Chair distinctly recalls that the hon. Member for Edmonton-McClung was allowed to deliver his address more or less . . .

MR. MITCHELL: Hardly. There was some heckling, and the minister is being argumentative right now.

MR. SPEAKER: Order. [interjections] Will all hon. members please allow the hon. Member for Rocky Mountain House – the hon. Member for Lesser Slave Lake should notice that when her seatmate is speaking, his microphone will catch her comments. So the hon. member should allow her seatmate to present his remarks, as all hon. members should.

The hon. Member for Rocky Mountain House.

MR. LUND: Well, thank you, Mr. Speaker, for that intervention.

Debate Continued

MR. LUND: I was talking about all the consultation and the reports that have been done, and certainly through that consultation there were some very interesting things that we heard. Probably one of the overriding themes was that the public was asking for a choice. They wanted to have a choice as to what kind of service was provided, what kinds of caregivers were available to them in the community.

Now, we also have learned through all of this that in fact our current system, which is based on an institutional system, on a sickness model, has to be changed. We have to move to community based – hospitals without walls, you might say, in a lot of cases. We have to put much more emphasis on the preventative side. We learned from The Rainbow Report that in fact they were suggesting that 1 percent of the total health budget should be spent on the preventative side. Now, 1 percent doesn't sound like

much, but when you're talking about a \$4 billion budget, that's a lot of money.

Let's take a look at some of the things that are in the three-year business plan. Certainly that's where the researcher for this motion found his basis. So let's talk a bit about the home care and the community-based services.

The hon. member criticized severely that the plan was to take \$100 million out of acute care in Calgary and Edmonton and put it in home care and indicated that just with a snap of a finger that conversion was going to occur. Well, of course it's not. This is over a period of time. As a matter of fact, it's over a period of some months that the money will flow from the acute care over into the home care area. We know that in models where we have a discharge plan established in an acute care facility and the ability to follow that person to their home, provide the services in their home, there are a number of things that happen: the recovery is quicker, and it's a lot cheaper. I had the opportunity to speak with a CEO of a major hospital in Calgary. Through this co-ordination a year ago they had reduced the patient days by .8 just simply by the ability to have early discharge. So for the acute care patient to be able to go home and complete their recovery is a very important aspect of the overall plan as we try to reduce costs and provide a service that is very good for the patient in their recovery.

We also see flowing into the system now a new model for housing. It used to be that we had institutions, known as lodges or self-contained units, where the individuals had to move, then, as they needed more care into – well, I guess at one time we called them nursing homes – extended care facilities where they could get this higher level of care. The new model: we have the Good Samaritans right here in the city and the northern Alberta Christian society developing homes where the folks come in when they're able to look after themselves, do their cooking, this type of setting. They're able to stay there all the way through to the point when they are pretty well bedridden and they need, then, that level of care that they have to go to another institution. This is a very effective and efficient way for these folks to have a continuum of care as they grow older.

4:00

In the area of mental health the hon. member might be interested to know that I'm fortunate in the Rocky Mountain House constituency to have a pilot project run out of Alberta Hospital Ponoka. In this project the facility at Ponoka provides people to the community so that actually it becomes a community outreach from the institution. Now, this is something that hasn't been done too much in the province, and hopefully as we move forward, we will be able to have more of these. The mental health strategic plan, which was put together by the stakeholders in going out and talking to the people in the community – they are suggesting that in fact we have a single board that would oversee all of the mental health needs within the province. They of course realize that currently 83 percent of the dollars spent on mental health are spent in our two institutions. This has to change. We can do a much better job if in fact there are more community services available for folks that are suffering from a mental disease.

In the area of preventative health I mentioned briefly the situation in The Rainbow Report where they talked about at least 1 percent of the money in the health care budget being spent for preventative health. We have to somehow get people to recognize the importance of them taking responsibility for their health, whether it be through diet – and I know I'm not the one that should be talking about that. Every time I go for an MoT medical, my doctor reminds me of that. However, I guess I'm no

different than anyone else. In any case, things like smoking, safety in vehicles, the wearing of seat belts, the wearing of helmets on the worksite, and all of these kinds of things play a very important role in the preventative side of one's health. Now, of course the ability to continue to exercise and to – I've always believed that some good physical work certainly doesn't hurt anyone. All of this has to be emphasized so that people will take a responsibility for their health and don't find themselves in a difficult position later.

Talking about regionalization, it was really interesting. The hon. member mentioned that they had to be elected. I agree. However, maybe you should check with your city fathers right here in this city. As a matter of fact, they are suggesting that half to two-thirds or possibly even three-quarters of the people be appointed. So we will have a very interesting discussion as the members for the regional health boards are established. Of course, the first board will have to be appointed because there is no mechanism currently to elect, but down the way Bill 20 certainly allows for one or both or a combination on a board. So I don't disagree with the hon. member when he talks about the boards being elected. The decision has been made that to start out with, we will have 17 regional boards. They will be responsible for the health needs within their region. They will have input from the ground, from the bottom. Of course, electing them is one of the very best ways to get that input from the grass roots.

However, there are also going to be community health councils in the communities. The role of the community health council will be to advise the regional authorities what the needs of those communities are. Of course, the role of the province will be to establish a number of criteria, a number of things that have to be provided within a region. We have to have the ability – the hon. member mentioned about people coming to the city. Well, we're not going to be establishing hospitals all around the province that will be able to provide tertiary care. Those services will be provided in the two major cities. As a matter of fact, we have to work out some kind of a formula so that people can get service anywhere in the province. These regional authority boundaries are not going to restrict people to having their needs satisfied within that jurisdiction. There are regions now that don't even have a regional hospital, so a lot of the secondary care services that will be necessary aren't going to be provided in that region. There has to be the ability to move.

Moving on to community input and control, I touched briefly on that with the community health councils. Another avenue that I personally feel would be a tremendous asset to the regional health authorities is from the professional side: the nurses, the doctors, the physiotherapists, the chiropractors, all of those folks that are providing services. There should be a subcommittee established so that they can give input to the regional authorities. Possibly even in some communities the community health council may wish to have that kind of input.

One of the things that the hon. member talked briefly about as well was demands and outcomes. Well, I must admit that that's one of the things that we heard as well from the roundtables – and it's mentioned in Starting Points – that in fact there is a lack of information. The notion that simply spending more money is going to have better results or that you can measure the quality of your system simply by the amount of dollars that you spend on it is just not so. There has to be a clear mechanism put in place where we can measure output so that we do have some idea if in fact the dollars that we are spending are being utilized to their utmost.

