

Legislative Assembly of Alberta

Title: **Wednesday, March 27, 1996**

1:30 p.m.

Date: 96/03/27

[The Speaker in the Chair]

head: **Prayers**

THE SPEAKER: Let us pray.

Our Father, keep us mindful of the special and unique opportunity we have to work for our constituents and our province, and in that work give us strength and wisdom.

Amen.

Please be seated.

head: **Introduction of Visitors**

MR. ROSTAD: Mr. Speaker, it's my honour and pleasure to introduce to you and through you to the Assembly today an honoured guest, His Excellency the ambassador from the Federal Republic of Germany. Ambassador Sulimma and his wife and the honorary consul from Calgary, Mr. Beltzer, are seated in your gallery. This is His Excellency's first visit to Alberta since his arrival in Canada in 1993. We have a strong, strong relationship. In fact, the German population in Alberta is number two and has been a large community since the inception of Alberta and an important and industrious part of our province. I'd ask His Excellency and our guests to please stand and receive the warm welcome of the Assembly.

head: **Presenting Petitions**

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

MR. BENIUK: Thank you, Mr. Speaker. I rise to present two petitions, each with nine signatures. The petitions both are petitions to protect the right of Albertans to alternative medical treatment of their choice.

MR. BRASSARD: Mr. Speaker, I stand to present a 2,465-name petition in support of Bill 209, appearing on the Order Paper today.

head: **Introduction of Bills**

Bill 24 Individual's Rights Protection Amendment Act, 1996

MR. MAR: Mr. Speaker, I'm pleased to introduce Bill 24, the Individual's Rights Protection Amendment Act, 1996. This being a money Bill, His Honour the Lieutenant Governor has been advised and recommends the same to this Assembly.

Mr. Speaker, protecting human rights and promoting fairness and access is one of my fundamental beliefs. This Bill will incorporate many of the recommendations contained in the report Equal in Dignity and Rights that has been accepted by this government. This Bill continues the Human Rights Commission as the Alberta human rights and citizenship commission. This will allow for a more holistic and broader range of educational programs dealing with discrimination and protection of human rights for Albertans. The Bill also continues Heritage Day and continues the multiculturalism fund as the human rights citizenship and multiculturalism education fund.

[Leave granted; Bill 24 read a first time]

head: **Tabling Returns and Reports**

MR. DAY: Mr. Speaker, I'd first like to table a fact sheet documenting the main estimate process showing, as we had predicted, that there was an increase in the number of MLAs taking part in the debates of estimates by over 40 percent, more hours of debate, and a saving to the taxpayers of \$90,000.

I'd also like to table six copies of the 1994 annual report of the College of Chiropractors.

MRS. McCLELLAN: Mr. Speaker, today I'm tabling the annual report of the Mental Health Patient Advocate for the year ended December 31, 1995. Copies will be distributed to all members.

Also, Mr. Speaker, on March 12, 1996, the hon. Member for Spruce Grove-Sturgeon-St. Albert made a member's statement on the WestView regional health authority. That statement warranted a response, which I have sent to the member and which I am also filing with the Assembly.

THE SPEAKER: The hon. Leader of the Opposition.

MR. MITCHELL: Thanks, Mr. Speaker. A good choice. I am rising to table four copies of a letter that I have written to the Prime Minister in which I urge the federal government to seek further clarification relative to the protection of publicly funded services under NAFTA. I specifically asked for an extension of the date "for exemptions to be filed by those provinces which fail to meet the March 31, 1996 deadline." I asked that the government

obtain a letter of understanding and agreement from the United States and Mexico on the specific definitions of "public purpose" and "social programs,"

and that the federal government "share with all provinces and territories a copy of the individual exemptions" that have been submitted by those provinces which have submitted such lists.

THE SPEAKER: The hon. the Premier.

MR. KLEIN: Thank you, Mr. Speaker. I would like to take this opportunity today to table a letter to Don Sprague, who is the chair of the 1996 world figure skating championships, thanking the organizing committee, the corporate sponsors, and the volunteers for just an outstanding, tremendous job. I table this letter today because tonight at Northlands park the organizing committee will honour the more than 1,200 volunteers who made this first-class event a resounding success. Albertans, of course, are known for volunteering and for the expertise we have for hosting world events. The memories the volunteers went away with will indeed last a lifetime.

So on behalf of the government of Alberta and all Albertans a heartfelt thanks to everyone involved in the 1996 world figure skating championships. They showed the world what gracious hosts Edmonton and Alberta are.

head: **Introduction of Guests**

THE SPEAKER: The hon. Member for Barrhead-Westlock.

MR. KOWALSKI: Thank you, Mr. Speaker. In the members' gallery today – and there may be a few in the public gallery as well – are some 60 students from one of Alberta's premier high schools, Lorne Jenken high school in Barrhead. These young academics are accompanied by four outstanding teachers: Mr. Merlin Flock, Mr. Tom Burton, Mrs. Joy McLean, and Ms Karen

Hawk. I would ask our guests to rise today and receive the traditional warm welcome from the Members of the Legislative Assembly.

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

MRS. ABDURAHMAN: Thank you, Mr. Speaker. I'm very pleased today to introduce to you and through you to the Members of the Legislative Assembly a very fine young man who is a constituent of mine residing in the city of Fort Saskatchewan. His name is Damian Dalla-Longa. He happens to be the son of the Member for Calgary-West. I was telling him this morning that I really liked his haircut, but I gather it's not shared by his father. He also is an avid follower of politics, and he sat during Public Accounts questioning of the Minister of Health this morning. Welcome.

THE SPEAKER: The hon. Member for Lac la Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Speaker. It is my pleasure today to introduce to you and to all members of the Assembly a large group of Albertans who are here today. They are all members or supporters of the EDTA Chelation Association of Alberta. Amongst them are two table officers: Mr. Doug Crofford, who is the vice-president, and Mr. Larry Symyrozum, who is the treasurer of the association. They are here today to listen to the discussion that will follow on Bill 209. I would ask our visitors, who are seated in both the members' and the public gallery, to please stand and receive the warm welcome of the Assembly.

1:40

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

MR. DICKSON: Thank you, Mr. Speaker. There are 34 students from the Alberta Vocational College in downtown Calgary that met with me earlier today and had plenty of questions. I am confident they'll have many more after question period. The 34 students are currently in the public gallery. They are accompanied by three teachers, Ms Jeri Wylie-Smith, Ms Lona Tarney, and Mr. Daryl Landiak, and a good-natured bus driver, Heinz Klouth. I'd ask that they stand and receive the customary warm welcome of the House.

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

MR. YANKOWSKY: Thank you, Mr. Speaker. It is indeed a pleasure for me to rise and introduce to you and through you to this House Rev. Tony Maan, who is the pastor of Bethel Christian Reformed church, which is located in my constituency. Pastor Maan is joined by his wife, Mrs. Mary Ann Maan, and Mary Ann's parents, Joe and Ann Westerop, from Richmond, British Columbia. I'd like to ask them to rise at this time and receive the traditional warm welcome of this House.

head:

Oral Question Period NAFTA Impact on Health Care

MR. MITCHELL: Mr. Speaker, reports today indicate that Alberta has finally agreed to list exemptions for health care under NAFTA. Now the fears about the integrity of our publicly funded

health care system extend to social services and education. My first question to the Premier is: will he please confirm that Alberta has joined the other provinces in listing health care exemptions under NAFTA?

MR. KLEIN: Mr. Speaker, I would like to defer to the hon. Minister of Federal and Intergovernmental Affairs.

MR. ROSTAD: Mr. Speaker, in fact the short answer is no. We have not agreed to list specific exemptions in annex 1. There has been some dialogue amongst all provinces, which we answered earlier this week, and they are looking at all provinces having a generic statement in annex 1 and not listing specific exemptions. That hasn't been culminated, but when it is, we'll certainly be willing to announce it.

MR. MITCHELL: Mr. Speaker, the government's unclear on this. Today we see the minister . . .

SOME HON. MEMBERS: Question. Question.

MR. MITCHELL: Who are we to believe? The Minister of Federal and Intergovernmental Affairs, who says that it doesn't seem to be a problem today, or the Minister of Health, who yesterday said very clearly in this Legislature that she has concerns about the need to list health care exemptions under NAFTA? Who are we to believe? Certainly not the Premier. He just defers it.

MR. KLEIN: I don't know who the question is to, but, Mr. Speaker, with your indulgence I will defer to both the hon. Minister of Health and the hon. Minister of Federal and Intergovernmental Affairs.

MR. ROSTAD: Mr. Speaker, the Minister of Health may wish to supplement, but I have never said that health care and the protection of health care in Alberta is not a concern. It is the consummate concern of this government. What I did say is that we think, along with the federal government and the majority of the provinces, that the provision in annex C-2 does in fact protect health care in Alberta and in Canada. We are more than willing to look at other options to further enhance that, but there is a danger from our perspective of making specific exemptions in annex 1, and it doesn't enhance the protection which we're after.

MR. MITCHELL: Mr. Speaker, will the Premier please explain what specific action he is taking to protect postsecondary education and the soon to be privatized child welfare services from foreign competition and administration under NAFTA.

MR. KLEIN: Mr. Speaker, the simple answer is: we will take all measures necessary to provide such protection.

Food Banks

MR. MITCHELL: Mr. Speaker, yesterday the Premier refused to believe that the system designed to protect children is failing miserably. Now the government disputes Edmonton's Food Bank figures showing that food bank usage in Edmonton has doubled since 1993 to 20,000 people for the month of January, and 60 percent of these people are on social assistance. In Calgary fully one in seven people used the food bank last year. To the Premier: since the government is disputing these figures, is the

Premier saying that the dedicated professionals and volunteers who work in our food banks are somehow fudging their statistics?

MR. KLEIN: I'm saying nothing of the kind. First of all, Mr. Speaker, I've never been asked the question relative to food bank usage. I am advised that there is no relationship between Edmonton's Food Bank numbers and the welfare caseload. [interjections] Well, no. As food bank usage goes up, the welfare caseload comes down. So clearly there is something out of whack here, and I would ask the hon. Minister of Family and Social Services to supplement.

THE SPEAKER: The hon. Minister of Family and Social Services.

MR. CARDINAL: Thank you very much, Mr. Speaker. That concern was brought up in this House previously, and we did do a review to see if there is any truth in the suggestions that food bank usage has increased because of adjustments in social services. We found that possibly only 5 percent of people on social assistance may access food banks now, and in addition to that, of course our welfare rates are available for people that are really needy. We have special benefits set aside. Individuals can qualify for up to \$1,000 for emergencies, and all they have to do is make an application and show that there is a need. They can apply.

The few people that may use the food banks that were cut off welfare are the few people that will not accept jobs or will not accept training. [interjections] Of course, the Liberals are disappointed in that because they think welfare is the answer. This government and the clients out there do not think more welfare is the answer. First of all, we offer jobs or training to the clients that apply. If they do not accept the jobs or the training programs provided, then they are cut off social assistance. It may be those people that would access services of the food bank. Of course, the Liberals would support that.

MR. MITCHELL: Mr. Speaker, to the Premier: given that the Premier's minister is so adamant about his claim that only 5 percent of users are on social assistance in the face of very, very startling evidence that 60 percent of the users are, will the Premier please direct his minister of social services to table in this House the studies that support that ridiculous claim?

MR. KLEIN: It's my advice, Mr. Speaker, from the department that it's estimated about 5 percent of welfare clients use the food bank, but I would like to point out that welfare is not capped. Those who truly need our help in society will get that help. As a matter of fact, the program provides \$143 per month per adult for food, \$136 per month per child 12 to 17 years of age for food, \$103 per month for food per child zero to 11 years old. I think that is fairly generous.

MR. MITCHELL: And they haven't got the money to pay the rent, Mr. Speaker.

Mr. Speaker, to the Premier, who also believes that there is no crisis in child welfare: what is he going to do about the fact that one-third of food bank users are children, or is he simply going to deny that fact as well?

MR. KLEIN: Mr. Speaker, I can only reiterate that those who need help in society, those who truly need help in society, will be

given that help. As the hon. minister said, we look after those who truly need help in society. We also look after those who are capable and able to work by providing work experience programs, skills upgrading, job retraining. As the hon. minister said, if a person is able to work and if there's no compelling reason for that person not to work, if that person refuses to take advantage of all of those opportunities, then yes, we have to make the decision to cut that person off welfare.

1:50

Child Welfare

MS HANSON: Mr. Speaker, children in public care in Alberta are in jeopardy. These children are frightened, and the Premier calls it politics. My questions are to the Premier. If you need phone calls and letters to convince you, will you grant immunity to any workers brave enough to talk? It's fear of retribution that keeps your phone silent, Mr. Premier.

MR. KLEIN: Mr. Speaker, it has been my policy to keep my doors open, and if any employee – any employee – in this government has good reason to seek an interview with me to express concerns, that employee is certainly invited or employees are invited to set up an appointment and come into my office and talk about it in a reasonable fashion.

THE SPEAKER: Supplemental question.

MS HANSON: Thank you. Mr. Premier, the pattern is all too familiar. Do we have to wait for another major tragedy as a result of your government's neglect for you to take action?

MR. KLEIN: Mr. Speaker, I really take exception to the notion that there is indeed a crisis in child welfare. It seems wherever the Liberals go in this province, there is a crisis. You know why? Because they create the impression that there is indeed a crisis. Let's remember that the Liberals have one goal in mind, and that's to get us fired. Right? I mean, that's their only reason, that's their only justification for surviving. The way to do that is to travel the province of Alberta and create the impression everywhere they go that there is a crisis. That simply is not the case.

MS HANSON: Well, at least we're doing our job and standing up for kids.

Will the Premier at least investigate the abysmal conditions of child welfare workers and try to stem the flood of resignations and poor recruitment?

MR. KLEIN: Mr. Speaker, again they're across the way trying to create the impression that indeed there is a crisis, that everything is wrong. There are a lot of things right about social welfare in this province, and I will have the hon. minister again tell the people across the way what is right about the system.

THE SPEAKER: The hon. Minister of Family and Social Services.

MR. CARDINAL: Thank you very much. Mr. Speaker, as you're aware, two and a half years ago we completely reformed the welfare system, keeping in mind that the budget was \$1.7 billion. A high percentage of those dollars were being utilized by capable, young, healthy Albertans. That is why we redesigned the system: to ensure that the dollars went to the places where

they needed to go, and that's children's services and persons with disabilities and those individuals or families that cannot work. That is why we managed to transfer in the last two and a half years \$178 million to those most high needs areas, also putting in processes that will allow communities to assist in designing programs to help children. That is exactly what we've done.

The Liberals had a perfect opportunity in the last two and a half years to participate in redesigning the system. In fact, February 16, 1995, the member opposite went out and held public meetings across the province at taxpayers' expense, no doubt, very many dollars spent, and the report they came out with is a six-page report, and the first page is blank. That is their social policy, Mr. Speaker. I challenge them today to come out with concrete plans as to where the problems are. That is their challenge, not a six-page report.

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

MR. SHARIFF: Thank you, Mr. Speaker. Over the past few days some very serious allegations have been made in this House. It has been alleged that child welfare services are in a state of crisis. [interjections] It was also alleged that there is a high turnover of staff and an increase in child welfare caseloads. To the Minister of Family and Social Services: what is the current status of child welfare caseloads in this province? [interjections]

MR. CARDINAL: Of course the opposition is not interested in the question now because they're not asking it. Mr. Speaker, that's a very good question. In 1995 the monthly average caseload was over 8,700, and the current caseload today is 9,200. There are various reasons for that. We are working now very closely with families in the community to make sure that wherever possible we provide home support services with the children at home rather than apprehending the children.

You are aware of the recent reports in Calgary, where the child welfare caseload went up. That was to us a good report, Mr. Speaker, because where the caseload went up is where we provided home support services to the families at home. Where it dropped was in apprehension of children from the home. In the past that is what we have done. When there was a problem at home, we went in and apprehended the child, when the children were never the problem. There were other problems at home. These are exactly the changes we are making.

The other reason for the increase in the numbers, Mr. Speaker, is that we are getting involved earlier now. We are very proactive in assisting families. In addition to that, children are staying longer in our system so we can really help the children in eliminating the problems. In addition to that, we have moved some individuals that were on welfare, in fact, onto the child welfare caseload. Those are the 16 and 17 year olds that are now living at home with their families, and we are providing some of the support rather than them living independently at taxpayers' expense.

