

## Legislative Assembly of Alberta

Title: **Monday, April 10, 2000**

**1:30 p.m.**

Date: 00/04/10

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Good afternoon.

Let us pray. As we begin a new week, help us, O Almighty, to also begin with the principle of You as the giver of all things. Amen.

Hon. members, would you please remain standing as well for the singing of our national anthem. I will ask Mr. Paul Lorieau to lead us.

O Canada, our home and native land!  
True patriot love in all thy sons command.  
With glowing hearts we see thee rise,  
The True North strong and free!  
From far and wide, O Canada,  
We stand on guard for thee.  
God keep our land glorious and free!  
O Canada, we stand on guard for thee.  
O Canada, we stand on guard for thee.

Thank you. Please be seated.

head: Presenting Petitions

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

MS BLAKEMAN: Thank you very much, Mr. Speaker. I'm pleased to present with your permission a petition signed by 225 Albertans from Edmonton, Sherwood Park, St. Albert, Stony Plain, and Ardrossan. They are urging "the government to stop promoting private health care and undermining public health care."

Thank you.

DR. MASSEY: Mr. Speaker, with permission I present a petition signed by 320 citizens from Edmonton, Ardrossan, Sherwood Park, and St. Albert urging "the government to stop promoting private health care and undermining [the] public health care [system]."

Thank you, Mr. Speaker.

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. I, too, have a petition signed by 265 people from Edmonton and Spruce Grove. They are urging the "Legislative Assembly to urge the government to stop promoting private health care and undermining public health care."

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

MR. BONNER: Thank you very much, Mr. Speaker. With your permission I would like to present a petition to the Legislature signed by 254 Albertans from Edmonton, Wabamun, Beaumont, Leduc, St. Albert, and Stony Plain. They are urging "the government to stop promoting private health care and undermining public health care."

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. It's my duty today to present a petition signed by 261 residents of Alberta from Edmon-

ton, Sherwood Park, Devon, Leduc, and Spruce Grove. All of these people are urging the government of Alberta "to stop promoting private health care and undermining public health care" in this province.

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

MR. GIBBONS: Thank you, Mr. Speaker. I, too, have a petition supporting public health care in Alberta, urging "the government to stop promoting private health care and undermining public health care" and signed by 251 Albertans from Edmonton, Sherwood Park, Lake Isle, Gibbons, and South Cooking Lake.

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

MS OLSEN: Thank you, Mr. Speaker. I, too, have a petition to present to the Legislature that says:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

It is signed by 286 Albertans from Fort Vermilion, High Level, Grande Prairie, and La Crete.

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

MR. MacDONALD: Thank you, Mr. Speaker. I have a petition signed by 1,300 constituents of Edmonton-Gold Bar. They are urging the Legislative Assembly and the government "to stop promoting private health care and undermining public health care." This group of petitioners brings the total in Edmonton-Gold Bar alone to over 2,500.

Thank you.

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

MR. WICKMAN: Thank you, Mr. Speaker. I have a petition with 323 signatures of Albertans from Edmonton, Sherwood Park, St. Albert, Mundare, Willingdon, and Fort Saskatchewan urging "the government to stop promoting private health care and undermining [the] public health care [system]."

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

MS LEIBOVICI: Thank you, Mr. Speaker. I have a petition to present to the Legislative Assembly urging "the government to stop promoting private health care and undermining public health care." It's been signed by 257 Albertans from Lethbridge, Cochrane, Milk River, Picture Butte, Coutts, Warner, and Brooks.

Thank you.

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

MRS. MacBETH: Thank you, Mr. Speaker. I'm pleased to table petitions signed by 386 Albertans from Edmonton, Stony Plain, Entwistle, Gibbons, Riviere Qui Barre, Fort Saskatchewan, Leduc, and Beaumont. When the Official Opposition has finished tabling our petitions today, we will have totaled 4,894 today, bringing the total so far to date in the Assembly to 45,842 Albertans.

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

MR. SAPERS: Thank you very much, Mr. Speaker. On behalf of

222 residents from Edson, Fort Saskatchewan, Barrhead, Westlock, Mayerthorpe, Sangudo, Evansburg, Devon, Rocky Mountain House it is my pleasure to present the following petition in the Assembly.

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased today to rise and fulfill my elected responsibility to the following 269 petitioners from the communities of Fort Saskatchewan, Gibbons, Redwater, Bruderheim, Bon Accord, Willingdon, and Andrew. They are petitioning the Legislative Assembly to urge this "government to stop promoting private health care and undermining public health care."

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

MR. DICKSON: Thank you, Mr. Speaker. I'm pleased to present a petition signed by 275 Calgarians in constituencies such as Calgary-Fish Creek, Calgary-Glenmore, and Calgary-Nose Creek. The petition urges "the government of Alberta to stop promoting private health care and undermining public health care."

Thank you.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. On behalf of 511 Albertans from Camrose, Calgary, and Leduc I'm pleased to table this petition, which reads as follows:

We the undersigned residents of the province of Alberta hereby petition the Legislative Assembly of Alberta to pass a Bill banning private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained.

Thank you, Mr. Speaker.

head: Reading and Receiving Petitions

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

MR. GIBBONS: Thank you, Mr. Speaker. I'd ask that the petition with respect to support for public health care that I presented last week be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MR. BONNER: Thank you very much, Mr. Speaker. I request that the petition I presented on the floor of this Legislature last week now be read and received.

Thank you.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MS CARLSON: Thank you, Mr. Speaker. I would request that the

petition I presented last week supporting public health care in this province now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I request that the petition I presented on April 6, last Thursday, be now read and received.

1:40

THE CLERK:

We the undersigned residents of the province of Alberta hereby petition the Legislative Assembly of Alberta to pass a Bill banning private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained.

head: Tabling Returns and Reports

MR. KLEIN: Mr. Speaker, I have a number of tablings today. The first tabling includes letters that were sent over the weekend between the Prime Minister and myself relative to health care in Canada, in particular the bill that is now before the House.

I would like to also table an article that appeared in the *Calgary Herald*, headlined MacBeth Started Billing for Upgrades. [interjections] Well, okay. Mr. Speaker, then I would like to table the order in council signed by then minister Nancy Betkowski putting in place the process whereby health facilities can charge for enhanced services.

I would like to table also a letter that was sent by the Leader of the Official Opposition to the archivist requesting that all ministerial records be transferred to the Provincial Archives "with a restriction on public access for fifteen years."

Mr. Speaker, I would also like to table a letter that I sent to the Prime Minister relative to his most recent appointment to the Canadian Senate. I want to make it clear that Mr. Banks is an outstanding Canadian who has done so much to enhance the cultural mosaic of our country. It is not the qualifications of Mr. Banks that I question; it is the process.

MR. JONSON: Mr. Speaker, first of all this afternoon I would like to table five copies of my reply to the letter of April 7 received from the Hon. Allan Rock, Minister of Health for Canada. Also attached to the reply are five copies of a letter from the Hon. Diane Marleau sent on January 6, 1995, having to do with facilities.

Further, Mr. Speaker, I am pleased to table with the Assembly the annual report of the Alberta Mental Health Board for the year ended March 31, 1999.

Finally, Mr. Speaker, I'm pleased to table with the Assembly the annual report of the Alberta Cancer Board for the period ended March 31, 1999.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I've got three letters to table. The first one is from the United Church of Canada, Alberta and Northwest Conference. The letter of the church is requesting that Bill 11 be withdrawn.

The second letter, Mr. Speaker, is from Mr. Boulter from Sherwood Park opposing Bill 11.

The third one is a letter from Professor B.Y. Card, now a resident

of Lethbridge, professor emeritus of the University of Alberta, also expressing profound concerns about Bill 11.

Thank you, Mr. Speaker.

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

MRS. MacBETH: Thank you, Mr. Speaker. First of all I would like to table a letter that I wrote to the Premier on April 4 reminding the Premier of his promise to make the private hospital blank pages public documents.

I would like to table the answer to a question in this Legislature, which shows that private MRI clinics were not in operation in this province before May of 1993.

I would like to table a document called the Ambulatory Care Services policy developed in February of '91, which of course prohibits overnight stays in private clinics.

Finally, Mr. Speaker, I haven't seen the documents the Premier tabled, but they sounded very different. This is a recommendation of the Lieutenant Governor in Council on the hospitalization benefits amendment regulation, which of course speaks to uninsured services being delivered in public hospitals with no incentive to the physician, not the private hospitals that's been proposed.

Thank you, Mr. Speaker.

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

MR. MacDONALD: Thank you, Mr. Speaker. I have one tabling today. It's on behalf of Mr. Brodie, who is a constituent of Edmonton-Mill Creek. This is his "personal response to the MLA's report on the School Council Review." It is interesting that Mr. Brodie's great-grandmother was the first licensed school teacher in Alberta.

Thank you. [interjections]

THE SPEAKER: Whoa. [interjections] Whoa. Whoa. Whoa.

The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Mr. Speaker. I have two tablings today. The first is a report that was conducted by Martin Dooley and Lori Curtis of both McMaster and Dalhousie universities. The title of the report is Child Health and Family Socioeconomic Status in the Canadian National Longitudinal Survey of Children and Youth.

The second tabling is a report titled *The Changing Nature of Home Care and Its Impact on Women's Vulnerability to Poverty*. This research project was conducted by Morris, Robinson, Simpson, Galey, Kirby, Martin, and Muzychka for the Canadian Research Institute for the Advancement of Women and published in November of 1999.

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

MR. WICKMAN: Thank you, Mr. Speaker. I have two letters to table today with the appropriate number of copies from residents in opposition to Bill 11.

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

MS CARLSON: Thank you, Mr. Speaker. I have three tablings today. They are from Laura Weckman and David Biggin-Pound, Aric Storck, and Lisa Young. All three tablings are letters to the Premier voicing their opposition to further development in Kananaskis Country by Genesis Land Development.

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

MR. BONNER: Thank you very much, Mr. Speaker. I would like to table the appropriate number of copies of a program for a concert, *Welcome to the 21st Century*, that was held at the Jubilee Auditorium last Thursday evening. It was attended by a number of members from this Assembly. It featured the cadet honour band of the prairie region of cadets.

Thank you.

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

MR. SAPERS: Thank you, Mr. Speaker. I have two tablings this afternoon. The first is a copy of a letter to the Minister of Health and Wellness that was also copied to the Premier. It's from the Loowells of Edmonton, and their letter concludes, "I cannot support bill 11, and I will not support a government that does."

Mr. Speaker, the second is the appropriate number of copies of the Health Sciences Association of Alberta newsletter *The Challenger*, volume 10, March 2000, issue 2 with the headline article *If It Walks Like a Duck, and Talks Like a Duck, It's Probably a Duck*, where they conclude that approved surgical facility is code for private hospital.

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

MS KRYCZKA: Thank you, Mr. Speaker. I am very pleased to table today five copies of the 1998-99 Year in Review for the Seniors Advisory Council for Alberta, which is a review of activities for the council for the year ended March 31, 1999.

