

## Legislative Assembly of Alberta

**Title:** Wednesday, February 25, 1998 1:30 p.m.  
**Date:** 98/02/25  
 [The Speaker in the chair]

### head: Prayers

THE SPEAKER: Good afternoon. Let us pray.

In our mind's eye let us see the awesome grandeur of the Rockies, the denseness of our forests, the fertility of our farmland, the splendour of our rivers, the richness of our resources.

Then, O Lord, let us rededicate ourselves as wise stewards of such bounty on behalf of all Albertans.

Amen.

Please be seated.

### head: Introduction of Visitors

MS EVANS: Mr. Speaker, it is my privilege and pleasure today to introduce visitors that are seated in the Speaker's gallery who represent the Association of Municipal Districts and Counties in Alberta as host to the Saskatchewan Association of Rural Municipalities and the Union of Manitoba Municipalities. To our left President Roelof Heinen is accompanied by President Jack Nicol and President Sinclair Harrison. Other members that are with us – I will introduce them all, but our guests from Saskatchewan first: Neil Hardy, vice-president; Ken Engel, executive director; and Leeanne Minouge, staff. From the Union of Manitoba Municipalities: Wayne Motheral, vice-president; Jerome Mauws, executive director; and Michelle Scott, staff.

They are accompanied by their hosts and our Alberta association of MD directors and staff: Bart Guyon, vice-president; Brocyce Jacobs, director; Jack Hayden, director; Ben Boettcher, director; Sid Hinton, director; and Larry Goodhope, executive director; Gary Sandberg and Wendy Grosfield, staff members. Ladies and gentlemen, I would ask you members of this Assembly to give a warm welcome to these folks that are here today who are deliberating important municipal issues.

### head: Reading and Receiving Petitions

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

MS GRAHAM: Thank you, Mr. Speaker. Further to my report of Tuesday, February 24, 1998, on behalf of the Standing Committee on Private Bills I now move that the four petitions for private bills which were presented in the Assembly on Monday, February 23, 1998, now be deemed to be read and received.

[Motion carried]

### head: Tabling Returns and Reports

MS EVANS: Mr. Speaker, it is my privilege and pleasure today to table responses to questions raised February 18 in supplementary estimates for Municipal Affairs. The four copies relate to the total portfolio loss for the Alberta Social Housing Corporation and the list of assets disposed of in the 10-month period ended January 31, 1998. Also from supplementary estimates from February 18, a response to the hon. Member for Edmonton-Glenora.

MR. JONSON: Mr. Speaker, I'm pleased to table four copies of the annual report 1996-97 of the Alberta Cancer Board for the fiscal year ended March 31, 1997.

As well, Mr. Speaker, I'm pleased to table with the Assembly the audited financial statements for the Capital Health (Crown) Foundation and the Calgary Health (Crown) Foundation for the fiscal year ended March 31, 1997.

Thank you, Mr. Speaker.

### head: Introduction of Guests

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

MR. MARZ: Thank you, Mr. Speaker. I'd like to introduce today to you and through you to the members of the Assembly 45 guests from Dr. Elliott school in Linden, Alberta. Most of you know Linden as one of the very industrious centres of central Alberta, responsible for manufacturing much equipment for the intensive agriculture industry.

AN HON. MEMBER: All.

MR. MARZ: All? That's right.

Accompanying these visitors today from Dr. Elliott school are teachers Mrs. Elaine Boese, Mrs. Mary Hughes, and Mrs. Linda Wiens and parents Mrs. Chris Thurn, Mrs. Aleata Greke, Mrs. Sarah Fehr, Mr. Darin Esau, Mr. James Klassen, Mrs. Sheri Quinton, Mrs. Laurie Klassen, Mr. Chris McDougall, and Mrs. Phyllis Fyn. Would you please stand and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Innisfail-Sylvan Lake.

MR. SEVERTSON: Thank you, Mr. Speaker. I'd like to introduce to you and through you to members of the Assembly 11 home schoolers from the constituencies of Innisfail-Sylvan Lake and Lacombe-Stettler. The two parents are Linda Phelps and Cori Romanoff. They're in the members gallery, and I'd ask them to rise to receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Redwater.

MR. BRODA: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to the members of this Assembly 24 very bright and energetic students from H.A. Kostash school, Smoky Lake, accompanied by their teacher, Mr. Ken Wolansky, and five group leaders: Mrs. Melody Kaban, Mrs. Heather Wirstuk, Mrs. Nancy Poon, Mrs. Arlene Chichak, Mrs. Elaine Jammaz, and their school bus driver, Mrs. Phyllis Sadoway, who is also a good friend of my colleague from Clover Bar-Fort Saskatchewan. They are seated in the public gallery, and I would ask them to please rise and receive the warm welcome of this Assembly.

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

MS BLAKEMAN: Thank you, Mr. Speaker. It's my pleasure today to introduce to you and through you to members of the Assembly 12 students in the native women career preparation program at Grant MacEwan Community College. They are accompanied today by their instructor Ms Lynda Ferguson, and I would ask them to please rise and receive the warm and traditional welcome of the Legislature.

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

MRS. FORSYTH: Thank you, Mr. Speaker. I'd like to introduce through and to you a very good friend of mine, Kate Stott, who's here to watch the proceedings of the Legislature. Kate is sitting in the public gallery, and I'd ask her to rise and receive the warm welcome.

head:

### Oral Question Period

#### Health Care System

MR. MITCHELL: Mr. Speaker, Dr. Doug Davey, president of the Capital health authority medical association, said recently, and I quote: we are not capable of delivering high-quality health care; what you see is what you'll get: long waits in emergency, canceled elective surgery. To the Minister of Health: will the minister confirm that Dr. Davey is right and that seven-and-one-half hour waits for emergency care and canceled surgeries are just what Albertans are going to have to get used to?

MR. JONSON: Mr. Speaker, first of all, with respect to Dr. Davey I certainly respect his position with the Capital health authority, and I've recognized as minister in this Assembly that there have been periods of extreme busyness with respect to the emergency wards in the city of Edmonton.

I would like to emphasize, first of all, that the government has committed considerable additional funding for the Capital regional health authority; as I recall, something in the neighbourhood of 15 percent over two years, certainly in excess of 7 percent this year. We have taken recently by way of a supplementary estimate, Mr. Speaker, a very significant action to help the overall financial situation of the Capital health authority with the allocation of, I believe, something in the neighbourhood of \$33 million dollars to deal with a past problem of inherited debt.

1:40

Mr. Speaker, the Capital health authority itself is working hard on expanding their capacity in the area of acute care beds and ICU beds. I've mentioned several times in the Assembly the beds that have actually been added or are in the planning stages. So the Capital health authority and government are responding in this area.

MR. MITCHELL: The Minister of Health knows that it's not enough, and so does Dr. Davey know that it's not enough.

To the Minister of Health, who won't listen to the Calgary regional health authority, who will not listen to Dr. Davey, who won't listen to doctors across this province telling him about red alerts: will he at least listen to rural Albertans and to their doctors who are saying that they can't find beds for rural patients in Edmonton hospitals when they absolutely have to, in fact when their patients' lives depend upon it? Who are you going to listen to?

MR. JONSON: Mr. Speaker, I think this minister and the government have listened, quote, in a very significant way, particularly in the areas of the Calgary regional health authority and the Capital regional health authority. I have outlined in this Assembly several times the tens of millions, in fact if we take the two major health authorities together, well over \$100 million, that's been committed in this year's budget for the needs of these particular health authorities. We are responding to the overall needs of the health care system in this province.

I would like to just point out that these are real dollars. It is a real increase in the budget. We have stopped the reduction of the

payments to health in this province, unlike their federal counterparts across the way, who made a big announcement yesterday for the third time – for the third time, Mr. Speaker – indicating what seemed to be like an increase in funding, and actually it was just that they were admitting that they had cut too far and were leveling off their funding at the same level.

MR. MITCHELL: His new dollars, Mr. Speaker, won't even keep up with increased population, like the 70,000 new residents in Calgary.

Mr. Speaker, given that this minister will not listen to the doctors that tell him there are red alerts around this province, won't listen to the Calgary health authority that says they're going to have a \$30 million deficit, won't listen to Dr. Davey, will he listen to his own rural MLAs when they say that the situation out there is critical? Who exactly, besides the Treasurer – and of course, he's not an expert in health care – does this minister listen to? Who's he getting the advice from that everything's okay out there, Mr. Speaker?

MR. HAVELOCK: Point of order.

MR. JONSON: Mr. Speaker, there are several different things that are alluded to in the leader's preamble, and they would take quite a few statistics to cover them all. But just to deal with the main point, which is the start of the question – and that is that there is an indication that we're not recognizing the growth in population – I think that even by the most optimistic projections, the population for the province is projected to increase perhaps 2.2 percent this coming year, and as I indicated, if we take the Calgary regional health authority, the funding being provided in that particular area is over 7 percent.

THE SPEAKER: Official Opposition, second main question. The hon. Member for Calgary-Buffalo.

#### Calgary Suicide Rate

MR. DICKSON: Thank you, Mr. Speaker. The Premier has boasted of Calgary's low unemployment rates, of its soaring housing starts, its in-migration rates, its boundless opportunity. Yet for young men and women in the city of Calgary between the ages of 20 and 49, Calgarians who should be full of hope, in the prime of their lives, the number one cause of death is not heart attack; it's not car accidents; it's not cancer. The number one cause of death in Calgary is suicide. My question is to the Minister of Health. Should we attribute this alarming suicide rate to the underfunding of mental health services in that region, or is this simply an economic boom that's left too many Calgarians behind, Mr. Minister?

MR. JONSON: Mr. Speaker, with respect to mental health funding for the province, generally, we have, as the budget indicates, improved that significantly. Secondly, with respect to Calgary in particular, last year we made a very specific effort to make sure that Calgary and other parts of the province were moving towards a very equitable treatment in terms of community mental health programming. That effort has been continued in this year's budget, where several millions of additional dollars are going to the Calgary regional health authority to deal with improving their overall situation with respect to acute care regarding the mentally ill. So we are certainly making an additional effort in this regard with respect to funding, and

through the Provincial Mental Health Advisory Board we are working on improving, in conjunction with the Calgary regional health authority, the overall delivery of mental health services.

Now, with respect to the statistics quoted by the hon. member across the way, I certainly recognize and would be concerned and am concerned about those dealing with suicide. However, Mr. Speaker, we are working on the overall area of mental health and giving particular recognition to the growth and needs of the city of Calgary.

MR. DICKSON: Mr. Speaker, my follow-up question to the minister would be this: is he prepared to admit on behalf of the government what seems evident to its regional health authority, that the economic boom the Premier likes to boast of has left a number of Calgarians behind, left those people out?

MR. JONSON: Well, Mr. Speaker, certainly Calgary is a very rapidly growing and dynamic city, and along with that, I expect, come many pressures not necessarily related to economic status in the whole area of that particular population. I do not agree or accept the conclusion being put forward by the member across the way. I think, though, it is a recognized need, one which we've responded to in a very significant way.

MR. DICKSON: Mr. Speaker, we'll let the CRHA report speak for itself.

My final question to the minister would be this: since the Premier has now undertaken to investigate shorter life expectancy, more low birth weight babies in Calgary, will the government further expand that investigation to find out why so many young men and women in Calgary are killing themselves?

MR. JONSON: Mr. Speaker, I would certainly commit to looking at the situation, because I know the Provincial Mental Health Advisory Board has been paying considerable attention to circumstances and trends across the province, including Calgary.

THE SPEAKER: Official Opposition, third main question. The hon. Member for Lethbridge-East.

### Education Funding

DR. NICOL: Thank you, Mr. Speaker. When we spend general revenue dollars, it's very important that we be able to account to the people of Alberta how the success of that expenditure is going to be measured. My questions are to the Minister of Education. How is he going to justify the \$379 million that he put into education in terms of dropout rate reduction for students?

MR. MAR: Mr. Speaker, we are concerned about making sure that students do continue their education and they continue for as long as possible. In collaboration with the minister of advanced education of course we're interested in making sure that students do well in the school-to-work transition. We are always trying to keep our curriculum relevant for the entry of students leaving the secondary system to go directly into the postsecondary system or sometimes right into the workforce. I'm happy to say that most of our students do carry right through to the completion of high school and then often go on to postsecondary education.

1:50

There are always things that we can do in terms of ensuring that the curriculum is relevant, ensuring that we hammer home the

message that the completion of school is important, and we would like to, of course, improve the numbers of students that are completing high school education within a reasonable period of time.

DR. NICOL: Secondly, Mr. Speaker, what effect do you think this \$380 million is going to have on the reduction in the rate of teacher and principal stress leave requests?

MR. MAR: Mr. Speaker, we of course are concerned about teachers and principals and administrators being able to do their jobs with as much effectiveness and being as efficient as possible. Our reinvestment in education is targeted to a number of different areas. I think that the issues that are perhaps most important are dealt with with the youngest children. That is the reason why the early literacy initiative is so important. Overall I think that our students are doing quite well, as has been demonstrated by results in the most recent TIMS examinations, where Alberta students fared very favourably compared to students in other countries throughout the world.

Mr. Speaker, I think that it's important to know that the government is interested in making sure that kids do as well as possible and that the teachers have the appropriate support in order to do the job they need to do in order to ensure that our students understand and know the curriculum as well as possible.

DR. NICOL: Mr. Speaker, given that he could not give me any numeric measures to the first two questions, my final supplementary is: what numeric measure – not verbal; numeric measure – is he going to use so that people of Alberta can say, "Yes, those dollars were properly invested"?

MR. MAR: Mr. Speaker, I know that the hon. Member for Lethbridge-East is a well-informed individual. I'd invite him to look at the performance measurements that are set out in the three-year business plan for the Department of Education. As an example, I've said consistently that it's not how much you spend as where you spend it, and you must be able to demonstrate measurably that the money that you spent is being spent in an area where you can measure improvement.

An example of that would be, again, with the early literacy initiative, where we test students at the grade 3 level in the language arts area, and if we have an early literacy program that is targeted towards improving reading levels of students who are assessed in kindergarten, grade 1, and grade 2, we should be able to see a demonstrably positive measurement in grade 3 language arts achievement tests. So that would be one of many examples of how it would be important to be able to measure results and demonstrate that the money we spend in particular areas produces a positive, measurable result.

### National Child Tax Benefit

MS BARRETT: In yesterday's budget an enrichment to the child tax benefit program was announced. However, the Alberta government plans to cut dollar for dollar social assistance payments to poor families so that these families receive no benefit whatsoever from the enrichment of the federal tax credit. Mr. Speaker, it looks to me like this has become the Al-Pac welfare state. They come looking for \$123 million in write downs, no problem, but 50 bucks for a single mother is too much. I'd like to ask the Minister of Family and Social Services why it is that his government is so intent on cutting the incomes of the poorest single parents in Alberta by 7 percent.

DR. OBERG: Yesterday in the budget the Liberal government in Ottawa announced that . . . [some applause] Mr. Speaker, when it comes to this, I will certainly give the Liberal government in Ottawa accolades for investing \$850 million in the national child benefit a year ago and for committing to investing another \$850 million over the following two years in the national child benefit. This is an incredibly important program. Part of it was already announced. We now have another \$425 million that is being distributed to the provinces, and we will ensure that those moneys are spent in the best possible way for the children of Alberta.

MS BARRETT: Well, Mr. Speaker, to the minister who's responsible for the lowest welfare rates in Canada, including for single parents, will he please answer why it is that he's going to take away that 50 bucks a month and leave Alberta families the lowest welfare recipients in the country?

DR. OBERG: Mr. Speaker, in Alberta we view the welfare program, the SFI program, as a program that is designed to put people back into independence. It is a program that is designed to put people back into the workforce, to be there essentially as a trampoline, as a court of last resort. The goal of the welfare program, the goal of the SFI program, is to put people back into the workforce, to work with the people back in the workforce. We have the lowest welfare rates in Canada, but we have the second highest AISH rates, which is services to persons with disabilities, in Canada. Quite frankly, in Alberta if you can work, we expect you to work; if you can't work, we will look after you.

MS BARRETT: Mr. Speaker, I suspect that the trampoline analogy is about to fall flat.

Why is this minister, who says that welfare is to help people get back to work – why are these cuts also applying to families who rely upon AISH and assured income? These are people who are not able or expected to work, but the cuts are still going to come to them.

DR. OBERG: Mr. Speaker, we have absolutely no intention of cutting the rates on AISH or SFI in Alberta regardless of what the federal Liberal government has done. We will continue to have the same rates regardless of what the federal Liberal government has done.

THE SPEAKER: The hon. Member for Calgary-Glenmore, followed by the hon. Member for Edmonton-Mill Woods.