The hon. member never mentioned it, but the motion talks about the work force adjustment plan. Well, of course that is an extremely important component in the overall plan. The roles of folks are going to change. I personally believe there's going to be tremendous opportunity available, particularly for nurses. I think nurses are probably one of the most underutilized professions in the whole health care system. As we move forward and we develop more the hospitals-without-walls concept, the role that nurses play in the community I believe is going to increase. No, they're not going to be working in institutions, but they will be providing very essential services to the population outside of a hospital. The province currently, over the next three years, is going to be spending some \$15 million on a work force readjustment plan. The funds will be administered by a tripartite committee made up of employers, unions, and the government. As well, there will be \$5 million over the next three years allocated to the health discipline education training program.

One of the other important things that we must do in this whole process is look at all of the professions that are . . . [Mr. Lund's speaking time expired]

4:10

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

MR. SAPERS: Thank you, Mr. Speaker. I rise today to speak in favour of Motion 513. It's a motion that I'm sure all hon. members of this Assembly will want to support and vote for, because how could anybody be against the creation of a coherent health care plan? Surely that's what we need in health care, some planning. Earlier today we had a lecture from an hon. member. A private member on the Conservative benches gave us a little lecture about free votes, and the only reason, of course, that anybody would vote against this motion is because they were being whipped into it. This is a motion that should get all-party support in the flash of an eye.

Mr. Speaker, restructuring the health care system to reduce costs is required, but all the changes made must be on the basis of a coherent, publicly known plan that will improve health care delivery at a lower cost. Now, certainly there's no evidence that such a plan currently exists, or perhaps something even worse. Perhaps what this government is doing they're doing on purpose. We can only hope, of course, that this isn't so, because, in the words of a colleague of mine in this Assembly, what they're doing right now to health care they're doing the best worst way.

[Mr. Deputy Speaker in the Chair]

Mr. Speaker, the Member for Rocky Mountain House talks about failed business plans and failed businesses. While he expressed some concern or surprise or confusion as to why Liberals would be talking about the need for coherent health care planning, certainly I have no surprise at all that the Member for Rocky Mountain House would talk about failed businesses, because if there's one thing that this government knows a lot about, of course, it's failed businesses, particularly the ones that they've intervened in.

The Member for Rocky Mountain House also talked about the public consultation process, the public consultation process, by the way, that when Albertans were asked, over two-thirds of them said that the public consultation process was a failure, that they didn't receive the kind of input they wanted, that they weren't heard, that they weren't listened to. The minister without reason – I mean, portfolio – the Member for Calgary-Glenmore, the

minister that was in charge of that so-called public consultation process, refuses to release the written submissions to that so-called open process. She refuses to release them because she considers them to be private correspondence. Mr. Speaker, it is amazing to me that any member of the government side could continue in the charade that what they're doing is based on the will of Alberta and not just simply on the whim of their political agenda.

In January, Alberta Health announced that \$110 million would be reallocated provincewide to community health projects in the next three years. This has caused a tremendous amount of concern. In fact, in the April '94 edition of the *Health Care Advocate* an article entitled *Greater Co-ordination Required for New Community Focus* quotes Dr. Gerry Preddy,* who is the deputy medical officer of health with the Edmonton board of health. Dr. Preddy says: there are always people whose needs aren't being met; as we change the system, there are going to be difficulties we encounter, people who aren't prepared to do things at home to care for their family, because at home the primary caregiver is a family member. Mr. Speaker, we know that not all Albertans are presently being cared for in a way that makes the most sense for them, and we see very little evidence that without some careful planning that will change for the better. We know that Albertans now are falling through the cracks, and without coherent planning we know that more and more will continue to do so.

In that same article in the *Health Care Advocate*, the April '94 edition, Dawn Wigmore, who's the director of home care services with Calgary health, echoes Dr. Preddy's comments. She says that staff and services are being stretched, but our board is making our case, so the funding is coming, we hope. Well, the reality is that home care providers around the province are still waiting for their cheques. The funding is not coming. The reallocation of dollars isn't happening, but the changes are going ahead. They're going ahead at a rate that far outstrips, outpaces the ability of the home care providers to keep up with the demand. Wigmore goes on to say that people being cared for in the community currently are more ill than ever before and therefore need more home care support, not less, and they need it now. I quote: a lot of these people are acutely ill; they are being discharged from hospital earlier, and they require more home care services, and with proper planning, of course, we could see that happen.

Mr. Speaker, there are many, many concerns being raised by health care professionals throughout the system about the lack of decent planning. Now, some of these concerns about the future are being put forward by physicians. Gary Prince,* who's the current president of the general practice section of the AMA, in their newsletter says: if social programs are cut too drastically, to the point where adequate insurance is not provided for Albertans, we must ensure that alternatives are available. Now, of interest, I received an anonymous letter from someone claiming to work in the Alberta health care ministry stating that there was already a fully developed plan for implementation of nurse practitioners, and of course the Member for Rocky Mountain House spoke of the expanding role for nurses. But if they have a plan, why don't they tell the nurses about it? Why don't they inform all Albertans, in fact, about their plan, if they have one?

Now, I go back to quoting Dr. Prince: now, while it is impossible to verify the information contained within the letter, we are certainly aware that the government is considering alternative providers for primary care; of all of the changes possible with the restructuring of social programs, primary care is certainly the most vulnerable. Vulnerable, Mr. Speaker, a concern expressed by the AMA. It's not just that they're

concerned about their ability to provide quality, competent care in this climate of uncertainty, but they're also concerned about legal and perhaps even life-threatening implications.

Now, in the *Alberta Doctors' Digest*, May/June '94 edition, Jonathan Rossall, who is a lawyer with a health care specialty, writes: within Alberta Health we have witnessed some of the results of these decisions, including wage rollbacks, reduced administration, reallocation of hospital resources, reduction in service, and ultimately the closure of beds and hospitals. These steps result from practical implementation of government policy. I pose this question: if a patient suffers damage as a result of inadequate medical treatment which flows directly from policy decisions, are the hospitals, the health caregivers, and the government legally responsible? Rossall concludes: I suggest that a patient who suffers as a result of the unavailability of medical services flowing from budget restraint may have a valid cause for action against the caregivers and ultimately Alberta Health. The existence of such a cause of action is food for thought and should not be ignored in the drive for fiscal responsibility.

Yet another professional, Mr. Speaker, who is saying: "Slow down and stop. What you're doing is ill-considered. What you're doing is simply glossing over the cracks. What you're doing is going to create problems. It's ultimately going to create legal problems if it doesn't in fact cost lives."

