

Legislative Assembly of Alberta

Title: Wednesday, August 14, 1996 1:30 p.m.
Date: 96/08/14
 [The Deputy Speaker in the Chair]

head: **Prayers**

THE DEPUTY SPEAKER: Let us pray.

Heavenly Father, we pause at the beginning of this 54th day in the Fourth Session of the 23rd Legislative Assembly to express our thanks for the blessings of friends and family and to reflect upon the good memories of those loved ones who have passed from our midst.

Guide us in all our deliberations and debate that we may determine courses of action which will be to the enduring benefit of our province of Alberta.

Amen.

Presentation to the Assembly of Mary Anne Balsillie, Member for Redwater

[Mr. Mitchell and Mr. Bruseker stood at the Bar with Mrs. Balsillie]

THE DEPUTY SPEAKER: Hon. members, I have received from the Chief Electoral Officer of Alberta the report of the returning officer containing the results of the by-election conducted on May 21, 1996, in the constituency of Redwater, and the said report further shows that Mary Anne Balsillie was duly elected as the Member for Redwater.

[Mr. Mitchell and Mr. Bruseker escorted Mrs. Balsillie to the Mace]

MR. BRUSEKER: Mr. Speaker, I have the honour to present to you Mary Anne Balsillie, the new member for the constituency of Redwater, who has taken the oath as a member of this House and has inscribed the roll and now claims the right to take her seat.

THE DEPUTY SPEAKER: Let the hon. member take her seat. [applause]

THE DEPUTY SPEAKER: Hon. members will note that there is a new person at the Table today. For all of you who have not yet met her, her name is Shannon Dean. Shannon has recently been appointed as Parliamentary Counsel to the Legislative Assembly. Ms Dean brings with her experience in corporate and commercial law. She most recently acted as legislative adviser involved in drafting legislation and regulations in a department of the Alberta government.

head: **Presenting Petitions**

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

MR. DICKSON: Thank you very much, Mr. Speaker. I'm pleased to present a petition signed by 1,938 Calgarians urging that the Calgary General hospital, also known as the Bow Valley centre, remain open and fully operational, servicing the needs of the inner city, the city of Calgary, and the rest of southern

Alberta, as has been the case for more than 100 years.

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

MR. DUNFORD: Thank you, Mr. Speaker. I rise this afternoon to present a petition of 3,886 signatures from the constituents of Lethbridge and surrounding areas. This petition expresses concerns regarding the Gaming and Liquor Act, specifically with the transporting of liquor in a vehicle, and asks that the section of Order in Council 319/96 . . . [interjections]

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

MR. BRUSEKER: Thank you, Mr. Speaker. I, too, would like to present a petition signed by 2,448 Calgarians requesting that because the Calgary General hospital is so critical to the inner city, it remain open as a full-service, fully operational hospital.

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

MR. WICKMAN: Thank you, Mr. Speaker. I, too, wish to table petitions with 1,905 names to the thousands of others demanding that the Calgary General hospital remain open as a fully operational facility.

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

MRS. SOETAERT: Thank you, Mr. Speaker. I, too, have a petition signed by 1,870 Calgarians who are concerned about the Calgary General hospital and ask that it remain open and fully operational as a hospital.

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

MR. SAPERS: Thank you, Mr. Speaker. With your permission I would like to table with the Legislative Assembly today a petition signed by 1,869 Calgarians who are demanding that the Calgary General hospital remain open and fully operational as a "hospital", servicing the needs of the inner city, the City of Calgary and the rest of Southern Alberta as has been the case for more than 100 years.

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

MR. DALLA-LONGA: Thank you, Mr. Speaker. I, too, have a petition signed by 1,513 Calgarians requesting that the Calgary General hospital, otherwise known as the Bow Valley centre, remain open as a full-service hospital.

THE DEPUTY SPEAKER: The hon. Member for West Yellowhead.

MR. VAN BINSBERGEN: Thank you, Mr. Speaker. I am pleased to present a petition signed by 704 Calgarians which reads as follows:

We the undersigned petition the Legislative Assembly to urge the government of Alberta to suspend hospital closures in Calgary and immediately hold an independent public inquiry on health facilities in the city.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, have a petition demanding that

the Calgary General Hospital (Bow Valley site) remain open and fully operational as a "hospital", [serving] the needs of the inner city.

It's signed by 1,249 Calgarians. I'm sure the Calgary MLAs are listening to the tabling of these petitions; right?

THE DEPUTY SPEAKER: The hon. Member for St. Albert.

MR. BRACKO: Thank you, Mr. Speaker. I'm tabling a petition from 247 Albertans from the fair city of Calgary who urge the government to maintain operation of the Bow Valley centre with a 24-hour emergency service.

MRS. BALSILLIE: Mr. Speaker, I am pleased to present to the Legislative Assembly 1,700 names of Calgarians that are petitioning to demand that the Calgary General hospital remain open and fully operational as a hospital.

Thank you, Mr. Speaker.

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I, too, rise to table 189 signatures of petitioners from Calgary and surrounding area urging the government to stop hospital closures from proceeding until such time as a full, independent public inquiry into health facilities in that city has been held.

MR. MITCHELL: I rise to table a petition signed by 1,700 Calgarians and Albertans elsewhere, bringing the total of signatories to this petition to over 18,000 Albertans, Mr. Speaker. This petition demands that

the Calgary General hospital (Bow Valley site) remain open and fully operational as a "hospital", servicing the needs of the inner city, the City of Calgary and the rest of Southern Alberta as has been the case for . . . [some] 100 years.

head: Notices of Motions

1:40

THE DEPUTY SPEAKER: The hon. Member for Calgary-North Hill.

MR. MAGNUS: Thank you, Mr. Speaker. I give oral notice of Bill 49, the Gas Utilities Amendment Act, 1996, which I will introduce tomorrow.

MR. MITCHELL: Mr. Speaker, I rise pursuant to Standing Order 40 to ask the Legislature to provide us leave to debate after question period and throughout this afternoon the following motion:

Be it resolved that the Legislative Assembly of Alberta urge the government to create a special nonpartisan review board to investigate the damage done by budget cuts and government policy to the health care system and make recommendations for remedial action.

THE DEPUTY SPEAKER: The hon. Leader of the Opposition.

MR. MITCHELL: Thank you. Mr. Speaker, I also would like to

give the Legislative Assembly notice of a motion pursuant to Standing Order 30 advising that I plan to move to adjourn the ordinary business of the Assembly to discuss the urgent matter of the need for an interim budget to adequately fund health care in Alberta given that the Minister of Health has admitted that the government has cut too much funding from the current health care budget, which has resulted in unnecessary suffering and death.

head: Introduction of Bills

THE DEPUTY SPEAKER: The hon. Minister of Justice.

**Bill 46
Electoral Divisions Act**

MR. EVANS: Thank you, Mr. Speaker, I request leave to introduce a Bill, being the Electoral Divisions Act, Bill 46.

[Leave granted; Bill 46 read a first time]

head: Tabling Returns and Reports

THE DEPUTY SPEAKER: The hon. minister of transportation . . . No.

DR. WEST: Yes, Mr. Speaker. Today I'd like to file an order in council . . .

THE DEPUTY SPEAKER: Order. I do have to give you your proper title. Sorry; it's the Speaker's mistake.

The Hon. Minister of Economic Development and Tourism.

DR. WEST: Mr. Speaker, we're moving too fast I think.

Mr. Speaker, I'd like to file an order in council passed August 14 by the Lieutenant Governor in Council to the Gaming and Liquor Act. It's an amendment regulation that clarifies once and for all that there is no consumption of liquor within a vehicle, and it sets out specifically where the liquor must be transported and where it must be placed, out of easy access to the occupant of the vehicle.

MR. MITCHELL: I table a copy of a letter from the mayor of Calgary, Al Duerr, to the Premier and to Mr. McCaig, the chair of the Calgary regional health authority, dated July 4, 1996, in which letter the mayor calls for the province and the Calgary regional health authority to commission an independent study of health care services in Calgary, specifically with terms of reference for the study to include

a review of how the Calgary General Hospital site and facilities could be best be used to address the overall health care needs of Region 4.

It doesn't sound like he wants it closed, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Cypress-Medicine Hat.

DR. TAYLOR: Thank you, Mr. Speaker. I'm pleased to present in the House today four copies of the annual report of the Alberta Research Council. The copies have already been distributed to the MLAs.

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

MR. DICKSON: Thanks, Mr. Speaker. I wish to table a number of documents. Firstly, a copy of my letter to the chairman of the Calgary regional health authority dated July 24, 1996, responding to the inner-city community health task force report. Secondly, I have copies of correspondence from Calgary community associations concerned about closure of the Bow Valley centre, as follows: Renfrew Community Association, Rideau-Roxboro Community Association, Crescent Heights Community Association, Thorncliffe, Greenview, Tuxedo, Hillhurst Sunnyside, Bridgeland Riverside. Also correspondence from the Inner City Coalition representing the following Calgary communities: Albert Park, Radisson Heights, Banff Trail, Bankview, Bridgeland, Riverside, Capital Hill, Cliff Bungalow-Mission, Crescent Heights – it's a large city, Mr. Speaker – East Village, Eau Claire, Elbow Park, Elboya, Erlton, Hillhurst, Sunnyside, Hounsfield Heights, Inglewood, Killarney, Glengarry, Montgomery, Mount Royal, Mount Pleasant, Parkhill, Stanley Park, Ramsay, Renfrew, Richmond, Nob Hill, Rideau, Roxboro . . . [interjections] Out of courtesy to the members opposite . . .

THE DEPUTY SPEAKER: Hon. member, are you going to mention every street and road and district in the city of Calgary?

MR. DICKSON: Certainly not, Mr. Speaker. My intention was to economize on time by not going through and identifying the specific documents, putting them in as a group, but I thought it was only appropriate to mention the community associations involved. I'm just now at the end.

I just say: Rosedale, Scarboro, South Calgary, St. Andrews Heights, Sunalta, Tuxedo, Victoria Park, and West Hillhurst. In addition, Mr. Speaker, not from community associations but from 318 concerned Calgarians is a coupon which says:

Downtown Calgary needs a full-scale hospital facility. Forcing inner-city residents to travel out of the area for a hospital will cause hardship for patients and families.

There's more, Mr. Speaker, but to economize, I'll leave it at that. I think all members have the clear gist of this message.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Shaw.

MR. HAVELOCK: Thank you, Mr. Speaker. I'd like to table four copies of the share sale agreement executed by the province, ASWMC, and the Bovar group of companies.

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

MR. BRUSEKER: Thank you, Mr. Speaker. I have five documents to table. I have four copies of each of them for you. The first is a letter from Alderman Bob Hawkesworth to Paul Rushforth, the chief executive officer of the Calgary regional health authority. This is dated April 2, 1996, requesting information on the rationale for the closure of the Bow Valley centre and the Holy Cross hospital.

The second document that I would like to table, Mr. Speaker, is from Alderman John Schmal to the same individual, Mr. Paul Rushforth, dated May 8, 1996, asking for a breakdown of the Calgary regional health authority's costs to renovate the Bow Valley centre rather than close it.

MR. SAPERS: They didn't get it yet either.

MR. BRUSEKER: They didn't get a response yet either.

The third document I would like to table is four copies of a document entitled the Calgary General hospital: Time for a Considered Second Thought, a rationale for reviewing the decision for closure. This is written by Mr. Bob Hawkesworth, Joe Ceci, and John Schmal, all of whom are aldermen within the city of Calgary, dated May 16, 1996.

The fourth document I would like to table, Mr. Speaker, is also from Alderman John Schmal to Bud McCaig, the chairman of the regional health authority, concerning the definition by the Calgary regional health authority of the term "immediate care."

The final document, Mr. Speaker, that I would like to table is also from Alderman John Schmal to Bud McCaig, chairman of the Calgary regional health authority, dated June 6, 1996, asking when the freeze on hospital construction was removed by the government that would allow for the \$100 million of construction to occur at three Calgary hospitals.

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

MR. DECORE: Mr. Speaker, I wish to table four copies of a letter from a constituent in Edmonton-Glengarry. The letter is a tale of woe which outlines the difficulty that this woman had with the health care system in Edmonton, a system that is sloppy and chaotic and almost cost this woman her life.

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

MR. DALLA-LONGA: Thank you, Mr. Speaker. I wish to table four copies of a submission to the citizens' hearing on the proposed closure of the General hospital, and this submission is from the alumnae association of the Calgary General hospital. They've listed some of their concerns in here and have concluded that they feel there are too many issues that are not addressed and that need to be explored before we proceed to close the General hospital.

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. I have three tablings from Calgary that I would like to have tabled today. The first is a guest column from Dr. Thomas Rich who talks about "Inner city needs acute care hospital," and that anything short of that will put people in the Calgary region at risk.

The second is a letter to the editor by Howard McEwen, who states that "Premier Ralph Klein should pay less attention to 'blinking' and more to 'listening and responding.'"

The third is a letter from Mrs. Eileen Teslenko, who states:

It's wrong to intentionally set about to starve a health care system so people will clamour to have a private system put in place to try to save their lives and those of their families.

1:50

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

MRS. HEWES: Thank you, Mr. Speaker. I beg your leave to table two documents today. One is from Phyllis McNally speaking on behalf of the Kerby Centre, a seniors' centre in Calgary that has a remarkable reputation for serving seniors not only in the city of Calgary but throughout the province. It

represents 5,000 members as well as 23,000 nonmember seniors who use the services. Phyllis McNally and the Kerby Centre are asking that the Bow Valley centre be kept open through a number of areas: emergency and trauma unit, the consolidation of acute geriatrics, the psychiatric and forensic psychiatric unit, and the cardiac rehabilitation unit.

Mr. Speaker, I have a second tabling. It's a statement by Sabine Joffe of Calgary. Ms Joffe is an MSW. She has been in Calgary for some time and also has lived in Toronto. She has given us, I think, a very succinct and objective analysis of the problems that we are experiencing in health care that should be useful to the government.

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I have four quick tablings. The first of them is authored by the Downtown Business Association of Calgary in relation to the Calgary General hospital, speaking to issues of access, emergency, ambulance, cost-effectiveness, and the purpose of the Calgary General hospital with some sound arguments as to why it should be maintained for the benefit of all Calgarians and residents of that area.

The second tabling is one prepared by Dr. Dennis Linden. It's titled: A Critical Appraisal of the CRHA Budget. It, too, speaks about cost comparisons and how budgets and expenditures should better be balanced in that city to provide the kind of health care Calgarians and residents of the area require.

The third tabling is an article that appeared recently in the *Edmonton Journal*, which is titled "Rural MDs see more strain, less income." It talks about the unfortunate exodus of MDs from the rural areas as a result of ill-planned health care restructuring.

My final tabling, Mr. Speaker, is an article from the *Calgary Herald* dated May 12, 1996, which is titled "Towns cry for more doctors." It, too, emphasizes how critical the shortage is becoming for health care providers in the rural areas throughout our province.

Thank you.

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

DR. PERCY: Thank you, Mr. Speaker. I rise to table a letter of concern from Dr. Thomas Rich, an emergency physician at the Bow Valley centre, regarding the process by which the decision was reached to close the Bow Valley centre and the consequences of that decision. I have four copies of his letter.

MR. KIRKLAND: Mr. Speaker, I have two tablings this afternoon. The first is dated May 12, 1996. It's addressed to Bud McCaig, the chairman of the Calgary regional health authority, and it's signed by alderman John Schmal. In essence, the letter is questioning the capital expenditures proposed by the Calgary regional health authority.

The second tabling, Mr. Speaker, this afternoon is signed by Ann Kurpe, the president of the Victoria Community Association out of Calgary, and that letter chastises the regional health authority for lack of public input regarding the future of the Bow Valley hospital, also the lack of public information and access to it. It also questions the capital expenditures in the Calgary regional health authority in light of the fact that there's a tremendous shortage of operating dollars for medical services.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I also have a series of tablings. The first is from the Calgary and District Labour Council, which represents 28,000 working people, calling for an immediate moratorium on all capital cost expenditures and hospital closures until there have been full public hearings.

The second is with regards to the Calgary General hospital and is a letter from the United Nurses local 115 president to John McCaig, chairman of the Calgary regional health authority, requesting that there be active participation by the bedside nurses with regards to restructuring of the health care system in Calgary.

The third is a region 4 health services information publication that indicates:

Anxiety of staff at the bedside, loss of physicians and surgeons . . . closure of hospitals, movement of programs and lack of communication were among the key concerns raised by union [reps]

at the meeting with the Capital regional health authority.

The next group of tablings are two different sets of fact sheets with regards to the Calgary General hospital talking about why the hospital should remain open. I suggest that the Member for Calgary-Mountain View get a copy of these and read these in order to understand what this is all about.

Thank you.

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

MR. SEKULIC: Thank you, Mr. Speaker. I have one tabling this afternoon. It's from a Dr. Thomas Rich, who is an emergency room physician at the Bow Valley centre. He wrote a number of letters. In fact, I think the first letter he wrote was to the Premier, and then after that he titled it, "To those who may be concerned." This Dr. Rich outlines his very serious concerns regarding the process in the decision to close the Bow Valley centre, citing that if an objective process were used, the outcome would have been different.