MR. SHARIFF: Mr. Speaker, having a well-trained and experienced staff team is essential for child welfare delivery. My supplementary question is to the same minister. How is the Department of Family and Social Services responding to the staffing needs of an increased caseload in child welfare?

MRS. ABDURAHMAN: You've been trained well.

MR. CARDINAL: The hon. member on the Liberal side, of course, said that they're not trained well, but we have over 5,200 staff, and the staff are very well trained, Mr. Speaker. They've participated the last two and a half years in reforming the welfare system in Alberta, which other jurisdictions across Canada are seriously looking at because the system will work.

In relation to staffing, Mr. Speaker, as you realize, we have reduced the welfare caseload in Alberta by 50 percent. When we started that program, we had 5,600 people. We have reduced the welfare caseload by 50 percent. We still have over 5,200 employees. In addition to that, of course, we have 600 frontline child welfare workers, and I've just approved in the past while adding 75 more positions to make sure that the dollars are directed where they are needed.

MR. SHARIFF: Mr. Speaker, given that 50 percent of children in care are of aboriginal ancestry, what is the government's policy towards aboriginal communities delivering child welfare services to meet the needs of aboriginal children?

MR. CARDINAL: Mr. Speaker, of course part of the overall welfare reforms was to target poverty; for an example, in the aboriginal community. It is very unfortunate that some of our northern communities still face high welfare usage. The whole welfare system has been devastating to the aboriginal community. In fact, that is one of the main reasons I'm so adamant that there have to be changes in how welfare is handled. There is not one person that I know of who wants to be on welfare, and that is exactly why we are changing. It is very unfortunate that the aboriginal people in Alberta got trapped in that for three generations.

Over 50 percent of the children in care today are of aboriginal ancestry, and that's very, very unfortunate. It's nothing to be proud of, Mr. Speaker. It's a very unfortunate incident. It's not that aboriginal people are worse parents than nonaboriginal people, but too many of our people still live in poverty, and the only way we can resolve that problem is to ensure that we give the financial resources, the human resources, and the tools for aboriginal people to put in processes to resolve these problems. Some of those poverty issues may take a longer period of time. Therefore, the time has to be given and the financial resources in order to deal with these issues.

As you're aware, Mr. Speaker, during presentations the other night to a standing policy committee the aboriginal community from Treaty 8, for an example, gave full support to our government for what we are doing in relation to children's services.

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

2:00 Solv-Ex Corporation

MR. BRUSEKER: Thank you, Mr. Speaker. All Albertans look forward to considered and prudent investment in and development of Alberta's tar sands in the north. The \$125 million oil extraction and processing plant being proposed by Solv-Ex Corporation of New Mexico will indeed be a welcome boost to the economies of central and northern Alberta. My first question is to the Premier. Could the Premier advise the House of the benefits of the Solv-Ex project as contained in the procurement and industrial benefits plan required by Order in Council 734 of last year?

MR. KLEIN: Well, Mr. Speaker, as I understand it, it's an interesting proposal that brings to it some environmental advan-

tages relative to the extraction. As far as I know, they have gone through all the environmental reviews and have complied with all the necessary regulatory work.

MR. BRUSEKER: My supplemental question would be to the minister of transportation. I'm wondering if the minister of transportation could advise the House as to what transportation projects have been initiated or planned specifically for the development of the Solv-Ex extraction plant and transportation of the bitumen produced.

DR. WEST: That's a great question, because it leads into one acknowledgement that the transportation infrastructure that's going out to this plant is being funded totally – totally – one hundred percent by the company itself. They came and asked if they indeed went ahead with this project, would we allow them to construct this road, putting up the funds to do it, and we said yes. So here's a circumstance where a commitment was made by a company to go in and develop this project and pay for the infrastructure. So it's a good question.

THE SPEAKER: Final supplemental.

MR. BRUSEKER: Thank you. My final question is to the Minister of Energy. Since this plant is required to have a 10,000 barrel per day production by the end of next year, I wonder if she could advise us on the progress on financing for and construction of this \$125 million plant.

MRS. BLACK: Well, Mr. Speaker, what I can say is that the approval process for the facility to go forward has gone through the appropriate processes, but we do not get involved in the financing of these facilities. So I would suggest the hon. member should be in contact with the corporate body directly.

THE SPEAKER: The hon. Member for Lethbridge-West.

Regional Housing Authorities

MR. DUNFORD: Thank you, Mr. Speaker. Do the Minister of Municipal Affairs and his department agree that social housing agencies should be amalgamated where practical?

MR. THURBER: Mr. Speaker, yes.

MR. DUNFORD: Mr. Speaker, does the minister agree that the housing agencies in Lethbridge should be amalgamated if it is practical?

MR. THURBER: Mr. Speaker, yes.

MR. DUNFORD: Mr. Minister, how much money would that save in Lethbridge?

MR. THURBER: Well, Mr. Speaker, the process that we've gone through throughout the province is to work with the different housing foundations and authorities to try and eliminate as much from the administration costs of these authorities as possible, and where we can outline significant savings, we are certainly recommending quite strongly that they do get together. In the case of the Lethbridge regional housing authorities that are there, we have identified some fairly significant savings, and we're working with them to see if we can continue to identify additional savings and promote an amalgamation of that process.

Evidence Disclosure

MR. DICKSON: Mr. Speaker, it's interesting that while many government members never pass up an opportunity to criticize the courts, the judges, or perhaps the Charter, they choose not to hold accountable the Minister of Justice, who is responsible for ensuring that the system works. Last week an agent for this Minister of Justice offered no evidence, no evidence at all in a criminal case against a former Calgary lawyer. As a direct consequence, the charges of breach of trust, theft, and fraud were dismissed. Now, that prosecution had been ongoing for 10 years. The Crown made two trips to the Supreme Court of Canada. My question today is to the Minister of Justice. Now that this province is left with nothing other than its own embarrassment, will the minister detail the specific problems in his department which resulted in the acquittal and the steps that have been taken to correct these problems?

MR. EVANS: Well, Mr. Speaker, whenever the Crown is in the courtroom, the Crown is there representing the people of the province of Alberta. In the case that the hon. Member for Calgary-Buffalo is referring to, the Crown came to the conclusion that there was certain evidence that had not been made available to the defence. Notwithstanding the amount of evidence that could have been before the court, we did not feel, the decision of course being made by the prosecutor in the case, that it was fair and appropriate for the Crown to proceed with the charge when all of the information that could have been made available to the defence on this particular charge was not made available.

Now, there were a number of investigations that were done leading up to the charge, and I have no doubt that the lack of information being passed on was inadvertent. In point of fact, the case itself went all the way to the Supreme Court of Canada in terms of what information should be disclosed leading up to a trial of an action. The Crown took the position that because this information, albeit inadvertently, had not been made available to the defence, it was inappropriate to proceed to trial. That's why no evidence was called, Mr. Speaker. I think that proves the integrity of the system.

THE SPEAKER: Supplemental question.

MR. DICKSON: Certainly, Mr. Speaker. What's the total, or the aggregate, cost to Alberta taxpayers thrown away by a 10-year prosecution which has proven to be sloppy and ineffective?

MR. EVANS: Well, Mr. Speaker, I take issue with the presumption of the hon. member about the type of prosecution. There were reviews by the Law Society. There were reviews by police. There was of course handling of the case by very competent Crown. The hon. member opposite knows full well that we don't do a per case analysis of the cost of a prosecution.

These are very important issues that went all the way to the Supreme Court of Canada, Mr. Speaker, and created precedent and really enlightened the situation as to the disclosure rules which are now incorporated into the way that we do business in this province and, by virtue of the Supreme Court of Canada decision, incorporated into the way that the Crowns proceed in every jurisdiction throughout this country.

This has been an unfortunate procedure from the point of view of this particular prosecution, but it certainly shed a great deal of light on the issue of disclosure and is ensuring that we have a much more effective process today and certainly into the future.

MR. DICKSON: Only this minister could make a 10-year failure sound like a success.

Mr. Speaker, my final question is: will the minister follow his Saskatchewan counterpart and invite top-notch lawyers from a different jurisdiction to come in and assess what the apparent problems are in the Department of Justice?

MR. EVANS: I wonder who they're apparent to, Mr. Speaker, other than the critic on the other side, who's been asking a lot of questions about the Department of Health rather than about the portfolio that he has responsibility for.

I would say that the administration of justice in this province is in fine shape. No, I am not going to suggest that we have independent counsel come into this issue. The matter was dealt with in the courts. There are reviews that are ongoing as to all of the surrounding circumstances. The Crown did the right thing in the circumstances, and the matter is now from the point of view of prosecution at an end.

THE SPEAKER: The Member for Red Deer-South.

2:10 School Taxes

MR. DOERKSEN: Thank you, Mr. Speaker. The citizens of Red Deer have been strong supporters of equity funding for education. Frankly we are surprised that this year Red Deer citizens will see an increase in their school taxes when a decrease was expected. It seems that the increase comes from the equalized assessment formula, which is difficult to understand let alone explain. My question is to the Minister of Municipal Affairs. Would the minister explain the current status of the education taxation plan?

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. THURBER: Thank you, Mr. Speaker. I'll do my best to explain that once again. I know it is kind of a complicated thing, and I'm sure the opposition is very interested in the answer to it.

Mr. Speaker, we're now in the second year of the phase-in of the education tax transition plan. The uniform provincial education tax has decreased for the third consecutive year in this province to 7.12 mills based on equalized assessment. Approximately 87 percent of the municipalities, or 327 of them, have completed this transition to the uniform provincial education tax rate. We have also ensured that where there is a significant change in the education tax rate, a longer transition period is available for the affected municipalities.

At the same time, Mr. Speaker, municipalities are moving to annual assessments, which will make this somewhat easier in the future. This will certainly reduce the impact of equalization. By 1997, except for a few municipalities still in transition, education property taxes for property of the same type and assessed value will be comparable no matter where in the province they are located.

MR. DOERKSEN: Mr. Speaker, would the minister explain why some municipalities or jurisdictions are experiencing an education tax increase when the provincial uniform tax rate has decreased in 1996?

MR. THURBER: Again, Mr. Speaker, I will go through this as carefully as I can, but you have to recognize that in a province . . . [interjections] Now, you might be interested in this, hon. members.

Mr. Speaker, you have to recognize that in a province as large and diverse as Alberta the relationship of property assessment to market value differs greatly from one municipality to another. The municipalities live, or actual, assessment cannot be used as a basis for cost sharing because variations between municipalities would create a disparity in the amount contributed by that municipality. The relationship between a municipality's live assessment and its equalized assessment is complex, affected by factors such as growth in the assessment base, changes in market value, and changes in legislation and regulations.

Prior to the new Municipal Government Act general assessments were required to be completed every seven years. By 1998 all municipalities will be preparing annual assessments. [interjections] Now, listen. You guys wanted the answer. Listen carefully. Mr. Speaker, the hon. Member for Red Deer-South required an answer to this, and I think it would be very polite of the opposition to allow that member to have that answer.

Briefly, Mr. Speaker, this will reduce the complexity of equalizing across the province.

MR. DOERKSEN: Mr. Speaker, I hope that means they will review the equalized assessment formula.

To the same minister: why has the city of Red Deer school requisition gone up when in fact the mill rate this year has decreased?

MR. THURBER: Mr. Speaker, the city of Red Deer was phased in to the uniform tax rate in 1995. The school requisition is derived from multiplying the equalized assessment of the municipality times the provincial education tax rate. The city of Red Deer experienced an increase in its 1996 equalized assessment of 5.12 percent.

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

MR. THURBER: Since the education requisition is based on the formula explained above, the city will pay approximately half a million dollars more into the Alberta school foundation fund in 1996 because of the growth in Red Deer's equalized assessment. This is equal to an increase of 2.4 percent.

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

MR. HENRY: Thank you very much, Mr. Speaker. I'm still shaking my head over the Minister of Municipal Affairs.

Physiotherapy

MR. HENRY: Mr. Speaker, the Capital health authority has recently reduced the number of clinics that will fund physiotherapy from 51 to 38 in the area. However, the 38 chosen have not seen an increase in their respective budget allocations to allow them to pick up the patients from the clinics which have lost their allocations. So either the money is being diverted into hospital physio or other services which have high overhead or we're seeing a reduction in the total budget for physiotherapy. In any case there are less services that are going to be available for my constituents who require physio. So the question I'd like to ask the Minister of Health – and I've been asked by my constituents to pose this to her – is: will the same amount of physiotherapy be available after April 1 as has been there in the last year and the year before that?

MRS. McCLELLAN: Mr. Speaker, I guess the short answer to the question is yes. To respond a small amount to the preamble, the Capital health authority has entered into contracts with a number of physiotherapy clinics. They did that through a process of inviting requests for proposals from those clinics, and they have designated a number of clinics that will provide those services. It is my understanding that they will continue their hospital and their home care physiotherapy programs as well. I would doubt, most emphatically in fact, that they would be diverting the moneys that are available for physiotherapy anywhere else.

I want to remind the hon. member and everyone, though, that we've lost a bit of focus on this issue. The community rehab program is designed as a multiprovider program, and while physiotherapy has traditionally been and probably will continue to be the larger user of that program, there are other aspects of that program that are extremely important. That is why the community rehab program. If a client has a multiplicity of needs like speech therapy or occupational therapy as well as physiotherapy and other rehab therapies, those can be provided to that patient in a team approach to ensure that they get the greatest value from those rehab opportunities. So I wanted to just focus back on the reason for the community rehab program and not to lose sight that it was a multidisciplinary program and still is, although the higher user may be in the physiotherapy range.

MR. HENRY: Mr. Speaker, I acknowledge the breadth of the community rehab program, but I want to focus specifically on physiotherapy. Those clinics that applied and were not accepted in terms of contracts in the reduction from 51 to 38 clinics have had trouble finding out why they were rejected and what the criteria were. So I'd like to ask the minister if she would direct the Capital health authority to, number one, release publicly the criteria that were used in selecting the 38 clinics and, number two, specifically with those clinics that were turned down, provide specific reasons why they did not meet the standards or criteria.

MRS. McCLELLAN: Well, certainly I can ask the Capital health authority if they would provide that information. I would expect that they would not have any difficulty in doing that, because I believe that in their request for proposals they did outline the criteria that would be required to be a part of the submission.

As far as the clinics that were not accepted, understanding why they may not have been accepted in the program, I think it would be most appropriate for them to meet with the people who made the decisions as to the selection. I can certainly raise that with the Capital health authority as well and see if they could manage that in a one- or two-meeting process.

2:20

MR. HENRY: I appreciate the minister's comments, but the reason I asked the question is that some clinics have had meetings and haven't received answers. So I'm asking the minister to follow that up.

My next question to the minister is that I'm wondering if she's aware of the fact that some insurance companies, such as Blue Cross, are going to limit the assessments that they will pay for to those clinics that have been contracted with the Capital health authority. The result of that will be that some clinics will be looking at a possibility of having to shut down because not only do they lose the Capital health authority business; they also lose the insurance company's business. Is she aware of that?

MRS. McCLELLAN: Mr. Speaker, I'm not aware of that specific issue that the hon. member has brought up, but I am aware that there's been a great deal of discussion with the insurance industry and, I guess, fair to say, some difference of opinions in where private insurance should come into play in this whole issue.

In the process of the decision as to who will receive the community rehab program, which is 100 percent publicly funded, there was a decision to put a rating tool or an evaluation tool in place that rated from one to 15, and if you were at a needs level of seven or higher, you came under the community rehab program and your needs were 100 percent met. The review of that rating or that assessment tool will be concluded by the end of this month. The team actually had asked for a little bit longer, but frankly I felt it was important enough to this issue to move that process along, and I've asked them to complete that evaluation by the end of this month.

I think that once we have that evaluation of that rating tool, then we can clearly say to the private insurers: this is the area of the program that public dollars are paying for, and these are the areas of the program that private insurance can come into. As I say, we should have that report at the end of this month and then sit down with the private insurers and say, "This is where you fit" and "Community rehab program, this is where you fit."

It's an important area, and I know that not just the MLA for Edmonton-Centre has had questions on this; probably every MLA in the House has. I think the sooner we can clarify this for the good of the people who are accessing the services as well as the people who are providing the services as well as those people who are managing the program, the better.

THE SPEAKER: The hon. Member for Calgary-East.