### Lithotripsy Treatment

MR. STEVENS: Thank you, Mr. Speaker. My questions today are to the Minister of Health. Lithotripsy is a procedure that uses shock waves outside of the body to crush kidney stones to a powder allowing for a more noninvasive removal of stones.

AN HON. MEMBER: Does it work on brains?

MR. STEVENS: I don't know.

A constituent has approached me saying that he is waiting for this procedure while Alberta hospitals are treating patients from outside of Alberta. I'm concerned that this access may affect Albertans' access to the same procedure within our province. To the Minister of Health: can the minister confirm whether or not non-Albertans have access to Alberta's lithotripsy program, and if so, why?

MR. JONSON: Mr. Speaker, we do have two centres for lithotripsy in Alberta: one in Calgary, one in Edmonton. One of the things that I think is very important to note here is that in Alberta we offer a number of specialized services that are not available in other provinces in Canada, and this has certainly been one of them. Because this particular procedure is insured, provided for under the Canada Health Act, we certainly want to meet that need. Yes, we have, I believe, during the previous year served perhaps about 150 people from out of province, mainly from Saskatchewan, but that is in comparison to 1,000 people being served in Alberta.

I think it's also important to note, though, that in terms of trends it's my understanding that a centre for this treatment has been opened in Saskatoon, and therefore in the year that we're just completing, it's predicted that in Alberta the number of procedures for Albertans will be up well over 1,000 and probably the number being done for out-of-province patients will be down somewhere under a hundred. So the trend is in the right direction. We wish Saskatoon well with their program, and I think that in this area we're providing excellent access to this particular treatment.

2:00

MR. STEVENS: Again, to the Minister of Health: could the minister advise the House what criteria are used for accessing these programs, both for Albertans and non-Albertans?

MR. JONSON: Mr. Speaker, with respect to specialized programs such as this where, yes, we do provide services, as I've indicated, to other provinces and we're in compliance with all of the legislation and, I'd like to emphasize, where we provide targeted special provincewide funding, the same criteria according to medical practice guidelines are applied to both Alberta residents and out-of-province Canadian residents. Patients are scheduled for this particular treatment accordingly.

MR. STEVENS: Thank you, Mr. Speaker. Again, to the Minister of Health: what can be done to ensure that Albertans do not experience a delay in treatment because of the treatment of non-Albertans?

MR. JONSON: Well, Mr. Speaker, the whole area of province-wide services, such things as cardiac surgery, this particular treatment, renal dialysis, is an area where we provide a separate line in the budget, specific funding for these particular procedures. We know it is a high demand area, and we have increased the funding in this particular area by well over 10 percent this year.

THE SPEAKER: The hon. Member for Edmonton-Mill Woods, followed by the hon. Member for Calgary-Fish Creek.

### Education System

DR. MASSEY: Thank you, Mr. Speaker. It was Oliver Wendell Holmes who said:

To reach the port of heaven, we must sail sometimes with the wind and sometimes against it – but we must sail, and not drift, nor lie at anchor.

While the Minister of Education has been sailing, education in the province has been drifting. My questions are to the Minister of Education. On what dates will the two task force reports on private schools and school facilities be tabled?

MR. MAR: Mr. Speaker, I expect to be able to deal with those

two reports in fairly short order and when the government is prepared and ready to do so.

DR. MASSEY: Thank you, Mr. Speaker. To the same minister: on what date will the audit of the Calgary board of education be made public?

MR. MAR: Mr. Speaker, once our caucus has had the opportunity to examine that question, we will be prepared to deal with it at that time.

DR. MASSEY: Thank you. My third question is: when can Calgarians expect resolution to their battle with the province over education property tax money?

MR. MAR: Mr. Speaker, I think it's appropriate to say that in that case it's always a subject matter of ongoing discussion.

THE SPEAKER: The hon. Member for Calgary-Fish Creek, followed by the hon. Member for Edmonton-Glenora.

### Notifiable Diseases

MRS. FORSYTH: Thank you, Mr. Speaker. Currently in Alberta AIDS, acute hepatitis B, and hepatitis C are all notifiable diseases under the Alberta communicable disease regulation. Currently a total of 60 communicable diseases or communicable agents are notifiable, and I understand today that we are announcing that HIV will be added to the list of notifiable diseases. My questions are to the Minister of Health. Mr. Minister, please explain why HIV has been added to the list of notifiable diseases.

MR. JONSON: Well, Mr. Speaker, the more serious or inclusive point of this particular infection, AIDS, has been notifiable for some 15 years. With the overall emphasis that we want to put in this province on prevention and early detection and treatment of various health conditions, it's important that we make this particular infection notifiable to the public health care system so that the public health care authorities and the overall health care system can better plan for counseling, for programs of advising and treatment in this whole area so that the incidence of HIV infections can be controlled and can be treated in the proper manner. So this particular move is very important in the overall area of treatment and control of this particular condition.

MRS. FORSYTH: Thank you, Mr. Minister. Is the minister concerned that by adding HIV to the list, it will drive the disease underground and people will refuse to get tested?

MR. JONSON: Mr. Speaker, I think it's extremely important to mention that the overall effort here is not one which will lead to the violation of privacy, the publicizing of names, or anything of that particular nature. I think it just stands to reason that if a public health care system such as ours, which is working hard in this area, is going to be able to plan and have programs and treat these conditions, we have to know in general terms where the numbers of these infections exist and be able to plan accordingly. I would hope that all of the public in the province, particularly the people who are unfortunate enough to fall into this particular category, will appreciate the overall constructive and positive thrust of this particular program.

THE SPEAKER: The hon. Member for Edmonton-Glenora, followed by the hon. Member for Little Bow.

### Long-term Care

MR. SAPERS: Mr. Speaker, long-term care in Alberta can be provided in a nursing home which operates under the Nursing Homes Act or in an auxiliary hospital operating under the Hospitals Act. Now, if a long-term care centre is licensed under the Hospitals Act, it is declared an essential service, and its operations, amongst other things, must comply with the Canada Health Act. My questions are to the Minister of Health. Will the minister please explain what factors are used to determine when a long-term care centre is considered an essential service and is approved as an auxiliary hospital, and will the minister table the criteria used to make that decision?

MR. JONSON: Mr. Speaker, there are criteria in terms of the overall facilities and programs, and there are also what are referred to in Alberta Health as patient indexes that are established through assessments that establish the different levels of care and the categories of facilities in the province. Certainly I would undertake to provide information to the hon. member on that overall approach.

MR. SAPERS: Given that both kinds of centres are funded under the same formula, the CMI, the case mix index, why are some nursing homes, such as the Bethany Care Centre in Cochrane, operating under the Nursing Home Act and other nursing homes, such as the Bethany Care Centre in Calgary, designated under the Hospitals Act when they both provide similar services to patients with similar needs?

MR. JONSON: Mr. Speaker, I could say because one is an auxiliary hospital and the other is a nursing home, which is certainly the case.

Now, with respect to what I think is the hon. member's question, with the two tools that I referred to before, particularly the case mix index, patients are assigned to what might be called the more intensive or heavier level of care, to auxiliary hospitals. There is a continuum of care that we're working on in the health care system from acute care hospital to auxiliary hospital to nursing home to home care. I think it is something that is working quite effectively, and this is in keeping with the way we want our health care systems to operate in the future; that is, we want to see people being able to, if they are in the aged category, stay in their homes as long as possible to be supported by home care. If and when it becomes necessary, they would be moving into a nursing home.

Likewise, for people who are treated in acute care hospitals, there has to be the backup, for instance auxiliary hospitals, to help them in many cases. So it's all part of, I think, a very appropriate approach which is in keeping with modern health care services to have this continuum of care.

MR. SAPERS: Given that these hospitals and these nursing homes provide similar services to similar patients at similar times and it's a matter of the minister's discretion or a deputy minister's order to designate whether at one time they are a nursing home or a hospital, will the Minister of Health confirm that the government is not pursuing the policy of designating nursing homes as auxiliary hospitals simply to have them declared as essential services so that their organized workers are prohibited from going on strike?

2:10

MR. JONSON: Mr. Speaker, the target or the goal of Alberta

Health is to make sure that there is the appropriate continuum of care in the health care system. Generally speaking, as the hon. member across the way knows, auxiliary hospitals provide more intensive, more in-depth, if I can put it that way, care for patients in this province. Nursing homes are another level of care, focusing more on long-term occupancy. These things are established, as I said, by patient assessment and the overall programs being able to be offered by these different types of facilities. That's the basis on which we are doing this.

THE SPEAKER: The hon. Member for Little Bow, followed by the hon. Member for Edmonton-Mill Creek.

### Federal Transfer Payments

MR. McFARLAND: Thank you, Mr. Speaker. Alberta does not have only a partnership between the Department of Health and the regional health authorities; we've also got a partnership between the province and the federal government. I understand that in yesterday's federal budget there were several additional health spending increases announced through the Canada health and social transfer payments program. Could the Minister of Health provide this House with the details on how these announcements will assist Alberta's health care system?

MR. JONSON: Well, Mr. Speaker, I understand that in the announcement of the federal budget there was reference made to some hundreds of millions of dollars that were, quote, an increase in the federal budget. But really, you know, this is an announcement, as I understand it, for the third time of the federal government having made the decision to not cut their transfer payments by the amount originally planned. So while we are grateful that they are sticking with their previous two announcements, this announcement is really of no additional assistance to the health care systems in the provinces across Canada.

MR. McFARLAND: Thank you, Mr. Speaker, and thanks to the minister for the response. Would the minister, then, identify how Alberta is going to be able to cope with health costs that relate to aging and increasing populations if in fact there's no new additional money to the Alberta health care system?

MR. JONSON: Mr. Speaker, as was announced in our overall budget announcement for health authorities back in January and elaborated on with a number of other additions in health care spending in the recent budget, I think that with the overall management the government has provided, it has been possible to reinvest very, very significantly in health care and education. This is something that is possible for the government to do given that we have planned, I think, responsibly over the last three, four, five years, are moving towards reducing our debt, and we have a balanced budget. So we can provide this particular area of reinvestment, which is very much needed in this province even though we are not getting any significant additional help from the federal government.

MR. McFARLAND: Mr. Speaker, then as this government does get blamed for reductions in health care funding programs, could the minister please supplement or explain how much the federal Liberal government has actually reduced these transfer payments in three to five years?

MR. JONSON: Mr. Speaker, in this area of transfer payments

applicable particularly to health, as I recall the percentages, their reduction in transfer payments was well over double the height of reductions in health care to the provincial government, which was about 12 and a half percent. They reduced transfer payments well in excess of 30 percent, or, as I recall, a reduction in the neighbourhood of \$365 million.

THE SPEAKER: The hon. Member for Edmonton-Mill Creek, followed the Member for Wainwright.

### Syncrude Canada Inc.

MR. ZWOZDESKY: Thank you, Mr. Speaker. Alberta Liberals are strong supporters of the Syncrude project for the employment it creates, the revenue that it generates, and the economic activity that is stimulated. However, we do not support the provincial government continuing to backstop private-sector oil companies who are involved in the oil sands business. In October 1995 the government sold its share and its interest in the Syncrude project to Athabasca Oil Sands Investments Inc., but it didn't make a clean break of it and let business just get on with doing its own business. We are still involved. I want to ask the Provincial Treasurer why his government agreed to provide a \$35 million guarantee to cover Athabasca Oil Sands obligations regarding the Syncrude project site cleanup costs.

MR. DAY: Mr. Speaker, if you go back as far as 1978 and look at all the income that the Alberta government received from '78 until about '95, at which point the 11 percent interest in Syncrude was sold to Torch, it was \$697 million of income that accrued. That particular sale took place in the best interests of all parties involved and went actually fairly successfully.

In terms of any details on the actual agreement as referenced by the opposition critic on Treasury, I'll need to look at the agreement itself and see what details can be given out in terms of the usual commercial confidentiality requirements. If there's no difficulty with that, I'll get all that information out to him.

MR. ZWOZDESKY: Will the Treasurer at the same time as he's looking that information up, then, confirm that not only will Alberta taxpayers be on the hook for \$35 million in site cleanup costs on Syncrude but liken it also to the \$57 million that taxpayers are on the hook for for Bovar cleanup costs in Swan Hills?

MR. DAY: I'm not sure. I'd have to check where the appraisal is coming on any possible remedial cost there related to cleanup. As I've already indicated, \$697 million have accrued to the people of Alberta. I'll look into the details of any ongoing relationship there, and we'll see if we can confirm those remediation costs also.

MR. ZWOZDESKY: Also I wonder if the Provincial Treasurer would answer this. Why has the government disclosed the \$57 million obligation regarding Swan Hills cleanup costs in public accounts, but the government did not disclose this \$35 million in site cleanup costs surrounding the Syncrude project? Why was one disclosed but the other one wasn't?

MR. DAY: As with most of his questions, it's a good question, Mr. Speaker. I know there's a good reason for it, and I'll find out and report back to him.

THE SPEAKER: The hon. Member for Wainwright, followed by the hon. Member for Edmonton-Glengarry.

### Social Service Agencies' Salaries

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Family and Social Services. Recently there have been reports indicating that government employees will receive a salary increase. In regard to that, I have received a number of calls from community agencies in my constituency that are contracted by the government to provide social services to adults with developmental disabilities. They are inquiring if this increase will apply to them as well. Could the Minister of Family and Social Services advise our Legislature of the policy regarding these agencies' salaries?

DR. OBERG: Thank you very much, Mr. Speaker. This is actually a very similar issue that the hon. member brought up a couple of weeks ago. At that time I told him to stay tuned.

Mr. Speaker, we have a very important group of workers that work for the private contracted agencies with Family and Social Services. These workers have not had a pay increase for 12 years. On average they make roughly 20 to 25 percent less than government employees who do the same job. One of the goals upon becoming minister was an attempt to decrease the disparity in this particular wage group. Therefore, Mr. Speaker, it's with great pleasure that today I am able to announce that there will be a 5 percent increase in their salary retroactive to January 1, 1998.

2:20

MR. FISCHER: Could the minister indicate where this money is coming from then?

DR. OBERG: Thank you, Mr. Speaker. Alberta Family and Social Services, together with AADAC, are contributing approximately \$15.6 million from social services and approximately \$300,000 from AADAC to this group. These increases will be covered from the 1997-98 operating budgets of these departments as well as the 1998-99 operating budgets.

MR. FISCHER: Thank you. Mr. Speaker, who will benefit, then, from this increase? Will our employees of those nonprofit community agencies benefit?

DR. OBERG: Mr. Speaker, we have asked the nonprofit community agencies to give a 5 percent increase to their staff. What we have said to them is that we don't want to see 10 percent to managers and zero percent to their staff. We're targeting this increase to the frontline staff. We are talking about 500 agencies across the province, agencies such as women's shelters, agencies that serve children, agencies that serve persons with disabilities.

I think this is a very good news story. I had the opportunity of talking to these agencies this morning, and they were extremely happy with this proposal.

THE SPEAKER: The hon. Member for Edmonton-Glengarry, followed by the hon. Member for Red Deer-South.

### School Superintendents

MR. BONNER: Thank you, Mr. Speaker. I'd like to table correspondence from the Chinook's Edge school board that makes reference to the School Act prohibiting public access to school board information. As the Education minister is aware, the

Chinook's Edge school division superintendent owns part of a private company that designs education modules for Oz New Media. That same superintendent also recommended that Chinook's Edge school division purchase \$45,000 in software from Oz New Media, the very same firm that the superintendent's company had a contract with. To the Minister of Education: can the minister explain why he does not consider this a conflict of interest?

MR. MAR: Mr. Speaker, this issue has been an interesting one and one that I've been apprised of by Chinook's Edge school division, the board of trustees there. They are aware of this particular circumstance. But at the end of the day it is a relationship between a school board superintendent, who is the employee of the school board, and the school trustees who run the school board. So I am certain that the school board trustees of Chinook's Edge, in a desire to be accountable to the constituents who elect them, will resolve this issue appropriately.

MR. BONNER: Mr. Speaker, as the minister co-appoints superintendents, will he please explain why he has done nothing respecting this conflict of interest?

MR. MAR: Mr. Speaker, while it is true that the Minister of Education does approve the contracts that are signed by the school board superintendents, ultimately that contract is negotiated between the superintendent and that superintendent's employer, the board. So, as a result, all of the administration that deals with that particular contract is an employer/employee relationship between the board and the superintendent, and accordingly it is the board that will deal with the issue.

MR. BONNER: As the public can't get hold of the school board documents to see what is going on, will the minister at least investigate and report his findings back to the Assembly?