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

MRS. SOETAERT: Thank you, Mr. Speaker. I'd like to table four copies of this article called Learn the Facts. It is provided by concerned citizens of Calgary and the medical staff association of the Calgary General hospital, and it is stating the facts about the cost-effectiveness of keeping the Bow Valley centre open.

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

MR. HENRY: Thank you very much, Mr. Speaker. I have two tablings, if I may today. The first is an article citing the concerns, written by the professional advisory committee at the University of Alberta hospital regarding the chaos and crisis in health care restructuring in this city. [interjections] The government members may laugh, but they should experience a trip to the hospital.

The second tabling, Mr. Speaker, is a letter addressed to me from a constituent of mine who is a third-generation Albertan and retired businessperson in my riding. I want to note that I've deleted the name of the individual to protect the privacy of the

individual and his family, but I am tabling this because in this letter the individual outlines a regrettable and perhaps horrific experience his wife had at one of the hospitals in the Edmonton area. I'm tabling this for two reasons: one, this individual has tried through official routes in the past to get answers to questions . . .

**Speaker's Ruling
Tabling Documents**

THE DEPUTY SPEAKER: Hon. members, I think the Chair is being perhaps more than lenient. We could have speeches on some of these tablings, and I think a succinct comment would be sufficient, and we've had two or three succinct items here so far.

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

MR. HENRY: Okay. Thank you. Just one sentence. The individual has not gotten satisfaction from the MLA-led committee, and I am tabling this because it is very reminiscent of situations that I've seen in Third World hospitals, and it's regrettable.

MR. MITCHELL: Mr. Speaker, I rise to table documents relating to six cases of constituents in my constituency who have encountered unacceptable difficulties in the health care system due to the cuts, due to the system that is in fact in chaos.

The first are documents relating to the case of Mrs. Woloshyniuk, who had a heart attack on August 1 and needed an intensive care bed and never did get an intensive care bed, Mr. Speaker. It's also sadly the case that her five-year-old daughter, who has had a life-threatening heart condition, is on a waiting list, has been since August 8, to see . . .

**Speaker's Ruling
Tabling Documents**

THE DEPUTY SPEAKER: Hon. leader, I have just admonished one of our colleagues here. I think we've gone on and on with the tablings of reports. If we're going to have great editorializing for each and every one, it will take up all of the time of the House. Could we make it succinct and move on.

MR. MITCHELL: Mr. Speaker, I'm using one sentence per case to describe the situation. These people's cases have gone on and on, and I can think of nothing more important than talking about their health care concerns in this Legislature today. [interjections]

THE DEPUTY SPEAKER: Order. I am calling order because of the noise that was greeting the comments by the hon. Leader of the Opposition. However, I would also indicate, hon. Leader of the Opposition, that I trust you weren't entering into debate with the Speaker.

SOME HON. MEMBERS: He was.

MR. MITCHELL: I was addressing the noisy ones on the other side, Mr. Speaker.

head: **Tabling Returns and Reports**
2:00 (continued)

MR. MITCHELL: This document also relates to Mrs. Woloshyniuk's five-year-old daughter's case. She has a life-

threatening heart condition, is on a waiting list to see a pediatric cardiologist, and no one can tell her or her mother exactly when she will be able to see that specialist.

I have documents here, Mr. Speaker, relating to the case of a Mrs. Wagner of Edmonton-McClung. She recently had two cancerous organs removed, was accidentally injected with a double dose of anesthetic, was discharged 10 days later with an infected and open wound, returned three hours later with a cardiac arrest, and spent two days in a coma in that hospital.

I have documents relating to a third case. The daughter of Mrs. Charlotte Campbell, who needed an acute care bed after the removal of her appendix, was put in a geriatric ward and then had to have her mother administer her IV therapy. Mr. Speaker, quite a legacy of this government's health care policy.

A fourth set of documents relating to a case of Livia Tamblyn's father, who had to wait 13 days for an angiogram because the machine was broken at the Royal Alex.

Documents relating to a fifth case, Mr. Speaker, a constituent of Edmonton-McClung, who had severe pneumonia and had to wait four days in the emergency overflow room until a hospital bed was found.

A sixth case: a 75-year-old resident of Edmonton-McClung, who bumped her leg and broke an artery in the process, sat unattended in an overworked Misericordia emergency unit while her leg became so swollen that the skin burst. She now needs a skin graft, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for St. Albert.

MR. BRACKO: Thank you, Mr. Speaker. I am tabling three articles. One, a St. Albert doctor, Dr. Albrecht, who compares the Alberta Capital health region "to the sinking of the *Titanic*." Another one.

Doctors says the situation in our region and elsewhere throughout the region is critical and . . . want the problems addressed [immediately].

My last one, Mr. Speaker, concerns what the Fraser Institute says, a right-wing economic think tank. It suggests: this province's health care system in the long term is causing more problems and expenses than it solves.

**Speaker's Ruling
Tabling Documents**

THE DEPUTY SPEAKER: The Chair would take this opportunity to remind people that just handing pieces of paper over and saying that it's a document and then describing, you know, some terrible condition, is not really what a tabling is. You should tell who it's from, who it's to, and a brief moment of its contents as opposed to the long preambles that we have.

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

THE DEPUTY SPEAKER: I believe that Edmonton-Ellerslie is next.

MS CARLSON: Thank you, Mr. Speaker. This tabling is to the Premier, and it talks about the case of one of my constituents, Gian Barrich, who was a senior. She repeatedly was refused admittance to hospitals in this city despite having gangrene in both legs. Of course, she subsequently died.

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

MR. WICKMAN: Thank you, Mr. Speaker. I wish to table four copies of an article done by the Canadian Press which quotes the doctors as saying: we are in a health care crisis, and it's time for this government to wake up.

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

MS HANSON: Thank you, Mr. Speaker. I wish to table an article from the *Edmonton Journal* dated August 13. The article describes the unacceptable treatment of Hazel Campbell by the health care system. Her daughter had written letters to the Premier and the Capital health authority and has not received an answer.

THE DEPUTY SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. Three final tablings this afternoon from Leduc constituents. The first one, Mr. Speaker, is dated June 9, '96. It's a letter signed by the medical professionals and the doctors working in the Leduc hospital, expressing a nonconfidence vote in the Crossroads regional health authority and asking for the intervention of the minister in that particular case.

The second tabling is from the office of the mayor, His Worship John Jackie. It's a letter to the Crossroads regional health authority expressing public alarm at the constant reduction of staff and services at the Leduc hospital, Mr. Speaker.

The final, from a constituent whose husband was treated at the Leduc hospital expressing her concern about the lack of care. Unfortunately, in this case, Mr. Speaker, Mrs. Faye Brown lost her husband and companion two days after he was discharged from the hospital.

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

MRS. HEWES: Thank you, Mr. Speaker. I have two tablings from constituents in Edmonton-Gold Bar. One is a chronology of the experiences of Mr. Harry Bagot regarding his wife, Elsie Bagot, who was a senior living with mental illness who died of congestive heart failure as a complication of a left hip fracture, angina, and hypertension. Mr. Bagot believes that patients with a history of mental illness have more difficulty in accessing treatment and that since the cutbacks this reality has reached crisis proportions. He believes his wife would be alive today if she had received treatment.

I have a second chronology, Mr. Speaker, from Mr. John Bouchard, a professional engineer in my riding who attests to his pain and the limitations of mobility waiting for hip surgery. He believes that he has paid for the system and that he's being denied access. His response from the authority is an apology suggesting that the reason he has to wait is the limited resources.

THE DEPUTY SPEAKER: The hon. Member for Spruce Grove-St. Albert.

MRS. SOETAERT: Thank you, Mr. Speaker. I, too, would like to table a copy of a letter sent to the Minister of Health by Mr. Bruce Edey about the care his wife received and how she was shuffled about from hospital to hospital because of lack of equipment, the lack of cleanliness in the hospitals. It's actually

a tragic story about what is happening to health care in this province. I would like to table four copies of that.

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

MR. SAPERS: Thank you, Mr. Speaker. With your permission I'd like to table with the Assembly three separate documents. I have four copies of each. The first is a letter to myself from Dr. Dennis Jirsch, the vice-president and chief clinical officer for the Capital health authority. He writes to inform me that one of my constituents must wait in pain for a major hip replacement and perhaps face permanent disability because of the limited funding that has been provided to the Capital health authority.

Mr. Speaker, the second is a very sad chronicle of events surrounding the death of Mr. Jack DeBolt. Mr. DeBolt unfortunately passed away earlier this year. There is, as I say, a chronology of events involving his admission and discharge and return and release from Edmonton area hospitals and ultimate death.

Mr. Speaker, the final tabling that I have for the Assembly today is an 11-page letter which was recently sent to me by Terry Wagner. Terry Wagner has been recently widowed. Her husband died quite suddenly and tragically in July of this year. I would suggest that any member of the Assembly that wants to have a firsthand look at the kind of health care that Edmontonians can expect in crisis should take a look at this 11-page document prepared by this young widow.

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

2:10

MS HANSON: Thank you, Mr. Speaker. I have a second tabling, which I neglected. I wish to table an article from today's *Journal*, August 14. It's describing the situation of Mary McKinnon, an 85-year-old woman who became seriously ill in July. In spite of the fact that her doctor said she needed to be hospitalized, her daughter had to abandon her mother in the emergency room for several hours before the Royal Alex would agree to admit her.

THE DEPUTY SPEAKER: The hon. Member for Sherwood Park.

MR. COLLINGWOOD: Thank you, Mr. Speaker. I have three tablings this afternoon. The first is a letter to the editor that was published in the *Edmonton Journal* on July 17, 1996, by Michael and Kelley Thompson of Sherwood Park, who write about how they've been affected by, in their words, "the deep, fast cuts to Alberta's health care" system and how they're saddened to learn that their pediatrician has decided to leave Alberta because of the state of crisis of health care in the province of Alberta.

The second tabling I have this afternoon, Mr. Speaker, is from a Sherwood Park resident in which he outlines his own personal experiences and what he has witnessed in terms of the collapse of Alberta's health care system.

My final tabling this afternoon is a letter dated August 7, 1996, addressed to the Premier of the province of Alberta from a resident of Sherwood Park, Mrs. Bonnie Cessford. Mrs. Cessford has gained national attention over the unfortunate and tragic plight of her mother, who became involved in Alberta's health care system. Mr. Speaker, this chronicles over eight pages the horrors

and the tragedies of her mother's dealings with Alberta's health care system.

THE DEPUTY SPEAKER: The hon. Member for Bonnyville.

MR. VASSEUR: Thank you, Mr. Speaker. I'd like to table four copies of an article that appeared in the *Edmonton Journal* on July 29. The article is on an Alberta Health report called the evaluation of rural physicians action plan. It indicates and shows that prior to the health authorities there was a 10 percent turnover in doctors, and presently 42 percent of the rural doctors say they've had enough. A case in point would be the town of Elk Point, which used to have four doctors and presently has one.

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

MR. WHITE: Thank you, Mr. Speaker. I rise to table four copies of an account of a speech delivered by Dr. Brian Bishop, clinical director of psychiatry, a well-noted psychiatrist in the province of Alberta. I'll just quote some segments of it, sir.

THE DEPUTY SPEAKER: Hon. member, we were talking about being succinct, so if you're promising to quote at some length . . .

MR. WHITE: Sir, I have to be succinct. I can't stand too long. I'm on the waiting list for a hip replacement.

THE DEPUTY SPEAKER: The tabling of reports is not a time for quoting at length, however short or long. Make your tabling, and let's move on.

MR. WHITE: Thank you, Mr. Speaker. In speaking of the shortages of acute health care beds, he says, "play chicken with people's lives." This is succinct, sir. In dealing with mental health care in the province, he describes it as "Cuckoo's Nest situations." Finally, with doctors leaving the province, as he is contemplating having to do because he's so frustrated with the system, he says, "as a result of what I think many people feel is a lack of honesty and integrity."

THE DEPUTY SPEAKER: Tabling of a document, a report, a letter is one thing, but going on at length when you've been admonished is beginning to test the good nature of the Chair.

The hon. Member for Calgary-West.

MR. DALLA-LONGA: Thank you, Mr. Speaker. I would like to table four copies of an article written by Steve Chase. He's a reporter who has a reputation as being one of the better reporters covering the Legislature and has no biases built into his articles. The article talks about Calgary doctors planning a campaign similar to the one in Edmonton in an effort to make Calgary area voters aware of the crisis in health care.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Redwater.

MRS. BALSILLIE: Thank you, Mr. Speaker. I would like to table four copies of a letter that was written to myself by an elderly gentleman within my constituency. The letter describes the treatment that he received at the St. Albert health care centre – remember, it's no longer a hospital – and then was transferred

to the University. Because of the lack of treatment this gentleman went into 14 months of physiotherapy. He states in the letter, "It would have been better if I had died and they wouldn't have to pay [my pension cheque]."

Speaker's Ruling Tabling Documents

THE DEPUTY SPEAKER: The Chair has some reluctance to interrupt the hon. member because of her newness to the House. Perhaps you had listened to the Chair admonishing people about quoting at length, however short it may be, from a letter. The object of this exercise in this part of our parliamentary procedure is to lay out a document, say briefly what it is, and that's it, not editorialize, not read it at any length whatsoever.

The hon. Member for Edmonton-Meadowlark.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I have three tablings to make this afternoon on behalf of constituents. The first is a letter written to the Premier of this province by a Mr. Ulmer, who indicates that he would appreciate it if there were no further cuts to rehab services at the Glenrose hospital and requesting that the public not be further penalized by the cuts in health care in the Edmonton regional health authority.

The second is on behalf of myself to the at that time Minister of Health. What this letter was requesting was that a Mr. Lindi, who had a heart attack in October of '95, was scheduled for a bypass in February of '96, in May was still waiting for his bypass and was extremely concerned that he would die before the bypass occurred.

The third is a letter from Ms Eveline Huff on behalf of her twin sister, Marjorie Darby, who passed away in April of '96. The letter is to the Premier, who unfortunately is not here to hear this letter this afternoon, as well as to the then Minister of Health, but the reply was from the current Minister of Health. What Ms Huff is concerned about is the inability to get answers as to the passing away of her sister, who was 82 years old at the time.

THE DEPUTY SPEAKER: Succinct means in a few words.

MS LEIBOVICI: Yes, Mr. Speaker. And in a few words requests whether . . .

THE DEPUTY SPEAKER: You've had your few words. Could we have another document? Do you have a new document?

MS LEIBOVICI: No. But she requests whether her sister has fallen through the cracks or is part of the new Alberta advantage.

Thank you.

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

MR. CHADI: Thank you, Mr. Speaker. I'd like to table four copies of an article that appeared in the *Edmonton Sun* entitled: departing doc fears for patients. This article talks about changes to the Alberta health care system and the fact that doctors are being put at risk by not providing patients with the care that they need.

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

MR. SEKULIC: Thank you, Mr. Speaker. I'd like to table four copies of an article from the *Edmonton Journal* dated August 2, 1996.

THE DEPUTY SPEAKER: Hon. members, we've had quite an interesting session of tablings. I hope this isn't a portent of tabling from every paper in the province endlessly.

The hon. Member for Edmonton-Manning, as brief as you can possibly be.

MR. SEKULIC: Thank you, Mr. Speaker. Essentially, in this article Dr. Richard Fedoruk, president of the medical staff at the University hospital, indicates that they've sent letters till they're blue in the face with specific concerns about Alberta's health care system, to no avail.

2:20

THE DEPUTY SPEAKER: At the end of the tablings of reports the Speaker has more to add. Hon. members, pursuant to section 61 of the Freedom of Information and Protection of Privacy Act I'm pleased to table with the Assembly the annual report of the office of the Information and Privacy Commissioner covering the six-month period from October 1, 1995, to March 31, 1996. A copy of the report has been distributed to members.

I'd like to table with the Assembly the final report of the 1995-96 Electoral Boundaries Commission of Alberta, entitled Proposed Electoral Division Areas, Boundaries and Names for Alberta. This report was made public on June 20, 1996, and provided to me under section 6 of the Electoral Boundaries Commission Act. Copies have been previously distributed to members.

The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Mr. Speaker, I would like to table four copies of a document written to me by Bev Exelby, a constituent, detailing the ordeal she suffered in trying to care for her daughter and seek appropriate care in the University hospital.

head: **Introduction of Guests**

DR. PERCY: Mr. Speaker, it's my pleasure to introduce to you and through you to members of the House Miss Maria Berrios, a visitor from Santiago, Chile. Her father was a PhD student here at the University of Alberta. He received his doctorate and is now a successful business economist in Santiago. She is sitting in the public gallery, and I would ask her to stand and please accept the warm welcome of the House.

MRS. McCLELLAN: Mr. Speaker, it's always a privilege to introduce a constituent in the Legislature. I am privileged today to introduce to you Mrs. Marcella Schwenk of the Coronation-Brownfield area. Marcella's family were the proud recipients of a farm family award this summer, awarded at Northlands. I am looking forward to hearing Mrs. Schwenk's observations of the efficiencies of the proceedings of the House this afternoon, and I'm sure that I will get some observations. I would ask Mrs. Schwenk to rise and receive the very warm welcome of this House.

