

Legislative Assembly of Alberta

Title: **Monday, December 7, 1998 1:30 p.m.**

Date: 98/12/07

[The Speaker in the chair]

head: **Prayers**

THE SPEAKER: Good afternoon. Let us pray.

Our Father, give to each member of this Legislature a strong and abiding sense of the great responsibilities laid upon us.

Give us a deep and thorough understanding of the needs of the people we serve.

Amen.

Please be seated.

head: **Presenting Petitions**

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

MR. DICKSON: Mr. Speaker, thank you. I have three petitions to present this afternoon. The first one is signed by former Premier Peter Lougheed and by 1,284 other Albertans urging the government "to designate the Grand Theatre/Lougheed Building in Calgary, in recognition of its tremendous historical value and importance to the people and province of Alberta."

The second petition -- there's no shortage of interest in the city of Calgary in historical sites -- is 352 signatures from Calgarians calling on the government to designate the old St. Mary's Girls' School as an historic resource.

The third and final petition I want to present is one signed by 41 Albertans urging "the Government of Alberta not to pass Bill 37, the Health Statutes Amendment Act, 1998."

Thank you.

THE SPEAKER: The hon. Member for Banff-Cochrane.

MRS. TARCHUK: Thank you, Mr. Speaker. I would like to present a petition signed by 26 residents from the Banff-Cochrane constituency regarding prohibiting the hunting of bears in the spring.

head: **Notices of Motions**

THE SPEAKER: The hon. Government House Leader.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I beg leave to give oral notice of the following motion to be moved Tuesday, December 8, 1998.

Be it resolved that debate on third reading of Bill 2, Conflicts of Interest Amendment Act, 1998, shall not be further adjourned.

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

DR. PANNU: Thank you, Mr. Speaker. I rise to give notice to the House that I'll be proposing the following motion after question period.

Pursuant to Standing Order 40 I request leave to adjourn the ordinary business of the Assembly to discuss the following matter of urgent public importance; namely, that the Legislative Assembly ask the government of Canada to strongly urge the government of Myanmar [that is Burma] to release immediately and unconditionally all detained political leaders and political prisoners and ensure their physical . . . [security and civil freedoms] to fully exercise their democratic rights and determine their future.

Thank you.

MRS. MacBETH: Mr. Speaker, I'd like to propose the following motion to the Assembly. Pursuant to Standing Order 40 I request leave to adjourn the ordinary business of the Assembly to discuss the following matter of urgent and pressing necessity: that

the Legislative Assembly urge the government to refer the membership, terms of reference, and method of consultation to be employed by the Premier's blue-ribbon panel on health care to a select special committee of this Assembly.

head: **Tabling Returns and Reports**

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

MR. HANCOCK: Thank you, Mr. Speaker. Today I'd like to table the requisite number of copies of a letter I've written to the Hon. Lloyd Axworthy. It relates to the current situation in Burma and essentially says that the government of Alberta "would like to pass on . . . the strong concern felt by many Albertans, including Members of the Alberta Legislature, regarding the situation in Burma" and encourages "the Government of Canada to redouble its efforts in concert with other like-minded nations on behalf of democracy in Burma."

THE SPEAKER: The hon. Minister of Education.

MR. MAR: Thank you, Mr. Speaker. This afternoon I have two tablings. I'm pleased to table with the Assembly five copies of a letter I wrote to the Member for Edmonton-Centre on December 3 in response to questions that she raised in this Assembly on December 2.

Also, Mr. Speaker, I'm tabling five copies of the summary of written submissions to the Private School Funding Task Force in response to Written Question 97, requested by the hon. Member for Edmonton-Mill Woods.

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

MS BARRETT: Thank you, Mr. Speaker. I'm tabling five copies of a November 30, 1998, letter written by me to the Premier in which I address the composition of the so-called blue-ribbon panel to review Bill 37 and my recommendations thereon.

head: **Introduction of Guests**

MR. LOUGHEED: Mr. Speaker, I'm pleased to introduce Mr. Ron Chapman in the members' gallery. He is interested in parliamentary procedure and in organizational communication. If he'd please rise and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Redwater.

MR. BRODA: Thank you, Mr. Speaker. It gives me great pleasure to rise today to introduce to you and through you to the Assembly some very special visitors of mine from the Gold Coast state of Queensland, Australia, my cousin Larry Broda, his wife, Karen, and their two lovely daughters, Maddy and Ella, who have never seen snow before. Their other daughter, Kia, was not able to attend. They are here to celebrate the Christmas season and also to celebrate Larry's mom and dad's 50th wedding anniversary. They're seated in the members' gallery. I would ask them to please rise and receive the warm welcome of the Assembly.

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

MRS. BURGNER: Thank you, Mr. Speaker. It gives me great pleasure this afternoon to introduce to you and through you to the Assembly a member of the Alberta Alcohol and Drug Abuse Commission, Nev Smith. Nev is sitting in the public gallery. He represents the area of Leduc from a regional point of view for our board. I'd ask Nev to stand and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Minister of Education.

MR. MAR: Thank you, Mr. Speaker. I have a number of introductions today. It's my pleasure to introduce to you and through you to members of the Assembly Mrs. Beatrice Hunter, author of a recent book, *Last Chance Well: Legends & Legacy of Leduc No. 1*. A copy of the special school edition of this book, made possible by funding from Imperial Oil, Precision Drilling, Schlumberger, and Probe Exploration, has been gifted to every junior and senior high school in the province. A copy is also available to Members of the Legislative Assembly. Mrs. Hunter is accompanied by: John Yardley Jones, illustrator; Allan Shute, publisher of Tree Frog Press; and Brian Peters, associate publisher of Four Seasons Communications and Publishing. I ask these guests to rise and receive the warm welcome of this Assembly.

Mr. Speaker, on behalf of the Hon. Ed Stelmach, MLA for Vegreville-Viking, I'm also pleased to introduce to you and through you 50 students from Lamont elementary school. They are accompanied by teachers Mrs. Judy Gabert and Evelyn Gaudet and also parents and helpers Andy Steblyk, Anna Chernyk, Heather Ruzycski, Diane Troman, Della Noble, Carl Hauch, Conrad Schinking, Gail Fenton, JoAnne Martz, and Tom Hrehorets, and also Mr. Stelmach's nephew, Jason. I ask that they rise and receive the warm welcome of this Assembly.

1:40head: Ministerial Statements

Highway Construction Industry

MR. PASZKOWSKI: Mr. Speaker, I'm pleased today to be able to speak about an exciting new program that's being implemented by Alberta Transportation and our partners in the highway construction industry. It's called the joint workforce development initiative.

There's a growing need for trained, highly skilled people in Alberta's highway construction industry. Together with two main industry partners, contractors and consultants, we have formed a strategic alliance to plan for and meet those needs. The partners developed the joint workforce development initiative in response to those needs. The initiative focuses on forecasting industry needs, attracting young people to the industry, and training engineering and engineering technology students at the postsecondary level and providing career enhancement opportunities for those already in the industry.

Mr. Speaker, the aim of the joint workforce development initiative is to attract, develop, and retain qualified and skilled people within Alberta's highway construction industry. This led to the development of the transportation infrastructure career development program. In signing the charter, the three partners agree to co-operate in three specific areas: well-rounded work experience programs for postsecondary civil engineers and engineering technologists, a mentorship and career awareness program, and the forecasting of needs for skilled people in the industry. A formal commitment to this initiative, the Alberta highways workforce development partnering charter, will be signed later today by representatives of the Alberta Roadbuilders and Heavy Construction Association, the Consulting Engineers of Alberta, and myself.

Our department's commitment to the transportation infrastructure career development program is in addition to our existing hiring of engineering co-operative students. The expectation is that upon completion of their program they'll have developed a better understanding and a better appreciation of the roles and the needs of government, contractors, and consultants in the highway construction industry. We're also pleased that the career enhancement program is being finalized. It will offer job exchange opportunities for employees of the department, contractors, and consultants.

One aim of the charter is to provide a work experience program to civil engineering and engineering technology students in Alberta through successive work terms with a contractor, a consultant, and with Alberta Transportation and Utilities. The students selected for the transportation infrastructure career development program will receive experience in planning, designing, and construction of highways and bridges.

Mr. Speaker, this program is yet another example of the important and worthwhile things that can be accomplished by partnerships between government and industry.

Thank you.

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

MRS. SOETAERT: Thank you, Mr. Speaker. I'm glad to see that the Minister of Transportation and Utilities is addressing the issue of highway construction. There is certainly a need for trained, highly skilled people in our construction industry. There's a need for those coming from postsecondary programs to get good, practical hands-on experience, and it appears that the new joint workforce development initiative announced today will facilitate this.

It seems that the program should make it easier for postsecondary civil engineers and engineering technologists to enter the industry. People coming from postsecondary institutions face many uncertainties. With this work experience program students will have a better idea about what their job is about, and it should help them plan their future career.

Notice of the minister's announcement arrived on my desk at 1 p.m. today; thus I have not had time to obtain full details about the plan of the joint workforce development initiative. So I do have some questions. Will all members of the industry be involved? Were all construction companies consulted, and do they all have the same opportunity to participate in this program? What will it cost taxpayers, and is this a consequence due to past dismantling of the transportation department? Finally, who will regulate this program?

I look forward to the government monitoring this program and to ensuring that both public and private dollars are wisely spent.

head: Oral Question Period

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

Health Legislation

MRS. MacBETH: Thank you, Mr. Speaker. Bill 37 triggered a firestorm of protest and concern from Albertans. The Premier acknowledged only that he had a marketing problem and that he would refer the bill to a panel for further review. My questions are to the Premier. Why is the Premier afraid to engage Albertans in an open debate on the merits of public versus private health care?

MR. KLEIN: Bill 37 isn't about public versus private health, Mr. Speaker. Bill 37 was all about protecting the public health system as we know it today.

MRS. MacBETH: Thanks, Mr. Speaker. Why has the Premier rejected representation from the people so directly involved and impacted by the legislation, such as seniors' groups and consumers?

MR. KLEIN: Mr. Speaker, the Minister of Health was responsible for putting together the panel. What we want is to have an unbiased, objective, professional look at the legislation to ensure that the tone and the intent of the legislation is to indeed protect the public health system.

Mr. Speaker, I guess you could have everyone on a panel, and if we did, of course they would say then that it was too many people. I think that we have a good mix. [interjection] Well, the hon. member should be pleased to know that we have a very well-known, staunch Liberal on the panel who hopefully will not only present an objective and unbiased view but also will bring with her a tremendous amount of expertise, especially in the area of nursing. The member to whom I refer, Muriel Abdurahman, is also married to a medical doctor and I think would bring a tremendous amount of wisdom and experience and good thought to the process.

MRS. MacBETH: Mr. Speaker, why not refer Bill 21, which is the companion bill, to the same panel so that it, too, can be reconsidered?

MR. KLEIN: Mr. Speaker, Bill 21 again is before the Legislature. I understand it's going to be debated today and perhaps tomorrow. There is no connection whatsoever in my mind between Bill 21 and Bill 37. Bill 21 speaks to the opting out of doctors, and I'll call on the hon. minister to explain further.

MR. JONSON: Mr. Speaker, I think the members across the way are actually well aware of this. Bill 21 deals with putting in place a reasonable set of time lines for the opting in and opting out of doctors from the health care insurance plan. That is something that there is a need for, as we're maintaining in presenting this legislation. It has no particular relationship to Bill 37.

THE SPEAKER: Second Official Opposition main question. The hon. Leader of the Official Opposition.

Pork Industry

MRS. MacBETH: Thank you, Mr. Speaker. Last year some farmers in northern Alberta had serious losses following two years of bad weather but found that the Alberta farm income disaster program didn't help. Now many hog farmers are finding the same problem. My questions are to the Premier. Is the Premier considering amendments to the farm income disaster program to address the crisis?

MR. KLEIN: Mr. Speaker, I'm not personally considering amendments. I don't know what the hon. Minister of Agriculture, Food and Rural Development has under consideration at this particular time. He understands the situation relative to the low price of hogs. He's very sensitive to the issue. We want to make sure that what we do is right.

He has indicated that we will accommodate hog producers as much as we possibly can under FIDP. He has put in place a \$50,000 maximum quick cash loan agreement repayable in two

years. We're also waiting to see what the federal government comes up with, because they have indicated that they are considering a national program, understanding that while most of the hog producers are in western Canada, this indeed is a national problem.

1:50

MRS. MacBETH: Mr. Speaker, my second question is also to the Premier. Will the Premier considering reassessing the farm income disaster program so that it's based on a cash flow disaster rather than on the current income margin?

MR. KLEIN: Well, Mr. Speaker, I have to admit that I'm not familiar with the intricacies of the program. I will take that question, however, under notice and refer it to the hon. minister.

MRS. MacBETH: Thank you, Mr. Speaker. As well, would the Premier consider reinstating the Farm Debt Review Board so that if a farm is viable in the long term, then ways might be found to meet the current crisis?

MR. KLEIN: Well, Mr. Speaker, I don't mean to be facetious or flippant on this matter, but I've often said to various ministers of agriculture that I think it would take about a year to get your head around all the farm programs. Really, there are so many. The hon. Minister of Agriculture, Food and Rural Development is familiar with the programs that are available. He would be in a better position to answer these questions specific to programs that might or might not be available to hog farmers and other farmers. Again, I will take that question under notice and refer it to the hon. minister.

THE SPEAKER: Third Official Opposition main question. The hon. Leader of the Official Opposition.

Special Places 2000

MRS. MacBETH: Thank you, Mr. Speaker. In March of 1992 the Premier was present at a news conference when the Duke of Edinburgh and the government announced initiatives to protect examples of Alberta's natural heritage, a promise which led to this Special Places 2000 strategy. My questions are to the Premier. Why does the Premier continue to allow economic development such as oil and gas drilling and logging to occur in the special places?

MR. KLEIN: Well, Mr. Speaker, the Special Places 2000 program doesn't necessarily mean that you take a certain percentage of Alberta's area, designated in, I think, six separate zones, and completely sterilize those areas. It simply says that we set aside those areas for the public good for all time.

Mr. Speaker, relative to the specific policy I will have the hon. Minister of Environmental Protection respond.

MR. LUND: Thank you, Mr. Speaker. Certainly it is a made-in-Alberta program, and by the end of the program we are going to have the six natural regions plus the 20 subregions all represented in the program.

Mr. Speaker, one of the things that we committed to right at the start was that we would honour current dispositions. As we develop the cornerstones of the program -- the cornerstone is primarily preservation. Then beyond that we've got natural heritage appreciation, we've got outdoor recreation, and we have tourism/economic development. So we haven't deviated one bit

from the intent of the program, and we will have the preservation of those areas in all 20 regions.

MRS. MacBETH: Mr. Speaker, will the Premier commit to no expansion of hunting or motorized access in parks and wilderness areas that are currently protected?

MR. KLEIN: Well, Mr. Speaker, I don't know if I can make that commitment, because I don't know to what area specifically the hon. member alludes.

Again, I will have the hon. minister respond.

MR. LUND: Mr. Speaker, currently in some areas hunting is restricted. After the new act is passed next year, there will be reclassification of all of the areas. What the act is is enabling legislation. It will allow for different things to happen in different areas, and there will be management plans established for each area. So if there is no hunting today, it is highly unlikely that there will be hunting in the future.

MRS. MacBETH: Mr. Speaker, will the Premier show some leadership so that this government becomes known as the one that protected our parks and wilderness rather than the one that allowed their demise?

MR. KLEIN: Mr. Speaker, we have already shown, I think, tremendous leadership. Leadership was first shown when the then and the late hon. Don Sparrow and myself as minister of the environment gave our commitment to the Duke of Edinburgh and the World Wildlife Federation to embark on Special Places 2000. Believe me, the hon. minister today has made remarkable progress in getting areas designated. Some have been easier than others, and we are still struggling with some because there are private owners. There are owners of land, and their concerns have to be taken into consideration as well.

DR. WEST: Mr. Speaker, as Minister of Energy for the province I think it's unconscionable that the opposition would leave the impression with Albertans that sustainable development and protection of the environment don't go hand in hand. The standard of living and services that we have in this province are because of the sustainable development of our energy resources, not in spite of them, and to be politically correct and send the wrong message to the hundreds of thousands of Albertans that enjoy a good standard of living -- their salaries, their jobs, their children, their health care, their education -- because of it is wrong, wrong, wrong.

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

MS BARRETT: Yeah. I don't think I want to ask any questions of the Energy minister today. I don't know what happened to his cornflakes, but I'm staying away.