MR. MAR: Mr. Speaker, I'd like to reiterate that the responsibility of the employer/employee relationship with respect to the superintendent is one that is a relationship between the board and its superintendent. We elect school board trustees for a reason. We elect school board trustees to run schools within school board jurisdictions, and this is a matter of local jurisdiction.

THE SPEAKER: The hon. Member for Red Deer-South, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

### Health Professions Legislation

MR. DOERKSEN: Thank you, Mr. Speaker. It's been several years since the government has been looking at the amalgamation under umbrella legislation for health professions, and that committee was known as the Health Workforce Rebalancing Committee. I know there's been a lot of work done by the Member for Medicine Hat on this particular issue. Lately I've been receiving a number of letters and calls with questions about the government's intention to proceed with new legislation intending to govern Alberta's health professions. My question is to the Minister of Labour. Can the minister indicate if he intends to introduce a health professions act during this session of the Legislature?

MR. SMITH: Well, it's a good question, Mr. Speaker, and I can't help but underscore the member's commendation of the leader of

the Health Workforce Rebalancing Committee, that being the Member for Medicine Hat. I can also never predict what's going to happen: the rigours of getting legislation through a particularly dictatorial House leader, the difficulty of being able to move through a very complex and important process. But I would like to bring legislation with respect to the health professions forward in this session.

MR. DOERKSEN: Mr. Speaker, can the minister assure this Assembly and Albertans, particularly the health professionals, that this legislation will not erode their ability to be self-governing and enable them to continue to set their own standards of practice?

MR. SMITH: Absolutely, Mr. Speaker. The very foundation of the legislation is this government recognizing, whether it be a business or a professional association, the importance of self-governing. As I said in answering questions in estimates on Monday night, the importance of keeping that playing field level and competitive speaks to the importance of self-governance. We do not intend to change the intent of any legislation that sets out self-governance and self-regulation.

MR. DOERKSEN: Again to the Minister of Labour: in view of some of the comments and questions I've been receiving, is it still possible for the health professionals to consult with the government on this matter?

MR. SMITH: That, Mr. Speaker, is an extremely important side. Consultation is an operating fact of this government, particularly when it comes to the health care area, particularly when it comes to health professions. In fact, I can remember my colleague here was a part of Starting Points, which was the original consultation of 1993-94.

I can assure all professions that consultation will be a major part. We will continue to go forward with it. In fact, I have in my hands right now a letter from the Alberta Association of Registered Nurses, who are actively involved in this. They have brought up strong and important points. I, myself, have chaired the Health Workforce Rebalancing Committee. Consultation will go on. It is critical.

Thank you, Mr. Speaker.

THE SPEAKER: The time for question period has left us. Actually we dealt with 13 sets of questions today, but we also have notice of one purported point of order. The Government House Leader.

#### Point of Order Preambles

MR. HAVELOCK: Thank you for prejudging my argument, Mr. Speaker. The House leaders' agreement referred to in this Assembly a few days ago clearly states that supplementary questions should not include a preamble. Today in the Leader of the Opposition's first question, for both the first and second supplementary, in particular the second supplementary, there was a speech preceding the question itself, a rather poor and inaccurate speech but nevertheless a speech. The second main question, the Member for Calgary-Buffalo was working in responses to the minister's responses, which again is, I believe, inappropriate and inconsistent with the agreement. The leader of the New Democrat opposition, on her second supplementary, managed to get into the act. I think she's sitting too close to the Liberals, because she's picking up their bad habits.

#### 2:30

Nevertheless, the agreement was negotiated in good faith. All House leaders signed the agreement. As you indicated just yesterday, House leaders should ensure that their members abide by the terms, and I'm happy to say that today this side of the House abided by the terms of the agreement. I would ask that you, if you could, in the future strictly enforce the terms of the agreement.

Now, it's interesting. The Opposition House Leader, I'm sure, will stand up. He was waving *Erskine May* before. He had all kinds of little yellow stickies sticking out of it, so he's ready to roll. But I'd be interested in hearing how he's going to argue against an agreement that he signed.

THE SPEAKER: First of all we'll listen to the Opposition House Leader on this point of order.

MR. SAPERS: Thank you, Mr. Speaker. The Government House Leader is right when he quotes the House leaders' agreement. The House leaders' agreement is clear when it says that there won't be preambles to supplementary questions. The House leader on the government side could also quote Standing Orders, *Beauchesne*, *Erskine May*, and other parliamentary authorities that talk about the purpose of question period and that it should be an opportunity to hold the government to account for its policies, an opportunity for private members to ask members of Executive Council questions within their areas of competence. *Beauchesne*, in particular, is very clear in several cases – and we don't need to refer to all of the specific sections – that answers to questions should not provoke debate, that answers to questions should be brief, that answers to questions should not be argumentative.

Also, the Government House Leader could have raised some of the issues about question period that have to do with making sure that the questions have some urgency. We had today one government supporter asking a cabinet minister about a committee that that member chaired, as though she didn't already know the answer. So there are many, many, many, many things in the rules and *Beauchesne* and *Erskine May* and the House leaders' agreement that we could debate after absolutely every question period, because not every question period is a pure example of 100 percent of the application of all the rules.

But on the particular point of order that the Government House Leader chose to rise on today and hang his hat on, the House leaders' agreement regarding no supplementals. I would like to draw your attention, Mr. Speaker, to page 200 of *Erskine May*, under the title The Official Opposition.

The importance of the Opposition in the system of parliamentary government has long received practical recognition in the procedure of Parliament.

Later on on the same page it says:

Accordingly, the Opposition has acquired the right to exercise the initiative in selecting the subject of debate on a certain number of days in each session,

underlining, of course, the special role that the Official Opposition has in parliamentary democracies. That page concludes with the following quote:

The Leader of the Opposition is by custom accorded certain peculiar rights in asking questions of Ministers . . . and members of the Shadow Cabinet and other official Opposition spokesmen are also given some precedence in asking questions and in debate.

I repeat, the Leader of the Opposition, by custom, is accorded certain peculiar rights in asking questions.

Now, that in and of itself would, I think, invalidate the



purported point of order as raised by the Government House Leader. But I will also add that if you were to review the Blues, you will find that the Leader of the Official Opposition's question and supplemental questions were all phrased as proper questions. When we review the Blues, you will see that at the point that the Government House Leader stood, the Leader of the Official Opposition had said: "given that," a clause that begins a proper question; the body of the question; and that question, I'm sure *Hansard* will record, ends with a question mark.

Thank you, Mr. Speaker.

DR. WEST: Mr. Speaker, it's the second time I've stood up on a point of order on this very point. Since I've been in this Assembly, some 12 years, this has probably come up a hundred times. It's a waste of the time of this Assembly, these types of points of order. This time, again, it's our side that brought up the point of order. But you see what it admits? It admits a response just like we had. It trivializes the purpose of this Assembly, and I think we should put and end to these types of points of order.

THE SPEAKER: Anyone else on this point?

Well, hon. members, I want to do two things. First of all, I want to read you item 1 of *Beauchesne*, and I want to quote it for you. "Principles of Parliamentary Law." And this is the first principle.

To protect a minority and restrain the improvidence or tyranny of a majority; to secure the transaction of public business in an orderly manner; to enable every Member to express opinions within limits necessary to preserve decorum and prevent an unnecessary waste of time; to give abundant opportunity for the consideration of every measure, and to prevent any legislative action being taken upon sudden impulse.

Now that's primary. That's point number one of what this is all about.

Number two, this is a democracy.

Number three. Today we went through 13 sets of questions. That is more than the average sets of questions we go through in a normal 50-minute question period. It's probably averaging between 11 and 12, so we were actually above average in terms of the length of questions. In terms of the first question that was directed by the Leader of the Official Opposition, between the exchange of the question and the response was six minutes. In terms of the second one, it was four minutes. In terms of the third one, it was five minutes, and in terms of the exchange with the leader of the ND opposition and the member of Executive Council she dealt with was three and a half minutes, and I can go on. Anyway, the bottom line is 13 sets of questions.

Next point. It's absolutely correct what the House leaders' agreement says:

(4) A member asking a question shall, in the discretion of the Speaker, be allowed a succinct preamble, a main question and two supplementary questions to which there shall be no preamble. Any member who, in the discretion of the Speaker, abuses the opportunity to give a preamble shall be called to order.

Next point. I've made it very, very clear time and time again that this Speaker will always rule in favour of an opportunity for hon. members to express themselves and not go the other way to take the history, traditions – in fact to deny them an opportunity to express their view. This is a Chamber where people are elected to represent their constituents and must be given all possible latitude by the chair. The chair must not come down in the negative and deny freedom of expression in this Assembly. You are here for that. I would like to function as a very, very silent, innocuous referee and not have to on a daily basis come up

and spend perhaps eight to 10 to 12 minutes dealing with points of order.

So we come now to the basic gist of the whole thing. *Erskine May* is also absolutely correct, and the ability has always been given to the Leader of the Official Opposition or who was deemed by the Official Opposition on the lead question to have a little liberty with respect to the rules in terms to convey their arguments. That is a long-standing tradition in this Assembly. That did not begin in this session, did not begin in the fall session. It has gone on in this Assembly, and I've been here observing this place since 1974. We did not have *Hansard* prior to 1971, so it's very difficult, but for most of the time that this Assembly has had *Hansard*, this individual has been here to either observe or to participate as an active player or now to participate in this new role.

Today something new came about, and if one would have listened very attentively to the questions put forward by several members of the opposition, this is how the questions began: "Given that . . ." And for about six to seven to eight sentences, what seems to be almost in terms of a speech, it led to a question. Now, obviously that means to me that the Opposition House Leader has been listening attentively to the comments about restrictive use of preambles and has gone to work with the rules and has designed somehow overnight, since yesterday, a new opportune way to phrase a question. Now, that's what we should be doing, trying to deal within the rules and outsmart the rules and see if perhaps we'll find a new level.

So I cannot deny a question, however long it might be, if it is phrased in the form of a question. And it was an interesting mechanism, as I made note even prior to the Government House Leader rising on this point of order, that in fact this had started, and made numerous mention in my own notes that not only was he doing it – that is, the Leader of the Official Opposition – but other members also did it; namely, the Member for Lethbridge-East followed through, the Member for Edmonton-Glenora followed through.

**2:40**

So now having said that, I would also like to point out, however, that prior to the "given that" rather lengthy question, there were some statements, though, that were not within the phrase of the words "given that." In terms of the first supplementary the statement was made by the hon. Leader of the Official Opposition: "The Minister of Health knows that it's not enough, and so does Dr. Davey know that it's not enough." Then of course *Hansard* records a period, then "To the Minister of Health" the question. So quite clearly there was more than the given question. The second supplementary is "His new dollars, Mr. Speaker, won't even keep up with increased population, like the 70,000 new residents in Calgary," and again *Hansard* records a period and "Mr. Speaker, given that."

Quite frankly, there was a violation of the absolute intent. The Government House Leader is very correct in rising on this point, but it's also quite true from the Opposition House Leader that they discovered a new way to phrase questions with the intro "given that" and then goes on for almost three minutes, it seems, which is perhaps a bit longer than it should be.

So the bottom line: 13 minutes have now passed. The question period is 50 minutes. We dealt with 13 sets of questions, above the average in a 50-minute question period. We've now dealt with 13 minutes on a point of order – a purported point of order; perhaps I was biased on my part. You're both right in what you say. The bottom line is if we could just keep going with 13 sets

of questions and everybody could spruce up their language to reduce the amount of the preambles and the like and get to the point. Perhaps I shouldn't say this, but it seems to me that I noticed one member the other day who had one of the shortest questions I've seen in a long time, and if the intent was to get a lot of media coverage, that individual got nearly seven minutes on a major provincial television station with respect to his very short questions and the answers that came out of it.

It's not length; it's the point of the question that really counts and the point of the answer. I do apologize to the Assembly for allowing this thing to continue for 13 minutes.

head: **Orders of the Day**

head: **Written Questions**

MRS. McCLELLAN: Mr. Speaker, I move that written questions appearing on today's Order Paper stand and retain their places with the exception of written questions 5, 9, and 10.

[Motion carried]

#### **Gaming and Liquor Commission Leases**

Q5. Mr. Gibbons asked the government the following question: What is the breakdown of the \$1.7 million provision for loss for the estimated costs of lease obligations in excess of estimated sublease revenues by specific property held by the Alberta Gaming and Liquor Commission as of March 31, 1997, as contained in the public accounts, 1996-97, volume 3, notes 13 and 14, pages 191-192?

MRS. McCLELLAN: Mr. Speaker, the government is accepting Written Question 5.

THE SPEAKER: The hon. Member for Edmonton-Manning to close debate.

MR. GIBBONS: Yes.

[Motion carried]

#### **Heritage Savings Trust Fund Rate of Return**

Q9. Dr. Pannu asked the government the following question: How does the government explain the fact that the heritage trust fund's annual report for 1996-97 indicates an overall rate of return of 8.5 percent for the fund's investments when the public accounts for the same year, schedule 6, page 37, states the average "effective yield" is 3.63 percent for securities maturing within a year and 5.52 percent for securities maturing in one to 35 years on the bulk of our financial assets?

MRS. McCLELLAN: Mr. Speaker, the government will accept Written Question 9.

THE SPEAKER: The hon. Member for Edmonton-Strathcona to close the debate?

[Motion carried]

#### **Treasury Branches Contingent Liabilities**

Q10. Dr. Pannu asked the government the following question:

What is the main reason or reasons why Alberta Treasury Branch guarantees increased \$351 million, that is, from \$125 million to \$476 million, in the 1994-95 fiscal year – see Contingent Liabilities, note 14, page 22, Alberta Treasury Branch's annual report – and what provisions for losses have been made or will be made in the future on this contingent liability?

MRS. McCLELLAN: Mr. Speaker, the government rejects Written Question 10. As an explanation, the Provincial Treasurer is unable to provide details on Treasury Branch guarantees to third parties. Terms and conditions form part of a customer relationship, which is confidential. So on that basis we regret we must reject that question.

THE SPEAKER: The hon. Member for Edmonton-Strathcona to close the debate.

DR. PANNU: Mr. Speaker, I would like to speak to this request on my part. What the question asks for is not the particular information that's being denied by the deputy House leader. What I'm asking for is the reason or reasons, not the specific information that may be of commercial value and therefore is a matter of confidentiality between the ATB and its customers. Therefore, it would seem to me that there's no reason why the government should deny this Assembly and through this Assembly the people of Alberta an explanation in terms of reasons why the discrepancy that I draw attention to exists.

[Motion lost]

head: **Motions for Returns**

MRS. McCLELLAN: Mr. Speaker, I move that motions for returns appearing on today's Order Paper stand and retain their places with the exception of motions for returns 8, 12, 13, and 14.

[Motion carried]

#### **Gas Emissions Contributing to Climate Change**

M8. Ms Carlson moved that an order of the Assembly do issue for a return showing copies of all documents written by or for the government and all internal memos between January 1, 1993, and January 27, 1998, concerning the need for Alberta to reduce the emission of gases that contribute to global climate change, how reductions can best be achieved, and how any programs will be implemented.

THE SPEAKER: The hon. Minister of Energy.

DR. WEST: Yes, Mr. Speaker. I regret that I cannot accept this motion. It probably exemplifies why in process we probably should review motions for returns and the purpose of them. If I were to comply with this motion in its present-day form, I would have to deliver so many files and boxes out of our archives that it would fill this Assembly. The discussions on climate change over the years, from '95 and before, have been numerous. This is not specifically targeted to any one policy discussion or issue, but it just asks for all of the internal memos or documents written by government in relationship to this issue of emission of gases from January 1, '93, to '98.

As a policy issue, the climate change debate has been an issue since 1988, and there would be a decade's worth of material to collect if a comprehensive search was performed. Since 1993 the department has been closely involved in provincial, national, and international discussions related to climate change. There are a wide range of provincial, national, and international working groups examining such issues as the science, the economics, and the potential response options. We understand also that the department of environmental affairs has over 32 different files on this information. Again, as I said, much more has been archived on this issue. We would have to, as I say, spend massive amounts of taxpayers' dollars to bring this information forward.

If you want to come to the Department of Energy or the department of the environment and have a discussion on relevant information that you're interested in, then rather than trying to be politically correct in this Assembly and bringing forth a motion that's so wide open that it's frivolous and vexatious, why don't you come and sit down with us and we'll talk to you on a genuine basis about what is right, not politically correct? I think, again, it's another misuse of this Assembly for the purposes of being politically correct on – what? – the emotion of climate change rather than the factual evidence.

Mr. Speaker, I reject this.