MR. MITCHELL: Mr. Speaker, I'm pleased to introduce to the Members of the Legislative Assembly today seven people in the galleries who are here in support of the petition which I and my caucus colleagues presented to the House earlier today, a petition supporting the Calgary General/Bow Valley centre, insisting that

it not be closed. I'd like to list the seven people and then ask that they rise as one to receive the welcome of the Members of the Legislative Assembly.

I'd begin with Netta Moore, who is a senior who lives in Bonavista and was born at the Calgary General hospital; Joe Ceci, an alderman from Calgary, ward 9, of course the Calgary city council; Larry Lalonde, a member of the Keep the General Open committee; Rebecca Aizenman, the representative to the Calgary regional health authority for the Chinook, Kelvin Grove, and Eagle Ridge communities; Daniel Rudd, a member of the Calgary Poverty Focus Group; Joanie Chorney, another member of the Calgary Poverty Focus Group; and Greg Lang, a third member of the Calgary Poverty Focus Group. I'd ask that they rise and receive the welcome of the Members of the Legislative Assembly.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Egmont, followed by Edmonton-Rutherford, then Calgary-Buffalo.

MR. HERARD: Thank you, Mr. Speaker. It's indeed a pleasure to introduce to you and through you to all members of the Assembly Mrs. Eleanor Art and Mrs. Susan Eadie, who are constituency assistants of mine in Calgary, as well as Ms Suzanne Bradley, who's been a STEP student for me this summer. She's returning to Montreal next week to finish her degree in political science, but she has promised to come back to add to the Alberta advantage. I'd ask them to rise and please receive the warm welcome of the Assembly.

MR. WICKMAN: Mr. Speaker, I wish to introduce to you and through you to Members of the Legislative Assembly David Lincoln in the public gallery. I have the good fortune of having Mr. Lincoln as a constituent of Edmonton-Rutherford before and after redistribution. If Mr. Lincoln would stand and receive the warm welcome of the House.

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

MR. DICKSON: Thanks very much, Mr. Speaker. I'm pleased to introduce this afternoon four Calgarians who came up in support of the 18,000-signature petition, three of them active members of the Keep the General Open coalition. That's Frances Vesterdal, Knut Vesterdal, Debbie Elicksen, and Ann Kurpe, who's president of the Victoria Community Association. I'd ask those four Calgarians to rise and receive the customary warm and gracious welcome of the House.

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

MR. THURBER: Thank you, Mr. Speaker. It's my pleasure today to introduce to you and through you to the members of this Assembly a constituent from the Drayton Valley-Calmar constituency who's a very special person because she is the mother of one of the new pages in this Legislature by the name of Robert Nichols. I don't see Robert in here at this moment. Audrey Nichols is joined by her friend Aime Brosseau. They are in your gallery, Mr. Speaker, and I'd like to have them rise and receive the usual warm welcome of this House.

THE DEPUTY SPEAKER: Edmonton-Centre, followed by Spruce Grove-Sturgeon-St. Albert.

MR. HENRY: Thank you very much, Mr. Speaker. With your permission, sir, I have two groups that I would like to introduce at this time. The first group, I believe, is in the members' gallery behind me, and it is a group of 26 students who attend the Alberta Vocational Centre which is located in my constituency. They are English as a Second Language students. They are accompanied by their instructors Mrs. Anne Rokeby-Thomas and Mr. Colin MacLean, and I'm sure that they're enjoying both watching the government proceedings and the opposition role of keeping the government accountable. I'd ask that they rise and receive the very warm welcome of the Assembly.

Mr. Speaker, the second group that I would like to introduce, I believe, are in the public gallery. I see them there. I will introduce them all and then ask them to rise together if I might. They are six individuals who are here to stand up for the Calgary General hospital/Bow Valley centre. First, Mrs. Pam York, who is a representative of CUPE local 38 in Calgary and who also happens to be the Liberal candidate for Calgary-Egmont in the next general election; Dr. Anita Mitzner, who is president of the United Nurses of Alberta local 115 at the Foothills hospital; Dr. Harold Swanson, who is past president of diagnostic imaging, Calgary General, spent 19 years at the Calgary General and 41 years as a physician and also, I believe, a member of the governing party here; Mr. John Baisch, a director of the senior citizens resource council in Calgary; Liz Longmore, a member of the Keep the General Open coalition and More Communications; and a very long-time good friend of many members on this side of the House and certainly myself, Ms Mairi Matheson, who is past chairman of the Calgary General hospital and an excellent spokesperson to keep that hospital open. I'd ask them all to rise and receive the warm welcome of the Assembly.

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

MRS. SOETAERT: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to members of the Assembly a group of seniors from my riding. They're from Spruce Grove. They're the golden age club. They've had a wonderful tour of the Legislature today and are very impressed with the proceedings, and they said that I was free to be vocal, only to accommodate them, though, of course. I'd ask them to please rise and receive the warm welcome of the Assembly.

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

2:30

MS HANSON: Thank you, Mr. Speaker. This afternoon I'm pleased to introduce to you and through you to the members of the Assembly seven residents of Calgary who have come up this afternoon to support the action to keep the General open. The first person on my list is Nichole Clancy Teslenko. She's an elementary student from St. Alphonsus school in Calgary, and she will be seven years old tomorrow. Claudia Shepherd is a resident of Bridgeland who is a member of Keep the General Open. Gordon Christie is an Alberta NDP candidate and is also a member of Keep the General Open. Sabine Joffe is chairperson of the Calgary Liberal health committee. Devon Blean is on the Keep the General Open committee and also on the CRHA task force. Mr. Flick is a resident of Bridgeland, and Pat Ennis is a health care provider in emergency in the Calgary General, and she is also the Liberal candidate for Calgary-Mountain View. Would

you please rise and receive the warm welcome of the Assembly.

THE DEPUTY SPEAKER: The hon. Member for Vegreville-Viking.

MR. STELMACH: Thank you, Mr. Speaker. I wish to introduce to you and to members of the Legislature Ms Paula Dubyk, who is seated in the members' gallery and who has done an exceptional job assisting us in our Vegreville constituency office. I'd asked the Legislature to greet her with their traditional warm welcome as she goes back to the University of Alberta and completes her degree. Paula, would you please rise and receive the traditional welcome.

THE DEPUTY SPEAKER: The hon. Member for Calgary-North West, followed by Edmonton-Meadowlark.

MR. BRUSEKER: Thank you, Mr. Speaker. I have three individuals who are here in support of the petition tabled earlier today that I would like to introduce to you and through you to Members of the Legislative Assembly. The first individual I'd like to introduce is Jack Long, a former alderman with the city of Calgary and a member of the Inner City Coalition. I'd also like to introduce Jim Keylock and Robert Barry, both of whom are involved with Friends of Medicare and Keep the General Open. They're in the public gallery. I'd ask them to rise and receive the welcome of the Members of the Legislative Assembly.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I also have seven individuals to introduce who are here in support of the petition to keep the Calgary General hospital open. They are Mary-Lou Kloppenburg, a representative for the city of Drumheller and rural area; Clinton Moore, a member of the Keep the General Open coalition and the Is Alberta Hurting? group; Hazel Hallifax, a concerned citizen from northeast Calgary; Amy Anderson, who's a member of the Keep the General Open coalition; Lyn Godin, a retired CUPE member; Alice Lukes, a member of the nurses' alumnae, Calgary General hospital; and Clancy, as she's known, Teslenko, who's co-chair of the Friends of Medicare, a key member in the Keep the General Open coalition, and a member of CUPE local 8. Would they please rise and receive the warm welcome of the House.

THE DEPUTY SPEAKER: The hon. Member for St. Albert, followed by Edmonton-Ellerslie and then Edmonton-Manning.

MR. BRACKO: Thank you, Mr. Speaker. I have two groups to introduce, and I'll do them together. I am honoured to present to you and to Members of the Legislative Assembly five pioneers of our province. They've built our province through their hard work and sacrifice over the years. When they retired, they left the younger generation a debt-free province. They are my mentors, and I tap into their great wisdom and experience. These great Albertans are from the Youville home in St. Albert. They are Mrs. Keef, Mrs. Ryan, Mrs. Sabourin, Mr. Chappell, Mr. Koshuta. They're here with their assistants Karina Birch, Carol Rankin, Lorraine Jolie and Jean Babichuk.

I'm also privileged to introduce to you two people from the generation club in St. Albert. I've been educated by this group

about what is really important in life. They are Louie Blouin and Gregg Sabourin, here with their assistants Darrel Slugoski and Ian Mitchell.

They are in the public gallery. I'd ask that they rise and receive the warm welcome of the Assembly.

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

MS CARLSON: Thank you, Mr. Speaker. It's a pleasure and a privilege to introduce this person to you and through you to Members of the Legislative Assembly today. She is a long-standing community worker, over 20 years of community service in the Edmonton area. She's an outspoken advocate on behalf of people's rights in this province. She almost singlehandedly organized rallies twice in Mill Woods, where 15,000 people marched to protest the closure of the Grey Nuns hospital. She is now lending her expertise and support to the people in southern Alberta who are protesting the closure of the Calgary General hospital. She has been a friend to me for a long time and a friend to all people who care about the crisis here in this province in health care. Mr. Speaker, Corky Meyer. Would you please stand and receive the traditional warm welcome of this House.

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

MR. SEKULIC: Thank you, Mr. Speaker. It is my privilege to introduce to you and through you to the Assembly seven concerned visitors from Calgary. This afternoon with us are Helen Verbonac, a representative of the Renfrew community and also a member of the Keep the General Open committee; Terry Gunter, who is retired and lives in Rutland Park and is a member of Friends of Medicare. We have Eric Robichaud, also retired, lives in Killarney in Calgary and is also a member of Friends of Medicare; Elizabeth Craine, who is a member of the nurses' alumnae of the Calgary General hospital; Donalda Vine, who is also with the nurses alumnae of the Calgary General hospital; and Shirley-Anne Reuben, a member of the Inner City Coalition, and her daughter, Laura Reuben-Spear. I would ask these visitors to rise and receive the traditional warm welcome of the Assembly.

THE DEPUTY SPEAKER: The hon. Member for Redwater.

MRS. BALSILLIE: Thank you, Mr. Speaker. I am pleased to introduce to you and through you to the Legislative Assembly two constituents from Smoky Lake that are here today: Mr. Lorne Taylor and his son Nathan - [interjections] Wrong Lorne Taylor - from Smoky Lake, a long-time resident of Smoky Lake who has done a lot of work in the community. May I have them rise, and would you give them a warm welcome.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. It's my pleasure this afternoon to introduce to you and through you to the rest of the Assembly members eight visitors. They are Chester and Emily Seifried, Iona and Margaret Roman, Ella Gorecka, Aloma Mitchell, David Reid, and Harry Allan. These are eight visitors that are up here educating the public as far as fibromyalgia is concerned. They're also seeking proper entitlement for their

illness from the Workers' Compensation Board. I would ask all in the Assembly to give these visitors a warm welcome this afternoon.

head:

Ministerial Statements

Alberta's Olympic Athletes

MR. DINNING: Mr. Speaker, it already feels like day 54.

On behalf of Premier Klein I rise with great pleasure to acknowledge the tremendous success of Alberta-based athletes who were part of Canada's team at the centennial Olympics in Atlanta this past summer. Overall, 26 Albertans competed in Atlanta as part of our nation's team. Seven other Canadian athletes who train in Alberta took part in this year's Olympics. Albertans represented Canada in many events, including track and field, badminton, basketball, canoeing and kayaking, cycling, diving, equestrian, judo, rowing, softball, swimming and synchronized swimming, volleyball, wrestling, and yachting. Having Albertans represent Canada in such a wide diversity of sports demonstrates the range and skills of Albertans, who work hard to excel in their chosen field of sport.

On behalf of the government of Alberta and in particular on behalf of Premier Klein I want to congratulate those Albertans who won medals at the Atlanta Olympics. There were five Albertans who proved to the world that they rank among the very best in their sports. They were Heather McDermid and Tosha Tsang, members of the women's eight rowing team that won a silver medal; Karen Clark, Karen Fonteyne, and Cari Read, who were part of the synchronized swimming team that captured a silver medal. Curtis Myden won two bronze medals in swimming, one in the men's 200-metre individual medley and one in the men's 400-metre individual medley. All of Alberta and indeed all of Canada watched with excitement and delight as these young athletes received their medals. Their achievements made us all very proud.

The contributions of Alberta athletes to the success of Canada's team would not have been possible without the hard work of all of our amateur athletes, their trainers, their coaches, their parents, and their families and hundreds and hundreds of community volunteers. These people work diligently with little recognition for many years in order to prepare our athletes for the challenge of the Olympic Games. So on behalf of our colleagues, Mr. Speaker, I want to say again congratulations to our Alberta medal winners and congratulations to all those athletes from Alberta who went to Atlanta and proved to the world that the qualities of sportsmanship, commitment to excellence, and teamwork are alive and well in Alberta.

2:40

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I am pleased to join the Provincial Treasurer along with all members of this fine House to extend our congratulations from the Alberta Liberal caucus as well.

The Olympics are, of course, much more than merely a gathering and a tournament of athletes. The Olympics are a showcase that carries on a global tradition in the pursuit of excellence. They provide an opportunity for younger and even some older athletes to come together in the spirit of friendly competition that highlights the best each country has to offer. These athletes work under tremendous pressure to represent their

country and to make all citizens proud.

Of course, not all of the athletes attending are fortunate enough to receive the prestigious medals that go with first-, second-, and third-place finishes, but each and every one of these athletes, each and every one of these competitors, is deserving of our symbolic medal of praise and our thanks for the incredible dedication, determination, and sacrifices they have made in order to become our athletic Alberta ambassadors.

I want to particularly salute those amateur Alberta athletes who have now become our national treasures. So congratulations a second time to Heather McDermid and Tosha Tsang from the women's rowing team; Karen Clark, Karen Fonteyne, and Cari Read from the synchronized swimming team; and Curtis Myden, who won accolades and medals in two individual swimming medleys. It provides a very fine balance of men and women medalists from this province. These individuals and their medals are literally shining examples of excellence, well deserving of our gratitude and our accolades. Mr. Speaker, they are also tremendous motivators and inspirations for the thousands of young Alberta athletes who watch them on television, hoping and dreaming to one day follow in their footsteps and also become athletic heroes.

So once again congratulations and thank you to all the Canadian participants, especially the Alberta athletes, their coaches and trainers, their families, and support networks, for all that they have accomplished during the 100-year anniversary of the World Olympics in Atlanta this past summer. Through your accomplishments you have indelibly written Alberta into the athletic history book of the world.

Thank you.

head: **Oral Question Period**

THE DEPUTY SPEAKER: The hon. Leader of Her Majesty's Loyal Opposition.

Health Care

MR. MITCHELL: Yasmine Fayad, Jennifer Fortier, George Clark, Jack DeBolt, Hazel Campbell, Wilf Wagner, Scott Decock, Barry Harrold, Dalton Halfe-Arcand: these people all have one thing in common. They all died in a health care system that we can no longer trust. The Premier calls these people victims of the week. They used to be called our fellow Albertans, our neighbours, and we used to care what happened to them. We've got the money, Mr. Speaker. We have a \$1.5 billion surplus. What is this government saving that money for if it isn't to save lives in this health care system?

THE DEPUTY SPEAKER: It was not clear to whom that question was directed.

MR. MITCHELL: The Minister of Health.

THE DEPUTY SPEAKER: The hon. Provincial Treasurer.

MR. DINNING: Mr. Speaker, the member is asking questions about finances. He's asking questions about health care. This government laid out a plan of action, a reinvestment plan, before Albertans on June 24, and to elaborate in more detail on the Health side of that, I would ask the Minister of Health to comment.

THE DEPUTY SPEAKER: The hon. Minister of Health to supplement.

MR. JONSON: Mr. Speaker, as the hon. Treasurer has just outlined, in terms of the expenditure of money, which I believe is what the question ended up focusing on, there has been an increase in health care funding this year in the province I believe in the neighbourhood of 4 percent.

Secondly, since that time we have responded, particularly here in the Capital health region, in terms of some \$14 million to issues identified in the review that was undertaken with respect to the Capital health authority.

As far as, I think, the very important introduction, with respect to the death of anyone, whether it's accidental or when undergoing treatment in the medical care system, that of course is a very tragic event. If there is some aspect of the health care system which is related to that, I think the actions have been quite clear: those are investigated. Although in these cases it is not possible to reverse what has happened, certainly corrections can be made if that in fact is the reason for this occurrence.

MR. MITCHELL: Mr. Speaker, how can this minister say that they haven't cut health care this year when there are \$650 million in cuts to health care already and the health care cuts continue?

MR. JONSON: Mr. Speaker, reductions in the health care budget were planned and have been managed . . . [interjections]

THE DEPUTY SPEAKER: Hon. members, the usual routine is that you ask a question and then a minister of the Crown will respond. If we could listen to what the response is, that would be appreciated. Then we'd all be able to hear.

MR. JONSON: Further, Mr. Speaker, it has been made very clear by the Premier that the reductions in the health care budget have ceased. Secondly, as I indicated, there has been an increase in the health care budget this year.

I've referred to the Capital health authority development, but I would like to go on, Mr. Speaker, to indicate that more recently, with the introduction of a new funding formula, there is a reinvestment, a commitment of some \$235 million to regional health authorities over the next two years.