National Social Union

MS BARRETT: Mr. Speaker, the outcome of any social union negotiations must be done in the tradition of co-operative federalism of course, but it must also ensure that Canadians continue to have access to equal and comparable social programs. Given that the devolution of environmental enforcement and job training has actually meant a decline in service to Albertans, I think it's critical that the Premier commit to consulting Albertans before finalizing Alberta's position on the proposed social union. My

question to the Premier is: will he commit to demanding strong national standards to protect Canada's poor, particularly Canada's poor children, in light of the scathing indictment of Canada handed down by the United Nations last week and a second today by the Canadian Council on Social Development?

MR. KLEIN: Well, Mr. Speaker, certain groups have their opinions and various governments have their opinions as well. I don't think that the level of poverty to which some organizations allude is bad, comparatively speaking. You know, all you have to do is go to some other countries in this world to understand what poverty is really all about.

Mr. Speaker, relative to the issue of welfare, generally across this country, yes, there is a national act like the Canada Health Act. We will abide by the fundamental principles of that act. Those principles allude to the same things ostensibly that are contained in the Canada Health Act -- the whole issue of universality, accessibility, comprehensiveness, and so on -- and, yes, we will abide by those principles. Where we have a problem with any of these areas -- and British Columbia, by the way, has an ND government, and it was that ND government that experienced the particular difficulty, and that was on the issue of the residency requirement for those who wanted to receive welfare in that province. The province of British Columbia at that time wanted to put in a process whereby there would be a certain residency requirement. The feds unilaterally and arbitrarily said, "No. That contravenes the Canada welfare Act" and penalized the province of B.C.

Mr. Speaker, that was the case in Alberta relative to the Canada Health Act and our dispute with the federal government over facility fees as they related to the Gimbel eye centre at that time. Again, the federal minister said: in my mind you are in violation of the act, although this practice had been going on for about 10 years; therefore you are penalized. We simply believe as Premiers across this country that there should be a better way of adjudicating these disputes.

2:00

MS BARRETT: Well, as the Premier raised the subject of health care, will he now commit to demanding that health standards that oppose any further privatization of our health system and which go further and are stronger even than those of the Canada Health Act -- will he assure Albertans of that?

MR. KLEIN: Mr. Speaker, we are working on national standards, not federal standards but national standards, because we as a province have the constitutional responsibility and indeed the authority to deliver health care programs in this province, as indeed do other provinces have that responsibility and authority. In terms of achieving national standards, we do believe in and will abide by the fundamental principles of the Canada Health Act.

MS BARRETT: Exactly what I was talking about: national standards.

What assurances will the Premier give to Albertans that he will demand strong, enforceable national standards, not federal but national standards, that must be agreed to before any province can opt out of any social program?

DR. PANNU: Right. Good question, Mr. Premier.

MR. KLEIN: Well, it is a good program, Mr. Speaker, and we do support strong, national standards. Strong national standards. But we also feel as a province -- and I've stated this publicly --

that if there is a need to opt out of a program, if there is no need for a particular program in a particular province, that province ought to be able to opt out and the dollars flow to deliver a similar or like program or another program in its place. That only stands to reason.

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

Agricultural Trade Dispute

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Intergovernmental and Aboriginal Affairs. Alberta producers are struggling hard with the collapse of commodity prices. The U.S. and Canada signed a NAFTA agreement to allow the free flow of goods. Border disputes, however, are rising, and they're claiming unfair trade practices. On Friday the governments of Canada and the U.S. announced that they had reached an agreement on agricultural trade issues. The industry needs to know whether this agreement had any benefits for Alberta producers. My question to the minister is: if this agreement was so good for all parties, why didn't it stop the border blockade by U.S. farmers over the weekend?

MR. HANCOCK: Well, Mr. Speaker, the whole issue of cross-border blockades has been one that's bothered our farmers and exporters all fall. It's been an important issue for us and continues to be an important issue for us. The minister of agriculture and myself have both been in contact with representatives in Washington. We've been in touch with Governor Racicot in Montana and other U.S. politicians in this area.

What we've managed and what the federal department of agriculture has managed to do is to get this agreement in place that was finally agreed to on Friday. The border blockades had already been planned, so they went ahead as planned, but the agreement itself will be good for us in that it will lead to more dialogue and will help to get towards getting out good information about what the actual problem is.

U.S. agricultural producers have some concerns about market issues in Canada. They particularly raise concerns on an ongoing basis about the Canada Wheat Board. We have issues with respect to the U.S., and the way to resolve those issues, rather than having blockades, is to have good cross-border discussion on issues, particularly in the grain sector but also in other areas: veterinary drugs and other issues.

MR. FISCHER: Thank you, Mr. Speaker. I know that the Canadian government handles most of these negotiations, but I'd like the minister to tell us: what is Alberta doing specifically to represent Alberta in these disputes?

MR. HANCOCK: Well, Mr. Speaker, as I've mentioned, we have had constant contact across the border. We have a number of organizations which help in that matter. For example, the Pacific Northwest Economic Region hosted the first ever cross-border grain summit in June of '97, and the second version of that summit was held in Banff this fall.

We also have the Montana/Alberta Boundary Advisory Committee, where legislators from Alberta go down to Montana. This last May we went down to Montana and met with legislators in Montana. This year they'll be coming up to Alberta to meet. We discuss these cross-border issues at that level. I personally have contacted Governor Racicot in Montana, and there will be further

contacts by myself and the minister of agriculture with Governor Racicot.

More specifically, we've retained counsel in Washington to deal specifically with countervailing actions, and we'll be pursuing those issues. There has also been a WTO action filed by the government of Canada which is in abeyance pending the discussions that reached the agreement this fall.

MR. FISCHER: Mr. Speaker, it seems to me that as soon as we tackle one complaint, another one pops up. Is there any long-term approach to dealing with these endless trade complaints?

MR. HANCOCK: Well, the best thing that we could accomplish would be a full and free comprehensive bilateral free trade agreement in agriculture with the United States. That will require some movement by our federal government with respect to trade protectionism policies. In particular, the Wheat Board might be an issue in that. While we're working towards a long-term free trade comprehensive agreement in agriculture and working towards the WTO round on agriculture in 1999-2000, we'll have to continue to deal with these periodic disputes, and maintaining good relations across the border, in our view, is the best way to deal with that.

West Edmonton Mall Refinancing

MR. SAPERS: Mr. Speaker, my questions this afternoon are for the Provincial Treasurer. How many creditors stand between the West Edmonton Mall and Alberta Treasury Branch efforts to enforce their security and protect taxpayers from loss?

MR. DAY: I don't know, Mr. Speaker.

MR. SAPERS: Is the Treasurer aware that two creditors of Triple Five, Mansfield Tek and Corey Developments, have registered an interest in West Edmonton Mall properties at the land titles branch?

MR. DAY: Mr. Speaker, the arrangements between West Edmonton Mall and ATB, as we have already noted, are very complex, layer upon layer. That's one of the reasons we're doing an investigation in terms of all the circumstances regarding the mall and ATB.

On these very specific items that come forward, I'd be happy to get that information to the member. If his intent is to get information, then he knows that if he'd get that to me beforehand, I'd get it. If his intent is to have me stand up and say that I don't know a particular element, then I don't know that particular element.

MR. SAPERS: I thought the government was right on top of this, Mr. Speaker.

Given that Alberta taxpayers are on the hook, Mr. Speaker, for up to \$418 million in the government's refinancing of West Edmonton Mall, what impact will these encumbrances have on the recovery of that \$418 million?

MR. DAY: Well, Mr. Speaker, unless he has information which I don't and he continues to know things that he doesn't know or doesn't want to tell us, I can tell you that the taxpayers are not on the hook for this particular enterprise. As I understand it, the mall is still there. I haven't been out there in the last few days, but I haven't heard any reports of its removal. I understand there's a lot of operation that's going on out there, and to raise that particular item and cast suspicion that is unfounded I don't think does service to the operation itself or to Albertans or to the

ATB. It's only to continue to cast some political uncertainty or try and score some points on the particular item.

I might ask, because he still has not answered the question which I posed to him here and individually: has he changed his position on the mall and related to the entire Auditor General's process that we have in place right now?

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

THE SPEAKER: The hon. Member for Calgary-Cross, followed by the hon. Member for Edmonton-Manning.

And I've noted that.

Vehicle Safety Inspections

MRS. FRITZ: Thank you, Mr. Speaker. I have a constituent who is angry and very upset because he unknowingly purchased a vehicle which he cannot register or drive because it is unsafe. This transaction cost him thousands of dollars for a vehicle that had a safety inspection certificate issued. So my question is to the Minister of Transportation and Utilities. Why were the vehicle safety inspection regulations changed so that a certificate no longer requires two signatures, one from an autobody mechanic and one from an automotive mechanic, and so that a mechanic no longer needs to pass an exam to do inspections, no longer needs to have his or her shop inspected, and is not licensed with the province?

2:10

MR. PASZKOWSKI: Thank you to the hon. member, because indeed this is a timely question and one that we are under the process of reviewing. It will be dealt with through the regulatory review process this coming year. It is the Transportation and Utilities recommendation that will be coming forward that indeed we'll be requiring inspection mechanics and inspection stations to be licensed from now on as well as requiring inspections to have the endorsement of two tradespeople.

MRS. FRITZ: Thank you, Mr. Speaker. To the same minister: given that the minister has indicated that the regulations are being changed, what mechanism will be put in place to monitor and enforce the proposed regulations so that unsafe vehicles are not being sold to unsuspecting buyers?

MR. PASZKOWSKI: This is something that's of great concern to all Albertans, of course, and something that we have to make sure that when a person buys a vehicle, he does have a reasonable degree of certainty that that vehicle is going to be safe and properly maintained. With that in mind it is our intention to indeed see that the inspection process is licensed, and further to that it will be our intention to see that those inspectors and the facilities are properly audited to see that they are performing to the standards we feel they should be performing to.

MRS. FRITZ: Thank you, Mr. Speaker. I appreciate that answer.

To the same minister: given that people are being adversely affected by the existing system, will the minister in the interim place a moratorium on the issuing of inspection certificates for cars that have been written off due to mechanical problems?

MR. PASZKOWSKI: Mr. Speaker, we do have a regulatory review process and one that is handled extremely well by our hon. Member for Peace River. It is our intention to take it through the regular process, not to shortcut the process. Consequently we're

a matter of months away, and we should be implementing this process very shortly. So indeed we should have a degree of certainty with this.

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

Housing

MR. GIBBONS: Thank you, Mr. Speaker. The vacancy rate in Grande Prairie is 0.5; in Calgary it's 0.6. Hardworking Albertans and their families are living in tents, trailers, and shelters. My questions are to the Minister of Municipal Affairs. Based on the newly released housing report, what action will the government take before the new year?

MS EVANS: Mr. Speaker, a number of actions have been taken, not the least of which is the commitment by the ministers that are affiliated with housing -- myself, the Minister of Community Development, the Minister of Health, the minister of public works, the minister of social services -- to meet and to discuss the number of areas of overlap between our ministries. We have visited and spoken with at least one-third of the rural municipalities, including Grande Prairie, about the concerns they have relative to the low vacancy rates. It is no less than what we have been doing across the province when we refinanced at least 44 municipalities this year through Alberta Social Housing Corporation to make sure that we return the dollars locally from that benefit so that at least the municipal portion of that refinancing can be available to those municipalities for creating new housing and creating new opportunities to build houses.

MR. GIBBONS: Thank you, Mr. Speaker. When can people see this action plan?

MS EVANS: Mr. Speaker, through our business plan -- and we are working on the plan today -- there will be more action taking place. But I would remind the hon. member of action that was taken just in the last two weeks when in fact over \$177,000 was provided for the city of Edmonton in dealing with the homeless crisis through the minister of social services, supported by myself, the city of Edmonton, and the Real Estate Council of Alberta.

Mr. Speaker, if they want to hear the answer, there are quite a few things that are going on. Also in Calgary and other places in this province we are taking a look at low vacancy rates, providing ways and means in which those communities can address those problems.

MR. GIBBONS: Well, Madam Minister, it's getting cold in Alberta. Where are these people expected to live while this government conducts all these symposiums?

MS EVANS: Well, Mr. Speaker, certainly we have taken the first step for the homeless, most recently, again, in this city. Relative to any other actions that are being contemplated beyond Municipal Affairs, I'll refer to my colleague from social services.

DR. OBERG: Thank you very much, Mr. Speaker. We just announced \$137,000 from the two departments to help the city of Edmonton stop the problem of the homeless. We've also asked for a combined study by the government of Alberta and the city of Edmonton. We hope that this study will bring forward essential facts about what is happening with the homeless in these cities and

that we'll be able to do something about it. This is the same action that we took last year in January in Calgary. Calgary has recently put in up to \$2 million for the homeless situation there and is looking at numerous alternatives for the housing crunch that is being faced in Calgary. This is a very important issue, and it's something that we as the Alberta government are acting upon.

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

Support for Municipalities

MR. ZWOZDESKY: Thank you, Mr. Speaker. There's ongoing concern in Alberta about taxation issues, premiums, and user fees. We hear talk about municipal deficits and so-called hidden deficits and the perception that this government is balancing the books on the backs of municipalities by shifting responsibilities to other levels of government and in the process increasing the tax burden overall for Albertans. My question is to the hon. Provincial Treasurer. How exactly does Alberta rate in comparison to other provinces when municipal taxes, premiums, and user fees are taken into account? Where exactly do we stand?

MR. DAY: Well, to make it very clear, Mr. Speaker, we stand the least taxed overall of any Canadians, right here in Alberta. When you take in the municipal tax load, user fees, premiums, the provincial tax load, we are on average about 75 percent of the total, actually about 74.9. So turned the other way, we pay on average 25 percent less than other Canadians. If you're going to be working, if you're going to be pursuing your hopes and dreams, you want to be doing it right here in this province.

MR. ZWOZDESKY: How is it, then, Mr. Provincial Treasurer, that municipal taxes are rumored to have increased by about 30 percent over the last five years?

MR. DAY: Mr. Speaker, when these items are reported on, I realize it can be difficult to report the clear picture. That's why sometimes it comes out a little fuzzy. The fact of the matter is that on average, municipalities have increased their revenues by about 30 percent, and that mirrors what has happened in the province. From about '93-'97 there's been an increase in the amount of revenues we're taking in, even though people on average are being taxed less. There are more people coming into the province all the time, more people moving to municipalities, more assessment. Therefore revenues to the municipalities in fact have increased 30 percent.

You should also know, Mr. Speaker, and members might be delighted to know, as they appear to be quite delighted to hear this information about taxpayers in Alberta, that in fact overall municipal debt is declining. So revenues are on the increase, debt is declining, and my understanding is that the actual rate of taxation, especially related to property tax in municipalities, is actually declining. So revenue's up, debt down, tax rates down: it's not too bad a picture.

The Minister of Municipal Affairs may want to supplement that good picture.

MR. ZWOZDESKY: In fact, I'll take my supplemental to the hon. Minister of Municipal Affairs. Given that Stats Canada reports indicate that municipalities are coping with a substantial decrease in transfer payments from our provincial government, what exactly is being done to address the fact that municipalities are in some cases saying that they are struggling to stay afloat?

2:20

MS EVANS: Mr. Speaker, first of all, I think it's very clear that many times in this House we've talked about the \$580 million that went to municipalities to address their road programs and problems this year. Clearly, Municipal Affairs has provided the Municipal 2000 sponsorship program, which will target municipalities in greatest need. The smaller and medium-sized municipalities in fact will benefit from their application, with incentives provided up to \$30 million in a three-year period. We have provided dollars for people who have completed their market-based value assessments. We have added dollars in a number of additional programs where they have chosen to co-operate in delivery of service levels together, working with municipalities to add to additional dollars when they come up with innovative programs.

Mr. Speaker, there are some excellent examples of innovative ways that municipalities are working with the private sector as well. In a previous answer I mentioned the dollars that we refunded the municipalities based on the refinancing of the Alberta Social Housing Corporation.

THE SPEAKER: The hon. Member for Edmonton-Norwood, followed by the hon. Member for Olds-Didsbury-Three Hills.

Vital Points Program

MS OLSEN: Thank you, Mr. Speaker. Terrorist attacks on the oil and gas industry have now spread to the Wainwright area. To the Minister of Justice: can the minister explain what measures have been taken to protect Alberta's strategic locations that are covered by the vital points program?

MR. HAVELOCK: Well, Mr. Speaker, I can't get into a lot of detail with respect to what's happening regarding these illegal acts. In fact we have had some very brief discussions . . .

MRS. SLOAN: Tell us what you do know.

MR. HAVELOCK: Well, hon. member, if you'd be quiet for a moment, I'll tell you what I do know. What I do know is that the RCMP have met with members of this government and described very generally to members that they are devoting what they feel are adequate resources to try and ensure that this does not continue. I have every confidence in the ability of the RCMP to catch those who are committing these violent acts, but beyond that, as the hon. member well knows, having once been a member of the law enforcement agency in Edmonton, as Attorney General I do not nor do I wish to know what police operations are going on with respect to this or any other matter.