Why doesn't the government listen? Why wouldn't the government want to support this motion and take the time to put into place a properly thought out, a carefully thought out health care plan so in fact we know that we're not just seeing across-the-board cuts, so we know that we're seeing concern for the professionals in health care right now, so we know that we're going to be able to see patient needs being met, whether they're children requiring pediatric services, people requiring mental health assistance, seniors regarding geriatric rehabilitation? Mr. Speaker, there are a whole host of health care needs that are on the chopping block as a result of these rather broad-brush cuts that are coming simply to meet the political agenda of the Klein government.

We know that when asked, 69 percent of Albertans expressed disapproval with the funding cuts being taken out of health care. We know that when they're asked about closing hospitals in Calgary and Edmonton, Albertans know – Albertans know – that it's not that simple, that you can't just turn to the two big urban cities first and say, "Cut their hospitals first; take their services away first," because Albertans know that people from all over the province come into the two major cities for their health care needs.

Mr. Speaker, they know that they're losing physicians, and I quote from a *Calgary Herald* editorial of April 30 where they say:

Many young physicians are already making their choice by moving to the U.S. The irony is that the U.S. is attempting to overhaul its health care system because millions of Americans can't afford even the most basic health care.

The editorial continues:

Other doctors are lobbying the province to open up Alberta to the U.S. model. And still others wonder if they can, in good conscience, buy into a system that puts the bottom line before the interests of patients.

Albertans know that that's in fact what their government has done: they put the bottom line ahead of the interests of people who need health services.

4:20

We're at risk right now of losing our best and brightest health care providers. Doctors, nurses, physiotherapists, technicians, and technologists are fleeing this province because of the climate

*These spellings could not be verified at the time of publication.

of uncertainty and the climate of compromised health care. Mr. Speaker, if that wasn't tragedy enough, if you want to just look at the bottom line, we've already spent thousands and thousands and thousands of tax dollars to subsidize the training of all of these people in our universities and our technical institutes throughout this province. It is a shame that we'll be wasting those tax dollars and that we'll be losing those motivated, trained, skilled professionals.

Mr. Speaker, Albertans recognize that their government has taken the wrong approach. More than half of those polled, 57 percent, believe the public has not had enough say in the overall changes being proposed by this regime. When they're asked particularly about health care, as I said, even more say that they want more voice or that they feel they have already expressed themselves but that their calls for decent change, for reasoned reform have fallen on deaf ears. More than half of Albertans recognize what the Liberal caucus already knows, and that is that the government is moving too fast. They know that what's needed is some coherence in this process of change. Nobody is arguing for the status quo. The status quo has gotten us into some difficulty, and in particular it is the status quo of political interference in decision-making around health care.

Only with a decent plan is it possible to remove the politics from health care. We have to let health care professionals make the choices. We have to let Albertans decide what it is that they're willing to pay for, and we have to make sure that politics is removed from that process. For far too long we have had political interference. We've have politicians saying, "Oh, I want a hospital in my constituency too." For far too long we've had politicians saying: "Oh, you better give me some kind of a project. You better give me some kind of research. You better give me some kind of training program because somebody else has one in their constituency." That's wrong, Mr. Speaker, and that has to stop, and it won't stop unless we put it in the context of a decent plan for the provision of health care.

We have to look at the dollars we have available, the health needs of Albertans, the future needs of Albertans, the future revenue base of this province, and we have to put it all together in a plan that's not just packaged in the guise of the business plan. I challenge anybody – anybody – to take a look at the so-called three-year business plan of the Department of Health and actually recognize it as a business plan that would pass any kind of economics 101 class. It has to not just be a package for political purposes; it has to be a practical, well-thought-out, professional plan that reflects all of those needs that I've been referring to and that my colleague from Edmonton-McClung has been referring to.

Now, the Minister of Health and the Department of Health aren't entirely on the wrong track. They've brought forward legislation that talks about regionalization, and we're in favour of regionalization. The minister does have officials in her department researching the future health needs of Albertans in trying to put together some direction. But we've also seen in recent days that when a senior civil servant in Health speaks out for what is right in health care, they get censored. They get told that it's just their opinion, that they're just bureaucrats, and they ought to mind their own business. Well, Mr. Speaker, it is their business, and it's the business of every Albertan to express their concern about health care and to have those concerns reflected in proper plans. It is the responsibility of the Minister of Health not to listen to her political bosses but in fact to listen to the electorate that got her here and make sure that their needs are being reflected.

Mr. Speaker, Motion 513 is a motion that is absolutely essential as we go to reform our health care system in a responsible way, and once again I would be surprised if any responsible member of this Assembly voted against it.

MR. DEPUTY SPEAKER: Hon. Member for Calgary-Egmont, we have about one minute left or less.

MR. HERARD: Thank you. I'll be very happy and very brief to start this discussion on Motion 513, and I'll take the opportunity to participate in the debate.

Before I do, Mr. Speaker, I was interested in the comments from Edmonton-McClung, who proposed this particular motion. I was prepared to give him the benefit of the doubt and just wait and listen attentively to see if there were any new ideas or perhaps any positive things that could be said about this particular motion. But all we got was the usual, more doom and gloom. He talks about a vision, yet I listened and I couldn't hear anything positive. Shouldn't a vision be positive?

MR. DEPUTY SPEAKER: I hesitate to interrupt, but the clock has indicated that under Standing Order 8(4) I must put all the questions to conclude debate on Motion 513.

[Motion lost]

MR. DEPUTY SPEAKER: Hon. members, we have a few minutes left – I think about two minutes left – to begin the next part. With your unanimous consent we will go to the next order of business.

All those in favour of proceeding to the next order of business, please say aye.

HON. MEMBERS: Aye.

MR. DEPUTY SPEAKER: Those opposed, please say no. Carried.

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

Bill 20
Regional Health Authorities Act

[Adjourned debate May 3: Mrs. Black]

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Gold Bar.

MRS. HEWES: Thank you, Mr. Speaker. I'd like to take this opportunity to make a few comments about Bill 20 at second reading. It's no secret that this Bill is a major move in the restructuring of the health system in the province of Alberta. It is a very profound change and one that we have to approach with a great deal of care.

Since I came into this House, and in fact for a considerable time before I came into this House, I was interested in the business of health reform. I was just conjecturing, as I listened to the debate on the motion of the Member for Edmonton-McClung on much of the same subject, that it was a former minister of health, Dave Russell, who was minister in the early '80s or mid-80s, who began to talk in the House about health care reform. He talked about the need to change the system. He was, I think, right on, Mr. Speaker. I think he was very creative and

innovative in his approach. Of course, there was tremendous resistance in our communities and tremendous resistance throughout the institutions of the province. Because of the political flak and difficulty, his reform plans were given short shrift and they didn't proceed. The government persisted in going on its way of developing more and more institutions.