Technology Integration in Education

MR. AMERY: Thank you, Mr. Speaker. My question today is to the hon. Minister of Education. This morning the minister released the Framework for Technology Integration in Education, the report of the MLA Implementation Team On Business Involvement and Technology Integration. Could the minister please inform the Assembly as to how the recommendations of this report will be implemented?

MR. JONSON: Mr. Speaker, yes. This is an important day in terms of the release of that paper. I would just like to briefly indicate that this is the result of a number of months of work and a great deal of study and public consultation by a team chaired by the member of the Assembly for Calgary-Egmont and having as a member the Member for Calgary-Montrose. The paper outlines directions for our overall effort in education with respect to technology. It sets out goals which range from the acquisition of hardware to the in-service of the teaching profession.

Now, Mr. Speaker, I want to be clear that this is a paper which sets out goals. We are going to put into place an implementation plan which will move us in this province, with the expenditure of some \$45 million over the next three years, a significant way to achieving those goals, but I would not claim that we would be able to meet every aspect of the report under the current plan that is being put forward. Certainly school boards across the province will in one to two weeks receive a copy of our implementation plan, and they'll be required to set out plans and set their priorities within certain criteria as to where this money can be best applied to move towards the very significant goals that this committee has set.

THE SPEAKER: Supplemental question.

MR. AMERY: Thank you, Mr. Speaker. What initiatives are in this report to ensure that teachers are properly trained to take advantage of the technology? Many teachers are excited about the increased use of technology in the classroom but are concerned that they need to upgrade their skills to use this new technology.

MR. JONSON: Mr. Speaker, the report has a very significant section with respect to the in-service needs that are out there or that will be required in the education system. Recommendations range from professional development activities to possibly – and this is something we need to have some further dialogue with the stakeholders on – making some reference to information technology skills in the professional training programs for teachers across this province. So there is a very significant section there.

One of the other initiatives that we have going on right now, Mr. Speaker, complements this, and that is our establishment across the province with some modest funding of professional development consortia. I think that initiative will mesh with the needs outlined in this report to bring about some action in that area, and it's an extremely important area.

THE SPEAKER: Final supplemental.

MR. AMERY: Thank you, Mr. Speaker. Could the minister indicate what type of planning process will need to be followed by school boards given the speed at which new technology develops and the large amount of money being invested by the provincial government in technology?

MR. JONSON: Mr. Speaker, we hope it will actually be fully integrated in their overall business plans. We will be requiring that school boards plan, establish a plan and a report on a plan, for the use of information technology and the utilization of these funds. We will be setting out certain criteria that we expect to be looked at in terms of their plans, and school boards will be allocating the money to the areas and the criteria in which there's the most need for them to make progress in their jurisdiction.

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

University Faculty

DR. MASSEY: Thank you, Mr. Speaker. The University of Calgary annual personnel report documents the brain drain at that university. The faculty association there states that the report should be setting off alarm bells at the Board of Governors and in the halls of government that the future of the University is being placed in peril.

My question's to the Minister of Advanced Education and Career Development. Why have you allowed your funding policies to place our universities in peril?

MR. ADY: Mr. Speaker, I guess they've been around and found another peril in the province.

The University of Calgary is doing really quite well. Their enrollment continues to increase. They seem to be very pleased with the awards that they've received through the access fund to allow them to change some of the programs that they have, offer new programs, offer them in innovative ways, more co-op programs. My understanding is that the quality of education at the University of Calgary is alive and well.

Frankly, we have finished the reductions to postsecondary, and I look forward to being able to target new funding into that system in the coming years. As a matter of fact, there is new funding flowing through to them this year. We're way ahead of other jurisdictions who are just now entering into dealing with the deficit. We have dealt with it, and I'm certainly optimistic that we're going to be able to work very positively with the institutions in the future.

THE SPEAKER: Supplemental question.

DR. MASSEY: Thank you, Mr. Speaker. Given that seven months ago Cloutier told the government that this was a problem, what actions has the minister taken?

2:30

MR. ADY: Mr. Speaker, it's true that Dr. Cloutier, who we authorized to do an assessment of our department's relationship with research in the province, did draw in the analysis a concern that with continued reductions to postsecondary education we may lose some leading scholars in the province.

Let me say that in this year's budget we have targeted some funding which we anticipate will allow institutions to attract leading scholars by putting infrastructure in place that will attract them to come to Alberta: upgrading of laboratories and other things that they would need. Frankly, we do have several foundations here in Alberta that contribute to research and have attracted leading scholars from across Canada and across the United States to this province. It puts us way out in the lead of where other jurisdictions are.

Mr. Speaker, I believe that we are addressing it. We are accepting input from the stakeholders on the Cloutier report as we speak.

THE SPEAKER: Final supplemental.

DR. MASSEY: Thank you, Mr. Speaker. Recruiting new faculty is very commendable, but what are you doing to keep existing faculty? One-third of the profs under 40 are leaving Calgary.

MR. ADY: Mr. Speaker, I believe I've addressed that. The very things that I recited in my last answer are indicative of what we have been doing. Let me say again that the research funding that's available in this province and the allocation from the federal research funding organizations has increased in Alberta. I think that we can be optimistic that our scholars will realize that Alberta is the place to be, that there is in fact an advantage for them to be here. Certainly we are interested in ensuring that we do hold good scholars here in the province.

THE SPEAKER: The time for question period has expired.

The hon. Member for Calgary-North West, the Opposition House Leader, has given notice that he wishes to raise a point of order.

Point of Order Oral Question Period Rules

MR. BRUSEKER: Thank you, Mr. Speaker. This is in respect to the question of the Member for Red Deer-South to the Minister of Municipal Affairs. I have three citations for you, all from *Beauchesne*. The first of them is *Beauchesne* 408(1)(a). It says that questions in question period should "be asked only in respect

of matters of sufficient urgency and importance as to require an immediate answer.”

Beauchesne 410(7) says that “brevity both in questions and answers is of great importance.” The minister went on at length ad nauseam, Mr. Speaker.

In particular I would draw your attention to *Beauchesne* 495(1), which says:

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.

The minister read extensively his spur of the moment answer, and I would ask that he table his spur of the moment read answer in this House.

THE SPEAKER: The hon. Government House Leader.

MR. DAY: Thanks. Responding to the Opposition House Leader – I didn’t hear the remarks of the opposition leader as he was rushing from his chair, so I have to respond to the House leader.

First of all, on the question of urgency I can tell you, Mr. Speaker, that the recently announced news to the good citizens of Red Deer that they could possibly be facing a tax increase is of severe urgency, significant urgency to the citizens of Red Deer. I’m glad that my colleague for Red Deer-South raised that issue. It’s of very significant urgency.

I can also say, citing *Beauchesne* 409, that it’s very clear about what a minister can do in terms of answering, the latitude that is permitted. I can also say that when you consult the statistics, as the members know that we like to do, in fact statistics coming to the end of March 15 and reflected all the way through the session show that in terms of percentage of time taken on questions in this Assembly, the opposition members take 64 percent of the time on questions. So I hardly think it’s a point of order on the minister being brief.

MR. DOERKSEN: Mr. Speaker, I just want to say in terms of the question that was asked that the equalization assessment formula is very complicated and difficult to understand. You can’t explain it in two sentences. That was the whole gist of my question to the minister. We need to have a look at that formula so that we can explain it to the citizens of Alberta in a concise, factual manner.

MR. THURBER: Mr. Speaker, on the point of order. It’s been said by the Government House . . . [interjections] You see, they’re chirping away again. They don’t want to listen anymore.

The Government House Leader very adequately described it. When the answer is of a technical and a specific nature – I did refer to my notes quite often, but I wanted to be fair and I wanted to be absolutely accurate.

I know why they’re not interested in the answer. They have no members in Red Deer. They probably will never have any in Red Deer, so why would they listen to the answer?

THE SPEAKER: Well, hon. members, the Chair would like to say that while maybe the answer seemed long, the time kept by the Chair indicated that there were four minutes spent on that rather complicated question. The Chair would have to compliment the hon. minister for doing as well as he did with the nature of the question.

The fact remains that this type of question is probably best dealt with as a written question. The Chair has for some time wanted to have the opportunity of reminding all hon. members of this House, except members of Executive Council, that they are all

entitled to put a question on the Order Paper. At this present time the government appears to have been very diligent in answering written questions because we’re now down to five written questions on the Order Paper, which would have allowed the hon. minister to issue a very clear and complete answer that would be there without interruption.

So it’s a point to be considered by all hon. members. They should feel free to use all the tools at their command in dealing with the very important wishes for information by their constituents.

head: **Orders of the Day**

head: **Written Questions**

MRS. BLACK: Mr. Speaker, I move that written questions appearing on today’s Order Paper stand and retain their places.

[Motion carried]

head: **Motions for Returns**

MRS. BLACK: Mr. Speaker, I move that the motions for returns appearing on today’s Order Paper stand and retain their places.

[Motion carried]

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

Bill 209

Medical Profession Amendment Act, 1996

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

MR. BRASSARD: Thank you, Mr. Speaker. I’m pleased to move second reading of Bill 209, the Medical Profession Amendment Act, 1996.

Although this Bill is a very simple Bill in appearance, its implications are significant, particularly to those practitioners and recipients of complementary or alternative medicine. In very precise terms, this Bill simply states that

a registered [practitioner] shall not be found guilty of unbecoming conduct or found to be incapable or unfit to practice medicine or osteopathy solely on the basis that the registered [practitioner] employs a therapy that is non-traditional or departs from the prevailing medical practices, unless it can be demonstrated by the College that the therapy has a safety risk for that patient unreasonably greater than the prevailing treatment.

Before proceeding further, Mr. Speaker, I want to emphasize that we’re speaking of registered, qualified practitioners in this Bill.

Everyone will agree, I’m sure, that we’re living in a period of unprecedented technology. Our medical profession can quite literally perform miracles in comparison to just a few years ago. How many of us in this Assembly remember when Dr. Barnard performed his first heart transplant? And when the patient died several days later, many of us nodded our heads and said that medicine was going too far, far beyond what God had intended and that there were indeed some things better left to His divine jurisdiction. How often do we hear of heart transplants today? The actual truth is that the practice is so common, we have a drastic shortage of donors.

2:40

An even simpler example is the recent operation I had on my

knee. I arrived at the hospital, was given anesthetic, and was operated on to remove the cartilage and sand off the bone, all through three tiny incisions. I walked out of the hospital about two hours later, and when I visited the doctor a week later to get the stitches out, I mentioned that it was a little tender. He told me that if he had performed that operation a few years ago, I'd have been in the hospital five to seven days and spent two months recuperating and that it realistically should be a little tender.

Mr. Speaker, I want to go on record that I think all this technology is great, and I want to be able to take full advantage of it when I need it. Bill 209 is supportive of that technology but in conjunction with all the tried and true technology that has built up over the past years; in some procedures, such as acupuncture, the past many, many years.

Members of this Assembly may recall a private member's motion that I presented dealing with chelation therapy which passed last year. I spoke of a friend of mine who had returned to work after recovering from a major operation. His heart condition had crept up on him until one day, experiencing extreme discomfort, he went to the hospital. He didn't come out for five weeks, during which time someone had quite literally removed his heart and installed six alternate arteries to replace those that had become plugged beyond recovery.

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

It was then that I decided to find out more about chelation therapy. I visited many of the chelation therapy clinics, and I spoke with countless patients who told me some very impressive details of the benefits they had received from this procedure. I also learned of the hassles that the medical doctors – fully qualified, registered doctors who were practising this recognized, acknowledged procedure – were receiving from their own professional fraternity.

The reason for this hassle? Was it because the patients were sicker because of the treatment? Mr. Speaker, I haven't spoken to one single person who hasn't felt better after being treated. Is it because the procedure is off the wall? Not so. This is the recognized treatment for lead poisoning. Is it because patients complained? Wrong again. Patients all over the world think it's the greatest. Do you want to know the reason? It's because there has never been a double-blind study done in the 40 or 50 years that physicians have been practising this treatment to prove beyond doubt that this procedure may be good for circulation as well as lead poisoning, thereby helping everyone suffering from any blood-circulation type illness. That's like telling someone that aspirin is good for headaches and that anyone prescribing it for arthritis or anything else should be reprimanded, and today we acknowledge that aspirin is being credited with all kinds of related benefits.

Mr. Speaker, for the record, I am not promoting chelation therapy or defending its use. I raise it because it provides an excellent example of how complementary medical practice can work so well in conjunction with orthodox or traditional treatment.

Mr. Speaker, if we did a double-blind study on every new

procedure, particularly when that procedure is an established form of treatment, then we wouldn't be doing the heart replacements or the orthoscopic surgery I mentioned earlier or hundreds and hundreds of other similar advancements. Dr. Barnard wasn't experimenting when he replaced that man's heart; he was trying to save his life. The operation had never been done before or even tried, but who in this room is sorry that he did? Not I, and certainly not the hundreds and hundreds of people whose lives have been saved by this transplant.

Last fall Dr. Robert Buckman, associate professor of medicine at the University of Toronto, wrote the following in the Ontario College of Physicians and Surgeons publication *The Members' Dialogue*.

It is a commonly held belief, particularly among conventional doctors, that most of conventional medical practice is based on good scientific evidence and fundamental biological principles. But how much is "most" in reality? Sadly, the answer is, "Not very much." In fact, the best estimates suggest that approximately 15 percent of medical practice is based on sound science. In other words, 85 percent of it isn't.

Most people don't know and probably don't care that 90 percent of the accepted cancer treatment has never been tested in advance, but then neither has most traditional medicine. So why a double-blind study to prove increased benefits of an already established and approved procedure? Why this double standard when complementary medicine is involved? Chelation therapy has been around for the last 40 or 50 years. Chiropractic treatment celebrated its anniversary of 100 years last year. This Bill also pertains to acupuncture, with a history of over 4,000 years. Acupuncture is so well recognized that it was written up in a textbook entitled *The Emperor's Classic of Internal Medicine* sometime between the years 770 and 476 B.C.

Mr. Speaker, Bill 209 requests that all of these procedures and many more complement that technological advancement I spoke of earlier. It is being called a medical revolution, but it's not a revolution at all. It is simply utilizing all the established treatment and procedures that have been proven over the years and incorporating them in our overall health care considerations. And isn't that a realistic approach to health care, to be able to access not just the latest technological advances but all the past beneficial experience as well?

How refreshing it would be, Mr. Speaker, to have your local physician or specialist collaborate with an acupuncturist to deal with your migraine headache in a co-operative way – to the benefit of you, the patient, I might add – or your heart specialist design a program of chelation therapy with his colleague to be absolutely certain there truly is no other way to fix your heart problem than to cut you open. More and more we are hearing and reading about the need and desire for such collaborations and alternatives. Cancer patients make up the largest group, and recent studies indicate that one in five is using some kind of alternative care.

I listened to Peter Gzowski interview Mr. Deryl Fell from Burnaby, B.C., recently about a five and one-half inch cancerous tumour in his chest. A cancer specialist had advised him that without an operation he would very likely be dead in a very short time. Ironically, his father-in-law had been operated on for a similar problem not long before and had died within five months of the operation. So Mr. Fell decided to do whatever he could do for himself before ultimately submitting to surgery. He started by radically changing his lifestyle. He stopped eating processed foods, removed coffee, sugar, and alcohol from his diet, and went on an exercise program. He also took acupuncture to stimulate

his body's natural healing process. Eight months later, Mr. Speaker, he returned to his firefighter's job, after first having received a clean bill of health from the cancer clinic. The cancer had been completely cleared up.

Ironically, Mr. Speaker, none of the specialists that were on Peter Gzowski's program that morning were surprised by the results. Perhaps Hippocrates was right when he suggested: let your food be your medicine and your medicine be your food. What he was really saying is that we should help our body heal itself.

2:50

You know, Mr. Speaker, even today when we break a leg or an arm, we go to the doctor to have it reset and put in a cast to keep it properly aligned, but it is afterwards that the real healing takes place. We're still pretty uncertain as to just how our body goes about healing itself. Encouraging that healing process is what complementary medicine is all about as well.

It's been suggested that this Bill would allow, maybe even encourage physicians to operate outside of the jurisdiction of the College of Physicians and Surgeons. Let me assure you that this is not the case. The college has always had and should always continue to have an acknowledged and necessary role in the monitoring and discipline of our medical practitioners. Under this Bill their role will likely increase. In fact, the college is currently in the process of agreeing to a set of bylaws to allow the expanded use of complementary medicine, and I applaud their response to the increased recognition of and demand for complementary medicine.