2:50

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

MR. DICKSON: Thanks very much, Mr. Speaker. You know, as I listened to the Minister of Energy talk about being politically correct, I'm thinking to myself: here we have a member that wants some documents that relate to an absolutely pivotal issue for an energy-producing province like Alberta. I can think of few issues that would be more important.

The member has done what the rules and the Standing Orders provide for in terms of attempting to be able to secure access. But to me the more significant thing is this: that the minister had at least two options, it seems to me. The one option, the one he's chosen to pursue, is to stand up, shrug his shoulders, and say: there are boxes of material; it's too much work; you don't get it. The other option would have been – and we've seen this demonstrated by many of his colleagues many other Wednesday afternoons – to come back with a reasonable amendment, to preface the amendment by saying: it's too voluminous a response.

We've got a government that holds itself out as being open and accountable. We have a minister of the Crown – when I read a Speech from the Throne where the government and the Lieutenant Governor on behalf of the government opposite commits itself to being open and accountable with Albertans, to carrying on business in a more transparent way, I obviously mistakenly thought that meant that every minister of this government would conduct himself or herself in a way to err on the side of disclosure.

I talked about two options, and the other option was for this minister to go through the voluminous material. I suspect that somebody has done a bit of a review and identified some summary reports, some things, and in the same spirit that the Lieutenant Governor has told us is going to animate this government during its term, I would have expected he would have come forward and said: we'll give you documents A, B, C, and D. It's a give-and-take process, Mr. Speaker. That's what it takes to get a truly open and transparent government. We're happy to work with any minister, and many ministers have come forward and offered partial information.

DR. TAYLOR: Use FOI, Gary.

MR. DICKSON: We want to save the \$25, Cypress-Medicine Hat.

Mr. Speaker, the point is simply this. The minister could have shared some of the information. You know, my colleague is always reasonable in the House. If it were the appropriate kind of information, she may have been delighted to see that, and that would be the end of this matter. But by the minister closing the door on the documents and the records of the province of Alberta and saying that only some MLAs can access them, that only a small privileged group of Albertans may be able to see what that material is, that's exactly the message this minister gives. All Albertans who look at this will be able to hold up the Speech from the Throne and read the *Hansard* comments of this Minister of Energy and think that this minister can't possibly be part of the same government that's responsible for the Speech from the Throne. They're impossible to reconcile, and that will speak volumes to all Albertans who want to know if this government really delivers on its promises.

Thanks, Mr. Speaker.

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

DR. PANNU: Thank you, Mr. Speaker. I'm as usual perplexed by the total refusal by the Minister of Energy to accede to the request made by the hon. member of the Liberal opposition. The minister drew our attention to the wastefulness of asking for these kinds of documents, that it would fill this whole Chamber, that it would require zillions of files to be brought out and all of that. I want to remind the minister – he's a democrat, he tells me; he lectured me the other day about democracy – that democracy is not cheap, that we must be willing to incur costs that are needed to serve democracy.

Therefore, Mr. Minister, the argument that you make sounds hollow in spite of the big statements that you make in defence of democracy. Democracy requires that this Chamber and through this Chamber the citizens of this province have access to information that's vital, and information on climate change is vital to the future interests of this province.

It was the members of the Executive Council of this government who only a few months ago, in reference to the negotiations that are going on with respect to Kyoto, were saying that they're willing to break up the country if their view about climate change and the relationship between climate change and the health of the industry they were trying to protect are not respected and listened to. If the matter is so important that they're willing to break up the country on that, why would they not step back from the brink and say, "We are willing to make this information public"? I'm surprised that the ministers who themselves put so much emphasis on these issues would then turn around and deny the people of this province, deny the members of this Assembly, who are elected by the citizens of this province, the very information they themselves were using in order to make their argument against some of the positions being taken by other participants in the Kyoto process, including the federal government and other governments of the provinces.

So I therefore express my deep concern about the way this government is not willing to be accountable, not willing to be an open government in spite of its statements to that effect. It's a government that seems to be committed to secrecy, to denying people the opportunity to have accountability for the actions that

it takes and the actions they take based on decisions on information that we have a right and everyone in this province should have a right to look at.

Thank you.

MS CARLSON: Mr. Speaker, certainly the reputation for being frivolous and vexatious in this House is not mine. It belongs to the minister who made the accusation. I'd just like to clarify that before we go any further.

What we're asking for here, Mr. Speaker, is some feedback from this government that they give any kind of consideration to solving this very key problem that this province is facing. Industry has repeatedly lobbied us saying: please get this government to take some proactive action, to not continue to be ostriches with their heads in the sand, to not be blocking, to not talk about addressing issues of breaking up the country over this issue but to get ahead of the game and start to implement some proactive measures so that industry itself knows what the game is out there when it comes to climate change and what kind of regulations they're going to have to be looking at. They want to know that this government is doing something. We made the request. I think it is a very reasonable request to make: to know what the government is in fact doing on this particular issue.

There's no doubt that we can FOIP this information under freedom of information: pay the fee and incur those kinds of costs to try and get this information. There is no doubt that I will take the minister up on his invitation to come and take a look at their documents. Certainly I will be back here in this House in question period and with motions for returns and written questions when I get over there and find out that they won't show me the information, because, Mr. Speaker, that is repeatedly what happens when you try to get those two ministers in particular to co-operate at any level in terms of sharing information in this province.

So, Mr. Speaker, I'm very disappointed that they won't even reasonably address this, at least give us a summary of the information that they're dealing with.

[Motion lost]

### 3:00 **Maple Leaf Foods Inc.**

M12. Ms Barrett moved that an order of the Assembly do issue for a return showing the lease amendment agreement signed during 1996 between the government and Maple Leaf Foods Inc. at the time the government's lease agreement with Burns Foods Limited was transferred to Maple Leaf.

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

MR. WOLOSHYN: Thank you, Mr. Speaker. Both the Provincial Treasurer and I have responded to the member in writing that we were unable to release these documents without third-party consent. We have consulted with the third party regarding the release of the documents, and they have not consented. We are bound by the requirements of the Freedom of Information and Protection of Privacy Act, and as a result, the motion as written is rejected.

THE SPEAKER: The hon. Member for Edmonton-Highlands to conclude debate.

MS BARRETT: Well, I find the legislation cited by the Minister

of Public Works, Supply and Services to be particularly strangling when it comes to matters of public policy and public dollars. We have reason to believe that that lease amendment agreement signed in 1996 has a direct bearing on Alberta's finances; in particular, the rights to extend that agreement beyond the point where the plant was actually closed. I anticipated this in the autumn and did ask for the agreement to be released.

My suspicion is that the owner of the company, of Maple Leaf Foods, that did shut that plant down, had a very serious and, I would say, perhaps an even nefarious economic plan that included, first of all, wrangling the government into phony reasons for allowing it to have a month-by-month extension even if the plant were closed, those reasons being the moving of not only the property legally owned by Maple Leaf Foods, Michael McCain, but also property that belongs to the taxpayers of Alberta; that is, fixtures that belong to the building and the land.

If there's any remedy available for changing the freedom of information and protection of privacy legislation, the minister can be assured that I, being on that committee, am going to make sure that that happens if at all possible. I believe that the Alberta taxpayers, who've already funneled in – how many? – untold millions of dollars into that plant and its previous owners, one in particular, have the right to this information, to know if the Michael McCain plan was to shut the place after all and got the co-operation of this government wrongfully.

[Motion lost]

### **Maple Leaf Foods Inc.**

M13. Ms Barrett moved that an order of the Assembly do issue for a return showing copies of all correspondence and memoranda between the government and Maple Leaf Foods Inc. between January 1, 1997, and January 27, 1998.

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

MR. WOLOSHYN: Thank you, Mr. Speaker. This motion, which requests "correspondence and memoranda" from all government, casts a very wide net which would require every department, agency, board, and commission to search for more than a year's worth of files. Each of these parties as well would be required to contact all third parties involved for their permission to release the information.

The government's reason for not tabling these documents is also supported in *Beauchesne* 446(2)(g), which states that "papers of a voluminous character or which would require an inordinate cost or length of time to prepare" don't need to be and should not be brought forward. On this basis, Mr. Speaker, the government must reject this motion.

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

DR. PANNU: Thank you, Mr. Speaker. Again, it seems to me this so-called open government is somehow trying to stonewall. It's not willing to release information. Now, this is very specific information. The minister responsible, in answering in his speech on Motion 12, talked about the agreement, that he can't make it available because of the legal undertakings that the government has with respect to the owner of Maple Leaf. In motion 13 all the motion is requesting is the correspondence that the government itself has exchanged over the last year – specific dates are given

– and we get the same reply again: no way; we cannot release this information.

I think in the interest of openness, Mr. Speaker, in the interest of maintaining transparency, of respecting government's own obligations to be transparent, it must concede that this information will be made available. If there is a problem with a particular document because some third party doesn't agree, maybe the Minister can tell us that with the exception of this memorandum or that memorandum, the rest of the correspondence and memoranda will be made available. But this wholesale denial of the request makes me very suspicious and, I think, will make lots of Albertans suspicious that this government has something to hide. I ask: what does the minister have to hide?

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

DR. MASSEY: Thanks, Mr. Speaker. I, too, would urge the minister to reconsider. This particular minister has tried, I think, to work very hard with opposition members over the Maple Leaf issue in terms of making the plant open and arranging tours and trying to help the opposition do their job.

Maple Leaf is an extremely emotional issue in this city. There are a lot of people that are extremely upset and very suspicious of what has transpired. The request from the Member for Edmonton-Highlands is certainly a most reasonable request. I think that the member has shown in the past that she's willing to work with ministers to make things happen and to expedite the work of the government. I'm sure, were she given the opportunity to work with the minister, the volume that the minister talks about could be made reasonable and the demands on the government's service could be brought into line in terms of what the minister considers appropriate.

So I really do urge the minister to continue in the spirit in which he seems to have approached this issue in the past and to reconsider.

THE SPEAKER: The hon. Member for Edmonton-Highlands to close the debate.

MS BARRETT: Mr. Speaker, I find it a most specious suggestion or argument that the volume of papers involved would be too onerous. I mean, are we talking about one or two boxes? That's a lot of paper. I find it very difficult to believe that that amount of correspondence would be going on between at most a handful of government departments and Maple Leaf Foods over the course of one year and 26 days. A very specious argument. In fact, I don't believe it.

If the minister is so convinced that the whole government would be undertaking such a burden, such a task that would be, you know, pulling on the taxpayers' dollars and just be so wrong, then maybe what he could have offered was correspondence between Maple Leaf Foods and the two germane departments: the Department of Public Works, Supply and Services, which leases the property, which hides the lease from public scrutiny, which appears to be on the side of covering up Michael McCain's plans, and maybe the Department of Economic Development. Just those two would have been good enough.

3:10

I honestly do not believe that there's been a lot of correspondence, say, between the department of advanced education and Michael McCain. What do you think? How about with the department of agricultural development? Do you think there was

a lot of correspondence there? I'm not particularly worried about the volume of correspondence that might have gone through the Community Development minister's office. I'm concerned about the germane stuff. So if the government's argument is that there's just too much and we just don't have the resources to track it all down, I can tell you what: I'll volunteer. I'll go through the filing cabinets. You know, I actually learned how to read, and I know the difference between M and N. So I would know to go to M for Maple Leaf Foods. I would know, if I were going through Maple Leaf Foods' files, how to find Public Works, Supply and Services.

I believe that the spirit of the response that we just received from the minister confirms that this government is siding with Michael McCain and his corporate plans, including the plans to shut the plant down and strip it week by week while enjoying an extension to its lease agreement that no other company I can think of that rents out the equivalent of furnished suites would give to its tenants.

[Motion lost]

#### Maple Leaf Foods Inc.

M14. Ms Barrett moved that an order of the Assembly do issue for a return showing copies of all documents prepared by the government pertaining to the closure of the Maple Leaf Foods Inc. Edmonton plant between April 1, 1997, and January 27, 1998.

MS BARRETT: The operative word here, Mr. Speaker, is the "closure." Well, maybe I'll be lucky on my third try.

THE SPEAKER: The Hon. Minister of Public Works, Supply and Services.

MR. WOLOSHYN: Mr. Speaker, thank you very much. I can't help but reflect on the rather emotional comments made in the reply on the previous motion. The allegations were certainly childish, frivolous, and inappropriate as to the intent of the government. I would hope that that hon. member would reflect on the efforts made by this government from 1986 onwards to do whatever was prudent and possible to maintain the some-odd thousand jobs that were on that particular site over the years. I would hope that she would reflect and look at reality at some point.

I think other members have said that it would not be a wise move for this government to continue putting dollars into that particular effort, and I believe it's by some accounting over \$200 million. The government, myself included, are certainly distressed over the fact that that plant did close. I cannot and will not stand and put allegations on other people who for whatever business decisions move plants of this nature or otherwise around the country. I will say that I was very disappointed when the new plant that was talked about did not end up being slated for here, whether it would be in Edmonton or area. Some of the members from both sides of the House, I'm sure, were involved with their various municipalities with respect to trying to land that.

Now, Mr. Speaker, we're at a point where I don't think it's any secret this plant has been wound down. Yes, I have tried to be open, accountable, and work with whatever members from either side of the House to keep them apprised of what is in fact happening there. I will not for one moment say that I am happy with what they have seen or what I have seen, but we have to live in and act in the real world.

Further on that comment, Mr. Speaker, one of the efforts that we're trying to make as a department and with all of my colleagues is that we're going to try to do whatever's possible to regain as much economic activity on that site for the city of Edmonton as is possible, with the co-operation of the city. So we're moving onward. There are some realities that we must face. The reality is that that is no longer a packing plant as it stands today.

With respect to this particular motion, Mr. Speaker, it's very similar to the previous motion. It's a big net. The bottom line here is not that I question whether the hon. member can read or not. The point is that under our current legislation, if there's third-party concurrence required, then we have to go to that third party, and we would have an exercise in futility here, quite clearly. I've made a sincere effort to get the third party involved in this to concur with the release of the lease. They've said quite clearly through their legal people, "No." I have taken, before I've stood before this House, the step of going to outside legal counsel to see if in fact we could go around this. The comment I got from the outside legal counsel on this is, "Don't do it; it would contravene the freedom of information act."

I think it would not be appropriate for myself as a minister to knowingly contravene an act of this Legislature, and we do have to, for the reasons stated previously and what I've just said now, reject Motion for a Return 14.

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

DR. PANNU: Thank you, Mr. Speaker. The minister has clearly indicated that he was unhappy to see the plant close, that he has made an effort to bring some other parties in so that a new building could be started there, and I have no reason to question the veracity of what he has said. But that's beside the point. This Motion 14 requests not correspondence, not memoranda exchanged between several parties and whatnot. All it requests is the minister making available documents prepared by his own government pertaining to the closure of Maple Leaf Foods. I'm puzzled. I would have thought that perhaps the minister's arguments with respect to the previous two motions had some ring of plausibility, although they were certainly not persuasive at all. But with respect to this motion now, it's so concise, so simple. It asks only what the government knows, and it will not hurt if some other people got to find out what these documents have to say, particularly the elected members of the Assembly. Given that, I don't know why the minister is so hesitant.

So I would appeal to the minister to change his mind in the interests of openness, in the interests of transparency, in the interests of conducting business that affects the interests of the taxpayers of this province. A degree of openness serves the interests of all Albertans. I really don't see why the minister shouldn't be able to act on this as requested by my hon. colleague from Edmonton-Highlands.

THE SPEAKER: The hon. Member for Edmonton-Highlands to close the debate.

MS BARRETT: Thank you, Mr. Speaker. In response to the minister's reply I would suggest, first of all, that there's nothing frivolous about the three applications that I've discussed today on Maple Leaf Foods. This is a serious matter, and I do not believe that the minister has not taken it seriously. In fact, I believe he has, and he indicated probably by accident – he wouldn't ordi-

narily want me to know this – that he did actually consult outside legal counsel as to whether or not he could provide these documents without the sanction of Maple Leaf Foods.

That said, however, I believe that this motion, if it would be approved – maybe it will be approved. Maybe the government members will vote against the minister on this one. You know, miracles happen; right? This motion would reveal that there was a plan to prematurely close this meat processing plant, that there was a deal struck between the government of Alberta, the Department of Public Works, Supply and Services to be precise, maybe the department of the Treasury – who knows? – and Maple Leaf Foods to prevent another owner from getting into the building, from looking at the state of the assets inside to determine their working conditions and order so that another potential buyer could pick up where Maple Leaf left off, by its own arguments, by its own statements, at least two years prematurely, during which time – you'll never know – we might have been able to negotiate this new superplant which has been announced for Brandon, Manitoba. Me, I'm not holding my breath on that one either. I've seen enough of the way Michael McCain and Maple Leaf Foods act, and I've seen the way that they get governments to work with them.