MR. MITCHELL: Why is it that the Minister of Health and the Premier admit that health care now is underfunded, but they're not coming up with any significant money to fund health care, not until 1997 and 1998? What about the people who are dying and suffering needlessly right now? [interjections]

THE DEPUTY SPEAKER: Just a reminder: a question has been asked, and we're all going to listen to the hon. Minister of Health.

MR. JONSON: Well, Mr. Speaker, the reductions did take place, and in terms of the overall government strategy we have indicated a priority with health care for targeted reinvestment. I could list, and I will if needed, the different initiatives that we have taken, the discussion that is going on with respect to health care needs in the future. We are responding to well-identified needs where there are constructive suggestions.

MR. MITCHELL: Mr. Speaker, who or what would it take to convince this minister that there is a crisis in health care in this

province right now when he won't listen to the doctors and the nurses and the hundreds, if not thousands, of other health care workers who work in that environment and see the chaos and the crisis every single day?

2:50

MR. JONSON: Mr. Speaker, the basis of the hon. leader's comment in my view is not correct. This minister has listened to the presentations that have been made. We're working with the RHAs with respect to addressing some of the problems that are indicated. I'd just like to indicate to you that it is important that what we do in health care as in any part of government, particularly in health care, is a set of decisions which are based on sound recommendations and the promise of good results. In some of the words of people across the way, prior to question period beginning, it was indicated – for instance, the Fraser Institute was quoted, I believe, in one of the tablings or one of the comments. It is important there to note that those statistics were developed in 1995, and a short time . . . [interjections]

THE DEPUTY SPEAKER: Order. Edmonton-Meadowlark, we have the Minister of Health speaking.

MR. JONSON: Mr. Speaker, we had contended that with the injection of additional money for cardiology and hip replacements, which were two of the contentious areas, we had taken positive action to address that particular pressure point. In a subsequent meeting connected with the Capital health authority the doctors, as I understand it, at their meeting acknowledged that the waiting lists had been positively addressed, that those waiting lists were coming down, and their attention switched to some other matters. Now, the important thing here is that, yes, I'm prepared to listen as minister, but we have to do it in a well-considered way, and we have to sort out the actual problems from those that may be raised irresponsibly by others.

MR. MITCHELL: Mr. Speaker, how can it be that in one of the wealthiest places on the face of the Earth people like Yasmine Fayad, Hazel Campbell, Wilf Wagner, and far too many other people have suffered and died needlessly, not by accident, as the minister has suggested, but because this government has deliberately and consciously underfunded health care?

MR. JONSON: Mr. Speaker, I have responded to the initial statement made by the hon. member. Secondly, with respect to health care in this province, it is operating. We do have an operational system. There are thousands and thousands of patients in this system every day receiving top-quality health care through the good work of nurses and doctors and people working in the system. We have regional health authorities that are working to organize and develop and provide health care in a better, quality-based way.

MR. MITCHELL: Mr. Speaker, could somebody over there, perhaps the Whip or perhaps the Minister of Health, tell us why the Premier has gone fishing when people are dying in a health care system that he broke and he won't fix?

THE DEPUTY SPEAKER: Hon. members, the presence or absence of members in this House is not part of our questioning or response.

Bow Valley Centre

MR. MITCHELL: Mr. Speaker, the only people who think that closing the Bow Valley centre, or the Calgary General hospital, is a good idea are members of this Conservative government. I should say, specifically, Calgary Conservative MLAs and their hand-picked Calgary regional health authority members. The thousands of Calgarians who live and work in downtown Calgary and depend on this facility know differently. Why is this government putting Calgarians at risk by implementing a controversial and unproven plan that leaves the downtown core without a hospital?

MR. JONSON: The developing of a plan offering services and the allocation of building resources in Calgary are the responsibility of the regional health authority, and that they are doing.

Mr. Speaker, I think the important thing here is that there be good health services for those residents of downtown Calgary. In meetings that I've had with people in Calgary, they indicate, when we do get down to discussing this particular issue, that it is the service that is important here. The regional health authority has announced, for instance, that there is a guarantee from the regional health authority that there will be 24-hour medical care service in the inner city targeted at the particular needs of inner-city residents of Calgary.

Secondly, they are very conscious, Mr. Speaker, of the need for there to be a transition that will not dislocate the health care services being offered in that area. They have again indicated very clearly that there will not be a closure of the facility in question before the other services are up and running.

The service to Calgarians is what I'm interested in: that it be adequate, that it be good, that it be quality health care. My colleagues in government are interested in the same thing. [interjections]

THE DEPUTY SPEAKER: The Chair just rose to try and keep the noise level down. We'd ask the hon. Leader of the Official Opposition for his first supplemental.

MR. MITCHELL: Mr. Speaker, there is one person in this provincial government who is responsible for health care decisions by any regional health authority in this province: the Premier of Alberta. How many more Calgarians, like the ones that are in the gallery today, like the 18,000 who signed that petition, must voice their concern before this government, the Premier, and this minister will reverse the decision of the Calgary regional health authority and leave the Calgary General hospital open?

MR. JONSON: Mr. Speaker, I am sure that the Calgary regional health authority and all Calgarians are interested in the best possible health care system in Calgary and the delivery of good health care services. That, I think, we would all in this House agree to. In terms of the particular location or physical facility, that is something that needs to be planned and managed to support the health care services, which are all important in this.

MR. MITCHELL: Why won't the minister at the very least establish the independent review that's been called for by Calgary residents and in fact by the mayor of Calgary that will allow doctors and nurses and residents of that city to make their case in open, in public, without fear of intimidation?

MR. JONSON: Mr. Speaker, it is my understanding that there has

been considerable discussion of the Calgary regional health authority plans with respect to developments in Calgary. The Calgary health authority has indicated and responded, as I said, very recently in terms of their actual plan and their response to the coalition . . . [interjections]

THE DEPUTY SPEAKER: I'm sorry to interrupt you, hon. minister. I'm having a difficult time hearing the response due to comments going back and forth among members. If they could perhaps do that in the lounge. Meanwhile, let us hear the answer by the Minister of Health.

AN HON. MEMBER: He's finished.

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

3:00 **Dangerous Offenders**

MR. AMERY: Thank you, Mr. Speaker. Parents in my constituency and particularly in the community of Marlborough in northeast Calgary are outraged and now are living in fear because a convicted sex offender has struck again. His victim this time around was a seven-year-old girl. My question is to the hon. Minister of Justice. Would the minister tell Albertans what the department has done to make sure that communities are notified of the presence of such offenders?

THE DEPUTY SPEAKER: The hon. Minister of Justice.

MR. EVANS: Thank you, Mr. Speaker. We signed a notification protocol with the police forces of Alberta – municipal police forces, First Nations police forces, and the commanding officer of the RCMP – back in April that provided that whenever an individual who was a serious risk to society was released from incarceration the police forces would notify the affected communities and would decide what the most appropriate means were to notify those communities. This is a significant step in the right direction because it's very clear that individuals who are released are not always rehabilitated and do continue to present a significant risk of harm to law-abiding society. Our first priority is public safety, and we've tried to accommodate that and to deal with it effectively through this initiative.

THE DEPUTY SPEAKER: Supplemental, Calgary-East.

MR. AMERY: Thank you, Mr. Speaker. Can the minister tell Albertans what can be done by way of legislation to provide more safety measures to the public from these dangerous offenders?

MR. EVANS: Mr. Speaker, on behalf of the government of Alberta I and all of my colleagues from the various provinces and the territories have in essence petitioned the federal Minister of Justice to bring forward amendments to the dangerous offender provisions in the Criminal Code. We had understood that those were going to be brought forward as a legislative amendment in the House of Commons this spring. They've not yet been, and we will continue to ask that these amendments be brought forward.

Some of the changes that we've asked for are that whenever a person is found to be a dangerous offender, they would be subject to an indeterminate sentence. In other words, they would not be released until they no longer posed a threat to society. We would like to see another category which would involve those individuals

who have a long history of crime and do not quite meet the criteria for a dangerous offender to be under supervision once they have been released from custody for up to 10 years. We would like to integrate our mental health opportunities and regimes that we have in each of our provinces to ensure that when someone with a mental disease is incarcerated, that individual is given the appropriate treatment through our mental health system so that individual won't be just punted out into society at the end of the sentence and have none of the resources that are available to others with respect to mental health.

So I think that if those three initiatives, at least the first two of which the federal minister obviously has authority over, were integrated into our Criminal Code, we'd be much better off, Mr. Speaker.

THE DEPUTY SPEAKER: Final supplemental, Calgary-East.

MR. AMERY: Thank you, Mr. Speaker. Do I have the minister's commitment that public safety is a priority of this minister and this government?

MR. EVANS: Mr. Speaker, the very short answer is yes, of course. It is the priority of our department to ensure that law-abiding citizens are protected in this province. We've done much more than just talk about it. We've initiated a process where we've categorized offences, and we are going to be seeking long jail sentences for those who are found guilty of the most serious offences involving violence and serious behaviour. We are looking as well at community correction models to keep those who are found guilty of less serious offences, who do not pose a threat to society and are found guilty the first time, out of the corrections system, in terms of sitting in a cell, and have them working off their debt to society. We think that's a much more productive way to rehabilitate these individuals. I think that with both of those kinds of systems we can assure Albertans that they will be better protected.

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

Bow Valley Centre (continued)

MR. DICKSON: Thanks, Mr. Speaker. The government is telling the 51,000 people that live in downtown Calgary and the 90-odd thousand who travel downtown to work every day not to worry, that their needs are going to be looked after by something called an immediate care centre. Since no one in Calgary really seems very clear what an immediate care centre is, I'd ask these questions of the hon. Minister of Health. The first one would be this: will the minister this afternoon explain to me and explain to Calgarians just what services they will be able to access at this immediate care centre and, perhaps more importantly, what services will no longer be available to them at a downtown site?

MR. JONSON: Mr. Speaker, first of all, the Calgary regional health authority has indicated that they are planning a set of services in downtown Calgary which will run round the clock and which will be designed around the needs of the inner-city residents, the several thousands of people that the hon. member is referring to. I would say that in terms of the specific details of that, they have indicated that they are working with that part of

the city to develop the specifics of that particular program. So I would refer the hon. member to the regional health authority.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Buffalo, first supplemental.

MR. DICKSON: Thanks, Mr. Speaker. The reason I'm here asking the question: I attended six meetings over the summer sponsored by the CRHA, and I still don't know the difference between an immediate care centre and the acute care facility.

My supplementary question, Mr. Speaker, would be this. When we finally sort out just what services will be available at this immediate care centre, how do you plan, sir, to let Calgarians know so that when they're sick, they know whether they can go to a downtown site and they have something that's suitable for an immediate care centre or whether they have something that requires them to go to one of the three outlying hospitals?

MR. JONSON: Well, Mr. Speaker, I fully expect that the final complement of services that is arrived at for the downtown health care service – this set of services, the nature of it, the needs that it will be providing for, the times of operation – will be communicated to the public of Calgary, particularly those involved in that area, when plans are finalized by the regional health authority.

I know, Mr. Speaker, that in the part of the province where I live the pattern of services, the location of services is something that is provided through the regional health authority and related to the hospital and to community care.

MR. DICKSON: Well, my final question, Mr. Speaker, would be this to the hon. minister. Mr. Minister, we have less than half a year before the Bow Valley centre is supposed to close. You've had all the consultations in the city of Calgary. When are you going to know what an immediate care centre looks like, how many sites it'll be on, and what services will be available to people in downtown Calgary?

MR. JONSON: Mr. Speaker, I think the important thing here is – and this is something that I think the hon. member across the way may not have been able to hear – that the regional health authority has very clearly said that they will not be closing the Bow Valley centre until the necessary package of services is in place, being provided to Calgarians, and therefore there is the guarantee of the continuation of service.

THE DEPUTY SPEAKER: The hon. Member for Bow Valley.

Benzene Tanker Spill

DR. OBERG: Thank you, Mr. Speaker. In the constituency of Bow Valley we have a very fragile existence that is dependent upon an essential element that is often taken for granted elsewhere, namely water. This morning at 4 a tanker trailer plowed into the Spring Hill Canal as it crosses Highway 1, killing the driver and spilling 50,000 litres of gasoline into the canal. To the Minister of Environmental Protection: what is being done to protect the drinking water of the downstream communities that depend on this source?

THE DEPUTY SPEAKER: The hon. Minister of Environmental Protection.

3:10

MR. LUND: Thank you, Mr. Speaker. We're very saddened of

course by this accident, the loss of a life as well as the spilling of the material, and I would certainly send our condolences to the members of the driver's family.

As it relates to the protection of the drinking water, we in fact cut off the canal just above Rock Lake. So there was no contamination beyond that point; it's been all contained within the canal. The department talked to the communities of Duchess, Patricia, and Rosemary, the centres that use the water from the canal for their drinking purposes. They've been told about the accident. We also learned that in fact the reservoirs for those communities have enough water in storage to provide their needs until the canal can be completely cleaned and back in operation.

THE DEPUTY SPEAKER: First supplemental, Bow Valley.

DR. OBERG: Thank you, Mr. Speaker. To the Minister of Transportation and Utilities: what is the status of the cleanup operation at this time?

THE DEPUTY SPEAKER: The hon. Minister of Transportation and Utilities.

MR. FISCHER: Thank you, Mr. Speaker. Alberta Transportation and Utilities has a dangerous goods control officer on the scene. He acts as a consultant or a coordinator to provide expertise and guidance to both the trucking firm and the municipal government. Cleanup is under way. A vacuum truck has been pumping all of the gas out of the tanker. The fuel has been contained in the canal, as was mentioned, until it can be cleaned up. Several agencies have been on site to oversee their part of the cleanup. [interjections] They include wildlife officers, RCMP, members of the oil spill containment and recovery agency. The activities are being co-ordinated by the pollution emergency response team from environment. [interjections] I wish to add that the Eastern irrigation district has been very helpful, has reacted very quickly in the control of this very serious incident.

THE DEPUTY SPEAKER: Final supplemental, Bow Valley.

MR. OBERG: Thank you, Mr. Speaker. I do hope that the people in my constituency could hear those answers because I certainly couldn't over the glib remarks from the other side.

Mr. Speaker, to the Minister of Environmental Protection. Will the minister commit to assisting the Eastern irrigation district with the costly job of monitoring the real hazard of this spill, namely the accumulation of benzene in the drinking water of 20,000 people?

MR. LUND: Well, Mr. Speaker, as the hon. minister of transportation indicated, our pollution and emergency teams are on site, and we'll continue to monitor the situation. We have in the past and will continue to work very closely with the Eastern irrigation district to monitor the canal. I believe that there will be a complete cleanup before the canal is back in operation again. And, yes, we will be continuing to monitor to make sure that there isn't a contaminant in their drinking water.

THE DEPUTY SPEAKER: The hon. Member for Redwater.

Rural Health Services

MRS. BALSILLIE: Thank you. Mr. Speaker, 227 doctors have

left Alberta this year. The government's own studies have indicated that 42 percent of rural doctors are planning to leave our rural communities. My constituents in Smoky Lake are telling me that the emergency room at the Smoky Lake hospital resembles banking hours: open from 9 to 5 and closed on weekends. This is clearly not the way to run hospital care. Rural hospitals provide the immediate care that rural Albertans need. They represent the difference between life and death. [interjections]

THE DEPUTY SPEAKER: Hon. members, this is the new Member for Redwater's very first question.

MRS. BALSILLIE: Thank you, Mr. Speaker. I find the reception appalling.

My question is to the hon. Minister of Health. Why are government MLAs more concerned about rural electoral boundaries than saving rural lives?

MR. JONSON: Well, Mr. Speaker, I think the record of this government in putting a priority on rural Alberta as well as urban Alberta is well demonstrated. Perhaps since we are talking about health care in rural Alberta, the hon. members of the Assembly, particularly the new member to the Assembly – and I would welcome you – should be reminded of something, and that is that the former leader of your party and former official Leader of the Opposition is on record as indicating that they should have alternative sites, so I assume only in cities. It says here: what it means is that instead of building hospitals in every big town, we should start saying, no, we should not be providing that particular type of service. [interjections]

THE DEPUTY SPEAKER: Order. Order. [interjection] Order. Hon. Member for Edmonton-Meadowlark, when the Speaker stands and has made the call “Order. Order” and you continue to speak, you're testing the limits and the rules of the House.

Now, I don't know about all of the members, but many of us could not hear the minister's response.

MR. JONSON: Mr. Speaker, with respect to the matter of the rural physician supply, this is something that has been a challenge to the health care system in this province and across Canada and one which this province is addressing.

The other thing here, Mr. Speaker, is that when we talk about 42 percent of rural physicians moving, we must keep in mind that in that percentage are those that are retiring – yes, there are people reaching that age of retirement within the medical system – and also many physicians relocating within the province. So we have to be careful of the percentage base that we are using.

Mr. Speaker, we have since 1990 been developing our rural physician action plan. It has a number of components to it, which I am quite prepared to report upon, but we have taken action on that particular issue. It's a challenge that we who are interested in rural Alberta are working on.

THE DEPUTY SPEAKER: First supplemental, Redwater.

MRS. BALSILLIE: Thank you, Mr. Speaker. To the hon. Minister of Health. I'm so pleased that you did bring up the rural physician action plan. I would like to ask you today: what are you doing right now to fix the rural physician action plan to prevent doctors from leaving rural Alberta?

