

Legislative Assembly of Alberta

Title: Thursday, April 23, 1998 1:30 p.m.
Date: 98/04/23
 [The Deputy Speaker in the chair]

head: **Prayers**

THE DEPUTY SPEAKER: Good afternoon. Let us pray.

O Lord, as our members travel to the far corners of this province, may the vistas of fields turning from winter into spring green renew and strengthen our pride in Alberta.

We give thanks for all of Your gifts and express our gratitude for the opportunity to serve You and all Albertans through our work in this Assembly.

Amen.

Please be seated.

head: **Introduction of Visitors**

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

MR. LANGEVIN: Thank you, Mr. Speaker. It is my honour today on behalf of the Leg. Offices members to introduce to you and through you to all members of this Assembly Alberta's newly appointed sixth Ombudsman for the province, Mr. Scott Sutton. Mr. Sutton is visiting the Assembly today to witness the tabling of the 1997 annual report of his office. He is seated in your gallery this afternoon, Mr. Speaker, and I would like to ask him to rise and be recognized by the Assembly.

Mr. Speaker, I would also like to introduce three other people who are seated in your gallery with Mr. Sutton. This is Mr. Brian Carver, who served as Acting Ombudsman for the last year while he awaited the appointment of the permanent Ombudsman in the position. Along with Mr. Carver is Ms Dixie Watson; she is the director of finance and administration in the office of the Ombudsman. Also with them is Diane Shumyla, the committee assistant to the Standing Committee on Leg. Offices, who liaises regularly with the office of the Ombudsman. I would like to ask these people to please rise and be recognized by the Assembly.

head: **Presenting Petitions**

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

MS BARRETT: Thank you, Mr. Speaker. I'd like to present a petition in support of affordable, quality child care signed by 1,368 Albertans who ask the government to "reverse its decision eliminating Operating Allowances to child care centres." In presenting this petition I believe now I have filed more than 5,200 signatures on such a petition in the last few weeks.

head: **Notices of Motions**

MR. DAY: Mr. Speaker, I wish to give oral notice for Bill 44, the Tax Statutes Amendment Act, 1998, and I also wish to give oral notice for Bill 46, the Securities Amendment Act, 1998.

head: **Tabling Returns and Reports**

THE DEPUTY SPEAKER: The hon. Minister of Economic Development.

MRS. BLACK: Thank you very much, Mr. Speaker. I'm pleased to be able to table a number of responses to written questions: written questions 5, 26, 35, 36, 50, 51, and on behalf of the Minister of Energy, I'd like to file the response to Written Question 93.

In addition to that, I'd like to file responses to the Committee of Supply questions for the Alberta Gaming and Liquor Commission and the lottery fund.

THE DEPUTY SPEAKER: The hon. Member for Medicine Hat, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

MR. RENNER: Thank you, Mr. Speaker. On behalf of the government caucus I'm pleased today to table copies of a report entitled Allowance and Travel Expenses for the Twelve Months Ending March 31, 1997, accompanied by copies of personal expense claims, copies of capital residence allowance claims, and copies of vehicle expense claims. I'm pleased to report that this is a comprehensive list of expenditures, which includes all 12 months of the fiscal year ended March 31, 1997.

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

MRS. SOETAERT: Thank you, Mr. Speaker. I'd like to present five copies of a petition signed by 266 people from the county of Vermilion River who are very concerned about a huge hog operation going up there.

MR. JONSON: Mr. Speaker, I'm pleased to table with the Assembly the annual report of the WestView regional health authority for the year ended March 31, 1997.

Thank you, Mr. Speaker.

MRS. BURGNER: Mr. Speaker, I'm pleased to table five copies of the draft recommendations prepared by the United Nations special conference, Youth Vision Jeunesse, that was held in Banff last week. AADAC, the Canadian Centre on Substance Abuse, and the United Nations drug control program were sponsors of this conference.

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

MR. WICKMAN: Thank you, Mr. Speaker. I'd like to table four copies of a report dated April 19, 1998, titled The VLT Toll: The Klein Government's Systematic Siphoning of Money out of Local Communities and Economies.

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

MR. DICKSON: Thank you, Mr. Speaker. I have three tablings. The first one is a letter I neglected to table last week from the Society for the Retired and Semi-Retired expressing their concern with respect to Bill 37. Another one is from the Consumers' Association of Canada, Alberta branch, and then a third is a letter from a private citizen here in Edmonton, all expressing concern with Bill 37.

Thank you.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I would like to table four copies of a very thoughtful letter from a constituent on what it was like to live in a country where health care was based on how much you could pay.

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

MR. SAPERS: Thank you, Mr. Speaker. I have six copies of a letter that was faxed to me last night around midnight from a constituent who is in firm and total opposition to Bill 37.

THE DEPUTY SPEAKER: Hon. members, pursuant to section 27(1) of the Ombudsman Act I am pleased to table with the Assembly the 31st annual report of the office of the Ombudsman for the calendar year 1997.

head: **Introduction of Guests**

MS EVANS: Mr. Speaker, it is my pleasure today to introduce to you and through you to this Assembly two visitors from Yokohama who are attending Archbishop Jordan high school in my constituency in Sherwood Park. Yuka Murayama and Mika Otsuki are accompanied by Mrs. Suzanne LeGars-Berti, mother of Simone Godbout, our page. The students from Japan are here to learn more about the page system in our government. Accompanying Suzanne, who is a teacher at New Horizons school, are grade 9 students Anne-Marie Burrell, Bren Campbell, Amanda Helmle, Jason Kuziw, and Carly Werbicki. Would the hon. members of this Assembly please welcome our guests as they rise.

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

MR. MITCHELL: Mr. Speaker, thank you very much. I have been looking forward to introducing this group for a number of weeks since the Member for Edmonton-Riverview and I were asked very kindly to visit the class. We had a wonderful discussion with them about politics and about the future of this province. They are 46 students from Michael Kostek school in the riding of Edmonton-McClung. They are accompanied by teachers Mr. Robin Kramar and Mr. Andrew Lummis. They are also accompanied by parents Mrs. Terry Thomas, Mrs. Josette Landry, and Mrs. Wendy Freedman. Jonathan, her son, is amongst the students, and I'm told by the member for Edmonton-Meadowlark that he has campaigned at least on four campaigns, and we know which party he was campaigning for. I would ask that they all rise in the gallery and receive the welcome of the Members of the Legislative Assembly.

1:40

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. It's my pleasure today to introduce 82 visitors from Brookwood elementary school. They are here with their teachers, Mrs. McFarlane, Mrs. Benfield, Mr. Broda, and Mrs. Mayes, and parent helpers Mrs. Petersen, Mrs. Assenheimer, Mrs. Petasky, Mrs. Schriever, Mr. Tremblay, Mr. Teichroeb, Mrs. Ash-Elliott and Mrs.

Iwashkiw. They have had a wonderful tour, and the first question they asked me was: will we see Nancy? And I said: yes, you will. She's right up there. So please rise and receive the warm welcome of this Assembly.

THE DEPUTY SPEAKER: The hon. Minister of Agriculture, Food and Rural Development.

MR. STELMACH: Well, thank you, Mr. Speaker. I wish to introduce to you and through you to members of the Assembly two distinguished guests in the members' gallery, Mr. and Mrs. Eugene Boyko. Mr. Boyko is the director for region 5 for the Alberta Barley Commission. Just a few moments ago he delivered some cookies made from barley flour. Those of you who wish to taste them can drop by the office. I would ask both of them to please rise and receive the traditional warm welcome of the Assembly.

head: **Ministerial Statements**

Organ and Tissue Donor Awareness Week

MR. JONSON: Mr. Speaker, this is Talk about It Day, part of National Organ and Tissue Donor Awareness Week, and I encourage Albertans who have made the decision to be an organ donor to set aside time to discuss the decision with your loved ones.

Mr. Speaker, at any one time more than 2,500 people across Canada are on waiting lists for transplant operations that could enhance or even save their lives. As of today 234 Albertans are waiting for a lifesaving organ transplant and hundreds more will greatly benefit from a tissue donation.

Mr. Speaker, while a survey by the Mutual Group shows that most Canadians support donation, the survey also identified that less than 50 percent of Canadians are aware of their family members' wishes regarding donation of organs and tissue. It is important to sign the donor card, such as the one on the back of your Alberta personal health card. Signing a donor card registering your wish to donate confirms that you have made the decision to be a donor. However, following sudden death the family must consent to donate before organs are recovered. This can only take place if your family is clear on your wishes to donate your organs.

By having this conversation with your family you remove a burden from them. They clearly understand your wishes regarding donation, and therefore know how to act on your behalf should the time come. In almost every case families feel organ donation helped ease their grief. While nothing can replace the loss they experienced, many feel comforted that something positive resulted out of the tragedy.

Mr. Speaker, many of the members of the Assembly are wearing a green ribbon. The ribbon symbolizes support for organ and tissue donation, and the colour green symbolizes life. The ribbon reminds us to think about the most significant or important gift of all, the gift of life. In Alberta the results of our Alberta transplant program are amongst the best in Canada. Transplants are saving lives and putting people back in our community.

Mr. Speaker, Alberta has taken a leadership role to establish a national/provincial strategy to improve organ tissue donation and distribution in Canada. The strategy focuses on three specific areas for improvement: education, development of national standards, establishment of the national/provincial systems for donation and distribution. In concert with the national strategy,

Alberta will soon establish a steering committee to begin work on the Alberta strategy.

Mr. Speaker, I think that all members of this Assembly have had over the last number of weeks a particularly special role in helping with the overall matter of organ donations in this province by debating, considering, and supporting Bill 206, the private member's bill sponsored by Heather Forsyth, the Member for Calgary-Fish Creek.

I would also like to go on to thank the many excellent professionals and community members involved in the transplant programs for their dedication and hard work. As well, I would like to thank the many families who have either made or followed through on the important decision to donate organs or tissue.

Once again, Mr. Speaker, I encourage everyone to make the decision to be an organ donor and to share the decision with your family. A simple discussion can save lives.

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

MR. DICKSON: Thank you, Mr. Speaker. It is true that the supply of organ and tissue for donation is far behind the demand, and as the minister has quite rightly pointed out, over 200 Albertans are on the waiting list currently for organ transplantation, and hundreds more would benefit from tissue donation. We must in this province pay more attention to tissue donation. Focus has generally been on organs, but practically every part of our bodies can be used in transplantation: bones, skin, corneas, ligaments, you name it. In fact a comprehensive tissue centre is currently being established in the city of Edmonton, hoping to advance our use of tissues for transplantation purposes.

Signing our Alberta health card is important. Talking to family members is vital, making them aware of our wishes to donate our organs and tissues. But the last piece of the puzzle is hospital staff and procedures. An effective organ and tissue donation program includes a comprehensive hospital program. A hospital with the right tools and the serious commitment by staff and administration can greatly, indeed dramatically increase donations. Hospitals that develop a strict protocol around the death of every patient make identification of potential donors routine and ensure that families are approached with a request for donation in a systematic and sensitive way.

Private member's Bill 206 does lay the groundwork for our province to take a leading role in tissue and organ donation so long as we always are reminded of the important role played by medical staff. That's a role that can't be minimized. The sensitive personal relationships between a dying patient, his or her doctor, and surviving, grieving family members all have to be addressed.

For a mother or father with a child waiting for an organ transplant that will save their life, this is the most important issue in the world. Let us recognize and remember all of those who have donated, the families that have consented, and thank and remember them for their contribution in sharing the gift of life.

Thank you very much, Mr. Speaker.

head: **Oral Question Period**
Private Health Services

MR. SAPERS: Mr. Speaker, on Tuesday of this week the Premier stood in the Assembly and told Albertans that "the federal Minister of Health is totally onside" with his government's private

health care agenda. Now, yesterday at a news conference the Premier admitted that he overstated the comments of the federal minister. My questions are to the Premier. Would the Premier please explain to Albertans the purpose and the implications of his overstating the words of the Minister of Health on this important and sensitive issue? What were you trying to accomplish?

MR. KLEIN: Mr. Speaker, how sensitive is the hon. member? Do they never overstate things? Never. No. My goodness, I listen day in and day out even when I leave the Chamber, and I can't believe what I hear. You talk about overstating things. I listened to the hon. Member for Edmonton-Highlands yesterday talking about this government promoting private health and being in the pockets, something to that effect, of the Health Resource Group. You think that wasn't overstating a position? These people overstate all the time. I'm surprised that the CBC, also very sensitive from time to time, didn't ask the Liberals about overstating things from time to time.

The point is that Mr. Rock is not offside on this issue. Mr. Rock is not offside on this issue. Mr. Rock, if he's quoted correctly – and I assume he is, because the spokesman from his department didn't deny what he said, and I'll repeat it.

He said Wednesday Alberta's Bill 37, requiring provincial approval of any new private facilities, is similar to Ontario's legislation that's been used to prevent such developments.

It's a tool governments can use to preserve the public health system and that's what [Alberta] health minister Halvar [Jonson] says he's determined to do.

That's what he's saying.

1:50

MR. SAPERS: Read the rest of the transcript, Mr. Premier: I guess it depends on how it's used, if in fact it's enacted at all. It depends on how it's used. Read the whole thing.

Mr. Speaker, given that as the law now stands, there can be no private hospital providing insured services outside of medicare, will the Premier explain exactly how a law that gives his Minister of Health the ability to approve such a hospital will in any way, shape, or form protect medicare and the public health care system in Alberta?

MR. KLEIN: Mr. Speaker, again, this bill is still before the Legislative Assembly. I suspect it might be before the Assembly for some time. But having said that, the intent of the bill – and I'll say it again and again – is to protect the public health system as we know it today. Why can't they understand this, and why can't they support this? It's to ensure that whatever happens has to be in accordance with the Canada Health Act. That's something you would think they would support.

MR. SAPERS: Yeah, yeah. The cheque's in the mail, and Bill 26 was about fairness.

Mr. Premier, will you demonstrate your stated commitment, the commitment you just made to the Canada Health Act? Will you demonstrate that commitment to public health care by killing Bill 37 today?

MR. KLEIN: Well, Mr. Speaker, you know, I really can't understand the Liberal opposition. By killing Bill 37 what you do is kill protection of the public health system. Is that what they want to do? It appears to me that's what the Liberals want to do. They want to have a situation where in fact the public health system is not protected. This bill is to protect the public health

system, and I can't understand why they would be opposed to that. It's beyond me.

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

Protection of Privacy

MR. DICKSON: Thank you, Mr. Speaker. Almost every adult Albertan has a driver's licence. Many have a vehicle. And even though we don't have to stand in line at motor vehicles quite as long as we used to, we're now required to surrender information like our name, our address, our photo, our birth date, and other personal information, to private registries. This government allows a private registry to sell that information to virtually anyone who can pay the price, and I'd suggest that most Albertans have absolutely no idea that this is the practice of the government. My question firstly to the Minister of Municipal Affairs: will that minister explain this afternoon why anyone with enough money can have access to any Albertan's personal description, some limited medical information, birth date, street address, age, and the type of car they drive?

MS EVANS: Mr. Speaker, yesterday we announced the results of the audit that had been completed by the Privacy Commissioner and the Auditor General. That audit was undertaken not because of fraudulent behaviour, not because of untoward incidents that had been reported or were known of but because of our very real concern that Albertans were increasingly concerned about the privacy and protection of their information. As the hon. member knows, the Freedom of Information and Protection of Privacy Act that has been passed is in fact our Bible we relate to the privacy of public information by public bodies. In no circumstances that were discovered was anything untoward happening.