Thank you.

head: Introduction of Guests

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

MR. WICKMAN: Thank you, Mr. Speaker. I have 88 students accompanied by 11 adults from St. Teresa Catholic elementary school in the riding of Edmonton-Rutherford, 88 eager students all wanting to be future leaders and politicians. They are accompanied by teachers and group leaders as follows: Mrs. Camille Hamel; Mrs. Jackie Dahlen; Miss Alexandra Jerrard, a student teacher; Mrs. Yvette Beaudoin; Mr. Charles Stuart; Ms Kathy Kiss; Mrs. Judy Winters, a student aide; and parents and helpers Mr. Gus Baert, Mrs. Karen Hughes, Mrs. Margaret Kufuor-Boakye, Mrs. Mary Gibson, and finally Mrs. Sheryl Schuh. They're seated in both galleries. If they would please stand and receive the warm traditional greeting of the House.

1:50

THE SPEAKER: The hon. Member for Airdrie-Rocky View.

MS HALEY: Thank you very much, Mr. Speaker. It's not often that I get to introduce someone to you and through you to the Assembly, but I have five visitors from my constituency here today, and I would like for them to rise and receive the warm welcome of the House. Their names are Bill and Teresa Church and their children Mike, Stephanie, and Maria. They're dedicated home schoolers, and they've brought their children here to observe the Assembly, so I'd ask the Assembly to greet them, please.

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

MRS. O'NEILL: Thank you, Mr. Speaker. It's my honour today to

introduce to you and through you to members of this Assembly 14 students from Sir Alexander Mackenzie school in St. Albert. They are accompanied by their teacher, Mrs. Marlene Keanie, and associate teacher, Miss Cheryl Anne Coon. They are in the public gallery, and I would ask them to please rise and receive the warm welcome of this Assembly.

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

MR. MacDONALD: Thank you, Mr. Speaker. It's a pleasure to introduce to you and through you to all members of the Legislative Assembly this afternoon 10 individuals from Concordia University, Gold Bar campus. They are led by Dr. Linda Kerr. She's accompanied by nine students this afternoon. They are here to witness the proceedings in the Legislative Assembly. They're in the public gallery, and I would now ask that they rise and receive the warm and traditional welcome of the Assembly.

MR. JONSON: Mr. Speaker, it's my pleasure this afternoon to introduce to you and through you to members of the Assembly 37 grade 10 students from Ponoka composite high school. They are accompanied by their teachers, Mr. Brady Teeling, and Mr. Ron Labrie, and I would welcome them to the Assembly and ask them to stand and receive the traditional warm welcome.

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

MR. BONNER: Thank you very much, Mr. Speaker. The group I'm going to introduce will be in the Legislature shortly, but for the record I would like to introduce them at this time. It gives me a great deal of pleasure to introduce to you and through you and to all members of the Assembly 21 students from Mee-Yah-Noh elementary school, which is in Edmonton-Glengarry, and they are participating, very enthusiastically I might add, in the School in the Legislature program this week. They're accompanied by their teacher, Mrs. Marjorie Scharfenberger, along with her father, Mr. Wes Rider, who she recruited to help her and who is a retired principal from Edmonton public, as well as parent helper Mr. Leonard Bauder.

Thank you very much, Mr. Speaker.

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

MR. JOHNSON: Thank you, Mr. Speaker. I'd like to introduce to you and through you to the members of the Assembly this afternoon 14 political science students from Augustana University College in Camrose. They are visiting the Legislature today. They're accompanied by their instructor, Professor Roger Epp, and driver Brian Spielman. I believe they're seated in the members' gallery, and I'd like them to rise and be recognized by the Assembly at this time.

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

MR. MARZ: Thank you, Mr. Speaker. It's a pleasure today to introduce to you and through you to members of this Assembly some very good friends of mine who are also neighbours and strong political supporters. In the members' gallery are my good friends Marilyn Tetz with her daughter Melanie Morgan, her grandsons Dustin and Braidon Morgan, her son Greg Tetz and his friend Leanne Kinsey. They're accompanied today by my lovely wife, Janis. I would ask the Assembly to please give them the traditional warm welcome.

head: Oral Question Period

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

#### **Health Resource Group Inc.**

MRS. MacBETH: Thank you, Mr. Speaker. As Dr. Charles Wright, a vice-president of medicine at Vancouver hospital, has said, and I quote: current demand to dismantle the system is not coming from a public outcry but rather from a relatively small group of entrepreneurs and specialist physicians who stand to gain the most personally. My questions are to the Premier. Can the Premier tell Albertans whether his government or his handpicked regional health authorities are hiding any proposals to establish private hospitals in Alberta?

MR. KLEIN: Not that I know of.

MRS. MacBETH: Mr. Speaker, can the Premier, then, indicate his awareness of a document called Developing a Positive Working Relationship with Calgary Regional Health Authority written by Health Resource Group, which basically sets out a proposal to establish private hospitals in Alberta? I'm happy to table it.

MR. KLEIN: Mr. Speaker, if it has crossed my desk, I haven't seen it. Perhaps the hon. minister of health has, and I'll have him answer.

MR. JONSON: No, Mr. Speaker.

MRS. MacBETH: Mr. Speaker, as it indicates in the document that HRC is not accredited to do the surgery that requires an overnight stay for medical reasons, then why does the Premier need to proceed further when he already has the control over overnight stays that exists right now?

MR. KLEIN: Mr. Speaker, the policy alludes to providing some options under very strict conditions to regional health authorities for minor – and I stress “minor” – surgeries such as those that are being done in the Shouldice hospital in Thornhill, Ontario, where they have been very successful. [interjections]

#### **Speaker's Ruling Decorum**

THE SPEAKER: The chair allowed the Leader of the Official Opposition to proceed with the question. The chair did not hear any interruptions. The chair then recognized the leader of the government to choose to respond, and then he heard a whole series of interjections.

The hon. leader of the government.

#### **Health Resource Group Inc.**

*(continued)*

MR. KLEIN: Mr. Speaker, I heard from across the way a comment as it alludes to surgical services requiring an overnight stay. There are none in Alberta, as I understand it, that offer private stays relative to insured services. There is one, I understand, that offers services relative to WCB contracts and, as I understand it, a contract with the British Columbia government. The only other one that I know of offering medical surgical services is the Shouldice clinic in Thornhill, Ontario, which provides overnight stays for those patients who are recovering from hernia operations.

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

MRS. MacBETH: Thank you, Mr. Speaker. We know that Albertans have been wondering why this Premier is pushing ahead with his privatization plan for hospitals when his own studies, of course, show that contracting out to private, for-profit hospitals will result in longer waiting lists and higher costs. In terms of the question of why, which is so fundamental to Albertans, we've now got a very clear answer courtesy of the Health Resource Centre, which stands to make quite a substantial profit if the Premier's policy were to go ahead. My question is to the Premier. Given that the Health Resource Group says in this document that we have been given from the Calgary regional health authority that "Health Resource Centre . . . has been designed, built and equipped to meet all acute care hospital standards throughout the O.R., inpatient, and support areas," why wouldn't the Premier just come clean and admit that his government's policy is to make private hospitals operational in this province?

MR. KLEIN: Mr. Speaker, every policy document that we have released which, of course, purports at some time or another to become legislation specifically bans any person from operating a private hospital in this province.

2:00

MRS. MacBETH: Mr. Speaker, given that the Health Resource Centre has the "complete mechanical, electrical, hospital systems," why doesn't the Premier just come clean and admit that it is government's policy to make private hospitals operational?

MR. KLEIN: Well, Mr. Speaker, again I'm bewildered by the question, because obviously the hon. leader of the Liberal opposition has not read the bill and, if she has, does not understand the bill, does not understand the very, very simple phrase that's only six or seven words: "No person shall operate a private hospital."

MRS. MacBETH: Mr. Speaker, can the Premier indicate what assurances have been given to prompt these people to invest obviously millions of dollars to set up private acute care hospitals? Why would anyone set up a private hospital unless they expected to be able to use it?

MR. KLEIN: Mr. Speaker, I'm going to have the hon. Minister of Health and Wellness supplement my answer, but HRG was set up to my knowledge some time ago to handle things that are not insured or not covered under Alberta health care, such as WCB contracts and, as I understand it, contracts with other provinces, perhaps as they relate to WCB and perhaps some uninsured services. I just don't know what they offer. I've never been through the hospital. I've never seen the hospital.

The only person I know in this Legislative Assembly who has actually visited the hospital is the hon. Member for Edmonton-Strathcona. I don't know if he did, but I know that his predecessor did, because she shared that information with me. She said it was a fantastic facility, but she couldn't support it, and I appreciate that.

Relative to HRG and its operations and so on, I'm sure the hon. minister knows more than I do.

MR. JONSON: Mr. Speaker, I think that the Assembly, at least on the government benches, is quite aware that the issue of the Health Resource Group applying to the College of Physicians and Surgeons for accreditation to provide overnight stays is a matter of historic

record. The College of Physicians and Surgeons at the time, while they were prepared to draft such bylaws, held back and sent a message in writing to the minister of health indicating that we needed to have legislation in this particular area to decide on whether or not such a facility should have accreditation.

Finally, Mr. Speaker, I would like to remind hon. members in the Official Opposition that that is exactly one of the major provisions of Bill 11: to put a strict legislative framework around any possible contracts with surgical facilities.

### **Speaker's Ruling Questions about Nongovernment Entities**

THE SPEAKER: The chair would like to remind hon. members that to his knowledge the College of Physicians and Surgeons is not an agency of the province of Alberta and, further, that HRG is not an institution that's a part of the province of Alberta as well. So, please, let's be careful of what we do here.

### **Health Resource Group Inc. (continued)**

MRS. MacBETH: Mr. Speaker, this is actually a very interesting business plan of the Health Resource Centre, and it talks to the political factors that are a difficulty for the centre. Given that it says "the political issues would be real, but could be managed through strategic cooperation," can the Premier describe what "strategic cooperation" is occurring between the Health Resource Centre and the Calgary regional health authority, his handpicked board members?

MR. KLEIN: Mr. Speaker, I have no idea whatsoever what strategy, if any, is being developed or devised between the Calgary regional health authority and the Health Resource Group. I have absolutely nothing to do with the Health Resource Group whatsoever, and I do take offence at the question that was shot across very gratuitously by the hon. Member for Edmonton-Glenora asking me if I had any shares in HRG. How rude. How awful. Had that statement been made public, which I've just made public, it would be without question a point of privilege that purports to impugn my reputation.

MRS. MacBETH: Mr. Speaker, given that this newly received document from the Health Resource Centre says under the Political Factors which are difficult: "shared planning and ongoing coordination of a public and a media communication plan is proposed," can the Premier describe what is the ongoing public and media communications plan between his own handpicked Calgary regional health authority and the Health Resource Centre?

MR. KLEIN: Mr. Speaker, I have no idea. Certainly we had a strong desire to appoint Mr. Dinning as chair of the Calgary regional health authority, and I can't understand for the life of me why this hon. member would be opposed to Mr. Dinning. I mean, they were good, good buddies. Mr. Dinning was so involved in her leadership campaign. They were good buddies. I just can't understand why she is making such an issue of the appointment of Mr. Dinning.

