

Legislative Assembly of Alberta

Title: Thursday, February 26, 1998

1:30 p.m.

Date: 98/02/26

[The Speaker in the chair]

head: **Prayers**

THE SPEAKER: Good afternoon. Let us pray.

Our divine Father, as we conclude for this week our work in this Assembly, we renew our thanks and ask that we may continue our work under Your guidance.

May we ask You to remember as well two former senior public service employees of the province of Alberta, who passed away this week: Mr. A.F. "Chip" Collins, Deputy Provincial Treasurer, and Mr. Helmut Entrup, Alberta's first Farmers' Advocate. Amen.

head: **Notices of Motions**

THE SPEAKER: Hon. Leader of the Official Opposition, did you have a notice of motion?

MR. MITCHELL: Yes. Mr. Speaker, I rise to present to the Legislative Assembly notice of my motion under Standing Order 30, which reads as follows: "Be it resolved that the Assembly adjourn . . ." [interjections] I can see why the government would want to adjourn; things are getting pretty hot in here for them. It certainly wouldn't be because they want to serve democracy.

Be it resolved that the Assembly adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, the genuine emergency created by the cancellation of surgeries in the Capital health region due to a shortage of hospital resources.

I table the appropriate number of copies, Mr. Speaker.

head: **Introduction of Bills**

Bill 20 Fair Trading Act

MR. DUCHARME: Mr. Speaker, I'm pleased to introduce Bill 20, Fair Trading Act.

This new act will combine seven consumer-related acts into one and protect businesses and consumers by encouraging a fair marketplace and harmonizing Alberta's consumer initiatives with other Canadian jurisdictions.

[Leave granted; Bill 20 read a first time]

THE SPEAKER: The hon. Government House Leader.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I move that Bill 20 be moved onto the Order Paper under Government Bills and Orders.

[Motion carried]

head: **Tabling Returns and Reports**

THE SPEAKER: The hon. Minister of Environmental Protection.

MR. LUND: Thank you, Mr. Speaker. Today I would like to table four copies of The Alberta Forest Legacy. The legacy is an implementation framework for sustainable forest management that

includes the recommendations from the Alberta forest conservation strategy, the Alberta Round Table on Environment and Economy, and Forest Management in Alberta, the report of the expert panel. It also provides a framework for co-operative forest management at national and international levels under the Canada forest accord. The Alberta Forest Legacy will be used to sustain the benefits we gain from our forest resources forever. It is another indicator that the province is adapting its approach to sustainable forest management to meet the present and future needs of all Albertans.

MR. DAY: Mr. Speaker, I'm pleased to table a number of items related to questions that were posed related, first of all, to estimates of the department where the opposition members were asking for more detailed items. The first would be copies of Treasury Department spending related by object. That would include things like salaries, wages, hosting, telephone, communications, insurance, travel. Those items will be tabled.

I'm also tabling the comparison of guarantees and indemnities from '92-93 to '97-98, which shows the progress government has made in terms of reducing those liabilities, and they are all listed here with the comparisons.

There was also a request for an efficiency evaluation related to some of the elements on electronic filing of Alberta corporate tax returns, so there's a survey here.

As I committed yesterday, Mr. Speaker, in reference to a question related to the Athabasca Oil Sands Trust and the Syncrude project sale, elements here show clearly that the province did not provide a guarantee to Athabasca Oil Sands. That was explained in my letter to the opposition member on November 21 of '97. Also, there are references to the fact that the Auditor General is in fact aware of government commitments related to Athabasca Oil Sands. The reference is there, and specifically references in the annual report of the government of Alberta, notably note 4(c) under Other Commitments in the 1996-97 annual report, I feel, will address all those items.

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

MR. MacDONALD: Thank you, Mr. Speaker. I rise this afternoon to table four copies of a message from the Seniors Action and Liaison Team. It is called Shut the Door on Private, For-Profit Health Care.

[A disturbance in the gallery]

THE SERGEANT-AT-ARMS: Order in the gallery. Order in the gallery.

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

MR. WHITE: Thank you, Mr. Speaker. I rise to table four copies of a statutory declaration used by the Department of Health to determine the hospitals' bed rate capacity.

head: **Introduction of Guests**

THE SPEAKER: The Minister of Justice and Attorney General.

MR. HAVELOCK: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to members of the Assembly two visitors today from Edmonton. They are Mr. Byron Johnson, who happens to be my executive assistant's

nephew, and Leah Matthiessen. Byron is a physics major, and Leah is a biochemist. She wants to work in the area of either forensics or conducting autopsies, which is quite a fascinating field. Having toured the Chief Medical Examiner's office myself, I'm sure she'll find it very enjoyable. Anyway, if the two of them would please stand and receive the warm welcome from the House.

MS EVANS: Mr. Speaker, it is my pleasure this afternoon to introduce to you and through you to this Assembly 52 energetic students from the grade 6 class in Madonna school. They're accompanied today by teachers Bruce Plante, Connie Poschmann, and Karol Clarke as well as parent volunteer Karen Germaine and student teachers Jennifer Boyd and Janet Cahoon. In grade 6 they study government. They're here to observe the proceedings in the House. I'd ask them to rise and the members of the Assembly to please give them a warm welcome.

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

MR. MacDONALD: Thank you, Mr. Speaker. I rise to introduce to you and through you to Members of this Legislative Assembly two constituents of Edmonton-Gold Bar: Harold and Jeanette McKim, residents of Kenilworth in our constituency. They are very active in their community and also active on the golf course. They are in the public gallery, and I would ask them to rise and receive the traditional warm welcome from this Assembly.

MS BARRETT: Mr. Speaker, it's my privilege today to introduce a very special guest who's seated with my communications director in the public gallery. She's 14-year-old Amanda MacGregor. She's a student at Victoria composite high school. She's in the baccalaureate program. She's doing 30 hours of volunteer time here at my legislative research office as part of her baccalaureate program. But most special, I think she's the youngest person who ever worked on my campaign back in 1989. I'd ask her to rise and receive the warm welcome of the Assembly.

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

DR. PANNU: Thank you, Mr. Speaker. This noon a large number of Albertans demonstrated outside this House. Many of them are now present in this Assembly on both sides in the gallery. They are members of Albertans against the MAI, or the multilateral agreement on investments. I would, with your permission, ask them all to rise and receive the warm welcome of this Assembly.

head:
1:40

Ministerial Statements

THE SPEAKER: The hon. Minister of Community Development.

W.O. Mitchell

March 13, 1914, to February 25, 1998

MRS. McCLELLAN: Mr. Speaker, it is with sadness that I rise to express the sense of loss that millions of Canadians today feel over the passing of W.O. Mitchell yesterday. W.O. Mitchell was one of the finest novelists in Canada's history. In his best known works, such as *Who Has Seen the Wind* and the *Jake and the Kid* stories, Mr. Mitchell captured the drama and spirit of the western Canadian prairie with a power that might never be equaled in

literature. To generations of readers across Canada and around the world, Mr. Mitchell described the close relationship between our western landscape and our regional character, and he did so with humour, grace, and understanding. His work ranks in the first order of Canadian literature.

Born in Weyburn, Saskatchewan, in 1914, W.O. Mitchell moved to High River, Alberta, as a young adult. He lived in High River for a quarter of a century, teaching and writing. It was during this period that *Who Has Seen the Wind* was published in 1947. Once his reputation as a writer was established, Mr. Mitchell served as writer in residence at the Banff Centre, the University of Calgary, and the University of Alberta as well as other schools in Canada. In these positions, Mr. Mitchell taught thousands of young Alberta and Canadian students about the craft of writing and the art of the novel. His dedication to teaching earned him the lasting respect of his students and helped shape the future of Canadian literature. In 1973 Mr. Mitchell received Canada's highest honour by being named a member of the Order of Canada.

At the time of his death Mr. Mitchell was a resident of Calgary. All Albertans have felt a great pride at having such a distinguished Canadian living and working in our province. For many that pride was very personal. Many members of this Assembly had the privilege of knowing Mr. Mitchell personally and have spoken about how their lives were touched by W.O. Mitchell the man as well as W.O. Mitchell the writer. The Member for Highwood, Mr. Speaker, shared with me that he was Mr. Mitchell's paperboy in High River many years ago. The Member for Calgary-Bow taught in the W. O. Mitchell elementary school in Calgary. Many other members at this Assembly could share other personal reminiscences of this fine man.

Today, despite our sadness at his passing, the pride Alberta feels only grows stronger. As Alberta's minister responsible for culture, I express my sympathies, the sympathies of the government of Alberta, and I know this Legislative Assembly to the family and friends of W.O. Mitchell. He was a great Canadian and a great Albertan. He will be missed, and he will forever be remembered.

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

MS BLAKEMAN: Thank you, Mr. Speaker. On behalf of the Liberal opposition I join with the minister and Members of the Legislative Assembly in marking the passing of W.O. Mitchell and in paying tribute to his remarkable legacy. As well, we extend our sympathies to his family and friends. W.O. Mitchell left us a legacy of the prairies: his books, his radio and later a T.V. series, *Jake and the Kid*, his stage plays, *The Kite*, *Back to Beulah*, and *The Black Bonspiel of Wullie MacCrimmon*. He left a bit of himself with anyone who ever worked with him, heard his public readings or interviews on the radio. He was a man of the prairies, and he made us proud of our roots and of our land. We shall miss him.

Thank you.

head:

Oral Question Period

Hospital Bed Availability

MR. MITCHELL: Mr. Speaker, it's never been worse than it is today for people who need surgery and emergency care in Edmonton and in northern Alberta. What is the Minister of Health going to do right now to ensure that children who have had

their scheduled surgeries canceled because there is no room in pediatric intensive care in this city get their surgeries today? When's he going to get out of that chair and go to his office and fix this problem? How long is it going to take? Do something.

MR. JONSON: Mr. Speaker, we've been in regular contact with the Capital health authority with respect to the very busy time that is being experienced in emergency wards across this city. I would like to clearly indicate our support and commendation to the staff, the doctors, the nurses, everyone who is working, dealing with these very exceptional times.

Mr. Speaker, I'm advised that in British Columbia, Saskatchewan, Manitoba, and now including Alberta, there is not an intensive care unit bed available anywhere across western Canada. So this is not a unique situation, but certainly it is nevertheless a very important challenge and a very serious situation.

Mr. Speaker, I took the opportunity last evening to visit the two major emergency areas in this city, and certainly they are busy, and the health authority through their staff are coping with the situation. In times such as this – and as I've indicated, it's a western Canada situation – it is necessary to postpone elective surgery. That is what has occurred in this particular case in the city of Edmonton.

MR. MITCHELL: Wants to stay ahead of Ontario when it comes to taxes; is happy to be just as bad as every other province when it comes to health care, Mr. Speaker.

Speaker's Ruling Preambles

THE SPEAKER: Hon. leader, please. We've had a discussion about this now on a number of occasions. In fact, we just had a discussion yesterday. Would you get to your question, please?

Hospital Bed Availability (continued)

MR. MITCHELL: How many people waiting in emergencies for beds that they can't get, for surgeries that they can't get, will it take before this minister will actually get out of that chair, go to his office, and do something to fix it? Is it 31? Is it 51? Is it 101? Is it 201? What does it take? Give us the criteria.

MR. JONSON: Mr. Speaker, as I've indicated, we view it as a serious situation. It is one, however, which is being addressed, I think, very effectively in this particular region. I'd just like to indicate that there is action being taken through the Capital health authority. It is not, certainly, the role of Alberta Health to micromanage the hospitals in the health authorities of this province. But they are responding to the very serious challenges out there.

I can indicate to you and to the Assembly that in the last short period of time and ongoing currently they've opened the emergency 2 section at the University hospital on an ongoing basis. They're using their day ward on a 24-hour basis to handle patients coming in for admission. They will be opening 16 medicine beds at the Grey Nuns. They've opened 36 continuing care beds at the Edmonton General with respect to taking the load off the acute care beds. They've expanded the emergency capacity. They've opened 18 additional medicine beds at the University of Alberta hospital. They've opened the surgical day ward at the University of Alberta. There's a great deal being done to address this particular problem.

MR. MITCHELL: Is it acceptable to this minister that all the chiefs of medical staff in the Mistahia region were advised yesterday that if any of their patients require intensive care, they will not be sent to Edmonton? They will be sent to Regina, or they will be sent to Calgary, or they will be sent to Vancouver. I don't care what you're doing. It's not enough, and this once again proves it.

MR. JONSON: Mr. Speaker, as I have indicated, it is a serious situation. We regard it as such, and we're acting accordingly. The answer to the particular question that has just been posed is that I'm sure all the health care systems across western Canada are working hard along with their staff and their administration and their governing boards to deal with this very, very unique situation.

THE SPEAKER: Second Official Opposition main question. The hon. Member for Edmonton-Glenarry.

1:50 School Board Accountability

MR. BONNER: Mr. Speaker, when the Calgary board of education speaks up to defend public education, the Education minister audits the board. When there's an alleged conflict of interest at the Chinook's Edge school division, the minister does nothing. In fact, when a ratepayer contacts the minister's department about the conflict, she's told to call the police or hire a lawyer if she thinks there's something wrong. To the Minister of Education: when a minister shirks his responsibilities and when local boards hide behind the School Act, is going to the police or hiring lawyers the only action left for concerned citizens?

MR. MAR: Mr. Speaker, I've looked into this matter of the former superintendent of Chinook's Edge and her employment situation with Chinook's Edge regional division. Dr. Neilson's employment as superintendent for schools with Chinook's Edge ended on December 31, 1997. Chinook's Edge's board of trustees, the responsible employer of this particular employee, the superintendent, issued a statement on or about 12 December of 1997 clarifying that Dr. Neilson was never in a conflict of interest position regarding her superintendency with Chinook's Edge regional division.

The board did acknowledge, Mr. Speaker, that contrary to the impression that may have been created, it was aware that Dr. Neilson was a part of a company now known as nNovation Learning Group. Dr. Neilson and her associates in fact sought and obtained advanced authorization from the board's legal counsel for her involvement with this company, nNovation Learning Group.

Those intentions were disclosed under section 101 of the School Act before the board of trustees of the Chinook's Edge regional division. A motion was passed granting approval for those endeavours with Oz New Media, and it was passed and advanced by the board, Mr. Speaker.

MR. BONNER: Mr. Speaker, why did the minister say on January 28 that school boards are able to answer about school boards' private contracts when that is clearly not true?

MR. MAR: Mr. Speaker, I only wish to reiterate comments that I made yesterday in this House in answer to the same issue. The responsibility of school boards, people that we vote for and charge with the responsibility of running our schools and school jurisdic-

tions – they're the ones who have the responsibility of dealing with contracts between themselves and their employees, including the superintendents of schools.

Mr. Speaker, I know that there was some concern expressed about Dr. Neilson's alleged conflict of interest, but the board was fully apprised of her intentions to work with this group and did approve it. It is not the intention of the Minister of Education or members of government to micromanage issues that are of a local board jurisdiction.

MR. BONNER: Mr. Speaker, will the minister either change the School Act so that school officials' private dealings with their own boards are revealed or publish a list of expenditures by payee so that Albertans can see which private companies are profiting from these current secret contracts?

MR. MAR: Well, Mr. Speaker, if there was in fact a secret contract, then I suppose this would be an issue, but I've already indicated at some length that this matter was disclosed prior to entry into this enterprise by the superintendent of Chinook's Edge. It was approved by the school board. So it strikes me that this is a matter that was properly dealt with by a local school board. Our expectation is that school boards would apprise themselves of these types of arrangements in order to avoid difficulties, and that is exactly what the Chinook's Edge regional school division did. I think they've behaved in a very proper manner.

THE SPEAKER: Third Official Opposition main question. The hon. Member for Edmonton-Meadowlark.

Education System

MS LEIBOVICI: Thank you, Mr. Speaker. Public education is one of the last public institutions left that we as citizens own and control. However, through underfunding and by supporting agreements like the MAI, this government is pushing private interest ahead of the public interest in education. My questions are to the Minister of Education. Can the minister tell us which core education services his department has determined should be best delivered by the public sector and which by the private sector?

MR. MAR: Very consistently our government has stood in a very supportive manner of public education. Mr. Speaker, we do have a public education system in this province – and when I say public education, I include Catholic schools as well – that has been very accountable and has made very good use of money that we grant to them.

We should look at how other jurisdictions deal with education, and what we find upon that examination is that many jurisdictions throughout the world have looked at Alberta, at the results that our students achieve and the type of support that we have for our public education system. They think that there is something good about what's going on in Alberta, and they want to know what's happening. Mr. Speaker, there is very, very strong support of the public education system here in the province of Alberta, and it is our intention to continue to do that.

MS LEIBOVICI: Thank you, Mr. Speaker. Can the minister tell us if this government is considering privatization of the school curriculum like Ontario?

MR. MAR: Mr. Speaker, this was the subject matter of some

discussions earlier this week at meetings that the minister of advanced education and I attended in the city of Toronto. I'm not certain if that is exactly the route that the province of Ontario is contemplating at this time. It certainly made for interesting discussion, but there was no intention expressed by the province of Alberta that that would be the direction we would be going at this time.

MS LEIBOVICI: Thank you, Mr. Speaker. Can the minister give the Assembly an idea of what percentage of the \$3 billion education budget should go to private companies and what percentage should remain within the public education system? What's the breakdown now, and what do you see the future breakdown being in the next five years?

MR. MAR: Well, I think that our breakdown at this time is about right, and there's no intention at this time to increase it. There are opportunities for increased privatization in the delivery of certain types of educational programs, but overall, Mr. Speaker, there's no great intention by the government to increase that dramatically.