MR. JONSON: I am certainly glad she asked that question, Mr. Speaker. This year alone the government is spending \$2.8 million on the rural physician action plan, an increase of 60 percent over last year. [interjections] Also, when combined with the resources expended by other partners in this endeavour, the RHAs and so forth, that's about \$5 million going into regions of this province for the recruitment and maintenance of our rural physician component. [interjections]

Mr. Speaker, it's very ironic that they have professed an interest in this item, yet they don't want to listen.

THE DEPUTY SPEAKER: Final supplemental, Redwater.

3:20

MRS. BALSILLIE: Thank you very much, Mr. Speaker. Thank you very much, Minister of Health, for your input. I would just like to ask what the minister would have to say to the residents of Smoky Lake, today and tomorrow, when every weekend – and they have no idea for how long – their hospital is going to be closed. What would you say, Minister of Health, to the residents of Smoky Lake?

MR. JONSON: I would say, Mr. Speaker, that this government has a very good program under way which . . . [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Glenora and hon. Minister of Economic Development and Tourism, you could carry your debate on at the appropriate time. This is not it. We have a question, the final supplemental, from the hon. Member for Redwater to the hon. Minister of Health. We'd like to hear that. Hon. members, please listen.

Rural Health Services (continued)

MR. JONSON: Mr. Speaker, we have initiatives under the rural physician action plan which range from assistance with debts incurred by people entering the profession of medicine as a result of their lengthy education program. At the other end of the spectrum we have a provision within the legislation of this province whereby we are prepared to provide interim authorization and accreditation to physicians who perhaps do not have all and exactly the education requirements required in Alberta but are well qualified. They have an allowance there, an exemption, so that they can come in and locate in parts of the province, in rural Alberta. The need to recruit rural physicians is, as I said, not unique to this province, but I think the very extensive program that we have for rural physicians and for attracting them is unique in this country, and it shows where the government is certainly taking action in health care.

THE DEPUTY SPEAKER: The hon. Member for Little Bow.

Education Restructuring

MR. McFARLAND: Thank you, Mr. Speaker. I understand that today the ATA delivered a report to each MLA on how teachers in their constituencies rated the health of the education system and that they'll release a provincewide report this next month. The ATA survey asked teachers to rate the changes that have taken place since 1993, when the government first started to make changes in education. There are claims that classroom sizes have

increased, that the time teachers have with students has decreased, that students with special needs are getting less help, and that there are fewer classroom resources. Could I ask the Minister of Education if he would respond how it could possibly be that these types of changes have been effected with the least reduction of all government department spending?

THE DEPUTY SPEAKER: The hon. Minister of Education.

MR. MAR: Thank you, Mr. Speaker. I want to address the specific issues that were raised by the hon. member in his question, but I think I should give some background information first of all. At the outset I'd like to say that there have been reductions in all areas of government, including the Education area. Teachers, like all Albertans, have contributed to helping get this province's financial house in order, and I want to say that we certainly appreciate the contribution and the job that they've done.

I want to point out and verify to the hon. Member for Little Bow that the cuts in Education have in fact been relatively small compared to other areas in government spending. With our three-year reinvestment program, Mr. Speaker, the total cut in Education will only be in the magnitude of 2.9 percent.

Now, many of the changes that have been made over the last three years have been at the administrative level. For example, Mr. Speaker, in 1993 there were 181 school boards, and now, in 1996, there are 63 of them.

The reductions in the Education budget have stopped, and we are now reinvesting. Mr. Speaker, \$34 million has been reinvested in the area of special needs. Using our funding framework, we have put more funding towards the area of children with severe disabilities.

To address the specific issue that was raised by the hon. Member for Little Bow – he made reference to the issue of class sizes. Mr. Speaker, class sizes in 1995-96 averaged 22.65 students, and in the previous year it was 22.93 students. [interjection] So actually the average class size has decreased and not increased. [interjection]

THE DEPUTY SPEAKER: The hon. Member for Spruce Grove-St. Albert is anxious to ask her questions and will be invited to do so when the opportunity presents itself. In the meantime, let us hear the Minister of Education respond to his first question.

MR. MAR: Mr. Speaker, as I was about to say, we recognize that those are averages and there will certainly be differences from school to school and from region to region, but it certainly is an important issue for school boards to address.

Mr. Speaker, the report card, that was referred to by the hon. member, asking teachers to rate conditions is something that is of valuable feedback, and we'll certainly be looking at it in greater detail.

THE DEPUTY SPEAKER: First supplemental, Little Bow.

MR. McFARLAND: Thank you, Mr. Speaker. After hearing all the sad-news stories today, I would like the minister to know that one of the communities that I represent under all this duress had a Lions Club donate a thousand dollars to the school. But according to the ATA report card, changes in education have had a negative impact on the students and the parents and the greater community. How could you compare the survey results of the

greater community with the example that I cite of a small community of 293 people donating a thousand dollars from a Lions Club to the school?

MR. MAR: Well, Mr. Speaker, certainly as the Minister of Education it's important for me to listen to the views of all Albertans. Teachers, of course, are one of those groups of individuals whose feedback I pay close attention to.

I want to point out also, Mr. Speaker, that when I look to the results report on our three-year business plan from 1995, in fact significant support has been shown for a number of changes. For example, some 78 percent of parents who were surveyed were quite pleased with the increased role that they had with respect to decision-making at their schools. They welcomed the leadership that they can help provide through school councils, and they're certainly very keen on the fact that we now publish curriculum that parents can look at. I certainly would invite parents who are interested in what their kids are learning to ask for the curriculum for their grade. Further, 85 percent of teachers did say that they were pleased with their opportunity to be involved with decisions at the local school level. The uniform tax rate situation – 88 percent of Albertans saw a decrease in their tax rate, so they were quite pleased with that. A great deal of good feedback has been given with respect to charter schools. That is clearly an area where parents have demonstrated a great deal of interest. Parents are pleased to be able to send their children to Canada's first charter schools.

THE DEPUTY SPEAKER: Supplemental.

MR. McFARLAND: Thank you, Mr. Speaker. Premier Klein is on record as saying that education is a good-news story. Would the minister substantiate or elaborate, in light of the least number of dollars reduction in expenditures for education, how this good-news story can actually occur?

THE DEPUTY SPEAKER: The hon. Minister of Education.

MR. MAR: Well, thank you, Mr. Speaker. One of the first things that I'd want to say in the area of good news in education is that teachers themselves are a big part of the good news. Certainly the Department of Education has been very proud to be a sponsor of the excellence in teaching awards, where there were hundreds and hundreds of nominations.

3:30

Over and above that, another area of good news in the education area is the amount of money that's being spent on administration. It's being capped. At one point, Mr. Speaker, approximately \$160 million was spent in the area of administration in the province of Alberta. Now it's less than \$100 million. It's less than 4 percent overall. That is certainly a good-news area, because our objective is to drive as many dollars as possible into the classroom level. I think we've been successful in doing that.

Parents are quite pleased with the publication of school results. With respect to test results throughout the province, Education is clearly more open and more accountable than ever before.

Another good-news area, Mr. Speaker, is in the area of technology. Technology is clearly a priority. We've spent millions of dollars on computers and will continue to do so as part of our reinvestment program.

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

Health Care*(continued)*

MR. SAPERS: Thank you, Mr. Speaker. Between July 9 and July 13 Wilf Wagner was sent home from Edmonton hospitals four times even though he was in horrible pain, feverish, and covered in a poxlike rash. Wilf Wagner died July 13, 1996, just two days after his 36th birthday. Wilf's widow, Terry, is now trying to make some sense of her loss, and she wants to know to what degree government cutbacks contributed to her husband's death. Will the Minister of Health please explain why Wilf Wagner's condition was essentially ignored until it was too late to save his life?

MR. JONSON: Mr. Speaker, I indicated quite some time ago, when I took over this portfolio and since, that it is important we monitor the performance of the health system, that we address specific issues and problems, and that a very serious event such as this be followed up.

With respect to the phrasing of the hon. member's question, I think he, too, would acknowledge that this is a contention he is making. It is a matter that needs to be investigated and determined. I am not a doctor. I would never pretend to be. I look to the professionals, the experts, within the medical system to assess these cases and to determine the cause and what the basis for correcting the situation shall be.

THE DEPUTY SPEAKER: First supplemental, Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. On what basis can this Minister of Health assert, therefore, that government policy did not contribute to Wilf Wagner's death?

MR. JONSON: Mr. Speaker, on such a very important item it would seem to me that it is important to find out what actually happened and to look at what actions can be taken to correct the situation, if in fact there are actions that can do so. As I say, to ask me about an individual case, this is certainly something that is convenient to do if one wishes to raise fears and make unfounded allegations.

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

MR. JONSON: I share with the hon. member the concern to deal with these individual cases, but certainly I'm not going to presume to make an expert judgment on this.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora, final supplemental.

MR. SAPERS: Thank you, Mr. Speaker. It's been a month since Mr. Wagner's untimely death. The minister has been briefed. The minister has been corresponded to by the widow. Will the minister at least answer this question for Wilf Wagner's wife: why did doctors keep sending him away from the hospital when he was gravely ill? You've had the time to find out. Why did it happen?

MR. JONSON: I understand that the authorities involved have communicated with the family. I will check further with respect to this and follow up on it, but in terms of an individual case, I'm not going to debate the specifics of that in the Assembly.

THE DEPUTY SPEAKER: The time for question period has expired. We have one point of order.

Point of Order**Allegations against Members**

MR. SAPERS: Mr. Speaker, I rise under Standing Order 23(h), (i), and (j), making allegations. The Minister of Health unbelievably – unbelievably – tried to dismiss this situation as an allegation. The Minister of Health just stood in his place and in attempting to answer the question said that there were some sorts of unfounded allegations. There are several facts here. Mr. Wagner died. Mr. Wagner died after being turned away from hospital several times.

THE DEPUTY SPEAKER: Order. Hon. member, we're debating a point of order, not continuing the debate.

MR. SAPERS: Mr. Speaker, my point of order is that the Minister of Health has just offended Standing Order 23, specifically, in making an allegation against this member during question period, and I would like the Minister of Health to withdraw those remarks.

MR. DAY: Well, Mr. Speaker, what we've witnessed so far today is an honest reflection of the shallowness of this point of order. We should be getting on with the business of the government: meeting the needs of Albertans. I would suggest that the member was trying to make some clarification and that indeed it is no point of order.

THE DEPUTY SPEAKER: The Chair would indicate, as the Chair heard it and as the hon. Member for Edmonton-Glenora rephrased it, that the minister was saying that the assertions of the Member for Edmonton-Glenora were allegations. Now, that's hardly in itself imputing false motives or making an allegation, suggesting that the assertions are allegations. An allegation is an unproven hypothesis or an unproven statement. Truly, in the Chair's opinion this would just be a matter of debate. The Chair does not see that the citation was breached. No point of order.

We have no further points of order.

We have a Standing Order 30. The hon. Leader of the Official Opposition.

head: Request for Emergency Debate**Health Care**

MR. MITCHELL: Thanks, Mr. Speaker. Moments ago the House leader said that we should be getting on with the business of government. It seems to me that the first priority of this Legislative Assembly is to get on with the business of the people of Alberta, and that business today is health care, health care, health care. It's to that end that I move under Standing Order 30 the following motion: to adjourn the ordinary business of the Assembly to discuss the urgent matter of the need for an interim budget to adequately fund health care in Alberta, given that the Minister of Health has admitted that the government has cut too much funding from the health care budget, which has resulted in unnecessary suffering and death.

I'll take a few moments to speak specifically to the urgency of this motion. This motion is urgent, Mr. Speaker, because people in this province – our neighbours, our family members, our friends, fellow Albertans – are suffering and are dying needlessly

not because of accidents in the health care system, not as the minister has suggested by some unexplainable phenomena. It is because this government has consciously and deliberately underfunded health care. They admitted as much on June 24 when the Premier said that it's underfunded. The Minister of Health has indicated that it's underfunded. The solution is obvious. We cannot wait one moment longer, one day longer, one instant longer, when every moment's wait can mean somebody else's unnecessary death, somebody else's unnecessary suffering.

There is a great deal of evidence. All of the Members of this Legislative Assembly are aware of it. We deal with cases of people who have run into undue problems in the health care system day after day after day. This afternoon, Mr. Speaker, you were good enough to allow us to note, to put on the record over 40 cases of Albertans who have died or suffered unnecessarily and whose cases have been brought to our attention in our constituency offices. I know that there are many, many more in our constituency offices, and I know, although they won't admit it, that there are just as many more in the government members' offices.

3:40

We have empirical proof of the urgency. Waiting lists have become unduly and unacceptably long. Urgent heart surgery waiting lists are the longest in the country: five months. Not for heart surgery, Mr. Speaker, but for urgent heart surgery. There are 28 people awaiting transplants on the list today. We only did in this province and we were only able to do 21 last year. Two hundred and twenty-five doctors will leave by the end of this year in addition to all those doctor specialists who have left already. Forty-two percent of rural doctors indicate that they are preparing to leave this province. In addition to all of this, there is obvious disarray in the administration, in the management of health care.

The Premier says one day that it's not a problem. The next day he admits, on June 24, that he needs to put extra money into health care. At the same time he does not acknowledge that that money should be put into health care this year, 1996. He's waiting till 1997 or 1998. People, the people who are experiencing the kinds of cases that we presented to the Legislature today, can't wait until 1997 or 1998 for action to fix this health care system.

It has become particularly disconcerting and disturbing that this government disregards, dismisses, in fact berates the presentations of health care professionals in this province: doctors, nurses, thousands of other health care professionals who have taken unprecedented steps to present publicly their concerns that health care in this province is in crisis, Mr. Speaker. They are doing it responsibly. They are doing it in a way that is not designed to create fear. They are doing it in a way to make the case to a government that has refused to listen that there is urgency in what is occurring, due to this government's cutbacks and other health care policies, to the health care system in this province.

We have the money. We have a \$1.5 billion surplus this year. We had a \$1 billion surplus last year, a \$1 billion surplus the year before. We have \$180 million in saved interest charges sitting in an unallocated pool this year in this budget. If there's urgency, Mr. Speaker, it is compounded by the fact that this government has the resources, the wherewithal, the means to fix it, and they won't. They won't because of a dogma, an ideology, that will not permit them to change and to move and to meet the urgent needs of the people of this province.

In question period, Mr. Speaker, and before question period we

listed cases. I listed the names of people who have died in this health care system, who have died not by accident but because of concerted, deliberate policies on the part of this government. They can be fixed. At some point – when will these members in that Conservative Party understand that their refusal to change is causing people to die needlessly? They don't have to die, and we should throw open the rest of the day in this Legislative Assembly to discuss concrete, specific, solutions to that problem. They are problems that we in this Legislative Assembly have a moral obligation to fix. It can wait no longer. We must debate it today. [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Order. [interjections] Order. [interjections] Hon. Minister of Economic Development and Tourism and hon. Member for Sherwood Park, order. [interjections] Order. My training working with the kennels has stood me in good stead. We can't have people roaring and barking at one another. That is not the way to conduct yourselves. It is an important issue that the hon. Leader of the Opposition has brought before us. We're going to have two speakers speak on the opposition side and two speakers speak on the government side. Let us hear what they have to say, following which we'll make a ruling.

Debate Continued

MR. JONSON: Mr. Speaker, it is very important to state that in this province we have a health care system which is functioning, which is serving the people of this province. There are thousands of people that have contact with it every day. There are thousands that are in the health care system every day in this province. They do get well. They are recognizing the service that is being provided, and that is the overwhelming majority.

Mr. Speaker, a system as complex as the health care system in Alberta is going to have problems. There are going to be issues to be dealt with, and I would not say that the system is perfect. That has to be acknowledged.

MR. MITCHELL: Come on, Jocelyn. Where are you on this?

MR. JONSON: On an ongoing basis we should acknowledge that there are problems which need to be addressed, and these problems are being acknowledged and are being addressed.

MR. MITCHELL: Jon, where are you?

MR. JONSON: In the Capital health authority, Mr. Speaker, the medical staff held a meeting sometime ago. They indicated a number of concerns. The regional health authority and I as minister supported them in this, invited the doctors to prepare a set of constructive suggestions.

MR. MITCHELL: Mark Hlady, where are you?

THE DEPUTY SPEAKER: The hon. Leader of Her Majesty's Loyal Opposition doesn't help the situation any by calling out people's names or people's seats. That's not proper procedure, and the leader knows well.

The hon. Minister of Health to conclude or to continue.

MR. JONSON: Mr. Speaker, just to conclude this particular

point. The medical staff and their chairman, Dr. Greenwood, indicated that they would need some time to develop a constructive set of recommendations. That time has been given, and in September the RHA will be hearing those particular proposals, and I'm sure we'll deal with them in a proper manner.

Mr. Speaker, the thrust of this particular Standing Order 30 motion is that there is an overall problem in health care. It's very important to indicate the regard that Albertans have for the health care system. Recently, in our ongoing effort to monitor the performance of the health care system, we published the results of a survey of Albertans regarding health in this province. That survey showed that 86 percent of Albertans who used the health system in the past year rated the quality of services received as excellent or good. In Edmonton the number increased to 76.7 percent from 72.7 percent. [interjections] Members across the way may not be interested in what Albertans think, but the point here is that this is a general motion which indicates things that I just do not think are correct or well founded.