Mr. Speaker, what we have really reinforced is that with the recommendations that we're accepting - we're accepting all in principle, 16 that will be immediately implemented in full and five that we are continuing to work on in full consultation with our stakeholders. So we are not doing anything that Albertans are not assured of in the way that they have expected us to handle it forthwith.

THE DEPUTY SPEAKER: First supplemental, Calgary-Buffalo.

MR. DICKSON: Thanks, Mr. Speaker. Given that the five recommendations being studied are all the key elements, I'd go to the Premier this time and ask this: will the Premier commit this afternoon to protecting Albertans' privacy by immediately prohibiting the sale of this kind of personal information to anyone?

MR. KLEIN: Well, Mr. Speaker, I think that the hon. Minister of Municipal Affairs has done absolutely the right thing to ask the Auditor General to conduct an investigation to indeed protect the privacy of individuals. This situation is not new. I understand that it went on even when drivers' licences were issued by the government at those vehicle stations where you had to take a number and line up for hours. They offered that kind of information as well under the old situation. So what the minister is attempting to do here is to ensure that the privacy of Alberta citizens is indeed protected. I understand that she has immediately accepted 16 of the 21 recommendations and that the other five are under consideration now.

THE DEPUTY SPEAKER: Final supplemental, Calgary-Buffalo.

MR. DICKSON: That's what they told us about the conflicts report, Mr. Speaker.

My final question would be this, and I'll ask the hon. Premier: what protections are in place right now to prevent Alberta women from being stalked by abusive partners who can simply buy their personal information?

MR. KLEIN: Well, Mr. Speaker, I think those are the kinds of safeguards the hon. minister is trying to build in to make sure that kind of activity does not happen. I would remind the hon. member that the situation existed even when the government had control of the issuance of drivers' licences.

Relative to the Conflicts of Interest Act and the Freedom of Information and Protection of Privacy Act, Mr. Speaker, whether they like it or not, I would remind the Liberal opposition that it was this government that brought in all of those pieces of legislation. You would think that they would at least give us some credit for bringing the legislation in and giving them the opportunity to debate the issue, albeit they will never have the opportunity of ever introducing the issue, but they'll always have the opportunity of debating the issue.

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

MS LEIBOVICI: Thank you, Mr. Speaker. Just as a correction to the Premier: not only did we introduce the bill and debate it, but we've also introduced Bill 19, and we're looking forward to when you will introduce whistle-blower legislation as well.

Regional Health Authorities

MS LEIBOVICI: Last week the Minister of Health invited nominations for positions on regional health authority boards. This is directly contrary to the government's promise in the last election that Albertans would be able to elect people to the regional health authorities. Government appointees will now make crucial decisions on behalf of Albertans, such as whether to enter into agreements with private health facilities as this government continues its push towards privatization. My question is to the Minister of Health. Why will the minister unilaterally appoint over 200 - 200 - board members and entrust them with making decisions affecting the health care of every Albertan when Albertans will have no say whatsoever in how these people are appointed?

2:00

MR. JONSON: Well, Mr. Speaker, actually for once I'm sort of glad that the opposition member asked a question, because if the information is not out already and they have not read the newspapers, then I think that this is a very important question.

First of all, we are advertising across the province for nominations for the positions on regional health councils. We have sent additional letters to numerous organizations. One example would be the councils of Indian bands, Métis settlements. I could go on with quite a long list there. The nominations, when received, will be replied to and a nomination package will be sent out. Also, I should mention, too, that we have sent this information and invitation to current regional health authorities as well, because I think that overall they have served this province very well and have worked very hard at a very challenging job.

Then the next step, Mr. Speaker, is that we have set in motion the establishment of an independent review panel, as we had last time, but with perhaps a somewhat broader representative configuration. That independent review panel will go through the applications, do the number of interviews that they feel are sufficient, and provide a report and set of recommendations to the minister.

MS LEIBOVICI: A suggestion for your board might be Harold Swanson. You might want to look at that.

Will the minister please clarify the makeup of the secretive independent review panel, and will he also let us know if he's going to be bound by their recommendations, or will he be able to override the recommendations of that panel?

MR. JONSON: Mr. Speaker, I find it a rather interesting play upon words, because I made it very clear that they are recommendations to the minister. If they were final decisions, I would have said so. But they are recommendations to the minister. The minister will review them, and the final decision will be made by the government.

I really think that we should just be very clear again and emphasize something here, and that is that it is a process very, very similar, almost identical to the process that was followed approximately three years ago. I think that across this province the vast, vast majority of people working in our regional health authorities are quality people, working hard and being dedicated to their job, working on behalf of their communities and all the people of this province, Mr. Speaker.

THE DEPUTY SPEAKER: Final supplemental, Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Mr. Speaker. Given that the minister is saying "trust me," my next question is to the Premier. His government says that it's in favour of public consultation; his government says that Senate appointments are an affront to democracy. Why won't you let Albertans vote for regional health authority members? Why won't you have them elected? There's no better form of consultation than that.

MR. KLEIN: Well, I guess I would ask the – it would just be a question. I would throw it out, and maybe the hon. member might want to answer it. Why was the hon. member not concerned, Mr. Speaker, when we had something like 200 health jurisdictions in this province? I think there were about five or six in the city of Edmonton. Certainly there were five or six in the city of Calgary. None of them were elected. [interjections] None of those boards were elected. Name me one hospital board in the city of Edmonton that was elected.

AN HON. MEMBER: Fort McMurray.

MR. KLEIN: In the city of Edmonton. [interjections] There were very few hospital boards that were elected out of the 200.

Having said that, Mr. Speaker, we have made a commitment that, come the municipal election following this one, we will bring the elections into place. It's quite clear that the boards, challenged with the very, very difficult task of major reorganization to provide that one-window approach and to create the pathway to health in major cities – in major cities in particular, like Calgary and Edmonton – were in the midst of their reorganization. As a

matter of fact, they're still going through some reorganization to achieve efficiencies and to make the system more effective. Basically many boards in this province said: "Lookit. We are not ready. We are not ready for that kind of change at this particular time. Can you delay it for another three years?" We said: yes, that seems to be reasonable. So it's not a matter of not electing; it's delaying the elections.

MDS Inc.

MS BARRETT: In his comments last night, Mr. Speaker, on the unmentionable bill, the Minister of Health basically said: "Don't worry. Be happy. Not much will change if we open the doors to private, for-profit hospitals." Well, if the minister wants an example which is sitting right in front of everybody's nose about what can happen if you open the door, he need look no further than what has happened to medical laboratory services in Edmonton and Calgary since regionalization. Today a single corporation, MDS Inc. out of Toronto, has a virtual lock on medical laboratory services in this province. To the Minister of Health: how can the government justify allowing a single for-profit corporation like MDS Inc. to have a de facto monopoly on medical laboratory services in the province of Alberta, which, by the way, they boast about, including all of the labs located in public hospitals in the Calgary regional health authority?

MR. JONSON: Well, Mr. Speaker, this particular question, I think, refocuses on what I think is one of the major problems that the third party opposition has with this whole direction that the government wants to take to deal with some of the issues facing the public health care system. In this province for decades private laboratory companies have provided laboratory service to hospitals and doctors' clinics across this province. That has been going on since the beginning of medicare, as far as I know, and back further than that, of course, to MSI and Blue Cross.

Today we have a mixture in this province wherein some regional health authorities, such as the one that I happen to be an MLA in, which is David Thompson – they have about an 80 percent publicly run and operated laboratory system. In two or three of the towns around the district, because of tradition, because of private laboratories being used, they're being used. They're flexible in that regard. But it is overwhelmingly a public system. In the case of Calgary the Calgary regional health authority decided to go through an RFP or a type of tender process. They looked at the proposals that came forward, and they selected the company alluded to, Mr. Speaker. So that is a process which is not unique to these recent times. It's been in place for a considerable period of time.

The other thing I'd just like to mention, Mr. Speaker, is that across this province I think one of the very, very successful aspects of the changes in the health care system over the past while has been the overall laboratory system, because, yes, they had to reduce their overall budgets. Probably of any particular part of the health care system, they have had the most dramatic reductions. They have gained efficiencies. The services being provided across this province are by good public systems and by performing private systems.

MS BARRETT: Well, in the past, Mr. Speaker, those arrangements didn't include monopolistic arrangements for an entire city and its region.

Why did the minister approve an arrangement which enables a corporation like MDS Inc. to trade in human illness on the

Toronto Stock Exchange through a secret and monopolistic deal with the Calgary regional health authority? He had to sign that deal. It was his choice. His choice.

MR. JONSON: Mr. Speaker, perhaps someone more familiar with municipal contracts than I am would be able to give more details. All across this province we have cities like Edmonton or Calgary who have contracts for one service with one company or for one project with one company. To artificially divide it up into pieces when you have a single governing entity and an overall service to be provided just doesn't make any sense.

MS BARRETT: Oh, you don't like competition anymore, eh? The government doesn't like competition anymore.

Mr. Speaker, given that MDS Inc. also has the single largest financial stake in the HRG wanna-be private, for-profit hospital in Calgary, how can the minister keep pushing a private hospital's plan that will lead to a situation where public tax dollars are being scooped up by corporations that are not accountable to the taxpayers?

2:10

MR. JONSON: Mr. Speaker, this is the second or third or fourth or fifth time that this particular type of question has come up. I have not been lobbied by, I have not promoted, the legislation before the House does not promote this particular firm, HRG. The premise of the question is something that we are debating in the course of debating Bill 37, yes, but to try and get into this particular question over and over again – we've said clearly, via the legislation, in the debate last night, in question period, what the clear intent and goal of this particular legislation is, which I think is sufficient.

THE DEPUTY SPEAKER: The hon. Member for Wainwright.

Prisoners' Voting Rights

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Justice. I wish to come back to the prisoner voting and the recent court ruling that a blanket ban on prisoner voting is unconstitutional. The reaction of my constituents has been swift and clear. They don't want lawbreakers voting. I would ask the minister: are you going to appeal this ruling, which flies in the face of our longstanding Alberta policy to deny those people behind bars the right to vote?

THE DEPUTY SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HAVELOCK: Thank you, Mr. Speaker. First of all, I want to make it clear to the House that this government, unlike the Official Opposition and the third party opposition, this government is strongly opposed to prisoners voting. Fundamentally and philosophically we believe it's wrong for prisoners to be allowed to vote, and we will not stand by and allow that to happen.

Having said that, the quick answer to the member's question is no, we will not be appealing the Court of Appeal decision to the Supreme Court of Canada. We've completed our review of the decision, and the important point is that the court has agreed with the Legislature's ability and right to limit the right of prisoners to vote in elections. That, Mr. Speaker, quite frankly, can be accomplished without the need to pursue the matter to the Supreme Court. With some fine-tuning to the Alberta Election

Act and in particular section 41(d), we will be able to ensure that the prohibition against prisoner voting can be maintained. What we're looking at is the voting ban applying to all sentenced prisoners with the exception of those serving very short jail terms and those who are in jail for failing to pay fines.

THE DEPUTY SPEAKER: The hon. Member for Wainwright, first supplemental.

MR. FISCHER: Yes. To the minister: if the problem can be solved, then, by legislation, when can we expect that to happen?

MR. HAVELOCK: Well, Mr. Speaker, I know that my colleagues are very keen to have additional legislation introduced in the House this session. Nevertheless, we are planning to introduce legislation to that effect this fall. We want to get this straightened out as quickly as possible to ensure there's a clear understanding that voting is a right based on respect for the law.

When people break the law and go to jail, they lose not only their freedoms, but they lose other rights, and the right to vote is one of them. To put this into perspective, I'd like to refer you to an extract from the court's ruling, and it reads as follows. This is Court of Appeal, Mr. Speaker.

If a prisoner could vote, he would next argue that he had the right to meet candidates, hear debates, and maybe go to meetings outside the jail.

MS BARRETT: Oh, come on.

MR. HAVELOCK: This is the Court of Appeal.

That would pose a danger to security . . . Prisoners with no real interest in voting could use elections as an excuse for a holiday, or an escape attempt, or a hostage taking.

Mr. Speaker, that theme is shared by many Albertans, and that's why we'll be amending our legislation.

THE DEPUTY SPEAKER: Final supplemental, Wainwright.

MR. FISCHER: Yes. Thank you, Mr. Speaker. To the minister again: when you consider those amendments, then, what sort of parameters can Albertans expect?

THE DEPUTY SPEAKER: The hon. Minister of Justice.

MR. HAVELOCK: Thank you, Mr. Speaker. The amendments will essentially deal with section 41(d) of our Election Act and will allow inmates on remand, those awaiting sentencing, to vote. Second, those serving very short sentences and those that are in jail for failing to pay a fine would also be able to vote. Otherwise, the prohibition against prisoner voting will be maintained. While I recognize that will have a negative impact on the vote totals which the Liberal Party and the New Democratic Party can expect to get next time, it nevertheless captures the essence of what Albertans are telling us, and that is: don't break the law, and then you can vote.

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

Video Lottery Terminals

MR. WICKMAN: Thank you, Mr. Speaker. My questions today are directed to the Premier. I recognize the dependency that this government has on the VLT windfalls, particularly with the

continuing crash of the world price of oil. However, the VLT economic drain on Alberta municipalities is frightening. Our thorough and detailed research illustrates a lost revenue to grant ratio as high as 14 to 1. Every dollar in means \$14 out. To the Premier: why has this government never released any studies demonstrating the economic impact on Alberta villages, towns, and cities?

MR. KLEIN: Well, as I understand it, there is a debate going on in many municipalities right now between those who oppose VLTs and those who support VLTs. I think some of the information has been published in newspapers and so on and in advertisements. There are two sides to every argument, and on the economic side the people who are pro-VLT, mostly the hospitality industry, have published many, many figures demonstrating what they say are the economic effects relative to their own industry and to the community, Mr. Speaker.

Perhaps the hon. Minister of Economic Development has more information and can shed some more light on this.

MRS. BLACK: Well, Mr. Speaker, again for the hon. members, this weekend we start the gaming summit in the community of Medicine Hat. We're going to hear from Albertans. As we've said, the people are going to help us craft the future of gaming by providing their input, not only those who are stakeholders involved in the gaming industry in this province but people from across this province. So we want to hear from the people of Alberta as to the future on gaming.

But let's talk about the way revenues go from the lotteries into communities. A number of communities don't have VLTs. However, as was announced on April 1, the community lottery boards were established to take \$50 million of VLT money and distribute it out on a per capita basis to every community within this province. Those communities have the ability to determine how those dollars are going to be spent. This was another recommendation that came out of the Lotteries Review Committee, to have communities have dollars flow back into their communities from VLTs, because there was a concern that moneys had flowed out of their communities because of the VLTs. Clearly, Mr. Speaker, dollars are going back. In addition to that, dollars are supporting the communities through grant programs. In addition to that, on the purely economic side there are many people in our smaller communities who rely upon employment in facilities where there are in fact VLTs and other gaming.

MR. WICKMAN: Fifty million dollars in time for the fall civic election.

Mr. Speaker, to the Premier: does his government see the VLT cash cow as being so important that they are willing to throw the economic well-being of Alberta towns and villages to the wolves?