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

Multilateral Agreement on Investments

DR. PANNU: Thank you, Mr. Speaker. The individuals and members of various organizations ranging from sectors as diverse as environment, seniors, human rights, and labour, to name a few, observing from the gallery today underline that many Albertans have strong and well-founded concerns about how the multilateral agreement on investments will undermine the ability of Canadian governments and citizens to protect social programs, labour standards, and the environment. To the Minister of Intergovernmental and Aboriginal Affairs: Mr. Minister, given that the only Alberta reservations identified so far by your department relative to MAI negotiations have to do with minor concerns like licensing of liquor sellers and funeral home directors and that there is no reference whatsoever therein to social programs, labour, or environmental standards, how can the minister justify protecting the liquor industry from foreign investors while failing to protect our schools and hospitals from the likes of health care giants such as Columbia/HCA?

MR. HANCOCK: Well, Mr. Speaker, I'm not sure that the premise of the hon. member's question is entirely accurate. We have raised with the federal government and the federal government negotiators on an ongoing basis our concerns relating to the inclusion of environment and the inclusion of labour in the MAI.

2:00

The MAI negotiations are not anywhere near complete. There was some suggestion that they might be completed by May of this year, but as recently as a meeting last Thursday in Ottawa, where we met with the federal minister responsible and were briefed by their negotiator, who just returned from Paris from the latest rounds of discussions, there is every indication that there's going to be a lot of time to discuss this issue. It doesn't look like there's going to be any conclusion to the draft treaty by May. The indication around the table from all provincial ministers was that we wanted to have the opportunity to take these concerns back to our jurisdictions, to have a full public discussion of the issues, and to look forward to the items that should be exempted.

But we're not at the stage right now where we're at even a draft final text of the agreement or finalizing what the exemptions should be.

There are issues that have been raised with respect to exemptions under the areas of health, social services, education, environment, labour, natural resources, foreign ownership of land. There's still much to be discussed in this particular round of negotiations.

DR. PANNU: Thank you, Mr. Speaker. The list that we have doesn't promise what the minister is suggesting here.

Speaker's Ruling Preambles

THE SPEAKER: Hon. member, I rose a few minutes ago on the Leader of the Official Opposition and cautioned him against doing exactly what you're doing. Could you get to the question, please?

Multilateral Agreement on Investments (continued)

DR. PANNU: Thank you, Mr. Speaker. Given that the Alberta list has no specific reservation that restricts foreign ownership of private health care facilities, schools, and postsecondary institutions in Alberta, does this mean that the foreign transnationals will shortly be allowed to invest in and establish for-profit private schools, hospitals, and social service agencies in Alberta?

MR. HANCOCK: Mr. Speaker, the underlying concept behind negotiating a multilateral agreement on investments is one that suggests that the international investment dollar should be treated in our country the same as domestic investment dollars. What that basically means is that we still, and always will, retain our jurisdiction to determine what we want to have happen in Alberta and in Canada. The concept of MAI is simply to make sure that foreign investment is not discriminated against. There's no lowering of standards; there's no change of standards. It's the same standards for foreign investment as it is for domestic investment, and that's what we're trying to encourage in the MAI.

I should be perfectly clear, Mr. Speaker, that Alberta has not indicated support for the MAI. We've agreed with the underlying principle that we should have a discussion on an international trade agreement relating to investment, but if it's not the right agreement for Canada and if it's not the right agreement for Alberta, the federal minister committed to us last Thursday that it wouldn't be signed. There's no imperative to have this agreement in place. There's plenty of time for discussion, and it's our concept of discussion and consultation that people who have concerns should certainly get them to us.

I would invite people, I'd invite these spectators here today who are interested in this issue to get us their viewpoint. What's not appropriate, what's not helpful in the discussion, is to be fear mongering about the results of this type of agreement. What's appropriate is to raise substantive issues and, as the hon. member is quite able to do, give us an intellectual and dispassionate discussion of the issues and how they might affect us.

DR. PANNU: Mr. Speaker, my second supplementary is to the deputy Premier. Given the minister's interest in consulting Albertans, will the deputy Premier commit his government today to appointing an all-party committee of this House to conduct open public hearings and consultations on the MAI throughout the province prior to the start of the next round of negotiations, and if not, why not?

MR. DAY: Mr. Speaker, first a correction. We don't have a designation of deputy Premier in Alberta. In the Premier's absence I'm pleased to be acting in that capacity.

I'd like to say that I think the minister has adequately addressed the process of handling the concerns. Certainly we're hearing from individuals every day and groups and organizations, and we'll continue to do that.

MR. SMITH: Mr. Speaker, I feel compelled to add a small increment with respect to labour. I want to make it very clear that the principle of supporting and striving for high labour standards is a fundamental tenet of the Department of Labour and also this government. It's evident in the participation in the North American agreement on labour co-operation. Alberta was the first signatory province. It's clear and should be noted that Alberta has a number of concerns regarding how the issue of labour standards can be best addressed in the MAI.

But I would also refer the member to recent publications that indicate that Canada is sharing in a greater amount of global investment than ever before and Alberta has a higher proportion of that investment than it's ever held before. So it's clear, Mr. Speaker, that what's going on in this province is good for Albertans, good for business, good for employment, and good for take-home wages.

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

Student Achievement Tests

MRS. LAING: Thank you, Mr. Speaker. The grade 12 results of the third international mathematics and science study, known as TIMS, were announced showing that once again Alberta students placed near the top. The funding of Alberta's education system continues to be compared to funding in the United States, yet Alberta results in this international study were significantly higher than the results of students in the United States. Would the Minister of Education explain to this Assembly the relevance of the testing and what his department does with these results?

MR. MAR: Mr. Speaker, as I've said many times in this forum and in other places, the quality of education should not be judged on the amount of money that you spend but rather on how you spend it and what the results are. That's why in this province three out of every four dollars are allocated to school boards for instruction. With the education reinvestment even more dollars are being targeted towards instruction and assisting students in the classroom.

Now, as the hon. member indicated, the results released earlier this week demonstrate that Alberta's grade 12 students achieved the third highest score in science literacy and the fifth highest score in mathematics literacy compared to students from 24 nations and provinces that participated.

Mr. Speaker, the importance of TIMS should not be underestimated. Studies like TIMS provide international benchmarks which tell us how well our students are doing relative to their counterparts in other parts of the world. These international comparisons complement our own provincial testing and give us an opportunity to identify the strengths and weaknesses in our own system. When the results tell us that our students are performing well, we have confidence that Alberta standards compare very favourably with those set in other parts of the world.

MRS. LAING: Mr. Speaker, again to the same minister. As the TIMS assessed student performance in math and science at three levels – grades 3 and 4, 7 and 8, and 12 – would the minister describe for this Assembly how our students performed overall on these assessments?

MR. MAR: Mr. Speaker, according to TIMS Canada the Alberta results in the three levels are among the very best in all the countries that were tested. In fact, Alberta students had the strongest performance among all G-8 trading partners and achieved significantly higher than the international mean on all the tests with the exception of physics. Some of our results were among the very highest in the world.

I think it's important to note that these results are not limited to elite students. There are very strict guidelines to ensure that students tested are representative of each country. There are almost a hundred thousand students from 6,400 schools in the world that are tested randomly to participate in TIMS, and in the province of Alberta roughly 1,500 students from 49 schools were tested.

MRS. LAING: Mr. Speaker, my second supplemental is again to the Minister of Education. How do the results of the grade 12 students compare to their performances on the diploma exams?

AN HON. MEMBER: Good question.

MR. MAR: Mr. Speaker, indeed this is a good question. The TIMS results confirm that at all three levels Alberta students are stronger in science than they are in math, and this is consistent with what we are finding in both our achievement tests and diploma exams administered here within the province. So while our grade 12 students are doing well – above average compared to the international mean – there is still room for improvement. You don't have to be bad to want to do better.

Improving student achievement, particularly in the area of math, is a key goal of the Department of Education. I think initiatives like the western protocol curriculum in mathematics will emphasize the development of math literacy and problem-solving skills and provide links between math skills and real world situations. We'll continue to work with our education partners and teachers and with students and with parents to enhance mathematics learning, and I know firsthand that individual schools are offering extra math help in response to local needs.

But, Mr. Speaker, this is a good-news story, and we should be very proud of the education system in the province of Alberta.

THE SPEAKER: The hon. Member for Edmonton-Mill Creek, followed by the hon. Member for Bonnyville-Cold Lake.

2:10 Alberta-Pacific Forest Industries Inc.

MR. ZWOZDESKY: Thank you, Mr. Speaker. In the world of business when you sell an asset, you bargain from a position of strength to get the most money you can for the sale of that asset. But on the Al-Pac loan it seems all we're getting from the Premier and from the hon. Provincial Treasurer over there are conflicting and confusing positions on the sale price of the Al-Pac loans. Now we find out in a January 3, 1977,* memo that the director of loans and guarantees of Alberta Treasury actually ordered that \$15.7 million in interest be removed from that loan and that no interest should be added to that loan until further notice. I'm just going to table that particular memo right now. I know the

Treasurer has it, but other members may want to review it.

So my question to the Provincial Treasurer is this: how can you be telling Albertans that you're getting the best deal on the Al-Pac loans when your own director of loans and guarantees is saying that the collectibility of more than \$15.7 million in interest is uncertain and should be removed?

MR. DAY: Mr. Speaker, I'm welcome to be corrected on this. I clarified with two or three of my colleagues, and so I need clarification. How can I respond at all to the first question when there's reference to a letter of 1977? That was what we heard over here.

MR. ZWOZDESKY: It's 1997,* and I know the Treasurer is right up to speed on Al-Pac. So 1997. We just got it. It was just released.

My supplemental question is: can the Treasurer at least clear up this ongoing confusion and tell Albertans which of the bargaining positions that have been advanced so far reflect the official government position? Is it the Premier's position for a \$260 million, is it the Treasurer's position of a \$383 million sale, or is it some other position as advanced by the loans and guarantee director? What's the official position?

MR. DAY: Mr. Speaker, given that the member opposite continues to raise this same issue and in an approach that is somewhat uncharacteristic of him, trying to turn a mischievous spin to this, I will explain it one more time, and I'll explain very carefully. As he has already articulated, when you talk to somebody who wants to negotiate the sale of a certain asset, you begin with your opening position. The opening position of the government as agreed upon by myself, as agreed upon by the Premier and others is always the full amount that is owed. The full amount. That was the opening position. There was some interest expressed by this particular entity in terms of the sale of the asset. The unanimous opening position shared by all who have had any part in this is the full amount of the principal, the full amount of the interest. The Premier has indicated that; I've indicated in a letter.

We've also indicated, as time has moved on and negotiations have gone back and forth, with the opening position in the area of \$383 million, the full principal and full interest, that there would be an openness to have a discussion on a possible settlement for all the principal and some of the interest: \$250 million principal and \$10 million of interest. That has been the consistent position of myself and of the Premier, the consistent suggestion of myself and the Premier and everybody else involved. The opening position is the full amount owed – we've all shared that; there's been no deviation at all – and an agreed-on suggested negotiated final position, and I'm saying "suggested" because no deal has been concluded: \$260 million.

Now, I've lost track of how many times we've addressed this. I know there are other questions that the member has asked from time to time that have caused some good insightful reflection on policy and everything else. I think he's a bit embarrassed about asking this so many times. I've said it very slowly this time. I'll also ask my staff if we could send him a video of question period today, and he can watch it at his leisure over the weekend and maybe try and understand it.

MR. ZWOZDESKY: Mr. Speaker, it sounds like the Treasurer is backing away from his position of trying to get the full amount. I find that unfortunate.

However, in the interest of consistency, will the hon. Provincial

*See right col., para. 4, line 1

*See left col., para. 10, line 7

Treasurer now table the documents surrounding Al-Pac that the Premier promised he'd table in this Assembly on February 12? Are you prepared to now table those documents, as the Premier promised?

MR. DAY: Again, Mr. Speaker, again, consistently and time and time and time again: if a deal is concluded, we will be happy to share every bit of information we can. This is what the Premier said, and this is what I agree with. Every document we can possibly share will be shared with the public on this. When you do an appraisal of an asset and you're out to determine its worth before you enter negotiations, you usually don't sit down with the other people that you're dealing with and share all aspects of your negotiating strategy. Usually not the best thing to do. I would think that the member understands that.

So I will say this again with sincerity. As the Premier has committed and as we agree 100 percent: if a deal is consummated, we will in fact make all the information available that we possibly can. We have the interests of the taxpayers of Alberta at stake here. We will not prejudice or weaken our negotiating position. There is no way we'll do that. But we will, if a deal is concluded, make available all the information we can.

THE SPEAKER: The hon. Member for Bonnyville-Cold Lake, followed by the hon. Member for Calgary-Buffalo.

Roads for the Military

MR. DUCHARME: Thank you, Mr. Speaker. Canada's premier fighter training air weapons facility, 4 Wing Cold Lake, will commence the training of NATO fighter pilots in the year 2000. Every May they also host Operation Maple Flag, an international fighter plane competition. These events contribute great wealth to the provincial treasury and provide employment throughout the province. My concern is proper road access to the Primrose air weapons range. Without a proper road these training contracts are in jeopardy. To the Minister of Transportation and Utilities: as fighter pilot training is a resource to this province, why does this road not qualify for funding under the resource road initiative program?

MR. PASZKOWSKI: The resource road improvement program was actually established to recognize the pressure of moving resources such as oil, timber, and agricultural products. There are strict eligibility criteria for the resource road improvement program, and that includes that the road has to be a through road, it has to be available to public traffic, it has to move for the most part one of the resources that were identified – agricultural, forestry, or energy products – and indeed there has to be a minimum requirement of 25 trucks per day on that road. Those are the eligibility criteria of the resource road program. Unfortunately, this particular road does not meet any part of the eligibility criteria. That's why it doesn't fit under that particular program.

MR. DUCHARME: Mr. Speaker, to the same minister. Can the minister confirm that negotiations are scheduled between the federal government, the provincial government, and the city of Edmonton to cost share improved road access to Edmonton garrison?

MR. PASZKOWSKI: We're always supportive of our municipalities, working with them to find ways of supporting them and to see if there are ways indeed we can work together in partnership

in establishing and dealing with the identified needs. In this particular case we will sit down with the DND, the Department of National Defence, and discuss this particular need. Obviously this will be passed on to the municipalities involved, whether it's the city of Edmonton or the municipality of Sturgeon or, in this particular case, the municipality of Bonnyville. Yes, we're more than prepared to sit down and work with all of the stakeholders that are involved.

2:20

MR. DUCHARME: Thank you, Mr. Speaker. Again to the same minister: if I heard you correctly, you did say that you would be willing to undertake to negotiate with the federal government, the provincial government, and the MD of Bonnyville the cost sharing of this road to the Primrose air weapons range?

MR. PASZKOWSKI: That's very true. We have to realize this particular criterion is one that normally the local municipality is responsible for. In this particular year we've actually provided a million dollars to the municipality of Bonnyville for their regular road grant and an additional approximately \$850,000 in supplementary as well to help fund their road program. Of course, that is where that funding is supposed to look after those types of needs. Again, as I have committed, we will sit down with all the stakeholders and work with the stakeholders to see if we can provide an adequate solution for the hon. member's constituents' needs.

THE SPEAKER: The hon. Member for Calgary-Buffalo, followed by the hon. Member for Calgary-West.

Jaw Implants

MR. DICKSON: Thank you, Mr. Speaker. In the mid 1980s oral surgeons in this province installed Vitek proplast teflon jaw implants in perhaps as many as 100 Alberta patients with a jaw disorder. These implants, it was subsequently discovered, were never approved by Health Canada and, in fact, have been the subject of a formal recall by the American Food and Drug Administration. The implants are responsible for major health problems, including an incurable immune condition and disintegration of facial bones to expose the brain through holes in the skull. My question would be to the Minister of Health: what responsibility does our Health Minister assume for notifying those Albertans who've received defective and dangerous implants?

MR. JONSON: Mr. Speaker, certainly Alberta Health has responsibility for ensuring the quality of insured services. With respect to particular medical devices, however, those devices are under the jurisdiction of the device evaluation division of Health Canada. That is the agency responsible for ensuring the safety and adequacy of medical devices. Another area of responsibility here, of course, is that of the Alberta Dental Association, which monitors practice and establishes overall medical practice guidelines in terms of dental treatment.

This particular device is, as I've said, the one that has been in use for a number of years. It is a matter, though, that is under the jurisdiction and the auspices of the agency at the federal level which has the ability to take action on it.

MR. DICKSON: Mr. Speaker, given that these are Albertans, given that it's oral surgeons licensed in the province of Alberta under nominally the authority of this minister who install these

devices, what legislative change will this minister undertake so that there's mandatory and timely notification to any Albertan who receives a dangerous appliance or device?

MR. JONSON: Well, Mr. Speaker, first of all, I'd like to emphasize here that I don't think there is any question here of the area of responsibility and jurisdiction with respect to dealing with the quality of these medical devices. We acknowledge that it is at the national level. This is probably, for that particular type of monitoring, an appropriate role for the federal government.

With respect to policing this particular area, we are certainly prepared to co-operate with Health Canada, to facilitate and to help in any way that we can regarding the identification and remediation or correction of this particular situation. But it does rest at the federal level, Mr. Speaker.

MR. DICKSON: My final question, Mr. Speaker, would be this: if the province won't accept responsibility for notification, I'd ask the Minister of Justice: will he bring in class action legislation in this province so that the legitimate claims of victims of product liability cases will not be frustrated by litigation costs?

MR. HAVELOCK: Mr. Speaker, we've evaluated class action legislation that's in place, for example, in British Columbia, and one of the difficulties associated with it is that it actually leads in some instances to frivolous lawsuits coming forward. It does encourage legal action, no question.