Now, if this hon. member is so curious to find out what arrangements, what dealings, what conversations have taken place between HRG and the Calgary regional health authority, what I would advise her to do is what any good-thinking individual would do: pick up the phone and talk to the people at HRG. Is she afraid? Is she afraid to talk to the people at HRG? Is she afraid they will bite her or something like that? I mean, why ask me about third-party conversations? If she doesn't have the ability to pick up the phone and dial

the number, I'll do it for her, Mr. Speaker. That's what I'd advise her to do.

MRS. MacBETH: Mr. Speaker, I can understand why this Premier would avoid answering the question.

Let's go again to a third political factor identified by the Health Resource Group. It says that "agreements on key message content, timing, spokesperson(s) and methods of internal and external communications would be essential." Can the Premier describe what agreements have been concluded between HRG and the CRHA on the message, on the content, the timing, and the spokespersons for their private hospital?

MR. KLEIN: Mr. Speaker, no I can't. I am not privy nor should I be privy to discussions between HRG and the Calgary regional health authority. I am not privy to those discussions, but the hon. leader of the Liberal opposition obviously wants to become privy. She wants to know more about those discussions, but she's asking me. She's asking the wrong person. If she wants to know about those discussions and the intent behind those discussions and what HRG hopes to achieve and the role of the Calgary regional health authority, then do the simple thing. I mean, a three year old can pick up the telephone. Surely the Leader of the Opposition can and find out for herself.

THE SPEAKER: The hon. leader of the third party.

#### **Private Health Services**

DR. PANNU: Thank you, Mr. Speaker. Earlier today the Premier tabled a document. According to this document in 1992 the then health minister amended the hospitalization benefits regulation to allow direct patient charges for so-called enhanced goods and services received in public hospitals. The New Democrats opposed the practice. The decision to provide an upgraded appliance should be based on the needs of the patient, not financial considerations. My questions are to the Premier. Why has the government not rescinded the 1992 regulation that allows direct patient charges for so-called enhanced medical services and goods?

2:10

MR. KLEIN: Mr. Speaker, this speaks to the bill and one of the amendments that will be introduced. The hon. leader of the third party does raise a very good point, and that is the order in council that was signed by the then minister of health, Nancy Betkowski, which states in 5.2 – and this applies to a publicly funded, full-scale hospital as we know it today, not a surgical clinic but a full-scale hospital, a person going in and expecting in a publicly funded hospital all of the services of that hospital. Nonetheless, she signed an order in council that was passed that says in section 5.2(1):

If a person requests and receives enhanced goods or services, other than accommodation, from an approved hospital, the board of that hospital shall charge that person the extra cost of providing those enhanced goods or services.

We're going to have to look at that, hon. member. We're really going to have to look at that, especially in public hospitals. To allow that, Mr. Speaker, is a total switch and a total change from her position today.

DR. PANNU: Thank you, Mr. Speaker. To the Premier again: in calling the Shouldice hospital a model for Alberta, why has the Premier failed to point out that the Shouldice is a premedicare, grandfathered private hospital and that Ontario legislation prohibits the granting of any new licences to private, for-profit hospitals?

MR. KLEIN: Mr. Speaker, whether the hospital was grandfathered or not I think is a moot point. The fact is that it is operating. It has been an absolute success according to any authority that you talk to. It has established a centre of expertise relative to hernia operations. It has taken pressure off the public system, and it is still funded under the Ontario medical system. The procedures are still publicly funded under Ontario health care.

You know, we went through a situation here where we made the same argument, however unsuccessfully. That was the case of the Gimbel eye clinics, where for years and years – and I'm not sure how many years but at least ten years – the clinic had been charging a facility fee, and Ms Marleau, the federal minister at the time, said: well, I don't care how long they've been charging facility fees; we aren't going to grandfather it in; we're going to say that it's illegal. I guess they could say the same thing in Ontario relative to the Shouldice clinic, but they don't. They don't because the clinic has been a phenomenal success.

DR. PANNU: Thank you, Mr. Speaker. The Premier seems to want to go back to the premedicare days. I don't know why.

My last question to the Premier is this. Why is the Premier surprised that the federal Health minister would consider surgical clinics with overnight stays to be private hospitals when the services they provide are identical to those offered by smaller public hospitals?

MR. KLEIN: Mr. Speaker, in Mr. Rock's letter to the hon. Minister of Health and Wellness – this is probably one of the most bizarre statements I have ever heard. You know, the good news is that without spending one single cent of taxpayer dollars, according to Mr. Rock with a stroke of Mr. Rock's pen, we now have 52 hospitals more than we did have. Fifty-two more hospitals than we had. With the stroke of his pen. Mr. Rock said that he considers surgical clinics to be hospitals. There are now 52 operating in this province. I don't know how many more are operating across Canada. The good news is that he's given us 52 new hospitals without spending a cent of taxpayer dollars. The bad news is that we don't whether he wants to close them all.

THE SPEAKER: To the last two hon. members who participated in question period, I'd ask you again to recognize that no preambles are permitted on supplementary questions.

The hon. Member for St. Albert, followed by the hon. Member for Calgary-Buffalo.

#### **Capital Region Governance**

MRS. O'NEILL: Thank you, Mr. Speaker. The Minister of Municipal Affairs publicly released the interim report on the Alberta capital region governance review last week. Prior to the release of the report a number of municipalities had said that they would not participate in the next phase unless the government indicated its acceptance of the recommendations. My question is to the Minister of Municipal Affairs. Has the government accepted the recommendations contained in the interim report?

MR. PASZKOWSKI: Thank you, Mr. Speaker. First of all, let me say how pleased I am with the hard work and the co-operative effort that has come forward to this point and the degree of achievement to this point. I also want to point out that this is an interim report. The recommendations to date are of a general nature, and of course there is a great deal of refinement that will have to take place in order to get the more detailed version of this process.

I've indicated that we generally are pleased with the recommendations, generally accept the recommendations and certainly look forward to the ongoing work that will be coming forward as we progress. I encourage the participants to continue to work together and to indeed make this capital region a region that's been designed here at home by the local municipalities, by the local participants.

MRS. O'NEILL: My first supplementary: will the provincial government or the minister start being more active in the review in order to provide specific direction on what the government would like to see accomplished in the next phase?

MR. PASZKOWSKI: Mr. Speaker, the mandate has always been to develop a made-at-home type of solution process, and indeed it's always been the government's intent to have the municipalities work and develop and devise the recommendations and to work out the development of these solutions that will be required.

We would certainly be pleased to have the chairman, Mr. Hyndman, carry on in the chair position. The level of participation will be determined by the participants themselves. Indeed, it will be driven by the local groups providing the information and the discussion partners and the needs that the municipalities find are required and are appropriate.

MRS. O'NEILL: Thank you. My second supplementary is to the same minister. What's the process that the Alberta capital region governance review will be following in developing the final recommendations?

MR. PASZKOWSKI: Well, as I see it, Mr. Speaker, the process will continue to be a local municipally driven process to develop the solutions that will be required. There are a lot of details to work out. There are a lot of issues and details that'll have to be worked out to bring this to a successful conclusion. The process is one that's been initiated through much of North America. Much of North America was regionalized years in the past, and indeed the original concept, the delivery of services, is working very, very successfully in these other areas.

I'll be awaiting the final report. Indeed, if there is a wish or need for the province to participate and that request comes forward from the local municipalities, we would certainly be very interested in working with the municipalities to develop a solution that will present the capital region in a more competitive mode with the rest of North America.

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

#### **Health Resource Group Inc.** (continued)

MR. DICKSON: Thank you, Mr. Speaker. Not only does this government's private health care policy allow for a small group of entrepreneurs and specialist physicians to gain all the upside, but it leaves the taxpayers paying for all the downside. It sounds very much like the Treasury Branch's mall refinancing deal or perhaps one of the Premier's Swan Hills deals. My questions this afternoon are to the Premier, of course. Given that the Health Resource Group in Calgary has clearly expressed their intention to participate in open discussions with the Calgary regional health authority related to joint planning and shared risk, will the Premier, speaking on behalf of his surrogate regional health authority, tell Albertans exactly what risks have been discussed? How much tax money is this Premier prepared to put at risk in those discussions?

2:20

MR. KLEIN: I don't know what he's talking about because there is no surrogate regional health authority, Mr. Speaker. If he's alluding to something that I control and I manage on a day-to-day basis, then I would consider the question to be irrelevant.

MR. DICKSON: Mr. Speaker, given that nobody in Calgary elected Mr. Dinning to spend their one billion tax dollars, and given that HRG has said that they want to negotiate a "shared risk" agreement with the Premier's appointed regional health authority, would the Premier tell us precisely what negotiations have taken place to date and how much taxpayer money has been proposed to backstop agreements between the Health Resource Group and the Calgary regional health authority? It's real simple, Mr. Premier.

MR. KLEIN: Yes, I know it's real simple, Mr. Speaker. The question is a very simple question, but he's asking the wrong person. I have no knowledge of any negotiations that are taking place, have taken place, perhaps will take place between the Calgary regional health authority and HRG. Perhaps the hon. Minister of Health and Wellness can shed some light on the situation.

MR. JONSON: Mr. Speaker, I'm not aware of what document, if there is a document, they refer to that is current. This, however, sounds suspiciously like a discussion that took place about three or four years ago when HRG first formed and was public at that time.

The other thing, Mr. Speaker, that is very much forgotten in the thrust of the question of the member across the way is that the legislation that this Assembly is currently considering is designed to deal with any of the concerns that would arise in such discussions.

MR. DICKSON: Mr. Speaker, scarier and scarier.

My final question to the Premier would be this: will the Premier admit that his private health care policy, at least as evidenced from what appear to be secret negotiations between HRG and his surrogate regional health authority, is all about getting back into the business of business? Isn't that really what this is about, Mr. Premier?

MR. KLEIN: No, Mr. Speaker. Without getting into any kind of a detailed answer, which I can't do because I have no knowledge of anything going on between the Calgary regional health authority and HRG, I take strong exception to the use of the word "surrogate" board or "surrogate" authority.

DR. TAYLOR: There's a surrogate opposition over there.

MR. KLEIN: Yes. Well, yeah, that is a surrogate opposition over there. Right. They had to find a Conservative to become their 'consurrogate' mother. [interjections] Right. Their surrogate leader. Well, maybe I will from now on talk about the surrogate Liberals, you know, under their surrogate leader, Mr. Speaker.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

#### **Rosebud River Fish Kill**

MR. MARZ: Thank you, Mr. Speaker. [interjections]

THE SPEAKER: Actually the hon. Member for Olds-Didsbury-Three Hills does have the floor.

MR. MARZ: Thank you very much, Mr. Speaker. There were reports of hundreds of dead fish along the stretch of the Rosebud River in my constituency this past Saturday. This is a concern to both my constituents and myself. My question today is to the Minister of Environment. Would the minister please explain what has caused so many fish in this river to die?

MR. MAR: Mr. Speaker, any incident involving a fish kill is taken seriously by the Department of Environment. The department first became aware of this situation on the Rosebud River on Sunday and made arrangements to visit the site the very next day.