As well, 79 percent of Albertans overall rated the quality of the health services in their community to be excellent or good, and more than 75 percent rated the availability of the services in their local community to be excellent or good.

These results, Mr. Speaker, are I think very significant. We have people who certainly want a high-quality health care system in this province, and they see that system being delivered to them.

3:50

I think it's also important, Mr. Speaker – and many comments and outside sources can be quoted – that as far as the Calgary health care system is concerned, the Calgary regional health authority, recently the results of a survey report by the Canadian Council on Health Facilities Accreditation was published. In that particular accreditation survey for a very, very large regional health authority in this province serving thousands of Calgarians, their conclusions are – and I will paraphrase – that they did not identify any major issue with respect to access to health services, and they felt that clinical processes and the restructuring of the system were going ahead and that there was a maintenance, a maintenance of qualitative care in the Calgary region.

Now, Mr. Speaker, I would not at all support the thrust of the motion, which is that of delaying and studying and spending money on a study for several months. The government has taken action where problems have been identified. I have indicated previously in the course of question period in this Assembly, and I can go on to elaborate on more examples. The Premier announced several months ago that we had come to the end of reductions in the overall health care budget in this province, that health would be a priority in terms of reinvestment. In the case of the Capital health region, where the members across the way I think may have some interest, they have been part of the announcement to put additional funds into the areas of surgery, hip replacements, and cardiology. Waiting lists are coming down in those particular areas. We have had the review chaired by Dr. Oberg, when certain problems were identified through the RHA and identified by government, and a report. That report came forward with certain recommendations, some involving funding. We responded positively to that particular recommendation with respect to additional funding for the Capital health authority.

Mr. Speaker, one of the bases of contention today is that there's an area of rural physician supply which is an issue in the health care system. I outlined previously today in question period that we have, I think, one of the best programs in this country with respect to targeting what is a general issue in rural parts of Canada.

Mr. Speaker, we are taking action on problems which are identified. We are restructuring, Albertans are getting quality health care, and we do not want to interrupt or to get off that particular focus.

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

MRS. HEWES: Thank you, Mr. Speaker. The comfort level and complacency of the minister on this most important issue just astonishes me. I thought he was present in the House earlier today when the Liberal opposition tabled a great number of documents that simply attest to the urgency of this debate and the urgency the government should feel to deal with the chaotic system that we have in health care. It seems to me that every government member should say that it's not necessary to debate the urgency because the facts speak for themselves. They are there, and they are there in great abundance. I can't believe his complacency in quoting the figures. I simply don't know who he's listening to.

Mr. Speaker, the urgency and being demonstrable don't just come from here. We speak on behalf of people in our constituencies. I have people begging me every day to speak in this House about what is happening to my community and what people are experiencing in my community. The urgency is demonstrable whether we live in cities or in rural communities. It's attested to by the RHAs, and they're not listened to. The RHAs say, "We have talked with the government" – and clearly they do – "and the government makes decisions, whatever they are, and ushers edicts from above." They're not being listened to.

Are the professionals to be paid attention to? One would think that if you wanted to know what was happening in health care, you would invite consultation with professionals, but professionals clearly are not being listened to. The government says, "Oh, doctor, why don't you go and make that case to your local RHA?" The doctor in desperation says, "Well, I did, and I have for months on end, and nothing has happened." So professionals aren't listened to; health care workers aren't listened to. They're leaving the province. They see things elsewhere where they can ply their profession, where they can adhere to their code of ethics without being challenged, without being frightened about their position. They have spoken out and, I believe, Mr. Speaker, with great courage. It has taken courage for health care workers across this province to make the case, because they must be in fear of losing their positions.

What about the consumers? Is anybody listening to them? Are the consumers being paid attention to? The minister is complacent with his study. He says that consumers are happy. Well, let me tell you what happened to the submissions of today. Did they fall on deaf ears? These are real people, Mr. Speaker. Real living, breathing, voting people in our communities, and your members, Mr. Minister, are hearing from them too. It isn't just us. You know perfectly well that in the communities that your members serve there are dozens of people who are deeply concerned about access to health care and about the quality of health care.

What about community organizations? Does anybody pay any attention to them? We've seen some of them here today who took time to come and express their deep concerns about what's happening to the groups that they advocate for. I happen to work closely with seniors groups. They're desperately afraid, very afraid. They are high users, to be sure, and they're very frightened, Mr. Speaker, Mr. Minister. These people are

sometimes referred to as victims of the week or whiners. Well, I think that's a pitiful response, and surely the minister and his colleagues on the front bench and the Premier know exactly what's happening out there and know the anxiety and the stress that they have created in our constituencies.

Mr. Speaker, in my own personal experience in the last couple of months I can attest to it. What happens in our institutions? Well, there's a sense of defeat. There's a real sense of defeat.

MR. DINNING: Aw.

MRS. SOETAERT: Been there, Jim?

MR. DINNING: Yes, I have, and don't suggest otherwise, kid.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Order. Hon. members are invited to ask questions at the appropriate time. If they wish to carry on a debate subsidiary to the one that's going on now, they're invited to go outside and discuss that matter. Right now the hon. Member for Edmonton-Gold Bar has the floor, following which we'll see whether there's anyone else on the government side who wishes to respond.

The hon. Member for Edmonton-Gold Bar.

Debate Continued

MRS. HEWES: Thank you, Mr. Speaker. To reassure the Treasurer, let me say that I had wonderful, caring staff looking after me and caring for my family, and I can't say enough for them. But perhaps the Treasurer will understand that I also grasped from many of the people who spoke to me that sense of defeat. "What are we going to do? How can we carry on? How can we be expected to do our professional job that we were trained for within the environment that we are forced to work in?" This was what I heard over and over again: a sense of helplessness, a sense of "How can I ethically adhere to my profession in this environment?" with a sense of desperation. Yes, people coming to me and saying: "I am looking around. I am unfortunately going to leave. I'm worried about my family, I'm worried about my future, but I can't stay. I just can't continue to work in this environment."

4:00

Mr. Speaker, in my constituency people come to me and they say: "I paid for this system. I believed in what we were doing in health care. The government ran up the debt; I didn't run up the debt." They say to me: "Where did the money go? Where did all the money go? What happened? I didn't run up the debt. I paid to develop a system of health care, and I believe I have a right to access it when I need it. I can't work any longer. I am ill. I can't work, and I can't get help. I can't see, and I can't get my eyes fixed. I can't walk, and I can't get my hip fixed, and I'm in pain." This happens day after day, and every member here and every member there has heard it, Mr. Minister.

Mr. Speaker, there is no stability in the funding. We've said all along that there's no plan. We know that now. There never was a comprehensive plan. There's no stability in the funding. The government and the minister chat on blithely about a funding formula that is coming soon. Well, I'd like to see it, and I'm sure the RHAs would like to see it. I don't know who is working it out or who's developing it. Why can't we have a look at it?

Why isn't it here? If we had a debate on this subject, surely the minister would want to tell us what's in that formula so that RHAs would know not just today and tomorrow but from month to month and year to year what they can expect.

Mr. Speaker, this is no time to lay blame. This is no time for that. I say to the minister and the front bench: take your medicine; do the necessary thing right now; put the interim funding in place. Put it in place quickly, before the whole thing collapses in front of our eyes. Rescue the system today.

MR. DINNING: Mr. Speaker, as I understand it, the motion before you is one calling on the Assembly "to discuss the urgent matter of the need for an interim budget to adequately fund health care in Alberta."

I have a number of comments to make. I'll choose to refrain from making this a personal issue, as I could do as well, but I will not. What you're obliged to do, Mr. Speaker, is to rule on the actual motion itself. I would put to you, sir, that there is ample opportunity during this legislative session to debate the matter of health care funding that could begin as early as this time tomorrow if House leaders were to agree to it, because on the Order Paper are two Notices of Motion standing in my name, 20 and 21, one of which gives ample foreshadowing or forewarning that there are supplementary estimates and that those matters will be referred to Committee of Supply, which can debate those estimates at length. Then of course there are the various stages of the appropriation Act which allow for three full days of debate that again would give all members ample opportunity to debate the funding of the health care system.

So, Mr. Speaker, I see, in speculating about the time that could be devoted to various matters that are before this Assembly, that frankly there probably could be more debate devoted to the matter of supplementary estimates than on virtually any other Bill that appears on the agenda paper for this sitting of the Legislature.

I would just refer members back to an announcement made by the hon. Minister of Health and the hon. Premier on 24 June when it was announced that there would be an additional sum of money provided to the health care system for '97-98, '98-99 so that those health authorities had ample time to prepare themselves for those fiscal years. Perhaps the hon. members across the way would want us just to announce that on the eve of a fiscal year or perhaps even on the eve of a provincial election. We don't do business that way, Mr. Speaker. We don't do business that way. We give our health authorities and our school boards and our institutions across this province ample opportunity to make their plans knowing the finances that are at their availability.

I would also say to you, sir, at the same time, the Minister of Health announced that there would be a new population-based funding model. Members across the way are saying, "Well, what's in it?" What's in it for them? Mr. Speaker, this didn't just come out of some cocked hat by the Minister of Health and the Ministry of Health. This model has been designed by the health participants, the deliverers of health in this province, including the regional health authorities, a number of other people who are involved, and the professionals in the system. I take great stock in the work that's being done by the Minister of Health, by his ministry, and by all of the other people who have built this funding model to give that certainty, to give that stability to a health care system that the Minister of Health has acknowledged is under restructuring, is under a great deal of change and, yes, is facing the pressure that all of us in our day-to-day lives, in our day-to-day businesses are facing, the same kinds of

pressures. We are there, and the Minister of Health has made it clear that he stands ready to work closely with all of those who care deeply about the health care system in this province and about the health of Albertans and have that as their objective, not partisanship.

MS LEIBOVICI: A point of order, Mr. Speaker.

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

**Point of Order
Questioning a Member**

MS LEIBOVICI: Thank you, Mr. Speaker. Under *Beauchesne* 482, I'd like to know if the hon. Treasurer would entertain a question.

MR. DINNING: No, Mr. Speaker.

Debate Continued

MR. DINNING: The fact is that what the Minister of Health is trying to do is to make sure there is a health care system that is there not just for today but for our children for tomorrow. He's not interested in political partisanship, not in concocting a number of stories that are of marginal definition as it relates to any potential concern that exists in the health care business.

Mr. Speaker, what I would say to you is that there is ample opportunity, that on the agenda for the extension of this sitting of the Legislature there is ample opportunity from day to day until we adjourn to discuss this matter. I would so encourage you to rule in that way.

THE DEPUTY SPEAKER: The Chair would like to thank all members for their contributions. The Chair is now ready to rule.

The Chair received notice of this application for leave under Standing Order 30 more than two hours before the start of the sitting, so the requirements of Standing Order 30(1) have been met. There is, however, a disagreement between members as to whether the application meets the requirements of urgency of debate under Standing Order 30. The motion itself appears to be crafted in such a way that the matter requiring urgent debate is the need for an interim budget.

Under Standing Order 30(7) the matter proposed "must relate to a genuine emergency, calling for immediate and urgent consideration." As all members could see, as demonstrated by the debate, there is not agreement as to whether or not there is a genuine emergency and whether it exists.

The Chair would refer members to October 11, 1995, and to April 11, 1995, for rulings on the question of emergency as it relates to the health care system. Of course, the Assembly has considered estimates for Health as part of its 1996-1997 budget process. Further, it's the Chair's view that there are other opportunities for the Assembly to consider this matter.

4:10

Appearing on the Order Paper is a notice of messages from His Honour to be referred to the Committee of Supply. There would be supplementary estimates. While the House will have to await the presentation of the supplementary estimates to determine if there is anything related to health care expenditures in them, it is clearly a financial measure being brought forward which will be open to debate in Committee of Supply. Furthermore, Bill 47, the

Reinvestment Act, appears on notice and when introduced may provide an opportunity for members to debate financing issues. Of course, there's question period, where members may raise this issue as they please, and we had ample evidence of that today.

Accordingly, the Chair rules against the application under Standing Order 30, and the question will not be put.

head: **Motions under Standing Order 40
Health Care Review Board**

THE DEPUTY SPEAKER: We now have a motion for Standing Order 40. The hon. Leader of Her Majesty's Loyal Opposition.

Mr. Mitchell:

Be it resolved that the Legislative Assembly of Alberta urge the government to create a special nonpartisan review board to investigate the damage done by budget cuts and government policy to the health care system and make recommendations for remedial action.

MR. MITCHELL: Thanks, Mr. Speaker. I'd like to speak to a motion under Standing Order 40 which would have the Legislative Assembly break from its normal course of business to debate.

Mr. Speaker, there are really two arguments that I want to make to the urgency of this motion. One would be to summarize the case briefly that I made under Standing Order 30, that there is an overriding urgency for a number of reasons. We have seen the human cost of this health care system and the state that it's in. We have listed, presented many, many cases today in the Legislative Assembly of those people who have died and suffered needlessly. I have listed specific names of people, as have my caucus colleagues, to try and bring home the personal importance of this issue and the urgency of this issue to the members of the government. I have noted a variety of empirical measures where this health care system is in urgent need of repair. Waiting lists are long. Doctors are leaving. There are documented waits for critical tests, waits that are too long for the surgery that needs to be done far quicker than the tests arrive. I have indicated . . .

MR. DAY: A point of order.

THE DEPUTY SPEAKER: The Government House Leader is rising on a point of order.

**Point of Order
Repetition**

MR. DAY: Yes, on the references in *Beauchesne* related to repetition. We're hearing the same material again. It's a desperate attempt to try and save face on the part of the opposition, and I would suggest that we are talking here about addressing the reason for Standing Order 40. This is not the debate; this is asking for the debate. Should you so see fit, Mr. Speaker, I think the House would appreciate an encouragement for the member to finish his repetitive remarks and call for the question.

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

MR. BRUSEKER: Calgary-North West, yes, Mr. Speaker. Thank you. With respect to the issue of repetition as cited by the Government House Leader, we are now on another point of business. That previous point of business to which the member

referred is gone, done, having been dealt with by the House. The Leader of the Official Opposition is raising a new issue under Standing Order 40 and not under Standing Order 30. So even though the topics may be related and similar, because we have moved onto a new issue, the issue of repetition, a new point of business, in fact the issue of repetition does not apply. The Leader of the Official Opposition is attempting to make his points under this new point of business which we are addressing now.

THE DEPUTY SPEAKER: The Chair would observe that indeed we are on a separate point of business, item 40, and I would invite the hon. Leader of the Opposition to make his case succinctly.

MR. MITCHELL: Thanks, Mr. Speaker. I am just summarizing quickly. I said that there are many cases we've presented and many others we haven't presented that indicate people are suffering needlessly, dying needlessly. We have empirical evidence: waiting lists for heart surgery, waiting lists for transplants. We have doctors leaving in what can only be described as droves. There is obvious disarray in the management and the administration of health care in this province. On June 24 the government on the one hand says that it's underfunded but doesn't want to fund it until a year and two years from now.

This is an argument I didn't use before, but I think there's one telling, very telling statistic that needs to be contemplated and savoured by this government: we have the lowest per capita funding for health care in the entire country. And it didn't have to happen to balance the budget, Mr. Speaker, because New Brunswick and Newfoundland and Saskatchewan and Manitoba have all balanced their budgets. They're all ahead of us. They'll say they raised taxes, and I'll say they don't raise \$600 million worth of health care premiums. This government is both spending our money very, very inappropriately and has established a set of priorities that does not reflect the values of the people of this province.

What is specifically disturbing is that health care professionals – nurses and doctors and LPNs and chiropractors and physiotherapists and pharmacists – have been almost universal in their statements that this health care system is in chaos, that people are dying because of its state, that health care workers are stressed to levels where they cannot exercise proper judgment always and where mistakes are being made that are affecting people directly: our daughters and our sons and our wives and our mothers and our fathers, our neighbours and our friends across this province. That is why we are calling in this motion for a nonpartisan review commission chaired by a judge, so it will be clearly nonpartisan, because if the government will not believe the health care workers that work daily within that system, you have to question whom they would believe. I am proposing that just maybe – just maybe – they would believe a nonpartisan, objective group, headed up by a judge so that its objectivity cannot be questioned, which would report very quickly to this Legislative Assembly with some recommendations on how this system can be fixed, how a plan can be put in place, and how more money can be put into the system so that it preserves and sustains the health care of people in this province and we can trust it.

THE DEPUTY SPEAKER: Under Standing Order 40 the proposer gets his chance, and then the Assembly makes its blessing. Might we have unanimous consent to proceed with the motion as proposed by the hon. Leader of the Opposition? All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: We do not have unanimous consent. Orders of the Day.

MR. MITCHELL: Mr. Speaker, a motion to adjourn the order of business of the House today. If we're not going to talk about health care, then we should just go home until the Premier gets back.

THE DEPUTY SPEAKER: Order. Orders of the Day. [interjections]

The Chair apologizes. In the excitement over the motion, the Chair did not hear that you had made a motion to adjourn, which of course is not debatable.

All those in favour of the motion to adjourn as moved by the hon. Leader of the Opposition, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

[Several members rose calling for a division. The division bell was rung at 4:17 p.m.]