I know there are some members of the legal community who've been pushing for it. We took a look at it. We feel the existing legislation in this province is sufficient to allow those that have a common concern to join together and bring their action forward.

THE SPEAKER: The hon. Member for Calgary-West, followed by the hon. Member for Edmonton-Calder.

Family Violence

MS KRYCZKA: Thank you, Mr. Speaker. Recently a young man pleaded guilty to assault causing bodily harm. The judge called him a coward for beating up his girlfriend, and he's been sentenced to five months in jail and one year's probation. He also ordered that during the probation, if the man dates another woman, he must tell her he has been convicted of an assault so she can decide whether she still wants to go out with him. My question is to the Minister of Justice. Given that domestic violence is a serious matter that is not tolerated, what initiatives is the government pursuing with respect to domestic violence cases such as the one described?

MR. HAVELOCK: Well, Mr. Speaker, this government does consider family violence to be a very serious offence, and it certainly is a priority for us. For example, domestic violence is one of the key strategies associated with our serious and violent crime strategy. Specifically, we've made changes to our department initiatives to ensure that both police resources and prosecutor resources are directed to serious and violent crime. All domestic violence cases are now treated as either a category 1 offence or a category 2 offence and prosecuted accordingly.

We've also, Mr. Speaker, received some support from Ottawa with respect to a couple of initiatives we have regarding bail. We have been pushing for a reverse onus with respect to bail in situations regarding domestic violence, and we've also asked for a clear right to appeal a Queen's Bench justice's bail review to the

Court of Appeal. Right now we cannot review a bail order unless there is material change in circumstance or there is an error in law. We are also looking at developing some new bail guidelines for our prosecutors, and we are reviewing all bail initiatives that we have in place.

On another note, Mr. Speaker, the courts have introduced some mandatory counseling for parents who are separating. I'd like to also mention that the Minister of Family and Social Services has been proactive in this regard, and they've allocated approximately \$9 million to women's shelters. Finally, Mr. Speaker, we have consulted extensively with Albertans during the past while. The Member for Calgary-Currie has been very much involved in that consultation. We expect to be introducing a bill very shortly to address this.

What I would like to end on emphasizing is that we as a government cannot guarantee the safety of our citizens. Nevertheless, when victims of domestic violence, or victims for that matter, access the system, they need to know that the system will be there to help them.

MS KRYCZKA: Mr. Speaker, my first supplemental question is also to the Minister of Justice. Given that it might be difficult to monitor or enforce this order, why do we have these punitive decisions when, in all likelihood, they cannot be enforced?

MR. HAVELOCK: Well, Mr. Speaker, the appeal period with respect to this particular matter has not yet expired, so I'll temper my remarks. Nevertheless, it's encouraging to see all the partners in the justice system, including the courts, attempting to use some creative ideas to resolve what is a very serious issue. Again, I want to emphasize this is a serious issue for this government, and domestic violence will not be tolerated. Here we have a case where a jail term has been imposed. There's been a probation order and an order to warn innocent people. I strongly support novel approaches which will in some way enhance the protection of our citizens.

As far as enforcing this order is concerned, with respect to this case, the individual was sentenced to five months in jail. I understand that the individual does live in Ontario. However, if the individual does decide to remain in Alberta, we do have a process in place to enforce that. Our supervision will include checking on offender contacts, including family and friends . . . [interjections] Mr. Speaker, I'm simply trying to be flexible in light of your ruling yesterday and answer the question effectively. [interjections] If you're concerned about it, listen; okay?

2:30

THE SPEAKER: Okay; let's move on now, please.

MR. HAVELOCK: In any event, Mr. Speaker, if the conditions are breached, then there will be consequences for the individual.

MS KRYCZKA: Mr. Speaker, my second supplemental is also to the Minister of Justice. Given that constitutional experts have raised concerns about this case possibly violating the Charter of Rights and Freedoms, what can and what will your ministry do to ensure that public safety and the rights of victims take priority?

MR. HAVELOCK: Well, Mr. Speaker, there certainly is a perception, which is widely held in this country, that the Charter has been used too often to protect the rights of the offender as opposed to the rights of the society or victims. Now, I want to say this very clearly, Mr. Speaker. When it comes to the rights

of the offender versus the rights of society or the victim, we will support society and the victim. That's the approach we've been trying to take with respect to a number of initiatives we have in place. One example is the Victims of Crime Act. We've put into place a compensation program which will ensure that victims have access to and are given compensation. We are also pursuing a number of initiatives at the federal level. We are, for example, attempting to have the faint hope clause revoked because in Alberta we feel that a life sentence should mean a life sentence. We are pushing for changes to the Young Offenders Act, for example.

This government, Mr. Speaker, is committed to ensuring that those who commit offences are appropriately sentenced and/or provided with rehabilitation programs. So our priority is for the victim, and it's for society.

THE SPEAKER: The hon. Member for Edmonton-Calder, followed by the hon. Member for Calgary-McCall.

Long-term Care

MR. WHITE: Thank you, Mr. Speaker. Earlier today I tabled four copies of a statutory declaration used by nursing homes, which they're required to fill out in order to become an auxiliary hospital. Typically, all a nursing home has to do is indicate the number of long-term beds they operate in order for an application to be successful. For example, St. Michael's extended care centre in Edmonton indicated in their statutory declaration that they operate 75 auxiliary long-term care beds as well as 75 nursing home care beds. My questions are to the Minister of Health. In that St. Michael's extended care centre has indicated that they operate an equal number of auxiliary beds and home care beds, on what basis and what criteria has the minister set out to designate them as an auxiliary hospital?

MR. JONSON: Mr. Speaker, I'm quite sure that I responded to that same question yesterday. First of all, with respect to an auxiliary hospital, there are criteria set for the hospital, such things as the requirement that there must be regular physician visits and additional requirements of that particular nature. There is a certain expectation in terms of level of service, given that the patients are assigned to auxiliary hospitals and nursing homes according to a set of criteria known generally as the acuity or patient index. So that is the manner in which it is approached.

The other thing is, Mr. Speaker, that the hon. member may want to review the legislation. There is legislation pertaining to nursing homes. There is legislation pertaining to hospitals.

MR. WHITE: Mr. Speaker, given that the minister just mentions a set of criteria, why would the minister or the department not publish that list so that all can see what the criteria are against which applications are measured?

MR. JONSON: Well, Mr. Speaker, it's my understanding that legislation is published. The second thing is that as far as the system, the description of the case mix index, I'm certainly prepared to provide to the hon. member the overall system of indexing.

MR. WHITE: Given that the minister misheard my last question, again: sir, would you publish the list of criteria laid out against which applications for auxiliary hospital status are applied?

MR. JONSON: Mr. Speaker, I just want to be very clear. As I understand it, the member across the way has indicated that he wants to have criteria for auxiliary hospitals as to why the patients get in there. Well, because basically they are ill or in a fragile condition.

The auxiliary hospitals, I'd like to remind the hon. member, are an extension of our acute care system. The vast majority of people in auxiliary hospitals in this province have been treated in an acute care setting. They are moved to an auxiliary hospital for rehabilitation, further treatment, recovery. They flow through the system in that continuum.

Speaker's Ruling Brevity

THE SPEAKER: The time for question period has now left us. I would just like to advise all members, though, that today we could deal with only 10 sets of questions. In fact, eight members are still on my list. Yesterday there were some 13 sets of questions.

I would also like to add this following assessment of my evaluation of question period today, as the timekeeper. I rose twice during question period, once to caution the Leader of the Official Opposition and to caution the Member for Edmonton-Strathcona for lengthy preambles.

In my review of question period it would seem to me that the exchange between the hon. Member for Edmonton-Strathcona and in this case the Minister of Intergovernmental and Aboriginal Affairs lasted some eight minutes. The exchange between the hon. Member for Edmonton-Mill Creek and the Provincial Treasurer lasted some seven minutes. The exchange between the hon. Member for Calgary-West and the Minister of Justice and Attorney General also lasted seven minutes. The only conclusion I can draw in all of this is that there must be something pertinent to the fact that some of us had the privilege of being the Government House Leader or the Deputy Government House Leader, because that's the only bind that I can find in this from the length of the responses.

We've made the comment about the preambles. Now next week let's try and work on focusing our responses, which might be just a little quicker, so we can deal with the eight private members who have still not had their opportunity.

At this point I hate to interrupt the daily Routine but His Honour the Honourable Lieutenant Governor will now attend upon the Assembly. We will resume the daily Routine once Royal Assent has taken place. The hon. Acting Premier.

head: Royal Assent

2:40

MR. DAY: Mr. Speaker, His Honour the Honourable the Lieutenant Governor will now attend upon the Assembly.

[Mr. Day and the Sergeant-at-Arms left the Chamber to attend the Lieutenant Governor]

[The Mace was draped]

[The Sergeant-at-Arms knocked on the main doors of the Chamber three times. The Associate Sergeant-at-Arms opened the doors, and the Sergeant-at-Arms entered]

THE SERGEANT-AT-ARMS: All rise, please. Mr. Speaker, His Honour the Honourable the Lieutenant Governor awaits.

THE SPEAKER: Sergeant-at-Arms, admit His Honour the Lieutenant Governor.

THE SERGEANT-AT-ARMS: Order!

[Preceded by the Sergeant-at-Arms, His Honour the Lieutenant Governor of Alberta, H.A. "Bud" Olson, and Mr. Day entered the Chamber. His Honour took his place upon the throne]

HIS HONOUR: Please be seated.

THE SPEAKER: May it please Your Honour, the Legislative Assembly has, at its present sittings, passed certain bills to which, and in the name of the Legislative Assembly, I respectfully request Your Honour's assent.

THE CLERK: Your Honour, the following are the titles of the bills to which Your Honour's assent is prayed.

- 1 Protection of Children Involved in Prostitution Act
- 4 Libraries Amendment Act, 1998
- 6 Dangerous Goods Transportation and Handling Act
- 7 Rural Gas Amendment Act, 1998
- 8 Agriculture Statutes (Penalties) Amendment Act, 1998
- 9 Marketing of Agricultural Products Amendment Act, 1998
- 10 Regional Airports Authorities Amendment Act, 1998
- 11 Alberta Sport, Recreation, Parks and Wildlife Foundation Amendment Act, 1998
- 16 Appropriation (Supplementary Supply) Act, 1998

[The Lieutenant Governor indicated his assent]

THE CLERK: In Her Majesty's name His Honour the Honourable the Lieutenant Governor doth assent to these bills.

THE SERGEANT-AT-ARMS: All rise, please.

[Preceded by the Sergeant-At-Arms, the Lieutenant Governor and Mr. Day left the Chamber]

[The Mace was uncovered]

head: **Members' Statements**

THE SPEAKER: Today we have three hon. members who've indicated their desire to provide a statement. We'll proceed in this order: first of all, the hon. Member for Calgary-Fort, followed by the hon. Member for Edmonton-Castle Downs, followed by the hon. Member for Whitecourt-St. Anne.

Intergovernmental Infrastructure Program

MR. CAO: Thank you, Mr. Speaker. On February 20, 1998, I had the pleasure of representing the hon. Minister of Alberta Transportation and Utilities at a city public works celebration in Calgary. The celebration event took place with over 200 people representing communities, cities, engineering services, governments, and private companies. Mayor Al Duerr represented the city of Calgary, and federal minister Anne McLellan represented the federal government. They expressed their appreciation for the Alberta government's keen effort in the Canada/Alberta infrastructure works program and stated that Alberta has become the model for this federal/provin-cial/municipal partnership.

The 17 sewer improvement projects are vivid examples of how the government of Canada, the province of Alberta, and the city of Calgary can work together to meet the needs of citizens. This project was greatly accelerated thanks to the Canada/Alberta infrastructure works program, in which the federal, provincial, and municipal governments each agreed to pay one-third of the \$28 million in total eligible costs. It is vital for Calgary to maintain and improve its infrastructure to enhance the quality of life of its citizens. These projects presented today have resulted in some important benchmarks. All of Calgary's wastewater is now a hundred percent disinfected thanks to the addition of the Fish Creek ultraviolet light disinfection facility. In addition, many of Calgary's established communities are now better protected from flooding, and our drinking water at the Glenmore reservoir is also more secure.

These 17 projects just represent more to come. I know that the city of Calgary will receive between \$31 million and \$35 million in 1998-99, part of the transportation partnership grant and the north/south trade corridor development.

As a citizen raising a family in Calgary, I am very proud of our city, of our province, and of our government partnership.

Thank you.

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

Domestic Violence

MS PAUL: Thank you, Mr. Speaker. I'm a survivor not a victim of domestic violence. A survivor. There are hundreds of survivors like me in every corner of this province. Many have taken the time to phone or to fax me over the past few months. What are they saying? They are saying that Members of this Legislative Assembly, their elected representatives, must at the very least pass a domestic violence bill during the spring session. Such legislation is a first step forward and only a short-term, stopgap measure. They are saying that in order to prevent and stop domestic violence and in order to let the healing begin, what is required is a comprehensive effort by this government to prevent domestic violence before it starts.

What does that mean? Mr. Speaker, it means a concerted effort by each and every one of us in this Chamber. It means we acknowledge that violence or abuse against a parent, a child, a spouse is not a Conservative issue or a New Democrat issue and it's not a Liberal issue. Consequently, I would ask each and every member of this Legislature to look inside and to ask what he or she has done to ensure that we have adequate emergency shelters for a spouse and children in need of a safe place; that support and assistance must go beyond a bed and food to include providing educational programs to give women and children in shelters time to heal and to be able to gain the strength to live a life free of abuse; that an education curriculum is in place so children learn at a very young age that violence against another human being is wrong and what to do when that violence is against them or someone they love; that educators, clergy, health workers all have the proper resources to identify and to respond to abuse and violence.

We all must ensure that every man, woman, child, senior, every person in this province feels free and safe to leave an abusive situation, trusting that they will have the support and services they need to be a survivor.

Thank you.

2:50

THE SPEAKER: The hon. Member for Whitecourt-St. Anne.

Drug Abuse Resistance Education

MR. TRYNCHY: Thank you, Mr. Speaker. I would like to use this opportunity today to speak about an excellent program that strives to educate children about the perils of drug abuse. The program is called DARE, which stands for drug abuse resistance education. It is designed to equip elementary and junior high school children with knowledge about drug abuse, the consequences of abuse, and skills for resisting peer pressure to experiment with drugs, alcohol, and tobacco.

The DARE program, which educates children all across Canada, is a co-operative effort by the police, the schools, the parents, and the community working together. These people help Alberta's children make the right choices concerning drug use. DARE officers work with children to raise their self-esteem, teach them how to make decisions on their own, and help them identify positive alternatives to drugs. Through role-playing, the DARE curriculum emphasizes the negative consequences of drug abuse and reinforces the skills to resist peer pressure and intimidation.

DARE uses uniformed law enforcement officers to teach a formal curriculum to students in a classroom setting. Mr. Speaker, the use of uniformed police officers as instructors is one of the unique features of the project DARE. The officers selected for the program are talented in human relations and communication skills, and the officers are specially trained to present a 17-lesson instructional unit over 17 weeks at the school.

Mr. Speaker, a couple of weeks ago I had the good fortune of attending the grade 6 DARE graduation ceremony at Darwell school to witness the success of this program in my constituency. It is clear to me that this program is a positive experience for young Albertans. With so many temptations in the world today, an education program to teach students about the dangers of drug abuse is critical to the well-being of our children and their future. DARE programs are in 75 Alberta communities. The dedicated men and women of DARE offer Alberta's children a helping hand at an age when children need it most. I certainly thank them for their fine service.

Thank you.

head: **Projected Government Business**

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

MRS. SOETAERT: Thank you, Mr. Speaker. Under Standing Orders I would request that the Government House Leader tell us what's happening next week.

Thank you.

MR. HAVELOCK: I'd be happy to give the member a blow-by-blow description of next week. We will certainly work with the opposition, Mr. Speaker, to identify the sequence of second readings on Monday and Tuesday.

In the afternoon of Monday, March 2, we are looking at second reading on bills 3, 17, 18, and 20. That evening we will be dealing with Committee of Supply, and we're looking at the main estimates for Education in committee A and Intergovernmental and Aboriginal Affairs in committee B that evening also.

March 3 in the afternoon at 4:30 we're looking at dealing with bills 3, 17, 18, 20, 21, 22, and 23. I know that the opposition will be quite pleased to send all those through second reading very quickly. Then that evening we'll be in Committee of Supply dealing with the main estimates of Agriculture, Food and Rural

Development in committee C and the main estimates for Economic Development in committee D.

Wednesday, March 4, at 8 p.m. we will be working on the main estimates of Transportation and Utilities in committee B and Advanced Education and Career Development in committee A.

Thursday in the afternoon there has been Education designated through Committee of Supply. So we'll be dealing with the main estimates and then whatever we might be able to get to on the Order Paper at that time.

THE SPEAKER: Hon. members, before proceeding, might we revert briefly to Introduction of Guests?

HON. MEMBERS: Agreed.

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

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

MRS. FORSYTH: Thank you, Mr. Speaker. It's my pleasure to introduce through you and to you two people that are excited about seeing Royal Assent on Bill 1 and who have worked very hard for the children of Edmonton involved in prostitution. I've had many, many conversations in the last little while with them. It's DeWayne Brown from Crossroads and Maureen, who works with him. I'm sorry; I don't know her last name. I'd like to introduce them and have everyone give them the warm welcome of the Legislature.

THE SPEAKER: My office has received proper notice under the provisions for Standing Order 30.

The hon. Leader of the Official Opposition.

head: **Emergency Debate**
Cancellation of Surgeries in Edmonton

MR. MITCHELL: Thank you, Mr. Speaker. I rise to impress upon you the validity of this Standing Order 30, which, as you have mentioned, I gave you notice of in due course and within the time limit specified in our Standing Orders. I am asking that you rule that the matter contained in this Standing Order 30 is urgent and that it is consistent with the requirements of our Standing Order 30. For the record, I would like to read the motion.