At this point we don't know the reason for this particular fish kill. There may be a number of reasons. A wildlife biologist and a conservation officer have visited the scene. This is standard procedure in these types of circumstances. The investigation by those people from the department will be an attempt to determine the cause of death for these fish and whether any further actions by the department are required.

Mr. Speaker, in the spring fish kills in Alberta water bodies are not uncommon, and it's usually the result of natural causes. However, as I indicated, at this point we don't know whether the fish kill in the Rosebud River was as a result of natural causes or if it was as a result of some other activity.

MR. MARZ: Thank you, Mr. Speaker. Again to the same minister: what natural phenomena would cause fish to die in this way?

MR. MAR: Well, Mr. Speaker, Alberta has many water bodies in it in which fish sometimes find it difficult to survive over the winter, and there can be any one of a number of reasons for this. As an example, in water bodies where there's very little water movement, such as in lakes and in ponds, the decay of vegetation over the winter frequently depletes the level of oxygen that's available in the water. That makes it difficult for the fish to survive over winter, and they often die before spring, at which time they then wash up on the shore as the ice cover melts. Fish kill can also be a problem in slower moving rivers and streams, where oxygen levels are not as high as they are in faster moving rivers.

I want to emphasize again that at this point we do not know if the Rosebud incident was a result of natural phenomena or some other activity. Our investigation will determine what the cause of this incident was.

MR. MARZ: Mr. Speaker, my final question again to the same minister: what can your department do to prevent this occurrence from happening again?

MR. MAR: Mr. Speaker, we will complete our investigation to determine the cause of the fish kill in the Rosebud River, and until that time it would be premature for me to indicate what our course of action would be. I can say that if the incident is the result of natural phenomena, there is little that we can do beyond the water monitoring process that we already have in place, and we would continue to do that in the future. That's not just in the Rosebud River but throughout the province. If our investigation determines that there was a cause other than a natural cause, then we would take such action as would be required to ensure that it does not happen again.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert, followed by the hon. Member for Calgary-Fish Creek.

#### **Health Resource Group Inc.** (continued)

MRS. SOETAERT: Thank you, Mr. Speaker. The Premier's private

health care scheme is nothing more than a blank cheque for a small group of entrepreneurs and specialist physicians who are going to gain the most, like the HRG backers. So my first question is to the Premier. Given that HRG says that "there would be no minimum number of surgeries, procedures, patients or beds," will the Premier admit that once in place his private hospitals policy means that there will be absolutely no limits placed on the capacity of private hospitals in this province?

MR. KLEIN: Mr. Speaker, we don't have a private hospitals policy. As a matter of fact, again I allude to the policy, and that is that "no person shall operate a private hospital in Alberta." But we don't know where we stand now, because Mr. Rock, much to the surprise of not only myself, the Minister of Health and Wellness, certainly every other Premier in Canada, every other health minister in Canada, and every clinic operator – we don't know about dentists' offices. We're all very, very surprised to learn that Mr. Rock considers surgical clinics as hospitals. [interjections]

I allude to the letter – I'm getting a lot of yipping and yapping over there – relative to overnight stays. Mr. Rock's letter was quite clear. He said: I consider surgical clinics – he didn't mention overnight stays; he said surgical clinics. [interjections] Mr. Speaker, you know, again they haven't read the letter. They don't read the letter. It said: surgical clinics under the Canada Health Act I consider to be hospitals. That means that we have at least 52 more hospitals in the province.

#### **Speaker's Ruling Decorum**

THE SPEAKER: Hon. Member for Spruce Grove-Sturgeon-St. Albert, you asked a question. The hon. leader of the government responds to the question, and then you continue to interject. I don't understand this process.

I'm going to recognize you to ask a question, and then would you be quiet.

2:30

#### **Health Resource Group Inc.** (continued)

MRS. SOETAERT: My second question, with great hopes for an answer: given that HRG says, "Contracts could be defined by any appropriate criteria including: defined services, quota, length of time, or by dollar/budget amounts, outcomes, etc.," will the Premier admit that these are all just code words for being back in the business of business?

MR. KLEIN: Mr. Speaker, no. I do see the letter here now. [interjection] Well, it was sent over apparently. I guess this is the stuff that was tabled. There are a number of dates. I allude to the one of December 9, 1998. Is that the one? Am I on the right track here? Help me. Is this the one? This is a letter to Dr. John Morgan, who was then chair of the Calgary regional health authority, where

HRG was asking for a meeting with the Calgary regional health authority to explain what their operation is all about. It seems to me sort of a one-way communication. HRG is writing to the CRHA saying: here's what we're all about; here's some documentation; come and visit us; sit down; we want a half an hour luncheon meeting, maybe a tour of the facility. Nothing wrong with that.

What is confusing, however, is really the Alberta Liberals, who are always confused, and their federal cousin Allan Rock. It seems that there is a very deliberate campaign here to confuse the issues. I'm getting back to this whole point: what is a hospital, and what is a clinic? The most recent example, Mr. Speaker, is the letter from



Diane Marleau. Now, the hon. Leader of the Liberal Opposition remembers Ms Marleau. I'm sure she does. No, no. Actually Marleau came after. Right.

Anyway, in the letter from Diane Marleau to our health minister in 1995, which has been tabled, Ms Marleau says exactly what I've been saying for months now relative to what a hospital is and what a private clinic is. She says:

While the . . . provision of many physician services at one time required an overnight stay in a hospital, advances in medical technology . . . has made it possible to offer a wide range of medical procedures . . . outside of full-service hospitals.

Right. And we know that.

I want to make it clear that my intent is not to preclude the use of clinics to provide medically necessary services. I realize that in many situations they are a cost-effective way to deliver services, often in a technologically advanced manner.

Then she goes on to say that she wants to bring consistency throughout the system and basically to eliminate facility fees. So what Ms Marleau is talking about is clinics being able to do a number of surgical procedures. Now, unbeknownst to all and much to our amazement, much to our astonishment, Mr. Rock comes out and says that they are now all hospitals. Mr. Speaker . . .

THE SPEAKER: Thank you very much. We're moving on here quite a bit.

MRS. SOETAERT: Thank you, Mr. Speaker. My final question: given that HRG says, "Alternative pricing structures would be open for discussion including: fixed sum, price per unit of service, cost plus, gross dollar, etc.," will the government concede that its policy of contracting out isn't about maximizing health and minimizing waiting lists, but it is all about minimizing costs and maximizing profits for entrepreneurs?

MR. KLEIN: What the policy is all about, Mr. Speaker, is upholding the fundamental principles of the Canada Health Act. What the policy is all about is protecting the publicly funded system as we know it today. What the policy is all about is putting rules and regulations in place relative to contracting out by RHAs to surgical clinics. There are 52 clinics operating now without regulations, without guidelines. That's what it is all about. It's about putting in place legislation similar to legislation that exists now in at least four other provinces, legislation to protect the publicly funded system, regulation and legislation to uphold the principles of the Canada Health Act, and legislation to make sure that all people who are sick and injured will need to access public health care in this province is their Alberta health care card. Nothing more, nothing less.

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

### School Attendance

MRS. FORSYTH: Thank you, Mr. Speaker. A constituent of Calgary-Fish Creek has brought to my attention a recent article that appeared in the *Fraser Forum*. Schools receive operating grants for students enrolled, and as taxpayers we pay whether they attend or not. He believes that attendance is important to success and that truancy leads to dropping out of school and delinquency and places students at higher risk for illegal behaviours. My questions are all to the Minister of Learning. Mr. Minister, do school boards provide attendance records to your ministry?

DR. OBERG: Thank you, Mr. Speaker, and thank you very much for

that question. No, individual school boards do not give us attendance records unless a child has been referred to the Attendance Board. What then occurs is that they ask the minister and the Attendance Board to rule on what happens to that child.

I think there are some indirect measures, and probably the best indirect measure is the measure of the number of students who graduate. Quite frankly, if the kids don't go to school, they're not going to graduate. So we do have an indirect measure, but the answer is no, we do not get a day-by-day, blow-by-blow attendance record.

MRS. FORSYTH: Thank you, Mr. Speaker. My second question: Mr. Minister, given that school boards get paid for the number of students registered in the classroom, how do you keep track of who's in and who's out?

DR. OBERG: Mr. Speaker, what happens is that on September 30 of the school year, what is called a school count is done. The schools are then funded according to that count. We have looked at variations on that theme, whether or not we have two counts, whether or not we have three counts, and in each case the two and three counts have become very administratively cumbersome. In fact, we would waste dollars that could be put into use in the classroom. We feel that with the September 30 count, albeit some school jurisdictions are going to miss out, others are going to gain, so what we do is we do one count a year and fund the school jurisdictions according to that count.

MRS. FORSYTH: Thank you. What is the minister doing to retain students and keep them in attendance?

DR. OBERG: Well, first of all, Mr. Speaker, as I alluded to in my first answer, if kids are going to graduate from school, they do have to attend. School attendance is critical. School graduation is critical. Presently we have roughly 70 percent graduating from grade 12, and 70 percent, albeit a high number and one of the highest in Canada, still is not 100 percent, which is what we have to have.

Mr. Speaker, this morning I met with representatives from the Northland school district, from that general area, and in many locales they have a 5 or 6 percent graduation rate. So this is definitely something that we have to work on, it's something that we have to concentrate on, and I will give the hon. member my undertaking that it is of the highest priority of this department to get as many students as possible to graduate from grade 12.

### Health Care Workforce

MR. BONNER: Mr. Speaker, patients continue to suffer at the hands of this government as it constricts and reduces capacity in the public system in order to create a market for private hospitals in this province. Public MRIs sit idle, and whole floors of public hospitals sit empty because this government claims that there are insufficient, qualified professionals to operate those public facilities. My questions are to the Premier. How many doctors and nurses left this province as a result of this government's cuts to the public system?

MR. KLEIN: Mr. Speaker, I take exception to that. I would challenge this hon. member to show me, right after if he wants to, any MRI in a public hospital in this province sitting empty or idle. That is a ridiculous statement.

MR. BONNER: My next question is also to the Premier, Mr. Speaker. Given that HRG says that "agreements are also in place

with several contract agencies” and that “HRC is confident they can staff up on short notice,” why isn’t the government utilizing this extra staff?

2:40

MR. KLEIN: Mr. Speaker, I’m going to have the hon. Minister of Health and Wellness elaborate, but I think this is fundamental to what we’re trying to do not as it relates to HRG but to surgical clinics generally, that there are no rules and regulations surrounding the contracting out of these facilities to regional health authorities. That’s what it’s all about. It’s about that, and it’s about providing under very strict conditions, with the absolute concurrence of the highest of medical standards set down by the College of Physicians and Surgeons, the ability to expand some minor procedures perhaps, possibly, if it ever happened, to overnight stays. That’s the only thing that is perhaps different. The bill doesn’t speak to – well, I can’t mention the bill. The policy doesn’t speak to overnight stays. It’s silent, much as the legislation is in other jurisdictions on this issue.

But if anything is to happen, it has to meet the most stringent of conditions. Whether it’s HRG or any clinic that is now existing and wants to have its contract renewed or any other clinic that wants to open up and offer another service, they will have to meet the strictest of conditions.