MR. KLEIN: Mr. Speaker, I just don't understand what the hon. member is driving at. You know, as I say, there's two sides to this argument in many of the towns and villages; for instance, Rocky Mountain House, where the petition was to remove VLTs and in fact the VLTs were removed. If I recall the argument, we simply didn't get involved. I don't think that any of us, even the MLA, got involved in the debate. Certainly we read about debate; we heard about the debate. The debate was spearheaded by various religious organizations on one hand and the business community on the other hand, especially those in the hospitality industry, those in the restaurant and hotel business.

The hotel people argued that the implementation or the use of VLTs in their various establishments generated employment, generated extra business, and indeed were an economic benefit. On the church side and on the moral side obviously they argued successfully in Rocky Mountain House that the social drain was far greater than the economic benefits. On the basis of that there was a vote in Rocky Mountain House, and the vote was to remove VLTs. Subsequent to that, Mr. Speaker, the Alberta Liquor and Gaming Commission removed the VLTs. It's as simple as that.

2:20

MR. WICKMAN: Tell us about Wood-Buffalo.

Mr. Speaker, again to the Premier, in conclusion: why is the Premier not prepared to allow Alberta citizens to choose between jobs and VLTs by holding a provincewide plebiscite?

MR. KLEIN: Mr. Speaker, you know, the policy, the result of the Gordon report, the Lotteries Review Commission, the recommendation that came from municipal leaders themselves – they wanted it. I get so frustrated about this point, because at a meeting in Bonnyville and throughout the public consultation process it was the municipal leaders themselves who said: let us decide the issue; let us decide the issue like Sunday openings were decided, like liquor way back then was decided. Mixed drinking was decided by plebiscite. A lot of things have been decided. They said: let us decide on a community-by-community basis; let community standards prevail.

Mr. Speaker, that's exactly what we agreed to do. That was the recommendation in the Gordon report. Now that they're having to deal with this, yes, there are some communities who are saying: oh, my gosh, we really didn't think it was going to happen; now let's have the province be responsible for it. All we did as a government was to reflect and implement the wishes of the municipalities. So in the city of Edmonton, for instance, the council said: if you bring forward a petition with enough names, we will hold a plebiscite. In the city of Lethbridge they have said: we aren't going to bother with a petition; we are going to have a plebiscite. In the city of Red Deer they have said the same thing. In the city of Lacombe they had a vote, and the vote was illegal because some people – and unfortunately for them, because I think that it's being investigated as I speak – voted illegally on that question, and the whole vote was ruled invalid.

In Wood-Buffalo, since the question was brought up, Mr. Speaker. [interjections] The question was brought up, sir, with all due respect. There is every indication that, indeed, there will be an application to the Supreme Court of Canada. We have clearly stated that if there is a litigation, we will not remove the VLTs until the litigation is resolved. It simply makes sense. Why go to the expense of pulling them out only perhaps to have to put them back in again?

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

Rural Physicians

MR. STRANG: Thank you, Mr. Speaker. The day before yesterday we were all certainly pleased to hear the announcement by the Minister of Health that a tentative agreement had been reached with the Alberta Medical Association on a new contract with the doctors. One of the issues that came up frequently throughout the negotiations over the past six months and certainly an issue highlighted by some of the physicians in West Yellow-

head was related to compensation and quality of work life for rural doctors. Could the Minister of Health advise what this agreement contains that will help our rural physicians?

MR. JONSON: Mr. Speaker, there of course are the general provisions, which will provide for a better financial situation for rural doctors, and that is the 3, 2, and 3 percent increases in fees. The coverage of insurance is a particular one which benefits the general practitioners who are rural doctors, because prior to this they received no help with their malpractice insurance. Now that has been cut in half by this particular agreement from \$2,000 to \$1,000 because we're picking up \$1,000.

In addition to that, though, a specific initiative which is not part of the agreement but was identified in negotiations plus identified through the representation of the rural government MLAs is that we are planning to put into place – and we made a commitment to the AMA on this – a budget for rural on-call payments. In the first year of the agreement it would be \$5 million; in the second and third years \$7 million. This, I think, is a very, very significant step in the right direction towards dealing with the very special problems of small numbers of doctors working in smaller centres.

THE DEPUTY SPEAKER: First supplemental, West Yellowhead.

MR. STRANG: Thank you, Mr. Speaker. My first supplemental question is also to the Minister of Health. Could the minister advise how much support he will provide to the rural doctors' on-call program and whether or not there is any chance this amount may be increased in the near future?

MR. JONSON: Well, Mr. Speaker, I think I have addressed the first part of the question. But in the overall discussions with doctors individually, with the Alberta Medical Association representatives, and with the president of the rural section of the AMA, we've indicated that we will look at having discussions about what the best formula, the best approach to applying this money will be. In addition to that, I have indicated that depending upon the overall financial resources available to Health – this is a high priority item, but its priority matched with other priorities in the health care system – we would consider, particularly perhaps by year 3 if it's working very well, recommending from Alberta Health to the government budget process to increase it.

THE DEPUTY SPEAKER: Final supplemental, West Yellowhead.

MR. STRANG: Thank you, Mr. Speaker. My second supplemental question is also to the minister. Can the minister advise the members of the assistance that might be available throughout this new agreement in terms of improving the working conditions and the workload of rural doctors, especially in light of the demographic changes of the rural doctors and the need and desire to have more time with their families, particularly the young families?

MR. JONSON: Well, Mr. Speaker, certainly being a physician in a rural area means almost by definition that you are taking on the potential of very long working days, often around the clock, and a very challenging profession. But we have already in place through the rural physician action plan a modest program with

respect to providing for locums, or replacement doctors, so that doctors in small communities can get a break, can get some relief from their duties.

Also – I think it's somewhat related to this – there is a program for upgrading qualifications which provides up to six months' leave. I think that this initiative, the rural physician on-call money, if used the right way, doesn't necessarily mean that the on-call money has to be paid to the two or three doctors who are in the community. Instead, the on-call money could be paid to a doctor coming in to provide relief for the chance for a holiday, for a weekend, for a break for the rural physician. So we're looking at the best application of this money in that regard.

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

2:30 Career and Life Management

MR. BONNER: Thank you very much, Mr. Speaker. The MLA for Calgary-Currie recently told the Banff youth forum: alcohol is a major issue for our young people; it is just as destructive as drugs. Meanwhile, back in this House the Minister of Education is lukewarm in his support of the CALM program, the only high school program designed to fight alcohol and drug abuse. To the Minister of Education: if CALM is cut, where will these issues be addressed in the school program? CALM is the only health program in high school.

MR. MAR: Mr. Speaker, the hon. Member for Edmonton-Glengarry addressed this question earlier on. In fact, I think it was earlier this week. I indicated to him at that time and am happy to repeat to members of the Assembly that the CALM program is being reviewed. In fact, there are people, as perhaps the hon. member would suggest, that are supporters of the continuation of CALM as a mandatory program and as a graduation requirement. There are, however, people who will equally make a compelling argument that CALM, while important, ought not be mandatory.

Mr. Speaker, this is being reviewed at this time. It's premature to be talking about whether this program will go or whether it will stay, but we will look at the options. We've been doing our reviews with teachers, with parents, with students, with administrators. I agree with some of the concerns that he expresses as to whether or not there is an alternative way to teach these types of programs. I would point out, however, that elements of CALM don't sit well with all people, and maybe there is some opportunity here for the program to be improved.

Mr. Speaker, in addition, there are elements of the CALM curriculum that people have concerns about, that parents wish to have their children exempted from, and in those circumstances where there is an objection to the particular nature of the program elements, we allow those students to be exempted with the permission of their parents.

So, Mr. Speaker, it's not a situation where the Minister of Education or anybody else is lukewarm to CALM. It is an opportunity for us to improve curriculum. Any chance that we get to do that – I'd never apologize for trying to do that.

MR. BONNER: To the same minister, Mr. Speaker: given that suicide and AIDS are the top two causes of death for young adults in Calgary and that 40 percent of all Calgary vehicle fatalities involve alcohol, why would the minister even consider ending a program that deals with crisis management, alcohol, drugs, and STDs?

MR. MAR: Well, Mr. Speaker, these issues that are raised by the hon. member are serious concerns. There's no doubt about it. It's not just at the high school level that we should be concerned about dealing with the education of children with respect to substance abuse, drug abuse, and other risky behaviours. I've been a strong supporter of the DARE program, as an example. I'll speak very favourably with respect to the DARE program, which is a program that involves community policing. I know that it's one that the Attorney General is most interested in and involves . . .

MRS. SOETAERT: That's grade 6.

MR. MAR: That's correct: children at the age of grade 6. It's a very, very positive program that informs children on the importance of avoiding risk behaviour when it comes to drugs, alcohol, sexually transmitted diseases, and other types of bad choices that can be made by young people.

So, Mr. Speaker, again, the CALM program has good elements to it, and there are proponents of those good elements. There are ways, perhaps, that we can look at improving CALM so that it can satisfy more people with respect to the types of elements that are in the program. That's what we're trying to do through a consultation process of dealing with parents, teachers, students: to find out how it is that we can improve our programs and our curriculum.

MR. BONNER: To the Minister of Health, Mr. Speaker: why aren't you urging the Minister of Education to keep the CALM program, for surely this program leads to a healthier population and lower health costs in the long run?

MR. JONSON: Well, Mr. Speaker, I think the Minister of Education has well outlined the process whereby he is reviewing the CALM program. I would just like to add something else, though. Perhaps as Minister of Health – and I hope I'm not slipping back into my previous role. Really, in the literature and the research and the educational material that's available on this particular matter, it is I think pretty well agreed that it is in the formative years, in the preschool years, in elementary school, and then in junior high school where the messages have to be provided to young people, where the knowledge, the ability to decide on these issues take place and are developed.

I have not heard the minister say – and I imagine that it's not the case – that the minister is contemplating reducing the health curriculum in the junior high school or in the elementary grades. That, I think, is the thing that should be pointed out here. As Minister of Health I am certainly supportive of that program, and we are complementing the efforts of Education by trying to cooperate with them, co-ordinate services with respect to these matters of healthy lifestyles and prevention of disease and suicide intervention and so forth. That, I think, has to be acknowledged, because I do feel that the education system, which the hon. minister is in charge of, is not neglecting this area.

Federal/Provincial Fiscal Relations

MR. SHARIFF: Mr. Speaker, last week a well-known and respected independent Canadian research organization, the C.D. Howe Institute, released a report that examined the taxes Canadian families pay to the federal government and the benefits they receive in return. The findings of this report remind me of one of the rules in the book *Animal Farm*: all men are born equal, but

some are more equal than others. My question is for the hon. Provincial Treasurer. Have you reviewed the report, and if so, what does it say about low-income families in Alberta?

MR. DAY: I've seen the report. It's actually a pretty good report, Mr. Speaker. It's very comprehensive, and it points out an interesting irony: where you live in the country doesn't have any bearing on what you're going to pay in taxes, but where you live can have an effect on what services you get back from your federal taxes, depending on what province you live in. The fact of the matter is, as the report pointed out, that Albertans' taxes which go to the federal government – as a province we receive less back from the federal government than we pay to them, and that makes us net contributors. So it is a fact then and a disappointing irony that people who are low-income taxpayers will actually receive back from the federal government less money than they paid to the federal government because their taxes are going to other provinces. So what the report quite correctly points out is that low-income taxpayers in Alberta actually supplement high-income taxpayers in other provinces. It's a disappointing irony, but in fact that's how the game works at the federal level.

THE DEPUTY SPEAKER: First supplemental, Calgary-McCall. Hopefully it will be a question that's really in the purview of the minister that you ask it of.

MR. SHARIFF: Mr. Speaker, my supplemental is again to the Provincial Treasurer. How have federal transfer payments changed in recent years with respect to Alberta?

MR. DAY: Well, the Liberals performed an interesting change, as they often do. The federal transfer program was formerly called the Canada assistance plan, CAP, and the Liberals said they wanted to change the name. They didn't tell us that they wanted to change the game at that time, just the name. So they changed the name to the health and social transfer. In doing that, as it applied at least to Alberta, in 1992 and '93 we received from the federal government approximately \$619 per person from the CAP program. Then they changed the name and the game, and by '97-98 we were receiving about \$327 through the health and social transfer. So the Liberals, who talked about concern about health and education, in fact slashed us drastically, and we received only half the money we previously did.

It is another interesting fiscal note that despite the fact we had that health and social transfer slashed in half, we continued and we have increased the amount that goes to health and education, and we did it without incurring a deficit, though I understand there's some Liberal discussion on the provincial level about incurring deficits again. But we've managed to do it by getting rid of the deficit and continuing to support these valuable programs to Albertans.

2:40

MR. SHARIFF: My final supplemental is to the Minister of Family and Social Services. What is the government doing to help lower income families in this province?

DR. OBERG: Thank you very much, Mr. Speaker, and thank you to the hon. member for giving me a chance to answer this question. Keeping in mind what the hon. Provincial Treasurer has just told us about the decreasing payments from the federal government and the actual fact that low-income families in Alberta

are paying for and subsidizing higher income families in the rest of Canada, we still put low-income families as a priority in this province. The family tax credit, which provides up to \$1,000 per year, is but one example. We've also used the national child benefit and will be putting in a low-income health care plan starting July 1. We provide child care subsidies. We provide health care premium subsidies. The bottom line, despite the fact of what the federal government is doing to us, despite the fact that low-income Albertans are actually subsidizing higher income Albertans, is that lower income Albertans are a high priority for this government, and that's why we have a lot of programs to help them.

head: **Members' Statements**

THE DEPUTY SPEAKER: Today we have three members who've indicated their willingness to make a member's statement. First of all, the hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Olds-Didsbury-Three Hills.

International Youth Drug Program

MRS. BURGNER: Thank you, Mr. Speaker. I'd just like to take a few moments this afternoon to acknowledge the United Nations international drug control program, which sponsored a major youth forum in Banff last week called Youth Vision Jeunesse, a drug abuse prevention program involving youth from around the world. The youth presented a number of programs, and their mandate was to meet and discuss and exchange experiences to deal with the demand, reduction of drugs within our communities and deal with that on an international basis.

Providing the youth themselves a forum to discuss how they dealt with these issues around the world allowed them to come up with some significant recommendations, which will be tabled at a special assembly of the United Nations in June of this year. Part of the program was to develop an ongoing international youth network, so out of the conference a video will be developed and in addition a handbook. We're looking at member nations of the United Nations who were not able to participate to take up this challenge on a worldwide basis and to assist our young people in coming to terms with this significant issue.

I won't have a chance to talk about all of the recommendations they brought forward. The number one priority for youth was their own voice at the table. They also identified that in dealing with these programs a number of areas should be looked at, including cultural sensitivity and gender issues. They talked about education and the need for alternative activities for young people throughout the world. They were very concerned about treatment and health services available for them. They looked at the significant role of the media in assisting them in dealing with the issue of drugs and also looking at the mixed messages that the media does send them. They wanted to ensure that there was information sharing and networks around the world and that there was an appropriate evaluation of programs that were spoken to and sponsored. Lastly, they dealt a fair amount with the convention's policies and rights, which they felt as young people they were entitled to, which are a major part of the United Nations. They also talked about the funding mechanisms.