Having said that, however, I must say that I am somewhat dismayed by the seemingly double standard that is being considered in those bylaws. I certainly don't want to pre-empt the college's debates, since the bylaws have only passed second reading at this time. But from the draft copy I received and based on the discussions I had with the registrar, there certainly does seem to be an unrealistic restriction on some qualified and registered practitioners who are employing complementary medicine in their practice.

It's not my intention to debate the college's bylaws in this Legislative Assembly at this time, but suffice to say that if the purpose of the registrar and College of Physicians and Surgeons of Alberta is to raise the standards of all medicine, including both conventional and complementary, to a new and higher standard of practice, disclosure, consent, and documentation to better benefit the patient and the medical profession, then the proposed bylaw recommendations along with the recommended practice guidelines are a laudable goal.

If, however, the intentions and/or result of those proposed bylaws and recommended practice bylaws is to place requirements on the provision of complementary medicine that far exceed those of conventional medicine and prejudicially target complementary medicine and the practitioners in an unfair and burdensome way to bureaucratically strangle complementary medicine, then the motives must be challenged as being unfair and discriminatory and to the possible detriment of the patient. Then they become of major concern to the public, the government, and the healing profession at large and should and indeed must be challenged.

The assistant director of the United States Congressional Office of Technology Assessment, Clyde Behney, recently stated that it's reasonable to say that much of existing medicine has not met the standards that alternative medicine is being asked to meet.

In last February's issue of *Energy Times*, Dr. Peter Fisher, consultant physician at the Royal London Homeopathic hospital,

reports in the *British Medical Journal* that 60 percent of the people in the Netherlands and Belgium are prepared to pay extra for complementary medicine, while 74 percent of the British are requesting it. In Holland 47 percent of the doctors use nonconventional techniques; 77 percent of German pain clinics use acupuncture; and 37 percent of British doctors utilize homeopathy. In Canada the results of a national poll conducted by the Canada Health Monitor in 1990 showed that approximately one-fifth, or 20 percent, of all Canadians had used some form of complementary health care during a given six-month period. And I daresay that if you had such a study today, those figures would be much higher.

In the United States six states have already passed into law legislation either identical or very similar to this Bill. These include New York, Washington, Oregon, Alaska, and North Carolina. Presently, Mr. Speaker, there's a Bill before the U.S. Senate co-sponsored by both the Republican Senate majority leader, Mr. Bob Dole, and the Democratic Senate minority leader, Mr. Tom Daschle, entitled access to medical treatment Act, with the same intent to guarantee patients fair and safe treatment through freedom of choice in health care nationally. Once again, I point out that we are referring only to qualified, licensed practitioners and practices.

You know, Mr. Speaker, it all seems so commonsense to me. I grew up in a family of seven children, and whenever any of us got a cold, mother brought out the Vick's Vaporub. If it persisted, then we were treated to a mustard plaster, and I still can't stand the smell of dry mustard. After that we were put in bed with a steaming kettle in the room, and Wampole's Extract was a constant companion, particularly in the winter months. In fact, mother's list of home remedies goes on and on, but the point of the matter is that the doctor was only contacted after she had exhausted just about all of them or the sickness had worsened to where she felt compelled to seek more professional help. Then the doctor was called, but not before.

Today it seems that the reverse is true, yet we know that each of us needs to take a far greater responsibility for our own health, that we need to change from a curative health care system to one of wellness, that we have to take a more active personal responsibility for our health care. To do that, we need to be informed and be able to make choices and to access first-line-of-defence alternatives, whether it's Vick's Vaporub or chiropractic care.

Quite simply, Mr. Speaker, complementary medicine saves lives and it saves money. Standards and safeguards that are fair, accountable, and unbiased must be put in place to assure competent provision of both. Patients must have access to the necessary factual information and be free to choose the medicine and the medical practitioner of their choice. Medical practitioners of all disciplines must be encouraged to collaborate and co-operate to ensure that every patient receives the full scope of medical knowledge and experience to ensure a return to full health in the most effective and least intrusive way.

That's what Bill 209 is all about, Mr. Speaker, and I encourage everyone in this Assembly to encourage its passage.

THE SPEAKER: The hon. Member for West Yellowhead.

MR. VAN BINSBERGEN: Thank you, Mr. Speaker. I'm delighted to be able to speak to Bill 209, the Medical Profession Amendment Act. I would like to state at the outset that I support this Bill without equivocation. Not only do I intend to do so, but so does my colleague from . . . [interjections] I was about to say

that my colleague from Edmonton-Rutherford also wishes me to express his support for this Bill. He was unable to secure a place on the speaking list because so many people wanted to speak to this Bill.

Now, I commend the Member for Olds-Didsbury for bringing this Bill forward. I remember how, about two years ago, he introduced a motion which was trying to urge the government to come up with a Bill of this nature. That motion passed this House unanimously and was also supported, therefore, by this side. So I commend him for his persistence in this matter until such a point where we see results, and I think that is so important. He has spoken extensively and eloquently on this particular Bill, which of course allows licensed medical practitioners to use nontraditional therapies.

As he's pointed out, this is not just a newfangled idea. This has been done in many, many countries and is being done in many, many countries in Europe and also in several states in North America. In fact, the Member for Olds-Didsbury mentioned several states. He did not mention Oklahoma and Oregon, which I have on my list, which apparently have passed that so-called Alaska clause as well.

Of course, we know that there are moves afoot in several provinces in Canada to bring about the same type of legislation. We've seen in the province of Nova Scotia, certainly not noted for being a wealthy province, where the government has actually supported the establishment of a provincial environmental health clinic at Fall River, and that, of course, embodies nontraditional means of curing people.

3:00

Now, Mr. Speaker, there are two or perhaps even three good reasons, I think, why this Bill ought to be accepted. The first one is that these nontraditional methods work; there's no doubt about it. The second one is that they're often far less expensive than the therapies that are being used today, than other means in other words. Finally, I think it's important that the patient, the sick person, be allowed the freedom to choose which therapy suits him or her best. I think there's an element there that is often forgotten: that we always leave it up to the doctor. I think there ought to be a greater participation and a greater say on the part of the patient in this matter. Now, surely we can rely on these practising physicians to honour their professional oath and to do what's best for the patient. That is really all we're asking for, I think.

I would like to devote a few words specifically to chelation therapy, because I became familiar with it for the very first time as I was campaigning in the 1993 provincial election campaign. I was campaigning, Mr. Speaker, in my riding of West Yellowhead and ended up on the doorstep of a retired farmer just a few miles west of the town of Edson. After I'd made my pitch, he invited me in, he and his wife. I was offered supper. These are the old-fashioned, traditional values. I was offered supper; I was not kicked out. I was offered supper, and then I had to sit through a video on chelation therapy. That was the payment. In addition to that, the man of the house told me about his personal experiences with CT. I mean, the man was a picture of health, and his wife bore out all the trials and tribulations he'd gone through regarding his ill health. So all I could say was that there must be something true. Then as I traveled through my riding, kept on campaigning, I was continuously running into people who took me aside and said, "Would you please, if you get elected, support the implementation of a Bill that will allow CT, chelation therapy?"

Gradually, I was absolutely convinced that this had to be done.

So, Mr. Speaker, I attended a meeting in the city. I think it was in 1994, and there were about 300 people. The topic of conversation was once again chelation therapy, and the Member for Olds-Didsbury spoke and spoke very passionately. That's where he announced that his motion was going to be brought to the floor of the House, and that's where I got up and publicly announced my support for that particular motion. I've often felt that not enough was done, because I remember that after that motion I wrote letters to the provincial Minister of Health, who referred me to the federal Minister of Health, who referred me to the federal drug Act, I think it is called, and so on and so forth. I had the distinct feeling, which of course the Member for Olds-Didsbury has had, too, and perhaps many others, that we were sent from pillar to post.

Therefore, to just make a long story short, I think it's all the more important that via this Bill we can now break through the dam that is being built around this whole chelation therapy, and it is therefore, Mr. Speaker, that I have decided to support wholeheartedly this Bill. I also ask that all members of this House will give their very sincere consideration to the Bill and see their way clear to support it.

Thank you very much.

THE SPEAKER: The Minister of Energy.

MRS. BLACK: Thank you very much, Mr. Speaker. It is indeed a pleasure for me to rise in support of the Bill. I believe that the hon. Member for Olds-Didsbury has done a tremendous job in coming forward with the framework that will take us into the future, in 1996 and beyond, to where Albertans clearly have the option to make choices as to the type of health care that is appropriate for their particular conditions. I believe that these are complementary therapies to our existing health system and to the traditional therapies that are available. Clearly, the objective of this Bill is to allow for the treatment to occur by duly qualified medical people within the medical profession today.

Mr. Speaker, I too would like to talk about some of the complementary therapies that are available within the parameters of this Bill. In particular, I would like to talk about chelation therapy, something I believe is an alternative, which I've had personal experience with through my family, and I believe should be available. I'd also like to talk about acupuncture, again because of the experiences we have had within our own family, and chiropractic medicine, again because of those experiences.

I, too, was introduced to chelation therapy a number of years ago, in particular in 1992, due to a personal experience where a member of our family was in hospital in the heart surgical ward for bypass surgery. I can remember the day I walked in there. I saw a number of gentlemen walking around carrying teddy bears. I was a little surprised, because I had not been in a heart surgical unit before, and I was wondering why fully grown men were walking around carrying and hugging teddy bears. They were doing that because they'd had bypass surgery and their chest walls had been broken in half, and the teddy bears held the wall in place in case they sneezed or coughed after the surgery, because they had been stapled back together. Our patient that was in there was in for lung surgery and also had to have a teddy bear because he was stapled together.

When a second member of our family was going through some difficulties and we had endured the difficulties of the healing process from the first surgery, we looked at alternatives. I met a very good friend of mine in Calgary, and I will mention his

name. I know we don't often get to do that. His name is Art Wilson, and he was the gentleman that introduced my family to chelation therapy, with a video tape and with a book and some information as to how we could access the program. My father was very ill at the time, and we took him to chelation therapy to talk to the doctor that was going to be delivering the program and to see if in fact there could be some benefit to him with chelation therapy. When we went into the clinic, there were some easy chairs all around the room, and every one of those chairs was filled with a person. There wasn't a chair that was empty. We went 31 times. My father had 31 treatments of chelation therapy. Because he had hardening of the arteries, it had blocked off the flow of the oxygen and the blood to his brain. He was experiencing severe brain damage on a continuum, and he went through 31 treatments of chelation therapy.

Now, it did not cure what had happened to him, but what it did, we believe in our own minds and our own hearts, was that it arrested the progression of the deterioration with him to a certain extent. Let me just tell you why we felt that way. When we started off, his hands and his feet were absolutely ice-cold because his circulation was so poor. So it only made common sense again, as the Member for Olds-Didsbury had said, that if you could get the circulation going with the vital things that feed nutrition through your system and you could clear that out, then surely that would get to the brain and help feed some nutrition to it. After his treatments his hands were warm, his legs were warm – they weren't blue anymore – and his feet were warm, so obviously the circulation was working.

Now, it couldn't repair the damage that had already occurred, but hopefully it could arrest some of it, slow it down. He's now ready to go back for another set of treatments and he will have to keep going back, but we need to have it available. To move him to another country or another jurisdiction because he chooses to have a treatment that isn't a major surgical treatment to provide him with a quality of life that he doesn't have I believe is wrong. It needs to be here. It needs to be available.

3:10

The other thing, Mr. Speaker, that I found so moving when we went into the clinic in Calgary. There were people there that were diabetics. In fact, I met a gentleman there who had gone through a program of where his circulation was so bad that his toes were actually black, and he was scheduled for amputation of his feet. He hadn't gone to the clinic in Calgary originally. In fact, he'd gone into British Columbia, and he had had a treatment. I think you'd find him on the video, if you watch the video. He went for I believe it was eight treatments of chelation therapy in British Columbia, and when he came back from his treatments, his toes were warm and pink. When he went to his doctor, the surgery was canceled. He didn't need the surgery. In fact, he had good circulation, better circulation than he had had for years, and he is a severe diabetic.

He firmly believes – and I would concur with him – that that treatment opened up the access of nutrition to go through his system, cleaned out the buildup that is in your system. That's what chelation therapy does: it opens up the arteries. Now, there are big clinical words, and I can't even pronounce them all, so I'm not even going to try. But it's basically an amino acid that goes through your body and cleans it out, and it's a very simple process. It's done through an intravenous, and it goes into your system and flushes through your system the impurities that have built up over a number of years.

There was another lady I wanted to just mention from my visit

at the chelation clinic. She was very, very crippled up with arthritis. In fact, her hands were so distorted and bent, and she was in such excruciating pain. She had not been able to go out to the grocery store or to the hairdresser for two years. She couldn't walk, and she had such terrible pain with her arthritis. Chelation won't cure arthritis, but what it did is it took the pain away. It took the pain away so she could in fact go out and have some quality of life. She could go to the grocery store. She could go and get her hair done. She could go and have lunch with a friend. She hadn't been able to do that for two years. She knew it wouldn't cure her disease, and no one had told her it would. It was just an alternative to give her some quality of life while she dealt with a very crippling disease. To me that made an awful lot of sense. Nobody sent you there. You went there because you felt it was an alternative to give you some hope.

Another method of complementary therapy I believe is acupuncture. A year and a half ago, as my sister and my niece were driving actually to this Legislature for the opening, they were in a very serious car accident coming through the mountains from British Columbia. They didn't make it to the opening because of the accident. They were hospitalized immediately and were not in very good shape. The pain that occurred to them – my niece had every muscle in her back pulled and ripped. All of the vertebrae in her back were out of kilter. Through the acupuncture process again – it's been around for 3,000 years, Mr. Speaker. There has to be some merit in it. This was a young girl 21 years of age. The prognosis given to her was that she would never work again because she wouldn't be able to stand or sit for any period of time. Her future was not looking very good. Through acupuncture they were able to take the pain away. They couldn't cure what happened to her; that had to take time. But the acupuncture therapy gave her the relief so she could become mobile, so she could get involved in a program that would help strengthen those muscles that had been damaged so badly. It was a long shot, and we didn't know much about it, but we ran into a doctor in Calgary that started her on this program. This was a young girl that literally was walking around in a brace and a collar and was not going to have anything else but that. Coupled with the exercise program that she had been given by her doctor, she was able to endure the pain through acupuncture, which took the pain away, to put the program in place so that today she is now able to be a severely normal, active 23-year-old girl working in an office and getting around. But she wasn't going to be able to do that, so I believe that the acupuncture process has a lot to it. I believe the theories that have come forward from the old countries are very valid today.

The last thing I'd like to talk about are the treatments of chiropractic and different herbal medicines. I guess I can go back to my own life when I was involved in an accident as a young girl. The medical people told my mother and father that I would never walk again in my life and to bring in the best bone surgeons they could because I was going to be absolutely paralyzed and that would be the end of any mobility for me. Through a program that didn't make a lot of sense back then, through a chiropractor, through massage therapy, I was able to slowly after a year start to walk.

I will always be grateful for that program. For a number of months when you're in what they call a Stryker bed, like a sandwich, a board on top and a board on the bottom, all they do is move you up and down. That was it; that was going to be it. Your head is secured, and you're in a brace. For me, I've knocked on an awful lot of doors and run a lot of streets during

campaigns that I never would have been able to do had it not been, I firmly believe, for a different type of therapy. Now, it was a long shot, but it worked. It absolutely worked.

The last alternative therapy that I think is important is taking some of the traditional methods of treating cancer. As you know, Mr. Speaker, my mother is a two-time cancer patient. Back in 1968 she had an experimental surgery after which they gave her two months to live. There wasn't any chemotherapy back then. There wasn't any thought to go to cobalt, but there was a nontraditional means of looking at things. It was through different herbs and exercises that would allow someone who had had almost all of their insides removed, which she had had, an opportunity to be fed in a somewhat normal fashion. The diagnosis was that she only had two months to live, so she tried it. Well, today she is still alive and very healthy, very well. She operates without any form of traditional medicine. She simply takes a herbal garlic tablet, and she takes vitamins. She has heavy treatments on vitamins. All of the medications that are the traditional ones are not there. I think back to when she was given such a short time to live and when everyone had basically given up hope. When we searched out some sort of different method and put it in place in our home, it worked.