Mr. Speaker, I'm not sure, had I been the minister of health in the early '80s or late '70s, that I would have done it differently, because there was lots and lots of money. Everybody thought in those days that health care and acute care hospitals was how you kept people healthy. So we built hospitals in every town across the province, and many of them were welcomed by residents. Some of them even became relatively active. Many of them never did. But we did in fact build hospitals, and looking back on it, I can't say that I'd have done it differently. I honestly don't know, because the money was there and the belief was there that this is how we dealt with health care. Now we know differently. Dave Russell knew differently. He knew it wasn't working. He knew that many of those hospitals that had been built were unused, underutilized, and other hospitals were very much in demand. He talked about triangles, about everybody being no more than 30, 40 minutes away from trauma care. He talked about a number of innovative things, but nothing happened, nothing transpired.

4:30

Our caucus certainly has been promoting health care reform since we got here in 1986. We've insisted that it wasn't simply a case of needing more money in the health care system; the system had in fact become redundant, out of date. The government denied that. The government insisted that the health care system was the best in the country, and there was immense resistance to our ideas. Mind you, Mr. Speaker, there were tremendous political risks in suggesting health care reform, and we found that out. The government carefully sidestepped the issue and did end runs and kept building hospitals.

Mr. Speaker, at some point in time the minister commissioned The Rainbow Report. That report, to be sure, came through with a lot of very interesting recommendations, many of which I agreed with, but nothing really happened with it. It gathered dust. It gathered dust for a long time, because once again the political risks were seen to be much too high. There was much too much commitment in many parts of Alberta to the institutions that existed, although there was that growing knowledge that in fact these institutions were not serving the health care needs.

At some point along the way the money dried up, and the minister and the cabinet began to say: "My word, this is taking a large proportion of our budget. We can't afford this increase in health care every year, so we're going to cut." They cut 3 percent. They cut unilaterally and universally. It didn't matter whether the institution could sustain it or not; there was a 3 percent cut. Some institutions handled it very well; some simply reeled under it. I suggest to you, Mr. Speaker, that we've never really recovered from that, that that was the beginning of the end of the health care system, without a plan to build another one or one that was better suited that would fill in and take over.

Mr. Speaker, a former minister of health stood in this House at one point and said: I've been in denial; I believed that more money would be what we needed, but I now know that's wrong, that we need reform in the system. So a number of initiatives were taken to begin to discuss it, and the minister made it clear that new networks needed to be formed in the regions of our province, and if they weren't formed, that minister was going to take the initiative and form them herself. I agreed with that.

Having been pushing for reform for some years, I agreed. I said, "Minister, you're finally on the right track." But for whatever reason – again, political risk has to be what's behind it – the reforms were stopped. They ground to a halt. So year after year the cost got higher, the system got squeezed by absence of resources, and no reforms took place. Now, finally, in this last year we've started to get on with it.

Mr. Speaker, we're in a very, very difficult and delicate situation at this point in time because we're forcing downsizing of all of our institutions by reducing the resources. As of January 1 this year we're forcing change in advance of the new networks being in place. We've got it backwards. We've got the cart before the horse here. We did the roundtables, and the minister said that thousands of people came out to it, but that was a controlled process. It wasn't an open process. The agenda was controlled, the results were controlled, so we knew all along that the object of the caper wasn't really to reform the system. It was to save money. That's the first objective, to save money. Somehow, because health care was one of the bigger spenders, that became the target.

Mr. Speaker, an example of how backwards it is is the current Calgary scene. Lou Hyndman has done a report in Calgary, an analysis, and has come up with the notion of closing the Children's. We've seen the energy that has developed in the public in protection of that institution, which people in Calgary and the southern part of the province care very deeply about because it has been a primary service institution in their community. Having watched the work of the Calgary Children's hospital over the years, I have nothing but praise for them. That hospital had the most exciting and active and progressive outreach program of any in the country, and we're forced to curtail it simply because of lack of resources. But here again we see the report coming, the analysis: close the Children's. We still don't have the Calgary regional authority in place, so what are they to do? They're faced now with an impossible dilemma. They've got a report from a so-called consultant on one hand who says close this hospital and amalgamate these others, yet they haven't yet had an opportunity to find out for themselves, to do their own inventory and find out for themselves what in fact should happen.

The process is a badly flawed one, and to add insult to injury, we're still building hospitals. I mean, how ludicrous. One would laugh if it weren't so tragic. We're still building hospitals in the face of this new reform, this profound restructuring of our health care system, long overdue. We're still building them. We're still building them when they're 20 minutes away from hospitals that aren't even open because they haven't got the resources to open the beds. Mr. Speaker, I say this is an absurdity, and I think the citizens of Alberta recognize it.

Now, Mr. Speaker, the Liberal position for some years has been for reform of the system, and if people in our communities decide that their hospital either needs to be changed or needs to have its use changed, yes, I think they can make that decision. I've talked with many of them across the province, and they've told me exactly that: that the utility of their hospital is not high, that they understand, and that they want a place for seniors or they want a drop-in centre or they need a mental health clinic, that they need a different use of that facility. I anticipate that they will make those decisions and will do it, all in good time. But our position has been that we need reform because our technology has changed very dramatically in the last two or three decades and we have simply not kept up to it in Alberta health care. The technology is available for all kinds of medical engineering. It's

available and should probably always be available only in specialized institutions where the technology and the trained professionals are available.

The technology in communications, Mr. Speaker, has made a grave change in our capacity to provide health care to more isolated communities. We've seen that. We've welcomed it. The technology in transportation, in how aircraft can move people in and out of isolated circumstances to health care has changed very dramatically. We are still not utilizing that as fully as we should be, but I am hopeful that that will come as reform takes its shape.

4:40

Mr. Speaker, we're also confronted with something else that is very positive in health care reform, and that's a change in life-style. People are being a lot more thoughtful about their personal health. We're seeing this in all ages. We're seeing it more and more with seniors. We're seeing that we're far more concerned now with nutrition, with organic foods, with a proper balance. We've had the Canada food guide for years, but nobody paid too much attention to it. Now we really are. People are exercising. People are not smoking. People are being thoughtful about their drinking and about other habits. People are being very careful about their sexual activity. We've seen a grave change in life-style. [interjection] Health care, minister; health care.

We're seeing a major change in life-style that's making a real difference, and we see this as being some of the driving forces in the kind of reform that we should have. To be sure, the cost of health care is still one of the major factors, because the cost is increasing and it must be contained. Mr. Speaker, I believe that had we begun our reform when Dave Russell began talking about it or when we in the Liberal caucus began talking about in '86, had we had the political courage to do it at that time, I think we'd be in a very different position costwise today. I believe the kinds of preventive measures that save money, that keep people healthy, that keep people in the work force would by now have all kicked in, and we probably would be in a very different position costwise and not be in the frantic mess that we're in.