The way the Liberals would have it is to not have the bill at all and let everything be wide open the way it is today. That’s what they’re advocating, Mr. Speaker.

MR. BONNER: Thank you, Mr. Speaker. Will the minister of health admit that creating staff shortages in the public system was a deliberate strategy by this government to create a market for private hospitals in Alberta?

MR. JONSON: No, Mr. Speaker. The government has demonstrated its commitment to the funding of the health care system through our current three-year business plan, through our very significant reinvestment of dollars in the health system of this province. I would like to remind members across the way that during this past year the number of doctors practising in the province increased very significantly, something that we are very grateful for and is not characteristic of a number of other provinces.

We have hired an additional 1,200-plus frontline staff, Mr. Speaker, as projected in our last business plan, and we plan to accommodate many more in the coming two years, so that is something we’re certainly giving priority to. Yes, we do have a very competitive job market right now. There are many people vying for the talents of the professionals and support workers in the health care system, but it is very well demonstrated in our overall approach and in our overall plan for health and wellness in this province that we do need and we do value and we do plan to expand our health workforce.

THE SPEAKER: The hon. Member for Medicine Hat, followed by the hon. Member for Edmonton-Rutherford.

### Fish Conservation

MR. RENNER: Thank you, Mr. Speaker. Sauder Reservoir, or Rattlesnake Lake as it’s known locally, is a popular water sport and recreational fishing area around the Medicine Hat area. Recently there have been changes made to the regulations regarding sportfishing across Alberta and specifically at Rattlesnake Lake that have a number of my constituents upset. My questions today are to the Minister of Environment. I would like to ask on behalf of my

constituents: why is it that the number of fish that can be kept by fishermen has been drastically reduced in the past year or so?

MR. MAR: Mr. Speaker, when you look at the number of lakes that contain fish in the province of Alberta, it would be roughly 1,000 lakes, and we issue roughly 300,000 to 400,000 anglers’ licences each year, so the fishing pressure would be 300 to 400 anglers per lake. Compare that with the province of Saskatchewan, where there are close to 100,000 lakes and the number of anglers per lake is more in the range of about two anglers per lake.

As a consequence, Mr. Speaker, there is a great deal more pressure on the fish populations in the province of Alberta than in other parts of Canada. While many anglers enjoy fishing as a recreation, to get outside with friends and family, and practise catch and release, there are still a number of people who would prefer to keep some of the fish they catch. That’s the reason that we do place a limit on the number of fish that any angler can catch and possess at one time. The current catch limits of three walleye and three pike spread the catch around so that more anglers have the opportunity to catch and keep a few walleye and pike from the reservoir.

MR. RENNER: Mr. Speaker, since the anglers who have talked to me indicate that the larger fish have more eggs and hence reproduce more rapidly than the smaller fish, why is it that the larger fish are the ones that are kept and the smaller fish are the ones that are turned back?

MR. MAR: Mr. Speaker, Alberta Environment uses a number of techniques to maintain fish populations in the province, but explaining the minimum-size limits requires an examination of the status of our fish populations. As I indicated earlier, there are enormous fishing pressures because of the number of anglers, and as a consequence fish populations have decreased. When this happens, the large fish are the first ones to go because they’re currently in low numbers. That’s why there are minimum-size limits that have been introduced to protect small and medium-sized fish: to build back our fish populations and ensure that the fish have spawned at least twice before reaching the size allowed for harvest by anglers.

Mr. Speaker, the small to medium-sized fish that are protected by the minimum-size limits contribute the majority of the total eggs spawned each year, and that’s why the minimum-size limit of 63 centimetres is used, to protect the majority of the spawning population of fish.

MR. RENNER: Mr. Speaker, my final question is really the crux of the issue and the one that most people ask me about. If there is so much pressure on the fish population in Alberta, then why are we allowing commercial fishing on a small lake like Rattlesnake Lake in Medicine Hat?

MR. MAR: Well, Mr. Speaker, that is a fine question. My department staff have been working with anglers and with lake advisory committees to develop management plans to protect the fishery. In the case of Rattlesnake Lake, commercial fishing for whitefish is heavily regulated and monitored to make sure that there’s a minimal impact on the nontarget species such as walleye and pike. Tolerance limits for these nontarget species have been set, and when the limits are reached in the commercial fishery, then it is shut down regardless of whether the whitefish limit has been reached or not.

head: Reading and Receiving Petitions

THE SPEAKER: Hon. members, in 30 seconds from now we’ll begin with the first of three recognitions today.

The hon. Member for Edmonton-Centre.

### Volunteer Week

MS BLAKEMAN: Thank you, Mr. Speaker. This is the week to recognize and raise awareness of volunteerism. April 9 to 15 is designated as Volunteer Week in Alberta.

I love volunteering. I have volunteered to support causes I believe in, volunteered to try something new to learn different skills, to help a friend or a family member, and volunteered just to have fun.

I'd like to recognize the efforts of the Edmonton and Calgary volunteer centres for the hands-on, frontline work they do in recruiting, training, and placing volunteers and also for their work in the charitable nonprofit sector to increase awareness of good volunteer management practices. I'd also like to recognize the advocacy and policy roles played by Volunteer Alberta and Volunteer Canada. At the same time, I want to caution this government against assuming that every program and service can be or should be downloaded to the voluntary sector. Volunteers are not free, as I've heard some member say. Individuals may donate their time for no pay, but voluntary-sector agencies and organizations still incur costs in running their organizations.

Once again, I recommend to the government the excellent panel report *Building on Strength: Improving Governance and Accountability in Canada's Volunteer Sector*. Thank you.

2:50

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

### Mill Woods Community League President's Council

DR. MASSEY: Thank you, Mr. Speaker. I rise to recognize the members and the work of the Mill Woods Community League President's Council. This council is made up of the presidents of the community leagues that serve the 90,000 citizens of Edmonton-Mill Woods, Edmonton-Ellerslie, and Edmonton-Mill Creek. The council meets monthly, along with community service, recreational, and cultural representatives and elected officials, to promote services and to respond to community needs. The president's council is unique. From sponsoring Canada Day celebrations to monitoring pipeline safety and co-ordinating sports events, the council is involved. The members of the council volunteer their time to both their local community and to the efforts of the council.

The Member for Edmonton-Ellerslie and myself congratulate the council this week as we recognize volunteers. We congratulate the council on its work. Together they make Mill Woods an even finer place to work and live.

Thank you.

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

### Cadet Honour Band

MR. GIBBONS: Thank you, Mr. Speaker. I am pleased to stand today to recognize here the cadet honour band of the prairie region, whose theme for this year was *Welcome to the 21st Century*. This was a very enjoyable evening at the Jubilee Auditorium, Edmonton. The honoured guest this year was Her Honour Lois Hole, the Lieutenant Governor. After *O Canada* was sung, all stood to pledge the oath of Canadian citizenship, which was for many in the audience their first time.

The cadets were representative of sea, land, and air. All 10,000 cadets in the prairie region are eligible to audition for the prairie region cadet music concentration, Exercise Honour Band. Video-taped auditions are prepared during September and October and submitted to the regional cadet music adviser by the 15th of November. The tapes are reviewed and initial selections announced

by Christmas. During the months of January and February final auditions are conducted in person at preliminary rehearsals. A six-day training period is scheduled for all selected cadets, after which five concerts are performed between April 1 to 6, 2000. The concerts are in Edmonton, Calgary, Saskatoon, Winnipeg, and Thunder Bay.

Thank you, Mr. Speaker.

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

### Point of Order

#### Offending the Practices of the Assembly

MR. SAPERS: Thank you, Mr. Speaker. My point of order refers to an exchange in question period between my colleague from Spruce Grove-Sturgeon-St. Albert and the Premier. I will cite Standing Order 23, in particular the subsection regarding making "allegations against another member," which is section (h), and (l), regarding the introduction of "any matter in debate which offends the practices . . . of the Assembly."

During that exchange, Mr. Speaker, I think it typified the way that the Premier has been distorting several facts regarding the position of the federal government and of the Official Opposition. In fact, the way that he was whittling away around the truth, I wonder whether or not we were looking at the same letter. The correspondence he was referring to, dated April 7, 2000, from the Hon. Allan Rock, the federal minister, makes it very clear that his concern is the surgical facilities as defined in Bill 11. The Premier would have Albertans believe that the minister was referring to the 52 existing freestanding clinics, none of which do inpatient services or allow for overnight stays. The Premier keeps on seeming to forget that fact, but the federal minister didn't forget that fact, and he knows that the surgical facilities as defined under Bill 11 would be considered hospitals under the Canada Health Act because they will admit patients overnight.

I would hope that the Premier would (a) withdraw his allegation that members of the Official Opposition were not familiar with the correspondence from the federal minister, and (b) I wish he would stop offending the practices of this Assembly by introducing into debate matters which just simply aren't true and therefore offend the practices of this Assembly, Mr. Speaker.

Thank you very much.

THE SPEAKER: The hon. Deputy Government House Leader.

MR. HAVELOCK: Thank you, Mr. Speaker. I'll be brief. There is no point of order. All the hon. member across the way has done is simply clarified his party's position regarding the particular matter. It's a question of interpretation of the documents in question.

Also, Mr. Speaker, I will say briefly that for much of question period today after the HRC document was tabled, the opposition went to great lengths to misrepresent the contents of that particular document not only in this House but also to ensure that their message was conveyed to those watching on the Access channel.

In any event, nothing's been distorted. It's a question of interpretation, and he's simply used the point of order to clarify his party's position with respect to the matter.

Thank you.

head: Statement by the Speaker

### Anticipation

THE SPEAKER: Hon. members, today in the question period 36 and

a half minutes of the 50 minutes devoted to the question period related to health-related matters. This is day 25 of this particular session, and over the past weekend I have reviewed all the *Hansards* starting with day 1 through to day 24. The conclusion basically is that on any given day we're spending approximately 35, 36, 37, 38 minutes out of the 50 minutes with respect to health matters.

Now, that in and of itself is not unremarkable. What is remarkable is that if one takes a look at the Order Paper for day 25, Monday, April 10, 2000, it clearly lists, as was alluded to, that on Monday, April 10, there would be debate on Bill 11 in the afternoon, Bill 11 in the evening. Then if I look at Tuesday, April 11, it says Bill 11 in the afternoon, Bill 11 in the evening. If I look at Wednesday evening, Bill 11. If I look at Thursday, April 13, again it says Bill 11.

These questions are so on the line, so on the line. The thought was as of last Tuesday, when we were going to go to the actual scheduling of second reading of Bill 11, that in essence that would preclude a lot of questions, and then very skillfully the word "policy" got into the whole thing.

There's absolutely no doubt at all in my mind that question period is no longer question period. Question period has now become debate period and a further extension of the whole thing. So if we're going to take another 36 to 37 minutes a day in the question period for debate, those who are taking and garnering up the minutes associated with Bill 11 might take the liberty of saying: well, we've had an additional 36, 37 minutes a day with respect to this.