MS OLSEN: Thank you, Mr. Speaker. This is a government program. It's called vital points. So can the Minister of Justice tell us what is happening with Alberta's strategic locations that are covered by the vital points program?

MR. HAVELOCK: I'd be happy, Mr. Speaker, to go and get that information, and I'll be happy to table it in the House.

MS OLSEN: Thank you, Mr. Speaker. Can the minister tell us whether or not the government has continued updating the inventory on the vital points program or if they've disbanded that?

MR. HAVELOCK: Well, I'm certain there is constant updating. However, I am going to take a look at that, Mr. Speaker, and that will be part of what I table.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Edmonton-Meadowlark.

Health Care Costs

MR. MARZ: Thank you, Mr. Speaker. My question today is to the Minister of Health. Our government spends over \$4.3 billion a year. That's close to \$12 million per day. Health care is the most important service any government can possibly provide, but awareness of those costs involved in maintaining the system should also be made more well known to those accessing those services so that they can do so in the most efficient and responsible way possible. My question to the Minister of Health: would the minister consider implementing a policy whereby health care users sign a bill after receiving a health care service and receiving a copy of that bill so they can be aware of the costs involved?

MR. JONSON: Mr. Speaker, this particular option in terms of raising awareness of health care costs is something that we would certainly look at. We would want of course to examine it very carefully, because I would be able to indicate right now that there certainly would be an added administrative cost both at the Alberta Health level but also at the level of individual practitioner offices. So I can say that it is an option that could be looked at. We are continually looking at ways to provide incentives for the appropriate use of health care within this province.

MR. MARZ: Thank you, Mr. Speaker. To the same minister: why did the Ministry of Health stop sending Albertans an individualized listing of all the health care services that they received on a yearly basis in the past?

MR. JONSON: Mr. Speaker, it is correct that we did some years ago as government provide that detailed statement annually. In the course of that particular activity there was, as I understand it, a survey or an evaluation done of the program. There was no evidence at that time at least that this mailing of annual statements had any positive effect with respect to the utilization of the overall health care system. In fact, there were very few individual inquiries made on the basis of those statements. So because of the considerable administrative cost that particular program was discontinued.

MR. MARZ: Thank you, Mr. Speaker. To the same minister for my second supplementary: what current procedures are in place to raise public awareness of the cost involved in maintaining our current health care system?

MR. JONSON: Mr. Speaker, on a global basis or on an overall budget basis I think that there is a considerable amount of effort put into publicizing the amount of money that is spent on health care in this province and the rate at which it has been increasing lately. We are, as the member indicated, well over \$4 billion in terms of our investment in health care in this province. We rank about second in this province in per capita spending when that funding is adjusted for the age of the population and other cost factors. So in the general sense I think that we do, through our three-year business plan process and a number of other communications, give a good big picture of the operation of the system. However, I think we do need to continue to look at ways of bringing the cost of health care and various aspects of it home to individual areas of the province and the individuals using the system in the province.

THE SPEAKER: The hon. Member for Edmonton-Meadowlark, followed by the hon. Member for Calgary-Mountain View.

Senators-in-waiting

MS LEIBOVICI: Thank you, Mr. Speaker. "We probably do not want to pay Senate nominees to go and sit in Ottawa and do nothing. That would be inappropriate." You know, those aren't my words, but they're the words of the minister of intergovernmental affairs, so I'd like to ask him some questions. When is the government, as promised, going to hold public consultations to discuss the duties of the Senators-in-waiting?

MR. HANCOCK: Well, I'm not sure that I recall that we ever promised we would hold public consultations in terms of the duties of Senators-in-waiting, Senate nominees-in-waiting. What we indicated to this Legislature in discussing the amendments to the bill was that Senate reform is a very, very important concern for all Albertans, and consistently Albertans tell us in numbers of 98 percent, 88 percent that Senate reform is very important to them, and we've taken the first important step, the things we can do on a nonconstitutional basis to encourage Senate reform by electing Senators-in-waiting and asking, in fact demanding that the Prime Minister, at the first available opportunity, appoint those Senators-in-waiting to the Senate. It would be inappropriate, however, for us to set up structures where those Senators-in-waiting reported back to the Alberta Legislature or politicians in Alberta. It's appropriate that they report back to the people of Alberta.

MS LEIBOVICI: Thank you. Given that this government has already spent 3 and a half million dollars on a Senate election, is it now this government's intention to fund an Ottawa office for these Senators-in-waiting?

MR. HANCOCK: Well, Mr. Speaker, it's very important that this question be brought up because the members opposite on a regular basis indicate that funds for municipalities are extremely important. What they should know and what they would know if they looked at the issue closely is that the 3 and a half million dollars that was spent on the Senate-in-waiting elections was essentially a transfer to municipalities, because those elections were being held anyway. The best way to have an election for Senators-in-waiting without costing any money is to have it done in conjunction with the municipal elections at very little extra cost to Albertans. Now, in fact, there was some cost in those areas where elections were not being held, but all Albertans had to have the opportunity to participate, and that's a small price to pay for democracy.

The answer to the second question, Mr. Speaker, is no, we have no intention of setting up an office in Ottawa for the Senators-in-waiting.

2:30

MS LEIBOVICI: Will the minister now assure Albertans that not one of their sweat-soaked loonies will fund in any way, shape, or form, whether it's through salaries, through expenses -- any way, shape, or form -- the two Reform Senators-in-waiting.

MR. HANCOCK: Well, Mr. Speaker, as the minister well knows, that's impossible, because we have in place in this country the Election Finances and Contributions Disclosure Act, and the Reform Party, if it wishes to, can raise money under that act, and there are tax credits under that act. So I can't tell the member that if the Reform party wants to raise money . . .

MS LEIBOVICI: Taxpayers' dollars.

MR. HANCOCK: Those are taxpayers' dollars. Tax credits are taxpayers' dollars.

But I can also tell the member that while we've indicated to the Senators-in-waiting . . . [interjections]

I'm not sure if they'd like the answer.

THE SPEAKER: Well, all I know is this, hon. members. I'm sitting here quite anticipating the questions and the answers. In the recent exchange I've heard neither, and I sort of feel left out. There is one rule, that you speak through the Speaker.

So, hon. minister, will you continue?

MR. HANCOCK: Well, Mr. Speaker, to keep it brief, we have indicated to the Senators-in-waiting that we will not be paying salaries, and we will not be setting them up in an office. However, I've also indicated to the Senators-in-waiting that we do have an office in Ottawa and if they need a place to hang their hat when they're in Ottawa from time to time, they may avail themselves of that office, just as we invite others to do so when they're in Ottawa. But we will not be paying salaries. We will not be setting up an office. They are operating on their own as Senators-in-waiting elected by the people of Alberta.

THE SPEAKER: The hon. Member for Calgary-Mountain View, followed by the hon. Member for Edmonton-Castle Downs.

Private Health Services

MR. HLADY: Thank you, Mr. Speaker. It's all about a balanced health care system. In a just-completed survey of over 3,000 Canadians, including 1,000 health care workers and patient advocates, 96 percent believe that substantial repairs, if not a complete rebuilding, are necessary to maintain the system's quality. As well, nearly two-thirds of Canadians believe that those who want to pay for better services should be allowed to. That's across Canada. My question is to the Minister of Health. In particular, what proportion of our provincial health system is maintained by private funding today?

MR. JONSON: Mr. Speaker, I think the member may be basing his question on a recent story dealing with a survey conducted by a company known as Merck Frost and another organization, I think, the Coalition of National Volunteer Organizations. I don't recall, within that article, that there were really good statistics on that particular question. However, I do recall -- I believe it was a national institute that deals with gathering health information that recently reported that about 30 percent of what might be termed health care expenditure in the very broad sense in this country was from private sources.

MR. HLADY: My first supplementary is also to the Health minister. Could the minister tell the Assembly why this private spending cannot be used in support of the public health system if we were to have a completely public system?

MR. JONSON: I'm not quite sure of the question here, Mr. Speaker, but I will give an answer anyway. I think that it should be understood that in Canada, in this province public health care spending is directed towards the best possible public health care system which covers that core of procedures and services to some degree outlined by the principles of the Canada Health Act,

further added to and improved upon through the laws and regulations and the programs of the province. With respect to that amount of money that is spent on the private sector, these funds are spent on services, treatments, alternatives to traditional treatments in the health care system that are above and on top of and beyond the basic health care system of the province.

MR. HLADY: Thank you, Mr. Speaker. To the same minister: could the minister advise as to the impact on our health care system should these private facilities, funding, and services not be available to Albertans?

MR. JONSON: Well, Mr. Speaker, I think in terms of, as I said, the basic health care services, which are the insured services, hospital-based services under the insured list, and all the other programs that we provide of course which go far beyond the Canada Health Act requirements -- in terms of individual health protection, promotion, prevention, and treatment in this province the coverage is very good. What enhancements people choose to pay for beyond that is their choice, but as this same survey that the member is referring to indicated, the overwhelming majority of people that responded to this particular survey felt they had the best health care system in the world. Therefore, in answer to the hon. member's question, I think we can say yes, the essential health needs of Albertans are being met.

Recognitions

THE SPEAKER: Hon. members, 30 seconds from now we'll proceed. So far I have six hon. members; there may be a seventh. We'll proceed first of all with the hon. Member for Wainwright, followed by the hon. Leader of the Official Opposition, but in 30 seconds.

Hon. members, we will proceed in this order with Recognitions for today. I'll first of all call on the hon. Member for Wainwright, then the hon. Member for Edmonton-Meadowlark, then the hon. Member for Calgary-West, then the hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Calgary-Fort, followed by the hon. Member for Edmonton-Highlands, and then the hon. Member for St. Albert.

Sonja Bondol

MR. FISCHER: Thank you, Mr. Speaker. It is with a lot of pride and gratitude that I rise to recognize Sonja Bondol, a Phillipine nanny who put her own life in great danger to rescue three young children from a raging trailer fire. She broke a bedroom window to free a four year old and a five year old. Then after being burned badly, she went back into the fire at the other end of the trailer to get the baby out. Sonja then took the children barefoot and in their nightwear and headed down a remote road to their neighbors for help. Fortunately, after getting partway, a farmer came along and gave them a ride. Sonja and the baby are recovering in the University hospital burn unit. The other two were treated for frostbite and released.

At a frantic time like this no one knows what goes on in a person's mind, but this act of bravery has saved the lives of three young children. I would like to extend thanks for her quickness of mind and her great courage. She deserves the thanks and gratitude of all Albertans for her truly heroic actions. I commend Sonja to all members of the Legislature and ask that her courage be acknowledged by all.

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

Be True to Your School Campaign

MS LEIBOVICI: Thank you, Mr. Speaker. It's my pleasure this afternoon to recognize and congratulate two schools in my constituency, St. Francis Xavier, fondly known as St. F.X., and Belmead. These schools placed first and third respectively in the West Edmonton Mall Be True to Your School Campaign. A total of 160 schools participated in this contest, which coincided with the back-to-school shopping period. For every dollar shoppers spent at the mall, one point was scored for the school of their choice.

The first-place winner, St. F.X., was awarded \$10,000 cash and Galaxyland passes for the entire school. The cash award was allocated to the St. F.X. students' union, which determined the criteria for the funding of designated student activities.

The third-place winner, Belmead school, received \$5,000 cash and \$800 in computer equipment. It is significant to note that Belmead has been a winner for three years in a row. The moneys awarded to Belmead will be spent on resources, special events and activities that benefit the students.

I would like to congratulate not only the schools, their students, the staff, and the parents who all participated in making this contest so successful but also West Edmonton Mall for recognizing the financial challenges that schools are facing today.

2:40

Garret Everson

MS KRYCZKA: Mr. Speaker, I'm very pleased to give special recognition to Garret Everson, a fine young man who is a constituent of mine in Calgary-West and who was recently named as the recipient of the 1998 J.P. Metras trophy, which is awarded to the most outstanding lineman in Canadian interuniversity football. It is indeed a remarkable personal accomplishment to be recognized as the best on a national level within any sport in Canada.

Garret is a graduate of Ernest Manning high school and lives in the community of Glendale with his parents, who are truly fine, salt-of-the-earth people, to quote Bill Smith, a very proud neighbour. Tony Fasano, head coach of the University of Calgary Dinosaurs, states that he was fortunate to have Garret as a member of his team for five years. Tony describes Garret as an impact player who was a team captain and who truly led by example on and off the field. Garret played in two Vanier Cups and was a significant factor in the game the Dinosaurs won in 1995. He was always a model player and citizen, a hard worker, and highly respected by all.

Garret, I congratulate you for your excellent performance in football, and I'm confident that your leadership qualities will be your strength in whatever future challenges you choose in life.

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

Imperial Oil's Strathcona Refinery

MR. MacDONALD: Thank you, Mr. Speaker. It has been 50 years since Imperial Oil opened a refinery in Edmonton after transporting it piece by piece from Whitehorse. Today the Strathcona refinery, which is located on the eastern border of the constituency that I am very proud to represent, is among the largest in Canada. The refinery, which is one of the largest private-sector employers in my constituency, can produce 165,000 barrels a day of fuel and lubricants and another 20,000 barrels of asphalt. There are over 200 different products supplied to customers all over Canada by Imperial Oil Limited.

The Imperial Oil Charitable Foundation contributes a total of over \$200,000 to a variety of local causes, including a camp for

children with respiratory ailments, the Alberta Ballet, an aboriginal festival, and a drive to build a new YMCA in Edmonton. Volunteerism is a way of life for refinery employees. Everyone is encouraged to be involved in community affairs.

The relationship between this large refinery in the Gold Bar community must continue. The company is a good corporate citizen, and I hope it and the community prosper and continue to live side by side safely for another 50 years.

Thank you.

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

Volunteerism

MR. CAO: Thank you, Mr. Speaker. Fellow members, reflecting on the activities during the festive season, I would like to recognize all Albertans who have contributed their personal time and their own resources as volunteers in local and international charity initiatives. Alberta and Albertans are well known for their amount of volunteer work. On the international level Alberta hosted the World Volunteer Conference this past summer with several community foundations, such as the Wild Rose Foundation, which helped to connect and promote Alberta in the world. They did a splendid job for Alberta's showcase.

Within Alberta we have public and private volunteer foundations. Our public agencies such as the community facility enhancement program and the community lottery boards provide effective assistance to a large number of community initiatives. On the local community level there are numerous volunteer groups, such as In from the Cold, food banks, homeless shelters, Salvation Army, church groups, and corporate employee groups. Some of them I have personally participated in. These volunteer groups grew from the caring hearts of Albertans helping people who lost their way or cannot fend for themselves.

Working in partnership with a tax-funded government service, these volunteers are the model citizens of our society. On the occasion of the festive season I would like to ask the Assembly to join me in thanking all Albertan individual volunteers and volunteer organizations and wish them and their loved ones many blessings in the coming new year.

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

Violence against Women

MS BARRETT: Thank you, Mr. Speaker. I'd like to take this opportunity to recognize and salute and thank the organizing committee of the annual December 6 day of mourning in recognition of violence against women. The Edmonton groups did a superb job. The event took place yesterday at the Citadel Theatre.

There were several speakers, all of whom were good, and several performers, but one speaker I would like to particularly highlight, that being a former prostitute who addressed the issue of violence in the trade of prostitution, noting with incredible sadness -- it brought tears to all of our eyes -- that in eight years of her practising prostitution, six of her friends were murdered, quote, on the job.

I congratulate the organizing committee for having the courage to address such issues on a day when we all recognize that the elimination of violence must continue to be a top priority for all of us as individuals and in the collective we call society.

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

Holiday Giving

MRS. O'NEILL: Thank you, Mr. Speaker. Christmas and Hanukkah are times when we all give attention to the spirit of giving, so today I rise to recognize those individuals and associations within our respective communities who shed light and warmth on those who are in need.

I'd like specifically to mention the Kinettes of St. Albert, who send Christmas hampers to many families within our community; to the Christmas Bureau of Edmonton; to Santas Anonymous, who work throughout the year to wrap and give gifts to children who would love to have that joy at this time of year. I'd also like to recognize the efforts of students from kindergarten to universities and colleges and all members of churches, synagogues, and temples who spread light and goodness to everyone at this time of the year.

I'd ask everyone in this Assembly to give that recognition to those respective members in their communities. Thank you.

THE SPEAKER: The hon. Member for Edmonton-Glenora on a point of order.

Point of Order

Allegations against Members

MR. SAPERS: Yes. Thank you very much, Mr. Speaker. I'm rising under Standing Orders 23(h) and 23(l), and it has to do with an answer provided by the Provincial Treasurer to a question that I posed earlier today in question period. There were actually, in my count, three breaches of Standing Orders in the Treasurer's response.