Be it resolved that this Assembly adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, the genuine emergency created by the cancellation of surgeries in the Capital health region due to a shortage of hospital resources.

I am guided today in my arguments, Mr. Speaker, by three important authorities that govern the proceedings in this House. I will be referring in my arguments to *Beauchesne* 387, 389, and 390. I will be referring, of course, to our Standing Order 30, and I will also be referring to your ruling on February 4 about a prior Standing Order 30 that we presented and which you declined.

I am not raising this ruling in any way to argue against that previous ruling. In fact, Mr. Speaker, quite the contrary. I am raising and referring to your ruling in my argument because I want to ensure that I address each of the points that you raised in your ruling, points which I think you made very carefully and which you made as a specific statement about how Standing Order 30s should be dealt with and argued properly in this Legislative Assembly. I will say that we were remiss in the way that we

presented our case last time and that you were proper, entirely proper, to point out that there were specific points that needed to be addressed, not the least of which is of course the emergency of the substance and of the need for urgent debate. I will do that in my presentation this afternoon.

I also want to say that I am not rehashing the Standing Order 30 motion that we presented to you on February 4, because the circumstance that I mention today, while similar, has progressed by virtue of the fact that it continues its urgency and has risen, has intensified, and by virtue of the fact that it is now broader in its application, its urgency has been enhanced and intensified.

I read, Mr. Speaker, from the authorities which I have noted just earlier. *Beauchesne* 387, in the section entitled Motions to Adjourn the House under Standing Order 52 to Discuss an Important Matter:

The Standing Order is clear that the question be specific and must require urgent consideration. It must deal with a matter within the administrative competence of the Government and there must be no other reasonable opportunity for debate.

Beauchesne 389 goes on to say:

The "specific and important matter requiring urgent consideration" . . . must be so pressing that the public interest will suffer if it is not given immediate attention.

Beauchesne 390 states:

"Urgency" within this rule does not apply to the matter itself, but means "urgency of debate", when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough.

Standing Order 30 spends a good deal of time dealing with this issue. I'd like to highlight several points, Mr. Speaker. Under clause 30(1) it is specified that

any member may request leave to move to adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance of which written notice has been given to the Speaker at least two hours prior to the sitting.

It goes on under section 30(6): "An emergency debate does not entail any decision of the Assembly."

It goes on under 30(7):

- (a) the matter proposed for discussion must relate to a genuine emergency, calling for immediate and urgent consideration . . .
- (c) not more than one matter may be discussed on the same motion;
- (d) the motion must not revive discussion on a matter which has been discussed in the same session pursuant to the provisions of this Standing Order;
- (e) the motion must not be based on a question of privilege.

I would like, Mr. Speaker, then to summarize, if I might be so presumptuous, what I was able to garner specifically from your ruling on February 4. The issues that I have analyzed from that strong ruling are as follows. The argument on behalf of the Standing Order 30 motion must emphasize that there is no other reasonable opportunity for debate. It must also argue that those opportunities that were available were exploited. You were distressed that any opportunities we'd had in the previous case weren't properly exploited. It says that the earliest possible time was not used. In your ruling you said that, so we have to use the earliest possible time. You raised the issue of genuine emergency.

I could quote from your ruling. There are a number of very definitive statements in that specific ruling with respect to the need to use any reasonable opportunity for debate.

I've read all the comments given by the members on the Speech from the Throne and only two – two – indirect references to this subject matter, and they were done in only a few lines from all the text that was given.

Clearly, a definitive argument.

Those opportunities that were available were not exploited.

You argued, "I read the text and I read the debate earlier today, and I found very few examples relating to emergency bed problems in that debate." You argued that the earliest possible time must be used. This is you speaking, Mr. Speaker:

I read the questions, again in *Hansard*, that were raised on Wednesday last, on Thursday last, on Monday – yes, I read it yesterday as well; . . . and today was the first day that this question of emergency beds actually came up.

You specify in a number of different ways but perhaps none more clearly than in this statement: "So the question here is genuine urgency."

3:00

Mr. Speaker, I would like to dispense with several minor issues that arise from the various things that I have read. I think that they are easily dispensed with. Clearly, you have already dispensed with the argument that we had to give proper notice. We have, and I thank you for that. Standing Order 30(6): "An emergency debate does not entail any decision of the Assembly." Clearly we're not asking for a decision; we're asking for a debate. Standing Order 30(7)(c) says that "not more than one matter may be discussed on the same motion." We are being very, very specific, as was consistent with your ruling, about what we are discussing, and that's canceled surgeries.

Next, section 30(7)(d):

the motion must not revive discussion on a matter which has been discussed in the same session pursuant to the provisions of this Standing Order.

The only time it was raised under a Standing Order, we weren't allowed to discuss it, Mr. Speaker. Rightly so. Now there is a qualitative and quantitative difference in the issue. It is, in fact, a different issue because of its intensification, the accumulation of problems, and because of the immediacy of the reports that we've heard today.

Finally, "the motion must not be based on a question of privilege." Clearly, Mr. Speaker, we are not raising this as a matter of privilege. We are raising this as a matter of important debate and in fact, of course, very urgent debate.

With *Beauchesne*, another specific and easily dealt with condition is that it must be "within the administrative competence of the Government." Clearly, this matter of health care delivery is directly within the administrative competence of this government. About that there can be no argument.

Beyond these – I don't want to say perfunctory – clearly more specific and less complex conditions, there are some powerful and important substantive conditions and issues that arise out of the three authorities to which I have referred. The first has a number of implications: there must be no other reasonable opportunity for debate if the Standing Order 30 is, in fact, to be legitimate. Mr. Speaker, the reports that I will refer to in arguing the urgency of the substantive matter of this issue were clearly available to us in this Legislative Assembly only this morning. This is all but the first opportunity for us to debate it.

There was one other opportunity – that was question period – and I used my time in question period to raise that matter. That, we could argue and I would argue very strongly, is a limited opportunity, given the nature of question period. If question period was always a reason for not allowing a Standing Order 30, then there would never be a need for Standing Order 30. Clearly that is not the condition contemplated by our own Standing Order 30. Secondly, I did point out that there has been one opportunity, and we used it.

Mr. Speaker, a third feature of this is: are there opportunities

in the normal course of the House over the next weeks, days, months that might be used to deal with this? You referred to that in your ruling. You in particular mentioned motions 546 and 562 on the Order Paper. I have looked at those. They clearly would provide an opportunity, perhaps in a general sense, to address this matter. They will not come up for debate in this Legislative Assembly this session, knowing what we all know about the scheduling of debates and private members' limited time to discuss motions of that nature and to get through the many motions that precede them. So I don't see those as an opportunity.

The estimates are past. The throne speech is past. The budget speech is past. If you assess what opportunities exist, I think that they are nil except for question period and perhaps the odd PMS. But again we come back to the issue. If PMSs and question period were sufficient to deny a Standing Order 30, then there would be no need for Standing Order 30s, and there clearly is.

One other point I should make about other opportunities: Health estimates do come up but not until March 9. That is too long a wait for the nature and the urgency of the matters that we are raising in the Standing Order 30. Lives literally are at stake, and certainly suffering and pain is a powerful and important issue in this context as well.

You also specified specifics. You felt that our argument was not focused and did not address the core issues. Mr. Speaker, we've been specific: it's Edmonton. We've been specific: it's cancellation of surgical beds, which has implications for the backup in emergency and so on. The backup in emergency, for example, is creating the problem of canceled surgery because the beds are being taken. But the substance and the core, consistent with your ruling of course and in all the authorities that I have mentioned, is the question of emergency and urgency. *Beauchesne* points out, of course, that from time to time this procedure has been referred to as an emergency debate and goes on to discuss very clearly the question of urgency, as does the Standing Order 30 and as did your ruling.

If I can just for a brief moment refer to some definitions of emergency. I pull out *Oxford*: a situation especially of danger or conflict that arises unexpectedly and requires urgent action. There are those who might think this wasn't unexpected, but it certainly wouldn't have been the government, and it wouldn't be for the right reasons. It is expected, if at all, for the very reasons that have created the problem. It shouldn't have arisen, and that's how we have to interpret that definition. As for urgency: demanding or requiring prompt action or attention pressing. Clearly, this issue falls well within those definitions and is very consistent with what *Beauchesne*, Standing Orders, and your rulings are talking about.

There are two issues that come out of these authorities about the question of urgency. One is the distinction in *Beauchesne* between the urgency of debate and the urgency of the substance. The two are not unrelated of course, Mr. Speaker. There is an urgency of debate, as I have outlined, because we have no other opportunities – this is the earliest possible time – and because of the substance of the problem. The substance of the problem, the urgency of the substance, of the issue, is the second feature of the urgency argument.

I have a number of points to make in that regard. They are, among other things, Mr. Speaker, that clearly the Edmonton area hospitals are canceling surgeries. In fact, reports are that Edmonton area hospitals are canceling all but the most urgent elective operations as intensive care units reach their limits and

patients crowd emergency departments. In fact, there are three cases, for example, of aneurysms that have been defined as elective because: it's not likely that that aneurysm will burst today. We can play with definitions. They can play with definitions, but this is about people's lives. They are canceling clearly urgent surgeries that in any other context of properly delivered, properly managed, properly funded health care would be urgent surgeries. They have canceled heart surgeries this week. I defy anybody in this House to define heart surgery as elective. They are canceling elective operations.

3:10

Secondly, Mr. Speaker, early Wednesday 56 patients were waiting for beds in Edmonton's five hospital emergency departments. Admittedly, the number dropped to 31 by the end of the day, but that's a pretty significant number. Misericordia hospital, which is in the west end of Edmonton and has 32 medical beds, had 64 patients waiting for them. Eighteen of them were still waiting late in the afternoon. Two operations on children were canceled Wednesday because there was no room in the pediatric intensive care services in this city.

On Tuesday there was no room in local intensive care units for adults, so a northern Alberta air ambulance was diverted to Calgary. The Capital health authority is planning to reopen the Grey Nuns intensive care unit although they have not made the decision as to whether there would be new beds – I would say they can't because they don't have the money – or whether they'll just transfer those beds from somewhere else, the net effect being no extra beds and this problem still not being solved.

Last night chiefs of staff in the Mistahia region, that depend upon Edmonton for intensive care beds, were told: don't send them to Edmonton; they've got to go to Regina, they've got to go to Calgary, they've got to go to Vancouver.

I will summarize by saying that there is an urgency to this debate. That urgency in this debate exists because we have had no other time to discuss it early enough. We have not had opportunities which we have squandered previous to finding out about this. This is the first real chance we could have to discuss it, Mr. Speaker. But most importantly, there is urgency to this debate because of the substance and the stakes involved in the severity of this problem. We are talking about people's lives: children, our parents, our spouses, people whom we love and people who are our neighbours and about whom we should care all the time. We are talking about people who have been backed up, who can't get the surgeries they need and can't get the attention they need elsewhere because there are insufficient resources. While this minister has been reminded over and over and over again of problems of this nature, which are now accumulating to make this issue a different, qualitatively bigger issue, he has not taken the steps necessary to fix this problem, that must be fixed.

I ask you to rule that this is urgent, and I expect that we will have 15 people who will vote to call the debate after that.

Thank you.

THE SPEAKER: The hon. Minister of Health.

MR. JONSON: Thank you, Mr. Speaker. I would like to speak to the Standing Order 30 request for debate on the current high volumes of emergency room and intensive care unit patients in some regional health authorities in the province, in particular the Edmonton area hospitals.

Mr. Speaker, I would like to stress that while there was indeed

a very high volume of emergency and ICU patients in some hospitals in the province over the past couple of weeks, the system is responding and coping, and there is no need for an urgent debate. As I have mentioned several times in the Assembly over the past few days, the months of January, February, and March are traditionally the periods of peak volumes of emergency room and ICU patient admissions. That is the case not only here in Edmonton but across Alberta and across Canada. Indeed, Mr. Speaker, I was advised this morning that ICU beds were in extremely short supply across western Canada and further advised that they were full across western Canada. In Alberta we are of course as a province part of western Canada.

These peaks happen for a variety of reasons. They happen because these winter months are the peak season for the flu, for pneumonia, for falls and injuries due to icy sidewalks and roadways. It is also a peak time for hospitals performing elective surgeries that were postponed during December because patients and staff did not want to be in hospital during the Christmas season. At the same time, some of our emergency wards have seen increased volumes over last year, making these wards even busier places during this peak time. However, Mr. Speaker, the essential point to be made here is that despite this peak time and the current high volumes, our hospitals, our regional health authorities are managing the situation, and they are managing it well.

Through the hard work of our doctors, our nurses, and our other hospital staff, all patients are receiving the care they need, and they are receiving quality care. Yes, there may be times during these peak times when there is a wait in the emergency ward before a bed is found for a patient in a hospital ward. But while that patient is in the emergency ward, they continue to receive the high-quality, professional care provided by our doctors and nurses and support staff. Indeed, I took the opportunity last night to personally visit the emergency rooms at the Royal Alexandra and the University hospitals here in Edmonton. Yes, they were busy, but they were managing well and providing the necessary care to patients. As well, Mr. Speaker, I would like to point out that as a result of some of the more overly dramatic media coverage of the situation of the past few days, I have received calls from several emergency room patients who wanted to clarify that the care they received was of high quality.

Finally, speaking about the two major health authorities and particularly the Capital health authority, I would like to highlight the fact that regional health authorities in this province have received significant funding increases both this year and for the coming year so that they can have the plans and processes in place to deal with peak volumes such as we are experiencing this month. As a result, Mr. Speaker, the Capital health authority has been able to open over 20 additional beds over the past few weeks to respond to the increased utilization and has plans in place to open beds and another IC unit in the Grey Nuns hospital in the near future. I think it's really important to emphasize that in January and February the Capital health authority has responded. It has opened 106 additional beds, 67 acute care and 39 in continuing care.

In conclusion, is there a peak demand in the emergency rooms and intensive care units across western Canada this week? The answer is yes. Are hospitals and hospital staff coping with the current high patient load? The answer is yes, Mr. Speaker. Are patients receiving the care they need despite this high demand and challenges facing them? The answer is yes.

Is there a situation requiring emergency debate? The answer, in my view, is no.

THE SPEAKER: The leader of the ND opposition.

MS BARRETT: Thank you, Mr. Speaker. I would like to speak to the urgency of the state of health care in the city of Edmonton in support of getting the approval to debate this important public policy.

The urgency is that when a patient is told that for her or his requirement for surgery the status has to be changed from urgent to elective, then you know you've got a crisis in the system. This is not the first time that has happened. It happened a few weeks ago in this city as well when every hospital was on red alert. Well, we have red alerts in this city all the time, have had for the last two years since the true effect of the magnitude of budgetary cuts really took hold.

3:20

When patients' lives are at risk, when doctors are stretched to the point of saying: "I cannot admit you; there is no bed. I cannot perform the surgery. I have to change your status to elective because I cannot get you in the system" – and this has happened – then you know that you've got a problem. I believe that patients' lives are at stake, and I would not want to be one of the people in emergency right now. If it is as bad as it was last year, with waits sometimes of more than two days in the emergency ward, hanging around the halls in the emergency ward – and we know it's worse now – then surely this is a matter of urgent public policy.

I would conclude by saying, however, that this should never have happened. In 1993 the government told Albertans that it was going to cut health care, education, social services, and all the big departments by 20 to 30 percent over the following couple of years. [interjections] Well, it was up to 30 percent in some departments. The government then introduced legislation that said that if there's any budgetary surplus, it must go exclusively to the debt and not be available to help fix cracks in the systems, which I would have thought at least one of the 83 MLAs in this Assembly could have anticipated, given the magnitude of the proposed cuts. Not one person did that. The bill passed unanimously.

THE SPEAKER: The hon. Government House Leader.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I certainly agree with the Minister of Health that the Standing Order 30 by the Leader of the Opposition should be rejected. The Minister of Health was very clear in his arguments against this motion.

I found it also quite impressive that the minister took the time to personally visit various sites last evening to determine whether or not a true emergency existed. He determined that that was not the case. In fact, he has not relied on media hype or media reports to advance his position. He went and saw for himself and determined that no emergency exists.

We are not downplaying in any way the pressures faced by the Capital health authority and other regional health authorities at this time. This is an issue faced across the country, as the Minister of Health clearly stated. Other provinces in western Canada are facing the same pressures. This morning every ICU in western Canada was under pressure. Despite this peak time and the current high volumes, our hospitals and regional health authorities are managing the situation and they are managing it very well. The hospital staff are doing their best. The patients

are receiving the care that they need, and they are receiving quality care. That, again, can't be emphasized enough.

Mr. Speaker, we need to set the record straight with respect to what this debate is all about. It relates to the postponing of elective surgeries, not the cancellation but the postponement of those surgeries. And who has postponed those surgeries? The medical profession. The doctors determined that some surgeries could be postponed in order to deal with the peak issue. Who better to make that decision than the people who work in the field every day?

Mr. Speaker, you've ruled earlier this session, in particular on February 4, on a similar Standing Order 30. It was brought by the hon. Member for Calgary-Buffalo to discuss the shortage of emergency beds in the province. The matter before us is not significantly different from that discussed on February 4. The previous discussion related to a shortage of emergency beds in the province. Now, while worded somewhat differently, the practical effect of this motion is to debate the emergency bed situation again, albeit restricted to Edmonton. After hearing the matter on February 4, you ruled that the request for leave was not in order, and I would like to refer to Standing Order 30(7), which states as follows:

A motion under this Standing Order is subject to the following conditions . . .