AADAC was a co-sponsor of that, and also the Canadian Centre on Substance Abuse in conjunction with the United Nations drug enforcement program.

I would like to applaud the youth of Alberta who participated and recognize AADAC's contribution to this convention.

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

National Day of Mourning For Injured Workers

MR. MacDONALD: Thank you, Mr. Speaker. Tuesday, April 28, is the National Day of Mourning for those killed or injured in the workplace. On behalf of all hon. members of this Assembly I would like to take this opportunity to join with all those who will remember their loved ones and friends who lost their lives as a result of workplace accidents or illness. These deaths are particularly tragic because in many instances they could have been prevented.

The top three causes of work-related deaths and injuries are motor vehicle accidents, contravention of safety regulations, and industrial diseases. The government has a clear responsibility to work towards a system of monitoring and inspection that addresses these three causes. Unfortunately, the trend in recent years has been for the Department of Labour to encourage voluntary compliance with individual companies. This takes the responsibility of workplace safety out of the hands of the government and does not allow them to set the standards necessary for the protection of all working Albertans. Instead of policing companies and advocating for workers' safety, the government has concentrated on prevention and encouraging industry to create safe workplaces on their own. Of course, prevention and encouragement are important, but they must be backed up by policing measures that have teeth so companies are compelled to live up to standards.

The Canadian Labour Congress has established a national registry book to maintain a record of workers killed on the job. The book, entitled *Let There Not Be Another Page Turned*, will formally recognize workers who have died on the job from an occupational accident or disease that has been recognized by the Workers' Compensation Board. All members of this House, I encourage us to work together to stop the carnage in Alberta industry and make sure that no pages are ever turned in that book.

Thank you.

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

Sexual Orientation

MR. MARZ: Thank you, Mr. Speaker. The week preceding the Easter break marked an emotional time in Alberta politics as Albertans expressed their concerns regarding the Supreme Court decision in the Delwin Vriend case.

Mr. Speaker, I was dismayed to see some journalist, who should above all else value everyone's freedom of speech, resort to name-calling and labeling all those who did not agree with the ruling as Nazis, rednecks, and bigots. I was shocked to hear some members of the opposition in this very House refer to Albertans who disagreed with the Supreme Court ruling as narrow-minded bigots spewing hatred and venom and using words to describe their opinions as lies, lies, lies that are hateful, hurtful, and downright dangerous, as well as other comments such as fear mongering and intolerance.

Is this an appropriate response, Mr. Speaker, by elected representatives to Albertans who express an opposing point of view and exercise their freedom of speech? Or is shouting and name-calling only indicative of a lack of legitimate argument? It would appear that the strategy employed by some of the members

of this Assembly is to use intimidation tactics to silence their political foes. As a new member of this Assembly I find this very disappointing and offensive.

Of the 2,150 responses we received in my office, none in our opinion expressed hate or intolerance. The majority of responses expressed concern about the courts dictating to governments, conflicting moral values, and a lack of knowledge of what sexual orientation really means and what the courts will ultimately decide it to mean.

Mr. Speaker, my intent today is to merely set the record straight. I would not want to leave the impression with Albertans that all Albertans who spoke out against the Supreme Court ruling were spreading hate and intolerance. On the contrary, the responses I received were merely expressions of concern about the erosion of moral values, traditional family values, and Christian principles.

I would like to assure those Albertans that I for one will continue to stand on their behalf in support of those values and would also like to state that it was obvious during the course of the debate that, regardless of one's viewpoint, all Albertans could voice their opinions to this government without fear of insult or intimidation, and their representatives within government caucus also enjoyed that same freedom.

Thank you.

head: **Projected Government Business**

THE DEPUTY SPEAKER: The hon. Opposition House Leader.

DR. NICOL: Mr. Speaker, I'd like to request that the Government House Leader, under section 7(5) of Standing Orders, give us next week's projected business. Thank you.

THE DEPUTY SPEAKER: The hon. Government House Leader.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I'd be delighted to. Monday afternoon we'll be into second reading on Bills 38 and 40. Hopefully after the opposition passes those quickly, we'll be into Committee of the Whole on those two items plus as per the Order Paper, which indicates some bills still remaining at Committee of the Whole. If the opposition did not pass 38 and 40 in the afternoon, then hopefully they'll pass it that evening at second reading. Then we'll be into Committee of the Whole on those two bills and as per the Order Paper some of the other bills that are outstanding.

April 28, Tuesday afternoon, we are looking at having a limited debate on Bill 45, the Health Professions Act, Mr. Renner. The Miscellaneous Statutes Amendment Act will be coming up, and hopefully that will be passed quickly. Then we'll go into Committee of the Whole on miscellaneous statutes, and hopefully that will move quickly again. Then we'll go through some third readings as per the Order Paper. That evening we are intending to go into Committee of the Whole on bills 38, 40 and as per the Order Paper, and then third readings.

Wednesday, 8 p.m., Bill 43, miscellaneous statutes, third reading; Committee of the Whole as per the Order Paper; and then third reading as per the Order Paper.

Similar for Thursday afternoon, Committee of the Whole if necessary and third readings as per the Order Paper, Mr. Speaker.

2:50

THE DEPUTY SPEAKER: We have one point of order arising from the question period, but I would like to make one point

before we take the point of order. That is that we had only nine questions and answers taken today, one taking nine minutes, but I want to congratulate the hon. Member for Wainwright and the hon. Government House Leader. Theirs was by far the shortest exchange, with three questions and three answers within four minutes. Something to strive for with other members.

The hon. Member for Calgary-Buffalo.

Point of Order **Allegations against Members**

MR. DICKSON: Thanks, Mr. Speaker, and in fact it was that very brief exchange between the Member for Wainwright and the Minister of Justice that provoked me to stand on a point of order, but I'm not doing it to balance out the time, really.

I cite and invoke Standing Order 23(h), (j) and (l). The specific wording used by the minister – and I don't have the Blues, but I made a note of it – was to the effect that unlike the opposition “this government is strongly opposed” to inmate voting. That's what I understood the Minister of Justice to say. Until he corrects me otherwise, that's the assertion. My argument is that it both makes allegations against members in this caucus and certainly uses language which is abusive and insulting.

The situation is this, and two points I'd want to make to it as briefly as I can, Mr. Speaker. The first one is that this caucus has always said that mass murderers and people like Clifford Olson ought not to be allowed to vote. What we've also said is that this caucus recognizes that in most provincial jails the typical profile of an offender is a young man in his 20s, more often than not an aboriginal, more often than not somebody who hasn't paid a fine. The point of order is the inflammatory representation made by the Government House Leader, and I'm very quickly trying to make the two points I identified. The first one is this: this caucus has never supported the right of a Clifford Olson to be able to vote in a provincial general election. The second comment . . .

THE DEPUTY SPEAKER: I think a point of order is to make the point of order as opposed to re-enter the debate. I think you've clarified your point that was referred to in the preamble, presumably to the answer that was given by the hon. Minister of Justice.

The hon. Minister of Justice, briefly on the point of order.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I don't believe there is a point of order. I think you were quite correct in stating that the hon. member across the way is simply trying to re-enter debate and clarify what the party's position is.

I will state that the other day in the House I did actually quote from some news items where it was indicated and stated very clearly by the former Leader of the Opposition that prisoners should have the right to vote. I was simply sticking with that theme, and the comments I had referred to the other day had absolutely no qualification in them. They simply said that, yes, they should have the right to vote.

I can understand their sensitivity on the issue, Mr. Speaker, because of course I don't think it's defensible. Nevertheless, there is no point of order.

THE DEPUTY SPEAKER: The hon. Minister of Justice was introducing into the answer he was giving to the hon. Member for Wainwright some – I think (l) is “introduces any matter in debate which offends the practices and precedents of the Assembly.” That is in itself a bit inflammatory and begs a response such as

the hon. Member for Calgary-Buffalo has gotten into. I think what we have here is an example of gratuitous comments, which then sparked a response and now a debate.

I would ask both hon. members to contain their exuberance for this particular debate. I think the hon. member has clarified the opposition's point of view, and I think the matter has been dealt with.

Calgary-Buffalo, you wish to challenge?

MR. DICKSON: Mr. Speaker, my only observation is that I said I had two points to make. I made one point, the Speaker rose, and we had an opportunity for the Minister of Justice to respond.

THE DEPUTY SPEAKER: Hon. member, I didn't mean to cut you off, but I thought we were getting into debate, which is the same reason why I stood when the Minister of Justice appeared to the chair to be entering into debate. I think your point has been made. It is a point of clarification, and we can leave it at that.

head: **Orders of the Day**

head: **Government Bills and Orders**

head: **Second Reading**

Bill 38

Public Health Amendment Act, 1998

[Adjourned debate April 22: Mr. Mitchell]

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

MRS. SLOAN: Thank you, Mr. Speaker. It gives me pleasure to rise today to speak to Bill 38, the Public Health Amendment Act. I've had the opportunity to review the bill as it stands before the House and have some questions and concerns to pose to the government minister with respect to this bill.

I have not had, I should indicate, in my review of the bill itself any background material that would suggest why this bill is necessary. In my opinion the bill, in its erosion of the Public Health Advisory and Appeal Board and its subsequent empowerment of the chief medical officer, is not a health bill. It's a policing bill. It's a muscle bill. It reminds me of previous legislation that has been tabled and passed in this province that was utilized to suppress and to target certain populations, the sterilization act being one. I think it is a very dangerous precedent when a government seeks to empower one individual, that individual not being elected, such as proposed by the Public Health Amendment Act for the chief medical officer position.

I am not clear with respect to the rationale existent in the bill that would propose a need for the Public Health Advisory and Appeal Board to be cut by half, to have its advisory component removed and specifically its ability to advise the minister on public health, the conducting of research and investigations into public health, and particularly its ability to hold public hearings on matters related to public health.

[Mrs. Gordon in the chair]

This government has not been a public health advocate or proponent. In fact, the funding of public health on the basis of inflation and population growth and demographics has deteriorated since the early '90s. The commitment to public health in this province is extremely fragile on the funding side and extremely

fragile on the policy side. Now we see another example of legislation which seeks to erode that program even further.

So my question is: who will advise the minister on public health, on research, on investigations, and who will hold public hearings? Will it only be the chief medical officer? What protection exists, then, to ensure that the bias of that individual, not elected, does not override, does not supersede, does not take precedence when it comes to that individual's examination of issues or recommendations to the minister? One single individual, it is my opinion, cannot adequately serve the interests of public health or the interests of our province and citizens with respect to this issue.

3:00

I think it's relevant to put this in context, the removal of these functions, specifically if we look at some environmental issues that exist in this province today. I would raise the water and other environmental issues that have arisen surrounding the Chinook region and feedlot growth implications in that part of the province. It is also relevant to raise Swan Hills and the recent environmental disaster and public health implications of that. We have also in existence in this province an increasing incidence of asthma and airborne contaminants in the Fort McMurray area, given the industrial growth in that particular geographical part of the province. Who would be conducting the public hearings? Who would be conducting the research that would address specific issues such as the livestock and feedlot expansion, like Swan Hills, and like the asthma and airborne implications arising from industrial growth? Those questions are not clear.

The utilization in the bill of the term "disease under surveillance" sounds oppressive and threatening to me. Again I raise putting into the bill a policing context. It would be extremely frightening, as a member of the public or as an individual, to have a disease that is under surveillance. And what in fact does "under surveillance" mean? Again the legislation is not specific. I believe it says that the chief medical officer can designate as a disease under surveillance a disease which is perhaps "not prescribed as a notifiable disease under the regulations." He or she can further require by the notice that a medical officer, a physician, or a laboratory provide whatever information on the disease he requests. The medical officer, physician, and lab then must comply with this. That implies again broad, sweeping powers; no limits. I raise the question: where does this end and why is it necessary? Would it be that perhaps certain employee groups, certain citizen groups, perhaps even diseases that are most commonly found in women would become targeted populations and placed under surveillance? And what exactly does "surveillance" mean? How will one singular individual be prepared or be capable of adequately monitoring these issues, given the funding restrictions placed on public health by this government?

Perhaps the most important and complex question that arises out of this bill is: what are the issues surrounding individual privacy and confidentiality? We have seen repetitive examples of this government's lack of respect for personal privacy and confidentiality. In the face of this bill those questions and the fears surrounding those issues are further magnified. To what degree will personal and individual privacy and confidentiality be respected if that individual is in a population or has a disease that is under surveillance? What will be the balance? What will be the tools that the chief medical officer will use to ensure that that balance is maintained? This legislation does not offer us anything, any reassurances or any specifics, with respect to that.

As well, there is a fear, given the climate in this province and

some of the issues of late, that there will be specific populations targeted. I would hazard to guess the gay and lesbian population, because of the ideology, because of the philosophy existent within this government that punitively targets those people. What would prevent the chief medical officer from using those biases to specifically attempt to infringe on the rights of these people? Again the bill offers no specifics. Perhaps it would be that the medical officer could request that a bathhouse provide a list of all its clients. What about the membership list of a private club where the medical officer suspects a club member might have hepatitis C or some other communicable disease? This same circumstance could apply in health care facilities and institutions for employee populations. Again, no specifics about how the individual privacy and confidentiality issues would be addressed.

At this stage I would say, Madam Speaker, that I personally have enough reservations about the bill and its lack of specifics that I would not be prepared to support it. I think that if there can be through the amendment process some further justification or explanations or provisions that provide those safeties, this bill could be improved sufficiently to garner support. I believe particularly the issues with respect to privacy and confidentiality are so unaddressed and so substantive that it is not a bill that could be supported at this stage.

I'd also like to speak just a little bit about the qualifications of the chief medical officer and how this government would go about selecting that individual, given the broad and sweeping powers this position would have. I've had the privilege in my tenure and career as a registered nurse to read the medical officers' reports in a number of provinces, and I would have to say that Alberta's has not ever been the most comprehensive in my reading of them in the past. Obviously this position would be a physician, but what other preparation, education, credentialing would this individual have to be sufficiently prepared to assume the powers this legislation would give that position? I don't believe there is anything specific in the bill, at least in my reading, that offers those types of specifics. Certainly part of the job description is there in terms of the powers the position would have, but as far as the credentials, it's not there, and I would ask why. Why is that? If we in fact do see public health as being a priority, then let's place those priorities and let's demonstrate those priorities within the legislation.

I want to conclude just by coming back to the underfunding of public health services in this province. It has perhaps not been sufficiently raised as an issue or addressed because of the overall underfunding of health care in this province as a whole. Many of the specific areas, such as public health, such as mental health, which have been on the even shorter end of the stick fundingwise, never seem to get to the surface or to receive sufficient debate. If we're committed, it seems to me, to actually moving in a direction that is preventative and health promotional in nature, we need to be looking at doing more than just entrenching broad, sweeping powers into one position. One individual is not going to be, in my opinion, capable of achieving the types of gains we need to have in this province in the area of public health.

Perhaps we might want to consider hiring a few more public health nurses rather than paying a lofty six-figure income to one particular all-powerful position. In fact, we have public health nurses in this province that are in the same numbers, in the same communities, carrying caseloads two to three times larger than what they carried in the early '90s. We don't see this government moving to hire more public health nurses or public health workers to try and advance our population's health.

So it comes back to: why is this bill before us? What is to be gained from it? And, specifically, what can be gained in the face of the chronic underfunding and the lack of supports for public health in the other areas in the health care system?