I presume that the questions with respect to a letter from a federal minister are here simply because there is a bill before the House that basically is looking at a particular policy. Otherwise, we wouldn't normally even be talking about a letter from a particular federal minister. That's the only reason, I would suspect, that it comes at this point in time.

It seems to me that what we just had again here is another further point of clarification arising out of a further point of debate that we continue to deal with. If the questions and the answers are going to be in the area of debate, well, then so be it, but it seems to me the House is missing a grand opportunity to deal with other business that the citizens of the province of Alberta might have. However, that's the choice of hon. members who are recognized, to raise whatever question they want.

Factually and very, very clearly today there were 36 and a half minutes out of 50 minutes on health-related matters, yet the agenda says that this afternoon and this evening and tomorrow and the next day and the next day are devoted to Bill 11. If one goes back and, on the other hand, researches the previous 24 days, you will see the statistics that I quoted today basically following through again.

head: Orders of the Day

head: Government Bills and Orders

head: Second Reading

### **Bill 11 Health Care Protection Act**

[Adjourned debate April 6: Mr. MacDonald]

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

MR. GIBBONS: Thank you, Mr. Speaker. This bill does little to protect individuals or Albertans in general. The government has three choices: scrap the bill, amend it to disallow overnight stays in approved surgical facilities, or ram it through and hope the firestorm dies down. Like the *Titanic*, charging ahead at full steam through a sea of icebergs, so goes this government, charging ahead with Bill

11. April 14 is the anniversary, only four and a half days away from the sinking of the mighty ship. Is the year 2000 going to be the year of the going down of this provincial government?

Our Premier claimed that he and his government were listening. Of course, he failed to explain who they were listening to. The Premier has resorted to name-calling, which simply underlines the weakness and desperation of his arguments. Concerned Albertans have been insulted by the Premier and recently have been called left-wing nuts. I am not a left-wing nut, maybe a wing nut if that satisfies the Premier's tantrum.

As one of the government MLAs mentioned to me in a conversation, Bill 11 will have same the same effect on the residents of Alberta as did the effects of Bill 40, on which the government invoked closure in December 1999. Their thoughts seem to be: just give it six months after pushing it through and Albertans will forget all about it. What's wrong with this picture? Perhaps Ralph's team is like the crew of the *Titanic*, being led to the disaster. Why? As many, many Albertans are concerned about the health care system, which should be here to protect our children and our grandchildren, we should always be very vigilant to the statements repeated over and over again by this Premier: trust me; while I am the Premier of this province, there will be no two-tier health system in this province. What happens after he isn't the Premier?

3:00

What is wrong is that these politics are not the words of the bill. A feeling is now deeply embedded in many Albertans that Klein's administration has a secret plan to erode public health care. People don't trust this government and their health care. I repeat: Albertans don't trust this government with their health care, nor should they. Premier Klein has been unclear about his intentions. Not long ago he openly questioned why those people with money shouldn't get faster access. This goes totally against the sense of fairness and equality that Albertans have, and they resent it. Is this like creaming from the top?

Bill 11 allows certain services to be contracted out to the private clinic hospitals, but at what cost to the public system? Does privatizing mean cheaper, or does it set up people or companies to profit at our expense? We can only draw one conclusion, which unfortunately cannot be proven. I believe that sometime in the future there will be a personal gain for the Premier and some of his close and party supporters. Let's not forget what the present head of the Calgary regional health authority and former Treasurer of this province said on national television a short while ago: it is better to experiment on our health system than it is to plan. Can you believe this arrogance? How can we trust this government with these thoughts in the back of our minds?

Remember Multi-Corp? Remember Mr. and Mrs. Klein, Mr. and Mrs. Love, and their shares? Is a block of shares still being held by one of these people's brothers? Were they really turned back?

MR. HAVELOCK: A point of order.

THE SPEAKER: Hon. member, please.

The hon. Deputy Government House Leader.

### **Point of Order Referring to a Member by Name**

MR. HAVELOCK: Mr. Speaker, the hon. member is well aware that he should not be using the individual names of the members of this House in the way that he has.

Thank you.

THE SPEAKER: That's absolutely correct. Does the hon. member want to make a point on this point of order?

MR. GIBBONS: No.

THE SPEAKER: Well, four times the Speaker has written down the use of these names and was waiting for such a point of order to be arrived at. That is clearly not in the tradition of this House, but more importantly the chair has had an opportunity to talk to the hon. Member for Edmonton-Manning on a number of occasions and does not view that that's his personality. It's not his personality coming through, in the chair's view.

So, hon. member, would you kindly refrain from the activity with which you just conducted yourself on a minimum of four occasions in the last few minutes and proceed with whatever points you want to make in participation.

MR. GIBBONS: Sorry, Mr. Speaker, in that particular case.

### Debate Continued

MR. GIBBONS: Who would have guessed some of these things that have happened over the past few years? It happened in the federal system in past governments. Again alluding to the *Titanic*, the arrogance of its owners and navigators led to its destruction. Could this be the final arrogance that will sink this Tory government?

The polls which were published in our papers over the past few weeks confirmed that the rebellion against Bill 11 is not merely an Edmonton issue or that of the wing nuts. In two of the traditionally most Conservative regions of this province, resistance is strong. In central Alberta more people oppose Bill 11 than support it. In southern Alberta opposition is high, as high as it is in Edmonton. No longer can rural Albertans be taken for granted as the unquestioning supporters of anything this government does.

We also read of the slim margin featured in the article from the major newspaper in Calgary. I can only compare this paper, in its coverage and in its articles on this particular case, as being no different than a streetwalker, without saying the direct words.

In the move to oppose this bill, I will state that it's too vague and it's lax in hard facts. To Albertans trying to comprehend this bill, it's not what the bill says; it's what it doesn't say. The surgical facilities referred to in the bill are in reality private hospitals. The bill claims to ban private hospitals, but on closer examination it fails in its promise. For example, the bill could not stop a person from providing hospital services as long as the facility was not a full-service hospital. If emergency services were not provided, for example, the institution would no longer fall within the definition of a private hospital.

It does not prohibit people from privately paying for MRI scans or any other diagnostic tests. People who can buy an MRI can queue-jump ahead of other people who are on the waiting list for diagnostic tests, which will then lead to faster surgery or other treatment. The bill claims to ban queue-jumping, but in reality patients do pay extra money. In order to jump ahead in the line, they pay extra money to get the service they require, and this bill will still allow that. When it states in the bill that it will not allow queue-jumping and will provide large fines for violations, who will be the watchdog on this one? The person who has been allowed to move ahead in the line will not be complaining. How will we know? Are we going to spend more money for some bureaucrats to watch this? For example, could this be the same person who's protecting this government over the West Edmonton Mall financing information?

This government didn't get involved in queue-jumping for the \$2,000 per eye cataract operation in Calgary until the nationally televised health documentary about Alberta. To this we only received lip service from the Minister of Health and Wellness.

Whether he actually is doing anything about this issue is the big question.

Nothing in this bill ensures that contracting out services to private facilities will open more beds within the public system. Hospital beds, operating theatres, and other services are already available to open up within the public hospitals but remain closed because of the shortage of funding or professional staff. It is fundamentally incorrect to think that the solution to this problem of scarce resources within the public system is to split the resources between the two systems. Why isn't it better to take the same amount of money that the Premier and his government would hand over to the private hospitals and give it to the public hospitals, which have the capabilities to meet the needs? Where's the evidence that giving the same amount of money to the private hospitals is going to cost less in the long run or provide a better income?

We only have to go over to the University hospital and ask why a previous cataract operating theatre sits empty and is a play/waiting room. This operating theatre, previous to the dismantling and tinkering in our health care system, performed 18 cataract operations per day. If you take this and multiply it by 20 days per month, there were 360 patients receiving operations per month. Multiply that by your 12 months and let's calculate it. Would this not help in clearing the backlog?

The government has given no data to show that this will be of benefit to the health care system. What kind of a department is this minister of wellness running? Perhaps the data is available, but it does not show any information that the government wants us to see. We read that this government admits to the fact that this legislation is based upon a philosophical basis. Mr. Speaker, if they have data, then show us, the severely normal Albertans.

There have been some positives. The government dissolved some 150 health boards and came up with 17. This proved to be smart. Maybe all we need are eight regions in the province. Guess who were chosen to run these regions? Friends of this government. A promise by the Premier to elect two-thirds of this board in the 1998 civic election never came to be, but the Premier now has promised it for the 2001 civic election. How many promises in his political career have been broken like this past one?

The Capital region health board has done a very good job in holding their budget in check while they witness their neighbour to the south in Calgary spend at will and still receive more money in the latest handout.

This government hasn't given proper time to see if the centralization of supply and services and the linen service will work. I believe that this was a matter of cost savings, to buy as one instead of all the separate entities.

Then we hear from this government that this bill has no bearing on the free trade agreement. Well, many experts are not so sure. As I understand it, the clause that could be the problem indicates that the U.S. companies have to be treated the same as Canadian companies. Does that mean that U.S. firms can demand equal opportunities? Once the door is open, it may not be able to be closed. Like the old statement, once the barn door is open, the stallion is already out.

Under the leadership of Premier Klein in 1992, the political spin of the day in this province was the same as in Australia, New Zealand, and England, where cash-strapped governments were looking for ways to react to their overspending. Someone had the brilliant idea to decimate our health care because health care was the root of government overspending. Starting with the spin that by dismantling the health care system the government would save money, a slow creep of privatization began, especially in Calgary. With control over health care, everyone would be happy. The government would save money, a small percentage, but friends of

the government, the private operators would make money. The patients would be served.

3:10

Mr. Speaker, there's been a void in support in this country for the plan over the last seven years of both the federal and provincial governments in their pretext of reducing their debt. While there's downloading at the federal and provincial levels, the health system has had a tremendous growth in technology. Not only has technology grown; so have improvements and costs of pharmaceutical advancements. Maybe health care is costing more, but what is too much? With the new and advanced technology, remember that there was never a plan.

With 8,200 nurses let go in the province, many leaving the province, nursing schools were shut down. Now we have a tremendous shortage of nurses, and our regions are trying many methods of attracting nurses back into the system. Remember that hospital beds, operating theatres, and other services are already available to open up within the public hospitals. These remain closed because of a shortage of funding or professional staff. This week a notice was given to the OR staff recommending that they ask for pay for overtime instead of banking time when forced to work overtime because of the shortage of OR nurses. Staff would have to submit for overtime. As of July 2000 staff would bank time, and some 20 to 30 days would be paid out. Doesn't this highlight a shortage of staff? It should be noted that our hospital personnel morale has been decimated. Where doctors once walked into an operating room knowing that they had a familiar team of professional staff to back them up, now they may not.

I have had many conversations with health care workers and caregivers. This government has experimented without a plan and with no input from workers who weren't in upper management. People in the field such as my wife, who has been a nurse for 30 years, couldn't be consulted because it would be considered that she had a vested interest. This was told to her by the mayor of Edmonton on a social occasion. Her answer or question back to him: what knowledge could he present to the health system, being a former tire salesman or store owner? Figure that.