(d) the motion must not revive discussion on a matter which has been discussed in the same session pursuant to the provisions of this Standing Order.

Mr. Speaker, I was quite surprised that the Leader of the Opposition would actually refer to this Standing Order, because it clearly undermines and in fact nullifies his argument. We have heard this before, and this is simply an attempt to word it in a slightly different way to raise the same issue which you previously ruled could not be raised.

To emphasize, I would say that you have dealt with this earlier in the session and that the Minister of Health and the government are monitoring this situation very closely. Clearly, there is no need for an emergency debate under Standing Order 30 to address the issues of emergency beds in Edmonton. Additionally, Mr. Speaker, given the latitude in debate afforded to the Leader of the Opposition, I believe any further discussion would be superfluous. Quite frankly, he's already debated the motion.

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

MR. DICKSON: Thank you, Mr. Speaker. Thank you very much. I wish to supplement the comments of the Opposition House Leader, and I want to make this point. In an effort to provide you with the most current information we could possibly obtain, my colleague for Edmonton-Glenora, the Opposition House Leader, attended at 2 o'clock this afternoon a news conference held by the Capital health authority. I might add parenthetically that everything the minister told us is effectively stale news.

Notwithstanding the announcement that the Minister of Health reiterated today, here is what the Capital health authority reported at 2 o'clock this afternoon. They confirmed - I've got some transparencies, and I'm going to summarize them as briefly as I can - that in the last week 210 surgical procedures have been postponed. On February 17 there were 25 surgical operations postponed. On February 15 there were 26 postponements. On February 19 there were 19. On February 20 there were 34. On February 23 there were 39; on February 24, 27. On February 26, 40 surgeries had been postponed.

Janet Davidson reported at the Capital health authority news conference just an hour and a half ago that - and this is a paraphrase, not a precise quote - we need more resources to do the job. This is in the words of the acting CEO of the Capital health authority. Mr. Speaker, I'm not a physician; you're not a physician. But the woman whose task is to be acting CEO of the Capital health authority reported just an hour and a half ago: we need more resources to do the job, and this is not acceptable. Now, that's the closest paraphrase we're able to provide in the absence of *Hansard*.

Now, as I said, some of us here don't have a medical background or a medical degree, so we have to rely on the best evidence we have from those people who are properly qualified and accredited to do that. I'm informed that in the Capital health authority, nonemergency surgery includes both urgent elective procedures and elective procedures. Urgent elective means as soon as possible. That includes some of those 210 procedures that this week were not able to proceed, 210 Albertans that were not able to get the services that they require. Surely we're not to a point of having to somehow make some definition of how life threatening an injury is before it warrants the treatment of a genuine emergency.

I think, frankly, as I understand the minister's comments, that he's trying to create a bar that's wholly unacceptable. We're here to respond as a Legislature to the needs of our constituents. In fact, given the information that we receive from the professionals, the information we receive from the people entrusted by this minister to deliver health services and to provide health services to the people in the Capital region, surely we have to take that advice. We have to respond to the needs that they've identified.

If that doesn't constitute a genuine emergency, Mr. Speaker, within the way you characterized and phrased that the last time you dealt with a Standing Order 30, I can scarcely conceive of one that would meet those terms.

Those are the comments I wanted to make, Mr. Speaker. Thank you.

3:30

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

MRS. SOETAERT: Thank you, Mr. Speaker. Very briefly I'd like to speak about the urgency of supporting this Standing Order 30. I think the best way to bring it to light for all members of the Assembly is to give actual examples of people who are waiting or who have been bumped. Then I think when we look at their lives, maybe we'll realize what a crisis we are in and how urgent this is.

Diane Nadeau phoned me. Her husband is waiting for a kidney transplant, but in order to have that, he has to have an angioplasty first. He was booked for an angioplasty; a day before it was canceled. I think if you were waiting for a kidney and waiting for that procedure and your health daily deteriorates, I would call that urgent.

Jim Goulet needs a hip replacement. He's on a 21-month waiting list. He uses crutches and a wheelchair to get around. I think if you were Jim, you would find that we're in crisis and that this debate is certainly worthy of urgency and worthy of doing.

Those are two serious ones. Two that we might consider minor would be maybe Sam Coyes, who's waited since last September for carpal tunnel surgery, not major in maybe our lives, but if it continually affects you daily and if you cannot do what you're used to doing every day, I think that might be considered urgent to you.

John Balsillie, who had an injury last October, off work for a long period of time, is now back at work, but it is still affecting his work. His surgery is supposed to be in May. However, after today's news they doubt that it will be.

Mr. Speaker, I would say that when you put people's faces and names to waiting lists, maybe there's a feeling of compassion and urgency in this Assembly. These are real people trying to get on with their lives, trying to take advantage of the opportunity of living and working in Alberta, and they are being denied that opportunity because of this government's lack of vision and lack of funding.

So, Mr. Speaker, with those brief comments about real people who are waiting, I would urge that this is an urgent debate and worthy of our time in this Legislature.

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

MR. SAPERS: Thank you, Mr. Speaker. I at first hesitated to participate at this point in the debate, and then I thought that I could add just a couple of facts for your information, as this ruling is yours and yours alone to make at this point.

I did have the opportunity to attend the press conference that was put on by the Capital health authority. They certainly felt that this situation was so unique and so urgent and so specific to this time and this place, this province, that they took the unprecedented step of holding a press conference to let the people of this region know that they can expect to have surgeries canceled, that they can expect to have procedures delayed, that they can tell their patients and their loved ones that their medical treatment is not going to be able to go ahead because of the lack of capacity in the Capital health authority. Mr. Speaker, that information was shared between 2 and 2:45 this afternoon.

Mr. Speaker, I had an occasion last evening of an individual calling me at home and saying: "Would you please do something about this? Would you please do something about this now? You're my MLA; you're the only person that I know that I can talk to about this, because talking to my doctor doesn't get me moved up the waiting list. Writing a letter to the Health minister doesn't get me moved up the waiting list. I need your help."

This Assembly has an obligation to the people of this province to put their needs first, to make their priorities our priorities. This is clearly a priority for Albertans. It's clearly a priority for particularly the people in the Capital health authority and all of those who depend on services in the Capital health authority. In my experience I have not been apprised of a situation that's more urgent than the one that presents itself today.

Thank you.

THE SPEAKER: The chair has listened very attentively to the arguments put forward and has copious notes in front of him as a result of all that's been said this afternoon. It's quite clear and at the start it was indicated that this particular notice was provided to my office two hours before the start of the session. So the requirements of Standing Order 30(1) have been met.

All the copious notes, all the copious statements I think will come down to the following. In listening to the Minister of Health, the Minister of Health did say that this was a problem across western Canada. In listening to the hon. Government House Leader, he repeated that and also pointed out, "We need to set the record straight [as] to what this debate is all about."

The conclusion of the chair is that there is some urgency with respect to this and it probably is in order to have this matter and the record set straight.

So under Standing Order 30(3) I rule in favour of the motion,

and I shall put the question. Shall the debate on the urgent matter proceed to a vote of the Assembly? All those in favour of proceeding with the urgent vote, please say aye.

SOME HON. MEMBERS: Aye.

THE SPEAKER: Those against, please say no.

SOME HON. MEMBERS: No.

[Several members rose]

THE SPEAKER: According to Standing Order 30(4)(a), "if 15 or more members rise accordingly, the Speaker shall call upon the member who asked for leave."

The hon. Leader of the Official Opposition.

MR. MITCHELL: Mr. Speaker, thank you very much for your ruling. I appreciate your patience in listening to our arguments for urgency, and I appreciate greatly your ruling that allows us to debate some very important matters that are affecting health care delivery in the Edmonton region.

Mr. Speaker, what we are talking about is a question of how this regional health service has failed and is failing many, many of the people of the region and in northern Alberta as well because they cannot meet the demand. There are inordinate and consistent and persistent waits at emergency operating rooms. There have been 2,500 red alerts, and there have been incidents at every major hospital in the Edmonton region where emergency care services have been shut down.

This has been accumulating and intensifying. Yesterday we found that 56 people could not find beds in this city in the morning. That diminished to 31 by the afternoon. Still far, far too many people could not find beds. Surgeries have been canceled, Mr. Speaker – and these are important, significant, urgent surgeries – because there are insufficient medical beds to take care of people postsurgery. There are insufficient medical beds to take care of the people postsurgery because people with emergency requirements have been put into those beds.

The argument was made earlier that somehow these were elective surgeries. The government is playing with definitions. Five years ago things that today are being called elective were urgent in the sense that they were done immediately, quicker than immediately because of the nature of the problem for which people required the surgery.

The minister continues to say: well, this is just an aberration; we always have a period of time in the winter when pressures rise. Well, Mr. Speaker, if it is because of the flu, as he says it is, flu epidemics generally last from six weeks to two months. Flu epidemics lasting from six weeks to two months are no longer merely a cyclical spike. They become one-sixth of the entire term or period of health care delivery in this city, which is a significant chunk of time for resources to be so significantly underfunded and underestimated. Not only that though. The pressures on emergency services aren't just because of spikes. There is a consistent and continuing increase in the number of emergency visits in this city. In 1995-96, that fiscal year, there were 230,000 emergency visits. In '96-97 there were 238,000. This year, '97-98, they have increased to 256,000. Funding has not kept pace with that.

3:40

The minister argues and lists a litany of initiatives that he says he has taken. Well, given that today the problem still exists, his

arguments defeat his own case, because if the initiatives that he was taking were sufficient, these problems would have been solved. It isn't sufficient for the minister to argue in defence of his case that he's spending more money or that he is taking these steps if in fact those steps are not working. The question here isn't how much money he can spend, although he has to spend more. The question here: let's hold him accountable for the results, for the effectiveness, for the productivity. Let's hold him accountable for the fact that he has created and has failed to solve these problems in the city of Edmonton.

These are not statistics and these are not problems that can be dismissed out of hand in some technical, administrative, empirical way, Mr. Speaker. These are people, and my colleague from Spruce Grove-Sturgeon-St. Albert made it very clear what in human terms is at stake here and who is being affected.

I guess the question that I have to ask – and I ask myself this question often; I've asked the government this question – is: what does it take, what would it take to clearly indicate to this government, to the minister, to the Premier that there is a significant problem? What does it take for them to consider at a human, compassionate level that while a hip may not be urgent in some contrived sense that conditions in the health care system now have forced people to determine, they are urgent for somebody who is in consistent and continuous pain because they haven't had the hip operation? How do you dismiss that? How can members in this House, any member in this House, simply dismiss that? How long is that elderly person supposed to walk with crutches or with a walker or use a wheelchair because they simply are in too much pain to function properly?

Somebody once said to me that one of the things that distinguishes a Conservative is that they can't imagine what it's like to be somebody else. How do we determine, how do we make them imagine what it's like to be those 200 people who have had their surgery canceled in the last week? How do we accumulate in their minds the human impact, the human terms, the human stakes that are involved in those statistics? We can't continue to receive denials in the face of obvious empirical evidence and obvious human evidence that this has gone on long enough. A competent Health minister would have fixed the problem. In any other of the analogies that this government makes to business, any vice-president of any firm or any senior manager of any firm who failed to fix the problems, who demonstrated this level not only of incompetence to fix the problem but clear denial in the face of evidence, that person would be fired. That's how you create efficiency in that.

Mr. Speaker, there are specific initiatives that can be taken. One is that there must be adequate nursing services in this city. Beds are closed because there are not enough nurses. Nurses are worked off their feet. They are overworked, clearly, at this time. Those nurses need to be supported, as appropriate, with other forms of health care workers, LPNs and so on. There are insufficient numbers of those kinds of workers. We need to hire more health care workers.

Doctors, Mr. Speaker, are under undue pressure. We had 46 surgeons in this city three, four years ago. Today we have 21 surgeons. The population has gone up in that period of time. The age of the population in this province has gone up during that time. If 46 surgeons were busy four years ago, it is very, very difficult to see how 21 surgeons can maintain adequate service given the nature of the pressures, given the nature of population demographic changes in this province. If you need more statistics, it's clear that emergency requests and emergency requirements have gone up.

Doctors, Mr. Speaker, are under duress as well. The morale

problems that affect all health care workers in this city are many. Certainly the statements and the reports that there is a serious morale problem don't come because people are disinterested, don't come because they've lost their commitment to public service and helping other people. Those come because they are overworked and cannot ever seem to accomplish the task for which they have been trained, which they are driven to accomplish, because they want to make those contributions to other people, because they don't have the resources to do it.

I don't know, Mr. Speaker, what it takes to make this government understand that there is a question of resources. Yes, they say: well, you don't solve problems by throwing money at them. At some point, though, there is either enough money or there isn't, and all the evidence suggests and points out very, very clearly that there is not enough money.

We need medical beds. We need surgical beds. We need to open up surgical rooms so that the surgeries can be done. We need emergency backup beds so that the people coming into emergency don't shunt aside the people who need a medical bed for postoperative care. We need, Mr. Speaker, a proper assessment of what resources are required in this city, and we need a government that will address consciously and properly and conscientiously the need for those resources. We need to have a public health care system that can meet the demands of people in this province and in this city. We do not need to be creating more and more pressure to develop a private health care system just because a government perniciously will allow the public health care system to be eroded.

There is a need. There are policy alternatives that could be implemented, and there is sufficient money to do it. What we need is a government that has the decency and the compassion to understand that people are what is at stake in this issue.

THE SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. I'm pleased to participate in the discussion this afternoon. I think that the debate that we're having is probably a healthy one, but we need to put this all into perspective. There are a number of points that I think need to be made with respect to the Leader of the Opposition's motion.

First of all, as the Minister of Health indicated, there are circumstances that to some degree are predictable, to some degree are not predictable. We do have a system that is coping with the extra pressure that it finds itself in at this point in time, and the fact of the matter is, Mr. Speaker, that it would be from a practical point of view, from a practicality point of view, impossible to have a sufficient amount of capacity within the system to deal with all extremes. I don't think anyone could argue with that.

It is necessary from time to time to use the existing capacity, use the capacity of any system in such a manner as to manage through critical use times. I think that that is what we are seeing, particularly here in the Capital region. I think that it would be imprudent on behalf of the management within the Capital region for them to ensure that there is sufficient capacity to handle elective, nonelective, and emergent cases on the basis of 365 days a year in perpetuity just in case there was that additional demand. I think that any manager of any system – and I'm not referring specifically to health care – has to have contingency plans in place and has to be able to deal with things in an orderly manner. Frankly, I think that that is what we're seeing at this point in time.

I think a similar situation would be in many other public services. You might use, for example, the contingency plans that are in place to deal with an airline emergency, wherein all hospitals, all health care organizations do have contingency plans that they put in place that would deal with an emergent situation where you suddenly find yourself in the middle of a disaster. In that particular case you would find that certain areas of the hospital would be shut down from the elective surgery point of view.

3:50

What we are experiencing now, as the minister indicated, is relatively short term. We are experiencing a situation of the natural tendency for a health care system to have extra demand at this point in time. The minister indicated that elective surgeries are often postponed through the Christmas season. We're now experiencing the pressures that did come about from that. The minister also indicated that there is the natural tendency for such issues as ice problems, weather-related problems at this point of the year, and the situation has been compounded by the onset of a fairly substantial flu epidemic. By the way, in my reading of the media reports on this flu epidemic, this is a flu epidemic that was not forecast. The particular strain of flu that we are experiencing right now is a strain of flu that was not forecasted and was not included in the flu shots many of our citizens had prior to the flu season.

So I think we've got a situation where we do have additional stress on the system, and I think that the system is doing well. I think that throughout the province, in fact throughout western Canada, we are seeing a situation where those individuals that are asked to manage the health care system are dealing with plans that are well thought out and make some sense.

Yes, no one wants to have a scheduled elective surgery postponed. I have been on the receiving end of telephone calls, not in the last few days but from time to time, when people are disappointed. You have a surgery that's scheduled to take place, and for a number of reasons – it may be that the surgeon that is doing the surgery takes ill himself or herself, and that necessitates a postponement of the surgery. That also happens within the system from time to time.

Mr. Speaker, I think we need to certainly extend our understanding to the patients that are involved in the current situation. We need to extend as Members of the Legislative Assembly the support that we can give from an administrative point of view, from the point of view of assisting our regional health authorities, particularly the Capital regional health authority, all regional health authorities, in not creating a panic situation and not allowing this situation to be blown totally out of proportion, as the members opposite tend to do from time to time.

This is a situation. Yes, it's unfortunate. It is difficult to deal with. It's not totally unprecedented, and it's not something that should not be dealt with on a timely basis from time to time. Mr. Speaker, on behalf of the people that I represent, the people in Medicine Hat, it is my sincere hope that this will be a temporary situation, that the system will be able to get itself back on track, that the multitude of circumstances which have arisen that have brought this situation about will resolve themselves. I would like to congratulate the regional health authorities for dealing with this in what I think is a reasonable manner. It certainly is my wish that this is a temporary matter and that within the next reasonable few days we will again have a situation where individuals requiring elective surgery will be able to again get back into the rotation that I'm sure the system will provide for them.

So with that, Mr. Speaker, I thank you very much for having the opportunity to speak at this time.

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

MS LEIBOVICI: Thank you, Mr. Speaker. It's unfortunate that we have to adjourn the business of the House today to discuss an issue that should have been dealt with over the last three . . .

THE SPEAKER: Hon. member, the question was asked of the Speaker to make a ruling. If you're saying it was unfortunate that the Speaker ruled that we should do that, then I'll gladly take back my ruling. If I'm going to listen to the arguments and make a decision based on what I've heard, then it shouldn't be unfortunate for you.