With that, Madam Speaker, I would conclude my comments on Bill 38. I appreciate the opportunity to bring them to the House this afternoon. Thank you very much.

3:10

THE ACTING SPEAKER: The hon. Member for Edmonton-Mill Creek.

MR. ZWOZDESKY: Thank you, Madam Speaker. I appreciate this opportunity to address a few comments to Bill 38, which is otherwise known as the Public Health Amendment Act, 1998. Just as a preface to those comments I want to just state that health care and all the related aspects that comprise it is still the number one issue in my area. We still have a great concern amongst the vast majority of my constituents about health care. It doesn't matter if we're talking about this particular bill, which amends one critical part of the system, or if it's circumstances dealing with red alerts or ambulance services or bed shortages or issues related to communicable diseases, such as this bill comments on, or the doctors' negotiations with the province, which have just recently concluded, I understand.

It just doesn't matter what the issue is. When it comes right down to it, health care is still number one in my area. Immediately after people start asking me questions and talking to me about what's going on in the Legislature today or this week with respect to changes in health care, there is a great undertone to those comments which I can best describe as concern and a failing confidence that is developing in some sectors. That particular concern, Madam Speaker, is related to some of the basics that underpin our health care system as we know it. The number one concern is still with respect to accessibility and availability of health care services, particularly when they become critically needed.

Once we get past accessibility and availability, the next important issue in my area that's developing now is affordability, and I think that is why there is such a huge discussion going on with respect to related aspects such as the privatization moves that many people fear are afoot. Again, we don't have confirmation of that, but we do have a number of organizations that are concerned about it, such as the College of Physicians and Surgeons, such as the Alberta Medical Association, such as the United Nurses association, and on and on.

As I look at this bill which talks specifically about some amendments to the Public Health Act, I am compelled to make some comments that set the frame within which the rest of my comments will be made.

I'm reminded, Madam Speaker, to make a point here about a particular inscription that I used to see on my regular visits to my dentist's office. This particular series of short statements really underscores the importance of health. I know we all believe that, but here's what I'm reminded of having seen as a youngster going to my dentist every few months. There was a sign that hung in this doctor's office – it was a Dr. Yaremchuk, as I recall – and the sign said: without teeth there can be no chewing; without chewing there can be no nourishment; without nourishment there can be no health; without health, what is life? I've never forgotten that, because it underscores the critical importance of an excellent health care system such as I think we have come to know not just in the province of Alberta but also across the

dominion of Canada. It's comforting to know that we're bound by some commonality at the national level through the Canada Health Act. I'm comforted by that, and having done a great amount of traveling across this great country, I've had occasion to drop into a couple of medicentres with my children and my wife because of emergent need, and it's reaffirming and even refreshing and relieving to know that you can walk in anyplace and get a certain level of expected service.

Therefore, when we set about to amend certain parts of that system, such as Bill 38 does, I think it's important that we take a serious look at what's really going on. Are these contemplated changes going to advance that particular feeling of confidence that we already have? Is it going to detract, perhaps, from that level of security we feel? Or does it maintain some sort of a status quo but simply rearrange the chairs in the room, as it were?

Well, this bill, in my view, does a little bit of everything. It does a little bit of all three. On the one hand, this bill does alter the nature, the name, the composition, and the function of what we currently know as the Public Health Advisory and Appeal Board. Some have said prior to my speaking on this bill that in fact this particular part of the bill actually restricts the role through the changes contemplated in this bill.

[Mr. Clegg in the chair]

Now, some of those changes we can argue are in place and very proper and need to be done. Others perhaps are not, and that's where the discussion needs to centre. For example, I don't personally find it too difficult to accept that the number of individuals serving on the new board is changing. I have no problem personally with that particular aspect. I have no problem with the changing of the quorum as the bill reflects. That to me also makes some sense. I have no problem with other aspects of the bill that talk about when and how a meeting of the board shall be called. Those are fundamental, almost cosmetic changes, although they're more of an implementation and functionary nature. I have no problem with those.

Where I have some questions is with respect to the changing of the role which emanates now from the contemplated new title of this Public Health Advisory and Appeal Board. What we are doing, as I understand the bill, is amending that clause which talks about the name of this board so that it would now read the "Public Health Appeal Board."

3:20

Now, having read that into the record, which is very clear in the bill, we have to ask ourselves what is being removed out of the title and how does that removal affect the ultimate functioning of the board. The answer is probably very straightforward. We are simply removing the advisory capacity that the former board would have had. The advisory capacity, I would suggest, is probably – and I'm guessing here – well enough covered through the myriad of ministerial health advisory committees, which I spoke about earlier in relation to certain sunset provisions that are provided for in Bill 39, the Financial Administration Amendment Act, where there is a listing that I gave, at least in part, into the record of the many, many different health care advisory committees.

So I'm trying to follow the logic here of what the government's thinking is by removing the word "advisory" from the title. I'm probably going to understand that what they're trying to do is suggest that there's no longer a need for the advisory aspect to be fulfilled either in title or in function and implementation, because

the Minister of Health is already well advised through these various other advisory committees which deal with everything from cancer to, I suspect, kidneys and heart function and so on. In the process we're probably going to be told that this avoids some duplication that may be going on.

However, I think there is a fundamental difference to those ministerial advisory committees: how they're appointed, who the individuals are, what screening process they go through, and so on. We could argue, in fact, that the individuals who comprise a lot of those committees may well be – and I'm sure they are – very fine individuals. But they may or may not be chosen for particular relevance and expertise in relation to the specific function that they're asked to perform. They may well be on there more so as community-minded individuals who have a stake and some kind of a compassion for fighting cancer or for fighting juvenile diabetes or whatever the case is.

On the other hand, the Public Health Advisory and Appeal Board is a formal board that is arrived at through an act of this Legislature. There is a different sense of accountability. There is a different job description. There are different conditions and circumstances that govern that board because of the nature of its definition within the Public Health Act of this province. So I'm not, on first blush at least, sure that this is a good move, to remove the advisory capacity. We'll have to wait and see, Mr. Speaker, whether or not there are any additional significant changes that result.

I do note another section of the bill which is reflected on page 4, the new section 8, which says, "The following is added after section 22," and then it goes on to quote some new sections, 22.01(1) and 22.02(1), where the minister has the right to appoint a chief medical officer of health, and it goes on to describe what the duties of that chief medical officer will be. Under that part of the act, Mr. Speaker, I find some of the counterargument to what I said a little bit earlier. It says here quite clearly that the chief medical officer shall have the responsibility to

monitor the health of Albertans and make recommendations to the Minister and regional health authorities on measures to protect and promote the health of the public and to prevent disease and injury,

and it goes on.

That having been said, in addition to those particular points taken singularly, if you take them collectively, you could suggest that the chief medical officer is also in the role of advising. He may be doing some advising as well, which may constitute an additional support level. However, that person is only one. That chief medical officer, as capable and talented and experienced and educated and informed as that person is, he or she is still only one person. That's why sometimes we have committees or boards, because there's a collective of experience of talented and knowledgeable individuals who can monitor, advise, and make recommendations. I'm a little bit concerned about that particular change. So that's change number one.

Change number two is directly related to this, which talks about the new position that is being created. That new position is the chief medical officer as well as a deputy medical officer whose job it will be to supervise the entirety of our medical officers that are involved in the health care field as well as the specific executive officers. So I'm interested to read further how this particular aspect applies later when we see the companion legislation or the companion regulations or the policies and guidelines that will flow out. That's the second change, and I've already spoken about some of that.

The third part of this bill that has my attention, Mr. Speaker,

is the question of the day, I guess, and that's the issue of information and privacy of information. We heard today in the House some questions posed by my colleague the hon. Member for Calgary-Buffalo with respect to registries and how information, it has now been discovered, is being accumulated and marketed and sold to various outside individuals, perhaps companies, perhaps corporations. I'm wondering about that particular aspect which the member raised questions on and how that's going to wind up in the final analysis, because I know it wasn't the intention of the government at the time they made the privatization changes that those kinds of circumstances would possibly happen.

I recall standing in this house, hon. minister, and in fact debating some of those points. I recall my then colleague from Fort McMurray, who is a brilliant lawyer, Adam Germain, raising numerous questions, as we all did, with respect to the protection and care of private information. It wasn't that individuals were so much opposed to the concept of privatization – because certainly that's not what's being said here, and I'm certainly not opposed to privatization in certain areas – but on the issue and in the case of privacy of information I think we all understand that we appreciate some degree of confidentiality and we appreciate some degree of control over personal information. [interjection] Just ourselves. Okay. And it goes beyond the normal things such as a name and an address. I think you heard a question posed with respect to how this affects individuals that may be involved in maintenance enforcement circumstances, just to give you one example.

So this third major change in the bill now would allow the chief medical officer to access any information that he or she may wish at his or her whim or any information that he or she may require to be applied elsewhere. They would have the right to do that. Now, that's a significant and a major change. I think all of us understand that when our medical fraternity takes that Hippocratic oath, they and the patients have a very solid bond of confidentiality that rightfully belongs only to the patient and the doctor.

3:30

Now, in this case we are introducing a third person, as it were, and there may be circumstances where that's necessary to do. I mean, an obvious example would be when you go and visit a specialist. You require the specialist to have a certain degree of information about your case, about your personal habits, your lifestyle, whatever it might be. That I understand, and I have no difficulty in circumstances like that.

However, this information, as it's explained under this particular part of the bill, has a slightly different context within which it is set, and that is why I'm flagging those concerns. I know that the hon. minister has heard many of those concerns, so I won't take up the House's valuable time to reiterate them. I'll move straight on to the final point that I'm concerned with, which I touched on a little bit earlier, and that's in relation to the enormous change to the powers the chief medical officer of health would now have over the area of persons with communicable diseases and just in general with respect to quarantines or whatever have you that may be required under that particular area.

I think communicable diseases are obviously an extremely important aspect of health care that has to be quite carefully monitored and controlled and acted upon. I have a few more points that I'll raise during Committee of the Whole. I hear the bell has gone and I've run out of time. So I'll stop there and let someone else continue this excellent debate.

Thank you.

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

MR. MacDONALD: Thank you, Mr. Speaker. It's a pleasure to rise this afternoon and speak to Bill 38. Bill 38 is quite a piece of legislation. I have reviewed the remarks made by the sponsor of this bill. I do have some concerns about this bill, but they're on the nature of a disease that seems to be making a rather remarkable comeback near the end of this century, and in my remarks I will outline to this Assembly my concern.

From what I can understand, Mr. Speaker, this bill will limit the role of the current Public Health Advisory and Appeal Board to an appeal body only. My hon. colleagues before me have expressed concern about the creation of the position of the chief and the deputy chief medical officers of health to oversee all medical officers of health and the executive officers. We also heard previous speakers outline in detail the allowances to permit any medical officer of health to require that a person engaging in a risky public health activity provide any information that he or she requests or that the director of any public place provide any information that he or she may request. My hon. colleague from Edmonton-Mill Creek previously raised in front of this Assembly his concerns about the huge powers this bill is going to give to a medical officer of health to place a person with a communicable disease under quarantine and prevent them from attending school, work, associating with other people.

When this bill was introduced, we heard how this bill was going to enhance the ability of the government and the regional health authorities to monitor and protect the health of Albertans in cases regarding communicable diseases. I was also led to believe that this bill will provide for enhanced confidentiality regarding Albertans' health records. This bill requires that confidentiality be maintained for all information acquired in the provision of this act, Bill 38, by regional health authorities, medical officers of health, and other staff of the various regions. I understand the Minister of Health is ultimately responsible for public health, and that's fine, but it is important that the minister's agents have the authority to act when absolutely necessary to protect the health of the public.

Now, at the turn of the last century, Mr. Speaker, one of the most insidious diseases was tuberculosis. We all know the stories from our grandparents of how that disease affected entire communities. After the war the provincial sanatorium, or san as it was called, was almost an institution that was made redundant. Sure, there were isolated cases of this disease that came forward, but we seemed to think we had it beaten, that it was a disease that was going to no longer be affecting even a small percentage of our population. This was really a step forward, and there were many initiatives made by various public health officials to make this possible.

But we look at the disease now, and we look at the new strains. In Committee of the Whole I'm looking forward to asking questions about whether the purpose of this bill is really to protect the public from a large outbreak of one of these powerful strains of tuberculosis that now seems to be on the rise – we read about it all the time – in the inner-city neighbourhoods not of some Third World country but in the inner-city neighbourhoods of some of the major cities in America. I'm referring to New York, Chicago, Los Angeles, where there are a large number of homeless people. Economic conditions for these people have led them to congregate together in bus shelters, train stations, and these strains of tuberculosis are now widespread in the general

population of the city. Hopefully this is not an unstoppable disease.

The conditions which cause this disease to exist are now being created in this province. Whether we want to readily admit it or not, we are becoming a province of haves and have-nots. The same economic conditions in the large cities in America that are creating the second generation of this disease are now here in this province. We know there are certain areas in this province, Mr. Speaker. I believe there was legislation in place, but I'm not sure. This is why I'm keenly looking forward to Committee of the Whole, so some of my questions regarding this can be answered, not perhaps by the minister but by his department officials, about the tuberculosis clinic that's over at the university and about the people from the north that come down, the members of the First Nations who still go there for treatment. From what I can understand, the number of people who are contracting the disease is on the increase. I'll be anxious to hear the minister's response as to whether this is a trend that worries himself and the members of his department or whether it's just a blip that's created by rather harsh social conditions.

3:40

Also, I understand that in the past in order to protect public health, workers involved in the service industry in the province – one of the preconditions to employment was that they had to have a chest X-ray to ensure that if they were handling food or cooking food or working in a hospital or in a home that was to care for the sick or the elderly, they were free of the disease tuberculosis. I don't know whether it's a regulation, Mr. Speaker, that we've simply forgotten about. Perhaps we need to have another look at it, or perhaps the Minister of Health is on top of things and this is exactly what this bill is about: to protect us from a disease that is common in the Third World, becoming more and more common in the larger cities in America and hopefully will not follow to this province. When I say that, I have reservations. Because as I stated earlier, the economic conditions in this province, in the two major centres – we're becoming a province of haves and have-nots – are ripe for an increase in the cases or the incidence of this disease.

Now, with those few remarks regarding this bill, Mr. Speaker, I will anxiously await the response to my questions from the Minister of Health or his department officials, because I feel that this is very, very important. This is a disease, a public issue that we must talk about, because from what I can read, there are many medical officers who are very, very concerned about the increase in these strong, powerful, drug-resistant strains of tuberculosis.

With those remarks, Mr. Speaker, I shall cede the floor to one of my hon. colleagues. Thank you.

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

MS PAUL: Yes. Thank you, Mr. Speaker. I'll just make a few comments with respect to Bill 38, the Public Health Amendment Act. I know that in Committee of the Whole we will go through the bill section by section, but I just want to make a few observations that allude to and address the intent of the bill. Before doing that, I want to also indicate that I am very, very interested in the health care of Albertans.

Health care in this province has gone under some very, very rude awakenings in the last few months. I think we're all more than aware of the red alert situation in Alberta. We're more than aware, especially in my riding. It's been brought to my attention

that there is major concern with lack of beds, lack of funding, the potential strike that has been held back at this point by the doctors, but strikes have gone on in this province. Health care is of utmost concern. So I wonder, Mr. Speaker, about the merits of having this bill put before the House. The bill doesn't really address concerns that Albertans at this point need to be talking about. This bill and any bill that deals with public health is something that should be addressed not only and just exclusively in the House but should have public input and public consultation.