[Ten minutes having elapsed, the Assembly divided]

For the motion:

Balsillie	Hanson	Sapers
Bracko	Henry	Sekulic
Bruseker	Hewes	Soetaert
Carlson	Kirkland	Van Binsbergen
Chadi	Leibovici	Vasseur
Collingwood	Massey	White
Dalla-Longa	Mitchell	Wickman
Dickson	Percy	Zwozdesky

Against the motion:

Ady	Forsyth	Mirosh
Amery	Fritz	Oberg
Beniuk	Gordon	Paszkowski
Black	Haley	Pham
Brassard	Havelock	Renner
Burgener	Herard	Rostad
Calahasen	Hierath	Severtson
Cardinal	Hlady	Shariff
Clegg	Jacques	Smith
Coutts	Jonson	Stelmach
Day	Kowalski	Taylor
Dinning	Laing	Thurber
Doerksen	Lund	Trynchy
Dunford	Magnus	West
Evans	McClellan	Woloshyn
Fischer	McFarland	Yankowsky

Totals: For – 24

Against – 48

[Motion lost]

head: Orders of the Day

4:30

head: Written Questions

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader.

MRS. BLACK: Did you recognize me? Mr. Speaker, I'm sorry; I didn't hear you recognize me.

There's nothing on the Order Paper, and they would be dealt with next week.

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader has made a motion. All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

head: Motions for Returns

MRS. BLACK: Mr. Speaker, again I would move that they stand and retain their places on the Order Paper.

[Motion carried]

head: Public Bills and Orders Other than

head: Government Bills and Orders

head: Second Reading

Bill 216

Crown Contracts Dispute Resolution Act

MR. KOWALSKI: Mr. Speaker, it's been some time since the Assembly's had an opportunity to deal with Bill 216, the Crown Contracts Dispute Resolution Act, 1996. On this very nice day in August of 1996 there's a great deal of enthusiasm, of course, that we all retain our positions in this particular Assembly and that we devote ourselves to the business of the public at large . . .

MR. SAPERS: Mr. Speaker, I'm rising on a point of order.

THE DEPUTY SPEAKER: Order please. We have a point of order. The hon. Member for Edmonton-Glenora is rising on a point of order.

**Point of Order
Relevance**

MR. SAPERS: Yes, Mr. Speaker. Thank you. I'm referring to *Beauchesne 459*, about relevance. I would ask your indulgence in this point of order, but it seems to me that the single most important thing that we should be discussing in the Assembly today is the state of our health care system and not this Bill. This Bill has got nothing to do with the crisis in our health care system.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora and all members are reminded that we have Standing Orders, to which we have agreed. We have within us the power to suspend them. We have gone through two complete exercises to that effect, and the Assembly has spoken. A point of order is

not sufficient to carry us on that one. We are now on the private members' public Bills session and will proceed accordingly. There is no point of order.

The hon. Member for Barrhead-Westlock.

Debate Continued

MR. KOWALSKI: Mr. Speaker, private members' public Bills is one of those interesting little scenarios that exist within this Assembly. I do recall that a number of years ago, when I had the privilege of being the Government House Leader, the House leader for the Liberal opposition, who is the current leader of the Liberal Party, went overboard in terms of his enthusiasm in ensuring that private members did have an opportunity to debate public Bills. So I speak today in support of private Bill 216, introduced by my colleague the MLA for Grande Prairie-Wapiti.

[Mr. Clegg in the Chair]

Mr. Speaker, perhaps just a few short minutes here to basically indicate what this Bill is all about. Basically the words themselves sort of describe what this is all about in terms of attempting to find a resolution other than through the courts. Although the courts are not negated from finding a resolution to this particular matter, they only become the last solution to an ongoing problem. In essence, the whole purpose of it all is to reduce the time burden on the court system, in addition to providing cost savings to the parties involved and to the government of Alberta as well.

Mr. Speaker, in essence, what this does and what this system does and what this Act does is call for an alternative dispute resolution mechanism to the courts themselves. It can include a whole series of mechanisms including negotiation, mediation, arbitration, conciliation, private judging, neutral expert fact-finding, a mini trial, a summary jury trial, moderated settlement conferences. All of those are items that in fact could be and should be put in place.

Now, that's not to say, Mr. Speaker, that some aspects of the government of Alberta are not already doing this. In fact, for several decades now at least two of the larger departments of the government in terms of infrastructure and funding of infrastructure in this province of Alberta have had these kinds of mechanisms involved. In recent years there has been a growing attention across the country of Canada to the fact that this is a positive way of solving disputes between parties that do not agree in terms of contractual obligations, so much so that in the spring of this year, 1996, here in the city of Edmonton a conference on dispute resolution did take place in May, and a number of groups in the province of Alberta joined with the Alberta Arbitration and Mediation Society and average citizens throughout the province in requesting the government to join the ADR movement. ADR of course stands for a mechanism that would basically allow disputes to be resolved and adjudicated in a positive way.

Mr. Speaker, there are some positive things in this Bill. It's well thought out in my humble opinion. All members have had a number of months now to discuss it and think about it and look at it. I can't really find any negatives associated with the Bill. I really believe that in fact this would be an important adjunct to the functioning of democracy in our province if all members would not only read the Bill and scrutinize it very carefully, which of course they have done over the last number of months, but find a way in their hearts to basically endorse it and support it so that the Member for Grande Prairie-Wapiti can in fact have a Bill passed by and in this particular Assembly.

It's hard to vote against something that's positive, Mr. Speaker. I'll sit here and listen very carefully to find out those negative arguments that certain members might want to come forward, but in essence they will probably be just testing their debating skills in that regard, because I feel quite confident that this is a positive step, well thought out, well worked upon, very, very determined. In fact, how can anybody vote against a mechanism which basically calls for opportunities to reduce the time of court and the expense associated with court?

So with that, I'll end my portion of the debate with respect to Bill 216 and ask all members to in fact kindly give their attentions to it.

4:40

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

MR. DICKSON: Thank you very much, Mr. Speaker. In fact when the last speaker made the observation that it would be very tough to take issue with this Bill, it put me in mind of the very conference he was referring to. Yes, there was a conference in Edmonton not too long ago that brought together mediators and arbitrators not only from across the province but many people from outside the province, from places like Saskatchewan, where we've seen the provincial government there take a leadership role in promoting ADR, or alternative dispute resolution, techniques and systems.

I think what the last speaker would have found if he had attended that conference is that the issue is how you provide a range of alternative dispute resolution systems. You make them accessible, you promote them, you give people as much notice as possible, but you don't take away the very fundamental right that people have to go to court if they can't otherwise get recourse.

There's one jumbo myth that's implicit in the comments we heard a moment ago, and it is that mediation is always cheaper, that mediation is always a better substitute for litigation. It just ain't so, Mr. Speaker. I've done lots of mediation, and you sometimes find that it's an unhappy litigant or an unhappy mediation party, people often unhappy with the process, and they blame the process when they don't get the kind of solution or the kind of determination they want.

The point I want to make is this: you have to provide disputants with a range of remedies and some different forums where they can resolve their problem. What Bill 216 does is it limits choice, and I would have thought that would be something that would be fundamentally anathema to any Conservative politician. What we need in this province is, yes, to facilitate arbitration, to facilitate mediation. We want to promote that, but we don't want to take away people's right to sue. We don't want to take away people's recourse. We don't want to say in a heavy-handed, ham-handed fashion, "If you've got a problem and the Crown is the other disputant, you must go through this process first." We have this enormous imbalance between the Crown, who would be one party, and perhaps a self-employed tradesman or perhaps a small corporation.

I think what we have to recognize is that there may be some occasions where that individual proprietor or that small businessman may want to be able to have access to courts, may not want to have to go through a mediation session, which may well advantage the government because they have deeper pockets. It seems to me that the focus should be: how do you make mediation more accessible? How do you publicize it? How do the provincial government and the Minister of Justice take a leadership role,

a leadership role as his counterparts have done in Saskatchewan and some other provinces, in terms of not just leaving mediation and arbitration off on the side shelf, where people may find it if they look hard enough?

Let's go with the multidoor courthouse system, the kind of thing they use in the state of Maryland and some other places, where the disputant shows up at the courthouse steps of the multidoor courthouse and then is advised, "You've got something that may well be resolved by way of mediation, and you may want to go down there and consider that alternative," or "Maybe you've got something that lends itself to arbitration, and we'll send you down to this office," or "Maybe you've got a dispute that generally has to be resolved through full-blown litigation, and there's another door for that." What you do there is you facilitate, you enable.

In fact, if you look at section 3 of Bill 216,

after the close of pleadings in an action, the parties shall arrange for and attend a mediation session prior to taking any further step in the action.

The parties are bound to pay for the mediator. "The costs of the mediation session shall be divided equally between the parties unless the parties agree otherwise." Well, I'm not sure the Crown is going to often agree to pick up the lion's share of the costs, but the Crown is always going to have disproportionate resources to virtually any other litigant you can think of.

The approach that we seem to have here is very much one that is somewhat similar to what's being attempted with domestic disputes in the city of Edmonton, where there's a prescreening. This appears to go further, because section 3 is all in terms of mandatory language. With section 3(1) "the parties shall arrange for and attend a mediation session." What's important here is that this isn't an orientation course to find out what your options are, as in the domestic law situation which this pilot project in the city of Edmonton is all about; this is specifically a "mediation session."

In subsection (2) "the parties shall appoint an individual to be the mediator," and failing that, then there's provision for "the Court to name a mediator." Then in subsection (5) the mediator, within a 60-day time constraint, "shall hold a mediation session." Then, of course, "the costs of the mediation session shall be divided equally."

It seems to me that what we may well be into here is a situation that's intended to expedite and enhance the position of private litigants when they're fighting the Crown, but we may well be creating other impediments and other obstacles and in fact building in other delays. Those are things that would not have been spoken of favourably at the conference in Edmonton earlier involving mediators and arbitrators.

The argument with Bill 216 I suppose comes down to this: even those of us that support arbitration and mediation and who would like to see it promoted and used more widely still respect the right of individuals to be able to choose. We respect the right of individual businessmen to be able to access a range of remedies and a range of forums. What Bill 216 does is it narrows and limits those choices, and I think that's not a positive thing.

Now, it may well be that 216 can be amended by doing things that provide some discretion. What we may want to do, for example, is require the Crown always to mediate in the event of a dispute. It may well be that there will be little sympathy in the House for the Crown having the option, because the Crown is always going to be differentially advantaged in any dispute with virtually any business I can think of. So why wouldn't we make the Crown obligated to mediate and allow that small businessman

in the province of Alberta an option of whether to participate in mediation or to continue to litigation if that were to be the case?

I wouldn't want a small litigant, that small businessman in Peace River or in Medicine Hat, the small businessman who's in a fight with the department of transport over some work they had done, to be in a position where they're all set to proceed to court. In Medicine Hat sometimes the wheels of justice move a little faster than they do in the big city, in the bigger centres. Maybe that plaintiff . . .

DR. TAYLOR: It has to do with having good MLAs down there.

MR. DICKSON: Well, sometimes it may be with the intervention of those hardworking MLAs in Medicine Hat and area. In any event, I was going to attribute it to the hardworking counsel in Medicine Hat and flexible judges, but I suppose everybody can claim part of the advantages that accrue there.

The point is this. If you take that example I'm using, you've got the small businessman, maybe somebody who has a painting company, and they do some work for the department of transport in Medicine Hat. It may be small claims – this is limited to Court of Queen's Bench. It may be a relatively minor claim that would proceed in an expedited fashion through the Court of Queen's Bench. They're all set to get in. There may have been an exchange of pleadings pursuant to section 3(1), so the issue's been joined. They're all set to take the next step, setting the matter down for discovery. The examination for discovery could maybe be done very expeditiously. All of a sudden the department of transportation says: "Hold on. Bill 216" – or if it were then an Act – "doesn't allow you to proceed to examination for discovery. You've got to take some other steps."

4:50

That small businessman in Medicine Hat then has to pull out the Act and understands that he must participate in a mediation session. How long, how many weeks, how many months is it going to take to appoint a mediator satisfactory to both sides? Government departments are sometimes slow. They're not often very responsive. They can fiddle around for weeks, perhaps months, deciding on who's going to be an appropriate mediator. If the parties can't agree, then what happens? Somebody has to apply to the court to name a mediator. Well, there'd be no incentive in the department of transportation going to court to appoint a mediator. They're the defendant. They'd want to stall this thing as long as possible.

So then what happens is that small businessman in Medicine Hat has to instruct his lawyer and pay his lawyer to go off to court to make a specific application to name a mediator. Then once the mediator is appointed, there is a further 60-day delay. It can be a delay of 60 days until the mediator rolls up his sleeves and gets involved to try and resolve the problem. Keep in mind again the costs of mediation; it's an additional cost to that Medicine Hat painter, that Medicine Hat small businessman.

What happens is that you go through this and then need from the mediator a certificate of completion. What's interesting is that while it's 60 days for the mediation session to be held, there's absolutely no time limit in section 3, subsections 1 through 8, that limits when the mediator must file the certificate of completion contemplated by subsection (8).

Back using my example again, you've got the time it took to dicker with the department of transport to decide who the mediator's going to be. Then we have to perhaps go to court to have a mediator named, and then there's no period of time under

which a mediator shall file a certificate of completion with the court.

Now, those members in the Assembly who are lawyers or who have experience with our litigation system understand it's not uncommon that you argue a case in front of a judge – and it may even be just a chambers application – and that you don't always get an order immediately. You may have to wait for weeks, maybe even months until you get the certificate from the mediator. So what have we got? I haven't been keeping a running time here, but it seems to me we may easily have built in four months, five months, six months of additional time for that small businessman in Medicine Hat who simply wants his judgment, Mr. Speaker. He wants to be able to enforce his judgment and move on to hopefully some other cases and contracts that are going to be more remunerative to him and his small business.

Have we done that small businessman any favour at all if we enact this Bill so this becomes a piece of legislation in the province of Alberta? I'd suggest, with respect, that we have not. I think if we wanted to ensure that the department of transport wasn't a bully, didn't exploit its deeper pockets and virtually unlimited resources in a dispute with a private litigant, then we might want to do something that would look very different than Bill 216. It would be something that requires, as I've suggested before, that if the nongovernment party, the nongovernment litigant, wanted to mediate, the Crown would be absolutely compelled to mediate, but it would always be at the call of the nongovernment party. It seems to me that's sort of the fundamental concern I've got with this.

There's a provision in terms of regulations. One would think that under section 7 we should know exactly what kinds of contracts this would apply to. It may be that the Member for Grande Prairie-Wapiti has a very specific intention in terms of this applying only to certain kinds of contracts. I don't know what those contracts are. I didn't hear in his initial debate at second reading. I didn't hear him indicate in what fashion this would be limited, how he envisaged section 7 would be used. I think we'd want that kind of information, that kind of assurance.

I think that what Bill 216 is really useful for is as a clarion call to our Minister of Justice, who I know always follows private members' Bills, perhaps more carefully than some of his colleagues and fastidiously, he represents, and I'd have no reason to question that. Maybe this is a bit of a wake-up call to our Department of Justice, because what Bill 216 is in some respects is an indictment of the inability or the failure of the province of Alberta to support ADR. This is an indictment of the fact that although the Alberta Law Reform Institute came out with a report that surveyed all of the ADR resources we have in the province of Alberta – the report is about two, two and a half years old – it made some very mild recommendations for the hon. Minister of Justice to move on. There's been no action. In fact, there's been a resounding silence from that office of the Minister of Justice.

Maybe Bill 216 will help light a bit of a fire under the minister's feet that will carry that heat all the way to Canmore, Alberta. Maybe, Mr. Speaker, we'll hear the minister stand up and say that he is being spurred on, that he's being energized by his colleague from Grande Prairie-Wapiti, and that we're going to see some real leadership in the area of alternative dispute resolution systems in the province of Alberta, perhaps even before the end of 1996. That would be my challenge to the hon. minister.

Maybe what we could do with this Bill is take the elements of it that are sound – the notion of promoting mediation – tuck them

into a much more aggressive, a much more effective sort of proposal to promote alternative dispute resolution systems in the province of Alberta. Maybe we could tie it into a multidoor courthouse initiative in the province of Alberta. Then we'd be seeing some real leadership. Then litigants could fairly be said to be advantaged by what this government is doing. Unless and until we see some of those kinds of initiatives, Mr. Speaker, this is a Bill that simply isn't remedial, because it doesn't address the needs of those people who get burned and those people who get bullied when they're doing business with the government of Alberta. I think that those people deserve a fair and more aggressive treatment from legislators in this Assembly.

So with that, Mr. Speaker, I'll take my place and look forward to the debate that I'm confident will ensue.

Thanks very much.

THE ACTING SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. It's a pleasure for me to rise and enter into the debate on Bill 216, the Crown Contracts Dispute Resolution Act. This Bill, as pointed out by the previous speaker, deals with an issue that has been prevalent in legal circles for a number of years, this being alternative dispute resolution, or ADR. ADR has been touted as a creative way to achieve several objectives including reducing court congestion, court costs, and accessibility to justice. Despite these advantages ADR has not received wide acceptance, and formal mechanisms to incorporate ADR into our justice system have been absent.