MS LEIBOVICI: Not at all, Mr. Speaker. In order to clarify, the reason that I'm saying it's unfortunate is the fact that this government should have dealt with this issue many, many years ago. The cutbacks in health care first occurred in 1993, and we in the Official Opposition indicated that we would come to the point that we have right now, which is where we are, at an urgent point in time. I wish to congratulate, actually, the Speaker for indicating and recognizing the importance of this discussion. The reality is that our health care system in Edmonton and throughout the province is in shambles. It's a disgrace that the only rationale I've heard from the Minister of Health, who I hope is listening very carefully to the discussions in the Assembly this afternoon, is the fact that, well, other provinces have somewhat the same problem.

We are talking about the province of Alberta. We are talking about the needs in the province of Alberta. We are talking specifically about the needs in the Capital health region, which we know is underfunded to the tune of at least \$35 million. We also recognize that the Capital health authority is different from the other regions throughout the province in that we provide service to the north, where there are very few specialists and where individuals tend to come here for services. As a result, what we are seeing is not the flu that's had a major impact on services not being available. What we are seeing is the fact that we have an aging population, increased demand for services in the Capital health region, and not enough beds. That's the bottom line.

[Mrs. Gordon in the chair]

This government can and it should do something about it. It can amend the budget. We as the Liberal opposition would be more than willing to take a look at what would be required in the health care budget to ensure that the health care regions are appropriately funded. We would also be more than willing, I am sure, to sit down with the Capital health authority – hopefully the minister is doing that right now, if he hasn't already – and have a plan within the next 48 hours, a concrete plan, as to how to deal with the fact that there are not enough beds in the Capital health region.

The reason there are not enough beds is that we have backup. You look at the fact that there are individuals who cannot access long-term beds and therefore are within the acute care system. You look at the fact that there are individuals who are coming to the hospital sicker than what they would be because they can't access the services. The cycle just continues round and round and round.

The reality is that Albertans are not happy with the health care system we have here in Alberta. There was a poll recently that indicated that they do not feel they are receiving the kind of health care they deserve. What we need to look at is how we deal with a system that has been torn apart over the last four years. Since 1993, since the implementation of the cutbacks in health care, the health care system across this province has been ripped apart. What now we have to look at is: how do we build and truly reform the system. Reformation within the health care system has not occurred. What has occurred is a systematic tearing down of the system in order to enable private health care providers to enter. That is not what Albertans want. That's not what I'm hearing.

What we need to do is ensure that in the Edmonton region specifically – because that's where the crisis is right now. It will just be a matter of time until we see that crisis spill over into Calgary, until we see the crisis spill over into the Palliser region and the Mistahia region and the other regions across the province. It's a matter of time, because it's backup. What happens is that if we can't accommodate, then we can't accommodate from the other surrounding regions, and then where do those patients go? Where do they go when they require care?

It's not good enough for the minister to say: well, Saskatchewan's got the same problem; British Columbia's got the same problem. We're here to fix the problem in Alberta, and I would suggest very strongly that the . . .

4:00

MR. PASZKOWSKI: How are you going to fix it?

MS LEIBOVICI: I've already told you how to fix it. You need to look at the budget, and you need to look at amending the budget. You need to sit down with the regional health authority, the minister, and we'll sit at the table with you. [interjections] We'll sit down with the regional health authority . . .

THE ACTING SPEAKER: Hon. members, the hon. member has the floor. I certainly will be pleased to put anyone that wants to speak to this on the speaking list.

Go ahead, hon. member.

MS LEIBOVICI: Thank you. You know, I'm quite surprised that the minister of transportation would be asking me how to fix it. I'm actually quite pleased, because if he's willing to sit down with us, the Official Opposition, around a table, we can help you fix it, minister of transportation. But it should be within the Minister of Health's responsibility and purview to be able to do that.

Now, the reality is that we have a crisis. I have seen this crisis build over the last number of years within my constituency office. I happen to be the constituency within which the Misericordia hospital is housed. The reality is that I have heard on a consistent basis from the health care givers within that hospital that there are problems within the system that cannot be dealt with. They cannot provide the services that they as health care professionals would like to provide to the patients that are coming in.

I have also visited the Misericordia hospital. I've watched the emergency room and seen the list of patients waiting to be admitted. And you know what? It hasn't changed. It's only gotten worse over time. It's only gotten worse. If this government cannot open its eyes to the fact that there needs to be something drastic done to fix the health care system in this province, then quite frankly I don't believe that you deserve to govern. I believe what needs to happen is that you need to take

the responsibility you have been entrusted with, the responsibility you have been entrusted with by the Alberta voters in the last election. By negating that responsibility, you are negating your ability to govern.

THE ACTING SPEAKER: Edmonton-Meadowlark, through the chair, please.

MS LEIBOVICI: Definitely. Through the chair.

I hope this debate will spur the government to do the right thing. I hope this debate will ensure that the Conservative caucus as well as the cabinet ministers sit down immediately after this debate and figure out the right way, the right thing to do, which is to fix the problems in health care. To have individuals who are not being able to access the health care system, who are potentially dying as a result of not being able to access that health care system or who as a result of not accessing the health care system in a timely manner are undergoing more severe health problems than they need to, is a shame. What this government needs to do is to look at some concrete plans of action, not look at what's happening in the other provinces but focus specifically on the Edmonton area and the surrounding areas and then focus as well on the rest of the province.

This problem was not addressed in the throne speech. It's not addressed through the budget. As a result, we are addressing it this afternoon. It is your responsibility to do what's right for the people of the city, for the people of northern Alberta, and for the people of the province of Alberta. To do anything less than that is abrogating your responsibilities. So I urge you and I urge the Minister of Health to within the next 48 hours – I would rather the next 24 hours – sit down and to come back to this Legislative Assembly with a concrete plan of action as to how the Capital health authority can meet the requirements that are being put upon it. This is not a situation that is a blip in the scheme of things. This is an ongoing problem, and it is not just because of the flu.

I think we've seen this government try to put blame on individuals within the health care system: it is the fault of the doctors; it's the fault of the nurses; it's the fault of the regional health authorities not planning properly. It's the media. The minister just earlier indicated that it was the media that was blowing things out of proportion. The reality is that when you look at individuals who cannot access health care, that indicates that the system is at fault. It's not the individuals who are providing the services. It's not the media who are reporting on those services. It's the system at fault because it's underfunded and it cannot provide the services it's meant to.

Thank you.

MRS. McCLELLAN: Madam Speaker, I feel compelled to stand and join in the debate on this motion. First of all, I want to assure this Assembly that we do have a very competent Health minister in this province, and I base that on fact. The Health minister visited personally two emergencies as late as last night to review this. The Health minister is getting his information directly from the scene. The Health minister is in constant dialogue with the Capital health authority. He outlined very clearly in this House during his response on the urgency of this as to what actions were being taken, not a lot of rhetoric and diatribe about the state of the system but positive actions that the Capital health authority is taking in this very unique and unusual situation.

Yes, we're talking about Alberta, but the fact is that this is an issue in four provinces in western Canada. I don't think it takes

a lot of thought or intelligence to understand there is a unique and unusual situation. And we are having a unique and unusual outbreak of a flu that was not anticipated, that is very difficult to deal with and has some very difficult medical ramifications.

The massive reinvestment that has been made in health in this province last year and again this year has been done in a measured and responsible manner. [interjections] It has been targeted at the pressure areas. It has been done in close consultation with the regional health authorities. Madam Speaker, I believe that the Capital health region should be commended for responding in an appropriate manner, in meeting with the Health minister, in working with their health professionals to make sure that they can deal with this situation in the most appropriate manner.

Madam Speaker, I have heard that this government blames the doctors, nurses, health authorities. I have never heard anyone from this side of the House blame the dedicated health professionals or the dedicated members of that health authority for this situation, and I take great exception to that comment. I think it's irresponsible. [interjections]

THE ACTING SPEAKER: There are people over here that are repeatedly interjecting. You are on the speaking list. I would ask that you wait until your turn comes up. The hon. Minister of Community Development has the floor. Go ahead, hon. minister.

MRS. McCLELLAN: Thank you. Madam Speaker, I believe that the dedicated health professionals in this province are responding and dealing with this unique and unusual situation in a very responsible way. One of those ways is by canceling elective surgeries. Elective surgeries are exactly that. Yes, it can be inconvenient; it probably is. Yes, it can be very uncomfortable. But each of us if we were faced with that, if we were that person on that elective list and we understood the unusual and unique situation that is facing our health professionals today, would agree that that is the responsible way to go.

4:10

MR. WHITE: Shirley, I was there for six months. It's not true.

MRS. McCLELLAN: Madam Speaker, I believe that qualified health professionals make those decisions, not people in this Assembly.

Speaker's Ruling Decorum

THE ACTING SPEAKER: Hon. Member for Edmonton-Calder, I just said a few minutes ago that if you wish to get on the speaking list, we'll put you there. The hon. member has the floor. This is a debate that will go back and forth. And there will be no pointing either.

Carry on, hon. minister.

Debate Continued

MRS. McCLELLAN: Madam Speaker, our health care system in this province and in our country is one to be proud of and to treasure. We have this system because we manage it very carefully. What is a disgrace is that hon. members would call our health system a disgrace and that they would say it's in shambles. It is unfair, again, to the wonderful health professionals that dedicate their lives every day to the people of this province.

I'll tell you what is a disgrace, Madam Speaker, in my view. I recall the federal government ripping millions and millions of

dollars out of the health transfers to this province. I recall standing in this Assembly and urging those hon. members to speak with their counterparts at the federal level to consider that. I can say proudly that this government because of careful and prudent fiscal management did not have to pass on those massive cuts to the health regions in this province, as happened in other provinces.

Madam Speaker, the other point I would really like to make is that there will be an opportunity to debate the Health estimates in this Assembly, and there will be an opportunity to debate them extensively. There can be an opportunity through the regular estimates. There can be an opportunity through designation of that department.

The answer to every question and every problem, Madam Speaker, is not spend, spend, spend. More money has not proven to improve the health status of any country in the world. The World Health Organization's own figures show that the American system is the highest cost system in a privately administered system, and their health status is perhaps somewhere in sixth or seventh place now. In fact, the Canadian system is the highest cost system in a public system, and our health status is not anywhere near some of the countries that spend more. What is important is that we understand the needs of our health system. What is important is that we can respond to these unusual and unique circumstances, as we are today.

I don't care to have people in emergencies waiting for a bed, but what is more important is: are those people receiving the appropriate health services while they are waiting? I believe that answer is yes, Madam Speaker. [interjection] I believe that is due to the dedicated health professionals in this province. The people of this province have soundly rejected spend, spend, spend and money is the only answer to every problem, and in fact they rejected it as recently as one year ago. I believe they will reject that again and again and again. [interjection] What the people of this province do want is a well-managed health system with well-qualified, dedicated health professionals. They want a ministry that will respond to pressures. [interjection] And, Madam Speaker, that is what they have today.

Madam Speaker, I have tried very carefully as I have sat in this Assembly and listened to this debate to be quiet and to hear other members. I hope that other members have been able to hear my comments, and I suggest that if hon. members get as steamed up as I did at some of the comments from the opposition, maybe they should take a coffee break too.

Madam Speaker, I have appreciated having the opportunity to take part in this debate. Again, I want to give my support to the hon. Minister of Health, who I think is doing a wonderful job, who is on the scene, who is in constant dialogue with the health authority, and who is out there really trying to solve the problem rather than sitting here debating an issue that isn't going to be solved in this debate this afternoon. It will be solved by the competent Health minister working with the health professionals and the regional health authorities in this province.

Speaker's Ruling Decorum

THE ACTING SPEAKER: Before I call the next speaker, Standing Order 30 is an emergency debate. Debate is this side, that side, and this side. I would ask and I will encourage the hon. members here to respect when someone is up debating. Each and every one of you, I am sure, will try to speak before 5:30 tonight. You will have your turn. Allow some respect on this side of the House, and I would remind these members to do likewise.

Debate Continued

MS BARRETT: Well, I've heard a lot of interesting rhetoric, but I think we need to look at some facts here. Fact: in Edmonton in 1993 there were 2,935 acute care beds open in the Capital health authority region. In January 1998 there were 1,685 beds, a reduction of 1,250 beds. To the Minister of Community Development, I suggest that money is the solution here. With a cut of more than 45 percent of the beds in the system, I think somebody's wearing blinkers to suggest that money is not the issue here.

The Capital health authority opened 24 beds in January. These additional beds have had no impact whatsoever on the level of red alerts in the city of Edmonton. Now we're told that another 16 beds will make a difference. No, I think reopening 1 percent of the hospital beds that were closed since 1993 is not going to make a difference.

In two measurements taken by the Capital health authority in 1997, Edmonton hospitals spent 37 percent and 40 percent of available hours on red alert, the condition where hospitals have no room for new cases. This translates into 9.5 hours for every 24-hour period. The first month of 1998 has had even higher rates of red alert. Despite fancy rhetoric about reinvestment in health, bed capacities in public hospitals remained well below their 1993 levels. Beds per 1,000 population have dropped 44 percent in Edmonton and 34 percent in Calgary. The recent so-called funding announcements will do nothing to alleviate this problem.

If the problem was so temporary – if it was so temporary, Madam Speaker – why is it that for the last year Alberta has had the longest waiting lists in the entire country? It is because on a per capita basis we are also the lowest funded health care system in the entire country. When surveyed by what's supposed to be a politically neutral organization, that I'm sure didn't want to get the response it received, we found that 47 percent of Albertans now feel the public health services cannot meet the needs of Albertans due to underfunding. Forty-seven percent.

Now, raw facts. In 1992-93 the health care budget was \$4.133 billion. This year, five years later, the health care budget is \$4.2 billion. Do you want me to tell you what that translates into as an increase? That's 1.8 percent. Believe me, Madam Speaker, I was reading *Hansard* – you can take me out of politics, but you'll never take the politics out of the political junkie – in those years when I was perfectly happy to be away from here, quite frankly, although I'm even happier to be back. You know what the health care budget fell to? It fell to just over \$3.5 billion.

Now, I too like the Health minister. I like the Community Development minister, but when she says that she thinks the Health minister is doing a good job, she just doesn't go the one step further that's necessary. He's being strangled by a right-wing caucus that won't authorize the appropriate expenditure of funds to reopen the hospital beds in this province.

That, my friends, plain and simple, is why I do not need my full 10 minutes. Them's the facts. You want to fix the problem; spend the money. I can only regret, my dear friend the Provincial Treasurer, that we didn't get to your estimates today, because I would have been making the pitch directly to you, for all the good it would do.

4:20

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

MRS. SLOAN: Thank you, Madam Speaker. I am pleased to rise

as a Member of this Legislative Assembly and debate this urgent matter. I am also privileged to rise as a health care professional who happened to work in the system, both under the minister and his predecessor.

The arguments and the facts in this issue are not new. In fact, in December of 1996 I presented a brief to the hon. minister that outlined the issues and impending crises with respect to access to care. I read from that brief: in region 10, acute care beds in December of '96 at six sites had been reduced from 2,551 in '94 to 1,650 beds in 1996, a reduction of 35.3 percent. Today we have that bed rate at 1,685 and an increase over the last year of only 35 beds. Don't tell me this is not a problem, and don't tell me that people in the system are coping. I have been there. I came to you when I was there. I told you the system was in crisis, and here we are today, a year later, and you are still denying that there is a problem.

I need to put on the record as well that doctors and nurses, contrary to the statements of this minister, are being forced to give substandard, unsafe care and not, as the minister stated, the care the patients need. Pneumonia, bowel obstruction, pancreatitis, fractured hips are acute diagnoses that require immediate attention. But in the current system, because of chronic underfunding and a desire by this government to foster a private health care system, people with those types of conditions are being forced to wait up to seven and a half days to get a bed in the system. I don't know if you've ever worked in an emergency department. I have, and I have also laid on an emergency stretcher, and they are not very comfortable. To lie on that type of a stretcher for seven and a half days in my opinion is callous, unnecessary, and it should be addressed by this government.

It is transparent to me, Madam Speaker, that the government's hollow reassurances are old, they are not factually based, and people in the system are getting extremely tired of hearing them. People in the system know that health care accessibility is a key pillar of the Canada Health Act. This government has sworn that they honour this act, but the reality is that for 56 people this week in Edmonton that accessibility comes second to the economic restraint measures imposed on the Capital health authority by the Conservative government of Alberta.

This government is abdicating its responsibility to fund the system properly. In a brief provided to the conference on Alberta's social and economic future, provided to the government prior to the Growth Summit this fall, these statements were made and pointed out. The government repeatedly points out that gross health care spending in Alberta has increased during the deficit years. This, however, is an oversimplification. When examining historical spending patterns, it is important to make two simple corrections. First, the spending should be converted into what economists call constant dollars to remove the effects of inflation. If inflation increases the cost of health care, it also increases the dollar value of other kinds of economic activity, including tax revenues. By converting to constant dollars, we remove the effect of inflated dollars on expenditure levels and see what the province really spent on health care over time.

The problem today, Madam Speaker, is that we continue to see from this government that they will not incorporate inflation or population growth or aging in their funding indicators for health care in this province. That is why the system is in crisis.

It is not, however, just a matter that people are waiting for beds. The fact that there are no beds creates backups and congestions throughout the system. When patients are stuck in emergency for hours, they do not, as well, gain timely access to

the appropriate care and they block other patients' access to ER. Because emergency is often the point of entry into care, access is blocked to acute care, critical care, continuing care, and community care.

Flow problems in the emergency have serious consequences for patients, caregivers, programs throughout the entire system. Some patients are taken directly to a core unit from the operating room and recover in their inpatient bed. This is not appropriate. Before leaving the recovery room, patients should be recovered from anesthetic, have stable vital signs, and if necessary start postoperative medication. In the recovery room they receive close observation in case they become unstable. This close care is not possible when they're taken to the unit. All of these things we told the Minister of Health in December of 1996. He has chosen again to ignore them.