First of all, in terms of making allegations under 23(h), I believe the Treasurer used words to the effect that my line of questioning was an attempt to score points or embarrass the Treasurer. Mr. Speaker, that's an allegation that I think is unjustified. As the Treasurer has responsibility for what has become one of the most sensitive files that the government is handling right now, it is my assumption that he would have been paying attention to a whole manner of things, including land titles filings that have to do with the ability of the province of Alberta to recover dollars in their interest. If the Treasurer was unaware of those filings, then he should have simply said that he's unaware and stopped trying to wonder about the motivations of some questions that are encouraging his accountability for his portfolio.

Mr. Speaker, of more concern to me, however, was the Treasurer going on, as he is wont to do when he's asked a question that he finds embarrasses him. He then begins to get very personal in his responses in a way that I think is unbecoming of any member of this Assembly. That's why I'm quoting 23(l), in terms of introducing in debate something that is inappropriate. Earlier in this session, I have risen on this point of order in regard to the Provincial Treasurer, specifically in reference to correspondence that I sent to him on August 10 and then on August 17, which correspondence has been tabled in the Assembly and which the Speaker referred to again today. In the earlier point of order I reminded the Treasurer that he should not be selective with quotes and that he should not take words out of context. Having been given that reminder once, I would suggest that the Treasurer today in standing in this Assembly and referring to my correspondence to him of those dates, both in regard to the Auditor General's review of the government's involvement in West Edmonton Mall, only introduced that in the debate for the purpose of trying to mislead the Assembly.

The Treasurer has been warned before, Mr. Speaker, about using my words and taking them out of context and trying to put

other words into my mouth. In fact, the Treasurer even took the bizarre tack, as you'll recall, of holding up the two letters in question and questioning the authenticity of the signatures that are on both letters.

Mr. Speaker, the correspondence is very clear. The August 10 letter reads in part:

I would also like your assurance that as part of the review process, should any evidence of political involvement or interference be established as it relates to financial arrangements between ATB and WEM, that a full public inquiry be initiated as soon as possible.

The letter of August 17 is equally clear. It refers not once but twice to the Auditor General's report as a preliminary review, and the letter concludes with the following words:

We fully expect your preliminary review is only one step in a comprehensive and public accounting of possible government involvement in the operations of the ATB.

I do not know why the Treasurer chooses to twist my words and to quote selectively. I do not know why the Treasurer wants to mislead this Assembly into believing that I said or did something that I did not do, and I want the Treasurer to be brought to account for uttering not once but several times these untruths in this Assembly.

2:50

MR. HAVELOCK: Well, I didn't really want to get into this at any length, Mr. Speaker. This is simply another example of what I pointed out last week, and that is the hon. Opposition House Leader attempting to use points of order to try and rebut or clarify answers which, quite frankly, he didn't like and which quite effectively deal with the questions that he raises. So there's really no point of order here. It's a point of clarification, if anything.

I didn't really hear anything at all that the Provincial Treasurer stated which would give rise to a point of order. In fact, I've heard much more offensive remarks come from the Leader of the Opposition very early in this session, which she did not withdraw. Quite frankly, there's no point of order.

THE SPEAKER: Well, the chair has in fact listened very attentively to the questions this afternoon with respect to this exchange between these two hon. members. Quite frankly, after listening to what exchanged in the question period, which of course gives rise to this point of order that was raised at the conclusion of it, there may be some words where individual members may feel, "Well, I don't like the words." Quite frankly, I don't see anything in the exchange that led to a point of order under the citations that were provided by the hon. Member for Edmonton-Glenora.

head: Motions under Standing Order 40

Human Rights in Myanmar

THE SPEAKER: I think we'll move on now to the two requests under Standing Order 40 that we have, and we'll recognize first the hon. Member for Edmonton-Strathcona.

Dr. Panu:

Be it resolved that the Legislative Assembly ask the government of Canada to strongly urge the government of Myanmar to release immediately and unconditionally all detained political leaders and political prisoners and ensure their physical integrity to fully exercise their democratic rights and determine their future.

DR. PANNU: Thank you, Mr. Speaker. I rise to speak to the motion that has been circulated to hon. members of this House, and it requires, of course, urgent response on our part. The

urgency of this issue, of what's happening in Burma, was impressed upon us by a delegation of the national coalition government of Burma in exile. That delegation was of course represented by the Prime Minister in exile and one of his cabinet ministers. They brought to the attention of all sides of the House -- they obviously met with the Liberal caucus, they met with the ND caucus, and they also met later on, I think, in the afternoon with the Minister of Intergovernmental and Aboriginal Affairs.

What they drew our attention to is the intensification of the repression against democratic forces in Burma, led of course by the National League for Democracy, which is led by Aung San Suu Kyi, the leader and the Nobel laureate of 1991. What's brought to our attention is the increasing speed with which elected members of the 1990 parliament of Burma are being thrown in jail; 182 out of 251 have been thrown in jail. A few have escaped outside, and the rest are hiding. Similarly, thousands of other Burmese of the National League for Democracy have been arrested and put in jail, and the numbers are growing and mounting every day. So that's the urgency, and that's what was impressed upon us.

I'm very pleased, Mr. Speaker, that the hon. Minister of Intergovernmental and Aboriginal Affairs has taken speedy action, has recognized the urgency of the matter in writing the letter that he has to the hon. minister of external affairs of Canada. I think, however, that the request that was made to us by the Burmese government in exile by way of a delegation that visited here last week was for the Assembly and for every Assembly, of course, in this country, if possible, to speak strongly against the violators of human rights and democratic rights, particularly in Burma. They hope that we as an Assembly will speak with one voice, an Assembly united in support of the democratic parties and leaders in Burma, and seek their release and freedom by way of urging as a united Assembly our national government -- the government of Canada, that is -- to urge the dictatorship in Burma to free these people and let the duly elected assembly meet and begin to govern the country.

Mr. Speaker, I'm very encouraged by the action taken by the minister of intergovernmental affairs, and I'm trusting that all members of his caucus will join him in supporting this motion. Thank you.

THE SPEAKER: The question before the House here is whether or not we should adjourn the ordinary business of the Assembly to discuss this. The key element in all of this is urgency, with respect to Standing Order 40. I'm now going to ask: would all the members of the Assembly agree to adjourn the ordinary business of the House to allow this particular motion under Standing Order 40 to proceed? Will all those in favour please say aye?

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE SPEAKER: I recognize the hon. Leader of the Official Opposition for her proposal under Standing Order 40.

Health Legislation Review Committee

Mrs. MacBeth:

Be it resolved that the Legislative Assembly urge the government to refer the membership, terms of reference, and method of consultation to be employed by the Premier's blue-ribbon panel on health care to a special select committee of this Assembly.

MRS. MacBETH: Thank you, Mr. Speaker. On Friday, December 4, through a news release the Premier announced that the blue-ribbon panel on Bill 37 had been named. I wish to address the issue of urgent and pressing necessity through four key points. The first one is the one about the people; in other words, the membership on this committee. The committee has been put together as a blue-ribbon panel, but it's not the means by which the review of this bill should be undertaken, in our view. Certainly the public became very engaged in the whole issue of Bill 37 and want to have, in our view -- and we offer it as a suggestion to the government -- a very open discussion and debate on the matter of private versus public health care in this province. The people who have been named to the committee, three of whom I know and two of whom I don't know, are obviously outstanding Albertans, all of them, and hopefully ones who are prepared, obviously by their agreement to sit on the committee, to look at the issues that have been described to them to review.

However, what isn't occurring is any kind of a mandate to look at this whole issue of private versus public, which of course has grown from about 22 percent in 1992 to now over 31 percent in this province. It was clear from the consultations that we did around Bill 37 that Albertans were saying to us: we are nervous about this government and the fact that it has taken several actions which show that it wants to promote private health care in this province. We had two more examples of questions in question period today, Mr. Speaker, which clearly show that the government is leaning towards that way.

3:00

My first concern is that the people who have been appointed to the committee are very well-meaning Albertans. Our view, as we suggest in the matter of urgent and pressing necessity, is that the matter be referred to a special select committee of this Assembly to deal with the appointments and the membership.

The second issue is of course the issue of mandate. The scope of the review of the blue-ribbon panel is really unacceptable, because the government has not asked the blue-ribbon panel to look at the issue of private versus public. It has simply asked them to look at the matters of Bill 37. In other words, its commitment to Bill 37 is what is being told to be reviewed when in fact what Albertans were saying in their protest was that they really wanted this government to address the issue of private versus public. This government has ignored the message that was given to them and is ignoring the opportunity to call for the debate.

The third issue is the issue of time. The panel has not been given the appropriate amount of time to deal with the issue of private health care. They've been asked to have their report completed by March 1, 1999. A meaningful consultation with Albertans, which would lead to some answers, which this government says they want but by their actions appears to want to reject, is what we are suggesting.

The fourth point that I wanted to make with respect to the urgency and the fact that this is the first opportunity since the announcement was made of the panel to address it is all of the concerns that Albertans have about the privatization of health care increasing the costs of having health care. We've seen that obviously in other countries that have gone along this road of trying to have a private and a public system co-existing beyond the case of private physician practice, but this of course is one where the government appears to be wanting to be moving far beyond the matter of private physician practice into one of approving private, for-profit hospitals, which Bill 37 did.

As a result, Mr. Speaker, I would argue that it is very impor-

tant, before the committee be sent off to do their work, which won't provide the answers that Albertans are seeking, that the government consider referring this matter to a special select committee before the committee goes out on its hearings.

Thank you.

THE SPEAKER: Under Standing Order 40, once again, the argument is based on urgency, and it requires the unanimous consent of the Assembly. Would all hon. members in favour of adjourning the ordinary business of the day to proceed with this particular request please say aye?

SOME HON. MEMBERS: Aye.

THE SPEAKER: Any opposed?

SOME HON. MEMBERS: No.

MRS. SOETAERT: We won.

THE SPEAKER: Is there some misunderstanding here about what the word "unanimous" means? I don't mean to be rhetorical, but we do have dictionaries in the Assembly, hon. members.

head: Orders of the Day

head: Government Bills and Orders

head: Third Reading

Bill 48
Election Amendment Act, 1998

[Adjourned debate December 1: Mr. Renner]

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

DR. PANNU: Thank you, Mr. Speaker. I've been waiting for this opportunity to put my position during third reading of the bill on record. I have a motion that I want to introduce and speak to. I move that the motion for third reading of Bill 48, Election Amendment Act, 1998, be amended by striking out all the words after "that" and substituting the following: "Bill 48, Election Amendment Act, 1998, be not now read a third time but that it be read a third time this day six months hence."

Mr. Speaker, with your permission I'd like to speak to this motion. What I'm really doing by way of this motion is seeking an opportunity to hoist the bill, asking that the bill be hoisted so that we as an Assembly and Albertans have time to have a sober second look at the implications of the bill, the ramifications of it. However, I want to first of all note certain facts which provide a backdrop for my motion.

I was part of a Justice committee which held public hearings in May of this year. The final report of this committee was submitted in November, and that report contains recommendations and observations from Albertans which bear directly on the substance of this bill and the purposes that the bill is supposed to achieve. That report will come up for consideration in January of 1999 at the Justice Summit that has been called by the Minister of Justice. So that's one fact that needs to be kept in mind.

The second important fact, Mr. Speaker, that needs to be kept in mind is that there is no real urgency for this bill to be in place. If this bill were hoisted for six months, it would lead to no harm to anyone, because there is no federal or provincial election imminent, as far as I know. Unless the Minister of Justice knows

better, I don't think there is any election imminent in the next six months, and therefore the opportunity to use this bill in order to disallow a certain number of Albertans, who happen to be inmates in the prisons of this province, really has no effect. If we postpone this bill's passage, it will not affect in any way the purposes that the minister seeks to achieve by way of this bill.

As I said, there is a need to carefully think through what this bill is about. This bill is unprecedented in the sense that it really seeks to remove the discretion of the courts in the determination of at least part of the sentencing that people who get convicted for offences in the province receive. This is, in my view, a fairly extraordinary feature of this bill. It will remove the mediating effects of the court, independent judiciary, make not only determinations of whether or not someone charged with offences in the province can be convicted, but how and in what way that person can be sentenced. So this is a direct political takeover of part of the functions of the court which have made them independent in the past. So that to me is a fairly serious departure from what you would consider normal judicial practices in Alberta and in Canada, and thus I think it's a feature which deserves further attention on our part.

The other feature of the bill that I find quite unusual, quite unique as a matter of fact, has to do with this particular part of sentencing: all prisoners, all inmates, regardless of the severity of their crime, the nature of their offence, the basis on which they get convicted, will receive exactly the same sentence. Whether they are petty thieves, whether they are murderers, whether they are drug dealers and drug pushers, all of them will qualify for exactly the same sentence by way of this bill, which is that they all will lose their right to vote. There is no variation. There is no attempt to fit punishment and sentencing to the crime.

One thing that I heard as a member of the public hearing committee on justice, that Albertans have told us time and again, is that the sentences must fit the crimes that people commit, that they not receive uniform sentences. So that's another reason: the grotesqueness of this particular bill is for anyone to see. It's obvious, so obvious that it cannot be missed. It seeks and proposes a remedy to address crime in a uniform, same, one-size-fits-all manner, and that's precisely what we heard lots of Albertans tell us not to do.

3:10

Is this, I ask, the brave new world solution of Alberta Justice? Is this the best that the Klein government can come up with in order to deal with the problems of crime, conviction, and sentencing in this province? Regardless of the type and severity of crimes and convictions, everyone receives the same lesson in responsible citizenship. These words, "responsible citizenship," are the words that the minister's bill itself uses, the bill that the minister has endorsed. Responsible citizenship. When the state takes on the responsibility to teach people how to become nice citizens, it takes the role of a teacher. So the Alberta government and the Attorney General of this province have now assumed the role of a teacher. They don't want any mediation, nor do they want anyone to intervene in the process. They want directly to become teachers in our prisons in order for the inmates to learn how to become responsible citizens.

Now, Mr. Speaker, just imagine a teacher in a real classroom insisting on using a single, uniform curriculum and teaching strategy for a class of students marked by great diversity. Not only will such a teacher risk certain failure but will also be judged by all of us as unimaginative, incompetent, and irresponsible. When the government of Alberta as the big teacher, as the big

brother, I presume we could call it, adopts an identical strategy, as it has in the body of this bill, Bill 48, what judgment should Albertans pass? What judgments should they make of the wisdom of this government, of this new teacher? I'll leave that decision to the citizens of this province. It is a judgment, theirs to make.

Mr. Speaker, there are other matters that this bill raises, some important issues, and I want to turn to those matters now. During the public hearings on justice, one very significant message that we heard again and again, particularly from the native communities in this province, had to do with their concern about what they call systemic discrimination, which is an integral part of the justice system of this province. Now, I'd just refer to the justice committee's report of November 1998, pages 20 and 21. It is there that we as a committee first of all note this concern that this minority community, the aboriginal First Nations peoples, have about the justice system. It is the issue of systemic discrimination of aboriginal people in the criminal justice system. Then in the recommendations that the committee makes, it calls on the summit and on the Department of Justice of this province to

examine the reported discrimination of Aboriginal people in the criminal justice system to determine the extent of this issue and any action that needs to be taken to address this issue.

In an explanatory note the report says:

Allegations of discrimination are of concern to this committee. The committee believes that there is no place for discrimination, systemic or otherwise, within the justice system and that a review should be conducted to address these allegations.

Mr. Speaker, I just want to for a moment turn to this notion of systemic discrimination, sometimes also called institutional racism. It's a matter of such vital importance that we must as a Legislature and we must as Albertans address the issue. The committee had some difficulty in understanding what the representatives of the First Nations and aboriginal peoples meant when they referred to systemic discrimination or institutional racism. I would like to draw upon what Archbishop Desmond Tutu had to say about it in his very last lecture of his visit here, which was delivered on the 29th of November, I think, in the Jubilee Auditorium. In talking about racism, Archbishop Tutu said the following:

It is racism that provided those discriminated against with a travesty for education, inadequate and unaffordable health care, where children died from deficiency and other easily preventable diseases. It is racism that has often destroyed native peoples in other lands, confined them in the squalor of depressed ghettos, ensured that they would form the bulk of the unemployed and the unemployable, that they should provide a high proportion of those who fall foul of the law, being a disproportionately large part of the prison population, because the odds are so heavily stacked against those born on the wrong side of the rail tracks. In the United States, their churches get burned down and they have often ended up getting strung up on a tree by lynchers.

Now, Mr. Speaker, in my remarks during the second reading of this bill, I put on record the facts with respect to the disproportionately high representation, an almost seven times greater representation, of the members of the First Nations and aboriginal communities in our prison system compared to the nonaboriginal and non First Nations population in the province. So there is clear evidence that the members of this minority community are represented extremely heavily in our prison population, and that is a signature of racism, according to Bishop Tutu.