I guess what I'm saying is that medicine should be a co-operation between the patient and the medical profession. Don't be afraid to try something that isn't traditional, because you never know what will work. In our family, if we hadn't tried different things that weren't traditional, there would be a lot fewer of us around to be able to stand up here and debate this Bill. I can't tell you if any of these theories will work for everyone because I don't know that; I'm not a medical person. But I do know from personal experience that these complementary therapies, as they're referred to, have really been important in our family. We believe in them, and we believe they are the things that have kept our family healthy and here today. Without them I don't believe we would be able to stand up and say that.

3:20

So I'm very pleased that the hon. Member for Olds-Didsbury has brought forward this Bill that allows for those options to be there. As we as a government go through things and start looking at new ways of doing things, we on both sides of the House and throughout this province should be saying: let's not look at the past. You've often heard us say, "That was then and this is now." Well, "now" to me means putting options on the table, giving people the right to choose the type of medical therapies that they wish. They know the risks, because nothing is certain in life other than being born and dying, and somewhere in there you have to be able to make choices. So to me it's important that you have the right to make the choice as to what types of medical therapies you want.

So I would encourage all members of this Assembly to support this Bill and to also thank all of the people in the galleries for coming and helping educate a lot of us on the various therapies, because I think that's very important. I'd like to again compliment the Member for Olds-Didsbury for staying with this from his motion to bringing it forward as a Bill.

Thank you, Mr. Speaker.

THE SPEAKER: Order please. Before recognizing the hon. Member for Edmonton-Avonmore, might there be consent in the Assembly to revert to the Introduction of Guests?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed? Carried.

The hon. Member for Pincher Creek-Macleod.

head: **Introduction of Guests**
(*reversion*)

MR. COUTTS: Thank you very much, Mr. Speaker. It gives me great pleasure this afternoon to introduce to you and through you a young lady who unfortunately couldn't get in during question period, but she has taken the liberty of showing her mother around the Legislature this afternoon and has now popped in. I appreciate this opportunity to introduce to you and through you to the Members of the Legislative Assembly and to all Albertans a young lady from the city of St. Albert. She attends school at Leo Nickerson elementary school. She's on spring break. Her name is Jessica Reeves. She's seated in the members' gallery, and I would ask her to please rise and get the warm welcome of this Assembly.

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

Bill 209
Medical Profession Amendment Act, 1996
(*continued*)

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I am very pleased to rise on this occasion to speak to Bill 209, that being the Medical Profession Amendment Act, 1996, as brought forward by an hon. colleague from the government side. In reviewing this Bill, I note that it really is comprised of basically one sentence, roughly 69 words. However, in that one sentence and within those 69 words is an impact to us as a society of magnanimous proportions. This Bill essentially allows for the freedom of choice with regard to how we as patients or the medical fraternity go about treating our various illnesses and health-related problems.

Mr. Speaker, I would submit that what this Bill does is allow us to stray a bit, if you will, from traditional methods of health care services in our province and, in so doing, says that we should not become so glued to any one style or any one type of health care delivery that we're not permitted to stray from it. I think we must go with overwhelming and compelling evidence that tells us very convincingly that there are alternative forms of medical care that we must seriously consider and allow to prevail, in this instance through support for this Bill. I don't think we should be penalizing practitioners for doing it. In fact, I think quite the opposite: we should be encouraging them to explore the boundaries of traditional caregiving and meld it in with some of these alternative forms of medical practice.

I understand, of course, how this Bill opens up those opportunities, and I also understand that there are some people who are concerned, perhaps even fearful of what some of the consequences may be. I would suggest to those individuals that their fears are not as founded, certainly not as compelling as the evidence to the contrary. What this Bill does and what this one sentence that comprises this Bill does is it opens up the opportunities for medical caregivers or alternative caregivers to explore the many mysteries that comprise our bodily functions and, in so doing, to provide hope to individuals who are experiencing problems with those functions. This Bill not only gives hope, but it gives some mobility to individuals in a literal sense and also in a figurative

sense, because it gives people the freedom to move toward alternative styles of medicine or alternative medical assistance.

We live in the information age, Mr. Speaker. That means that more and more information is not only available to people with research and education on their side, but it's available through the magic of computers and Internet and Webnet and so on so that people in their homes can take fuller advantage of what is going on in today's world.

Last year, Mr. Speaker, I was able to attend the International Conference of Alternative Medicine practitioners held here in Edmonton. I accepted the invitation of that society along with a personal invitation from Dr. Sandhar, who is very actively involved with it. I was quite amazed at the testimonials that these medical caregivers and alternative medicine caregivers gave as support for some of the nontraditional forms of medicine which are practised. I heard very eloquent and somewhat impassioned presentations from a herbalist who spoke greatly and widely about the tremendous benefits of certain herbs in some cases, in not all but in certain cases. I also heard tremendous speeches given by acupuncturists and by recipients of acupuncture wherein that particular style of caregiving assisted them or the patients.

I also heard from many individuals involved in the chiropractic field or in osteopathy in a general sense. Having gone through a couple of these caregiving methods myself, I stand as a living testament of how wonderful they can be. It was chiropractics that gave me mobility after 10 very awkward years after a collision that I was unfortunately involved in, but not my fault I have to add, Mr. Speaker. But there I was, and after 10 years it was finally chiropractics that helped me. I'll give some credit also to the physical therapy that got me through a few of those years. It wasn't until I went to an alternative form of caregiving that I personally experienced the sheer magic of what it was able to do for me.

I know that in a general sense homeopathy and other forms of alternative care are also quite popular, and I don't think we should preclude them from being exercised in this province. Certainly we shouldn't penalize those individuals.

I want to turn specifically to the issue of chelation. I have heard from a couple of people, actually three so far, who are with the E.D.T.A. Chelation Association of Alberta. If my memory serves me correctly, I think that EDTA stands for ethylenediaminetetraacetic acid. I hope I've got that right or that I'm fairly close in my pronunciation of the medical jargon in any event. When these individuals called me, they weren't necessarily lobbying so much for support for this Bill as they were trying to educate me as a spokesperson as to how this particular Bill would at least allow the practices referred to earlier to be explored more fully in our province.

We must remember, Mr. Speaker, that what we're talking about here is fully qualified, fully trained, and properly registered medical practitioners being allowed to do things such as chelation therapy. Personally, I see no danger in that. In fact, I'm quite convinced that we are in very good hands with that particular move. I know in a general sense, or in a simple sense perhaps, that chelation is intended to improve our blood circulation. I know of several examples personally wherein this particular style of therapy has aided individuals greatly. I know specifically of cases where people, Albertans, some of them neighbours, went from Alberta down to the States, to Seattle or Spokane - I just forget which now - and literally had to almost crawl to the chelation therapy clinic. They stayed for the duration of several weeks; it seems to me it was something in the order of 10 weeks.

They literally at the end of that period ran back to their hotels. They felt so much better. They felt so much more fit.

3:30

I'm wondering to myself: why, if there is this kind of compelling evidence, would we stand in the way of something that would allow the practice of chelation to be respected and perhaps continued in this province? As we all know, it already goes on; we already have it here. I think the last statistic I had suggested was that we have been using chelation in one form or another for a period of at least 40 years in Alberta. The last statistic I had on the numbers suggested that there were at least 10,000 Albertans who either are on chelation of one form or another or have directly benefited from it. So this Bill seems to open up that possibility and not have them be afraid to entertain that particular style of medical care, Mr. Speaker.

It's an expensive form at the moment. I think that is part of the choice that individuals obviously have. Nonetheless, it does serve a greater good. As with every Bill that comes before me for perusal, with this Bill I ask myself: how does this Bill help individuals? I would submit that it has tremendous potential to be of incredible good for our Albertans. How does it increase the quality of life? Well, quite frankly, as we've heard from previous speakers, what this Bill would do is allow for not only a higher quality of life in many cases, Mr. Speaker, but also in some cases actually would help save some lives. Shouldn't we be pledged to Bills that allow for that kind of positive impact on our Alberta citizens? I submit to you we should.

In so doing, I would also argue that by allowing some of these alternative styles of medicine to be practised in Alberta without penalty, again practised by fully qualified, fully trained individuals and so on, we probably would be saving the health care system a large amount of dollars in the longer run. There is an unwritten benefit within this Bill to us treating some of these difficulties earlier so that people can get on with their lives, take better care of themselves, look after themselves in their own homes without the costs of medical visits and without the costs of hospitalization. What could be wrong with that, Mr. Speaker? Absolutely nothing.

Mr. Speaker, we know that there are oftentimes combinations of things that are required in order to produce a desired result. I would suggest that combining traditional or what we call scientific medicine with natural medicine or alternative medicine, such as we have here, would be a tremendous step forward. Complementary medicine certainly has its place within our society. I just want to comment briefly on the first official recognition by the medical society of Canada of the greater understanding and co-operation between caregivers and physicians who practise the conventional side of caregiving along with those who practise the complementary or nontraditional side of health caregiving. That example is brought to us by the Medical Society of Nova Scotia, which in 1994 designated a specific section called complementary medicine within their CMA. Within that section of complementary medicine five subspecialties are designated, and they comprise probably the heart of what we refer to as complementary medicine. They are environmental medicine; bioenergetic medicine, which includes acupuncture, electrodermal, and allied therapeutic techniques; homeopathy and homotoxicology; fourthly, nutritional and botanical medicine; and finally, intravenous nutrition and detoxification therapy.

So, Mr. Speaker, these forms of complementary medicine are not replacement medicines or replacement alternatives. They are just choices for individuals who wish to make them. It's an

extension, I would argue, of some of the traditional forms of medicine. Whom do we trust with our care, and whom do we trust with these decisions? I don't think there is any disagreement in this House or in the galleries or anywhere else with the fact that we trust doctors a great deal. We trust fully qualified, fully trained, fully registered professionals with our daily existence in many cases and certainly with our daily care in others.

A certain form of medical treatment may work better for one individual as opposed to another, but in the end it's my choice which one I feel is assisting me more. I do that in consultation with the duly qualified professionals, but I do it knowing that it is of my own free will that I choose to do it. That in itself has an inherent therapeutic value to me in my healing process.

Complementary medicine does comprise a very significant portion of health services in Canada already, and the simple answer to why is that complementary medicine works. I think the opinions of the medical fraternity with regard to this general issue are changing. I think the opinions of patients, of general citizens are also changing. I also think the opinions in this Legislative Assembly should change to reflect those opinions of medical practitioners and our common citizenry. We need to be very open minded as we discuss and embrace the significance of this Bill, Mr. Speaker, and we need to encourage much more research and education on these subjects.

So this Bill goes a long way to helping further the awareness and education and research on alternative forms of caregiving. I don't think we should be getting in the way of that progress; I don't think we should do anything to impede that progress. This Bill clears the way for a new wellness model for Albertans, hopefully for Canadians and many others. It's a proven model which for certain aspects of complementary care has been practised perhaps for decades and which for other parts, as we have heard, has been practised for centuries and in fact for millenia, for several thousands of years. As a result I find myself very compelled, Mr. Speaker, to support this Bill, and I want to congratulate the Member for Olds-Didsbury for bringing it forward. Anything that will improve the quality of life for our Albertans we must support. I would argue that support for this Bill does that, and I thank you for listening to those words. I hope they will be heeded.

Thank you.

THE SPEAKER: The hon. Member for Peace River.

MR. FRIEDEL: Thank you, Mr. Speaker. I appreciate the opportunity to speak in favour of Bill 209, the Medical Profession Amendment Act, that's been introduced by the hon. Member for Olds-Didsbury. There's no doubt in my mind that passing this Bill will allow better access to as many health treatment options as possible. This will be accomplished by removing the threat of charges of unprofessional conduct against physicians who perform complementary therapies on patients even if the therapies have been tested and the patients request them.

The Bill simply amends section 34 of the Medical Profession Act, which deals with unbecoming conduct. The amendment adds to the Act that the practitioner shall not be deemed unfit or "guilty of unbecoming conduct" if they include a nontraditional treatment in their practice, unless the college can demonstrate that there's a safety risk "unreasonably greater than the prevailing treatment." Mr. Speaker, this means that the onus would be on the college to prove that the patient who is receiving the complementary treatment will be worse off in doing so than they would be by

getting a mainstream treatment or no treatment at all.

3:40

I think it's important to bear in mind that these complementary services will only be administered by fully trained and licensed physicians using all reasonable precautions to patients who are fully aware of it and are agreeable. We're not talking about forcing any type of treatment on either the patient or the physician, nor are we asking anyone else to pay for it on their behalf. We're not talking about witch doctors with shrunken heads setting up shop in our towns and cities. We are talking about licensed, practising doctors, the same ones that we go to now. They will have learned how to administer chelation therapy or acupuncture needle placement or which herbs can relieve certain symptoms. These are the doctors who have learned how to administer alternative treatments in a safe and responsible way. It's no different, Mr. Speaker, than the doctors learning how to use an X-ray machine properly.

Mr. Speaker, the physicians practising complementary medicine will be working along with conventional treatments to find the best solution for their patients' ailments. The National Cancer Institute of Canada has estimated that 40 percent of cancer patients are turning to alternative medicines, since there are times when conventional medicine offers little encouragement. We're told that 90 percent of cancer treatment being used today is experimental and that only 10 percent is proven. The January 1995 edition of the *Fraser Forum* reported that between 85 to 90 percent of traditional medical practice is not based on controlled, randomized, double-blind studies and that only 1 percent of studies published in medical journals are proven scientifically sound.

[The Deputy Speaker in the Chair]

Mr. Speaker, it leads me to wonder why there's so much pressure from within the medical profession to restrict only selective alternative treatments and not all treatments which have not passed the same rigorous tests. Modern medicine evolved from the scientific revolution of the last century and until recently has maintained a Victorian attitude with regard to its practice. This is quite a black-and-white approach when you consider that we're dealing with such a variable and unpredictable medium as the human body. I'm quite concerned that opponents of alternative or complementary treatments have a goal to smother any initiatives under a cloak they call protection. Unfortunately for the fate of progressive growth in medical development, it will be equally disastrous whether it is smothered by love or by malice. The outward intent is of little consequence in the end result.

Chelation therapy is an approved treatment for the removal of toxic metal and certain unwanted metal ions from the body. EDTA bonds with metal ions in the body, making it possible to excrete these harmful substances through the kidneys. In combating arteriosclerosis, EDTA bonds with heavy metal ions that are responsible for reducing blood flow through hardened arteries. The removal of the metal ions allows the arteries to return to their original elasticity for renewed blood flow. Proponents of EDTA chelation therapy say that it is an effective method of coronary treatment that is far less costly, more successful, and safer than bypass surgery or balloon angioplasty. I personally know a number of people who have used this treatment and who to me are a living testament of its positive effects.

There's a significant demand for complementary therapies, Mr. Speaker, from the health care customer. Patients are demanding

more say in ways to heal themselves. They want to exhaust less traumatic options before undergoing invasive surgeries. The problem, however, is that these options have not been proven by using a beyond-doubt, scientific method and therefore have not been sanctioned. I believe that Albertans should have more freedom of choice with respect to their medical treatment.

The College of Physicians and Surgeons has drafted a set of bylaws to address the issue of Alberta doctors practising complementary medicine. Because of the coincidence of timing, one would have to suspect that this is in reaction to the proposed Bill. It looks suspiciously to me like a circling of the wagons. If the bylaw is approved, a physician would have to prove to the college in advance that the therapy is safe beyond reasonable doubt. Then the physician would have to follow a practice guideline that would have to be approved by the college. Complementary health care could not be given until the college's registrar has received along with a fee a notice of intention to provide the therapy, an identification of that therapy, documentation of the standards of practice, or regulatory recognition of the therapy in another jurisdiction. This would be easier for me to accept if all of the present practices that have not undergone a similar proving method would then also be excluded. Again, Mr. Speaker, 90 percent of existing cancer treatments are not proven. Why then is it reasonable to expect that a treatment for heart disease, which is a greater killer than cancer, should have to be subjected to a different set of rules?

Mr. Speaker, it sounds to me like this bylaw would vastly increase the bureaucracy within the health care system with these notices of intention, documentation of standards, and so on. The result could be that doctors end up spending more time doing paperwork to treat a patient than they actually do performing the treatment, all this for procedures that a physician has been trained to use and has likely successfully administered to hundreds of patients previously.