Bills of this nature, Mr. Speaker, are almost as near and dear to my heart as the family violence bill that I think we'll be discussing, Bill 19. That bill obviously, of course, is of extreme importance to this Legislative Assembly at this time.

Mr. Speaker, the intent of the bill that actually limits the role of the current Public Health Advisory and Appeal Board to just solely an appeal board is something that diminishes any sense of credibility in a wider scope. It tailor-makes the decisions that are going to be brought forward with respect to health care agencies or appeal board processes. It also puts way, way too much weight or merit and decision-making in the hands of one person. I think when we give people that much power, that much credence, that much merit we have to really, really be careful when we're dealing with something as broad and encompassing as the health care system.

With respect to the position of the chief and the deputy medical officers of health, you have to look at what the components are or the job description that encompasses that position. You have to look at the requirements that such a position would dictate when you have that much power. Any response or any action taken by a person in that position must be accountable and fully accountable to all Albertans. This is something that must be in place, Mr. Speaker. Albertans have to be involved in any process, and this bill needs to be really addressed. The huge powers that will be placed on the medical officer of health to actually discuss and to put under quarantine people who have communicable diseases is something that should not be solely done by a select few.

Having said that, Mr. Speaker, the replacement of the Public Health Advisory and Appeal Board to just that of the public health appeal board – some of the other speakers have indicated that they're in favour of downsizing and downloading, so to speak, and have no problem with the numbers that will be part of the membership and/or the board, but I do. It's a very difficult position to put one or two people in, and the membership now will be diminished to less than five. Also, it should be noted that the Lieutenant Governor in Council can no longer call a meeting of the board. Only the board or its chairman can do that. I find that rather interesting, and I find that not acceptable. The issues that will be discussed and the purpose of the Public Health Amendment Act should encompass and include and be part of a decision for the Lieutenant Governor in Council to call a meeting of the board.

Also, Mr. Speaker, in section 8 in 22.03, I find it very interesting that the new provision allows the CMO to classify any disease, not necessarily as prescribed as a notifiable disease under the requirements, as a "disease under surveillance." The CMO can require by notice that a medical officer, a physician, or a laboratory provide whatever information on the disease he requests in the notice. The medical officer, physician, or laboratory must comply with the notice.

Mr. Speaker, the bill does not appear to place any limits on what kind of information the CMO can request. That is just not acceptable. Can he request confidential patient information? I,

unfortunately, have to require the services of a specialist at the U of A and have been doing so for a number of years, and confidentiality is something that is specific and near and dear to most Albertans. In this day and age when computers make private information and confidentiality accessible, it is imperative – just imperative – that this type of information not be allowed to reach the hands of somebody making an inquiry. There have to be checks and balances. There have to be regulatory, stringent laws banning confidential information from being accessible.

Mr. Speaker, Albertans want to know where these privacy implications leave Albertans. I mean, they visit doctors in confidence. Their illnesses are discussed; their programs are in place. I think that most Albertans are very, very concerned that this type of information is going to be accessible. So with that section 8, under 22.03, I think that that has to be noted.

3:50

Then when we look at section 10, under this particular section any medical officer of health who reasonably believes that a person is engaging or has engaged in an activity that is or may be a health risk can require that that person provide him with any information respecting that activity that the MOH asks for in his notice. Well, Mr. Speaker, what does this mean? Really, when you look at it, what kind of information is going to be divulged? Does this mean that any MOH can require a person who has a communicable disease such as AIDS to report who all his sexual partners are and to report any public place which he has attended? I mean, this is something that is just not acceptable. We get into implications here of divulging all sorts of information, which is just not acceptable. I mean, there has to be some sense of privacy in this province.

As the hon. Member for Edmonton-Gold Bar mentioned, you have to look at people suffering from a disease which is perhaps not a sexually transmitted disease. What about tuberculosis? I mean, we get into all kinds of fragmented issues when we talk about communicable diseases, and when we talk about communicable diseases, then we talk about: what sort of privacy implications do we have? People in my riding and in all ridings across the province are extremely nervous with the type of information privacy that is being invaded due to the sophistication of technology and computers.

Mr. Speaker, we can go on. Section 12 also indicates that if any person is in a public place and has a disease, then you can report this person. Also, when you talk about a bathhouse, do we have to make a list of people who enter a bathhouse, and do we have to carry on with all sorts of infringement on privacy?

Section 13. The act used to only require that the laboratory notify the medical officer of health if they find a communicable disease. Under this bill they may now have to provide a specimen. Not only do you report, but a specimen has to be given to the Provincial Laboratory of Public Health. What's the reason for this? I don't know. I hope that during Committee of the Whole this is going to be addressed. Why do we want contaminated samples traveling across the province? I mean, I think that section 13 is actually a section that definitely will need to be amended, deleted, or withdrawn. I don't want to see samples of that nature going by whatever means of transportation they need to get to a laboratory. It's actually quite ridiculous.

Given the advance of DNA analysis, what sort of privacy implications might this have? I mean, when you're demanding specimens, not only are you invading in the sense of getting into confidentiality, but we're putting another qualifier on that confidentiality issue and are asking for, so to speak, live speci-

mens. Well, I believe that the intent of a request like that, being as ridiculous as it is, would have no place in any sort of bill, and I think that under Bill 38, the Public Health Amendment Act, it just does not have any sense or merit whatsoever.

Mr. Speaker, we look at the position and the powers that the medical officer of health has to place a person with a communicable disease under quarantine and prevent them from going to or attending school or work. When people are put in confinement, the onus is on the powers of the medical officer of health. I think that is something that needs more consultation, more input: that it not be fully on the onus of one person.

I think, Mr. Speaker, that the intent of the bill – and the sponsor did a bit of work, but I think that the issue of privacy, which I've spoken to throughout the bill, really needs to be addressed. There are concerns, as I've already stated. There are issues of privacy. People are very nervous about information being divulged, information put in computers, information that is accessible to all forms of scrutiny, and I don't think that is acceptable. The onus which the medical officer takes on is something that is not reasonable: you know, the thought of people being isolated from attending work or associating with other people because they have a communicable disease. I mean, they are just such huge powers and overwhelming that I think those issues have to really be addressed through this bill in Committee of the Whole.

With these comments, Mr. Speaker, I'll take my seat.

THE ACTING SPEAKER: The hon. Acting Leader of the Official Opposition.

4:00

MR. SAPERS: Thank you, Mr. Speaker. The Public Health Amendment Act is receiving perhaps more vigorous debate than the government may have expected. The reason is because we on this side of the House have a passion and an appreciation for those matters that are broadly considered public health. When it comes to dealing with the health and safety of the people of this province and the quality of our environment, the water we drink, the air we breathe, the soil upon which we walk and from which we harvest, we are deeply concerned that the changes contemplated in Bill 38 will not be in the best interests of public health.

We also understand and appreciate that those people who are dedicating their lives to public health, as a broad issue, have fought a long and valiant struggle for public health to be recognized as an important and key component of the whole discussion of health and the entire development of an infrastructure that supports healthy living and healthy communities. Now, public health as an avocation has been eroded constantly as a matter of government policy. Those men and women who were involved in public health promotion, in public health programming, in public health research have found themselves undermined over the last number of years because of the cutbacks in funding, because of the loss of valued colleagues, because of changes in priorities, because of, I believe, ignorance of the importance of the role that they were fulfilling, and due to the regionalization or the balkanization of health care.

So instead of public health being an overarching, all-encompassing view of the world or an orientation from which you pursue health policy, the government has continually tried to redefine public health as one of those silos in the health care arsenal. It is not seen as an integrative aspect of health but instead is seen as a somewhat isolated and specialized and maybe even expendable part of the healthy living and health-giving process.

Probably the biggest difficulty I have with Bill 38 is the best example of that kind of attitude towards public health, and that is the erosion of the powers of the Public Health Advisory and Appeal Board. The Public Health Advisory and Appeal Board is one of those rare and unique gems that we have that can fulfill a couple of different functions at once. Not only under the existing section 4 of the act could this board deal with appeal – that might be any kind of a public health nuisance: a landfill dump, a hazardous waste site, any kind of nuisance you can imagine – but also by their own motion, on their own volition the Public Health Advisory and Appeal Board could undertake research and investigation or just simply take it upon themselves to pass along to the Minister of Health a concern about a public health issue.

So what you had was a watchdog kind of a board that could be proactive, that could come to the assistance of the government but, more importantly, to the assistance of the people of Alberta in pointing out a hazard, in indicating a potential problem, and in classic terms, Mr. Speaker, in trying to avoid the train wreck before it happens. The Public Health Advisory and Appeal Board can do the work of trying to imagine the consequences of something before those consequences manifest into an unfortunate circumstance. So in this amendment we're losing the ability for that Public Health Advisory and Appeal Board to do that kind of work, and I think that's a shame. I also don't see any rationale for it.

Now, my colleague from Calgary-Buffalo during estimates debate made a very, very, insightful comment regarding the operations of the Public Health Advisory and Appeal Board. My colleague questioned the expense and the size of the board, given the plethora of other health committees and boards and task forces that have been established, and there are lots of them. My colleague was wondering whether or not the Public Health Advisory and Appeal Board would somehow be rendered impotent or redundant as a result of things like the Provincial Health Council and the Health Facilities Review Committee and the standing policy committee on health, and that is a very good question.

I think there are nearly three dozen boards and advisory committees regarding health matters that provide information and input to the Minister of Health. But in no way should the comments of my colleague be taken as any kind of a shot or an undermining of the necessity for there to be at least one organization in this province that has the sanction, the blessing, and the funding from the provincial government to deal with public health at that broad policy level and to act independently of government and government policy to ensure that somebody is asking the necessary questions about health nuisances, about communicable diseases, about tuberculosis control, about the impact of under-funding, about the impact of the siting of landfill sites and hazardous waste sites, and that that organization be given, as I say, the full recognition of not only the importance that it exist but also, then, all of the resources necessary to ensure that it can fulfill its mandate.

[Mr. Shariff in the chair]

Bill 38 changes all of that, changes it to simply an appeal board, and nowhere can I find in legislation, in policy, in practice anything that replaces that other function of the Public Health Advisory and Appeal Board. Nowhere have I found any rationale for getting rid of, for hiving off that part of the Public Health Advisory and Appeal Board's function.

When the government introduced the bill, they stated that the purpose of it was

to strengthen our ability to protect Albertans from the transmission of communicable diseases and to reflect the new role as an appeal body of the current Public Health Advisory and Appeal Board.

Well, that's like saying that a chair is a chair. You know, it's called tautology: we're going to introduce this bill which is going to change the role of the board because we're going to introduce a bill because it changes the role of the board. It doesn't tell me – and with respect, Mr. Speaker, I'm sure it doesn't inform you – what the purpose of that change is. It certainly doesn't communicate anything to Albertans about the role of that board. So I can't embrace this bill without some explanation from the government as to why they want the Public Health Advisory and Appeal Board to become half the board it once was, to become simply an appeal board with a very narrow mandate and a very narrow scope.

I want to see public health elevated. I know from previous discussions that I've had with several members of the government that they agree with the important role of public health. I would like to see them put that stated commitment to public health on record. One way to do that would be to either point out the error of my analysis, which concludes that we have undermined the role of this board and therefore of public health, or to accept some amendments to this bill which would restore full power of investigation and reporting and advising to the public health board, or to perhaps put Bill 38 on the growing scrap heap of bills that have started off with a roar in this session but have ended up with a whimper, off to the side and in the parking lane. Bill 38, Mr. Speaker, might be just that flawed in at least this regard.

[The Deputy Speaker in the chair]

Now, several speakers have already noted the concerns regarding the expanded duties of the chief and deputy chief medical officers of health. Also, I believe that the Liberal opposition's concerns regarding privacy issues and fairness issues in the application of the new powers of these officers are clearly on record. It would seem to me, given the huge powers that these officers have and given the privacy issues, that these themselves may now become the subject of not just appeals but also ongoing review, which links, in my mind, Mr. Speaker, directly back to the need to keep the powers of the board broad and all-encompassing so that they can deal with the advisory side of the business and not just the appeal side.

4:10

This bill is only at second reading, and it's really only had minutes of debate at second reading. The bill will eventually find its way into committee, I suppose, unless the government does take my advice and parks it. So maybe we'll have the government either at second reading – the Deputy Government House Leader is smiling mischievously at me. Perhaps that's a signal that he's ready to stand and defend the bill. I know that the Minister of Community Development has broad experience with public health and a commitment to it, a commitment to public health that I have acknowledged and respected, so maybe the Minister of Community Development will explain where I've gone wrong in this analysis.

But before this bill goes any further, if it is going to go any further, I think it would be nice to have somebody from the government side talk about the principle of public health and how

it is not threatened by Bill 38 and why the committee has to be emasculated in the way that it has been and what we are to do about the privacy concerns and the fairness issues and the natural justice sorts of issues which arise from the broad, broad powers of the newly created positions in this bill.

So if that's heard as a bit of a challenge, Mr. Speaker, I suppose it is. I'm not sorry for that coming across as a challenge, and I hope that somebody will accept the challenge. If not, I suppose we'll continue our debate. We'll continue to make our concerns known in *Hansard*, and we'll communicate them outside of this Assembly to our constituents and to others. Then eventually this bill will find its way into committee, and we may have to do what we can to save this bill, to amend it to make it less of a threat to public health. We're prepared to do that if we have to. If we can't do that, I guess we'll simply be here to tell Albertans to beware and to take care, and we'll have to monitor the effects.

So, Mr. Speaker, I hope that that might have been some encouragement to have some government member debate Bill 38. I'm not seeing any eye contact out there across the floor, but I'll take my seat.

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

MR. BONNER: Thank you very much, Mr. Speaker. It is indeed a pleasure to rise this afternoon to make some comments on Bill 38, the Public Health Amendment Act, 1998. For many, many years I've had contact with the reasons why we do have an act. If my mother were still alive, this would be the 75th anniversary of her graduating from nursing school from the Edmonton General. It's particularly interesting because when she entered the nursing field, there were no antibiotics as we know them today to combat communicable diseases. She certainly related stories to us as children on the effects of when some of these diseases would go through, such as typhoid fever or whatever.

When I also think back, my first experience of a communicable disease that could not be harnessed by antibiotics was polio. I know that as children in grade school in Jasper, particularly when this dreaded disease was making its rounds in the early '50s, we were all extremely frightened. The comparisons between polio and AIDS were similar because we could not do anything to control this particular disease. Now, certainly in some cases polio had drastic effects on people but not to the extent that AIDS does today. It's also extremely good to see that we don't have people in those terrible iron lungs anymore. It's great to see that we don't have the yellow and black signs quarantining a home with people with polio.

When I look at the Public Health Advisory and Appeal Board and the significant role that it has played in the history of this province, it is tremendous. It was established to protect the public, to try to help prevent the spread of communicable diseases. I think history will be kind to this particular board and show that it was extremely effective.