3:20

I don't think it's responsible to turn down this motion for a return. I think it's time to have a little transparency on what has become, as the Member for Edmonton-Mill Woods said, an emotional issue in this city. Ultimately, I want to find out. I believe I have not only the right but the responsibility to find out why it was, which is what these motions for returns are really all about, that Maple Leaf Foods was given the right to have a month-by-month extension on their lease and to allow equipment to be removed – we don't even know if it's all of their equipment – and why other people including the union members, who themselves had considered the option of purchasing that plant – by the way, Maple Leaf Foods wouldn't have walked away poor from that deal – and other potential buyers were prevented from purchasing that plant and keeping it open. You know what? Even if this motion for a return is turned down, I've got lots more in my arsenal. One day I'm going to find out the truth, and so will the workers.

[Motion lost]

head: **Public Bills and Orders Other than**  
 head: **Government Bills and Orders**  
 head: **Second Reading**  
**Bill 205**  
**Alberta Bill of Responsibilities**

[Debate adjourned February 24: Mr. Cao speaking]  
 THE SPEAKER: The hon. Member for Calgary-Fort.

MR. CAO: Thank you, Mr. Speaker, for letting me continue from yesterday.

The ideas represented in Bill 205 are very sound. I do not want to repeat all the excellent points made by my hon. colleagues already about the bill. In my view Bill 205 is the mirror image reflection of the Alberta Bill of Rights. It goes further and outlines our responsibilities to others: individuals' own responsibilities and our collective responsibilities. I acknowledge and emphasize that the intention of this bill is very honourable. It

outlines responsibility I believe every citizen should practise and stand by, but I do not believe that a democratically elected government should compel its citizens' behaviour.

Mr. Speaker, it is beyond government's role to force individuals' behaviour. Government creates laws we live by with the reasoned input and support and mandates of the electorate through the electoral process. In doing so, it outlines the parameters within which we expect citizens to act. Government cannot force us to maintain these parameters. It is our fellow citizens who trust and expect that we act reasonably. It is the values and expectations held by all members of our society which compel us to respect the rights of others.

There is a clear line between establishing a framework for the protection of individual rights and compelling citizens to respect those rights. Government retains a significant amount of power and influence on the lives of citizens already. We should not exercise more force and influence on the lives of its citizens. There is a potential danger for government to dictate social duties and responsibilities. There are regimes throughout the world that require their citizens to act in the name of the state or the people, and they place very specific responsibilities on their citizens. They influence every aspect of their lives and, in doing so, restrict freedom and violate individual rights.

I know the intention of Bill 205 cannot be compared to the action of such repressive regimes. The bill is intended to do the opposite: to augment our support and respect for the framework which supports our freedom.

I feel the discussion of our responsibilities would be better presented in a motion to increase educational progress on our social responsibilities. This is the dialogue which every Albertan should be involved in, and we should provide the forum for this discussion. We cannot legislate it. I believe the motivation for true responsibilities comes from inside, from one's heart and mind, not from external force or legislative control.

Mr. Speaker, I feel strongly that the debate on the Alberta Bill of Responsibilities has raised a very sound principle. I commend the hon. Member for Calgary-McCall for bringing it forward. However, I would like to see the principle of individual responsibility discussed at the grassroot level. I feel that through the tools available to us as legislators, this could be done more effectively as a motion to education and development of citizenship.

Thank you.

THE SPEAKER: The hon. Member for Calgary-McCall, then, to conclude the debate.

MR. SHARIFF: Thank you, Mr. Speaker. The journey of a thousand miles begins with the first step. Often the first step is taken with caution and consideration for all of the unknown. In my opinion, Bill 205 is that first step towards an acknowledged responsible society.

Some great minds have attempted to deal with the issue of codifying responsibility. An exercise that was begun in 1987 by the Interaction Council, which has the endorsement of several international leaders such as Helmut Schmidt, the former Chancellor of the Federal Republic of Germany; Malcolm Fraser, the former Prime Minister of Australia; Lord Callaghan of Cardiff, the former Prime Minister of the United Kingdom; Jimmy Carter, former President of the United States; Valéry Giscard d'Estaing, former President of France; and Shimon Peres, former Prime Minister of Israel, resulted in September 1997 in a draft proposal of a universal declaration of human responsibilities. This

declaration is based on the premise that freedom without acceptance of responsibility can destroy freedom itself.

Mr. Speaker, in 1990 the hon. Member for Red Deer-North, who is our present Treasurer, introduced a motion in this House which, if debated and approved, would have clarified that the rights enshrined under the Canadian Charter of Rights and Freedoms were not absolute but subject to proper exercise of the responsibilities of the citizens of a free and democratic society.

In September 1990 the chief executive officer of Forbes, Mr. Steve Forbes, addressed the Fraser Institute. In his remarks about the kind of reforms we need as we leave this century and enter a new millennium, he stated, and I quote: the real basis of the experiment of democracy is the belief that seemingly ordinary people can achieve extraordinary deeds when allowed and encouraged to take responsibility for themselves, for their families, and for their communities.

Mr. Speaker, I have tried in my own way to bring together some of these thoughts and concepts into Bill 205. Many of you have contributed to this debate, and I would like to thank you for your contribution. Some of you have criticized me and reduced this debate to laughter, name-calling, and petty party politics. I will let history judge you, whether you were responsible or irresponsible.

The second reading of a bill is generally a stage when we discuss the intent of the bill. If you agree with me that in this society we shall respect the rights of others, that we shall abide by the law, that we shall respect the religion of others, that we will allow others to exercise freedom of speech, that we will be responsible for maintaining and protecting our children and also provide a safe, secure, and nurturing environment in which to raise our families, and that our collective responsibility as a government will be to preserve and manage our environment and natural resources, be fiscally responsible, and maintain effective health care, education, and social welfare systems, then I ask for your support to proceed to the committee stage, where we can refine and perfect this bill. If you choose not to support me, I will continue to respect your right to free speech.

With that, Mr. Speaker, I call the question.

[Motion lost]

3:30

**Bill 206**

**Human Tissue Donation Procedures  
Statutes Amendment Act, 1998**

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

MRS. FORSYTH: Thank you, Mr. Speaker. It is my pleasure to rise in the House today to begin debate on Bill 206, the Human Tissue Donation Procedures Statutes Amendment Act, 1998.

I would like to begin today by thanking a number of people who have assisted me in putting this bill together over the last two years. I would like to thank all the organ donation organizations in Alberta and across Canada, specifically the human organ procurement and exchange program, which is HOPE, here in Edmonton and Calgary; the Kidney Foundation; the Liver Foundation; the Red Cross; as well as Mr. Dale Spackman; Samur Elkassem, my summer STEP student; my colleague from Airdrie-Rocky View, who was kind enough to trade with me; and everyone else who has given this bill some direction.

Bill 206 has been born for many reasons, the most important being the saving of lives, be they Albertans, Canadians, Americans, or anyone else in need. There is a sad but true fact about

organ donation, Mr. Speaker. The supply of organ donations never meets the demand. This country, this great country of Canada, has one of the lowest donation rates of all developed countries in the world. This is a terrifying thought. In fact, the situation is so bad in some areas of Asia that healthy people are being killed and their organs taken for sale on the black market. To my knowledge this is not happening in Canada.

Organ donation levels are a concern not only here in North America but across the globe. As a result, there has been a great deal of work done worldwide in relation to organ donation. Countries such as Spain have had an extremely comprehensive system, where donor co-ordination occurs at three levels: national, regional, and hospital. In fact, almost every hospital in the country has an organ donation team consisting of one to three specially trained staff who are dedicated part-time to organ procurement. These teams are all on the ready anytime a potential donor enters a hospital. Between 1989 and 1992 when this project was phased in, organ donation retrieval rates increased by 75 percent, and family refusal rates dropped by 24 percent. Mr. Speaker, this was an expensive project, costing the Spanish government nearly \$6.5 million American annually. Yet other European countries have instituted required request or assumed consent systems of donation.

Bill 206 does not go that far. The system we have does work, but it can certainly work better. The amendments proposed lay the groundwork for better donor assessment and better hospital co-ordination. The donation procedures need to be legislated. They look great in policy, but they are not followed, Mr. Speaker; people die. In Alberta right now there are 232 people on Alberta's organ transplant waiting list. As of September 15, 1997, the list of transplants needed included 23 hearts, one heart/lung, 11 double lungs, 17 single lungs, 22 livers, one heart/kidney, and 158 kidneys. Many of these people will die without a donation.

Mr. Speaker, we do not have time to waste, because these people are counting on this government to take action. We have started. The Department of Health has begun reinvestment into provincewide services which will in part be used towards organ donation and renal dialysis. As it has been said before, however, we cannot just throw money at a problem and expect it to go away. We need fundamental movement. There need to be effective organ donation procedures in place in every hospital. I do not mean every Alberta hospital needs to do organ transplants; rather, every hospital must be able to identify potential donors so that persons that leave have the option of donating. The University hospital in Edmonton and the Foothills hospital in Calgary are currently the only two hospitals equipped to do organ donation procedures. Without donors being identified and the appropriate organizations being notified, donations will never increase in this province. Status quo is not good enough in this case. If we are able to better the system, we need to do that, and Bill 206 does, in my opinion, better the system.

Organ donation is something everyone should take seriously. You may think that you will never fall sick and need a donation, or more likely, you may think a tragedy may never befall you or your family. Mr. Speaker, I hope this is true for everyone in Alberta, but accidents do happen, and the reality is that people unfortunately die. I believe we should be prepared if this were to happen. How many people have discussed the idea of organ donation with loved ones? I assume not many. In my purse I have eight – yes, eight – different donor cards all signed and witnessed since 1972. My husband completely understands my

desire to donate my organs if something should happen to me. He also knows that I would likely haunt him for the rest of his days if he did not donate my organs. The intent of Bill 206 is to see the number of organ donations increase here in Alberta and for other provinces to quickly follow our lead.

The steps that will be taken to ensure this happens are outlined in my bill. Firstly, Bill 206 adds the right of a common-law spouse to give consent for donation, a right they currently do not have, Mr. Speaker. Adding this definition brings two important aspects to the donation process. One, it allows the common-law partner to be part of the loved one's final wishes, and two, it will lead to an increased number of donations.

The right of a donor has also been strengthened. Section 4(3) of the Human Tissue Gift Act reads:

On the death of a person who has given a consent under this section, the consent is binding and is full authority for the use of the body or the removal and use of the specified part or parts for the purpose specified, except that no person shall act on a consent given under this section if he has reason to believe that it was subsequently withdrawn.

This means that the eight signed and witnessed donor cards I have are legally binding. They are proof that I want my organs donated.

However, in practice this is often not the case. Often the wishes of the family override the wishes of the deceased. In HOPE's program manual it states under section 20, which discusses consent: although the driver's licence or universal donor card, when signed, are considered valid and legal documents permitting donation, the next of kin are always approached; if they decline the option to donate, their wish must be respected. I fully agree that family must be approached and told of donation, but I stress "told of donation." If the card has been signed, a family should not take away the final wish of a person.

Mr. Speaker, more often than not when a family is approached for donation, they refuse. They do this because people are afraid of death, not because they are unconcerned about others. It's very difficult for a person to agree to donations when they have just learned of their loved one's passing. As I have said before, everyone should discuss the option of organ donation with family members so they will ensure their wishes are acted upon.

Bill 206 also includes the definition of potential donor. Mr. Speaker, I believe defining a potential donor will greatly increase the number of people identified as donors. The definition itself is not a scientific definition, but it forms a baseline, one that dictates how the person is dealt with and how the specific hospital procedures will be followed once they are identified as a donor. The amended section 37.1(3) describes what policies and procedures hospitals may address. This is certainly not a definite list, but it gives us a jumping point. I envision hospital staff being trained to identify potential donors and facilitate the donation procedure through specific training.

Mr. Speaker, if we hope to increase organ donation, we must as a whole work together. We cannot just assume everyone knows what to do. We must pull together as a group, and if further education is needed, so be it. If better communication lines between hospital staff and organ donation organizations is needed, so be it. We should be doing what we can to better the lives of Albertans in need.

The first piece of legislation that was ever passed in relation to organ donation was in England in 1832. That piece of legislation was known as the Anatomy Act, and since that act, there have been many pieces of legislation introduced around the world relating to organ donation, but there is one common thing among



them: they are all there to see an increase in organ donation. Bill 206 is no different. With the passing of Bill 206 – and I strongly urge all members to vote in favour of it – there may not be an immediate effect on the number of organ donations made or received, but I fully believe there will be. It may not be this year, but it will come.

3:40

Organ donation has two sides to it, Mr. Speaker, and I would like to speak about both of them for a minute. The underlying fact about postmortem donation is that someone must die in order for someone else to live. This is a difficult situation for everyone involved. There are two quotes that I would like to use today in reference to organ donation. They both come from The Mutual Group's brochure entitled *By Mutual Consent*. The brochure was published some time ago, but I believe it still holds true. The first quote is from Cal Murphy, who was the general manager and coach of the Winnipeg Blue Bombers at the time he received his heart transplant. He says:

I think about the family and the donor every day. And I think about how fortunate I am that they agreed to donate because when I went on the operating table there was no heart in sight. If they hadn't said yes, I wouldn't be here today.

The second quote is from Mel Davis, the father of Olympic gold medal winner Victor Davis, who was killed tragically in an accident. Victor's father, Mel, said:

When we consented to Vic becoming an organ donor, we knew it was going to change the quality of life for somebody. The people who received transplants because we made that decision will live their lives more fully – that's a good feeling.

Six different people became organ recipients as a result of Victor's passing. That is the maximum number of organs one donor can give.

Mr. Speaker, these are certainly not rare thoughts of both donor and recipient, and that is what must be remembered as we debate Bill 206 today. This bill is directed towards assisting those in need but doing so with the utmost consideration of the donor.

Mr. Speaker, although the donation process is a completely anonymous one, letters are often received by the families of organ donors from a person or persons who now have a better life because of their decision to donate. When the decision must be made whether to donate organs or not, I would urge all Albertans and Canadians to consider that the gift of life is the most important gift you'll ever have to make. So, please, don't take your organs to heaven; heaven knows we need them down here.

I again urge all members of the House to fully support Bill 206, to support the right for all Albertans and Canadians to have a better life. I would like to inform members of the Legislature that Alberta again is taking the lead in this initiative, and Bill 206 will be the first in Canada.

Thank you.

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. I am very pleased to see this piece of legislation before us. I would venture to say that maybe it should be a government bill. I think it's the direction we should be going. I happen to know that our Health critic, the Member for Calgary-Buffalo, will probably be working with the hon. Member for Calgary-Fish Creek on some amendments that he sees are needed, and I know that has worked before.

I want to speak for a minute about organ donations. This is something near and dear to me. I have a sister. Patricia is her

name, Patricia Sheehan at the time, and she worked with the HOPE program in Edmonton. She did a great job of educating our family about the importance of being a donor, and I would certainly hope that everyone who is healthy enough in this Assembly has signed their donor card or has certainly considered it and talked to their family about it. The job, of course, was highly confidential, but I know the hours Trish put in to do this. It was an exciting job and it was a happy job, but it was a tragic job as well. It was very sad at times.

I very much respect the people that work in those programs, because they'll go to one room and deal with a grieving family and have to ask them if they have enough courage at that point in their lives to make a decision to donate an organ. It's usually been a very sudden death that they're dealing with, because it is usually often someone from a car accident, a motorbike accident, where there's been brain injury – you might say, brain death – but the body is fine. So on the one hand, they deal with a grieving family and ask them if they have the courage to donate, you know, part of their loved one's organs. Then, on the other hand, you go to the next room and there is a family that's been waiting forever for a donor, and there's great joy with them. Though they have a long road to go on the way to recovery, they're excited that they've been given a chance to live.

[Mr. Shariff in the chair]

Now, what I saw missing in this program at the time was the co-ordination across the province and also the people skills to deal with that. In some hospitals there were nurses and doctors who were very, very sensitive and had a way about them that was very good for dealing with grieving families, and some asked. In other hospitals no one bothered to ask. I think that's what this Bill will address. Now, if we're going to ask hospitals to ask – and I remember when my father-in-law died very suddenly from a bee sting, otherwise a healthy man. We were caught by surprise and never thought to donate his cornea, his kidneys, his heart. Only three days later did we sit around and say: why didn't we think of that? If the hospital had asked, I know we'd have done it. It was also something that 10 years ago people didn't think about. So if that will help co-ordinate this process across the province, then I very much support it.