However, we're not here today to debate the College of Physicians and Surgeons' bylaws. We are here to discuss the merits of the Bill put forward by my colleague from Olds-Didsbury. I think it's a good piece of legislation. I think it's a piece of legislation that Albertans want. You see, Mr. Speaker, the people of this province want to participate in the process. They want more say in how the province spends money. They want to play a greater role in their children's education process, and they want to be included in the administration of health care. Most of all, Albertans want more freedom to choose, and this Bill would give them some of that freedom.

By reducing unwarranted threats of sanction against their physicians, Albertans will be able to consider treatment alternatives that best suit their needs. They will be able to use chiropractic manipulation and anti-inflammatory drugs if they want to relieve lower back pain. They'll be able to receive chelation treatment and get dietary information from their doctor to reduce heart problems. They'll be able to use acupuncture to give them relief from migraines instead of using strong pain killers. None of this stops them from being able to get the other conventional treatment as well. The Bill will give the complementary physicians the freedom to offer their patients the alternatives. Albertans will still go to their doctors when they need medical attention, only now the doctor will be able to refer them to a complementary medicine specialist or a conventional specialist or to both if they're needed. The end result will be a healthier Alberta.

Mr. Speaker, I know there are members in this House that are concerned that doctors will be able to perform alternative

therapies without caution or restriction, and that's simply not true. That's not what this Bill is about. The college may still investigate doctors to ensure that they're not pursuing unethical practices. The college will still be responsible for ensuring that physician judgment and practice are appropriate for each patient and that each patient is appropriately informed about treatment options. The failure of a physician to demonstrate appropriate judgment or practice or informed patient consent still provides the basis for unprofessional or unbecoming conduct. That's all still in place. The only difference is that the college would have to demonstrate that the complementary therapy will do more harm than good before they could prevent its use. The vast majority of physicians in this province would not suggest any course of treatment, whether it be mainstream or complementary, that would adversely affect the health of their patients. Our doctors are trained professionals, and we should treat them as such.

Mr. Speaker, I feel this is a good Bill. I urge all hon. members to join me in supporting it. It addresses the needs of Albertans in a fair and efficient manner. It will invariably contribute to a healthy Alberta, and that is a worthy goal by any yardstick.

Thank you, Mr. Speaker.

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

MRS. ABDURAHMAN: Thank you very much, Mr. Speaker. I, too, rise to speak in favour of Bill 209 and want to commend the Member for Olds-Didsbury for bringing forward a very meaningful private member's Bill. I think it would be fair to say that to some degree I'm rather envious, because this member indeed has been fortunate in getting support on the government side of this House and also from the Official Opposition. So I have to commend you.

Mr. Speaker, I stand here as a former nurse. I stand here as a physician's wife . . .

3:50

MR. HAVELOCK: And a former Conservative.

MRS. ABDURAHMAN: I beg your pardon?

MR. HAVELOCK: And a former Conservative.

MRS. ABDURAHMAN: Yes, indeed – indeed – as a former you-know-what who saw the light.

I say in all sincerity that it would be really gratifying if indeed we had physicians standing in this House supporting this Bill. We're rather limited when it comes to members who are MDs, but I would love to see in fact a physician standing in this House supporting this Bill.

I fully support the principles behind this Bill. I look at it from the perspective of choices and in fact being in control of your own body or having a say in your family members' health care. Too often we see where families feel as though they have no say in what's happening when it comes to their health care and that it's physician dominated. Yet we know that from the day that we're born to the day that we die, actually the family and yourself have more control over your own health than any other party. Now, when it comes to something acute happening to you, so often what you feel is that you've lost that control and that indeed the medical profession on the acute side of health care takes over. Too often we're not given alternatives to the most intrusive forms of health care.

I listened with great interest when the Minister of Energy was sharing with us an experience that had happened to someone whom she knew well. You know, coming from a medical family, we've been faced with some choices as well when it comes to our granddaughter, who has an autoimmune disease that has no known cure, Mr. Speaker. I want to use this as an example, because there as a 10 year old she's suddenly faced with a life-or-death situation. The forms of medical treatment indeed are quite intrusive inasmuch as what they do to her body. Anyone who has an autoimmune disease or has had organ transplants knows that often the treatment can be as bad as the illness in what it does to your body. Anyone who has taken cortisone knows that when you have to take large doses to keep yourself alive, it does awful things to your body – the amount of weight you put on, the stretch marks – to the point that you don't feel good about yourself.

I know that our family has looked at all forms of alternatives. She's the one that can judge, whether it's her diet, whether it's the herbal teas that she's taking, how she starts to feel about herself. There are many instances, looking at her diet, when we know that things are working. Now, she's still taking more chemotherapy medications right now, but over and above that she's looking at the holistic areas of what indeed may work for her. She's only 12, and she wants some choices. She wants the medical profession to lay out the alternatives to her. Too often they don't discuss the alternative medicines, the holistic approach.

I've also got another member in our family who has an autoimmune disease: scleroderma. People who suffer from scleroderma have told me that more often than not it's not the physician's treatment that they have seen results actually happening to them. In all honesty, it's the more holistic approach, the complementary alternative medicines that have actually made them start to feel well.

Just under three years ago when I was knocking on doors in the Clover Bar-Fort Saskatchewan constituency, chelation therapy came up on numerous occasions, clearly stated by now my constituents, at that time residents in the constituency, saying that surely they should have some choices and that it should be viewed as an alternative to the intrusive, costly cardiac surgery, that so often seems to be the first approach by traditional physicians, cardiologists. I couldn't disagree with what they were saying, and I can't disagree with my colleagues on either side of the House, who have gone into it in a much more in-depth way. It's certainly been demonstrated that it's working for many, many Albertans. Right in Clover Bar-Fort Saskatchewan I know patients of my husband's who are walking testimonies that chelation therapy indeed does work.

Now, I do get very apprehensive and very nervous when I look at that clause within the Bill: "the therapy has a safety risk for that patient unreasonably greater than the prevailing treatment." This has been given to the college of physicians to determine. Then I have phone calls from Albertans telling me that what's being suggested in that bylaw indeed would govern the results of Bill 209 when it becomes legislation, and I hope that that is going to be the end result. I get very nervous that we are actually saying to the college of physicians that they are going to prove that safety risk. I would rather have seen something different in this piece of legislation, where indeed it's been demonstrated in society as a whole. We only need to go back in history.

We talked about acupuncture. I remember reading the book *Away With All Pests*, what was happening in China where we were seeing surgery being done without anesthetics, using acupuncture. That book was banned in Britain. It was banned

here in Canada. You couldn't access it, yet it was written by a physician who was trained in the U.K. He was a British physician that went to China and worked with the Chinese to eradicate diseases of many centuries. They used the holistic approach there.

I honestly believe there is substantial evidence to suggest that the forms of alternative medicines we're talking about have been demonstrated to be safe. We know that many of the chemotherapies indeed are very intrusive; in fact, the cure can be worse than the illness. So if we're allowing that with traditional medicine, I have to ask the medical profession: what's intrusive about chelation therapy? What's intrusive about acupuncture? What's at risk with these forms of treatment? What's intrusive about herbal teas that you can buy in your grocery store?

You know, you have to ask the question: why is this debate still raging in 1996? Is it a threat to the medical profession? Is it just no different than midwifery? When I look back to the U.K., three of my children were delivered by midwives, and it was the best experience out of the four births, quite frankly, Mr. Speaker. I had one in a hospital setting with an obstetrician, and it was the worst experience of my life compared to the midwife delivering my other three children at home. Yet we've been debating the merits of midwifery right here in the province of Alberta since I came to live here. It's archaic, this type of debate that's going on.

So I have reservations, to the mover of the Bill, about that section that seems to give terrific power to the college of physicians that I believe is beyond what they have with traditional physicians today in the province of Alberta. I'd like to hear certainly the Member for Olds-Didsbury address that concern because I know it concerns many Albertans within the province of Alberta who want to have those choices. They want to be in control of their lives. You know, I believe it gives people hope to believe that they are part of that decision-making process.

Now, I firmly believe there are many, many physicians, RNs, and other health care professionals that are fully supportive of this. I don't believe that it's overwhelmingly against looking at alternative medicine, the holistic approach, and I would think that the government of Alberta wants to see us move in that direction, because if you're talking about a wellness system and a community-based health system, this should have been in place long ago. It's been lip service what we've been doing to this point in time.

4:00

There are many other things that I could say, but I know that there are many of my colleagues who would like to speak to this Bill. I'd just like to finish on this note. You know, government's allow us to drink alcohol, they allow us to smoke, they allow us to abuse drugs, and we know they're all detrimental to our health, yet they won't acknowledge the things that we know as a society are beneficial. I'm talking about alternative forms of medicine, the holistic approach, the traditional things that have been identified, whether it was back on the farm in Scotland or back on the farm in Alberta, where grandma actually knew the treatments that worked and, likewise, the mother learned those treatments before you called the general practitioner in.

Thank you, Mr. Speaker.

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

MR. LANGEVIN: Thank you, Mr. Speaker. I, too, rise to speak in support of Bill 209. I think it's a very good piece of legisla-

tion, and I would like to take a moment to congratulate the hon. Member for Olds-Didsbury for bringing this Bill forward at this time.

This is not the first attempt that this House has made to deal with chelation therapy and other alternative medicine. Back on February 1, 1993, there was Bill 339, that was presented in this Legislature, which dealt mostly with chelation therapy. The Bill never became law. On April 26, 1994, the same member brought Motion 511, which also dealt mostly with chelation therapy. I am pleased to see that Bill 209 is a much wider scoped piece of legislation. It deals with all alternative medicine, complementary medicine, and it's not restricted to one certain therapy. I think that's why the Bill will gain wide support from this House, from all members on both sides of the Assembly.

The Bill is not only about medicine; it's also about freedom of choice. I think what we have to underline here today is that Albertans have the right to have freedom of choice in medical treatments. We live in a democracy that gives us freedom of choice in elections, in movement, in education, in assembly, and in religion. This is the kingpin principle that underlines our democracy. It's very important that Albertans also have the freedom of choice in medical treatments.

In the past in Alberta this has been somewhat restricted because of some powerful groups in this province like the all-powerful pharmaceutical organizations and the College of Physicians and Surgeons and the AMA. They did it with good intention. They did it with the vision of protecting Albertans and to make sure that the therapies and the medicine available to Albertans were accepted and known treatments, were proven treatments. But what has happened in the past is that with the advance of modern medicine we found out that a lot of these treatments have not really been proven in clinical tests.

I would like to quote just a few words from the minutes of the standing committee on the Alberta heritage trust fund when we interviewed the Health department this year. On the panel representing the Health department was our own Minister of Health, there was Dr. Jean-Michel Turc, who is the chief executive officer of the Alberta Cancer Board, Dr. Heather Bryant, and Mrs. Judy Barlow. In her opening statement our own Minister of Health said:

I want to begin by saying that 90 percent of cancer treatments are experimental; only 10 percent are proven [therapies]. The esteemed doctors to my left may have further comments on this.

That's Dr. Turc.

The need for continued research I think is obvious, given those comments. Cancer remains the number two killer in our province.

It is very obvious that in traditional or modern medicine today, we're using therapies that are not proven at this time, and we admit publicly that only 10 percent are proven therapies.

So I took an active part in questioning the panel, and I asked the obvious question to Dr. Turc:

I was interested in [your opening] statement that 10 percent of the cancer treatments are proven . . . and that 90 percent are on an experimental basis. I was wondering about the experimental basis: how wide a scope do you look at? Do you look at unorthodox medicine like interaction with DMSO treatment or chelation treatment in relation to cancer?

The doctor's answer was, and I quote again from the minutes:

This is a very interesting question and a very difficult one. Three years ago my answer would have been: absolutely not. Today I have to tell you that we believe our role might not be to provide alternative therapy but to provide patients with all the information they require and need to make a decision. In the end it's their

decision. Three years ago it would have been very difficult to find anyone at the Cross informed enough or willing to provide the information on alternative treatment.

So the doctor who is the chief doctor in charge of all cancer research in our province is telling us that the role of the medical doctor is changing, that they should, in his opinion, provide their patients with all the information they need to make an informed decision. I find that very interesting.

He went on to say that in Ontario they've gone even further than in Alberta. They have a booklet that's printed, about 200 pages, which describes fully all the alternative therapies that are available throughout the world. So I asked the doctor if I could have a copy of this book, and he said he would obtain one for me. It took a couple of months, and he brought it to my office one day. It states in the preface of the book that this book is sponsored by the Ontario Breast Cancer Information Exchange Project. It's funded by Health Canada. It goes on to say that

more than half the members of our Advisory Panel are breast cancer survivors and they told us they had to search hard for information on unconventional therapies.

The book says that a lot of these people needed unconventional therapy because the traditional medicine that we could offer could not save their lives. They survived and they were there to cooperate and to print this book and make it available to the people of this country. "We have attempted to bring an opened-minded approach to our topic."

I think it shows and it proves that it's time to change the attitude of the College of Physicians and Surgeons and also of the pharmaceutical industry and accept the fact that there are all kinds of alternative medicines out there that could be very beneficial to our public and that these people should have access to these therapies. They should, firstly, have the information available to make an informed decision, and when they make an informed decision, they should know where to access, how to obtain these therapies.

I'm not in any way trying to undermine our modern or traditional medicine that we have today. They're doing a great job for us, but there is room for both the alternative therapy and the traditional medicine in our province. It all boils down to freedom of choice, and our citizens should have the right to decide on their own if they want to go on the path, down the road of modern medicine, or if it has not helped or has failed them, they have the option to turn to something else. Even more so, if they decide to try the complementary or unorthodox medicine first, they should also have the right to do that. If it works for them, it would save the province millions and millions of dollars in health care. It would not only benefit the patient; it would benefit the whole province. It would benefit this government that we're trying to promote – and I think we have to get back – that people should be responsible for their own health, that we as a government or the medical profession cannot guard the health of all Albertans, that if we give them the avenues and the tools, they can do it with alternative medicine.

We have proof today that a high percentage of our citizens are already going that route. The only problem is that it's somewhat restricted, and it's restricted by the assumption that only the modern or traditional medicine is good and acceptable. We go on to say that we can't allow these people to use this, and some of the good doctors in our province who are out there practising chelation therapy in our own province feel threatened by their peers. They feel that they have to answer questions that no other doctor exercising traditional medicine would have to answer to their profession. Even if in cancer treatment 90 percent of the

treatments are unproven, they're allowed to freely administer those treatments. When you look at the unorthodox medicine, the first question that goes up is: it's not proven, and you should not be allowed to practise this. It's a double standard. This Bill will give the right to our doctors in our province who want to practise either one or the other the right or the opportunity to do it without feeling threatened by their peers or their own organization.

So, Mr. Speaker, I would urge all members to very seriously consider voting for this Bill. I hope that we have a unanimous second reading when we call the vote, and I commend the hon. member for the fine job he's done.

4:10

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, rise in support of this Bill. It's not the first time that I've risen in support of a motion that's been brought forward from the Member for Olds-Didsbury.

I'm not going to go through any family history or history of my constituents with regards to their experiences either with chelation therapy or with other complementary or alternative therapies, whether it's with homeopaths or herbs or vitamins or aromatherapy. I think they are all avenues that are explored by individuals and that do provide relief to individuals.

My first encounter, I'd just like to say, though, with chelation therapy was also through the election campaign of '93. I happened to knock on the door of Margaret and Don Haines. They're on the executive of the chelation association, and they made me aware of what was going on. I also have had the opportunity to visit Dr. Wianko's office and have seen the operations there and have been very impressed.

I do have a couple of questions, though, that I hope the member can resolve or answer when we get into further stages of the Bill. The first is: what in essence is happening? Perhaps it's the Minister of Health that has to address this particular issue, because I think it reflects on Bill 209. I think that although we may have the best of intentions with Bill 209, if the government has no intention of implementing Bill 209, it will sit there.

I'd like to go back to the motion that the hon. member had brought forward on April 26, 1994. It indicated:

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

To my knowledge, nothing has occurred with this particular motion, even though it was passed within this Legislative Assembly. Again, I would hate to see that happen with Bill 209, that even though the intentions are there, nothing happens with that particular Bill.