I want to read a bit more into the record, Mr. Speaker. Bishop Tutu went on to say:

Racism ends up in the xenophobia that we see of the neo-Nazi in Germany. That we see in the National Front in France and in England. Racism is not nice, it is not respectable. I hope that we can become more tolerant, but there is one intolerance that I

would like to promote -- that we will have a zero tolerance for racism because this pernicious evil sprouts other ugly things such as homophobia. Racism is often a breeding ground for other prejudices as against women, against old people, against immigrants.

Mr. Speaker, if this Assembly proceeds with this bill in spite of what's been stated so eloquently, so passionately by one of the world's leaders on human rights, it will be really taking a very serious step in a direction which most Albertans will consider wrong. Today we might want to single out inmates -- be they native, be they aboriginal, be they others -- and take away their right to vote. Tomorrow it could be some other group. It could be immigrants or the unemployed; it could be the poor. We could always, of course, rationalize why it is that a particular group should not have the rights that the rest of us have. It's a slippery slope. You start walking down that road, and there's no stopping. There's no rational reason, then, to stop if you accept the underlying logic of what this bill entails and seems to rest on.

3:20

Therefore, Mr. Speaker, I am very concerned about the passage of this bill in its present form. I hope that I can persuade my colleagues in this Assembly, on all sides of the House, to take a deep breath and think about what this bill entails. It certainly entails an attempt to ignore the issue of institutional racism. I'm not saying that it deliberately sets out to institutionalize racism in the practices of the judicial system, but to ignore it is to endorse it.

The experience around the world, including in this country, tells us that particularly socially excluded minorities, such as the aboriginal peoples in this country, not only perceive that they are discriminated against by the justice system, but in fact the numbers tell us that that is the case. If that is so, then we've got to stand up, look in the mirror, and ask ourselves: are we doing the right thing if we pass this bill, or do we have an obligation to ourselves, to the citizens of this province to take a leadership role, even if there might be some who want prisoners to lose their right to vote, as in the poll that was used by the committee that held some hearings? I understand that the hearings part is very small here, that they wrote the report based on particular polling results.

But the Quebec election tells us how those polls can vary from week to week to week. Is that a reliable enough basis from which to proceed to ignore the problem of institutional racism, which clearly is embodied in the justice system as it presently obtains in this province? The answer obviously is: no, we shouldn't proceed. There's no reason why we should use that particular research as the basis, as the only basis for ignoring the problem that I have raised with respect to this. The bill needs to explicitly address this issue. Once it addresses it and those who favour it then decide that regardless of these other negative consequences there is a greater good to be served by ignoring the problem of institution racism, then I'm willing to enter into debate and, hopefully, allow myself to be persuaded that they have the right answer.

As I see it now, that isn't the case. There is no reason for us to proceed with this bill if we have even the slightest suspicion that this will endorse institutional racism. Does it overlook the problem that by omission we will become accomplices in this? [Dr. Pannu's speaking time expired] Mr. Speaker, with your permission, I just want to conclude.

THE SPEAKER: Hon. member, it would not be with my permission. It would have to be with the unanimous consent of the House. Now, if the hon. member is asking, I'll ask the House if the House would convey to the hon. Member for Edmonton-

Strathcona approval to continue. [interjection] I haven't asked the question yet.

Would all members in favour please say aye?

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE SPEAKER: I've heard the question being called, and I've seen no hon. members stand to participate in the debate. Okay. Hon. members know what's happening here. It's too late now to change it. I very, very deliberately stood my ground and looked for everyone else. In essence, what we've got before the House is a hoist amendment. The hon. Member for Edmonton-Strathcona has proceeded to put forward a hoist amendment, and the rules for this are very, very clear. I'm now going to call the question.

[Motion on amendment lost]

THE SPEAKER: Okay. Under this procedure, then, the vote on third reading must now be called.

[Motion carried; Bill 48 read a third time]

Bill 38
Public Health Amendment Act, 1998

[Adjourned debate December 2: Mr. Renner]

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

MR. WHITE: Thank you, Mr. Speaker. I rise today to speak for the third and final time on Bill 38.

AN HON. MEMBER: Don't be so sure.

MR. WHITE: Don't be so sure, the member tells me.

Bill 38 is an amendment to the Public Health Act. Now, this particular piece of legislation seems to be rightly placed, and a good place for a debate is always the Legislature. This point in time is the best opportunity for this member to speak in favour of this particular piece of legislation, it being preventative as opposed to the restorative or the corrective that we have in the other part of health care in our province; that is, the hospitals and doctors and the like. This particular piece of legislation speaks more to prevention and speaks directly to that ad from years and years and years ago of the local mechanic that stands there with a wrench in his hand and a smile trying to convince you to get your oil changed and get that preventative work done on your automobile. He says: pay me now or pay me later. This bill speaks to paying now. And there is an old English expression: penny-wise and not pound-foolish. This is spending pennies in the right place at the right time in order to prevent pounds and pounds and pounds later, a pound being the currency denomination of England at the time.

This particular piece of legislation expands a great deal the powers of the CMO, or the chief medical officer, in the province. Actually, it creates a different kind of office and in fact relegates the current public health advisory board to an appeal board only. It also creates the position of at least one deputy officer of health to oversee health officers in the province and the executive officers in that branch.

Mr. Speaker, this piece of legislation is very, very expansive. It doesn't really place a great deal of limitations on the powers of

that office, and that's a good deal of what I intend to speak to today, sir. One of the areas that concerns this member is that a chief or a deputy medical officer has the right to remove, as it were, all by himself in a single act the right of association, which is a fundamental right in this province. It's necessary to point this out because, quite frankly, having those kinds of rights vested in one person concerns this member a great deal. Not only could it raise the specter of a potential Charter challenge, which we never like to see -- we always like to design legislation so that no member of society feels it's necessary to seek that kind of remedy.

I'd point out, firstly, the arguments on the side of having some of these powers. We've heard with the advent of AIDS and hep C and the like, those communicable diseases, that if a willing partner is not aware that one has these diseases, then it's passed on, and it has been construed as a criminal offence. Aside from that, it is in fact this medical officer's right to restrict that right of association, and so it should be. But there is no restriction on that, whether it be hep C or AIDS or rheumatoid arthritis or a common cold. Who knows whether those in fact are communicable in any manner other than a handshake? The point is that the line is not drawn here, so this officer of the province is able to quarantine and restrict that right of association of virtually every single soul, any soul. Now, that concerns this member.

3:30

Another area that concerns this member, too, is that the chief medical officer could and will at some point make errors. That's human nature. Certainly those in this Legislature all know that. There was a notable error in legislation that occurred just the other day that needed some rectification. It happens to the best of people at the worst of times. But this particular member of society does not have anyone to call him or her into question. This particular member answers to no one. There may or may not be an appeal procedure. There may or may not be an appeal procedure that can actually correct an error in time. Who knows how long an appeal procedure will and could take and how one makes application for that? If one is incarcerated or a reasonable facsimile of incarcerated, being quarantined, one is not likely to be able to mount any kind of a defence in any timely fashion. It's an area that concerns this member.

There's another area that concerns one too, and it's privacy and the restrictions on this officer delving into one's personal health history or personal history in general. There does not seem to be any restrictions whatever on this. It seems to be left up to some regulation at some point in time or to the good judgment of the officers appointed by, presumably, the Minister of Health of the day.

[The Deputy Speaker in the chair]

I'd move on to another area that concerns this member a great deal too. Speaking in general, preventative health speaks to the resolve of the Legislature to have this officer guarantee that there's clean air to breathe in the province and that there's clean water to bathe in as well as to ingest, and it speaks to clean soil and other products -- well, "products" is the wrong term. There are the other elements that produce food for consumption and the like. This provides this member with some concern in that: where does one draw the line in this preventative health care between this officer and the line officers that report to the Minister of Environmental Protection? Where is the line here? Whose responsibility are all of these issues?

Air quality, for one, is certainly a health matter, as it has been known for many, many a year. There is, not very far from where we stand, a little east of here, in east Edmonton or in the west part of the county of Strathcona, a large petrochemical industry. To this day there's always been this debate about how clean the air is from those plants. Certainly there are minor errors and spills and the like and things of that nature, and that does affect health care. Would it be this officer's intent to review those matters as they relate to clean air? Is it the intent of this legislation for this officer to review the department of environment's readings and continually monitor that? Is it the intent? Where is this line drawn here? There's evidence in this city that asthma in children is considerably greater than anywhere else in this part of the northern hemisphere. Does this officer, then, concern himself or herself and the office with that? I would think it would, personally. But does that then overlap again with the department of environment?

There are a number of areas in this province that would speak to whether this person would be reviewing those matters. Notably there's one area that particularly concerns this member in having the back and forth to Calgary on highway 2. There's an area -- I think it's between Lacombe and Ponoka -- where there is a terrible, terrible smell coming from. It's not just a hog operator. It's not a very good hog operator, as I understand it, because that smell shouldn't be coming from that direction. Would that be the officer's responsibility, or if it isn't, then where does it fall on that line? It's probably not in the department of environment, because I'm sure that the minister, traveling that road many a time, would have made mention of it before this.

There are intensive livestock operations in southern Alberta, well, in all of Alberta but primarily in southern Alberta, that have a great deal to do with the air quality very close at hand. Would that fall in this officer's bailiwick now? If it would, to what extent does this officer have the tools to use to correct the situation or examine the situation, or is it that this officer points this out and uses the laws as they pertain to environmental protection to take one to court? This piece of legislation speaks to none of that.

The other area that we said was clean air and clean water. There's been recent publication, I believe, in this past year's annual report of the department of environment that said that . . .

Speaker's Ruling Third Reading Debate

THE DEPUTY SPEAKER: Hon. member, we are at third reading, and by your own admission you've listed a number of things and then said: this bill doesn't speak to any of that. Then you shouldn't be speaking to it either. We're in third reading. We're talking about what's in the bill.

MR. WHITE: Thank you for your advice, sir. As the chair will note, there is an element, and the principles are that this act of this Legislature does change the way the officer operates. Now, that's what this member was speaking to. If the chair has difficulty understanding what I'm speaking of, then I have difficulty . . .

THE DEPUTY SPEAKER: The chair, hon. member, was not attempting to engage you in debate, but you had gone for a period of time. The chair was listening to you, following part of it here, and then you said: but this bill speaks to none of it. That's all I was trying to refer to. We are in third reading, where you speak to what is in the bill or how the bill has been amended in committee. That's all I was reminding you of. I was only using your own words, hon. member. As long as you're on the bill and what's contained in the bill, the chair is here to facilitate the debate.

3:40

MR. WHITE: This bill speaks to public health, sir, and I was speaking about public health. Yes, there are a number of things that this bill doesn't speak to, but it does speak to public health. Now, I was merely saying that there are some areas of public health -- a bill can't speak to every part of public health. But it does speak to a number of areas, and this bill does expand the powers. I was merely covering the areas that it expanded.

Inadvertently perhaps there is some area that this doesn't cover, but that's to be expected. It does cover under regulations. Is this member to speak not of what is coming after the regulations? I think not. It happens time and time again in this Legislature. You must have other regulations dealing with a piece of legislation. I was merely going through something that I believed was part of public health, which would be clean air and clean water and clean soil. Now, I don't know what part of that can be ruled out of order when it's clearly in this chief medical officer's bailiwick to examine those things. Unless I've overstepped the bounds here, I expect I should continue from where I left off, speaking of some clean water.

Debate Continued

MR. WHITE: Now, recently there was a report sanctioned by this Legislature, received by this Legislature that said quite clearly that the targets for the quality of water downstream from two major cities in this province, notably Edmonton and Calgary, was below a targeted standard. That doesn't mean to say that it's bad or that it's so bad that we're going to close off the river or anything, but what it does say is that someone has to be looking at this. From what I've read in this bill, I believe that it requires someone to make that judgment. I would think that it speaks more to Health than Environmental Protection.

Environmental Protection does take all manner of readings, and to avoid any duplication, there should be but one officer of the province that does read those. Interpretation of that data is something totally and completely different. I would expect the department of environment to take care of the animals and all those others that use that resource, the water, but certainly for those that are downstream, the drinking water would be a health question, and it should be and will be, I suspect, as I read in this bill, the chief medical officer who will be the interpreter of that.

There are a number of other areas that concern this member. I would expect it'll be the CMO's office also that will look at and review upstream watershed concerns. Particularly, there's a recent proposal that comes to mind on the eastern slopes where some learned person's studies will say that this is destroying a watershed. Now, I don't know that, but presumably this medical health officer will be able to do that, will be able to understand the nuances of that which has been published and be able to advise this Legislature or advise the Minister of Health on the steps to be taken to correct that.

Now, I would think that along with air quality, the water quality that comes from intensive livestock use would likewise be in that gray area again and would concern the department of environment because major rains wash over these lands and the runoff, effluent mixture runs to the watershed. Certainly the department of environment looks at the downstream effects on fish and wildlife and the like, and if water flows into a lake, then I suspect there would be some vegetation that the Minister of Environmental Protection would be concerned with. But the health questions, someone has to recognize, are covered under some piece of legislation, and it appears that this piece of legislation would seem to cover that off.

The last area that we need to be concerned with here is the use of the land. Now, in my time as a municipal councillor landfills were always a big concern, and they were always a big concern both to the department of environment and also to the board of health and the chief medical officer too. I would expect that this bill, as it appears, would have some kind of review on that matter. As to what kind of review that would be, this member can only imagine, because it's not spelled out, as it were. I would expect it would be spelled out at some time in the future in regulation.

I do have one other matter that I'd like to speak of too. In the year 2001 there are about 20,000 visitors coming to this province from foreign lands, and the immunization of all those is of some concern. I suspect that this medical officer will have to deal with those kinds of concerns as well as many others as it relates to it.

Mr. Speaker, I'll take my seat and say in the famous words of a great American hero, Forrest Gump: now, that's all I have to say about that.

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

MS BLAKEMAN: Thank you very much, Mr. Speaker. I'm pleased to be able to rise today and speak in third reading on Bill 38.

Bill 38, as has been debated quite a bit in here, is focusing on public health. Traditionally public health has dealt with epidemics, disease or communicable disease, water, and air. I think the two things that impact the most as a result of this bill are the epidemics and disease or communication of disease.

There are a number of new things that have been introduced in this bill. The most significant, I think, and the one that has generated the most discussion in Edmonton-Centre has been around the chief medical officer and the deputy chief medical officer. People are seeing this as another layer, and there are questions about how they are able to work through another layer of hierarchy. This position has a lot of authority attached to it. Where's the accountability? I'm going to come back to the accountability on that because it is an area that seems to be causing great concern. So there is the creation of a new position, the ability of this position to request any information, which seems to be limitless, from an individual or from a director of a public place -- and again, I'll come back to that one as well -- and the power to quarantine.

Now, in third reading we're looking for the impact of the bill and furthering the interests of the public. Edmonton-Centre has three groups of people that are intimately connected with or concerned with or affected by public health. There are a number of people in my constituency who are living with AIDS or who are HIV positive. I have a very, very large senior population and also a core group of immigrant ESL people. As I said, these three groups are all heavy users of the public health system. So what's being proposed in this bill will have, I think, a significant impact on those groups. In particular, what I wish to comment most on -- and perhaps these concerns will be addressed in the regulations that will accompany the bill -- is that I think what we want to have is public confidence in public health. I'm afraid these changes will erode that public confidence in our public health system, particularly around those people I have who are living with AIDS or who are HIV positive. As people I'm sure are well aware, these conditions for these people can subject them to a loss of their homes, a loss of friends and support, for some of them a loss of work and a means, a livelihood, to support themselves, an ostracization from a social group, and a number of other things. So the privacy is paramount to them.

3:50

I even have one fellow who refuses to be involved with the health care system, and I'm using this as an example of the level of concern that exists around this with some of the people in my riding. This fellow refuses to use the health care system, because he is aware that when you go through the health care system and because he is openly gay, when he goes in for anything, a hangnail, on the billing through health care he's listed as a homosexual. It's got nothing to do with his hangnail. Nonetheless, it's listed on the billing through to health care. This fellow is so concerned about his privacy, being in those files electronically moving around the province, getting into all kinds of databases, that he will not get involved with the public health care system and pays cash. That is the level of his fear. I will acknowledge that fear. I don't feel that I would need to be as strenuous in his objection, but this does help to demonstrate the concerns that certainly people in that community have around public health.

Now, this bill is putting forward a chief medical officer with enormous and sweeping powers over people's lives and over privacy. It seems any amount of private information could be requested if the chief medical officer has a suspicion or a concern that there would be a communicable disease or some kind of problem that's covered under public health. I'm reading through the bill and looking for: where's the accountability for that chief medical officer? Where is the path of appeal or the ability to work through the system if there was a real concern around privacy issues as a result of what this bill is bringing forward? I assume that the chief medical officer reports to the minister, so I guess I'm telling my constituents, then, that they will have to complain directly to the minister if there are concerns around this privacy.