I remember some nurses telling a story about a young girl who had suddenly died and how her parents wanted to send a teddy bear in with her to the operating room where her heart would be put in another little girl's body, and they did that for that family. Those are the kinds of sensitivities that have to be taught across the province.

Now, if we're going to ask hospital people and staff to do this, you have to be able to fund it. So I'd like to hear from the Minister of Health: are we going to have some dollars for training? If we have very sensitive people in hospitals who are very good at dealing with this and we're going to take them off the wards to do this, because it is an hour or two or three out of a person's workday, are they going to be able to properly fund that? I don't think it's a great deal of money, but I think that if you're going to ask the regional health authorities to implement it, then you've got to be able to fund it. Now, I know a private member can't bring forth a money bill, so I don't know how this will work in regards to that. I do appreciate the co-ordination of that across the province, and I think it's very important.

I'm not sure about a few sections of the act, and I hope it does get to committee so we can address some of those. I know the

hon. Member for Calgary-Buffalo will be addressing those. Just for the hon. member so that she has a heads-up on this: when you define a potential donor, I don't think it's ethical to put in there under section 37.1 "immediately before the time of death." I think that may have to be changed. I think, too, that when we're talking about required training for hospital staff, when you address this in committee, which I hope it gets to, there is some sort of program or explanation of how that is going to be implemented.

Section 3, under the amendments to the Regional Health Authorities Act: It includes procedures regarding human tissue donation as an area where the minister may give direction to the health authorities and amends what must be included in a region's health plan. That it has to be included in their health plan is good, unless maybe they already have money for courses being offered or upgrading for staff or education programs are in there.

### 3:50

One of the things I saw with the HOPE program is that many of their employees did awareness speeches, talks to classrooms. I know we can't legislate that – of course we wouldn't – but certainly what may grow out of this bill is not only hospital staffs being more aware of it and the people who come in being told but the children in high school and in junior high.

I remember my sister gave many talks to all the schools. It seems to every class that I taught I'd invite her. I think that's good, because anything that gets this issue in the public eye and people talking about it and being prepared – I don't think anything really prepares you for death. But if you are personally prepared and you have spoken to your spouse or your family about it, then you can make the next step.

I do worry – and maybe I'm the only one on this side who worries – about the "irrevocable." I know the hon. member put that in to make sure that your wishes are followed through. I just don't know how somebody in a hospital, even though they have the card that said this person wants to donate – if the grieving family is there and saying, "You can't do this," I think it would create quite a dilemma for that staff person. If I've signed the card and I want to donate organs, I know that's my wish. On the other hand, I don't know how the hospital staff is going to deal with a grieving family who can't cope with it. I know they should have been told before. They should be prepared for it. They should know it's going to happen and that it's a wish. But sometimes in reality that's not how it works.

The Member for Calgary-Buffalo and I have discussed this, and I'm anxious to hear what he has to say about that as well. I just don't know how you can force a family to do something they don't want to. As much as we'd like to say, "Look; this is a done deal, and this has to happen right now," I think it might be very difficult for the hospital staff to do that.

On the principle of the bill, I most certainly support it. I hope the Minister of Health is supportive of it. If he is, it would be interesting to hear from him how he intends to aid the regional health authorities in delivering this program, because it will take some staff that are committed to training and delivering it. It's not like this can happen at certain hours of the day. This is a 24-hour issue. I would venture to say that we're going to have to train most people on staff, certainly in emergency and intensive care. It may take some dollars attached to it, so that part I'd like to hear from the minister.

Mr. Speaker, I thank you for the opportunity to speak to this. It surprises me how emotional I can actually be sometimes. I do support the intent of this bill, and I hope all members do as well.

THE ACTING SPEAKER: The hon. Member for Wetaskiwin-Camrose.

MR. JOHNSON: Thank you, Mr. Speaker. First I'd like to thank the hon. Member for Calgary-Fish Creek for bringing forward Bill 206. This is a bill that I have no misgivings about fully supporting. This bill is needed not just here in Alberta but across Canada, because current organ donation levels are not meeting the need. As it has been said, Bill 206 addresses the process of organ donation which shall be implemented by the hospitals in Alberta.

I believe this is one of the best ways of increasing organ donations because it puts the people who know the system and have the medical knowledge in charge of the process. I don't want to give the impression that there is not a process currently in place, because there is, but that process is on more of a volunteer basis. Hospitals are encouraged to contact the human organ procurement and exchange program, known as HOPE, if they believe a donation is possible, but they are not required to do so. Mr. Speaker, there are no legislated mechanisms to track donations provincially. Bill 206 meets both of these needs.

Section 37.1(3)(e)(i) to (iv) of the amended Hospitals Act outlines the tracking statistics which hospitals should be required to keep. These statistics may include the number of deaths, the number of requests for donation, the number of consents granted, and the number and types of organs and tissue donated. Without the ability to track what has happened in the past, how can we predict and prepare for what may happen in the future? I believe this is one of the strongest aspects of Bill 206.

There is often a call for performance measures in public organizations. Although I do not wish organ donation statistics to be used as a baseline requirement which a hospital must meet annually, I believe these statistics can be used constructively in the overall process. Statistics will allow the hospital staff and administration, organ donation organizations, the Minister of Health, and the government to monitor how effective the process is and where it can be strengthened to address specific areas of concern.

The ability to track donors in Canada took a step forward this past summer, Mr. Speaker. British Columbia, through the British Columbia Transplant Society, initiated an organ donor registry known as ODR. This registry is an automated retrieval system which hospitals can access when evaluating a person as a potential donor. If a person has decided to become a donor, he has filled out the appropriate donor forms. The information they provide will be entered into the donor database. This database allows almost immediate access to a person's desire to be a donor. The B.C. Transplant Society's research has shown that 35 percent of all solid organ donations are lost because of the difficulties involved in obtaining consent from next of kin. It is hoped that the ODR system will increase donor and consent rates.

When the person has been identified as a potential donor, the staff can access the information regarding the person's wishing to become a donor on the ODR, reducing time spent searching for confirmation that the person is a willing donor. The B.C. Transplant Society's research shows that most British Columbians do not communicate to their families their desire to become a donor. The research has also shown that approximately 96 percent of family members are willing to consent to donation if they know their loved one has already made known their intentions to be a donor. This contrasts significantly with only a 56 percent consent rate when the family members were not informed of the desire to be a donor.

[The Deputy Speaker in the chair]

Mr. Speaker, B.C.'s decision to proceed with the ODR – that is, Organ Donor Registry – builds upon a successful organ donor decal program of 1993. The decal, provided at registry centres, was placed on the individual's CareCard as an indication that they would consent to organ donation. By 1995 one-third of B.C.-ers polled by the B.C. Transplant Society had placed an organ donor decal on their card. This statistic speaks volumes about the need for a properly co-ordinated and directed advertising campaign urging Albertans and Canadians in general to sign their organ donor cards. It is my understanding that the Alberta government is closely monitoring how B.C.'s Organ Donor Registry progresses and will evaluate its effectiveness for possible implementation here in Alberta. I believe the government should support the call to Albertans urging them to sign their health card indicating their willingness to donate their organs. In fact, I have a motion, Motion 586, standing in my name on the Order Paper urging the Assembly to do just that.

4:00

The decision to donate an organ is not an easy decision for many. There are many things to consider; firstly, getting past the reality that in order to make a postmortem donation, one of course has to die. Mr. Speaker, talking about death with your loved ones is something that can be very hard, but it is a very important discussion to have if a person's final wishes are to be known.

The Personal Directives Act was recently proclaimed, giving Albertans the ability to extend their rights to self-determination over personal matters if they become incapacitated. Often people associate this act with the elderly, but I urge everyone to talk with their loved ones about their futures. It is not an easy conversation, I know, but it is a necessary conversation.

When people talk about organ donation, there are many questions, such as: how old can one be to donate? Does one's religion allow for donation? Will the body be disfigured? Will the family know who receives the donation? To answer some questions surrounding donations, I will try to shed a little bit of light on some specific areas.

The manual which the human organ procurement and exchange program, that is HOPE, has produced for organ donations states, quote, that no potential donor should be eliminated purely on the basis of age and that age is less important than the quality of the organ function. Well, according to HOPE there are some general guidelines. Most solid organs such as the liver, the pancreas, and the kidneys can be donated up to the age of 70 years, while hearts and lungs can be donated until the age of 55. Again, Mr. Speaker, I say these figures are only guidelines; they are not cast in stone. A person who donates an organ or organs will most certainly still be able to have an open-casket ceremony if that's the family's wish. The procedure for organ transplant is done as skilfully as if the patient were a living patient. Our medical practitioners have great respect for their patients, and we should never doubt that. Religion does play a major role in donations, but most religions allow for donation. I would strongly suggest to any person who is in doubt to discuss it with their religious leader and family. Most world religions urge their followers to help those in need. I cannot think of a better, more meaningful way to assist a fellow human being.

The donation process in Canada does not allow the organ recipient or family of the donor to contact each other directly. This confidential system is there for a reason, but as it has been mentioned, more often than not one or both will try to contact the

other. This is usually done through the donation agency involved, such as HOPE. These letters and notes can mean a great deal to the donor's family as well as the recipient. The knowledge that someone has passed on such a precious gift can make the loss of a loved one a little easier to bear.

Mr. Speaker, I've had a personal experience with the organ donation process. A few months ago I experienced trauma and grief when a liver transplant was done too late to save the life of my nephew. But I also know that there are many happy stories. I have seen a good friend and constituent living a productive and active normal life for going on 15 years because of a successful kidney transplant. Another good friend, a retired Member of Parliament, is running a busy fruit farm because of the gift of a new heart about eight years ago. I have also in my constituency a 10-year-old active, healthy young lady who was only four years old when she, in an urgent hour, received a liver donation.

Mr. Speaker, these are miracles of our time and have only given me more conviction to see Bill 206 pass in the Legislature. We must all be strong in the face of adversity, and I know that people who are awaiting an organ donation are perhaps the strongest of all.

The call for organ donations is certainly not just here in Alberta, nor is it new. During President Reagan's years in the White House he issued a plea. He said – and I quote – on one of his weekly radio talks in the summer of 1983 to the American public: I'm issuing a plea to the nation to find Ashley a donor; once one is found, an air force jet is standing ready in case immediate commercial transportation is not available. Ashley Bailey, Mr. Speaker, was an infant in need of a liver donation to survive. She died later that year waiting for a donation.

I use this as an example. The President of the United States himself could not help a little girl in such need. Why, Mr. Speaker? Because it was up to the people. It is up to us to sign our donor cards and let our family be a part of the decision to donate. The shortage in organ donations is not going to disappear if we do nothing. We need to remind people and remind people often of the need for organ donations. Less than 5 percent of organs that are available for donations are not used. This is due to a number of issues. Time and accessibility to recipients are two of the reasons. If we can address these two issues, not only will fewer donations go unused but, more important, more donations will be available.

Mr. Speaker, I'd like to mention to the hon. Member for Calgary-Fish Creek that I appreciate the fact that included in the bill is a preamble stating that organ donation "will greatly enhance and restore the health and well-being of those Albertans in need." People with failing kidneys have the availability of renal dialysis and pancreas disorders can be treated with insulin, but these treatments take a toll on a person's body. They are not cures; they are time-savers. Often a transplant is the only cure. Although some failing organs can be treated medically while the patients awaits a donation, what about the people who have failing hearts, lungs, and livers that are unresponsive to treatment? These people will only survive if they receive a transplant in time.

Bill 206 is needed in this province, and I hope other provinces are watching this bill very closely, because, Mr. Speaker, it is going to make a difference in many people's lives.

In closing, I would like again to urge all Canadians to sign their organ donor cards. It could save someone's life. Thank you.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I would like to rise and speak in support of Bill 206, the Human Tissue Donation Procedures Statutes Amendment Act, 1998. I think there is a real need for this bill, and I think it's been a long time in coming. If we have the statistics at hand now that tell us how many people are on transplant lists waiting for donations and how few donations are available, the time has certainly come for legislation like this. It's probably overdue.

It's interesting that previous awareness campaigns have not been as successful as we would have hoped. I just did a quick survey amongst my colleagues, looking at the new drivers' licences. You used to be able to sign the back of your old paper driver's licence, and now it doesn't look like you can do that or indicate it in any way anymore. Frankly, I as a citizen am unsure of how I could be carrying something on my person in case of an accident that would indicate my willingness to donate. It doesn't seem to be done any longer on drivers' licences. Not meaning to be off topic on the specificity of the bill, I think it's indicative of the need for wider public education and also more aggressive notification to people of how they can participate in these programs. I note from the statistics I've heard today and some others I've read that in 1996 we had 435 donors and thousands on a waiting list. So it's certainly time to get something like this in place.

#### 4:10

I note that there are currently no national or provincial policies or standards in place related to human tissue donation. I know that some hospitals have their own policies in place, but I think that they have not been entirely successful and that a more integrated approach is needed at this time. Health Canada also had draft standards, but again the integration has been missing up until now.

Just speaking to the intent of this bill, I recognize that the object of the bill is to enable the minister to establish the policy and procedures to govern human tissue donation across the province. It also amends a number of acts to recognize the importance of human tissue donation and the responsibility of hospitals and regions to implement the minister's policy and procedures.

The next question that comes to my mind is: will there be funding to support putting this program into place? I recognize that private members' bills can't ask for funding, but I do hope that the Minister of Health can address that question. In my short time in this Assembly I've noticed a number of good ideas, and there always seems to be a struggle to have adequate financing to go with them and also a long enough period of time to implement the program and where it has the support that it needs. This is an important program. It's obviously deeply important to a number of people in this Assembly, and I hope there is the money in the budget and the support for it to ensure that a program can be adequately funded.

A few of my colleagues before me have mentioned the need to – I think there are two parts to it when you actually get to being on-site at a hospital and perhaps facing a decision like this. One is that we need a lot more education, and we need it to take place far away from the moment of emotion that comes at a hospital when you're facing a decision. I'd like to see education programs in the schools. We're a society that exists pretty far away from death now, and we need to be able to address this in a clear and dispassionate way, when there is not extreme emotion or stress involved, to educate people on the actual procedures and the process that one would follow to get signed up for organ donation and also to educate families and the other people around an interested donor that this person had indicated their desire to have organs donated.

I think that would help us, then, when we get to some of the situations like my colleague from Spruce Grove-Sturgeon-St. Albert mentioned, where you have someone who has indicated their willingness to donate and the family is on-site, very upset under the circumstances of course, and are saying: please don't let this procedure take place. I think we need to make sure that this bill allows for the donor's wishes to be carried through, to make it irrevocable. That takes the onus off the staff to somehow mediate this, and people can be referred to the legislation, if need be, on the spot. Education prior to actual events surrounding a tragedy would be more helpful to people.

One small point I just wanted to talk about briefly is that I'm glad we have not considered a sort of user-pay system here. We have a long tradition in Canada of donating when we're involved with human life and health, and I think it's really important that we continue that practice. We donate organs in Canada; we don't sell them. I think in countries where that's happened, it does lead to – someone else mentioned black-marketeering and stealing of organs from people. I think because we've always had a tradition of donating blood and organs, it shows the generosity of the Canadian spirit, and I hope we're able to keep that up.

So with those few words in support of the intent of the bill, I have not seen anything that I particularly thought needed to be changed or amended at all. I congratulate the Member for Calgary-Fish Creek for her effort in, obviously, identifying the need for this bill and working with the community to follow through on it.

With those few words, I thank you very much.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Cross, followed by Edmonton-Castle Downs.

MRS. FRITZ: Thank you, Mr. Speaker. I, too, am pleased to join the debate on Bill 206 today, the Human Tissue Donation Procedures Statutes Amendment Act, as I believe that it's an important step toward increasing organ donation levels in Alberta.

But, Mr. Speaker, at the onset I'd like to say that I disagree with the administration who believe that this bill is premature because of the provincial health ministers recently supporting the creation and implementation of a national provincial strategy for improving organ tissue donation and distribution on a national scale. Having said that, I realize that one of the problems with the current organ tissue donation system is that no organization has the mandate to keep an up-to-date national list of potential organ tissue recipients nor to assume the role of facilitating at the national level the best match between a donor and recipient. Some information is collected by the Canadian Institute of Health Information, specifically the Canadian organ replacement registrar, but element 8 of the national/provincial strategy deals solely with improving efficiency and quality through enhancing client tracking and program monitoring capabilities. So I firmly believe that the establishment of standard reporting requirements will actually be strengthened by this legislation, and I'm hoping that administration will actually change their view in that regard, because this is a strong bill when you read through it.