Mr. Speaker, we've had a major shift to the notion of community health. We've seen some of our cities and towns do studies on the health of their communities. We've seen them take imaginative and innovative steps to create healthy communities. We've seen a great deal about safety in our communities. Finally, we're talking a lot more about the relationship between poverty and health care, between age and health care, and we're beginning to deal with some of the things that have been right under our noses all along: ways that we can change people's attitude towards their own life-style, towards that of their neighbourhood and their community to make a massive difference in the thinking about health care, how we access it, how we use it, how we keep ourselves well and keep our families and communities well and thereby reduce the incidence and the need to use the institutions.

Let me turn to some of the things that are in Bill 20 that have given me some concern. The boundaries question still rages. There are many communities in our province that are not comfortable with the boundaries as they have been described and have felt that they have not been included in the public discussions on where those boundaries should be drawn. This is most unfortunate, and I think it could and should have been avoided. It's unnecessary. It brings resistance where it need not have occurred.

Of even greater concern to me, Mr. Speaker, is the absence of a plan to have health care boundaries coterminous with other boundaries. We see no real move to have them coterminous with school boundaries, with social services boundaries, with many of the other places that people must go for support, for assistance, to

get information. I don't understand why, when we are doing this massive restructuring, we couldn't have tried to simplify that system. It seems to me that if we are trying to save money, there are many economies that could be achieved if we have coterminous boundaries. This government talks about the immense merits of single point of entry and so on. I don't disagree with that, but let's make it work. Here's our chance. We're right into it now. Let's do it. Why are we not dealing with that? Why are we hurtling into this without having resolved what seems to me like a geographic problem that somebody with a computer can do for us? Let's get those boundaries worked out before it's too late, before we have too many other things locked in.

Public health. Mr. Speaker, the Bill makes it clear that public health is going to vanish as we now know it. I'm not sure what's going to happen with boards of public health that have served us well over the years. I think we need to have good information for those consumers of our public health services that will make it very clear where public health fits in. I see public health as being the driving force in health care reform. If we are talking about the need for healthy communities, healthy people, and healthy workplaces, then surely public health should be the driving force, and other kinds of health care – extended care, acute care, home care – should be also forces within it but of equal nature. Public health should be one of the single primary forces in developing our restructured health care.

While we're talking about this, Mr. Speaker, we see cuts to public health. We see cuts to health care in schools. We see public health having to withdraw its services. So on the one hand we're saying, "All right; public health as we know it is going to disappear, will be absorbed into the regional health authorities, but in the meantime we're just going to nip away at it a bit." We see improvements in funds and resources to home care, but at the same time the cost to the consumer of home care is going to go up. So there are some anomalies here that need to be ironed out.

Let me talk for a few minutes about mental health. I have long been involved in the field of practice of mental health services in our province. If it were anything else but mental health and services to the mentally ill, it would be a scandal. It probably is anyway. Mr. Speaker, it's deplorable. We have known since the early '70s what we need to do to provide mental health services, to provide treatment for the mentally ill in our hospitals, in our institutions, and in our communities, and we've fooled around with it for 20 years. Mental health needs to be dealt with and needs to be dealt with in the context of Bill 20.

I'll yield to my colleagues, Mr. Speaker.

MR. DEPUTY SPEAKER: The hon. Minister of Municipal Affairs.

DR. WEST: Well, thank you very much. I'm pleased to be considered your colleague, or maybe you were expecting somebody else to speak at this time.

I want to start out speaking to second reading of Bill 20 by saying that I support the principles of this Act one hundred percent. I also want to say that the last comments made by the Member for Edmonton-Gold Bar I agree with majorally. I may talk a little bit about the comments she made directly about the Bill before I leave, but on the beginning of this, the history of this, I don't think anybody could really find fault in the comments.

I can remember back in the days some years ago when I brought Motion 210 forward, which talked about putting some flexibility into lodges so that we could have some nursing care in

those that needed it because we saw the changes coming to the lodge program. I had support by the Member for Edmonton-Gold Bar. We passed that motion, although there were people saying: "We don't want to see our housing moved forward to the Department of Health. We don't want health care. It's a housing project that is in health care." That was eight years ago, and we were starting to see the frailty of the system. Certainly the hon. Dave Russell saw those frailties too and couldn't stop them, because as the member opposite has said, with the money of the day she would have done the same thing, and there wasn't political will. There wasn't political will, and the people of the day said, "We want the best health care system we can have." After all, universal health care, as seen through the eyes of Tommy Douglas, was only in its embryo. Let's make a few comments about, then, what has happened in a very short period of time to universal health care, the dream of Tommy Douglas to ensure that every living Canadian had equal access to the best health care system in the world. That is honourable, and that is supported by every member of this Assembly.

4:50

It was said at the time in debates – and if I go back, I can find them – that universal health care without checks and balances will be like a creeping amoeba. It will consume every living standard, every living thing in its path. The greatest destruction to our environment and to our standards and to our future will be universal health care unchecked. Many of the debates of the day that were against a universal health care system acknowledged that, with people on both sides of the House back in the Social Credit days saying that if you don't put some consumer-based principles in a universal program, it will, by vested groups and those that have other interests in an ever expanding technology – they won't put in the checks and balances. They won't be the gatekeepers. You have to put consumer-based principles on a universal program. It might be user fees. It might be a percentage of paying for certain things like drugs or a certain percentage of the room or whatever, but you must put something in that cuts the smorgasbord of drawing down on money rather than demand.

This isn't a supply and demand system. This is: "Keep supplying dollars until it's all gone. We'll create the demand. If you keep providing the dollars, we'll find the clients. We'll find the health concern and the problem, and we'll treat it."

I believe in the universal health care system. I can remember sitting down at a poolside in Ontario many years ago. I was sitting beside a German fellow, and his son was walking by the pool. He had kind of a crook in his back, and I said: "I don't know whether he has scoliosis or not. Are you aware of that?" And he looked at me and he said, "You know, he had a tumour of the brain." He said: "You know, what a great country I live in. It brings tears to my eyes to see my son there, but he's healthy." He said, "What a great country, because it cost over \$200,000 for him to be standing there by that poolside alive and recovered fairly well." He said, "If I had had to put up my whole home, everything that our family had worked for, I would have for my son. But I kept the dignity of my family, the dignity of our self-respect, our standard of living, and a future for all of us because of the universal health care system in this country." And he said, "I will never, never ever speak against Canada just for that one thing alone: they gave me my son, my dignity, my family, and what I had worked hard for, without taking it away so that I had to make a choice between that and one of my loved ones."