Now, this act is being changed, Mr. Speaker, and I think it's being changed primarily because of HIV and of course AIDS, that people get from it. Again, all of us are quite concerned. We do want to see the public protected from the spread of AIDS. We do want to see the people who have it helped in some way. So in looking at Bill 38, there are quite a number of changes that do cause concern. I know they don't only cause concern for our caucus; they cause great concern particularly with the public. Some of that is that at no time in recent history has the public

lacked confidence in our public health care system to the degree that they do today. They have seen far too often the problems that have been created with the underfunding and the lack of resources that are prevalent in the system today. These are certainly the areas which the Premier keeps referring to as pressure points and that they will be corrected. Unfortunately, in too many cases this has not happened.

I think this is also reflected, Mr. Speaker, in the fact that Alberta has the lowest per capita health spending in the entire country. We have seen where this particular government has gone to extensive health care reform and then later admitted that there really was no plan, that the cuts came about primarily from a financial nature.

So in doing an analysis on Bill 38, the first particular point that I noticed was that the Public Health Advisory and Appeal Board has been replaced only with a public appeal board.

MR. DUNFORD: Bill, what was that last point? I missed it. Could you repeat that? I didn't hear it.

MR. BONNER: I do hear, Mr. Speaker, some members from the other side making some comments. I believe it could be the minister of advanced education, and we would certainly love to hear him debate.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: The hon. Minister of Advanced Education and Career Development, if he wishes, can be provided with a hearing device that will enhance his hearing of the speaker, but I think we'll just ask the hon. Member for Edmonton-Glenarry to continue. Perhaps you can read the Blues at your leisure tomorrow or the next day.

MR. BONNER: Thank you, Mr. Speaker. Very wise words, for sure. I, like the Member for Edmonton-Glenora, will certainly invite the minister to make any comments that he would like to make when I am done with the few points that I wish to raise in regards to Bill 38.

Debate Continued

MR. BONNER: Now, as I was saying, I noticed that one of the first changes in Bill 38 was that the Public Health Advisory and Appeal Board has now just been replaced with a public health appeal board. So the advisory portion is no longer in place. I also see that the number of members that make up the board has been drastically cut. It did originally have anywhere from seven to 11 members, and it has now been cut to five. Now, if we have the right five, Mr. Speaker, I'm certain that these people are quite capable of doing the job.

But again I have to refer to the climate of medicare here in the province. I become very concerned when I hear the president of the Alberta Medical Association speak and how the medical climate here in Alberta has led to so many of our fine doctors leaving this province. And not only our fine, established doctors but also new doctors that are graduating are certainly looking for greener pastures than what are available here in the province. So when they have trouble getting qualified doctors, getting specialists in here, particularly in the areas of cardiology, neurosurgery, then I wonder: what is the possibility of us attracting such a top-notch doctor into this province that would serve the purposes of a chief medical officer that would take over this public health

appeal board? So I do have a number of concerns in regards to this.

4:20

In looking at this, I also see that the Minister of Health can appoint the chief medical officer and also the deputy chief medical officer. We also see in this bill that the powers these individuals are given are immense. In giving people these powers, at no point in this bill do I see where we list the qualifications that those people must have. So I do have concerns, particularly with my experiences with WCB, where, supposedly, medical advisers can overturn the findings of four specialists. I would think that when we look at this bill further down the road, we might want to spell out some of those qualifications that the chief medical officer might have.

The hon. Member for Edmonton-Gold Bar also mentioned earlier about how a number of communicable diseases today certainly are no longer responding to antibiotics. Again, another major concern with this particular body would have to be those communicable diseases that in no way are responding. It certainly outlines the importance of this particular position.

Where I also have difficulties with this particular bill is that it allows the chief medical officer to designate any disease "not prescribed as a notifiable disease under the regulations" as notifiable. The chief medical officer in these particular cases, Mr. Speaker, can require by notice that a medical officer, a physician, a laboratory provide whatever information on the disease that he requests in the notice. This is giving absolutely incredible powers to a particular person, again giving those powers without any assurance that this very sensitive and personal information is going to be held in confidence. Without any limits being placed on the chief medical officer, then how can Albertans have confidence in this particular bill?

Another portion that I don't like about this particular bill is under section 10. Under this particular section of the act, Mr. Speaker, we again look at if the chief medical officer has any concerns about the activities of certain people, then he has enormous powers that this act will give him in order to investigate those people. Again, we have not spelled out what qualifications this person needs, and it certainly gives him the opportunity to target any particular group that he wishes. There are just far too many privacy implications in dealing with, particularly, a group of people that I believe this bill is targeting. So we do have concerns there.

Now, certainly in the province and in Canada we do not have the same legislation in regards to gathering fingerprints that our neighbours south of the 49th parallel do. We do not have banks of fingerprints, yet we are allowed under this bill to collect specimens, and these specimens, which certainly are a fingerprint of an individual, are much more accurate than any fingerprint ever was. We can target those individuals. We can collect this information. We can keep it on file, and we do not in any way say how this particular fingerprint, the DNA fingerprint, can be used.

If I again draw on my Workers' Compensation Board experiences, I have calls from many individuals in this province saying that when WCB is investigating an injury that they have, they are calling on their entire medical records in order to determine what part of the injury they're responsible for. Now, when we look at what has happened in WCB history and the lack of confidence so many injured workers have, why can somebody with perhaps not top qualifications – and in many cases they do not have top qualifications – use information about their well-being and use it

in any fashion that they want? So I do have particular concerns under section 13.

I do agree strongly with section 14, that if the chief medical officer suspects that a communicable disease exists within the boundaries of a health region, he may investigate the matter and carry out any measure prescribed in the regulations. Again, this is not new legislation. This particular point, Mr. Speaker: I think that this is a part of the bill that must remain. This is a part that will protect the people who have not been exposed, and we certainly want to break the transmission of any communicable disease. This particular section will give the necessary powers to allow this to happen.

I think when we look at the particular bill, Mr. Speaker, we want to look at those powers that we give the chief medical officer which are reasonable. Unfortunately, in a number of the areas that I have spoken to, those powers are not addressed. It's one of those very iffy situations. We certainly don't want to put a chief medical officer in a position where they do not have enough power to control communicable diseases, but at the same time, we don't want to have a person who has ultimate power and can invade people's lives and communities in this province or minorities in this province and do what they wish to do. There is a very fine line which we cross to invade the privacy of individuals, yet at the same time, there is a fine line which will prevent the spread of communicable diseases and protect the public.

So with those comments, Mr. Speaker, I would like to close my portion of this particular debate. Thank you.

4:30

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

MR. HANCOCK: Thank you, Mr. Speaker. At this time I would move that we adjourn debate on Bill 38. [interjections]

THE DEPUTY SPEAKER: The motion is not a debatable one; it's a votable one.

The hon. Deputy Government House Leader has moved that we adjourn debate on Bill 38. All those in support of this motion, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: The motion is carried.

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

Bill 27
Electric Utilities Amendment Act, 1998

[Adjourned debate April 22: Mr. Renner]

29. Mr. Hancock moved on behalf of Mr. Havelock:
Be it resolved that debate on third reading of Bill 27, Electric Utilities Amendment Act, 1998, shall not be further adjourned.

THE DEPUTY SPEAKER: Having heard the motion by the hon. Deputy Government House Leader, all those in support of this motion, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: Carried.

[Several members rose calling for a division. The division bell was rung at 4:32 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Deputy Speaker in the chair]

For the motion:

Amery	Evans	Marz
Black	Fischer	McClellan
Broda	Friedel	Melchin
Burgener	Fritz	O'Neill
Calahasen	Haley	Pham
Cao	Hancock	Shariff
Cardinal	Herard	Stelmach
Clegg	Hlady	Strang
Day	Klapstein	Tarchuk
Doerksen	Langevin	Thurber
Ducharme	Lougheed	Woloshyn
Dunford	Magnus	

Against the motion:

Barrett	Pannu	Soetaert
Bonner	Paul	White
MacDonald	Sapers	Zwozdesky
Olsen	Sloan	

Totals: For - 35 Against - 11

[Motion carried]

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

MR. MacDONALD: Thank you, Mr. Speaker. It's a pleasure to rise this afternoon and say a few words regarding this bill. First off: I believe in free speech as long as you say the right thing.

MS BARRETT: Who's the quote from?

MR. MacDONALD: I wonder. I believe that quote came from Fort McMurray in the last provincial election. Now, this bill I do not believe . . . Yes, Mr. Speaker.

**Speaker's Ruling
Decorum**

THE DEPUTY SPEAKER: I must be missing something here. We seem to have more than one person speaking at the same time. Parliamentary procedure really doesn't call for that. It's not the hon. member's fault. We would like to hear the hon. member, but we seem to have a number of pre-emptive calls as well as echoing calls. So I wonder if we could cease and desist and get on with the speech at hand.

The hon. Member for Edmonton-Gold Bar, hopefully alone.

Debate Continued

MR. MacDONALD: Thank you, Mr. Speaker. With that ruling, I believe I should start again.

Regarding Bill 27 this afternoon, all hon. members of the House, a quote that came from Fort McMurray in the last provincial election: I believe in free speech as long as you say the right thing. Well, hon. members, you may not agree with what I have to say this afternoon regarding this bill. There is a lot I've listened to with keen interest on the exchange from all sides of this House in the last couple of weeks regarding Bill 27. I have read with interest what was written in the local papers and in the national papers. I have read with interest what was written in Europe regarding electricity deregulation, and I have listened keenly, as I said before, to the debate here.

The electricity deregulation experience in other countries is noteworthy, and I think we should remind this House this afternoon of some places where it has benefited and also of places where it has not. We've all heard here in the last couple of weeks how consumers are to benefit from this. Well, Mr. Speaker, rates to consumers fell, from what I can understand, by as much as 20 percent in New England. Cheaper natural gas generators started to replace the older, aging nuclear power facilities that have existed there going back to the 1960s. It would be a very positive thing if there was to be a continuation in that very populous part of America, if there was to be a market created for Canadian natural gas, which has been discovered along Sable Island in Nova Scotia. Presently, there are facilities being constructed to ship this gas to America. That will benefit another region of the country, because we have a very favourable exchange rate, and this is another market that's being created for Canadian petroleum products. Now, that is a benefit to electricity deregulation. It's a benefit for Canada with electricity deregulation in America.

4:50

But we must think of New Zealand. New Zealand was brought up by many of my hon. colleagues. We think of Auckland. All stores and services, from what I can understand, were shut down in Auckland's downtown last February. Mr. Speaker, I can't imagine a power failure in February in Edmonton and what the consequences of that would be for all the citizens. It would be drastic. It would be an event that we do not want to even think about. It would endanger public safety. It would certainly restrict industry, which relies on electricity for not only production but also for heat. Whenever we think of this, we seem to forget - we talk about this bill and talk about this implication and that implication, and we forget about how important a reliable source of electricity and a reliable distribution system for that electricity are to our province and to our city.

Now, we not only should talk about the cities, but we should talk about the rural areas and what the implications of this Bill 27 will be for rural Albertans. Now, there seemed to me perhaps not enough debate on this issue by many of my hon. colleagues. There seems to be an uneasiness about this bill in rural Alberta. The key question for me persists, and that is: if in a remote area or a new rural subdivision they request an expensive installation or distribution system, a service, will the private deregulated firms supply it? If the cost is too high, will they just say: "Sorry; there's not enough money in it for us. And because there are not enough of you here, tough luck"? Now, I wonder what the consequences of that would be. That would never happen under the existing system, but it foreseeably could happen under this proposal, this Bill 27.

We must be very cautious about this, and I would encourage each and every one of my hon. colleagues to say no to this bill. This bill must be delayed. There are just too many people who have too many questions regarding this. We can go through list after list after list. We know who they are.

Now, there are five, from what I can understand, common concerns about electricity deregulation. There are many groups, many individuals who have these concerns. Now, the first one is: will the deregulated utility companies have the computer capacity to handle account transfers? If, say, one individual gets dissatisfied with power company X and wants to move over to power company Y, how is all this going to be handled? I haven't heard that answered in the debate so far, Mr. Speaker, in this Assembly.

Who is going to pay? We all know. I spoke about New England earlier. The consumers in New England find that up to 40 percent of their monthly power bill is devoted to paying off the original costs of the big power plants. Fortunately for us, we do not have in this province any nuclear power plants that need decommissioning. I'm really pleased about that because there are enormous costs involved in decommissioning a nuclear power facility. It is just unbearable, the cost, and the consumer will be paying that cost.

Now, to meet demand, I understand that utilities are turning to natural gas as a fuel, raising the danger of methane emissions. As a greenhouse gas, Mr. Speaker, methane is 10 times more harmful to the atmosphere than carbon dioxide. Environmental groups have a say in this as well. Environmental groups say that deregulated companies want to sell more power. They're in the business of selling power, regardless of what is going up the flue stack. That's their business, and I have no fault with that. There's nothing the matter with profit. It's the distribution of profit sometimes that gets a little bit out of hand. But these new facilities are not necessarily going to promote conservation. They're going to be interested – their job is to make money. I can understand that. But where is the conservation going to be in place with this?

Now we get to the fact of Alberta. All members in this House talk about how we need to diversify the Alberta economy. There's a separation now, Mr. Speaker, between residential users of electricity and industrial users. We need to decide how much less industrial users are going to be paying for their electricity. If they pay less, big electricity users, like many, many industries that are located in this city, manufacturing industries in particular, are going to want to get power at rates far below those that are going to be charged to, say, a household in Edmonton-Calder. What kind of difference is this going to be? Is the market going to determine this, or is the power council? These are all questions that I feel have not been answered in a satisfactory manner in the debate that has gone on in this House in the last couple of weeks.

But we need to go a little further, Mr. Speaker. I have a letter before me from the Consumers' Coalition of Alberta, their concerns about this bill. I think it is worth while for all members of the House to be reminded of how this association, the Consumers' Coalition of Alberta, feels about Bill 27. This is their concern as outlined in a letter dated March 31, 1998:

What is our concern?

While Bill 27 is a complex piece of legislation we have tried to make our major concern clear. We do not support the date of 2020 for the end of the return of residual value of existing plants to customers. This date is not enough. The Government repeatedly promised that all value would be returned to the customers. There is a lot of value in these plants that will be realized after 2020. There likely is value to the end of the plant

life. For most plants that is to at least 2040. More likely the value extends beyond 2040. Alberta consumers are entitled to that value. For years customers have paid rates set by the regulator. These rates have paid for these plants. The customers have lived up to their end of the regulatory compact. They should fairly expect that other parties will live up to their promises.

Make no mistake the 2020 issue is a consumer issue. It is not making winners and losers between the electric utilities. This issue makes winners out of all the utilities and losers out of all consumers.

Now, Mr. Speaker, earlier in my remarks in second reading I talked about the residual value and the changes that have been made in the construction and maintenance of power plants and how life can be added to a plant. We can manufacture components anywhere in the world, ship them here, ship them west of the city, and completely overhaul and renew an existing generation facility. To say that there's going to be nothing left after the year 2020 is just plain wrong.

5:00

Now, we have to go back to the schedule at the back of the bill, and we can see for ourselves: schedule, part 1, regulated generating units. In here, Mr. Speaker, the base life of much of the generating capacity, according to this bill, is no longer going to be there in this magical year 2020. Of the 60 generating units that are listed here, only 10 of them, according to this bill, will have residual value. As I said before, I think that is an error, that is a misconception, because we have the technology to refurbish all of these existing plants if we want to. As replacement costs go up, sure we're going to do that. It's much cheaper to maintain what you have than to build something new. There's an efficiency level here that we have not considered with this bill.