What these individually picked Tory friends who sit on the regional health boards fail to realize is that the clinical practitioners and nurses have various capabilities of critical-thinking skills, from expert to novice. Nursing is an art and a science, with applied knowledge from various academic facilities to provide the highest possible level of care to the general public. Nurses are self-governed professionals, not unlike doctors, engineers, and lawyers. They hold full legal and ethical accountability for their actions. We're witnessing that this government has already said, given that they've given money into the system, that these nurses are an asset. Maybe when this country at large recognizes that professional nurses are an investment, not a liability, the future of health care will be secured.

I learned very early in my career that if you want to save time and money, ask people who are the most affected by the proposal. It's the frontline workers who know where the waste is and how to eliminate it. The government did not do this and therefore did little to rectify some work patterns of the past. The peaks and the valleys in health care funding do little to give any stable system to manage health care budgets. Real reform means stable funding, the utilization of multidisciplinary teams working together to meet patients' needs in the most appropriate setting, whether it be acute care, long-term care, or home care, and increased health promotion and health preventions.

The most disturbing aspect when reading the newspaper articles and reading between the lines is trying to understand why this

provincial government is pushing ahead with Bill 11. We as Albertans have witnessed the political appointments on the health boards of personal friends and political hangers-on, who in some cases contribute little but manage to remain on the inside track.

Today we realize that when the voting public gives any political party an overwhelming majority such as this Conservative government, we are basically allowing dictatorship. Citizens should be allowed to vote on Bill 11. An election should be called. This bill is so narrow, so ill conceived and detrimental to the future of public health in Alberta that there is no option: no amendments, no tinkering, no Bill 11. Scrap this bill.

At this time, Mr. Speaker, I would like to introduce an amendment to Bill 11. I have copies to hand out, and I'll just wait until they're handed out to everybody.

THE SPEAKER: Hon. member, please proceed.

MR. GIBBONS: Mr. Speaker, I would like to introduce an amendment at this time reading that

Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

Mr. Speaker, over the last few weeks since this bill has been introduced, too many Albertans have spoken out with their concerns. They have spoken out to us by petitions, they have spoken out by letters, and they have given their concerns as to why this bill should be pulled. Alberta did have a top health care system. We can be there again, not by tinkering but by building a plan. Competition in health care will not be resolved by having a second system. We have to rebuild. I had mentioned in my speech before that we have operating theatres, that we have floors in hospitals that should be worked on first. The money being put back in the last few months isn't the answer either. We do not have the people. We do not have the staff. The system has been decimated to a point where it has to be looked at in some respect, and we are very, very concerned.

We look at what's happened in other countries, and we read extensively about what's happened in Australia, New Zealand, England. Most Canadians feel very strongly about what has happened in the United States. We do not want to get there. We talk about a two-tier system. We talk about the American system. We as Canadians look, talk, and do everything like Americans, but we have something that we should be proud of. We have a very precious thing: public health care.

In my speech I mentioned about the void that has happened over the last seven years in our governments across Canada, starting at the federal level and down. That void should be worked on. We should be putting pressure on the federal government to draw the provinces in to deal with this. We should not be sitting and trying to point fingers and whatever. I fully back up Albertans saying: let's get the federal government involved in this.

Why the Premier would want to destroy the health system is the biggest question that people are asking me. Well, tinkering with it and experimenting with it is not building anything more than what we're doing. The other item that's been asked of me: is the Premier at least trying to fix the system? With the amendments that were talked about and on which we heard the minister the other day, requiring the RHAs to look at existing resources before contracting out, well, why wasn't this done before?

3:20

This bill is legally correct. If you turn the legal beagles loose on it, there's nothing they can be pointing a finger at. Principle 11 of the federal system is probably the only thing there can actually be

blame on. Principle 11, Bill 11: is there any coalition there?

We also hear of the strength of the privative clause. Nobody is above the law. We should not even think about that. We should scrap it, relook at the bill, and bring it in another day. We need further studies. The point is that the Minister of Health and Wellness has actually said that the studies haven't been done to date.

Thank you, Mr. Speaker.

THE SPEAKER: Hon. members, the Assembly now has before it a debate on an amendment to Bill 11. Hon. members might want to refer to *Beauchesne* with respect to this. It has been the tradition of our Assembly that when we do have amendments with respect to bills, the amendment itself is the matter for debate, not the bill. Just so there's absolute clarity in here, we're now debating that

Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

That is the amendment we are now debating. Not Bill 11 but the amendment.

The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Mr. Speaker. I am happy to speak to this amendment to Bill 11. I think it is critically important that this matter be sent to the Standing Committee on Law and Regulations as soon as possible. We do believe that at this time, in the best interests of Albertans, this bill should be discharged at second reading, withdrawn, and referred to that committee. The reason for that becomes readily apparent to anyone who has concerns with this particular bill. If we take a look at the Premier's comments of last Tuesday in his opening speech in the debate, we can look for a level of consistency in his remarks with what's been said inside and outside of the House and with what actually exists within the bill. There are certainly enough examples of what I would consider to be inconsistencies that it is important for this matter to be put before this committee.

When speaking of this committee, I would refer all hon. members to one of the last meetings of the Standing Committee on Law and Regulations, which occurred on Tuesday, May 29, 1984. In the minutes of that particular meeting there is a bit of an outline in terms of the expectations of what that committee does and who it works with from the community. I think it's important to spend a few moments reviewing that, Mr. Speaker, because as we well know, this particular committee certainly has never been called since I've been in the Legislature, seven years now, and by the looks of it, in terms of what I could find in the library, it has not been called since Wednesday, January 30, 1985. In fact, the committee performs a very valuable function in this Assembly.

If we refer back to the minutes of 1984, the committee was called, and a member of the board of the Institute of Law Research and Reform was asked to make a presentation at that committee. This fellow, Mr. Hurlburt, goes on to explain why it's important to have this committee and why the Institute of Law Research and Reform is an integral part of that committee and can certainly contribute to legislation in this province. He states in his comments there that he asked for a meeting with the Standing Committee on Law and Regulations as a result of the Attorney General and the institute speaking and deciding "that they wished to establish a good means of communicating with both the government and the legislature."

He went on to explain

that the Institute of Law Research and Reform was a self-structured, self-directed body of lawyers whose advisory function was to recommend improvements in the law. These recommendations were primarily directed through the office of the Attorney General but

when other Departments of government were involved, the Institute dealt with the Ministers directly concerned.

Those ministers directly concerned in this instance and, in addition to that, all members who are members of the Standing Committee on Law and Regulations are in the Legislature and do have for review before them Bill 11.

He goes on to talk about how the institute or other members "may see something wrong in a particular piece of legislation or the Attorney General may ask the Institute to look into a particular issue." In this case, in this particular bill, Mr. Speaker, we see a number of things that are wrong. We see inconsistencies that are wrong. We see interpretations that we feel need to be clarified because, certainly on this side of the House, we feel that many of the interpretations made by the government members are incorrect.

Mr. Hurlburt goes on in this discussion to talk about how the time the Institute devoted to projects would be wasted if persons in government did not take an interest in what they were doing and they hoped that the Standing Committee on Law and Regulations would take such an interest. The Committee could be empowered to look at their suggestions, form an opinion and get it into the legislative process and in that way, members would see it as coming from a committee representing the whole Legislature with no political overtones.

So this is very relevant to our discussion today, Mr. Speaker. In fact, on a bill of this magnitude, that will have this kind of power over the province of Alberta and how the moneys of the people of Alberta are spent and how health care is delivered in the future in this province, we certainly hope that those decisions are made with no political overtones.

What better way to measure that, Mr. Speaker, than to send this bill and the multitude of concerns involved with it and surrounding it to the Standing Committee on Law and Regulations, who would have for support Parliamentary Counsel and representatives from the Institute of Law Research and Reform. That would certainly ensure that outcomes from that would not have political overtones, I'm sure. Having the committee empowered to look at the suggestions and to form an opinion and to get it into the legislative process is also a very important aspect of what this committee will do when they can review Bill 11, review all of the information available on it from a variety of sources, and then come back with a recommendation.

As we see, Mr. Speaker, the debate is getting more and more heated as we progress in this Legislature. It is certainly a time for calm heads to reign and to begin the process of making decisions about this legislation that would be done in a completely nonpartisan fashion, that will weigh the merits of all the arguments, will address those as compared to how the legislation reads, make suggestions for improvements at that time to the legislation, and then we can go forward.

Certainly, Mr. Speaker, it will do nothing to detract from the bill. Certainly the possibility is that it will do everything possible to enhance the bill, and that's what we're asking for. We're asking for all Members of this Legislative Assembly, regardless of which side of the floor they sit on, to take a look at the significance of this bill in terms of its impact on the history of this province and on the people of this province and to make their decisions based on that impact, not on which political party they belong to, not on any form of partisan politics, but on the merits of the bill, on the potential for improvements, taking into consideration all of the concerns that have been heard from throughout the province at this point in time. We would be happy to support that kind of a move and to point out to the members of the Assembly some of the things that I think could be reviewed by that standing committee.

I'm going to address just a couple of the issues that I had with what the Premier was saying in his address last Tuesday. In his

remarks, Mr. Speaker, he talked about shortening waiting lines. Specifically, what he said was that this will "give us one more tool to use in our efforts to drive down waiting lists and waiting times that only prolong pain and suffering." Well, first of all, I have a problem with this because it's the direct actions of this government that have caused those waiting lines to increase and that have directly caused the increased suffering of people in this province.

3:30

The drastic cuts that this government brought in in 1993 were completely unsustainable, and they knew that at the time. We had gone through a period of health care funding in this province where, if you looked at the funding on a total basis, on a gross basis, yes, health care funding was going up year by year, but if you looked at it on a per capita basis, Mr. Speaker, it was flat. It was a level amount of spending that was being spent per person in the province. There were problems in the system. It wasn't a perfect system; that's for sure. Rather than doing what the government did and escalating the problems by drastically introducing cuts, they should have taken a look at the system, evaluated it in terms of assessing what was wrong with the system and what could be improved in it, and then gone about fixing the system.

Well, that wasn't what they wanted to do. They made these drastic cuts. Drastic cuts meant that we lost a number of very valuable staff in this province to hospitals south of the border. We lost doctors, we lost nurses, and we lost other staff. A few of those people have come back, Mr. Speaker, but not the large majority of them. So we are in a state now where we are still understaffed in many of those areas.

The government saw that that didn't work, Mr. Speaker, that drastically cutting health care costs just made people mad and it really hurt the health care system as a whole. So in the last year and a half, when the revenue stream of the government has been more positive than it was in the past, what we've seen is a drastic increase in spending, also unsustainable in the long term if the same number of dollars keeps being added to the system. However, having said that, we are still not back at the per capita funding levels that we were at prior to '93. We see that with all this money dumped back in the system, the system still isn't working. This government doesn't know what to do about that particular situation. What they're going to do, then, to try and solve it is to institute private-funding mechanisms.

[The Deputy Speaker in the chair]

So the question is: will it address the Premier's point of shortening the waiting lines? Of course it won't, Mr. Speaker. If this government could prove that were the case, then we would have seen that information tabled in this Legislature. In fact, we would have seen it shoved down our throats at every possible opportunity. Instead, what do we see tabled in this Legislature with regard to documentation saying that the introduction of private health care in this province will shorten waiting lists? We've seen nothing, not one report, not one study. In fact, the studies that we have seen, some of them commissioned by this very government, indicate only that waiting lists will continue to increase.