The other issue that I have is that I would also like to see some forward movement from the government with regards to complementary medicines. Now, it's all fine and well, as the Member for Lac La Biche-St. Paul indicated and some other members have indicated, that freedom of choice is what we're talking about with regards to this particular Bill. It strikes me as I sit here and listen that this is only freedom of choice for those who can afford that choice. As long as these alternative and complementary therapies and treatments are not covered under the Alberta health care Act, there will be no choice for those individuals who cannot afford it. The individuals who have taken chelation therapy will know that it is an expensive treatment, that they have had to pay out of pocket, and that there have been movements to ensure that the

drugs are not available through the means that they were available through before.

So I would like to see some kind of companion, whether it's legislation or an indication on behalf of the government – and I guess in particular it would have to be the Minister of Health – that indicates what the government will do to ensure that complementary alternative treatments are available to those individuals who cannot put their hands in their pockets and pull out the amounts of dollars that are required for any of these alternative treatments.

I again would just like to reiterate my support for the Bill. My comments are not long because I have been on record before indicating that I support these particular treatments, but I would like to see what assurances the hon. member and the Minister of Health and the government as a whole will bring to the individuals who are in the audience right now as well as those individuals who are intensely interested in this process to ensure that (a) Bill 209 does not go the way of the dodo bird, and (b) there will be some indication from the government with regards to coverage under Alberta health care.

Thank you very much.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Fish Creek.

MRS. FORSYTH: Thank you, Mr. Speaker. It's a pleasure to rise today to speak in support of the Medical Profession Amendment Act. Alternative medicine is a huge umbrella term which covers a broad range of therapies not taught in any traditional Canadian school of medicine. At the top are those that we have moved closest to the mainstream, such as chiropractic, acupuncture, nutrition counseling, and massage therapy. Other therapies, such as herbology and botanical medicine, have been slower to gain acceptance.

Mr. Speaker, this last point strikes me as odd. In defence of therapies like botanical medicine and herbology, I think it's important to bear in mind that many of the pharmaceuticals and drugs we have now were developed as a result of groundwork that was laid from traditional therapies administered by ancient healers. What happened was that scientists and doctors began looking at the actual compounds, the effective ingredients in the roots and herbs people were successfully treating their illnesses with.

For example, one of the traditional native remedies for headaches was to chew on the bark of the aspen, or poplar, tree. In Egypt the scent glands of beavers were a valuable trading item for relieving headaches. For those of you not familiar with the habits of our Canadian beavers, one of their primary food items in fact is poplar bark. Poplar bark, it was learned, is loaded with ASA, which when consumed by the beaver, gets stored in his scent glands. ASA is the active ingredient in aspirin and Tylenol. The bottom line is that both the natives and the Egyptians knew what happened with their headaches, and today we use the same product in a highly refined form.

Mr. Speaker, one of the reasons that I can support this Bill is the fact that I myself have received some of the alternative therapies and have found that they work well. I have been to a chiropractor, and I have been to an acupuncturist and know firsthand that my health has benefited from both of them. My mother, who is 73, also goes to an acupuncturist. After a heart attack and many, many, many trips to the doctor, the only relief she gets is from the acupuncturist. I am sure that I'm not alone

in this. There are probably a few of us here in this Assembly who have gone to see a chiropractor, a massage therapist, or an acupuncturist. There are roughly 4,000 chiropractors in Alberta. They are licensed in all provinces and require three years of university, preferably getting a Bachelor of Science degree, followed by four years of training to be chiropractors. They are not quacks.

The other alternative medicine which I have some experience with is acupuncture. Acupuncture is the gentle insertion of a hair-fine needle into specific points on the body to stimulate the flow of one's chi, or natural healing energy. The practice of acupuncture originated in China between 3,000 and 5,000 years ago. It is based on the principle of oriental medicine and includes the well-known practice of stimulating key points in the body in order to relieve pain, prevent illness, or cure disease. Most people are surprised to learn that acupuncture needles are very thin. From 10 to 15 acupuncture needles can fit into one conventional hypodermic needle. As a result, acupuncturists are able to place these needles into the skin with a minimum of discomfort. Most needles are inserted just below the skin. From there the needles are manipulated by hand in order to achieve the maximum effect.

4:20

Sometimes, rather than inserting a needle into an accupoint, the doctor may choose to apply heat to the point or stimulate it with low-voltage electricity, which is no more than is generated by a flashlight battery. These techniques are called moxibustion and electrostimulation. They are additional tools that the doctor may use to further stimulate the natural healing powers of the body. Since acupuncture and herbal treatments are drug free, the patient avoids side effects or dependency. The number of acupuncture treatments and the frequency of visits to the practitioner depends upon the patient's diagnosis and the extent of the illness.

Mr. Speaker, as a government one of our roles is to ensure the safety of Albertans. When people are sick or in pain, they are more vulnerable than they may be otherwise. At times like this they may be open to charlatans offering to relieve their grief. This Bill does not give these charlatans access to our health care system. The college is still free to take action against them. This Bill makes it so that licensed, practising doctors can use therapies which are known to work without fear of sanction.

Mr. Speaker, this Bill gives Albertans the freedom of choice without compromising their protection from bogus medical treatments. This is why I am able to support Bill 209, and I urge my fellow members of the Assembly to support it as well.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Highlands-Beverly.

MS HANSON: Thank you, Mr. Speaker. I also rise to support the Bill, and I believe that it's long overdue. It's appropriate now because as a society actually for many years we have been starting to look at taking a little more responsibility, at holistic health, and I think we've been encouraged along this line by so many different people from different countries moving to Canada. I remember when I worked at a community health centre in the early '80s, we had people of all different backgrounds, and our approach was to do clinical work and traditional medicine in some cases but also to teach people about how to look after themselves. Many people from other countries, often Third World countries, simply take it for granted that you don't run to the doctor for clinical help whenever you're not feeling well.

There are many common therapies that are used now. Vitamin

and mineral supplements. Many of those vitamins, minerals, and other things had been used many years ago by our grandparents and great-grandparents. We now are able to diagnose food sensitivities, one of the things that we never paid any attention to before. Of course, chemical and solvent and pesticide sensitivities are some things that are becoming more common. Not too many years ago nutritional counseling and diet modification were only used for obvious weight gain or weight loss and not in the way of general health. Air and water, we're all becoming more aware of that. Of course, acupuncture, which has been mentioned several times, and chelation therapy are a very, very important part of alternative medicine.

In regard to the College of Physicians and Surgeons having to approve the safety of these procedures, I don't see the merit of that either. I know it's been mentioned several times, but I think it puts the college in a bit of a spot, because as has been mentioned before, you can't always prove that something will work. Very rarely will a doctor say to you, "I know this will work." If they have to be able to say, "I know this will work, and it won't harm" – I don't think anybody can say that. Certainly people need to be licensed, and certainly there needs to be control, but I'm not sure that the college is the appropriate place for that.

There's the issue of free choice, which so many people have mentioned. I believe it's cost saving as well. The previous speaker mentioned that we hoped the government would go forward and look at allowing Alberta health care to pay for some of these therapies, and I strongly support that. I know that acupuncture is something that helps a lot of people. A lot of people would like to use it, but it's very expensive. I believe that in the long run we save money from much of this stuff.

There's a fairly new part of medicine that I was reading about the other day, and that's environmental medicine. It studies and assesses the effects of environmental factors – water, indoor and outdoor air quality, the buildings that you work in, all of those things – on individuals with particular emphasis on the effects of foods and chemicals.

In environmental medicine once the cause of the health problem is uncovered, treatment is as direct as possible: minimal use of pharmaceutical drugs. There are other things as well. The pharmaceutical drugs are kept at a minimum because of the side effects, which often only mask the symptoms. Of course, the bigger picture of environmental controls is one part of alternative medicine. It's something that is not easy to make big changes in now, but I think more and more people are trying to work at that area. Diet, nutritional supplements, correction of hormone imbalance: all of those things are really quite direct. Many doctors have known about them for years, and practitioners and therapists have practised that kind of treatment.

There are four categories in environmental health which can trigger ill health. There are chemical factors, which we all know about, in our water, in our food, in our air. There are physical factors like heat, cold, noise, negative ions. There are biological factors: molds, parasites, and animal danders. There are also psychological factors.

This is quite interesting, I think, because psychological factors are often part of some of the chronic illnesses that we see now. For example, we hear more and more about chronic fatigue syndrome. It's the kind of thing that even the people who are ill that way find difficulty describing, yet I'm sure it's real. I have a neighbour that has chronic fatigue syndrome. A group of them met with some of the caucus a year or so ago. I would hope that a Bill like this, if it's implemented, would allow for wider

research through either practice or traditional research into many of these things.

I believe that in chronic fatigue syndrome – and there are many other chronic illnesses that doctors can't diagnose – it's not very specific, and they end up saying, "Well, it's all in your head." So that's one of the things that I would be encouraged by in this Bill. High-tech medicine is superb. It certainly is in acute interventions. But it will neither cure a growing number of chronic illnesses or degenerative illnesses, and it balloons up health care costs. Nontraditional medicine presents an opportunity for individuals to have a measure of control over their environment and presents a challenge to each member of society to take responsibility for his or her own actions as an individual and as a consumer.

With that, I would congratulate the member and say I will support the Bill. Thank you.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

4:30

MR. YANKOWSKY: Thank you, Mr. Speaker. I appreciate this opportunity to rise in this House today to speak in favour of Bill 209. I have used vitamins, minerals, and herbs for many years with great success. I have taken these remedies to build up my immune system, helping me to prevent and treat colds, the flu, and other ailments. On a more spiritual level the Bible in fact states that there is a herb for every ailment of man. I have relatives and friends who have been able to cure cancer through the use of herbal remedies. As well, both my friends and myself have spoken to many people who have been greatly helped and even cured of blocked arteries through chelation.

Just recently a constituent related to me his chelation, herb, and vitamin experience. Mr. Speaker, he said that because of a very busy lifestyle where he didn't eat properly, he reached a point where he was totally unable to function. He said that his muscles had become – and I use his words – like rotten rubber bands. He was in constant pain and unable to walk any distance. Medical doctors diagnosed the condition as heavy metal poisoning. They said that they could not do anything for him, except to prescribe some painkillers. Someone told him about a clinic in Mexico that used chelation, vitamin, and herbal therapies. He took their advice and went down to the Mexican clinic where he was diagnosed and was prescribed chelation, vitamin, herb, and colonic therapies. Today this man is totally functional. He has no more pain and can outpace and outwork many men in his age group.

Mr. Speaker, I can give you many examples of people I know, friends and constituents, who have been helped immensely through chelation therapy. These are people that were indeed very concerned about whether they would continue to live or not because of real heart problems, problems that caused them to have to take nitroglycerin tablets whenever they had to do any amount of exercise. In fact, even walking any distance was a real problem.

A friend of mine who was told that he needed bypass surgery decided that he would not endure the pain and risks of the surgery and chose to go for chelation therapy instead. At that time it was not available here in Alberta, so he had to travel all the way to British Columbia, which meant many expensive trips: stays in the hotel, meals, and so on that were incurred on the trips to Vancouver. He persevered, Mr. Speaker, and now he is experiencing excellent health. Once again, he does not take any nitroglycerin tablets, and he is able to continue with his business. He works

very hard and is able to function absolutely normally.

Mr. Speaker, I have relied on a chiropractor to keep my back in good condition. This they can do with simple manipulation of the spine. Spine manipulation is what chiropractors have specialized in for some 100 years, since the profession was formed. Often just called an adjustment, the objective of spinal manipulation is to improve joint mobility. This in turn enhances joint stability through a number of biochemical and physiological mechanisms. Medical doctors can only rely on painkillers or physiotherapy, with mixed results.

Mr. Speaker, the federal government is also being lobbied by drug companies to make certain vitamins and especially herbs available only through prescription so that they can be controlled. I suspect that among the reasons for this includes the fact that more and more people are finding that vitamins and herbs do work and are using them. The result is that these products are stealing part of the market share of the big pharmaceutical companies.

Mr. Speaker, the public is much better educated than it was 20 years ago. People are asking their doctors informed questions about their health and making their own decisions. That liberation of thought is going to create huge changes in medicine. The medical profession may indeed have to begin relying more and more on herbal and alternative remedies as many diseases are becoming immune to antibiotics and treatments.

That sounds like the bell.

THE DEPUTY SPEAKER: Pardon me. I hesitate to interrupt the hon. Member for Edmonton-Beverly-Belmont, but under Standing Order 8(5)(a) up to five minutes is provided for the sponsor of a private member's public Bill to close debate on the motion for second reading.

I would now invite the hon. Member for Olds-Didsbury to close debate on Bill 209.

MR. BRASSARD: Thank you very much, Mr. Speaker. It's obvious that there's very little I could say that hasn't already been said to add to the discussion. It's very obvious that everyone has a story to tell dealing with complementary medicine. They either have been helped or know of someone who has been helped in one way or another by some form of complementary medicine. As a number of members have already said, I think that legislation such as this is long overdue.

Quite simply, I can't put it any better than to reiterate my comment earlier: complementary medicine saves lives, and it saves money. What we desperately need is to be informed of the choices that we have and to be able to implement those choices in conjunction with qualified practitioners and professionals, and I think this Bill is a very large step in that direction.

I thank all of those who have spoken today in support of the Bill, and I look forward to ongoing debate. I would ask that we now call the question on Bill 209.

Thank you.

THE DEPUTY SPEAKER: Okay. The question's been called. All those in favour of second reading of Bill 209, Medical Profession Amendment Act, 1996, please say aye.

HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no. Let the record show it's unanimous.

[Bill 209 read a second time]

Bill 210
Citizen's Initiative Act

THE DEPUTY SPEAKER: The hon. Member for Olds-Didsbury.

MR. BRASSARD: Mr. Speaker, with your permission I would like to introduce second reading of this Bill on behalf of my colleague from Cypress-Medicine Hat, one of the joys of being a House strategy leader. It's unfortunate that the member was called away. He certainly would have liked to have been here to present this Bill, because I know that he feels very strongly about the issues surrounding the Citizen's Initiative Act and the type of response that that would bring.

Obviously he wants to see more public input into our present legislative process directed by ordinary citizens. I think this makes for superior legislation and for a public which feels good about its political institutions. That is the reason, Mr. Speaker, why we are going along this road already. We are involving average people into the process because we feel it's very important, and that has become part of this government's policies with the electorate for quite some time now.

In considering Bill 210 and its goals, I believe we should look at the ways in which Albertans have already been directly involved in the decision-making process since this government was elected in 1993. It has been and remains to be, Mr. Speaker, a goal of this government to listen to Albertans and to ensure that the priorities of this government are indeed the priorities of Albertans. We have consulted with Albertans regularly through roundtable discussions, our 1-800 line, town hall meetings, and questionnaires to determine exactly what it is that Albertans do indeed want.

Mr. Speaker, we're continuing to consult with Albertans. Just a few weeks ago, as a matter of fact, every household in Alberta received a mail-out entitled Straight Talk, Clear Choices, which asks Albertans for their views on how we should reinvest in Alberta, how extra dollars should be spent. At present and over the next three weeks the opinions of Albertans will be sent in and compiled by the Treasurer's office. Shortly thereafter the results will be released, and the government will have a direction directly from the people of Alberta.

By no means is this the first time that this government has consulted with Albertans. In 1993 roundtables were held throughout the province to discuss how the government should restructure the health system in Alberta. Albertans made it clear that they would prefer to receive more care in their homes and in their communities rather than have to go into institutions for their care.

4:40

Well, Mr. Speaker, this government listened to Albertans, and we have responded by returning decision-making power to the people within communities. The delivery of health services in this province has shifted from institution-based care to community-based care. On April 1, 1995, the province's 17 regional health authorities officially replaced over 200 hospital and health unit boards and became responsible for health service delivery in each region. RHAs provide communities and individual Albertans with greater input in the health care services that they receive. The RHA structure gives power to people at the local level, where decisions can be tailored to fit the needs and values of the community.

The transformed health system promotes greater community and personal responsibility for health, encourages independence, and

enables persons with health limitations and disabilities to stay in their own homes and communities. Mr. Speaker, now people with long-term care needs, who would otherwise remain in a hospital, have the opportunity to receive care in the comfort of their own homes and communities. Albertans told us that they wanted that, and this government has indeed delivered.

Last month Alberta Health announced that future RHA members would be selected through a combination of election and appointment. This selection process ensures accountability and representation from a wide cross section of the community. Again, Albertans told us that they wanted this. So here's another forum where individuals can directly impact the direction of government and public services.