5:00

Bill 216 would reverse that trend and bring ADR into the mainstream of our Alberta justice system, as it does so in a prudent fashion which allows time for parties to adapt to new ways of conducting their legal affairs. By having the Bill only apply to certain government contractual disputes, it formally introduces ADR into the system with little disruption. The hope is that if the legislation brings about the benefits I just mentioned, perhaps it may be broadened and become a larger part of our justice system.

Essentially, Bill 216 would be a trial run for ADR. This is not unlike the pilot project in Saskatchewan which Bill 216 is modeled after. As many have heard, this project compels parties in dispute to attend a mediation orientation session to get some idea of what alternatives to going to court may be better in their situation. A mediator informs them of these options, and at the end of the session the parties can continue with their court action or with the session and attempt to resolve their dispute alternately. Nothing in the legislation or pilot project prevents either party from pursuing court action. It merely presents alternatives to them which could result in a more timely, more cost-effective, and more satisfactory resolution.

The effects of this pilot project are not conclusive as it has only been in effect for a little over a year, but the results are promising. Satisfaction is high, and many individuals have cited substantial savings as a result of this project. In only 5 percent of the cases was the mediation deemed to be unproductive. So I believe that results like this are encouraging for Bill 216, particularly when the scope of the Bill is much more limited. Saskatchewan is not the only place that is looking for a formal ADR process. Ontario has been looking at it since the late '80s, and so has British Columbia. Manitoba is currently looking for this and are in fact closely watching the progress in Saskatchewan and want to know about any progress that we make in Alberta.

So you see, Mr. Speaker, the interest in ADR is not isolated, and there is a broad base of support across the country. I believe that it's entirely fitting that Alberta forge ahead, take on this initiative, and pass Bill 216. It is something that is definitely the wave of the future. Many American states already have it, and many provinces are looking to implement some form of it soon. Alberta should and can take the lead, as it does in so many other things, and pass Bill 216.

The courts in Alberta are starting to back up, and legal costs are rising. While that might be beneficial to some individuals, to the majority of Albertans it is quite costly. In addition, the time and money needed to fight a court case can often be prohibitive. This is because lawyers, technical experts, and the like are required to make your case in court. The complexity of the Rules of Court, rules of evidence, and so on necessitate that you have these people in your corner. Without them the likelihood of success is significantly lower. Having access to ADR would level the playing field a little bit and allow average Albertans more complete access to our justice system.

Let me give an example, Mr. Speaker. Imagine a senior who has very little disposable income having to fight a court case over the course of a year. As you well know, many of these cases take a long time to proceed. Imagine the cost of retaining a lawyer over that period and the hassle it creates with that person. If we had ADR, perhaps the burden on that person would be lower, and he could resolve his dispute quickly and cost-effectively.

Another scenario was described to me by a constituent of mine this week. If a roofer and a homeowner were in dispute over the quality of a roof that had been installed on a home, under the existing conditions if the case goes to court, technical experts will likely be needed to be brought in by both sides, which can cost a lot of money on top of the already high enough retainer fees charged by the lawyers. If ADR was used, it's much more likely that the problem could be resolved by having an impartial roofer go up, see the work that was done, and inform a mediator what he or she thinks. That's all. No need to have roofers come in and explain technical details of roofing, the problems a roofer may face in certain situations, basically trying to turn the judge into a technical expert. Wouldn't it be much easier just to let an independent, impartial roofer come into the mediation and tell the mediator what he thinks with all the technical detail? Wouldn't it be a lot less expensive for both parties? I believe the answer to these two questions is yes, it would be better; yes, it would be less expensive; yes, it would be less time-consuming.

If we can set an example and get ADR working, it will get the proverbial ball rolling in the right direction. Bill 216 does just that. Granted, it will be likely some time until ADR could take hold in Alberta, but we need to start things moving now. We cannot drag our heels waiting for the scenarios I described earlier to occur and then implement legislation. That's reactive, Mr. Speaker. We ought to be proactive legislators, recognizing a potential problem and taking intermediate anticipatory action.

Ontario and B.C. have problems such as rising legal costs, long waits for a day in court, and so on. They're scrambling to change their justice systems and have set up task forces to look at these problems. We in Alberta are fortunate. We do not have problems of the same magnitude. We have the luxury of time, Mr. Speaker. We can anticipate that the costs associated with legal actions will rise even further, court backlogs will grow, and accessibility will decline. Passing Bill 216 today will mean avoiding these problems tomorrow. This is because the government can take the bull by the horns and demonstrate the effective

use of ADR to the private sector. Hopefully, this will encourage increased demand and increased use of ADR instead of the traditional adversarial court system.

Many groups have asked for legislation or a formal way to have ADR in our justice system, but they have often faced entrenched opposition to this change, and to be honest, in Alberta we need to catch up to the private-sector initiatives. Our private sector has been highly involved in ADR for a number of years. In fact, last year the Canadian forum on dispute resolution met. That was in 1995. The 200-plus group attending had representatives from across the country. They met to discuss the future of ADR in Canada and then made some recommendations. I would like to share a few of those recommendations with the Assembly.

The first recommendation: to ensure that the quality of Canadian justice be acknowledged and enhanced through the design, development, and implementation of innovative, flexible, and accessible conflict resolution processes. They also recommended establishing a public education and awareness campaign to make the public aware of dispute resolution choices and to promote appropriate dispute resolution methods. These recommendations are very much in line with Bill 216, Mr. Speaker. That same group also recommended that the government lead by example by including ADR clauses in contracts and using the ADR process to resolve intergovernmental disputes and to deal with public policy issues. In addition, they recommended that the government examine areas of activity that could use dispute resolution and legislate that use, making access to ADR mandatory, so parties going through the justice system will be able to select the most appropriate option for their dispute. The federal government has looked at some of these recommendations and is working to implement a number of them. Alberta should do so as well.

The support for ADR is far and wide. The demand is growing. We should act now. The time for alternative dispute resolution in Alberta has come. I challenge every member of this Assembly to have the foresight to pass Bill 216. I urge everyone to be proactive, not reactive. By supporting Bill 216 now, we will have taken steps to ensure that our justice system remains effective, timely, and open to all Albertans.

Mr. Speaker, I urge all members to vote in favour of Bill 216. Thank you.

THE ACTING SPEAKER: The hon. Member for Sherwood Park.

5:10

MR. COLLINGWOOD: Mr. Speaker, thank you very much. It's my pleasure this afternoon to rise to enter debate on Bill 216, the Crown Contracts Dispute Resolution Act. I've listened carefully to the debate this afternoon on this particular Bill from my colleague for Calgary-Buffalo and from the Member for Medicine Hat as they described the current trend, the current move in the direction of implementing alternative dispute resolution in the province of Alberta.

Mr. Speaker, I will agree with my colleague for Calgary-Buffalo and the Member for Medicine Hat that it is in fact something that is growing, something that is becoming much more tangible now. Just a few months ago there was the opening of the alternative dispute resolution centre, the John V. Decore Centre at the University of Alberta, wherein a significant facility as part of that law school is now dedicated to education in alternative dispute resolution and indeed using alternative dispute resolution to deal with conflicts that arise in a commercial setting.

I will, however, Mr. Speaker, agree with my colleague for Calgary-Buffalo that there are some drawbacks to the current Bill

216 as it presently stands – and all members who have spoken to this point agree – in that it is a mandatory requirement for the parties to enter into the mediation process. I think it is clear, whether or not it is through mediation or whether it is through arbitration, that parties who are entering into those kinds of processes do so willingly because there is an interest and an intention of having the matter resolved, if possible, through those mechanisms rather than having to deal with the whole procedure, the whole process in taking the litigation right through trial, right through a decision and potentially and possibly right through to appeal.

The areas that are of concern are obviously, first of all, that it does limit choice. In the context of this Bill 216, it does take away the opportunity for the party that contracts with the government of Alberta, whether they be plaintiff or defendant, their ultimate right to use the court system if they so desire to use the court system. If they can indeed agree to mediation, then absolutely the mediation process should be there and available to them. In fact, I think that the Member for Medicine Hat is correct; we're moving in that direction. That's starting to happen. The mechanism is there. The people are there. The procedures are there, and they have that fallback position to go to if the parties agree that that's where they want to go. If one of the parties – and I'm thinking of course of the party that is the litigant against the government, on the other side of the complaint vis-à-vis the government – is not interested in the mediation process and wants to use the rights that they have, suing in civil court, then indeed they should have the right to do that. That is not the case with Bill 216. Bill 216 is mandatory, and Bill 216 does in fact force those parties to do that.

I heard the Member for Medicine Hat suggest that Bill 216 could become a trial run in the province of Alberta. Well, all right, I guess it could be a trial run as it relates to the government, but it's certainly not clear in the legislation as it currently stands what agreements will fall into the mediation process, where it becomes a requirement, where it becomes mandatory, and what contracts with the government will bypass this particular legislation. There are some statements and some provision in here that suggest that contracts like collective agreements would not be subject to a mediation process. Certainly, the collective agreements themselves deal with a mediation and arbitration approach in many circumstances.

There are many contracts with government that the Arbitration Act applies to. Arbitration is another alternative dispute resolution mechanism that has been with us for a very long time, and if the government and the Minister of Justice were interested in dealing with the concerns that are raised in Bill 216, it could indeed look to amendments to the Arbitration Act and deal with and resolve that problem. We have not, I don't believe, in this debate heard from the Minister of Justice as to whether he sees the issue that is raised in Bill 216 as an issue of concern for the Minister of Justice and for the Ministry of Justice, they being one of the contracting parties, or whether it is not an issue and it is not a concern for the department, who can use the tools and the mechanisms that are available to the government and to the other party now to settle and resolve their differences whether they are in court.

One of the areas that is of most concern is that if a party is in litigation with the government and if by virtue of that process that party is found to be the party who was in the right and the government is found to be the party that is in the wrong, then that litigant is entitled to their costs for having to go through the

process and use up the court's time. It is, for what it's worth, one of the checks and balances in using, or in some cases abusing, the court system. If you are fighting a legal battle and you lose the legal battle, you may be subject to costs for having used up the court's resources. But here, because the mediation is mandatory, both parties must pay for the cost of mediation. Well, one party is going to be successful, and the other party is not going to be successful. If the mediation fails, if the litigation continues, if it goes through the entire process from beginning to end in any event, well, why are both parties then subjected to the cost of the mediator if one of the parties is successful and one of the parties is unsuccessful? Obviously the court will have decided that one of the parties is right in its approach, be they the plaintiff or the defendant. So it's entirely unfair for the legislation to assess the cost of mediation that has been imposed upon the litigants – to share equally in the cost of having the mediator when that party may not have wanted the mediator in the first place.

Those are really the concerns that I have with Bill 216. I do not dispute the notion that an alternative dispute resolution mechanism is appropriate, is necessary so that we don't simply have a clogged court system to deal with litigation that becomes backlogged and backlogged and backlogged.

I look, Mr. Speaker, at the debate as it's occurring this afternoon, and there's an implication that all parties that are entering into this debate this afternoon are suggesting that each of the two parties is acting in good faith. Now, when you get into a litigation scenario, chances are that somewhere along the way somebody has not acted in good faith. If the parties were acting in good faith, if there was a dispute that was occurring, if the parties wanted to, they could resolve their dispute long before they ever felt compelled to file the statement of claim at the courthouse. But the way the Act is structured, the statement of claim has to be issued, the statement of defence has to be issued, whether there's any third-party notices or whatever. The pleadings all have to close first, before the mediation process kicks in. Now, that tells me that in most cases where the mediation is being looked at here, one of the parties is probably acting not in good faith.

My colleague for Calgary-Buffalo raised the concern and the point that the government has significant resources, whereas in many cases the contracting party to the government does not have significant resources and the government is at a distinct advantage in litigation and could potentially be at a distinct advantage in terms of mediation. Now, even where the litigant to the government has significant resources, that same scenario could apply. We have heard, Mr. Speaker, through a report that was done by the Attorney General of Saskatchewan dealing with the Paddle River dam litigation that the government of Alberta acted fraudulently, acted deceitfully, acted with . . .

5:20

MS LEIBOVICI: No. This government? That's hard to believe. I can't believe that.

MR. COLLINGWOOD: No, no, hon. member. Mr. Speaker, I will clarify. I did not say it. It is not this government. It was a former Conservative government of the province of Alberta, individuals who continue to work for this government today because the government and the Minister of Justice refuse to name who the individuals are that work for this government who are responsible for fraud, are responsible for deceit, are responsible for negligence. He refuses to tell us who those individuals are.

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

THE ACTING SPEAKER: The hon. Minister of Justice on a point of order.

Point of Order Relevance

MR. EVANS: Well, Mr. Speaker, I know that you're thinking the exact same thing: Standing Orders, relevance. What is the relevance of referring to the Opron case and the Paddle River dam with respect to a private member's public Bill? Absolutely none, and I trust that you'll rule accordingly.

THE ACTING SPEAKER: On the point of order.

MR. COLLINGWOOD: Thank you, Mr. Speaker. On the point of order. I can't believe the Minister of Justice would stand on – and I'll help the minister out here – *Beauchesne* 459, relevance. The debate this afternoon is on contracts. The debate this afternoon is on government contracts. The debate this afternoon is on mediation. The debate should be on health care, but the debate is on the kinds of contracts that Opron Construction and the government of Alberta is all about.

THE ACTING SPEAKER: On the point of order of the hon. Minister of Justice, I don't see the relevance in that your statement was about some history back five years. We're debating Bill 216. Please proceed with it. Stay with the subject.

Debate Continued

MR. COLLINGWOOD: Thank you, Mr. Speaker. Speaking to Bill 216, Bill 216 deals with contracts that the Crown makes with contractors. They may be contracts that deal with painting. They may be contracts that deal with hauling gravel. They may be contracts that deal with the construction of dams. They may be contracts that deal with other forms of construction, highway maintenance. Those are, to my way of thinking, the kinds of contracts that Bill 216, the Crown Contracts Dispute Resolution Act, is referring to.

Now, what does this Bill do, then, in light of the circumstances of a contract between the government and somebody who's going to construct a dam for them where the government does not act in good faith and in fact acts fraudulently, and that party then wants to sue the government, so they file a statement of claim against the government claiming \$10 million? The government scoffs and says, "Ridiculous, absolutely ridiculous," and files their statement of claim.

Now, if Bill 216 were the law, Opron Construction would have been forced into mediation. What does that tell you about what Bill 216 will do? Not necessarily what the intent of Bill 216 is, but what Bill 216 will do? It will protect the government. That's what it will do. The Attorney General in Saskatchewan said that what the province of Alberta does in the Justice department is that it bullies its plaintiffs. That's the whole strategy of the minister and the Department of Justice. Mr. Speaker, I didn't say it; the Attorney General of Saskatchewan said it, that it is the strategy of the provincial government and the Department of Justice to bully their plaintiffs. What an excellent opportunity to continue to bully plaintiffs.

What happens under 216 if you fail to show up, Mr. Speaker? Not much. Not much happens if you fail to show up at your mediation hearing. Let's ask the principals of Opron Construction

about the strategies that this government employed to delay, delay, delay. How many years did it take to resolve the Opron Construction/Paddle River dam fiasco? Ten years.

**Speaker's Ruling
Relevance**

THE ACTING SPEAKER: The hon. Member for Sherwood Park is obviously getting off the subject. This is a private member's Bill. You're going back in history of government things. This is a private member's Bill. It has nothing to do with the government; it is a private. Stay on the Bill, please.

Debate Continued

MR. COLLINGWOOD: Thank you, Mr. Speaker. My understanding of this private member's Bill is that it deals with Crown contracts. So I need to talk about the Crown, I need to talk about the government when I'm talking about contracts that involve the government.

The Opron Construction/Paddle River dam fiasco was a contract that involved the government and another party where there was a dispute. This Bill deals with how you might resolve that dispute. What Opron Construction had to do, Mr. Speaker, is rely on absolutely every right they could get their fingers on in this province to fight back year after year after year after year against this government, who refused to admit that it was fraudulent, negligent, deceitful. They refused. They scoffed, they laughed, and their strategy was delay, delay, delay, delay.

Well, okay. Now, Mr. Speaker, as I say, it may not be the intent of the private member bringing forward Bill 216 to give an advantage to the government in its approach to mediation . . .

THE ACTING SPEAKER: The Government House Leader on a point of order, please.

MR. DAY: Repetition on the word "delay."

THE ACTING SPEAKER: I'm not going to stand up.
Hon. member.

MR. COLLINGWOOD: On the point of order, Mr. Speaker?

THE ACTING SPEAKER: No, continue, please, on the Bill.

MR. COLLINGWOOD: Oh, I'm sorry, Mr. Speaker, I wanted to speak to the point of order, because when you're in litigation for 10 years, "delay, delay, delay, delay" is not repetition.

It may not have been the intent of the member who brings forward Bill 216 to give an unfair advantage to the government of the province of Alberta, but recognizing that this government does not act in good faith, what it does do is create an unfair advantage for the government of Alberta.

Mr. Speaker, I'm going to let hon. members ponder that at this point in time, and I will move we adjourn debate.

THE ACTING SPEAKER: The hon. Member for Sherwood Park has moved to adjourn debate on Bill 216. All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE ACTING SPEAKER: Opposed, if any?

SOME HON. MEMBERS: No.

THE ACTING SPEAKER: Carried.

[The Assembly adjourned at 5:27 p.m.]