I said at that time, "Do you think we can sustain this universal health care system?" He said: "No. Not without some – I could

have given more and would have, but I'm pleased that I didn't have to give everything, and I would have." He said, "Don't you think we could find a balance?" I said, "We certainly could," and we had a long debate. I think we were both what would be called right of centre, and we had a melding of the minds and agreed on perhaps user fees and those things in the future. That was 20 years ago.

Now we're at this Act. We're going to start restructuring the health care system without addressing universality. We're staying with universality. That concept is there: access for all Albertans. We haven't addressed yet the consumer principles I'm talking about, because a hue and cry has been put up, "Oh, any private-sector models we put in this will destroy it." So we're looking at health regions. For the first time we're looking at administrative costs.

What are we looking at? Many of the things that the hon. Member for Edmonton-Gold Bar had discussed – discussed, but she didn't make allusion to how bad it had gotten. Because of what I said, an unleashed amoeba that consumes by self-interest groups everything in front of it, we are here today. We have got, if I start reading them – I wrote them down – well over 250 boards involved in health care of some description or other and drawing down administrative costs throughout the province. We have them involved – and this is the group itself. They're not mean. They're not taking money from the system because they think they're not doing the job, but they're pulling it down independently, without any co-ordinated structure.

We have the mental health, as you said, working in many areas in stand-alone offices. We have FCSS. We have health units. We have home care. We have active treatment hospitals. We have nursing homes and auxiliary homes. We have lodges, and we have Alzheimer's living and social housing programs. We have community living and counseling services. We have the association for the disabled and under that a whole complex group of various disabilities that have their own associations. We have walk-in street clinics. We have private labs and public labs and labs in doctors' clinics. We have Victorian nurses. We have caregivers that are therapists in speech therapy and other disabilities. We have the Department of Education that then crosses over into some health caregiving areas. We have ambulance authorities that are bringing forth a new, well-needed ambulance system. We have paraprofessionals such as physiotherapists and physical therapists and LPNs, and we have doctors and the pharmacists. We have the nurses, and we have independent private nurses. We have a whole lot of other ones that I won't go in and name, phrenologists and various ones that have specialties in everything from how you hear to what shoes you wear to the type of infrastructure you need if you have a disability.

They're working on new electronics and robotics. What a wonderful system. And then the technologists come in. That's the research labs and the labs working, as I said, on robotics and new instrumentations that you can put on your head, for paraplegics and others, that will just look and have a thought process and turn on their televisions. They'll have robots in their environment that just by a thought process with electrical impulses will turn on and make coffee and put the supper on and various things. That's the future.

All of these are working today and many more. I've just touched the surface, if you really want to make your own lists. They weren't co-ordinated in any central capacity. We said the Department of Health co-ordinated them. Well, that may be true, but I live in a community and I see them all going their opposite

directions working with their clientele, overlapping and stacking and treating them for different things but not co-ordinated under any central administration or a regional health board. So when we start developing 15 regions, certainly there are going to be problems. We could agree with the hon. Member for Edmonton-Gold Bar on the boundaries. "Oh, you should have got a computer in to replace human beings." There is the frailty of mankind. I've lived it; I see it: the politics of the health units versus the FCSS versus the doctors versus the chiropractors versus all of these. And you're going to sit down with a computer and tell us that we're going to align corridors of life into a region to stop what I just said?

MRS. HEWES: Why not put the regions together? You've missed the point.

DR. WEST: We tried to do that, and we've come to the best case scenario to start with. You have to start someplace with leadership. You have to start somewhere. If in three years or four years we find out that this corridor of life, Highway 12 in my area, doesn't go with Highway 13 and Highway 15 and Highway 16 and that that region doesn't function, then we will go back to the drawing board. But at the present time we have majority consensus that we're going to try to get along, the Stettlers and the Camroses with the Lloydminsters and the Vermilions and the Vikings. Your areas go on and on and on. We're going to try to establish, so that we can bring that list I just said, and focus on the problem that universal health care is going to starve itself to death unless we administer it properly.

So we've made a start. Coterminous boundaries: yes, we've all said that in here. We've said it for years, but who can agree? When we put out Bill 8 last year on the school and we left it for a few months for people to come back, we never got any movement. Zero. Somebody has to sit down and start talking. Coterminous boundaries. I guess I didn't get to the other list I had made here: nursing home districts, health unit districts, FCSS areas, foundations setup, housing authorities, hospital districts, and mental health districts. All different and you're going to make them coterminous? They don't even cross the corridors of life. Some of them are so off, you couldn't make them coterminous. You couldn't find the line.

5:00

MRS. HEWES: You're giving up.

DR. WEST: No. I'm being a realist, which a lot of Liberals haven't been over the last few years.

The end of my discussion is one that, yes, we want to keep a system that serves the needs of all Albertans, but we want to do it consistent with our resources. I don't want to live in a system where we concentrate solely on health or disease or whatever you want to call it. I want a system that also starts supporting people's other activities, that has resources enough to lead a balanced life. There needs to be dollars in our system for parks, for recreation, for highways, for new advancement in research, for colleges, and everything else. Why would you let one aspect of a society like us eat up all the rest? That's exactly what universal health care will do unless we put in the checks and balances.

When the regionalization is through and we focus on putting all those people, the health units, yes, in one circle and we start closing some of the bricks and mortars because we can't afford to use them and put the dollars from those bricks and mortars, health unit offices, FCSS offices, whatever they are, towards people

programs, then we'll get a better bang for our buck in the universal health care system.

When it's all said and done, won't we be a better-off society than we are today, wrangling over a system that has no gatekeepers, arguing what the best policy is when we all agree, as that person did sitting beside that pool with her son, that this is indeed the best system in the world.

We should stop our arguments here and pass this Bill and get on to discussing solutions to the next part of it. This is only the beginning, and it's a fragile beginning, because it needs the support of all of these vested groups, the people who have ownership and feel hurt inside that we're criticizing that maybe health units are doing something wrong or maybe FCSS or maybe mental health or maybe the disabled groups. No, they're not doing anything wrong. They're just doing it in isolation too many times a day.

When we get through this fragile beginning, then let's sit down and talk about universality and the next check and balance that has to be put in place. In the smorgasbord of life if there isn't some payment or some check, it will consume itself. No restaurant on the face of the Earth can have a smorgasbord and have the Green Bay Packers and the Edmonton Eskimos come in every day, three times a day, and eat at it without checking how much they take. We have a health care system that has been running that way. You find the new technology, you find the lapse in services, you find the disease, you find the ailment, and I'll bring you back many times. Don't worry about it; it's free. No system in the world including health can work on that principle.

MRS. HEWES: I pay for it.