Now, that's not to say that I would expect that a person of incompetence would be put into this position. Absolutely not. I'm assuming that someone with good qualifications, an expertise and a background in public health and in health care issues, in community health, hopefully in prevention, would be in this position and would work with this position in a helpful and rational manner, a responsible manner, aware of the enormous ability they are given under this act.

So what is the impact, then, of the passage of this legislation upon some of these groups? Well, I've already talked about the concerns and fears around privacy in the gay and lesbian community, particularly for those who have AIDS or are living with HIV.

There's another issue that comes up again: the bill is giving the power to the chief medical officer to quarantine. This is of enormous impact, again, on my community, and it most particularly is affecting the gay and lesbian community but also the immigrant population. Quarantine is serious and very frightening to people. That doesn't seem to happen very often in this country, one assumes, because we've got good public health, but the threat of it truly frightens people and can take away their ability to work. If they are quarantined, they're stopped from going to school, they're stopped from socializing, they're stopped from participating in the workforce. Now, I don't know if there's some kind of compensation that then happens because someone can't participate in the workforce, but if they are quarantined out of the workforce, that again becomes a concern. I hope through regulations or some system through the minister, if this bill is passed, that there will be some sort of very immediate appeal process that's available on both of those issues, on the privacy and request for information and on the quarantine.

I trust and I hope that the constitutionality of this has been

checked. I have my suspicions at times that we pass legislation here that has not been thoroughly screened for constitutionality. I would prefer that we as legislators were making good law that will stand up rather than causing untold amounts of money to be spent pursuing it through the courts. But because of those two things I've already mentioned, the quarantining provisions and the requesting of information which would impinge on personal privacy, I do hope those have passed through a screen of constitutionality, because without it, I think we may be doing ourselves a disservice in passing this bill.

The ability to request information was not only for individuals but also impacts on businesses. There can be a request to a business owner or a director or someone in charge of an area where the public may be deemed to congregate, I suppose. Again, does that mean that membership lists from private social clubs can be requested, that membership from a bathhouse could be requested? Again that information, unless we know exactly where it's going and someone has total control over it, can result in serious harm to people. With the use of databases and intermeshing and local area networks and information zooming across the Internet, we as legislators must be constantly on guard that we are not subjecting people to having their private information get out of control, and I don't see stringent enough controls in the legislation, so I'm looking for it in the regulations. That is absolutely critical. Again, we want to be making laws that are implementable. There's no point in making something that in fact we cannot make work; I think that's a waste of all of our time. We want to be able to make in legislation laws that are implementable, that work for everyone, that are appealable if there is a problem with it, and that appeal should be immediate and easy.

I think the extraordinary powers that can be applied to any potential threat to the health of the public -- again, we're placing an awful lot of reliance on this individual who is being hired. I'm trying to think of other examples of where this Assembly has empowered one individual or one individual and their deputy with such authority without the responsibility to be reporting back to this Assembly. We don't have that in this act. I look to the minister to reassure people, and that reassurance is needed because of the way this bill will impact.

We will have a very suspicious community of people with AIDS or with HIV. We have a population of seniors who look to the public health as an information source, as prevention, but more and more there is an expectation on behalf of that population that privacy will prevail. For a number of people, especially in the older generation, they don't understand how quickly that information can move around and would be very angry if it were not properly monitored. I think it is incumbent on us to make sure that the chief medical officer has the tools they need to be able to reassure people and have even more people use the public health system. That is a good prevention tool for us. It's a good way of reaching out to the public. It's cost-effective. We want more people using the public health system and using preventative health care so that we have fewer people getting truly ill and needing the intensive care that is available in the hospitals.

Again, I would hope that an individual that has this position -- ah, but it's entirely possible. You see, I'm wondering about these extraordinary powers of sort of search and rescue that could be applied, for instance, against gambling or tobacco. It's not spelled out in here, but it can be argued -- I don't wish to make the argument -- that tobacco is a public health problem. Can we then have a chief medical officer going into a social club or a corner grocery store and raising problems about tobacco use or gambling?

4:00

In Edmonton-Centre I think there are three or four casinos. Now, we're recognizing in this Assembly that gambling is a public health issue. Addiction is a public health issue. Some would argue that it was an epidemic, and I've heard those words used. I don't think I want to go that far with it, but where are the limitations? They're not in this bill. Will they be in the regulations? If you got someone who felt very strongly about that and said, "No, I'm going to go on gambling" -- and this is a public health issue -- "and I'm going to go into every casino in Alberta," I want to see where those limitations are placed. The chief medical officer is allowed to designate any disease that is not already listed as a notifiable disease or a disease under surveillance; thus you can have tobacco use or gambling. Both of those things have been up for discussion before. So what's to stop them? Nothing. This in fact would open the door for them to do that, and that would please some people in this Assembly very much, I could tell by the smiles across the way. Again, I think we get into a constitutionality problem there, and we could lose all the legislation over a constitutional challenge, which I don't think is where we want to be.

The fact that there are no restrictions placed on what kind of information can be requested as a result of what's in Bill 38 causes great concern. I think there definitely are ways and there are certainly examples available to be able to spell that out more clearly so that there is public confidence in what this chief medical officer is expected to do. With that, I think we have to be very, very careful in how the quarantining provision is used. I think that is an area that could cause great concern in the community and needs to be very, very carefully handled. Certainly quarantine is something that has been long used and appropriately used for public health. If someone has a communicable disease who other people need to be kept away from, quarantine is perfectly appropriate. But it's a very frightening thought to many people in this day and age, and in particular I know that it causes great fear amongst the immigrant community, the ESL speaking people in my riding. Any large movement on behalf of authority -- in other words, people in government -- that appears to be limiting freedoms truly frightens people.

Again, this is exactly one of the populations, one of the sectors that we want using public health all the time. We want them bringing their children in for immunizations. We want them in there to find out about good cooking procedures and other ways to keep themselves and their families well. We want those people walking through the doors of public health clinics and feeling comfortable about it. But we run a risk here, with even a threat of quarantine, of losing that connection, particularly with that sector.

Assuming this bill passes, I hope the minister will share with us the regulations. I do deeply regret that the Law and Regulations Committee does not function or is never called upon in this Assembly. I think there's an opportunity there for the collective wisdom of the people who sit in this Assembly to be able to look at regulations for the implementation of legislation and make sure that these concerns are covered. But having the regulations in a lot of cases done by the bureaucrats, again a very skilled group of people, is often where it becomes unimplementable. The right hand doesn't know what the left hand is doing, or each side knows exactly what they're doing but the two never come together. I do deeply regret that this Assembly does not have the opportunity to look at the regulations that may come about as a result of the passage of Bill 38.

So, Mr. Speaker, thank you very much for this opportunity to

bring those concerns forward. I was happy to raise these points, and I hope there will be some positive action as a result of that.

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

MR. GIBBONS: Thank you, Mr. Speaker. I'm pleased to stand and speak to Bill 38. As I read through this bill, there are things that unfortunately have been lost in terms of addressing this bill. In 1998 the 24th Legislature can go down as the year that the government movement in terms of public health was a movement away from dealing with just communicable disease in an attempt to focus on the broader issues in terms of public health. Does this bill address the broader issues of public health? Does it just say local medical officers of health? Does it address the detriment to the health of Albertans?

As we get into this discussion and we keep listening to different people talk about it, we listen and we start wondering about public health and who has the responsibility and the power of the local medical officer of health. It seems that this government is heading in one direction. As I talk to people throughout Alberta and my own region, I get this note of frustration from them, frustration pointed at this government to where we are forced to go. Downloading and offloading are the utmost things that we all worry about and what we're seeing. When will everyone in this province have a loved one, a relative, a neighbour, a workmate that has not been affected by our present health system?

I'm standing here as the Member of the Legislative Assembly representing Albertans from the Edmonton-Manning constituency. I'm here to state that I would like this government's Health department to slow down, show Albertans their plan, rebuild credibility. I don't find in Bill 38 in any way what ought to be there, some recognition of the regional inconsistencies we have in terms of ways we deal with public health. In terms of dealing with Bill 38, we're dealing with the responsibilities and the powers of a local medical officer of health. It seems that this government wants to expand the powers of a local medical officer of health.

My point in speaking to this bill and in fact to urge the members to carefully consider whether we want to pass this Bill 38 is around public health, its focus on communicable diseases, the historic preoccupation of public health. Currently in terms of public health it is not clear that local medical officers of health are subject to direction from the provincial health officer.

So when will the province focus on health promotion and prevention? Why doesn't Bill 38 deal with regional inconsistencies in its approach to the medical officers of health? Why doesn't it require a fellowship in community medicine as a minimum requirement of medical officers of health? Extraordinary powers have been available to the medical officers of health when dealing with communicable disease. Now, however, there's an extraordinary power being applied to any potential threat to the health of the public. We're going to permit the medical officer of health to get involved in all kinds of nondisease areas. Shouldn't there be some additional safeguard?

This bill introduces a new position in the Department of Health, the chief medical officer of health. I wonder then: are we going in the right direction? The chief medical officer is allowed to designate any disease that is not already listed as a notable disease as a disease under surveillance, meaning that he or she can pick any disease as one which can be investigated. No reasons are required. No restrictions are put in place.

4:10

The investigation powers given to the medical officer of health are limitless. They can request information from anyone, including physicians, laboratories, individuals, and businesses. I hope this is not something that we've just gone through in the past year and a half with the registries, that when we get things on the wire and telecast it throughout the province, we have next to no control until somebody really steps in and takes control again.

There are no restrictions placed on what information can be requested. It could include confidential patient information, lists of contacts persons might have had, lists of clientele at businesses. All the information requested must be given according to the bill. The medical officer is not required to report to anyone before requesting the information or after receiving it. The bill, Mr. Speaker, gives the medical officer the power to quarantine individuals subject to having a communicable disease. Again, there is no limit placed on this power. The length of the quarantine is not defined. There is no requirement that the medical officer of health justify this decision to anyone. There is no requirement that tests be done to prove whether the individual does indeed have the disease he's suspected of having.

I'm trying to think of another way, members, that we are able to support the bill and still have a measure of comfort. I just am not sure what that is, so what I'm wrestling with, Mr. Speaker, is whether I vote against the bill, which has some very good elements, or support the bill and trust the Minister of Health and the Department of Health to do the right thing. We in the Liberal opposition are very careful and want to make sure that what is put forward isn't another item that is shoved on us to the point that this is a health bill that might be passed in this year of 1998.

Now that the government has appointed the blue-ribbon committee on health, shouldn't we just pass the buck with another bill addressing another 1998 Assembly push?

MR. SHARIFF: A point of order.

THE DEPUTY SPEAKER: The hon. Member for Calgary-McCall rising on a point of order.

Point of Order Third Reading Debate

MR. SHARIFF: Mr. Speaker, I'm rising in regards to the third reading that's happening here today. The hon. member is making reference to matters that are not part of the bill. I was going with *Beauchesne* 733. It's not relevant. This blue-ribbon panel is not part of the bill. I want to listen intently to his debate, so I would please request that we stick to the bill, with the phrases and paragraphs that are part of the bill, rather than bringing in matters that are not part of the bill.

Thank you.

THE DEPUTY SPEAKER: On the point of order, hon. Opposition House Leader.

MR. SAPERS: Thank you very much, Mr. Speaker. My colleague from Calgary-Buffalo may want to supplement this. *Beauchesne* 733 reads that "there are limitations on the type of amendments that can be moved on third reading." My colleague from Edmonton-Manning was not proposing any amendments, so the point of order, I guess, doesn't make any sense.

But just while I'm speaking on the purported point of order, which of course doesn't exist because the wrong section of

Beauchesne was referred to, I will say that third reading debate is somewhat more restricted than second reading debate. But the bill itself, Bill 38, the Public Health Amendment Act, is a very expansive bill and talks about very expansive powers of the medical officer of health. I believe, if attention was being paid, it was about those powers that the context of the blue-ribbon panel was raised.

THE DEPUTY SPEAKER: The chair would observe that the hon. Opposition House Leader is quite correct that citation 733 is not appropriate. In terms of limiting the debate to third reading, *Beauchesne* isn't as clear as *Erskine May* is, and we've already cautioned hon. members on that. So hopefully the hon. Member for Edmonton-Manning may continue his observations on third reading of Bill 38 within the guidelines that we've mentioned several times this afternoon.

MR. GIBBONS: Thank you, Mr. Speaker. I would like to make note to the member from the other side that I'm such a long-winded speaker that I only had one more sentence anyway.

Debate Continued

MR. GIBBONS: We just suggest that at this time Bill 38 be dropped and come again another day.

Thank you, Mr. Speaker.

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

MR. BONNER: Thank you very much, Mr. Speaker. It's a pleasure to rise this afternoon and speak to Bill 38, the Public Health Amendment Act. I would like to echo what the hon. Member from Edmonton-Manning has said. There are parts of this bill that I thoroughly enjoy. They are very good. The stated purpose of this bill is to strengthen the ability to protect Albertans from the transmission of communicable diseases and to reflect the new role, as an appeals body, of the current Public Health Advisory and Appeal Board. That first section, which is to limit the role of the current Public Health Advisory and Appeal Board to an appeal body only, is the section that I'd like to start with first.

Public health in the province here is focused on communicable diseases as the historic preoccupation of public health. Now, I know there are a number of members in the House here today, Mr. Speaker, that remember our polio outbreaks from the early '50s, when we didn't have the Salk vaccine that would protect us from this horrible disease. I can still recall vividly the signs on the house across the street, the yellow background with the black printing, quarantining that house. It certainly was a fear that all of us in Jasper felt, because this disease had mutilated many young people. It was also the time when we did have iron lungs in this province, which hopefully we'll never see again. It was a time when we certainly all became very aware of the power of the public health board and what was required to protect the citizens of Alberta. I'm glad to see in this particular bill that those powers certainly have not been diminished in any fashion.

We still do have a challenge in this province, Mr. Speaker, to deal with new diseases. There are many diseases out there today, and we've seen even in Canada where the *E. coli* bacteria has hit communities, but certainly not with the devastating results that we have seen in Africa. We definitely do need these types of powers that this bill will give our medical officers, not only to deal with these new diseases but also with the results of some of our present

diseases that have adapted to the drugs. They've had mutations to the drugs and built up a great resistance. So when they come to the proportion of an epidemic or whatever, we do want to have people that have that authority to go in and protect Albertans.

There are regional inconsistencies in this province, Mr. Speaker, and one of them is that in some of our health authorities we have individuals with specialized training, yet in others we don't. This bill certainly does not address that, and I will get back onto what the bill does say and not what it doesn't. Over the course of time, Mr. Speaker . . .

4:20

MR. SAPERS: I'm with you, Bill.

MR. BONNER: Oh, very good.

. . . the medical powers in this province and the chief medical officer have had extraordinary powers, and this particular bill will extend those powers to an even greater extent than what we see in the present. Again, when they are required, we certainly want our public officials to have that authority, but as well, when we are giving them that amount of authority, they must have accountability.

I think of a few years ago when we had a men's club here in the city called the Pisces Club. It was raided. Those people that were involved with that club, their privacy was invaded. This bill here will give our medical authority that absolute power, and they do not have to answer to anyone. I think it is vitally important at this time, particularly with the great access we have to private information, the speed at which people can gain access to this, that somewhere in this bill we should be saying: yes, these people must be accountable to somebody.

As I was saying, the bill allows the chief medical officer of health to step in and take over the powers of the regional health authority if he or she believes they are not doing a proper job with regard to communicable diseases control. There is no control over this action. It is totally at the discretion of the chief medical officer. Again, we should have some other body that this person is accountable to. We should have in here something that offers another opinion as to the powers of this person and the decisions they make.

As it presently stands with this bill, they do not have to give reasons. They do not have to provide a report on the conduct of the medical officer of health or any other reasonable support for their actions. This bill allows the chief medical officer to designate any disease that is not already listed as a notifiable disease as a disease under surveillance. So it does allow them to pick any disease which can be investigated. In doing so, this again does not necessarily mean that they have to pick a disease that is of any great threat to Albertans. They do not have to give any reason. There is no reason that is required. No restrictions are put in place.

The investigative powers given to the medical officer of health are limitless in this bill. They can request information from anyone, including physicians, laboratories, individuals, and businesses. When we look at this again, at the number of people that are involved and their privacy and the amount of information that so many of these people would have personal information on, then I think these powers are too great, Mr. Speaker.