The reason I'm raising all of this, Mr. Speaker, to ease your level of concern, is that this Bill calls for yet another round of public input. It in many ways mirrors much of what we have done. In point of fact, consultations with Albertans will continue to ensure that their views are incorporated into government policies and programs. This year alone about 4,000 Albertans will be asked about their views on the health system in Alberta.

Another important direct input that Albertans have had and continue to have is a local-based education system. A new direction for education has been developed to ensure that all Albertans have the opportunity for meaningful involvement in the education of their children. Over the past two years this government has restructured our education system.

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

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Centre is rising on a point of order.

Point of Order
Relevance

MR. HENRY: Thank you, Mr. Speaker. I believe it's 459, relevance. I'm having a little bit of trouble connecting the member's comments with the Bill. I just wanted to check with the Speaker. I believe we are dealing with Bill 210, Citizen's Initiative Act. I'm afraid the member is going to draw us into a two-way debate in terms of whether the government really has consulted with Albertans on their various initiatives in the last two years or indeed whether they've been a sham and just simply a shell for a predetermined agenda. I don't want to enter into that debate because I really would like to talk about citizen's initiatives both in our jurisdiction and others. So I would ask if the Speaker could direct the member to perhaps tie the comments directly to the Bill. Otherwise, I would assume that that sets the stage and the latitude for debate as we go on.

Thank you.

MR. BRASSARD: I appreciate those comments, Mr. Speaker. I do believe that there is relevance in what I am saying. The intent of the Bill is to ask for more direct input from the citizens of Alberta into the management and operation of this government in the form of initiatives that they bring forward. Well, what I've identified and I hope will continue to identify is the fact that we are already doing that. We are already going to the citizens of Alberta and asking them what they think on a number of issues. So it opens, I believe, a very clear link between the citizen's initiatives that are being called for in this Bill and the issues that I'm identifying.

Thank you.

THE DEPUTY SPEAKER: Okay.

The hon. Member for Red Deer-South wishes to supplement the comments with regard to the point of order?

MR. DOERKSEN: Yes, Mr. Speaker, if that's acceptable. There have been many rulings in this Assembly over the past number of years I've been here that allow a great deal of latitude when we're discussing particular Bills. I don't think there's any exception in this particular debate that the hon. Member for Olds-Didsbury is raising. I think he should be allowed to continue. It is very critical that citizens have input. He's demonstrating that in our process of roundtables we've had a number of them with health and with education. I've participated in a number myself on education matters and the Young Offenders Act. So I think the hon. member should be allowed to have latitude and continue with this debate as it ties right in.

THE DEPUTY SPEAKER: Okay. Anyone else on this side?

Well, taking the point of view that has been offered by the hon. Member for Edmonton-Centre on relevance, the Speaker was perplexed and even drew attention of his perplexity to the hon. member who was speaking, who tried to assure the Speaker that it was relevant. The Chair must confess, though, that it was not relevance as much that was causing my perplexity as the appearance that this was a government Bill. One of the things that the Chair has tried to establish with the changed nature of private members' public Bills is that we are having those Bills brought forward not as government Bills or not as opposition Bills but as private members' Bills. To the extent that this is being characterized as a government initiative or together with them, the Chair has some angst with that line being there and would caution on that.

On the matter of relevance itself, then, I can accept the argument that maybe the government has consulted. Somebody could also get up and say that the opposition has consulted. But hopefully we can get on with the Bill as a private member's and not as an adjunct to government. Government eventually will have to deal with it, but it is our private member's public Bill time.

With that, I'll ask Olds-Didsbury to continue.

MR. BRASSARD: Thank you, Mr. Speaker. I thank you for your comments and your judgment. I'm not just sure what the decision was, but I'm going to carry on anyway.

Debate Continued

MR. BRASSARD: I guess the bottom line on all this, Mr. Speaker, I have to say, is that from reinvestment questionnaires to roundtable discussions to direct input into the delivery of health and education in their regions Albertans already have a very definitive and direct role in shaping public policy in Alberta. Bill 210 functions within this spirit, I realize, but I do not believe it will allow for the same level of input. One reason is the clauses limiting revenue and expenditures. Another is that passage may restrict the decision-making initiative of politicians who indeed were elected to come up here and represent them. Another issue is that citizens' initiatives on controversial topics may be extremely divisive and provide no clear answers for Albertans or their representatives.

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

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Centre is rising on a point of order.

Point of Order Questioning a Member

MR. HENRY: Yes, point of order, Mr. Speaker. I'm just wondering if the hon. member would entertain a question. The question that I would like to ask is whether he is supporting the Bill or not.

THE DEPUTY SPEAKER: The hon. member only has to say yes or no or leave it till the end, whatever.

MR. BRASSARD: With all due respect, no, Mr. Speaker. Thank you.

4:50 Debate Continued

MR. BRASSARD: Mr. Speaker, basically, perhaps to conclude. To answer his concern, I agree with the sentiments expressed in the Bill, that we should have direct public input. However, I believe that this is already being addressed. I look forward to the ongoing debate in this Legislature, and perhaps then I could give you a more definitive answer.

Thank you, Mr. Speaker.

Point of Order Clarification

MR. HENRY: I just want to make sure I understand what happened here. The member stood in his place and moved second reading of the Bill on behalf of another member, yet he's not supporting the Bill. That's what I understood.

THE DEPUTY SPEAKER: I don't know that that has any relevance to the debate.

MR. HENRY: It was a point of order.

THE DEPUTY SPEAKER: The hon. Member for Olds-Didsbury has a point of order?

Point of Order Imputing Motives

MR. BRASSARD: Yes, 23(i). I said no such thing, Mr. Speaker. I said that I was going to wait till the fullness of debate to give him a more definitive answer, and that rests. I don't wish to have my . . .

MR. WOLOSHYN: Motives impugned.

MR. BRASSARD: Okay; there you go. Thank you.

THE DEPUTY SPEAKER: I gather a point of clarification. You have it. It is Edmonton-Centre's turn.
Edmonton-Centre.

MR. HENRY: Thank you for the clarification, hon. member.

Debate Continued

MR. HENRY: I, too, would like to rise and speak on Bill 210, Citizen's Initiative Act. I can't help but respond to some of the comments that have been made by the previous speaker. With

regard to all of the consultations and the question that I understand being posed in do we need the Citizen's Initiative Act when we've had all this consultation and supposedly the government has listened to the citizens of Alberta, the question I posed in this House before and I'll pose again is: who in this province told the government through roundtables, through surveys, through public opinion polls, through public meetings to chop kindergarten in half in this province? The hon. Member for Stony Plain is now on record saying that he did. He told the government – Yes? I see him nodding his head – to cut kindergarten. As long as that's on the record, hon. member.

[Mr. Clegg in the Chair]

Mr. Speaker, I wonder who told this government to hack away at our universities and hack away at the research capacities of our universities and the ability to keep – I see I've woken the hon. minister. With regard to roundtable discussions, public meetings, petitions, public opinion polls, straight talk and not so straight talk, I'd like to know who told the government to cut seniors' programs in this province. Again, the hon. members – and that's typical of this government – are all pointing at each other. It wasn't me. It had to be the other guy. I see the hon. member from one part of the province pointing to another hon. member from another part of the province, neighbours no less. Stony Plain and Barrhead-Westlock saying: it wasn't me; it had to be the other guy. However, the bottom line here, in response to some of the comments from the hon. Member for Olds-Didsbury, is that he really must think he's on a roll if he expects members of this House to believe that this government really listened to Albertans through all the supposed consultations and shams.

I daresay, Mr. Speaker, some of the evidence I've seen through some true consultations with Albertans is: a term such as “roundtable” has become a bad word in Alberta. Consultations: people don't believe. People in this province do not believe governments when they say consultations because repeatedly they have been brought to the table. I daresay with the education roundtables – and I attended both major roundtables. Only at one of the two sessions was the particular issue brought up with regard to charter schools. One out of 16 groups raised that issue, and that all of a sudden became the government's platform. So I don't know where the government listened.

Let's get directly to the Bill, before the hon. Member for Olds-Didsbury calls me on relevance here. One of the concerns that has been raised with me with regard to this Bill, Mr. Speaker, has to do with some of the procedures for allowing citizens' initiatives to go forward with regard to the number of signatures, the amount of days, the 180 days that are allowed to collect the signatures, and requiring 10 percent. Was that an appropriate number? Was that an inappropriate number? Is that putting too many roadblocks?

I've really looked at it. One of the things we have to be careful about in talking to the principle of the Bill, in supporting citizens' initiatives – and I think in principle most reasonable people would support direct citizen involvement in decision-making in our society and in our democracy – is that we don't have, dare I say, frivolous or narrow representation causing major expenditures of public resources in terms of getting initiatives started. There must be some substantial concern out there before we end up having to go to the electorate with a plebiscite.

I think the hon. Member for Cypress-Medicine Hat – and we may set a record here; I may for the first time compliment him on

his work – has done a fine job here of balancing the two pulling forces, one of encouraging direct citizen participation in democracy and the other of trying to limit frivolous or inconsequential or very narrow-support initiatives from getting on the ballot. I think there's been a good balance achieved in this Bill. I think it's it tries to balance those two, and I think it's been fairly successful in doing that.

I tried to think, when I was looking at this Bill, what sorts of initiatives might have come. What would this have been used for? Of course, there are always the hot buttons. You know, we have, dare I say, capital punishment, or we have corporal punishment in schools. Those tend to be the hot kinds of issues. One of the things that we would want to be sure – and I'm going to wait for the hon. member to explain this further. I'm not sure if in this Bill there's a clarification, unless it's through the review of the Chief Electoral Officer, of issues that are of jurisdiction to this Legislature. For example, would there be a citizen's initiative affecting conflict in Kurdistan perhaps? Would that then result in a Bill in this Legislature? I think all members would agree that that is beyond our realm of authority to deal with. I know the hon. Member for Stony Plain would like to be omnipotent and suggest this Legislature has the authority to govern what happens in Kurdistan, but unfortunately, or fortunately perhaps, given the government of the day, we don't. So we would want to be sure that the initiatives have to do with issues that are within our jurisdiction.

As well, we'd want to be sure that the initiatives deal with issues that don't usurp power from other governments. Again, there could be a citizen's initiative, that I know would be supported by many government members in this Legislature and perhaps every member across the way, to withdraw the rights of Catholic school supporters to govern their own Catholic system in this province. Well, clearly that offends the Charter, and clearly that offends constitutional provisions that were put in North-West Territories Ordinances in 1901 and in the Alberta Act in 1905 and incorporated in our Constitution.

The Bill I think from first examination doesn't have those provisions, unless it's implied by the fact that the Chief Electoral Officer would have to approve the nature of the petition. So I'd want the hon. member in his time to clarify that when we get into that form of debate.

MR. DOERKSEN: Mr. Speaker.

THE ACTING SPEAKER: The hon. Member for Red Deer-South on a point of order.

Point of Order Questioning a Member

MR. DOERKSEN: I'm just rising to ask the member if he would entertain a question in debate.

THE ACTING SPEAKER: Yes or no?

MR. HENRY: Perhaps not at this time. If there's time at the end of my comments, I'd be more than happy to do that. [interjections]

THE ACTING SPEAKER: The hon. Member for Edmonton-Centre.

Debate Continued

MR. HENRY: Thank you. If I could continue, Mr. Speaker. I hear hon. members to my right – and I say that in more than one sense – to my far right, to my far, far right. I hear hon. members chirping away, as the Treasurer would say, asking whether I support this Bill. If the issues that I am identifying now can be addressed – and I hope that they can – I certainly plan to support this Bill when it comes to the vote. I want to remind members of the comments of the Chair earlier this afternoon. This is a private member's Bill, and I will be supporting this initiative as a private member would support this initiative. So I suggest that the rest of my caucus colleagues will certainly speak for themselves, as they normally do.

5:00

I tried, as I was saying earlier, to go back and think about what sorts of issues would be legitimate for a citizens' initiative. What sorts of issues would this allow my constituents to be more participatory in in terms of our democracy? I think back over the last several years, and I think in this province and certainly in this city if we'd had this legislation 10 years ago, we would have had an initiative brought to a plebiscite that I think would have forced a Bill in this Legislature to stop loan guarantees to business, direct loan guarantees which the Conservative government wasted about \$3 billion of taxpayers' money on. I daresay we would have seen an initiative. In fact, I probably would have initiated the initiative to stop the drain of our resources into NovAtel.

THE ACTING SPEAKER: The hon. Member for Stony Plain on a point of order.

**Point of Order
Relevance**

MR. WOLOSZYN: Mr. Speaker, yes. *Beauchesne* 459, relevance. I would like to, without taking the time of the House, remind the hon. Member for Edmonton-Centre to read in *Hansard* his very remarks to Olds-Didsbury, and having done that, he will know that he should be ruled out of order because he's away off topic.

MR. HENRY: Au contraire, Mr. Speaker. I suggest to the hon. member that I'm more on topic than anything that's been done in the last half hour in this House, especially the hon. member. Specifically what I'm saying is: I'm trying to describe examples from our own history where, if we'd had this legislation in place, we could all have been better off, and one would have been. If we'd had this legislation, we wouldn't have had NovAtel and we wouldn't have had Gainers because the citizens of my constituency would have risen up at the time – and I would have helped them do that as a member, as an individual citizen – and forced the initiative on the ballot, which would have stopped this government from bleeding away the resources in this province.

THE ACTING SPEAKER: On the point of order. The hon. Member for Stony Plain rose on a point of order. Obviously, we have a difference of opinion here. This Bill has a large scope in which to make comments, and I don't think the hon. Member for Edmonton-Centre is out of order.

The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker for your, as usual, wise and judicious ruling in this Legislature.

Debate Continued

MR. HENRY: Mr. Speaker, I'm trying to get an interpretation of the hand signals from the hon. government Whip. I think we're in trouble. I think he thinks that he's my Whip. One of two things is happening. Either the government member plans to cross the floor and sit as the opposition Whip . . .

AN HON. MEMBER: Again.

MR. HENRY: Again. Again cross the floor, or something maybe even worse is happening: he's got ideas that I might cross the floor and be in his caucus.

THE ACTING SPEAKER: Now, hon. member, you certainly aren't on the topic of the Bill in the last minute, so I suggest you get onto the Bill now.

MR. HENRY: Back on the topic, Mr. Speaker. The notion of a citizens' initiative is I believe a good notion, and I tried, as I said earlier, to look at some of the things in the past that we could have used initiatives for and that would have saved the taxpayer a lot of grief in the end.

Now, I've also tried to look at the future. What sorts of things might be brought under this initiative, and what sorts of things might there be? One of the things that I think would come out of my constituency in terms of initiatives – I have talked to some of my constituents about whether we should support this, whether I should support this particular Bill and what they would use it for. I daresay you would see a moratorium on the proliferation of government-sponsored gambling in this province. You'd see an initiative come forward where the public – and I think it would be supported – would say, "Let's take a couple of years out of expanding our gambling and look at what the role of gambling should be in our society." That's not to say that gambling's all bad. Perhaps there should be a Las Vegas strip in downtown Edmonton or Calgary as a tourist attraction. Maybe we should limit the gambling in terms of the kinds of neighbourhoods, and I think that would be one of the initiatives that would come from my constituency, Mr. Speaker.

Another initiative that might come from my constituency might be with regard to the Municipal Government Act, because one of the provisions that's been put into place has been a loss of tax-exempt status for community and nonprofit groups in my constituency, specifically community leagues and others that do good. So I think that would be another one.

Mr. Speaker, I know that hon. members would like to have me stand for another 10 minutes, but perhaps I can do that at another point. I'd move adjournment of the debate.

THE ACTING SPEAKER: The hon. member has moved that we adjourn debate on Bill 210. All those in favour, please say aye.

HON. MEMBERS: Aye.

THE ACTING SPEAKER: Opposed, if any? Carried.
Deputy Government House Leader.

MRS. BLACK: Yes, Mr. Speaker. I'd like to move that we call it 5:30 and we reconvene at 8 o'clock tonight in Committee of the Whole.

THE ACTING SPEAKER: The hon. Deputy Government House

Leader has moved that we call it 5:30 and adjourn until 8 o'clock, when we will be in committee. All those in favour, please say aye.

HON. MEMBERS: Aye.

THE ACTING SPEAKER: Opposed, if any? Carried.

[The Assembly adjourned at 5:06 p.m.]