DR. WEST: The hon. member says that she pays for it. Well, you will be shortly, as soon as the seniors' benefit package goes through. I'm going to tell you one thing for sure. Let's use what you just said as an example, and I'm not going to dwell on it too much longer. All the health care premiums, all the personal income tax, and all the corporate tax in this province, the total sum of those three, doesn't pay the health care bill for Alberta. The amount paid by health care premiums doesn't pay half the doctors' bills let alone the infrastructure and the other services we provide. [interjection] This is ridiculous what you're saying. You pay 12 percent. You don't even start the engine on paying for health care in this province.

I think that people with means should be able to pay more towards their health care. We sit on an island here. I mean, you go to places that have a good health care system, but people still book, rather than \$700 or \$800 of their yearly income, \$3,000 or \$4,000 a year for it. We pay more for car insurance, for blessed sakes, than we do for health. Where's our priority? Our kids are paying \$1,800 and \$2,500 for health, and some of us have three or four kids, and they don't pay health care premiums because they go to school.

Anyway, I'm talking back and forth with a Liberal, so I can understand that we're not going to agree. But I do give you compliments that you recognize the problem. We agree where it's going. I say that we go on and pass Bill 20 through this one, go on to committee if there are some other discussions of how we can look at it. But let's get on with it so that we can build health care and save it for the next 30 years so that my children and yours will have the grace of a universal health care system.

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

MR. BRUSEKER: Thank you, Mr. Speaker. I just want to make a few comments. I certainly have no problem with the closing comment of the member opposite: let's build something for the future. I think that certainly is where we want to go in developing our health care system in the province of Alberta.

There are some concerns that I want to mention. The growth in health care costs in this province has been rather phenomenal. The budget of the Department of Health now is greater than the entire provincial budget used to be not so long ago, and that certainly is a problem. The concept of regionalization I think certainly is a step in the right direction. The hon. Member for Edmonton-Gold Bar talked briefly about the situation in Calgary and of course some of the issues that came out of the Hyndman report. But we need an overall plan, and unfortunately again in this particular piece of legislation I don't see that overall plan.

Part of the difficulty in particular is the fact that this government seems to like the concept of government by regulation as opposed to legislation. I started reading through and highlighting in Bill 20 the number of times that I came to a reference of the regulations. It's over and over and over again. So the question is: where are they? Why aren't the regulations here before us at the same time?

MRS. McCLELLAN: You have to have legislation before you can have regulations.

MR. BRUSEKER: No, hon. minister, you don't have to have legislation before. You could have draft regulations to show us what it is you intend to do, like we had with the Safety Codes Act, for example, that was introduced in this House before, and in the Environmental Protection and Enhancement Act we saw some draft regulations.

[Mr. Clegg in the Chair]

I would feel far better if I saw the other half of the Bill, if you want to refer to it that way, and the other half of the Bill is the regulations. There are so many places in here that simply say: "The minister may make regulations" or "The Lieutenant Governor in Council may make regulations," et cetera, et cetera. There are so many places where it talks about the regulation or subject to regulation or provided for under the regulation or phrases along that line, Mr. Speaker, that leave me with some difficulty.

Again, what we have here is a piece of legislation that proposes, in a sense, as I said, government by regulation. If we had them before us, if we had a draft regulation or an indication of what the minister wants to do under the different sections – and there are many sections to this particular piece of legislation: 24 sections, 19 pages – if we saw those regulations before us, certainly I would feel at least that I had a better understanding of what it was that was clearly being intended by this Bill.

Now, when I look at all of the different places where regulations are referred to, it seems to me that there's great potential for difficulty without having those regulations before the House now, before certainly members who are much more knowledgeable about the issue of health care than I will ever profess to be, such as the Member for Edmonton-Gold Bar and others in this Legislature. I speak as a layperson in the area of health care but with concern about the whole philosophy. So certainly with the overall philosophy or the principle of regulation, I again express concern, Mr. Speaker. That is a concern that I have raised with respect to other pieces of legislation before in this House, and it seems to be a direction this government is going. It's a concern

that I have, and I think it's a concern that a great number of people in the health care profession share as well. So in terms of, I guess, that as a principle, it is one that I have some difficulty with.

5:10

With respect to some of the things, then, that this Bill proposes to develop. The Bill talks about regional health authorities. It will create regional health authorities. Well, that sounds like an interesting concept. Certainly again from the standpoint of streamlining, of cost reduction, of eliminating duplication, overlap, and so on, that to me sounds like a good concept. But again we're not sure and the Bill doesn't clarify for us whether they're going to be appointed or elected, because in fact the phrase "appointed or elected" is used in the Bill. I look at that, and I say to myself: well, which is it? Is it going to be one or the other or both, or is it going to depend upon the location? Then again it also says, "in accordance with the regulations," which we don't have either.

So somebody is going to get into a position, and they're going to be guided by regulations that we don't see. The minister says that we should support a Bill that has such loose guidelines, I guess is the best way to describe it, for someone who is going to be in the position. The interesting thing about the Bill is that it says:

A regional health authority has the absolute and final authority in respect of the provision of health services in the health region.

So someone is going to get appointed or elected. We're not sure. They're going to have a set of guidelines that we're not sure what's in them, and whatever those guidelines say and whoever those people are and however it is they got there, they've got the final say, and we should approve a Bill that has that broad, loose kind of a suggestion.

Now, I'm presuming that the government has determined that this Bill shall pass, and after the Bill is in place and is passed, it may well be in a year's time that things are percolating along smoothly. But from the outset it certainly doesn't sound to me like the process is either very clearly thought out, number one, or, number two, that a sense of direction is clearly indicated by the Bill itself and the principles imposed in Bill 20. So I have some difficulty when I look at those kinds of things that say, "Well, you know, regulations here and regulations there."

The difficulty again with respect to the regional health authority – the Bill mentions "absolute and final authority" in section 5, yet not very far down the list it says: yeah but. That's not of course the legal term. It says, "The Minister may give directions," which interpreted in a different phrase is yeah but. As I read through: yeah but the minister can do this, and yeah but the minister can do that, and yeah but by the regulations the minister can extend this and shorten that and have new deadlines and new time lines, et cetera, et cetera.

The bottom line, I guess, is that I'm wondering why it is that the government doesn't shorten this Bill up substantially. As I read through the Bill and read through all of the different sections that talk about regulation and that the minister or the Lieutenant Governor in Council in consultation with the minister can do this or do that – why don't they just have a Bill that says in one section that the minister can do whatever the minister wants to do with respect to health care? We could save ourselves a whole lot of debate and we could save ourselves a whole lot of grief and a whole of time if the government would just make it clear in a Bill that would be nice and short like that. What we've got is a Bill that seems to dip and dive and move around and doesn't give any clear direction. If the minister and the government are choosing that that's the way it's going to be, then why not be straightforward

ward with it and go straight into it and say that the minister can do whatever the minister chooses and that's the way it will be with respect to health care?