We had a ruling by the Information and Privacy Commissioner on the WCB where this identical information, medical information, was being given to various parties that had no right to that information. I could see, Mr. Speaker, that our chief medical officer could be put in that situation, a situation where he is set up to fail, that he could be inadvertently, without trying, releasing

information that is pertinent, that is private, and again without having to be accountable to anybody. Those are far too many powers in the hands of any one particular person. Those sweeping powers are powers that should not be given to any particular person, particularly a person in a democracy.

The other thing that concerns me here with this bill is that the medical officer of health is not required to report to anyone before requesting any information or after receiving it. They are accountable to no one in this particular bill that I can find. This bill also gives the chief medical officer the power to quarantine individuals suspected of having a communicable disease. Now, with the situation that I described earlier with the polio victims, those people certainly were diagnosed as having this communicable disease, and we certainly are happy that the action they took was there. But in this bill there are no limits placed on the power that the medical officer of health has.

Again, in this bill, Mr. Speaker, there is never a section in here that deals with the length of quarantine, and there's no requirement on the medical officer of health to justify his position to anyone. It is not in this bill. The chief medical officer here does not have to prove whether the individual does indeed have the disease he is suspected of having.

The bill does allow the medical officer of health to make oral or written requests of any person who might have relevant information with regard to the spread of a communicable disease. Again, it places no limits on what information can be requested, and the issues of personal privacy and the rights of individuals are not addressed.

So, Mr. Speaker, I'll be like my colleague from Edmonton-Manning. I will be holding back whether I am going to support this bill or not. It certainly has many, many strong points in it, but it is also lacking a number.

With those comments, I thank you, Mr. Speaker.

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

MR. SAPERS: Thanks, Mr. Speaker. The Public Health Amendment Act, Bill 38, has a number of troubling sections. In talking about what the bill would accomplish now that it's at this final stage of debate before it passes, if that's the will of the Chamber, and then on to Royal Assent, I think it would be remiss to let it go that far without making a few more comments on the record just so that my constituents and others will know that we were thinking about these issues as we were pondering the fate of one government health bill that may actually become law this session.

Two of the particular areas that concern me, Mr. Speaker, are the areas in the bill that deal with confidential information about individual Albertans -- so there are some privacy concerns -- and the issue that's been referred to by a couple of my colleagues; that is, the rather expansive powers of the medical officers of health, and in particular the fact that those medical officers of health, regardless of how good or bad a job they may do, are not required to bring their report into this Chamber. They're not required to report to the Assembly.

The bill would allow the chief medical officer to take over the powers of a regional health authority medical officer, and even then we wouldn't necessarily know why. So if in the Capital region the provincially appointed chief medical officer decided that the Capital medical officer of health wasn't doing a good enough job for whatever reason, his authority could simply be usurped and his will would be done in that regard. We would be left answer-

ing questions of our constituents without being able to provide any substance. I don't think that's an appropriate state of affairs.

I also question why we would not have just a little bit more consultation with the public health stakeholders. One of the unintended victims, I think, of this province's regionalization was the provincial association of public health boards. It's a shame that that structure dealing with public health, co-ordinating discussions about public health still doesn't exist. If it did, there might be some balance between what we find in Bill 38 in regard to the expansive powers of the chief medical officer and the concerns people have expressed that those powers will not be constrained by any countervailing force. The provincial association certainly could have played that role.

4:30

Now, I will say that on the privacy side recently it's come to my attention that there is no pervasive governmentwide mandate to adhere to the policy and procedure manual on freedom of information and privacy that was put together by the Department of Public Works, Supply and Services. So what we have here is a situation where yet another delegated authority, in this case the delegated authority of the chief medical officer of health, will have the ability to collect some of the most sensitive personal information, whether it be about a communicable disease or sexually transmitted disease or the suspicion of somebody being in a diseased state, and will be able to collect and share or transmit that information in ways that certainly we would have concerns about from a privacy standpoint. But even if we had those concerns, we wouldn't be able to rely on any governmentwide applicable sanction because the government has decided that it can at its will ignore its very own policies about freedom of information and privacy.

So nobody should be under any illusion in this Chamber that these privacy concerns are something that are simply being trumped up. The privacy concerns that arise out of Bill 38 are very real, and they affect people in a very dramatic way. Whether it be employability, insurability, mobility, the fact is that we are setting up a circumstance where somebody who has been given the power in this law by an act of this Legislative Assembly will have an impact and an influence over people's lives through commissions and omissions, in terms of reporting behaviour and accountability, that I'm sure are not the intent of the drafters. You know, I would take the Minister of Health at his word when he says that he shares these privacy concerns. But that means that is a caution to every elected man and woman in this Chamber to listen to those concerns and make sure that we're doing everything we can to constrain the potential abuses.

I don't think the chief medical officer of health wants to be put in that position either. I don't think any man or woman who assumes that job, all that authority and all of the responsibility that goes along with it, wants to be suspected of being either an information broker or some kind of a privacy sieve. That would be a terrible circumstance to place the chief medical officer of health in. The chief medical officer is somebody who should have and who deserves our utmost respect and is somebody who, both the person and the position, should be depended upon. It's unfortunate that if Bill 38 were to become law, these concerns about the chief medical officer of health may, in fact, undermine the authority and the credibility that that person in that office should hold.

Mr. Speaker, a couple of other issues. I think it's been raised and was acknowledged earlier in debate, particularly at the committee stage on Bill 38, that there's a potential, as a result of this act, that the medical officer of health could go into a lounge

or a gaming room or a casino, particularly one that had those video lottery terminals or those video slot machines that this province has become so reliant upon, and demand information about that kind of gaming, demand documentation from the gaming operator about that kind of gaming, perhaps even observe men and women standing there feeding their coins into those machines or pressing the buttons to get credits so they can keep on gambling.

The reason why, of course, the medical officer of health would be standing there observing this is because the medical officer may be making a determination about the public health risk that this kind of gaming could engender and particularly could be looking at the potential for addictive behavior, could be looking at the impact of addiction, and clearly the government of Alberta has recognized that there is some addiction. They've talked about it themselves. We see AADAC allocating some money, clearly not enough money but some money, into dealing with addiction programs. So I don't think the question about whether this form of gaming is addictive or not is relevant; I think that's already been addressed. The issue is whether or not there is, as a consequence of Bill 38, an opportunity for those people who have the gaming establishments to have their gaming establishments perhaps shut down by a medical officer who says: yes, this is a public health hazard, this form of gaming; I have been here and observed people behaving as addicts, and therefore that addiction does not serve the public interest. So I wonder about that.

Mr. Speaker, this is not just raw, idle speculation. The lottery revenue tax load on Albertans -- that's the portion of tax revenue from Albertans -- was 299.3 percent of the national average in 1996-97. This is the highest level of any province in Canada. So clearly there is a high dependence on gaming, particularly, we will note, this kind of gaming with these electronic machines, because I think that according to the Minister of Economic Development's latest figures, there is over a hundred million dollar growth predicted in the revenue from slot machines this year over their last estimate.

MR. DICKSON: How much?

MR. SAPERS: Over \$100 million, hon. member. So this is, as I say, not just idle speculation.

Furthermore, the fact is that Alberta experienced the largest percent increase in the tax load from lottery revenues of any province in Canada in the years since this government became the government, in 1993, and the last fiscal year reported on, which is '96-97. That percent increase was a staggering 183.4 percent. Now, if you take a look at the growth in the tax load and you take a look at the amount of revenue, you note . . .

Speaker's Ruling Relevance

THE DEPUTY SPEAKER: Hon. member, the chair has listened to several hon. members talk about a tendency to gamble as being somehow an illness and, to the extent that it's addictive, perhaps a mental illness. That's one thing. But when we get talking a lot about lotteries, the chair has some difficulty in keeping the thread to third reading of Bill 38.

Debate Continued

MR. SAPERS: Thank you, Mr. Speaker. You know, it is a difficult argument to make, and I'll try to wrap it back into the bill. I believe it pertains to section 10 of Bill 38. Section 10, which is the proposed section 30.1(1), talks about

where a medical officer of health reasonably believes that a person has engaged in or is engaging in any activity that is causing or may cause a threat to the health of the public or a class of the public,
et cetera.

Mr. Speaker, I'm not trying to try your patience at all. The reason why I wanted to make the point that this tax load on Albertans as a form of lottery involvement is so important is because that speaks to the earlier point I was trying to establish, and that is the degree to which there is addiction in this province. It's one thing just to say that I'm concerned about addiction. I think it behooves me to enter some fact into the record, and that fact I think is found in the tax load figures as produced by this province and Revenue Canada.

I appreciate that it was a rather tedious way of getting there, but I felt it was important to back up that statement with some fact. So I've made my argument on that point, and I'm quite prepared to move on.

4:40

Mr. Speaker, the issues that concern me are the issues that we've dealt with from time to time in this House when it comes to the changes that have befallen the entire health care system. As we've gone and we've dismantled the boards of health at a local level, we have found that there is less and less accountability for those issues about who it is, in fact, that's going to be responsible for looking after the broad public health interest. Who is it that's going to be protecting the privacy concerns of Albertans when it comes to their health records? Who is it that will see to it that there is accountability for the actions, the almost policelike powers, that the medical officer of health has? I don't see the answers to any of those questions within Bill 38.

What I see is that Bill 38 is taking us a further step down the path that was started when this government decided that what we really needed in this province was less accountability, not more, and less involvement of individuals in the choices they make in their own lives. And that may sound like a startling contradiction when you compare it to the stated agenda of the government, which is, you know, more individual behaviour.

Mr. Speaker, I see you cautioning me again. The essence of my argument, which I'm making in a rather clumsy way, is that Bill 38 further erodes the ability of each and every one of us to have confidence that the broad public health interests are being looked after. On the one hand, you've got expanded powers of the chief medical officer of health, but on the other hand, you're taking away levels of accountability and you're stripping away levels of reporting. At the same time, you're increasing the threat to people's security in terms of the privacy of their information. As I say, those two points may stand in contrast to a government that has said: we believe more in individuals taking responsibility; we believe in less government.

I don't think Albertans are saying that they want less accountability when they say that they want less regulation. I don't think Albertans are saying that they want less security of their person and of their privacy when they say that they want less government interference. And I don't think this government should be putting those two kinds of elements on opposite ends of the spectrum. I would suspect that when the drafters of Bill 38 sat down and responded to the minister's request for some worthwhile amendments to the public health statutes in this province, they were not anticipating getting that kind of a response.

Bill 38 would do some worthwhile things. Bill 38 would accomplish some changes, Mr. Speaker, that I'm clearly in favour of. But Bill 38 cannot be read simply as a benign or housekeep-

ing document that would accomplish only good things, because there are embedded within it some very problematic areas of change, and embedded within it are some threats.

Mr. Speaker, I know that this has been a rather circuitous route and a rather bumpy road, but the bill, as I said near the opening of my comments, is expansive in and of itself.

MRS. McCLELLAN: You missed agriculture.

MR. SAPERS: I'm being admonished for missing agriculture, Mr. Speaker. I may ask for an extension of my time. That was tried by one of my colleagues just a moment ago.

Mr. Speaker, maybe I will conclude in the short minutes that I have remaining. I'm anticipating that I wouldn't get unanimous consent to continue. I'll conclude by saying that when I first read this bill, I reflected on the time that I spent in the downtown east residents association in Vancouver dealing with the needle exchange program, the time that I spent with the mayor's task force on prostitution and inner-city violence in this city of Edmonton, the time that I spent with the outreach workers dealing with young prostitutes in this city and elsewhere, listening to their stories and their concerns about the kinds of programs and services they would need and they would rely on and the kinds of protections they were looking for and their own awareness, an incredible awareness that those people, who we sometimes try to forget exist, have about the role they play in public health, whether it be in their own safe-sex practices, whether it be in their demands for access to needle exchange. Some of these people are themselves unfortunately burdened with addiction, but that addiction doesn't blind them to their need to access proper public health services, such as a needle exchange. So when I was reading Bill 38, I was looking for some recognition about the plight of these individuals, about the young prostitutes or about the injectable-drug users, those addicts that live on our streets.

Again, what I saw in Bill 38 wasn't a really strong recognition that these people are trying to live their lives the best they can. What I saw instead was a very one-sided, rather heavy-handed response to their human condition and a response really suggesting that what's needed more than anything else is this quasi-police response, that we would get the chief medical officer of health in there to quarantine people, basically to arrest people, basically to hold them away from the rest of the population without really recognition in the bill as well that while that may be a temporary solution at a macro public health level, at a microlevel it does nothing to change those conditions and those circumstances that have led young people into prostitution or that have created both the market and the demand for those drugs and the requisite companion kinds of programs that include needle exchanges and provision of bleach kits, et cetera.

Was that the official beeper, or was that just somebody playing tricks on us, Mr. Speaker?

THE DEPUTY SPEAKER: The chair must confess the inability to hear that instrument, but I've been given on reasonable authority that indeed it is your time.

The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Mr. Speaker. I rise this afternoon to speak to Bill 38 and particularly to the tenets of the bill with respect to accountability and authority of the chief medical officer. Of particular concern to me is section 22.02(1), where it outlines, as the amendments propose, that the chief medical officer shall act on behalf of the minister with respect to monitoring the health of

Albertans and make recommendations not only to the minister but to the regional health authorities. That office shall act as a liaison between government, regional health authorities, medical officers, and executive officers. The chief medical officer would monitor activities of the regional health authorities, medical officers, and executive officers. Finally, this individual might give directions to the regional health authorities, medical officers, and executive officers with respect to the exercise of their powers.

I think this is particularly fascinating, the scope of authority this bill provides to that office, when it's reviewed in the context of other publications of this government. If you'll permit me, Mr. Speaker, I'd like to engage in a bit of that analysis this afternoon.

4:50

Just over a year ago this government published a document surrounding Achieving Accountability in Alberta's Health System. Specifically, the document talked about: what is accountability? It defined that the government of Alberta was committed to open and accountable government focused on results. Well, it's particularly interesting to read those words in the context of this bill and the authority of this position, because section 22.02 does not require this position to report on an annual basis to this Legislative Assembly. If you wanted to put it in absurd and extreme terms, it is nothing more than a high-powered advisory committee to the Minister of Health, but to the citizens of this province and the members of this Assembly this position has no requirement for reporting. None. Yet that is said in direct contradiction to what this government is saying in other publications. I would quote further from the accountability document. It says that "important elements underlie effective accountability," including that roles and relationships are understood. How is the public to understand this role and its responsibilities when there's no requirement for public reporting of what this individual does?

Accountability also is defined as having "performance expectations" that are "explicit." Are the performance expectations of this position outlined? They are not. It also identifies that "sufficient resources, including authority to act, [be] provided," that "review and feedback [be] carried out." Those are not, in the context of the amendments proposed and specifically those that define the scope of authority of the chief medical officer, adhered to, Mr. Speaker.

It's also interesting that as the accountability document goes through and talks about the various elements of the health system from which Alberta's citizens might achieve a degree of accountability -- including the Minister of Health, including the regional health authorities, the Alberta Cancer Board, the Provincial Mental Health Advisory Board, Alberta Blue Cross, or ABC Benefits Corporation -- it doesn't speak about this position. Is not the role of a provincial medical officer of health, at least some minute fraction of it, to be alive to public accountability? I would think so. I would definitely think so, particularly when you consider the intrusive powers this office will have with the passage of this act. While all other offices and entities in the province, whether they're singular or organizational, are required to publicly report to this Assembly -- the RHAs are; the Cancer Board is; the Provincial Mental Health Advisory Board is -- this role, this officer, is not. Why? Why the inconsistency? Why on something as broad and diverse as the issues of public health should that position not be reporting to this Assembly on a regular, at minimum, annual basis?

Further of interest in the accountability document, it speaks to evaluating performance, and it talks about how health system performance should be assessed. The document identifies -- and this is again right out of the Ministry of Health -- things like

reports, results of evaluation studies and program reviews, comparative information from other jurisdictions, in-depth analysis on a specific issue, and it explicitly points out information, information being a key element of evaluation and accountability. Well, where is the public to get their information about the provincial medical officer? I'd like to know. I'd like to know if someone can tell me that, because who will he be reporting to? The Minister of Health, who may or may not choose to share that information with the public. He may or may not choose to share it with the Legislative Assembly. He may or may not choose to share it with the members of his own caucus, depending on how politically sensitive it is or how poorly it reflects on the performance of his department or his role. These things need further debate and certainly need to be further debated in the context of your own document on accountability. How absolutely hypocritical and contradictory to bring forward something and not even have it align with what you're expecting every other entity in your health system to do.

We have to put regional health authorities, according to this document, through the rigorous process of conducting needs assessment, of soliciting community input and dialogue, of making allocations, publicly reporting how they allocate and manage resources, of consulting with other sectors, planning and publishing how they plan to deliver. But this position in the context of this bill will not.