I realize that a lot of hon. members across the way believe that everything should be privatized and deregulated. That does not necessarily work. In this province we have such extreme weather conditions, where we can have a minus 40 winter and a pleasant plus 25 Celsius summer. It's not the summer we have to worry about; it's the winter. It's the industry that relies on a reliable source of electrical power that's going to be in jeopardy because of this bill.

I plead with the members across the way to delay this bill. Let everyone including the AUMA, the town of Bonnyville, the town of Peace River – let all these groups and all these individuals talk to the minister over the summer. I'm sure they would enjoy a talk with the minister, not a walk with the minister but a talk with the minister, in the summer. They could even ride out to Vermilion, and maybe the minister could take them to Lloydminster, where the city council and the mayor have some reservations about this bill. They could speak directly with the mayor and his people about this issue.

Now, Mr. Speaker, there are many, many questions that other colleagues of mine have regarding this bill. But in closing before I cede the floor, in my short time here I'm astonished that we would use a motion such as this to force this issue upon the consumers of this province.

Thank you, Mr. Speaker.

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

DR. PANNU: Thank you, Mr. Speaker. I welcome this opportunity to speak on this very important bill. I know that what I'll be saying will not be of interest to members across the hall. They

have closed their minds. We knew that the Minister of Energy always had a closed mind. In fact, he earned his political reputation on those grounds. But we now know that having invoked closure to end the debate on this bill, all members of the Tory caucus have joined the Minister of Energy to close their minds to what I have to say. So what I'm going to say will obviously not be to persuade my colleagues, which is what should be the purpose of speaking in this hall.

Having noted that closure has been called and that what I say will not affect the position of my colleagues on the opposite side, I appreciate this opportunity to speak to the House and through you, Mr. Speaker, to the citizens of this province. It is they who will bear the consequences of what this bill, when passed – and it is going to be passed and law pretty soon, I know – will bring in its wake.

It will bring higher costs to the majority of consumers. These will be residential consumers, of course. It will bring, I fear, higher costs for small businesses, and it is small businesses that create jobs that last, that serve local communities and local needs. It will of course create uncertainties, which my hon. colleague from Edmonton-Gold Bar has just drawn attention to. But the government side has decided not to address these consequences for the majority of consumers in this province. It is determined to create a clear disadvantage, Alberta disadvantage, for the majority of its citizens and reinforce the so-called Alberta advantage for big industrial users or other large commercial users.

It is quite possible – it's plausible, not necessarily certain – that the bulk buyers of power that's generated in the so-called deregulated market that's being created by virtue of this bill may benefit because they'll be able to use their purchasing power to negotiate rates that will bring down their power costs. Not so with small consumers; not so with residential consumers. On top of that, the rural population, the rural consumers are also likely to suffer. The new marketing arrangements that will come into place directly as a result of this bill will encourage marketers, the new tier of people who will take energy from those who generate it and then market it. These new people in the market will cherry pick customers, because that's the way to make money. Of course, the bill's purpose is to have these small, minority players in the energy market make money, and the purpose of the bill that's not so visible and evident is, I'm afraid, to cause the rest of us to pay higher costs so that some small minority can make more money.

So why is it that this bill should not be approved by this House? I think in my earlier speech during the second reading I laid out those reasons one by one. I'll make some general observations here, Mr. Speaker. The use of closure to ram through one of the most important bills that will be passed by this House during this session is repugnant, or should be, to all who believe in a democratic process of decision-making. This bill and the process that has brought it to its ignominious conclusion is the worst example of undemocratic decision-making imaginable. But what can one expect from a minister who has led the assault on the democratic process in this particular instance, the minister who brags that

taking more time never makes the job easier [to deregulate and privatize]. It just allows your opponents time to mount their campaigns. Studies . . . just confirm what you already know.

This is what the minister is saying. So the minister's strategy, of course, is not to allow public participation and debate in the making of a most important decision. "Before you privatize anything," the minister said, "strip out the bureaucracy behind it. Nakedize it, I call it."

5:10

Is it any wonder, then, that no one believes this minister when he said that he consulted all the stakeholders, when his real attitude is, in his own words:

By interest groups, I mean unions, people currently working in the system, suppliers, manufacturers, the cartels. All those people with privilege, position and entitlement. Get rid of them.

What a fine way to engage in democratic decision-making.

Given that attitude, we know that the Minister of Energy did not consult anyone. He merely told them what he would do, like it or lump it. Mr. Speaker, we have had that confirmed by a number of participants in the so-called consultations, so I speak on the basis of what we have been told directly by people that the minister ostensibly consulted.

Furthermore, it seems that none of the participants in the three or four years of so-called roundtable talks took the issues to the people they supposedly represent. In other words, this bill is coming as a total surprise to most of the unsuspecting population of this province. That alone should have been treated as the most valid reason for this House to delay the final decision on this bill and send the bill out for public consultation, but that was not to be. The suggestion to do that was arrogantly spurned by the minister and his colleagues, and the caucus fell into line. Knowing the minister's power over them, I'm not surprised.

Let's go back to the support the minister says he has from the stakeholders that were at the so-called consultations. Mr. Speaker, surely among the stakeholders he has TransAlta on his side.

MR. WOLOSHTYN: They agree.

DR. PANNU: You're right, Minister of Public Works, Supply and Services, absolutely right. And he certainly has been able to get the upper echelons of EPCOR and the mayor of the city, not the council of the city, doing this. Alberta Power is opposed to it, and Alberta Power has been friends of members sitting in the front rows of the government and particularly of the Premier. [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: The hon. ministers down yonder will get their opportunity to speak when the present speaker is finished. In the meantime, we'll hear only from Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I deeply appreciate your help. Thank you. Obviously I am speaking to my colleagues through you, sir, all the time I hope.

Debate Continued

DR. PANNU: Among these players I have just mentioned, who are the biggest beneficiaries?

MR. SAPERS: Jim Dinning.

DR. PANNU: Jim Dinning and TransAlta. No wonder the minister and the government has been able to call on and claim the support of this group. Certainly EPCOR will benefit to some degree, but it is these benefits that have convinced, of course, some of these big players engaged in the generation of electricity to offer their support gladly. Why wouldn't they?

But look at others. The municipalities. Calgary: opposed. I

just received a letter from the mayor – I'll return to it in a moment – in which he clearly outlines his reasons again, afresh, as to why he thinks the bill must be opposed, and I'll be very happy to tell him tomorrow that I did oppose it and oppose it to the last stage.

Lethbridge. We have a prominent member of this House representing Lethbridge, and Lethbridge itself . . . [interjections] Yeah, two of them, and both of them are silent on this issue. I guess the people of Lethbridge will have a right to ask them questions.

THE DEPUTY SPEAKER: Point of order, hon. Acting Leader of the Official Opposition.

**Point of Order
Questioning a Member**

MR. SAPERS: Just on a point of order. Under *Beauchesne* 333 may I ask the member a question during debate?

DR. PANNU: Yes.

THE DEPUTY SPEAKER: He said yes.

Debate Continued

MR. SAPERS: What you meant to say is that one member, the government member who represents Lethbridge, has been silent, whereas the Official Opposition member representing Lethbridge has not been silent. Isn't that what you meant to say, hon. member?

DR. PANNU: Mr. Speaker, I would like to correct myself. I see the minister of advanced education gesturing that he is the only one who is supporting it. I was wrong in saying the two of them supported it, so I want to correct myself. It is, in fact, the Tory MLA from Lethbridge, the present minister of advanced education, who is in support, not the other member from Lethbridge. So I stand corrected.

Mr. Speaker, the city of Red Deer and its mayor speak strongly against proceeding with the bill without changing the bill so that the date 2020 is changed to accommodate their concerns about the residual value that will be collected by the government's friends who are the generators. [interjections] The AUMA, Alberta Urban Municipalities Association, has distanced itself and expressed serious concern and is opposed to it. I can go on and on to show how many major organizations, speaking on behalf of millions of Albertans, are opposed to this bill and have called for its delay, but this government, this minister simply will not listen. [interjections] They will not listen.

In any case, Mr. Speaker, I seek your help in continuing to address this matter without having to be interrupted by my colleagues on the other side.

In the face of this criticism from the real stakeholders – that is, the people of this province – this government has proceeded. If the criticisms of the real stakeholders are valid, the biggest concern with Bill 27 is that the residual value of the present plants beyond 2020 is duly theirs. It should not be transferred to those few generating companies that have agreed with the government to proceed with this rather infamous bill. Mr. Speaker, this 2020 provision is unfair, because it's the consumers of Alberta who have paid for those plants through regulated rates, and they are the ones who should be the recipients of the total value that's invested and will remain in those plants beyond the year 2020. So why not in the year 2018 review what residual value is left? But

this closure of the debate didn't even allow those of us who wanted to speak on behalf of those millions of Albertans to put these proposals to the government. They didn't want to even consider reasonable proposals. Hence they bring in closure to silence us, to silence millions of Albertans. [interjections] Mr. Speaker, I do get distracted here occasionally.

If the minister weren't ideologically driven and in such a hurry to deregulate, he would have allowed sufficient time to the opposition parties to introduce amendments and debate them here in the House, and maybe the wisdom would have dawned on my colleagues on the government side and they would have accepted some of these amendments to make the bill less flawed than it is today. But that wasn't to be. They do not want to listen to the voices of democracy, Mr. Speaker.

5:20

There are other problems with the bill. I already talked about the rural municipalities, and now let me draw attention to the cities in a more formal way. Cities that have their own distribution systems like Edmonton, Calgary, Lethbridge, and Red Deer will lose a significant source of income that they used for funding other services. They resent the fact that the taxes they will pay on any profits they might make will not be returned to their cities.

Here I would like to draw the attention of the House, Mr. Speaker, through you, to what the city of Red Deer has to say about it. The City of Red Deer does not, obviously, object to paying taxes to keep the so-called level playing field. But they certainly want that money paid in taxes returned to the city so that the city could use it to fund the services to its own citizens. But again this government would not listen to such reasonable demands.

I'm told that I'm being ideological. To call what I'm saying ideological is to insult the mayor of Lethbridge, the mayor of Red Deer, and the mayor of Calgary. They are not ideological. They are not members of the NDP. They cannot be labeled as socialists. While my hon. colleague can certainly accuse me and label me, if he so wishes, as being a member of the wrong party, I would take that as a compliment rather than as an insult.

Mr. Speaker, the great city of Calgary has sent to this House only one reasonable member. I know that next time around they'll have lots to think about as to what to do about the gentlemen they send here. I'm saying this with all due respect for the colleagues on this side, including the MLA from the great city of Red Deer who is, of course . . . [Dr. Pannu's speaking time expired]

MR. DAY: Speaking of Red Deer.

Mr. Speaker, I think it's important that we have on the record what the opposition members are opposing today. I'm not talking about some of the reasoned concern we've heard from around the province which the minister has given due diligence to follow up on. I'm talking about some of the unreasoned, reactionary response that we've heard consistently on this particular bill. Here's what they're opposed to: new generation being built to meet the growing need for electricity in Alberta, because that's what we need. They're concerned about the certainty about Alberta future generation, which will enable new generators and marketers and retailers to make decisions. They're concerned about the new investment that this will attract into the province. They're obviously concerned, as central planners, that customers will actually have a choice on which company provides for them, and they are so thin-skinned.

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

**Point of Order
Imputing Motives**

THE DEPUTY SPEAKER: I didn't hear the citation.

MR. WHITE: Twenty-three (i) and (j). The hon. Member for Red Deer-North is decrying the position of the Official Opposition when it's clearly in error, and he ascribes some kind of motives for this. I don't believe that is quite parliamentary, sir. I'd wish that if he's going to describe the position of the Official Opposition, then he should do so accurately – that is, one that is not in disagreement with the fundamentals of the bill, merely parts of it – if he ever took the time to be here and listen to understand this opposition. The second part of the opposition is most different. Thank you.

MR. DAY: Mr. Speaker, you know, I'm not standing here trading insults. We've heard for days from members questioning the motives of the minister, questioning the motives of the government. You know, if you can't hack the thrust and parry of debate, you shouldn't be in the House. I've never – what a crybaby.

THE DEPUTY SPEAKER: I think the point of order is one of clarification at best. The chair would rule that there was no specific member mentioned in the alleged offending words. It was generalized.

I wonder if in the moment or two remaining, we could hear from the Provincial Treasurer.

MR. DAY: Thank you for that allowance, Mr. Speaker. I believe the Speaker has ruled, but good shot there . . .

DR. PANNU: Point of order, Mr. Speaker.

THE DEPUTY SPEAKER: Hon. member, it's rather hard to have a point of order on the Speaker. Okay; let's hear your point.

**Point of Order
Speaking Time**

DR. PANNU: Mr. Speaker, I seek your advice. I had the floor. My constituents expected me to have my right to speak, and I have been interrupted. I'm asking your assistance in order to continue to represent my constituents in this Assembly.

THE DEPUTY SPEAKER: All right. The hon. Member for Edmonton-Strathcona, obviously because perhaps of his own rhetoric, was unable to hear the bell. The rule is that at the end of 20 minutes your time was up, so the people of Edmonton-Strathcona were well served by your full 20-minute speech.

The hon. Provincial Treasurer.

MR. DAY: I know you haven't been here that long, hon. member, but when you hear this [Mr. Day whistled], it's not us whistling at your good looks. That means your time's up; okay? [interjections]

THE DEPUTY SPEAKER: The hon. Provincial Treasurer is not finished?

MR. DAY: Correct, Mr. Speaker.

5:30

Debate Continued

MR. DAY: The other observation I'd make. On a number of bills, including this one, when we on this side and on the respectful right side of the opposing side do not stand to debate, we get jeered and ridiculed and catcalled, and they say: why won't you stand and debate? When I stand up and for 10 seconds suggest a difference of opinion, they come bouncing up like so many – I used trained seals last time and I got in trouble. I'm not using that one.

But they leap to their feet after hours of assaulting us with insults, and I'm simply saying, Mr. Speaker, to the people of Alberta that this competition will be good for Albertans. It will bring downward pressure on prices, as deregulation has in every field in which it's happened.

Mr. Speaker, the women across the way are whistling at me, and I'm feeling harassed.

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Glenarry, if you could be a little more careful of the sounds emitted. Provincial Treasurer.

MR. DAY: Mr. Speaker, I appreciate the whistles from across the way, especially from those of the opposite sex. It's somewhat flattering.

On that, I'm at a loss for words. But I will conclude by saying this will be very good for Alberta, for Albertans, and for residential and commercial users, and it's just a wonderful day on which to conclude debate and call for the question on this particular bill.

THE DEPUTY SPEAKER: Due notice having been given by the hon. Government House Leader under Standing Order 21 and pursuant to government motion 29 agreed to earlier this afternoon, under Standing Order 21(2) I must now put the following question. On the motion for third reading of Bill 27, Electric Utilities Amendment Act, 1998, as proposed by the hon. Minister of Energy, does the Assembly agree to the motion for third reading?

SOME HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed?

SOME HON. MEMBERS: No.

[Motion carried; Bill 27 read a third time]

[At 5:33 p.m. the Assembly adjourned to Monday at 1:30 p.m.]