MRS. McCLELLAN: That's not the way we work.

MR. BRUSEKER: It's not the way we work, the minister says. Well, I know that's not the way the government works, but it would be clearer and simpler to Albertans rather than a Bill which is long and involved and manages to cover 19 pages and really doesn't say much more than: the minister can do whatever the minister chooses to do with respect to health care.

So when we look at some of the things that are in here, I think certainly there's a move – there's one section that I think is in the right direction that talks about developing a health plan. Now, certainly, Mr. Speaker, I agree with the concept of developing a health plan. One of the difficulties we have – and I think the Member for Edmonton-Gold Bar talked about it very clearly – is that we've got hospitals that have popped up all over the place without any kind of a plan being developed other than, "Oh, gee, you've got to travel 20 minutes down the road before you get to a hospital, so we'd better build a new hospital." Well, if that is the criteria, then certainly some of the residents in my constituency have probably more than a 20-minute drive to get to a hospital. I don't intend to stand up and advocate that the government should now build a hospital in my constituency because I've got a 20-minute drive to get to the nearest hospital, which is the Foothills hospital.

AN HON. MEMBER: What about four hours?

MR. BRUSEKER: I'm not talking about four hours; I'm talking 20 minutes.

So I think one of the things we need to do is develop a health plan. I suppose better late than never is certainly a good idea, Mr. Speaker, and I think certainly a good idea to have that. But again, you know, the section that talks about it here says, "Well, let's have a time line," and then right in the very next clause it says, "But the minister can extend the time line." You know, why not make it nice and simple and show what it is really that is intended by this piece of legislation?

One of the sections that really perplexed me when I read it talked about "A proposal for a health plan must contain," and it lists a variety of different things, but there's a section in there that talked about as to whether or not it was going to do some things. Well, shouldn't it be clear from the outset exactly what the responsibility of the regional health authority is in developing the health plans? Why is there a phrase in there that says "as to whether" or not we're going to do this or that or something else? If we are going to give some responsibility to the regional health authorities, who according to the Bill will have "absolute and final authority," it would seem to me to be more prudent to clearly specify: here are your tasks; here are the things for which you are responsible. But right away we have a clause that seems to be an opting out kind of a clause that would allow regional health authorities to decide whether or not they want indeed to be "the absolute and final authority" in respect to health care.

So the obvious question, then, is: as soon as you throw in the phrase "as to whether" or not, if the regional health authority says, "Well, we choose not to be the final authority on a particular issue," does that mean that some kind of health care is not going to be provided? It certainly looks that way based on the

way the legislation is worded. So it really looks rather vague in terms of what is being proposed by this piece of legislation.

The contradiction continues a little further on, Mr. Speaker. It says, the "regional health authority has the absolute and final authority." We see that in section 5, and then it says in section 7, "A regional health authority may . . . submit to the Minister a proposal to amend" the health plan. So does that mean again that they can opt out or opt in? Exactly what's going to happen there? This seems to me again to be contradictory, and I'm looking again to the minister to clarify that. So I'm hoping that before we have the vote on second reading on this Bill, we'll get some clarification by the minister as to what is being meant exactly by the roles and responsibility of the regional health authority, because as I read this Bill, I really am not clear because different sections of the Bill seem to contradict other sections.

Mr. Speaker, again, you know, it talks about the regional health authority having absolute and final control, but then you get down to section 10 of this Bill, and it says: well, yeah, you can have this regional health authority that may be appointed or may be elected; we're not sure how exactly yet, probably appointed initially and perhaps elected later on. But then it says the minister can "dismiss all the members" if the minister is of the opinion that the regional health authority "is not properly exercising its powers." Now, again, I'm unclear as to what would be considered by, I guess for the moment, this minister by the phrase, "not properly exercising its powers," and further on it says, "or if for some other reason the Minister considers it is in the public interest to dismiss the members." So pretty loose again with respect to how people will be both appointed, I guess, and potentially unappointed to this regional health authority. So some of the concerns there that I think can be addressed would be addressed by a clearer outlining of the roles and responsibilities of the individuals on a regional health authority and what it is they're going to be doing.

5:20

One of the concerns also, Mr. Speaker, further on, as I read through the Bill, is that it allows regional health authorities to potentially become taxing bodies in their own right. When I look through this section further on towards the end of the Bill, it talks about the Municipal Taxation Act being amended. It sounds to me like what we're going to have potentially is unelected officials having the responsibility for taxation. Also, potentially, a health region, in section 13, depending upon the location is also going to have the ability to borrow funds. Further, it says, "borrow . . . without recourse to the . . . electors." So here's a potential case where, as I read through the Bill, someone could be elected, borrow money, levy taxes, and then have no recourse to those people for whom they're supposedly working. The concern that I have there I guess goes back a long time. You know, it wasn't too long ago that the phrase "no taxation without representation" came about. I guess certainly the residents of Cypress-Medicine Hat are concerned about the representation they're getting today from their member given the fact he's off in the Land of Nod apparently.

**Point of Order
Factual Accuracy**

DR. L. TAYLOR: A point of order.

MR. ACTING SPEAKER: A point of order, hon. Member for Cypress-Medicine Hat?

DR. L. TAYLOR: Yes, a point of order with regards to making comments about another member.

SOME HON. MEMBERS: Citation.

DR. L. TAYLOR: Standing Order 23(i). I certainly wasn't off in the Land of Nod. I was listening to his every word, and I could quote almost verbatim what he was saying. It's bad enough I have to listen to him, let alone look at him too. So I would call upon the Speaker to have him withdraw that comment.

MR. BRUSEKER: Well, Mr. Speaker, apparently I was incorrect, and I did use the phrase. Apparently he's now proven that indeed he was not off in the Land of Nod, and I withdraw that comment. Certainly it would be appropriate to withdraw those comments, and I'm pleased he's not interested really in looking at me either, to tell you the truth.

Debate Continued

MR. BRUSEKER: Mr. Speaker, perhaps in light of the suggestions I seem to be getting from the opposite side, I would move to adjourn debate on Bill 20.

MR. ACTING SPEAKER: The hon. Member for Calgary-North West has made a motion that we adjourn debate. All in favour, say aye.

SOME HON. MEMBERS: Aye.

MR. ACTING SPEAKER: Opposed, if any?

SOME HON. MEMBERS: No.

MR. ACTING SPEAKER: Carried.

[The Assembly adjourned at 5:25 p.m.]