Speaker's Ruling Third Reading Debate

THE DEPUTY SPEAKER: Sorry to interrupt the hon. member. We seem to be dwelling on another document, but we really are on Bill 38, on third reading of it. Many of the things that you're mentioning really are the kinds of meat of second reading, what could be, should be, and the amendments that come forth in committee. Or perhaps it's an amendment that you have in mind. But, strictly speaking, we are in third reading, and we're talking about the provisions of the bill as it's been passed to this point.

MRS. SLOAN: Thank you, Mr. Speaker. Absolutely. I'm right on this point with you.

Debate Continued

MRS. SLOAN: The point of the debate to this stage and certainly at third reading has been to consider in generalities what the bill proposes and the amendments proposed, and I am on the point of the generalities of accountability. I'm saying, Mr. Speaker, that there is a tremendous divergence between what this office will not be required to do and what other offices in our health care system -- regional health authorities, Provincial Mental Health Advisory Board, Alberta Cancer Board, et cetera -- will be required to do.

But I will proceed to another aspect of my debate this afternoon, referring now to the context and the applications of this bill with respect to the Ministry of Health. This year the Alberta Ministry of Health published their annual report, and in the minister's message he put out to the citizens of this province a number of strategic directions that he felt warranted championing. Not surprisingly, one of them was to provide more emphasis on the prevention of illness and injury and the promotion of healthy lifestyles. Now, we only need to look into the core business plan of that report to find what exactly those types of initiatives include. I raise these initiatives because it would seem to me that logically there would be some relationship between these initiatives and the authority and the practices of the provincial medical officer of health.

MR. DICKSON: One would think so.

MRS. SLOAN: You would think so, particularly when what the minister talked about in his first goal in the annual report was providing health services that are "accessible, appropriate and . . . managed to achieve the best value." I would indicate to you, Mr. Speaker, that about -- I'm going to estimate -- 80 percent of those dealt with issues of communicable diseases and public health.

Now, it's interesting to me. I may be mistaken, but in my review of this the goals point out the actions the department is taking and how work is progressing or what achievements have been made. In the context of that, just for the record, not once in about 10 different activities is the provincial medical officer of health or the chief medical officer of health identified. For example, we have pertussis rates in this province that are higher than the national average. The ministry has been saying: yes, we've been working on this, and we've been trying to vaccinate, and this should lower the incidence of pertussis in children. Well, if in fact the vaccinations don't, it would seem to me that the provincial chief medical officer and his respective counterparts in the regions are going to have to identify or attempt to identify other plans of action. Now, would not the Alberta public who happen to be parents of the children with pertussis want to know the progress made on that type of research or analysis? I would say so. But this bill does not require that the provincial chief medical officer or any of his counterparts will have to report that to the Assembly. Why is that? I think that we in fact are getting less and less accountability out of this government, despite all of their professions to the contrary.

5:00

Others are spoken about in this section regarding hepatitis, tuberculosis, HIV. We have screening for infants to detect metabolic problems, providing additional support and expert advice in the management of communicable disease outbreaks like meningitis. Again, all of these things are identified and in subsequent sections of the report the minister talks about how the department specifically and committees established are providing advice on this. Well, what is the relationship between those segments of the ministry and the committees to the provincial medical officer of health? It's not defined.

MR. DICKSON: Is there any relationship?

MRS. SLOAN: Is there any relationship? I mean, it talks about it. It doesn't say in the amendments proposed that this officer has to work in conjunction with or in collaboration with any of the committees that have been established to study dioxins and furans in cow's milk arising out of Dow Chemical's Fort Saskatchewan vinyl plant. It doesn't say that he has to participate or co-operate in the Swan Hills special waste treatment centre human health impact assessment.

I have huge concerns that are not being addressed and certainly have not been clarified in the debate, Mr. Speaker. So with that and for all of the reasons that I have mentioned and several areas of concern that I have not been able to mention this afternoon, I am prepared to move a motion which I have prepared and have sought Parliamentary Counsel on, and I will give notice of that intent to introduce and allow time for that motion to be distributed. I would just state for the record that it's a motion to recommit.

Thank you.

THE DEPUTY SPEAKER: While the pages are handing this

motion around, this is a motion for a recommittal to committee. We'll just give them a moment to move them around, please.

MRS. SLOAN: Mr. Speaker, just for the record I would move that the motion for third reading of Bill 38, Public Health Amendment Act, 1998, be amended by deleting all the words after "that" and substituting the following:

Bill 38, Public Health Amendment Act, 1998, be not now read a third time but be recommitted to Committee of the Whole for the purposes of reconsidering the proposed section 22.02(1).

For my respective members' information, that particular section of the bill, if they do not have their bill handy, speaks specifically to the responsibilities, the authorities, if you will, of this position. I had raised in the debate just preceding the introduction of this amendment my concerns with respect to the authority provided to this office and the inconsistencies, in fact the nonexistent reporting that this position will have to do in contrast to the rigorous reporting, public consultations, and public input processes that must be undertaken by other organizations and entities within our health care system.

I had spoken with respect to regional health authorities and the extremes which they are required to go to to incorporate and report to the public. Similarly it is important to note that the Provincial Mental Health Advisory Board and the Alberta Cancer Board must undertake to report, consult, advise the public in a similar way at minimum once per year. I am also aware that professional associations operating within the context of our health care system must rigorously report their activities on an annual basis. The College of Physicians and Surgeons, the Alberta Dental Association, the Alberta Association of Registered Nurses, the College of Optometrists, chiropractors, the Alberta Pharmaceutical Association, psychologists, occupational therapists, physical therapists, and registered dieticians must all provide an annual report to this Assembly, but the chief medical officer or any of his regional counterparts do not.

None of these professional associations, I would submit, have the jurisdiction and authority that the chief medical officer will have. So why is the accountability reversed? Why do these associations that I name that don't have the ability to intervene, to quarantine, to have very intrusive powers -- why are they required to report in such a rigorous manner, and why, then, not the chief medical officer?

MR. DICKSON: Where's the consistency here?

MRS. SLOAN: Where is the consistency? I agree, Calgary-Buffalo. I agree.

It's a double standard for sure. It is a double standard, and as I stated before, it leads to the suspicion that this is nothing more than a high-powered internal adviser to assist the Minister of Health, when it's being marketed by this government as something that's going to embody and promote and advance public health. I say, it's a facade. It's a complete facade, because the citizens of this province cannot come to the Legislature Library, they can't go to the Alberta health care library and on an annual basis find a report of this office's practices, reviews, research. It is definitely not good enough.

Mr. Speaker, I'm going to refer to another substantive publication that this government has produced just this year: Health Trends in Alberta, working document, March 1998. One of the things that this report speaks about -- well, it speaks about the health status of our province. It speaks about health-related behaviours. It speaks about communicable diseases and mental

health, the environment. Again, is there a mention of the role of the provincial chief medical officer or the regional counterparts? Not in my review.

So I would suggest to you as I look at the aspect . . .

5:10

THE DEPUTY SPEAKER: The hon. Member for Calgary-Bow, rising on a point of order.

Point of Order Relevance

MRS. LAING: Thank you, Mr. Speaker. Under 23

- (b) speaks to matters other than
 - (i) the question under discussion, or
 - (ii) a motion or amendment the member intends to move.

The amendment is that it not be read a third time, but we haven't heard the reasons why she feels it should be sent back to Committee of the Whole. She's going on with another dialogue on other matters.

THE DEPUTY SPEAKER: Okay. The chair hesitated as to whether to interrupt the hon. Member for Edmonton-Riverview ahead of time to acquaint people with what we actually have before us. This is a motion for recommittal. It may be made in respect to the whole bill, or where a motion in respect of certain clauses or amendments only is made, the debate on the motion is restricted to the purpose and extent of the proposed recommittal of the bill.

We're talking about the amendment covering 22.02(1) and all of the parts thereof. So that would indicate, from what the chair was able to hear, that she was speaking to that. I would caution all hon. members that from now on we are only speaking about that part, the recommittal notice on that portion of this amending bill.

The hon. Member for Edmonton-Riverview, on her motion.

Debate Continued

MRS. SLOAN: Thank you. Well, just to provide that additional clarification, 22.02 speaks about the authority of the chief medical officer. [Mrs. Sloan's speaking time expired] It's still my time. My 20 minutes aren't up yet. [interjections] No, not on the amendment.

Speaker's Ruling Speaking Time

THE DEPUTY SPEAKER: One would take that as you had 20 minutes, and during that time toward the end you've made an amendment. One would take it that all hon. members want this 20 minutes to be your 20 minutes for speaking. If that be the ruling, it would assume that you could, then, speak at some other time for 20 minutes to the amendment, if that's the occasion that people so wish. Each person can speak to the amendment once for no more than 20 minutes, so what we probably are going to have to do is recall the timing on that. We'll take that under advisement.

For the moment we'll hear from the hon. Member for Calgary-Buffalo.

MRS. SLOAN: Thank you.

Debate Continued

MR. DICKSON: Thanks very much, Mr. Speaker. I'm very pleased to speak to the recommittal motion. We've heard a lot of discussion at third reading, and sometimes what happens is that we don't afford enough discussion at the committee stage on a bill

that's as sweeping as this one, particularly the proposed section 22.02(1). When we see a change as broad and as expansive as that, sometimes we rush through it, and then at third reading we realize that there may have been a mistake. [interjections] I'm speaking to this, Mr. Speaker. I'm speaking in terms of why it has to be recommitted. That's what I'm trying to specifically address.

What I'm suggesting is this: we have now discovered that in our haste to get through the committee stage, there were things that haven't been adequately considered. We saw the other night the confusion and the fast vote. So now with this motion to recommit, Mr. Speaker, we have an opportunity to afford the kind of attention and provide the kind of scrutiny that Albertans, I think, would like to see us do.

Now, the element that is being referred is not the entire bill. There seems to be a lot of comment from members from the comfort of their chairs where they're anonymous, but very little debate we've seen at third reading.

So 22.02(1) is arguably the engine, or the locomotive, for Bill 38. That's the section that comes closest of perhaps any bill in terms of trying to set out some sort of purpose for the bill, and it's got four distinct elements. What I wanted to do is try and address each of the four elements in terms of determining why the proposed section 22.02(1) ought to be recommitted to the committee stage so we can get in and start moving some appropriate amendments and so on to deal with that. There's some consternation from government members I can hear, but I just say again that it's not the entire bill going back to committee. They've got most of the bill through. It's just this one sliver on page 4 continuing over to page 5.

Now, the four issues. I'm going to try and relate back to why there ought to be a recommitment, and I'll start with the (a) part. The (a) part is the one that "The Chief Medical Officer shall, on behalf of the Minister, monitor" certain things. Why would we say "on behalf of the Minister" rather than on behalf of Albertans? [interjections]

Mr. Speaker, I'm trying.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Hon. members, your enthusiasm to help the hon. Member for Calgary-*Buffalo* deal with this recommitment amendment to third reading of Bill 38 is causing enough confusion. Could you please cease and desist your helpfulness and allow the hon. member to deal with this narrow issue that we have before us, and that is 22.02(1).

*Calgary-*Buffalo**.

Debate Continued

MR. DICKSON: Thanks, Mr. Speaker. It may well be, if we recommit this thing to committee, that it can be treated with some real dispatch.

AN HON. MEMBER: No.

MR. DICKSON: And my sense is that there may not be strong support in the House . . .

AN HON. MEMBER: No.

MR. DICKSON: . . . in terms of further amendments, but nonetheless, the point now is and what we're arguing for, Mr. Speaker, is that all members ought to have that opportunity. All

members ought to have a chance to say, "Why would we restrict the chief medical officer in the way that it is in the proposed section 22.02?" I wouldn't put this on the basis of a consensus, Mr. Speaker, but from the comments we have here -- the distinguished chair of the health planning standing policy committee -- and I know that there are people like that member who are knowledgeable in terms of health and probably in terms of public health. I would think that member may not have had the opportunity, because we whizzed through the committee stage, to be able to address some of the concerns that are here. [interjections]

Mr. Speaker, I was going to go through four elements. This is going to take an awfully long time. I was hoping I could finish before 5:30, and we're stuck on the first element.

The point is this: we have a chance to do what was done in British Columbia in terms of allowing . . . [interjections] I'm not talking economic development. I'm not talking about fiscal policy. I'm just saying . . . [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: We only have one member speaking right now, and so far I only have one member on my list. All of those other people who wish to enter into debate, do us the courtesy of waiting your turn.

*Calgary-*Buffalo**.

MR. DICKSON: Actually, Mr. Speaker, it's quite exciting to have so many members stimulated and anxious to participate in the debate. We didn't see this much energy in the other two readings.

5:20

Debate Continued

MR. DICKSON: Mr. Speaker, speaking in terms of why the motion to recommit would be important for the proposed 22.02(1)(a). The point is that we have a chance to expand the focus and the mandate of the chief medical officer, and the way we do that is to provide for a report to come into the Legislative Assembly. All they had to do was part 2(1).

Mr. Speaker, the second element is this: 22.02 (1)(b) deals with the liaison. This is the second feature. We've got a really odd situation here. There's a significant change in the status quo where, for example, the *Calgary* regional health authority local medical officer of health has no reporting relationship with the provincial chief medical officer. One would think, before we left the status quo and made a major departure to do something very different, that we'd want to look long and hard. I think, once again reflecting on what we've heard -- thoughtful comments, members, at third reading -- it's apparent that this warrants reconsideration. This is something that obviously was not sufficiently addressed or adequately addressed at the committee stage, and this amendment moved by *Edmonton-Riverview* affords us that chance to get back in and clean that up and address it.

It may be, Mr. Speaker, that at the end of the day the result and the outcome is no different. But at least we can, hopefully, be confident that the government isn't going to come back in with a daughter of Bill 38 next spring and start patching up the mistakes that were made by hurriedly rushing through the bill.

Now, the other issue, I think, is that the bill doesn't adequately address the fact that if you've got 17 health regions, you have some real disparity in terms of the kinds of education, in terms of public health training, and the public health focus that exists in each of those regions. One may well ask, Mr. Speaker, whether it's appropriate that all 17 local medical officers of health are treated in exactly the same fashion. The reason I ask that is that certainly in the two largest regions, in the *Capital* and *Calgary*

regional health authorities, what we've got is a fairly high degree of sophistication in terms of your public health programming, leadership, and so on. It seems that if we're going to change the reporting mechanism, then it ought to follow a maybe more thoughtful, more considered kind of debate around that change in the reporting mechanism.

Now there's a third element in 22.02(1), and that's sub (c). This, again:

The Chief Medical Officer . . .

- (c) shall monitor activities of regional health authorities, medical officers of health and executive officers in the administration of this Act.

One would initially say: well, "in the administration of this Act" is pretty limiting. That should give us some solace, some comfort. But when you look at how broad the powers are, particularly the powers in the proposed section 30.1 -- this would be section 10 on page 6 -- you can see those problems. So I'm speaking to 22.02(1), but that links back in, and members who may be debating this later may want to discuss this loopback that 22.02(1) ties back in with the new 30.1, which then has the medical officer of health reporting on, sort of, anything under the sun. So if anybody thought that 22.02(1)(c) was in some fashion limited by simply, only for purposes of the act, and then you look at the new section 10, proposed section 30.1, what you see is that this is an enormous sweep. An enormous sweep.

I'm trying to go as wide as possible, Mr. Speaker. Oh, narrower. Okay. I was misinterpreting the hand gesture. We'll narrow it right back.

Mr. Speaker, let me, then, also move on and cover the (d) part, because this is perhaps one of the most contentious parts. If this were recommitted, this would be one of those things that we would be exploring at the committee stage in a lot more detail. This is the provision that says that the chief medical officer

may give directions to regional health authorities, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under this Act.

This is the one point where we now have not just reporting in terms of the administration of the act; now you have the local medical

officer of health in "the carrying out of their responsibilities under the Act" being subject to direction of the chief medical officer, who can also give direction, interestingly, to the regional health authority. We thought before that the regional health authority was subject only to the Minister of Health's direction and the Regional Health Authorities Act, but now we've got sort of another confusing line. It's too bad we couldn't use an overhead or a schematic, but what we'd have here is a whole series of lines crossing between the local medical officer of health, the regional health authorities, all 17 of them, the chief medical officer. This represents a huge change from what we've had before.

You know, there may be some advantages to that. There may be some benefits that come from that, but surely it warrants a much fuller discussion than we've been able to afford it so far. I think if we get some other bills cleared away, we have an opportunity by referring this back, recommitting this to committee, to do a more thorough analysis. One of the things that hopefully would accrue from that would be the opportunity, Mr. Speaker, to have some input directly from local medical officers of health, and we think that would be a very useful matter.

I wonder if this would be a good point, Mr. Speaker, to move to adjourn debate on Bill 38, at least on the motion to recommit.

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

[The Assembly adjourned at 5:28 p.m.]