The Member for Calgary-Fish Creek has worked very hard on this bill, as she does with all legislation that she brings forward. Mr. Speaker, I know there are tremendous medical advances today in relation to organ donation, and we should support such initiatives, as members of the House who spoke earlier have stated as well. We also know, as stated earlier too, that saving lives falls on those in the medical field, but this Legislature can assist

them greatly by passing this bill. I know there will be amendments that come forward and, as was stated earlier, the Member for Calgary-Fish Creek will work with the Member for Calgary-Buffalo and others on the opposition side in order to strengthen the bill. I'm looking forward to seeing what those amendments are when the bill is discussed in committee.

Mr. Speaker, I go back to what the Member for Calgary-Fish Creek stated in her remarks, that there are now 232 patients waiting for an organ transplant in Alberta alone and I believe nearly 3,000 people across Canada. These people – women, men, and children – are using the health services every day in an effort to prolong their lives. There is a financial reality to this bill. I agree with previous speakers that costs to hospitals may be prohibitive unless we add the required funds to the budget, but the cost of saving a person's life should never be a consideration. I think it should simply be done.

The financial facts regarding donation cannot be overlooked. As of June 20, 1997, there were 158 people in Alberta awaiting a kidney transplant, and as was stated earlier, these people must use a dialysis machine as many as five times a week for numerous hours at a time. That, as you can well imagine, Mr. Speaker, is a very painful procedure. The kidney, as small as it is, only five ounces, has the job of filtering our entire blood system. It filters five to six litres of blood through its system nearly 25 times a day. Without this cleansing, these people would die, and without dialysis those people awaiting a kidney transplant would die. The average annual cost for maintaining a person on dialysis I understand is upwards of \$50,000, and assuming that all 158 patients awaiting a kidney transplant are using dialysis, the total annual cost to the health system is nearly \$8 million.

#### 4:20

A federal/provincial/territorial discussion paper on organ and tissue donation and distribution in Canada, which is a very interesting paper to read – and I'm hoping the member will file that with the Legislature – estimates that each individual patient on renal dialysis costs the health system approximately \$250,000 every five years. Mr. Speaker, using these numbers, the Alberta health system will spend almost \$40 million in five years on dialysis alone, \$40 million which allows a patient to survive, not to get better but simply to survive.

Now, the estimated cost of a kidney transplant is a onetime cost of \$20,000, plus approximately \$6,000 annually for antirejection drugs and rehabilitation. Mr. Speaker, if it were possible for all 158 patients to receive a successful donation this year, the total cost to the health system for five years would be just over \$8 million: \$8 million to have all 158 of the patients actually get better; \$8 million for these people to be free of daily visits to the hospital and to be attached to a blood filter for hours, hours that could be better spent with loved ones or doing whatever it is they want.

You know, Mr. Speaker, often we don't think of issues unless, as we've heard from personal stories here in the Legislature today, they affect you in a personal way. I know in our family I had a dearly loved one within the past year who was diagnosed with a kidney that was nonfunctioning and who had a nephrectomy. And it happened just like that, happened overnight. I won't go into the history of the grief and the anger and the frustration and the guilt and absolutely everything that you feel, but I can tell you this. Although Mother Nature gave us two organs, when you have one organ leave and you grieve for that organ as it goes, you certainly wonder what will happen if you lose the other organ that Mother Nature gave you. That's when people then actually think

in greater detail about what is available by way of cost through the hospital system in order to enhance the lives of people that we dearly love.

When the numbers are compared, it is easy to see why donation is the better choice. The total saving to the health system would be nearly \$32 million over five years, and this of course pales in comparison to the fact that 158 people would have their lives back. This would be an ideal situation, Mr. Speaker, but it takes more than just having a donor to make a transplant work. There are a great many tests and tissue matches that must be done and done successfully for an organ donation to take place, but we should allow these individuals every opportunity to become healthy again. Bill 206 bring+âthe organ donation process to the hospital, to the people who are equipped to deal with the situations. Bill 206 lists possible procedures and policies that should be enacted by a board of directors on recommendation by the Minister of Health. As you read the bill, within that section, the amended section 37.1(3), it states:

The policies and procedures prescribed pursuant to this section may address any of the following:

- (b) the role of hospital staff;
- (c) required training for hospital staff;
- (d) communications with the donor's family.

I'm hoping that these won't be viewed in a negative way by staff in hospitals. I've talked with the member that has put forward the bill. We already know that people are very sensitive in the organizations, in the agencies, and in the hospitals that deal with organ donations, but these are still very important measures, I believe, to be included within the scope of a bill relating to donations. The statistics that British Columbia's Transplant Society released stated that there's only a 53 percent consent rate by families when they do not know the wishes of the potential donor.

Discussing the idea of donation with a family who has just been told of the passing of their loved one would certainly not be an easy task. We heard that eloquently stated earlier by the Member for Spruce Grove-Sturgeon-St. Albert. If the family was not approached at the right time or in the right way, the family may be less inclined to agree to the donation. Mr. Speaker, the staff at the HOPE programs in Calgary and Edmonton are trained professionals when it comes to dealing with families and the absolute grief that's related to death. Earlier when the Member for Calgary-Fish Creek had addressed the Legislature, my colleague here to the left of me from Calgary-West said: can you imagine the tragic feelings and the fear you would have when you have the situation that you described, having to deal with that at the time of death when you're grieving? I totally agree. We must use, I believe, the knowledge and experience of HOPE and pass this along to medical staff in Alberta who may not have direct contact with HOPE staff or be located where HOPE staff are and not be able to gain access to families quickly enough for donations to be consented to.

Training medical staff to appropriately deal with such situations would greatly increase the chances of consent, and that's what this bill is all about, to increase those chances. The grieving process has certain stages, Mr. Speaker, and if a family is approached at the wrong time, the outcome is usually negative, because when that family has had their loved one go through the period of transition, it sometimes is a very, very difficult time for others to actually approach them in this way. But if it is done in an open and honest way, families are often comforted by the idea that their loved one may help save the life of someone else. Medical staff around the province are continuously upgrading their skills and

knowledge, and giving them the training to deal with the donation process may one day save someone's life.

Alberta is certainly not new to the idea of being a leader in relation to organ donation. Bill 206 will perhaps allow our province to attain the same goal we reached in 1993. In that year, Mr. Speaker, Alberta was recognized across Canada as having the highest donor rate per million population, the highest transplant rate per million population as well, and the highest successful rate for transplants. That's not that long ago. That was an accomplishment from the province in the past. Even though it's not that long ago, it has been five years since we were last recognized as leaders, and I believe that this bill will help us to be leaders again. We've taken the first steps with this bill in ensuring that every person on a transplant list here in Alberta is afforded every opportunity to finish their days healthy and happy, not attached to a dialysis machine or in constant wonder of when it will be their turn to receive a transplant.

Mr. Speaker, the Mutual Group of Canada in 1992 introduced the brochure *By Mutual Consent*. I'm asking that you file that as well, hon. member, in your next debate. It's from this brochure that we have some of the comments from donors' families and recipients. They're very insightful, a lot of soul-searching in those comments, and they would help us to understand even more greatly the need, the absolute need, for this bill.

I'd like to also highlight some results of a poll taken by the Angus Reid group in relation to organ donation after some 650,000 of the brochures were released to the Canadian public. These are somewhat dated statistics, but I believe they would closely reflect today's thinking and attitude. The results showed that between 1992, when the public education for donation was initiated, and 1994, when the poll was taken, the number of people who had signed a donor card increased by 5 percent. In 1992, 53 percent of respondents had signed their card; in 1993, 56 percent; and by 1994, 58 percent. It is obvious that in addition to supporting Bill 206 in its entirety, we must also look at the need for educating not only the staff of hospitals but the public as well, and hopefully the public will become very interested in this bill.

4:30

Other interesting statistics from that poll show that 18 percent of people who did not sign their donor card did so out of fear. Mr. Speaker, fear is an understandable issue when dealing with donation because there is a lot at stake. The main concerns focused upon the mistrust about the extraction process, fear of AIDS or other infections, and fear of organs being taken before death. These are all understandable, but I would urge anyone who has questions or concerns about donation to do further study or contact the staff at HOPE. Fear of the unknown is something we must all deal with in our own way, but that fear, be it well founded or not, must be addressed. That is why I again stress the need for a public education initiative in co-ordination with Bill 206. A simple fact of life is that people can't donate if they aren't given the option.

In closing, Mr. Speaker, organ donation makes sense. It can help save someone's life. It is more economically sound than some treatment methods, and it gives a person in need a chance to survive. I applaud the Member for Calgary-Fish Creek for bringing this initiative forward. It's important and needed. I'd urge all members of the Legislature to vote in favour of Bill 206 in second reading.

Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: Would the Assembly give unanimous consent for the brief introduction of guests?

HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed?

The hon. Member for Fort McMurray.

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

MR. BOUTILIER: Thank you very much, Mr. Speaker. It's my pleasure today to introduce some young guests on behalf of a proud grandfather who happens to be the hon. Member for Wainwright. In the gallery today we have Brittany Ann, Michelle, Lauren and their parents, Tracey and Phil Boorman, who are visiting from Peachland, B.C., also Becky Ann and Shyla, who are here with their parents, Doug and Corrina Fischer. They're all very well behaved, unlike their grandfather. I would ask that the Fischer and Boorman clan rise and receive the traditional warm welcome of this Assembly.

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

**Bill 206**  
**Human Tissue Donation Procedures**  
**Statutes Amendment Act, 1998**  
(*continued*)

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Castle Downs.

MS PAUL: Thank you, Mr. Speaker. It's actually with a great deal of pleasure and pride that I rise and speak to Bill 206, which has been brought forward, as has already been indicated, by the hon. Member for Calgary-Fish Creek. The title of the bill, the Human Tissue Donation Procedures Statutes Amendment Act, 1998, is longer in title than some of the bills that we've been encountering since we've been in session. So very well done. Nice and wordy.

When we talk about human tissue donation – and the hon. member across the way from Calgary-Cross discussed in detail the donation of kidney transplants. In fact, kidney disease is very prevalent on my side of the family, so I have to lay claim to the fact that both of my kidneys are asked for and have been donated. They're not up for grabs, if you're interested in extra kidneys hanging around or extra organs.

The object of the bill came to mind when I perused it. There are three very good reasons to support the bill. Number one would be to enhance the awareness of human tissue donation. I think that any awareness program, any initiative that is brought forward hopefully by government – I know this is a private member's bill, and it's unfortunate it isn't a government bill. If there is awareness, then we won't be in such a crisis situation, people looking for organs actually after death or just before death. You have to make a conscious effort to donate your organs, unfortunately, when you are healthy or when there is a chronic illness in anybody's family. It's sort of a roundtable discussion. Death is part of life. We all know that. We're not naive enough not to make that assessment.

The second reason why I got excited about the bill – and I'm

definitely supporting it – is it increases the number of donators because of the fact that it is an awareness program. If it is brought forward, it will also decrease the length of waiting time for a donation, and I think that's critical when you have somebody who has a chronic illness.

The Member for Calgary-Cross talked about kidney dialysis, the machine. It is very hard on a person, and when that is prevalent in a family or if somebody is healthy and unfortunately there is an accident, then the kidney can be donated beforehand, and there are no frantic family members trying to find out what's happening to particular organs. So with that, that's sort of a personal perspective, obviously, on the kidney situation.

I like the fact that the bill will enable the minister to establish policy and procedures to govern human tissue donations, and that obviously will be done right across the province, and I think that is something that is necessary. As I alluded to earlier, part of life is unfortunately death, and when it comes down to donation of organs, even though it is a very personal decision to make, it is one that should be faced with good decision-making and concrete evidence that donated organs are needed.

Mr. Speaker, because there are currently no national or provincial policies or standards related to human tissue donation at this point – I am aware that some hospitals have their own policies in place, but they haven't proved to be terribly effective and are often not adhered to, even though in the health care system everybody is conscious of the fact that donation of organs is part of the mechanics of hospitals and part of the death and the getting together of families. But in a time of grief it's not something that is discussed as willingly, and conscious efforts are made on behalf of either relatives or family members or others. Also, I'm conscious of the fact that Canada Health has drafted standards regarding donations, but it's still unclear as to whether it's effective, so we have to sort of wait and see what happens on that.

Human tissue donation is governed by the Human Tissue Gift Act. Mr. Speaker, this act outlines who is eligible to donate tissue, but it is in constant demand, and there has been no revision of this act since 1980. So I think it's appropriate that the hon. Member for Calgary-Fish Creek has brought this forward. It's made us aware of the necessity of having a bill brought forward, and hopefully it will be taken under advisement and there'll be more discussion in the Legislative Assembly on the need for human tissue. I'm very supportive of the initiative and the content of this bill. There are some concerns when we get into the analyzing of the sections if it gets to further readings, and different concerns will be brought forward by other members, either on this side of the House or hopefully across the way.

Mr. Speaker, I've been very pleased to hear some of the comments made by hon. members in discussion of Bill 206. It's very encouraging to feel that there is such compassion in the House. It at times becomes very emotional with anything this personal and with something that we don't want to think will happen, that there will be a death and organs will have to be donated. On the other hand, you have to look at it from the other perspective, that unfortunately somebody's death may enhance the well-being of somebody else. That's the humanitarian side of us all. I respect what I've heard, and I've enjoyed the debate.

So having made those few comments, Mr. Speaker, I will let other members of the Assembly add their comments as well. Thank you.

4:40

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

MR. HERARD: Thank you, Mr. Speaker. It's really an honour to get up and speak with respect to Bill 206. I want to start by congratulating the hon. Member for Calgary-Fish Creek for bringing forward Bill 206. It's a bill that's needed here in Alberta, and it's very timely as well. The hon. Member for Calgary-Fish Creek is yet again at the forefront of positive action for Albertans, and I congratulate her.

In speaking with the hon. member about this bill, I understand that she's done considerable research over many months on this idea. She's also solicited the views of many groups, such as the Kidney Foundation, the Liver Foundation, and HOPE, to mention a few. This research has not been limited solely to North America. I was interested to hear that she's done global research to find out what works and what doesn't work pretty much around the world. I understand that most of the European Union is looking at this very issue. This statute amendment act is a compilation of what the hon. member believes will work in increasing the number of organ donations here in Alberta. Mr. Speaker, I must agree with the hon. member. I, too, believe that this bill will accomplish a great deal here in Alberta.

[The Speaker in the chair]

Mr. Speaker, as we discuss organ donations today, I'd like to mention to the members of the Legislature that although this bill is mainly directed toward postmortem organ donation, there is still the ability to make inter vivos donations, or donations from living persons to others. A great number of kidney donations are done in this manner and usually from one family member to another.

As I mentioned, I believe this bill is quite timely and quite appropriate. There has been a great deal of work done over the past few years on organ donation rates. Most recently, in July 1995, the issue of a national organ sharing system was raised by Alberta at the conference of deputy ministers of health. At that time the deputies asked the advisory committee on health services to analyze the problems associated with organ donation and distribution in Canada. In response, Alberta chaired a working group to assess the situation and make recommendations on how to improve donations.

Mr. Speaker, this government has shown leadership in addressing the need for more organ donations and has been doing so in a countrywide co-ordinated effort since 1995. I believe that Bill 206 will do a great deal in achieving greater organ donation potential. It's now 1998. The working group chaired by Alberta created a 13-point national/provincial strategy on organ and tissue donation and was released in September 1996. From this 13-point strategy an implementation plan was produced and subsequently accepted by deputy ministers in August of 1997. The final version of the implementation plan was then accepted by the federal, provincial, and territorial ministers of health just this past September.

Mr. Speaker, the organ donation strategy has an overall objective of improving organ and tissue donation rates, improving the safe and equitable distribution of organs and tissues, and improving system efficiencies.

The 13 recommendations of the strategy I believe are important to put on the record. The first is to improve Canadian's assurance of the quality and safety of organs and tissue used in transplantation. Number two, increase donation rates by improving hospital performance in the identification and procurement of organs and tissues for transplantation and in achieving optimal transplantation outcomes. Three, improve equitable access to scarce organs and

tissues by ensuring a fair allocation system is in place and utilized. Four, improve donation rates by improving the performance of provincial/regional procurement agencies. Five, improve efficiencies and quality of care by providing provincial ministries of health with guidelines for the optimal structure and size of the provincial transplantation system. Six, improve donor rates by ensuring ready identification of potential donors. Seven, improve donation rates and system efficiencies by ensuring that optimal structures and processes are in place. Eight, improve efficiency, quality, and the equitable allocation through enhanced client tracking and program monitoring capabilities. Nine, improve donation rates by removing disincentives for physician and hospital involvement in the procurement process. Ten, determine the extent to which equitable access is currently achievable for Canadians. Eleven, improve equitable access by formalizing interprovincial and international sharing of organs and tissues. Twelve, improve donation rates by increasing the public's awareness and knowledge about the importance of and the processes associated with organ and tissue donations. Finally, thirteen, improve donation rates and quality outcomes by increasing professional awareness, knowledge, and practice regarding the organ/tissue procurement and distribution process.