With an insufficient supply of beds any added complications create an extremely difficult situation for health care professionals. Additional complications reported include patients being assigned to the wrong patient care unit, patients arriving without advance notice, outpatients being brought to patient units for treatment because day ward is closed, and patients whose surgeries have been repeatedly canceled.

If this government is not committed to funding the health care system so that it meets the needs of Albertans, I believe they should have the guts to say it on the record. All of you campaigned on your commitment to the health care system, but that commitment is truly false. If you cannot make the commitment to Albertans that you will fund the health care system to meet their needs, then please say it on the record. Have the political guts to do that. Albertans deserve nothing less, Edmontonians deserve nothing less, and health care professionals deserve to have more than verbal platitudes from a government when they are struggling to provide, at minimum, safe care to the people of this province.

Thank you, Madam Speaker.

THE ACTING SPEAKER: The Minister of Transportation and Utilities.

MR. PASZKOWSKI: Thank you, Madam Speaker. I won't be long. I appreciate the opportunity of speaking to what is really a critical and important issue to everyone. When you're ill, it's very difficult, and obviously it's not a pleasant situation to discuss. I'm personally going through that experience right now. I have a critically ill sister in a neighbouring province who isn't able to access this type of service. So please let's not just regionalize this and belittle and blame other people for involvement here. Let's take a positive attitude to solving this whole process. It's not an easy process and is something that's very, very close to me at the present time. I take some offence to the attitude that's being taken by the people across the way. Indeed, this is not fair. To be fingering one person and to be placing all the blame on the back of one person or even on one government – or even on one government – under these circumstances is hardly fair and hardly the right way of dealing with this particular issue. [interjections]

Speaker's Ruling Decorum

THE ACTING SPEAKER: Order. We have a debate here. The hon. Minister of Transportation and Utilities has the floor. Anyone that wishes to speak can do so when he is finished. Let

us show a little decorum and respect in this House regardless of the issue that's before us. [interjection] That goes for you, Leader of the Opposition. Hon. Leader of the Opposition, look at the chair. I am talking to everyone here.

Go ahead, hon. minister.

4:30

Debate Continued

MR. PASZKOWSKI: Thank you, Madam Speaker. This is a serious issue. As I said before, illness is something that's of deep concern. I've personally lived the experience where I've been in a lineup for elective surgery and waited, not because of a lack of hospital beds or a lack of funding but because of the illness of a doctor who wasn't able to attend to me. I'm alive and I'm still here fortunately. Nevertheless, there are various circumstances that can create a situation such as this.

The hon. Member for Edmonton-Meadowlark spoke and had a lot of solutions. Unfortunately, all boiled down to one: more money. Of course, that's the Liberal solution. It's obvious that what we need is something broader than what we're having proposed from across the way. It's a situation that is worldwide. It's not a situation that's just Alberta based. It's not a situation that's just western Canada based. It's worldwide. I can speak to that because I've also got relations in England who are experiencing the same thing, who are involved in the medical profession as well.

Let's not belittle the situation and localize it to a point where it's just a local issue. If it was money – we've actually put 9.5 percent more money into the budget in the last two years. I think that's a significant increase in one particular budget. Obviously, we are working towards the easy solution; that is, putting more money towards the whole way of solving what is a very difficult and very long-lasting problem. Because indeed we're growing older, and as we grow older, the need for health care is going to increase. That's a given, and that's something we're going to have to deal with.

We're going to have to deal with it in more ways than just straight more money, which is the easy solution. Consequently, I think we have to explore. We have to be prepared to work together. We have to be prepared to stop pointing fingers and try to work together. That's the only long-term solution that we are going to have. [interjection] It's very simple for the hon. Leader of the Opposition to blaze away: just throw more money at it; throw more money at it. That's why they were so successful at the last election, because people are smarter than that, Madam Speaker. They understand that this is a more complex issue and one that needs more complex solutions to it than the simple-minded ways of dealing with it that are being proposed across the way.

MR. MITCHELL: The intellectual giant speaks.

Speaker's Ruling Decorum

THE ACTING SPEAKER: Hon. members, please. We have 55 minutes left in this debate. Could we not allow each and every one that wishes to speak the respect to do so without me having to get up and down. I know this is Thursday afternoon, but if in fact this discussion and this debate on Standing Order 30 is important to all sides of the House, then let's show some respect for the debate and the discussion that is taking place.

MR. PASZKOWSKI: Thank you, Madam Speaker. I'm sorry

that the Leader of the Opposition considers me an intellectual giant. I apologize for that, because indeed when we look around, I don't see a lot of giants sitting in that leader's chair either. I don't see a lot of leadership either. Even their own group is looking for better intellectual leadership along the way.

MS CARLSON: Point of order, Madam Speaker.

MR. HAVELOCK: Madam Speaker, if the chipmunk beside him would be quiet, he wouldn't have to say anything.

MS CARLSON: Point of Order, Madam Speaker.

MR. HAVELOCK: "Chipmunk" is not in *Beauchesne*.

THE ACTING SPEAKER: Government House Leader, can it.

Now, I have said it time and time again, and I mean it. This is ridiculous. Let us have a discussion on what was brought forward under Standing Order 30. Let's have some relevancy, and let's get on with the debate. If this is in fact as serious as you said it was, then show some respect for the subject matter.

Debate Continued

MR. PASZKOWSKI: Thank you, Madam Speaker. Just in closing. I'm responsible for disaster services, and I can liken some of these situations to the way disasters are handled within the province. We've had five of them this past year. We have crises that develop, and they have to be managed, and they are dealt with. During those five disasters – and they were major disasters unfortunately – not a person was lost. Why? Because there were people who were responsible, who took responsible actions and managed those responsible actions in a responsible way.

Certainly with the health care of this province we are under pressure, and that's not the first time we have been under pressure with health care in this province. We've dealt with it in the past and we will continue, but we're not going to deal with it in the form of pointing fingers at each other and simply identifying that there is one person that's responsible or one government that's responsible. This is bigger than all of us here, and we have to deal with it in an affirmative and positive way.

I don't mind the personal criticism, but I take a lot of exception to what the hon. minister has had to take here. He is a very competent, very compassionate, and very capable leader. I think under the circumstances we're very fortunate to have a man like the hon. Member for Ponoka-Rimbey in this particular position.

Madam Speaker, I hope that we're able to come together. I'd be very interested in hearing solutions from across the way other than the one of more money. I haven't heard one other suggestion up until today. There is not one more, other than throw more money at it. We have put 9.5 percent more in. Obviously that's not enough. It would be interesting to know how much. Just what is that magic number that's going to cure all of it, that's going to have the fairy godmother with a magic wand walking through the province and healing everyone? What a beautiful way of solving a problem.

Madam Speaker, working together we can come forward with solutions. We do have illness in the province. That's not going to go away. We're going to have to deal with it. We're going to deal with it in a responsible way, as the hon. minister is at the present time. We're very fortunate to have a gentleman such as him in this responsible position.

THE ACTING SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Madam Speaker. It gives me real pleasure this afternoon to stand and talk to the emergency debate on the health care position in the Capital health region. I've been listening with great interest to a lot of the debate that goes on. What we've been listening to is a whole series of definitions of what the crisis is, how we define what the crisis situation is, how we look at measuring that crisis situation. We've heard a couple of comments in terms of different aspects of how to remedy it. I want to make a comment on the minister of transportation's conclusion that it is not just money.

Well, what we've got to do is look at it from the perspective that it does take money to provide health care. What is the correct level is the big debate. We have to be able to look at this now from the point of view of Albertans. We have to look at it from the point of view of the people in Edmonton. We have to look at it from the point of view of the people who are waiting to access that health care system.

We heard the Member for Medicine Hat talk about the issue of scheduling and queuing. Well, Madam Speaker, that was one of the subjects I taught at the University of Lethbridge. One of the first things we tell people when we start talking about queuing and scheduling is that the level of service has to be the ultimate goal. So what we've got to do is look at how we define level of service within our health care system. What is acceptable? What is a trade-off? How do we deal with that? Then we can start talking about what is good health care, what are the number of dollars that are necessary to provide us with that good health care.

4:40

We're dealing with this, Madam Speaker, with the prospect of getting the best health care for Albertans. We've got to deal with it from that perspective, and if we start looking at it in terms of how I would deal with that in my classroom – because I think this is going to be a real classic example of how do we deal with scheduling, how do we deal with the issue of queuing, how do we deal with priority setting. These are all classic cases in quantitative methods.

What we have to do is first of all deal with these kinds of measures. We've talked about health care as our target activity. We need the data. We need to have public disclosure of the data that's necessary so that each individual in Alberta, every Albertan – not just the chair of some regional health authority, not just some person working in government, not just some minister – knows what the data are that they can measure good health care from. Does that mean we have an acceptable level of waiting for any particular procedure? What is the number of hours we can expect to wait for emergency service, elective surgery? You know, this is something that we're running into problems with now, in terms of the definition of these measures that we have to develop.

We've heard Ms Davidson, the acting chair of the Edmonton health authority now, effectively define a new set of data. We used to have emergency surgery, we used to have urgent elective surgery, and then we used to have elective surgery. Really there were three classes that people could be put into, but now what we have is a situation where we're now defining most urgent elective surgery. So, in essence, we're putting in a new set of data. This is only done to confuse the population, the people who are out there judging, according to the minister of transportation, whether we should be putting more dollars in. Because it's up to the

people of Alberta whether we put more dollars into it, through their members of the Legislature. That has to be done based on proper provision of information to them so that they can make the judgment.

Madam Speaker, I don't think it's correct that this data should be coming to the people of Alberta through investigative reporting by our media. I don't think it should be coming to the people by press conferences by regional health authorities. I think this data should be coming to the people of Alberta, especially in a situation like we're experiencing right now, probably weekly by information releases from the minister's office. The minister is the ultimate person responsible for health care in this province. He should be the person who's releasing that information that's talking about what the people of Alberta can expect from their service. We've got to be able to deal with it from that perspective. We've got to look at it from the idea of how can they judge whether or not the minister should be out there now – and I commend him for going to the emergency wards last night. He's got to be out there. He's got to be dealing with this on a frontline level. But he's got to be dealing with it also in the public so that the people of Edmonton, the people of Alberta understand fully what the trade-offs are. Can they expect that a delayed surgery today will be rescheduled two weeks from now, or are we looking at two months from now?

Madam Speaker, I know that requires a lot of information. The minister is going to have to have tracking on use. The minister is going to have to have tracking on changes in the demand for our services. He'll have to be able to estimate what is the most likely time that these flu epidemics will start to decline. That's what comes with good management of a system.

[The Speaker in the chair]

Now, we have to deal with this from the perspective that the minister has the staff and the ability to deal with that. This is the only way we can make sure that the people of Alberta have confidence in the system, have the correct data so that they can make a judgment, and then they can signal back to the legislative process through their MLAs, through their health council, through whatever mechanism is available to say, "Yes, we need more dollars," or "No, we are willing to sit with the current situation, and we understand that the current delays are caused by something that will be overcome." We cannot allow this process to continue. Mr. Speaker, we have to be able to be open. We have to be able to be accountable. We have to be able to define who's providing these services at which level.

Mr. Speaker, one of the things that I think is compounding our problems right now is the lack of understanding, the lack of ability of Albertans to appreciate where they get their service. The regionalization process needs to be reviewed. People don't understand what the boundaries are all about, how they cross those boundaries, how they get access to those services. A number of our services are defined at the regional level, some of them are defined at the local level, and some of them are defined as provincial programs, and this has to be clarified.

Mr. Speaker, that's the issue that we have to face today. It's a matter of being open, providing the information so that Albertans can discuss this crisis that is being developed right now in our health care system in a way that they can make the proper judgments and get the proper feedback to their MLAs, to the minister so that we can decide how to handle this. Maybe it means more money. Maybe it means a change in the structure.

Maybe it means different regions. Maybe it means different processes in terms of health care. These are the kinds of things we have to be able to debate with the people of Alberta, and the place to do that is in this Legislature. The place to do that is in our debates on the health care process and in the debates in Committee of Supply on the health care budget. I hope that the debate gets to be able to address those issues and that in the immediate future we do get the data that are necessary so that people can make the judgments that are necessary to give us the kind of health care we want.

I agree with the minister of transportation. The issue is health care, and we have to be able to address it in a way so that Albertans feel comfortable with it and so they'll put their trust in us as their legislators to give them the service they demand. Right now there's a lot of expression in this province that they're not getting the service they think they should be getting, and we need to address that.

Thank you, Mr. Speaker.

THE SPEAKER: Calgary-Cross.

MRS. FRITZ: Thank you, Mr. Speaker. I have the greatest respect for the previous speaker, but I simply couldn't disagree more with your debate. I don't think we should be involved at all in the queuing and scheduling and priority setting and operations of the RHA. You said that we should be involved as legislators, and I don't believe that. I believe we should leave that up to the RHA. Also, I support the decisions of the Capital health authority.

A point I'd like to make is that not all elective surgery was canceled. My understanding from the news conference today is that there still is priority selection of elective surgery. My understanding is further – and that's just from meeting with the regional health authority in Calgary, which we do often. We did this, in fact, this last Friday evening. The members for Calgary-McCall and Calgary-Montrose and Calgary-Fort and Calgary-East and myself had an opportunity to sit down and meet with the RHA for a number of hours about the whole issue of funding and the current system as it now is.

It's important to understand that RHAs have been dealing with this situation over a number of months in exactly the same way that they are today. In Calgary what happens is each morning they have a team of representatives from surgical units as well as from emergency who meet, and they discuss the system for the day. In fact, they cancel elective surgery as well for that day. They'll select priorities, and that's not unusual.

4:50

A second point I'd like to make is that I, too, don't deny that there are funding pressures, but we deal with those through a number of committees as legislators.

You know, the Health minister mentioned to this Assembly that he just recently visited the emergency departments because he's well aware of the current issue in regard to the flu. We know how the flu has affected our staff in emergencies, but our RHAs are coping with that as well. I know in Calgary what they've shared with us is that what they've done is they've had a home care co-ordinator in emergency, and as well they've changed the day surgery. That's why I say to you to leave the operations up to the RHA and up to the system. They've changed the day surgery to being 23 hours a day and not from 8 until 6 throughout the day.

There are many other changes that they're making. In fact,

with this situation that we have right now, my further understanding – and that's what we had as a global view when this had been discussed in the Legislature before – was that RHAs would actually share with one another. Yes, in my own community, the Peter Lougheed hospital, I know there are patients that have come from Edmonton to Calgary, and that's been recent as well, but the patients are being well cared for.

I think we need to not create fear in the Alberta community when it comes to health care, especially when we know that we have one of the top systems in Canada, never mind in North America. We do. We're proud of our staff. I don't know how many of you have visited emergency recently like our minister has, but I can . . . [interjection] You have? Well, then you know that this motion that you have here today is actually questioning the RHA's decision-making rather than supporting what the staff is doing.

Mr. Speaker, one other point I'd like to make as well, which was discussed, as I say, on Friday evening, is about our different models of care that come through operations. The RHA had suggested to us at that meeting that we actually set up a model of urgent care in our community rather than emergent, especially when dealing with issues that we've had in health care like the flu, and hopefully that will happen. We have a model in Sunridge centre in my community, I know, that could extend to 24 hours. That's why I say to you to leave the operations up to the professionals and up to the people who understand and up to the people that are providing good health care for Albertans.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Calgary-McCall. [interjections] I'm sorry. Is there a problem here? We're having a debate. All hon. members have an opportunity to participate in the debate. The hon. Member for Calgary-McCall caught my eye.

MR. SHARIFF: Thank you, Mr. Speaker. I, too, would like to join in this debate today, and if I had the authority to grant any awards, I certainly would want to offer two awards today. The first one would be to acknowledge the excellent work that our Minister of Health does for the people of this province. I have known this man to deliver and discharge his responsibility conscientiously, with genuine concern for the people of this province, and he's a hardworking individual who listens to people and makes sure that the feedback and input he receives translates into policy that is good for the people of this province.

Mr. Speaker, let me provide some feedback that should throw light on why I would like to give this gentleman a good award. This newsletter produced by the Alberta Association of Registered Nurses just came across my desk, and let me read a few paragraphs from this newsletter. On page 8 of this report it says:

In its annual report released Jan. 15 the Provincial Health Council of Alberta gave the Alberta government satisfactory grades in its progress to make the health care system more efficient, developing ways to measure performance, encouraging co-operation and helping health care workers deal with change.

That was the Provincial Health Council of Alberta.

Then the report goes on further to say that the citizen's advisory council noted that unsatisfactory progress . . .

And we have to recognize this.

. . . has been made in creating a better understanding of the vision and goals of reform, tracking health service costs and evaluating programs to see how they contribute to reform.

Certainly this is an area that we need to work at to make sure that we communicate and everyone understands what's happening.

The council chair, Ellen Hambrook, said that

the latest report found that although Albertans were satisfied with the health services they were receiving, their confidence in the system was still fragile. "Over the last year, we learned that 86 percent of Albertans felt that the services they received were good or excellent."

Mr. Speaker, 86 percent of Albertans felt that the services they received were good or excellent. The credit goes to this minister.

However, 47 percent are less confident than a year ago that publicly-funded services will be there when they are needed.

So there is genuine concern, and I think we have to recognize that, but we have to give credit where credit is due.

Then, Mr. Speaker, if there were another award that I could give, which I don't have the jurisdiction over, it would certainly be an award that would recognize the ability of individuals to be able to repeat a message again and again in a roundabout way and not be saying anything, an award that I would probably call dialecticians in futility. However, I don't have the jurisdiction nor the authority to grant such an award, so I won't be giving that award today. [interjections] That's sad, yes.