Now, that's a long list, but I think it was important to put those objectives on the record because I believe that the hon. member's bill takes into account a great deal of this. Within each of the 13 strategies there are a number of specific initiatives, 35 in fact. And, no, I won't read those into the record. Bill 206 does a great deal in an effort to meet the 13 recommendations by addressing a number of the 35 initiatives.

Mr. Speaker, when talking with the Member for Calgary-Fish Creek, I asked her if this bill was premature in light of the federal/provincial territorial report and recommendations. Her response to me was that it took us three years to get the report accepted; how many more years do you think it's going to take to implement it? I agree with her. I think that if this initiative saves one life, then it certainly will have been worth her efforts.

Mr. Speaker, I tend to agree with the member that, within the 35 initiatives, Bill 206 falls in line with what was suggested by done provincially. Bill 206 is certainly not jumping the gun, but it does move the process ahead a great deal. Other provinces will see that Alberta is again a leader in passing groundbreaking legislation. Canadian health leaders have agreed to the principles outlined in a strategy to increase organ donations, and Bill 206 is the first in many steps that we'll take across this country to ensure that this strategy is fully implemented.

Alberta cannot go it alone. We have heard of the advances that British Columbia has made in implementing its Organ Donation Registry and that educating the public about organ donation will greatly increase the number of signed donor cards. Mr. Speaker, the 13-point strategy is a co-ordinated effort, and this country must unite to keep Canadians healthy.

To again stress the urgency for this legislation, Mr. Speaker, I would tell the House that it is estimated that one to two people are added to the donation list every day in Canada, and in the U.S. about eight to 11 people are added to the list. Pretty slow indeed.

Bill 206 will not be the last initiative we should take in the efforts to increase organ donations, but as the adage goes and as my colleague from Calgary-McCall has said, perhaps in a different context, the journey of a thousand miles begins with the first step. I fully support Bill 206 and would hope that all members of the Legislature do as well. I'm pleased to say that

I'll be voting in favour of Bill 206, and congratulations again to the hon. Member for Calgary-Fish Creek.

Thank you.

4:50

THE SPEAKER: The hon. leader of the ND opposition.

MS BARRETT: Thank you, Mr. Speaker. I like days like today when you see all-party agreement on issues like this.

Having been in this Legislature before and having taken a leave of absence between 1993 and 1997, I can say with some authority that Alberta has been the leader in a couple of initiatives that really took off throughout Canada. Maybe it was motions. Maybe it was private members' bills. I don't recall exactly. First of all, the initiative of letting us sign the back of our driver's licence if we wish to donate organs or exempt certain organs in the event of sudden or unexpected death was a very useful one. I believe, if I'm not mistaken, that policy is no longer in place, but only because, I suspect, we've gone to a one-card system for drivers' licences. If I'm not mistaken, I got a letter at home maybe six months ago - I don't know - saying now that we've gone off this system, you've got a form here that you can fill out and send in. I hope Albertans did.

I'll tell you a funny story though. Because I was treated for, like, near-death cancer in the early '70s, I was always told: gee, you can't donate your organs; you can't even donate blood. But a doctor told me a couple of months ago that those rules have changed. Some organs, if you've been cancer free and radiation free for X amount of time, are donatable. So one of these days, maybe on the Easter break, I'll follow that up.

Another initiative that was started in Alberta was the living will initiative. Alberta set the example I think for the rest of the country in terms of exploring options that, yes, push the technicalities of some laws sometimes but are certainly open to interpretation in a benevolent fashion.

I read this bill in exactly the same way, and I'd like to add my vote of congratulations to the member sponsoring this bill. When I first saw it on notice, I thought: I wonder what this is about. It looked kind of weird. But the day it was delivered, I looked at it and I thought: I think I've got this one figured out; this looks pretty cool. And it is, for all the reasons cited by members who have already spoken in support of this. I'm particularly happy that the Member for Calgary-Egmont enumerated the 13 points to enhance the tissue and organ donation enhancement plan that was mapped out by the deputy ministers of health from the provinces, the federal government, and the territories. I believe that those objectives, those goals, are well embodied in the legislation that's in front of us today.

I noticed everybody's been speaking from a personal experience, and I can't help but doing that, too, having ushered my mom through the health care system for, oh, three and a half years during emergencies and surgeries and strokes and you name it. I spent enough time in emergency wards to know that this is an issue. It really does come up, and you see families saying: no, I don't think so; I don't think mom or dad said this. And there's no confirmation of that because mom or dad or uncle or whoever is unconscious as their life comes to an end.

This legislation takes the messiness out of dealing with these situations. I believe it is, as I say, an extension of a living will. If the administration of this Department of Health or any other Department of Health in the country is worried that this bill is premature, I would argue that once you've got your principles in place - and remember that the minister would have a fair amount



of authority under this legislation. Get your principles in place and let the details follow. If you hang around waiting for your principles, they may never happen.

I suppose with the government caucus, as with all caucuses, there's a group decision on prioritizing the private members' bills based upon the luck of the draw as well. I can only assume that there was a fair amount of support for this in the government caucus, which is why it ended up being Bill 206 instead of Bill 286 or something like that. I look forward to speedy passage of this at second reading, and as quickly as we can get into committee, let's do it.

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

MR. SHARIFF: Thank you, Mr. Speaker. Firstly I would like to add my thanks to my friend the hon. Member for Calgary-Fish Creek for bringing Bill 206 forward. I'm quite sure there are many people who have received organ donations and many more who are on waiting lists who are thankful that you have brought this bill to the Legislature. This bill may eventually lead to a better life for those 232 people who are currently on a waiting list and countless others who over time will add their names to that list, a waiting list for life, you might say, because without an organ transplant a great number of these people may die.

I would also like to thank all the medical staff in Alberta who perform these miracles of life. These professionals have become so precise in their surgeries that something as complex as a kidney transplant is now one of the safest operations to perform. The first kidney transplant was performed in Boston in 1951 and the second in Montreal in 1958. Mr. Speaker, 40 years since the first kidney transplant was performed here in Canada, thousands of lives have been saved with similar transplants, while thousands more have been saved by transplants of other organs such as heart, lung, liver, or pancreas. Transplants are truly a medical miracle.

In this House some 18 years ago Mr. Andrew Little, who also represented the riding of Calgary-McCall, put forward Motion 202. This motion urged the government to establish a task force to study the need for human tissue for therapeutic purposes, medical education, and scientific research and to recommend ways of meeting any such need. During the debate the hon. member read a poem that was found at the bedside of a close friend, Mrs. Patricia Finn, when she passed away. As the hon. member pointed out, the poem was not original, but it represented Mrs. Finn's thoughts at the time of her death.

Mr. Speaker, I would like to share this poem with the Assembly because I believe it reflects why Bill 206 is needed.

The day will come when my body will lie on a white sheet neatly tucked under four corners of a mattress located in a hospital busily occupied with the living and the dying.

At a certain moment a doctor will determine that my brain has ceased to function and that, for all intents and purposes, my life has stopped.

When that happens, do not attempt to instil artificial life into my body by the use of a machine and don't call this my deathbed.

Let it be called the Bed of Life, and let my body be taken from it to help others lead fuller (and better) lives.

Give my sight to the man who has never seen a sunrise, a baby's face, or love in the eyes of a woman.

Give my heart to a person whose own heart has caused nothing but endless pain.

Give my blood to the teenager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my kidneys to one who depends on a machine to exist. Take my bones, every muscle, every fibre and nerve in my body and find a way to make a crippled child walk.

Explore every corner of my brain.

Take my cells, if necessary, and let them grow so that someday, a speechless boy will shout at the crack of a bat and a deaf girl will hear the sound of rain against her window.

Burn what is left of me and scatter the ashes to the winds to help the flowers grow.

If you must bury something, let it be my faults, my weaknesses and all prejudices against my fellow man.

If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you. If you do all I have asked, I will live forever.

5:00

Mr. Speaker, organ transplants present a sad paradox. In most instances, for someone to receive an organ donation, someone else must die. This is a difficult situation to cope with, so that is why I believe that when training staff to deal with donation strategies, we should also ensure that they are able to provide follow-up support to the family or be given the names of the organizations who can assist people in the grieving process. The grieving process must be allowed to take place, and I believe that process can and should include input and support from those people who participate in the surgeries and transplant process.

Mr. Speaker, there are not very many career choices in today's business world where you can actually leave your work and emotions at the office. Health care professionals must have the support mechanisms in place if they need them. Police officers who are involved in shootings have discussions with psychologists to understand the situation and to discuss any problems that result. Doctors and medical staff who are involved in the donation process do not only see the final result, the healthy person who will soon be well again; they also deal with the fact that a human life has been lost. If we encourage donations, we should also support these doctors, nurses, and support staff who may need better access to people who can assist them through their time of grief, their time of need.

Mr. Speaker, organ donation is not a one-shot deal. If the donation is successful, there's a great deal of work to be done. That is why, in addition to educating the public of the need for donation, we should also educate the medical staff as to how to cope with these stresses related to donation and transplant.

Mr. Speaker, the organ donation paradox is one that will never change in my lifetime. As there are technological advances in human gene therapy and cloning, we must be ever vigilant to ensure that medical practices take a high moral ground. We must fully understand what we are doing, and we must be cognitive of possible consequences.

I believe that Bill 206 has addressed a need and has done so in a way we can all agree upon. I will be voting in favour of Bill 206. I believe it will do a great deal to improve the lives of Albertans in need of donations. But, Mr. Speaker, I again reiterate that we must educate completely, not in a piecemeal manner. There is too much at stake to do so, and I urge everyone in this House to support this bill.

Thank you.

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

DR. MASSEY: Thank you, Mr. Speaker. I, too, am pleased to add my voice to support for Bill 206. I think we would do well to remember that the title of the bill is the Human Tissue Dona-

tion Procedures Statutes Amendment Act, 1998, and while there has been much focus on organ donation, it is broader than just the specific organs, the material covered under the proposed act.

As I read it and when the bill was first proposed, I started to reflect on why it's such a problem. Why is this a topic that's often not resolved until it has to be a deathbed decision? I think there are probably a number of explanations for it, but a lot of those explanations rest in our culture and the kinds of things that we have come to believe about the world and about our role in that world. We have to deal with this bill, come to grips with subjects that are often considered taboo in our culture.

Speaking of death is not a topic that is sanctioned in many contexts in our culture. It's something that is often avoided and then spoken of in circumspect tones and manner. So we have difficulty, I think, as a community talking about the end of life. We do it in a religious context often, and most often that's the context in which most of us hear and talk and share ideas about death. Again it's a cultural norm, almost, that you don't talk about death until it's absolutely necessary.

I think there are some other norms that operate. There's a squeamishness about blood and about organs. We have as a society worked diligently to isolate ourselves and to sanitize our world, to make sure that we don't come in contact with blood and organs and all those kinds of things that now have come to connote something quite unpleasant. You even have to listen to some of the television stations who are chastised should they show on the news scenes from the operating rooms in local hospitals by viewers who object to that kind of information and those kinds of pictures being brought into their living rooms at news time. So there's a squeamishness – and it begins with very young children – about blood, about bleeding, and about body parts.

We have a culture that is focused on living life to the fullest. The Pepsi generation. Everything around us talks about living and enjoying life, whether it's the sports, whether it's the Olympics. No matter what it is, our culture is replete with messages that life is to be enjoyed; life is to be prolonged; life is to be led to the fullest. Even as we age, there is a focus on enjoying life, on retirement, on making sure that you're living in accommodation, whether it be in a home around a golf course, with all kinds of activities for you to partake in. There's this whole cultural notion that life is for the living and has to be extended and, again, lived to its fullest.

We've also, I think, become very, very persuaded that somehow or other technology will provide the solutions for us, that there will be some invention that is going to make things easier for us. You only have to think back to the attention we paid to Dr. Jarvik of the University of Utah Medical Center and that work on using the first artificial heart and how that was so closely followed in the media and by people around the world and the great hope that artificial organs and artificial hearts would provide some solution to the problems. His longest living patient lived 620 days. We've come to accept that technologically we cannot rely on an artificial heart, so human donors are still going to be the solution, at least for the time being, for that. We now look at artificial hearts and pumps to be used as bridges as we wait for donors.

I guess with all of this we have difficulty coming to grips with our own mortality, that it means that we have to think about the end, when we will no longer be here. That is not a comfortable thought. Again, in our culture it's not something that's encouraged. Psychologists will tell us that we move through some stages, and at some stage you get old enough that that no longer becomes a concern, but I haven't managed to talk to too many

people to confirm that view. So we have all this cultural baggage that leads us to some reluctance to deal with issues like this, so I commend the member for bringing forward the bill. I was a little curious when I heard one of the members comment about the administration opposing this bill, and maybe one of the subsequent speakers can share that information with us.

Again, thank you to the member, and I'll be pleased to support the bill.

**5:10**

THE SPEAKER: The Hon. Member for Edmonton-Glengarry.

MR. BONNER: Thank you, Mr. Speaker. I rise today to speak in support of Bill 206, the Human Tissue Donation Procedures Statutes Amendment Act, 1998. I would also like to add my congratulations to the Member for Calgary-Fish Creek, who has done such a tremendous amount of work in the preparation of this bill, which I feel also is long overdue and very necessary in the province of Alberta. The object of this bill is to raise awareness of human tissue donation, to increase the number of organ donors and organ transplants, and to certainly shorten the waiting list for those requiring organ transplants.

So many of the speakers today have spoken of personal experiences, and I would like to share two, initially, here. Both of these are happy stories. One was a kidney transplant between a mother and her daughter. The situation here, as somebody had alluded to earlier, was that the mother, in giving up the kidney, was facing many more problems than the daughter who was receiving it. As well, the mother had to undergo extensive testing to make certain that this particular kidney had only one artery, because if kidneys have more than one artery, then you cannot use them for transplants. Another little issue, as well, on kidney transplant that has not come out today is that the average kidney transplant only lasts for approximately 20 years, and then the recipient requires another one. But in this case both mother and daughter are doing fine. It is one of those happy stories.

Another one is my wife's cousin who had leukemia. This leukemia was quite extensive, and in order to have any chance at living a longer life and perhaps beating this, she required a bone marrow transplant. Now, in order for her to get a bone marrow transplant, they had to match, and the chance of this bone marrow transplant matching was one out of 10,000 donors. That isn't out of people in the population; it's out of the people who actually put forward samples. So the chances were very, very small and slim. Her bone marrow transplant was three years ago, and she is doing fine.

Another situation that I had encountered over the years was a 14-year-old student of mine. Just a tremendous athlete, a tremendous young man, and he used to spend many hours with his mother when she was undergoing dialysis. Quite often he'd wear a sweatshirt, and it had a little slogan on the back from the Kidney Foundation that went: donate organs; don't bury them. Unfortunately, this story here was one of those that did not have a happy ending. His mother ran out of time waiting for a transplant.

Other things that this bill addresses that I like to see. The sensitivity that has been built into the bill to deal with families who face these very tough times when a loved one, close to them, is in a very difficult situation.

The last personal experience I'd like to deal with here is of a friend of mine whose daughter went to Europe on a school trip. She got hit by a car and was kept alive on life support for awhile.

In England they don't have the option of whether they want to donate organs or not, so whatever parts of her body they could use, they certainly took. The father went over to England to identify his daughter, and it was a horror story what he saw. So I'm very, very glad to see that in this bill these sensitivity issues are addressed.

As well, presently here in the province these are family directed, and this particular bill will allow, first of all, the establishment of a bank of donors. As well, it will take some of the sensitivity out of these particular times.

With those few comments I will cease my discussion, and I will move at this time that we end debate on this bill.

Thank you.

THE SPEAKER: Hon. members, under the rules we have, the hon. sponsor of the bill has the right to conclude debate. Now, I'm going to call the question to adjourn the debate, because the motion has been moved. I hope all members will follow the sequence involved here.

Okay. The hon. Member for Edmonton-Glengarry has moved that the debate be adjourned. Do all members agree?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed? All right. Debate's been adjourned.

MR. HAVELOCK: Mr. Speaker, I move that the House do now stand adjourned until 8 p.m. and reconvene in Committee of Supply at that time.

THE SPEAKER: Having heard the motion by the hon. Government House Leader, do all members agree?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed?

[The Assembly adjourned at 5:18 p.m.]