Mr. Speaker, you know, when I first came into this House, one of my very first statements in this House clarified what I was bringing to this office. I said that I come in here believing that fiscally we have to be conservative, responsible, and at the same time socially we have to be conscientious. And you know what? I have seen that conscientiousness around this group. People are genuinely concerned about improving the quality of life of Albertans. Health care is one of those important segments that has received the endorsement of virtually every group that I have met over the last three years. People have said that health care and education should be given the due priority, and I believe we have done just that.

Mr. Speaker, regrettably in this House I have heard too many times the notion that the sky is falling. Every time I've heard that, I've looked up there to see when that sky is going to fall. And you know what? I've never seen it fall.

5:00

Report after report has confirmed that we are on the right track; we are doing the right things. Yes, there are certain problems that we have to deal with, but you know, Rome was never built in one day. It wasn't. Even today it is still being built. Even today Rome is still being built. And you know what? We have the opportunity of being participants in that building initiative. We can either each one of us lay a brick at a time or become the destroyers of that building exercise. We are builders, and then there are some who are destroyers.

And you know what? That negative mentality that I hear again and again, pointing at the sky and saying, "The sky is falling," has led me to stand up in this House. I will repeat it again today just so the point gets home. When I was young, I learned about the child who cried "wolf" all the time. You've heard me say this again and again, but I have to repeat it so the message gets home. Maybe it takes umpteen repeated times to get the message home.

MRS. SOETAERT: Point of order, Mr. Speaker.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert, on a point of order. Citation?

Point of Order Relevance

MRS. SOETAERT: Yes. Thank you very much, Mr. Speaker. Citation 459, *Beauchesne*. I fail to see the relevance when we're talking about an emergency situation in the Capital health authority, when we're very seriously speaking about people waiting for surgery and dying, and the member thinking that telling a story about crying "wolf." This has already been deemed urgent.

THE SPEAKER: Okay. Please sit down. We're having a debate. The hon. Member for Calgary-McCall.

Debate Continued

MR. SHARIFF: Thank you, Mr. Speaker. I'd like to continue where I left off. As I was saying, there is a tendency in this House for some people – and I never pointed a finger at anyone, but if the shoe pinches, it's okay for people to wear it. [interjections] Yeah. If the shoe pinches, it's okay for people to wear it. That's what I said; right? If the shoe fits, wear it.

AN HON. MEMBER: Could you say that again, please?

MR. SHARIFF: If the shoe fits, wear it. But I haven't pointed a finger.

When I was young, I was taught the story that there was a kid who kept yelling and shouting, "Wolf, wolf, wolf," and when the real wolf arrived, there was nobody around to help him. I believe that this Assembly has a serious responsibility that Albertans have placed upon us. We have to have genuine, serious debates, and there is no room for constantly saying that the sky is falling, or something to that effect because nobody ever says those words as I stated them.

Then there is this other story that I have repeated, and maybe I need to repeat it again. That is about the ostrich. You know, the ostrich has a long neck so that it can see the far horizon and plan where it's supposed to go, but there are some ostriches who choose to bury their heads in the sand, refuse to look at the vision and the horizon that's before us. [Mr. Shariff's speaking time expired]

I'm sorry. I have to sit. Thank you.

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

MR. MacDONALD: Thank you, Mr. Speaker. I rise this afternoon, and it's a pleasure to take part in this emergency debate. The reason for the urgency of this debate is quite simply this: the health care system not only in this city but across this entire province is truly in a state of crisis. We must discuss this fact openly and honestly and act quickly to come up with some realistic solutions. Now, the hon. member leaving the Chamber, the hon. minister from Grande Prairie-Wapiti [interjections] – before he leaves the Chamber, he asked if we had some solutions to this problem.

Speaker's Ruling Referring to the Absence of Members

THE SPEAKER: We're using your time for debate. If that's what your debate is about, to talk about the movements of individuals in the Assembly: they may have to go to the wash-room; they may have to do something else. If you want to use

your 10 minutes to talk about that, you go right ahead. I'll just stay here and look at you, and you won't get any time. So would you get on with the business of the emergency side of your debate.

Debate Continued

MR. MacDONALD: Thank you, Mr. Speaker. There are many ways that this health care system can be improved. We must have accountability in the health care system. Health is a provincial program with clear government responsibility that requires provincewide standards, performance measures, and definitions. We in the Liberal Party would ensure that these standards were implemented.

Regional health authorities account for \$2.4 billion of the provincial budget, but some say they do not affect the bottom line. We must include the regional health authorities in the province's consolidated books so financial problems cannot be swept under the carpet and we have a true picture of the province's financial numbers.

We would create a provincewide plan for the collection and use of health information that would result in a more effective decision-making process. As it stands now, financial reporting by Alberta Health allows for accounting irregularities, where some operating costs are hidden in capital funds. We would ensure that these irregularities would not occur by enforcing acceptable accounting standards for all regional health authorities, not only the Capital health authority.

Alberta Health must become more proactive in implementing innovations in physicians' payments. Medical fees should realistically reflect the value and need for service.

There are many examples for the urgency in this debate. There are many. I would like to mention a few, Mr. Speaker, and I would challenge members on the government side to listen carefully to these issues and think carefully whether they reflect what is happening in your constituency or if individuals at home have told you stories such as these. I say this to point out the fact that the problems in the health care system are not isolated to one or to two areas. The problems, unfortunately, as I've said in the past – and it's no laughing matter – are everywhere in this province.

Clearly, the red alert issue in Edmonton comes to mind. Here we have had all five of the active care hospitals in the city on red alert, meaning that they have reached capacity and have no more room. The only solution is to find another hospital. The ambulance must take these seriously ill people and begin a road race to another facility. This is an example of efficient health care delivery? I certainly think not. Another example of an urgent issue is the lack of hospital beds in this province. There is not a regional health authority in this province that is not feeling the pinch when it comes time to find a bed for a sick Albertan.

What are we doing to our seniors and their families and, indeed, entire communities? Whenever their family members are sick, we are putting them under undue stress. This government needs to address this issue not only towards the city but towards the province immediately.

The waiting lists, Mr. Speaker, in this province for needed surgeries and appointments with specialists are some of the longest in Canada. Nine out of 10 Calgary family doctors who responded to a survey a few weeks ago stated that their patients faced an unreasonable delay in getting to see a specialist. Heart patients needing urgent attention wait an average of two months, compared

with a one-week optimum wait. Patients hoping to see neurosurgeons for a routine visit are waiting an average of three to six months instead of one to two months. People waiting to see a psychiatrist must wait up to seven months. This is not an example of safe, accessible, and effective health care.

5:10

Health care professionals are fed up too. This government ignored them when their restructuring agenda began, and those concerns have risen to the boiling point. This pressure point has become a boiling point. Just a few weeks ago we had nearly 500 community health nurses and other health professions ready to walk off the job in separate health authorities. Doctors are threatening that if there's not enough money put back into the system, they'll be forced to start throwing people into the hospital because of lack of community resources. This government, Mr. Speaker, now more than ever, needs to address their concerns immediately, before it erupts into further problems.

Now, Mr. Speaker, how did we get into this problem? How did we go from a health care system that was the envy of the country to one now that is incredibly underfunded? We've gone from stress points to pressure points to boiling points. In 1996-97 this government spent \$1,392 per capita on health care. What's the problem? This is the lowest per capita spending on health care of any province in this country. You have to put more dollars into the health care system. There has been a reduction of 6,500 acute care beds in this province. This is 50 percent of the beds which were open in 1993. The estimated cuts to health care spending to date have been over \$600 million. Over 227 physicians had left Alberta by the end of 1996. The total number of permanently employed registered nurses in Alberta has plummeted by 30 percent. These are all factors that have added to the emergency this Capital health authority region is facing. You have created it. You have the power to solve it.

The decrease of 40 percent of the funding for laboratories, Mr. Speaker, is another example. Closures of labs and layoffs of staff are staggering throughout the province.

Now, Mr. Speaker, people in this city are going to read the papers. They're going to know that this is not a contrived conspiracy by the media. They're going to know that this health care system is in crisis, and they're going to wonder why. You as a government hope they're going to put their hands up in the air and resign themselves to the fate of the private, for-profit, two-tiered health care system. That's the objective you have. You are determined to bring in a privatized, for-profit health care system despite the public's often-stated opposition to the private, for-profit scheme. This government is fast-tracking this private, two-tiered system.

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

Point of Order Relevance

MR. MAGNUS: *Beauchesne* 459 has to do with relevance. The member seems to be a long way from the debate on the emergency here. He's talking about labs. He's talking about everything under the sun. But this is about the emergency.

THE SPEAKER: Do you have a debate on the urgency side of this?

MR. MacDONALD: Mr. Speaker, the Capital health authority needs labs to perform their duties. If there's no lab time, how are

they going to make a diagnosis of a person in the emergency ward? This is completely relevant to the debate.

Debate Continued

MR. MacDONALD: Now, is the government fast-tracking, giving the Health minister absolute raw power to approve private hospitals, Mr. Speaker, in Alberta before the end of February? In doing so, behind closed doors and in secrecy without public debate or public knowledge, it has created a special committee handpicked by the government. Now, does the \$10 million donated by the investors in the Health Resources Group, the famous HRG, this proposed private, for-profit hospital in Calgary, have anything to do with this fast-tracking?

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Minister of Intergovernmental and Aboriginal Affairs.

MR. HANCOCK: Mr. Speaker, I will be very brief because I know that the Minister of Health wants to get into this debate and have some discussion as well. But it would be inappropriate for me not to participate in the debate, particularly when the subject of urgency was raised with respect to our own Capital health region, an area that I am very proud to be a representative of and, I might say, an area where we have ongoing and continuous discussions and consultations with the CEO of the health region, with the chairman of the board of the health region, who happens to be a constituent of mine. We have a very good working relationship. We have ongoing discussions and talk about their needs and resources, and we're working very hard together to solve the concerns that come up, as they come up.

Health care, Mr. Speaker, is a very emotional issue for everybody. We're all involved in it. We all have parents. We all have children. We want to be certain that there's an effective and a quality health care system there when we need it. The Provincial Health Council has told us that most people in Alberta who use the health care system believe that to be the case. But many Albertans don't believe that to be the case. One of the reasons they don't believe that to be the case is because of the emotional discussion which has been happening over the past few years while the reorganization of the health care system has been under way.

It's a very emotional debate, and it's one which shouldn't be brought down to a personal level. I don't think it adds to the debate for people to recite personal instances of people that are on waiting lists. We know there are people on waiting lists, and we care about those people on waiting lists. We know there are people who need the help of the system, and we care about the people. Every member of this House, every member of this Legislature is here because they care about the community. They care very deeply. We care about the health care system, and we want to make sure it's there and effective. So raising the emotionalism of the debate doesn't help.

I must say, Mr. Speaker, in the House this afternoon I heard somebody – and I'll give him some credit – the Member for Lethbridge-East, who rose and talked about the need for people in this province to have good data, to understand the system, to talk about the health care needs, to have a discussion about how long is an appropriate wait for hip surgery or for heart surgery. He made some very good comments. I don't agree with everything that he said, but he rose in this House and talked not in emotional terms, as much of the debate has been, but in very reasoned terms

about what we need to do as people together caring about our community, caring about the health care that we need for our families. We need to discuss in our communities what level of service we want, how much we're prepared to pay for it, and how long a waiting list is appropriate for certain things.

We've been going through a period of reform in reorganizing the health care system. That's not easy. It's a job that's been very, very difficult. Yes, as we go through that process we have to find new levels, and we have to find what is an appropriate level of service and how long appropriate levels of wait are. But in that process pressure points have been addressed, and people have recognized concerns.

It's inappropriate to say that nothing has been done. Mr. Speaker, in supplementary estimates just last week or the week before we've been talking about \$33 million that went into the Capital health authority to address one of their priority needs: paying off debt so they could free up more of their current operating dollars to carry on the operations of the day. That \$33 million was their priority item, recognized by this government, recognized by the Minister of Health, taken through Treasury Board, and taken through supplementary estimates so that could hit the front line.

That's not the first thing he's done. Last year capital dollars were granted to rebuild a new emergency ward at the U of A hospital in our city so that emergency treatment and emergency service could be streamlined, could be provided on a very effective basis to people in the Capital region. The Capital health authority itself has freed up resources so that they can open the emergency ward in the Grey Nuns hospital. There are things that have happened.

I had the distinct pleasure of being a member of the University Hospitals Board in this province, in this city, before regionalization. I'm not suggesting for a moment that we should be happy with the state of affairs on any given day. We can always strive for improvement. I can tell you, Mr. Speaker, that we've had waiting lists in the past, we've had red alerts in the past, we've had lineups in emergency in the past, and we will have them in the future. That doesn't mean we don't care. We care very deeply. But it's a reality of life that we can't build a system which is going to handle everybody's need the very moment they need it.

So we have to have that discussion, that information, and that debate that the Member for Lethbridge-East was talking about, about the level of service that we have in this province, the type of health care system we want to have in this province, and how we can reform and reorganize our health care system so that we can afford a system that will take care of us when we need it.

Thank you, Mr. Speaker.

5:20

THE SPEAKER: Hon. members, today's debate will conclude as per Standing Orders 30(5)(b) and 4(2). To this point in time we've had 12 speakers participate in this debate. We've had five members of the Official Opposition out of the 18 members in their caucus. We've had six members out of the government caucus of 63. We've had one participant out of the third party in this Assembly, and we've not had an opportunity to hear from the Minister of Health, who I will now recognize.

MR. JONSON: Thank you, Mr. Speaker. The debate that has gone on this afternoon has raised a number of perspectives and viewpoints with respect to health care in the province of Alberta.

The original intent of the motion was to debate the overall

status of emergency care and access to beds in this particular province. I won't dwell on more than the one point that I made in my original remarks, Mr. Speaker, and that is that at this particular point in time in Canada, and particularly in western Canada, the broad issue we are debating this afternoon is shared by, for sure, our three sister western provinces.

Now, much of the debate has been made on the basis of the need for more money, particularly from the opposition parties. I think it's relevant to point out that British Columbia is the province – and I think I'm quite correct about my statistics here – that spends the largest number of dollars per capita in this province. I'm sure that they have their challenges and are doing their best to plan and deal with them.

The point that I'm making, Mr. Speaker, is that there is a general issue or situation at this particular point in time in this part of Canada at this time of year which is causing the backup in the system relative to emergency access to acute care beds; access, consequently, to certain other types of treatments such as elective surgery.

The other thing I would like to point out here, Mr. Speaker, is that there have been a number of figures quoted this afternoon as to how much we did reduce health care spending in this province. A number of them have been not quite accurate. The record I think would show that, yes, there was a reduction over the course of government dealing with I think an even greater problem, if there is one, and that is the future fiscal viability of our province, which in the long run benefits education, health, and all of our other services. The point is that, yes, there was a reduction of 12 percent in expenditure. That reduction in expenditure has certainly now been restored, more than restored, in the recent reinvestment announcements of government over the last two years.

The important thing here I think though, Mr. Speaker, is that articles, studies done by many scholars, many researchers over the previous number of years, have indicated that we have to reform the system, we have to attach to the money that we're investing in the health care system certain performance measures, a certain degree of accountability. That is something that we have been targeting, making an effort on in this province all across government but in health care certainly, which we are talking about this afternoon. The system we have in this province today is far from perfect, has problems certainly, but I think it is more focused and more efficient. It is performing better than it did before with the resources available.

I'd like to talk about the Capital health authority, which I think we have to face is the focus today. The Capital health authority has received a significant increase in funding: 15 percent over the last two years, 7 percent this year. If you think about those figures, those are significant increases: over \$50 million for this particular year and this particular budget announcement. In addition to this, as the member just before me indicated, there has been the ability, because of the good management of government, to pay off an inherited debt of some 33 million dollars, which my information indicates frees up in the neighbourhood of 5 million more dollars in cash flow for the Capital health authority.

I commend, as I've said before, the staff – administrative but certainly frontline, most of all – and the Capital health authority board for the progress they have been making with respect to handling the situation, handling this ability to now move ahead and reinvest and focus their dollars in the year ahead.

This afternoon I think we should keep in mind that the performance of the overall health care system in this city has gone

through considerable improvement in a large number of areas. I think the downside or the danger to this type of debate is that, particularly with some of the comments that are made, it is a very unfairly critical and negative thing towards a system which I think is striving to be the best it can be. In the city of Edmonton you have had a successful and major shift with a great deal of innovation and forward thinking involved in terms of expanding its capacity in the area of long-term care.

The Capital region remains the centre of a whole set of research initiatives that are not matched anywhere else in Canada. In terms of its range of life saving treatments and surgeries and areas of transplants, there are programs here which are utilized by other parts of the country, and those have been improved and are expanding under our overall program of funding and supporting what we refer to as provincewide services.

Mr. Speaker, I acknowledged in my opening remarks this afternoon that there is a need to expand acute care bed capacity, and that is being done: over a hundred beds over the last short period of time. They will be planning, I'm sure, for the year

ahead, so action is being taken as the funds are available but, most importantly, are planned for and effectively applied within the Capital health authority.

The whole area of elective surgery has been talked about a great deal this afternoon, and yes, because of the emergency backup that I referred to, there has been a postponement of elective surgery. It goes up and down depending upon the time of the year, the season of the year across the province, for that matter, but certainly in the Capital region.

I think one of the important things here, Mr. Speaker, is that in the area of emergency care, the very critical areas in which it is necessary to act immediately to preserve the health and save the lives of people, that particular service is being provided, as I'm sure it is in the other provinces that I've alluded to in my remarks today. The overall point here is that we have a challenge in the health care system, it's being responded to, and we're all interested in better health care.

[At 5:30 p.m. the Assembly adjourned to Monday at 1:30 p.m.]