Then let's talk about the Premier's other point at the very beginning of his speech, which was that shortening these waiting lines and introducing private health care will lower costs. Once again, that simply hasn't been documented. Every study we've seen, once again including the studies tabled by this government, indicates that costs will only go up. In fact, last week we had the Premier saying that too, so he has contradicted his own statement. He has

tried to lead Albertans down the garden path in terms of shortening waiting lists and lowering costs, knowing full well that they aren't accurate statements. But I'll tell you something, Mr. Speaker. Albertans aren't being fooled on this one. They've got it figured out in terms of what they're doing.

In terms of the relevancy of that, referring this to the Standing Committee on Law and Regulations, there are two particular points that I would like this committee to address in their review of this particular bill: to take a look at what the Premier has said, to take a look at the documentation that is available, and to decide whether or not in fact they are accurate statements as they are reflected in the bill, and can they be enacted in this province? I don't think they can, Mr. Speaker, and I think that we are doing a grave disservice to the people of this province if this bill gets passed under the conditions that the Premier has talked about.

We think it would be better, Mr. Speaker, if they fixed the existing system before we take a look at any other kinds of options. This is a recommendation that could come forward from this committee. They could say that it is premature to bring in a bill on private health care at this particular time in this province. They could say that the problems with the waiting lists at this point in time are more reflective of a Premier who has blown up a hospital and sold another one for a dollar and who continues to refuse to open up existing beds in hospitals in this province than it is a reflection of what private health care will do for this province. So we would like them to take a look at that concept.

We know that this government has made lots of mistakes in health care. They cut the funding drastically. They dumped money back in, and that still didn't work. Well, let's talk about what happened in Mill Woods for a minute. This government was going to shut down the Grey Nuns hospital in Mill Woods, clearly a mistake. They were wrong. Fifteen thousand people marched twice to tell the government that what they needed was an active care hospital that continued to have a fully functioning emergency system, not some sort of prorated kind of community service that this government was proposing. The government listened that time, Mr. Speaker. People made their voices heard. They brought their concerns forward, and the government listened to them.

We need the government to have an independent kind of review that they can listen to once again, because they can't seem to get it right on health care. Private health care is not going to improve the system. It doesn't solve the existing problems they have. I understand that the government doesn't want to listen to the opposition, but let them listen to outside experts who can review this from a legal perspective, who can take a look at this with all of the implications in a nonpartisan fashion, who can bring experts to the table to discuss the merits and the nonmerits of the bill, and make rulings based on that, Mr. Speaker. Take it out of the Legislature at this time and give it a nice independent, nonpartisan review. That's what we're asking for.

This government doesn't seem to get it right, and they just don't seem to know that not fixing the current system is an act of irresponsibility, both from a fiscal and a moral perspective, Mr. Speaker. Fiscally, if you don't fix the system you've got, it's going to cost you more money. Morally, if you don't fix the system you've got, people are not going to be getting the kind of service that they need and want.

You know, this government all the time likes to think that it's operating like businesses do, with the same kind of smart thinking that businesses do, but let me tell you what this model of change in health care would look like in the business world. If a company had a piece of equipment that was crucial to their operations, that was a key component of their operating abilities and wasn't working



properly, like if our health care system wasn't working properly, you would think that they would first of all take a look at why it wasn't working properly. In this case, if we take the parallel to the health care system, the piece of equipment wouldn't be working properly because it hadn't been maintained properly, because additions hadn't been made to it to bring it up to state-of-the-art equipment operated in a state-of-the-art function. Both the hard costs, making sure that their equipment is state of the art, and the people costs, making sure of training and the different kinds of perspectives you can bring to make pieces of equipment operate efficiently and effectively, were neglected.

Now we've got this piece of equipment that has been neglected, and the service providers, the operators of it, have been neglected, so it's not working properly. This company that owns this piece of equipment they've neglected knows they have to do something to solve the problem, but they don't know what, Mr. Speaker, because they're not really quick thinkers. What they think they should do is just keep that piece of equipment operating the way it is and buy a brand-new, really expensive piece of equipment and add it to the stream, because they justify to themselves that it will certainly help their business if they do that.

Not only do they have this brand-new, state-of-the-art piece of equipment that's got all of the nifty bells and whistles that they've been sold by the salesman – in this case, read HRG for salesman – but they're still going to have the old system, that old piece of equipment that's clanking and clinking along. They convince themselves that this is going to be even better, that they can increase their capacity, which is exactly what we hear the government talk about here. They delude themselves into thinking that this is a good idea, that they don't have to fix the old piece of equipment. They just buy a new one, bring it onstream, and they can run the old one and the new one together, and isn't it going to be great? But, Mr. Speaker, the shareholders of this company don't agree with them. They know that to operate efficiently, you first have to solve the inefficiencies in the existing system so that the share price of the piece of equipment goes down.

3:40

In the case of the province, Mr. Speaker, our share price is the confidence of the people, their confidence in this government that the government can adequately run the systems required within the province, and also global confidence in terms of our ability to maintain any kind of a leading edge. What happens if you bring a brand-new piece of equipment into a company and you refuse to address the existing problems that were in the other piece of equipment? Well, what happens with that piece of equipment is that it doesn't run effectively and eventually breaks down. So now you have this old, mothballed piece of equipment that doesn't work very well, if ever, and this brand-new piece of equipment that takes over all the old business. Well, the relevancy of this to the health care debate is that that is what will ultimately happen when you bring a private system onstream beside a public system when you don't fix the problems in the public system.

Some of the smarter colleagues get this, but some of the other ones don't, Mr. Speaker, and it's too bad, because it's a good parallel in terms of what's happening in this province, I think. It's an example that perhaps the Premier should take a look at. If you don't solve the current problems in the public system, it's very important, in terms of relevancy to this particular amendment, because these are the exact conditions that I am requesting that this committee take a look at when they review this legislation.

MRS. McCLELLAN: Mr. Speaker, I'd like to just take a few brief moments to urge the members of this Assembly not to support this amendment. In fact, I'm rather surprised that a group of individuals,

a caucus, who have been talking about not enough discussion, not enough debate, not enough information on this whole issue would bring in an amendment to a bill which in fact inhibits debate. Rather than allowing the members of this Assembly to talk to the principles of this bill, they are now confined under second reading to dealing with the amendment.

I encourage the debate for this bill to be held on the floor of this Legislature. There are 83 persons who were elected by citizens of this province to debate legislation. I suggest that this bill is needed. We have had requests from the federal government, from the federal Minister of Health at least, and we have had requests from the College of Physicians and Surgeons asking us to put rules around the operation of private clinics. Clearly it is needed.

Mr. Speaker, nobody on this side of the House has ever suggested that Bill 11 is the answer to all of the problems that might be facing the health system. We have encouraged the federal government to respond to some of the needs in the system by restoring some of the millions and millions and millions of dollars they took out of the system and have yet to return. We feel that that would go a long ways to supporting the system. What we're trying to do with Bill 11 is to give our regional health authorities one more tool to answer and respond to the needs of the people that they serve.

I want to just tell you why I believe we need this bill and why we should be debating it here today rather than putting in an amendment that simply inhibits the debate. One, we need this bill because it confirms and reaffirms our Alberta government's solid commitment to the principles of the Canada Health Act. This side of the House thinks that's important. Secondly, it puts in place a strong legal framework for the government to regulate private health care deliverers in this province. This legislative authority has never been in place. We have been asked to put it in place, and this is the opportunity to do it. Rather than speaking to the principles of that, the opposition are inhibiting the debate now to the amendment.

As I indicated, this gives us one more tool. It gives our regional health authorities one more tool to use in the management of health care delivery in their region. Mr. Speaker, this caucus is not so presumptuous to think that we know all of the answers as to how to deliver health services. However, we do have a great deal of confidence in the College of Physicians and Surgeons being able to identify procedures that could be dealt with outside of a full-scale hospital safely, efficiently, and we would believe that those contracts should be managed in that way. The reason we need this legislation is to ensure that there are clear guidelines that the authorities must use if they want to utilize the option. They have to be cost-effective, they have to have a detailed contract which would be made public, and there are measures of accountability.

A lot has been said about queue-jumping, Mr. Speaker. This bans queue-jumping. It bans the charging of fees for insured services, and it bans private hospitals. As I've indicated before, if the opposition do not understand what a hospital is, we on this side certainly do. Of course, we are as amazed as anyone could be over the federal Minister of Health's rather bizarre statement today, if you take it at face value, that he's going to give us another 52 hospitals just in this province and goodness knows how many across the country.

Mr. Speaker, I have tried to just identify a few of the reasons why I believe we need this bill. We need to debate it on the floor of the Legislature. We need to have the opportunity, which we had until this amendment came into play, to debate the principles of this bill. We had an opportunity to debate it fairly, honestly, and straightforwardly. I believe that this amendment takes away that opportunity from my colleagues on this side of the House who would have wanted to exercise that prerogative.

Thank you.

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

MR. SAPERS: It's on the amendment.

The only reason that Alberta or the Alberta government needs this bill is to allow for the legalization of private hospitals which have inpatient or admitting or overnight stay capabilities. That's the only reason why we need this bill. We don't need this bill in this province to deal with regulations, because we have lots of regulations. We have regulations that the minister of health set in providing guidance to regional health authorities for contracting out. We have regulations that were set out in correspondence with the Auditor General on contracts handed out by regional health authorities. We have guidelines set under the Medical Profession Act, through the College of Physicians and Surgeons' bylaws, on what kinds of medical procedures can be done in what kinds of facilities. Of course, we have the Alberta Hospitals Act and the regulations attendant to the Alberta Hospitals Act. All of this creates a rather complex web of authority and regulation dealing with the contracting out of medical services to private facilities.

The one thing that that whole complex web doesn't allow for is contracting out surgeries to private surgical centres when the surgeries are so complicated – and they can call them minor if they want to, Mr. Speaker – that they require inpatient admitting. The reason why that complex web of existing law and regulation doesn't allow for that is because it would violate the Canada Health Act. So it is really not the case that Alberta or Albertans need Bill 11.

A careful reading of the amendment would indicate that the amendment deals with the subject matter of the bill, not the bill itself, being referred to the Standing Committee on Law and Regulations, probably the most underworked committee of this Legislature and a committee that the chairman, I'm sure, would love to call to order and exercise his or her authority over. In doing so, by referring it to this committee, this committee would further the debate on the subject matter and engage members of the public. So contrary to the minister's comments that this would somehow shut down or forestall or stifle debate on Bill 11, it would do just the opposite. It would for the first time put the debate into a forum where there could perhaps be public input on the record in *Hansard*, where all the rules and orders of the committee would apply. I believe we could have a very fine discussion with Albertans, indeed, regarding whether they believe we need this policy.

3:50

Of course, I've heard loud and clear from my constituents and from Albertans right across this province not only that they don't need this policy but that they don't want it. They're not being sold, they're not being convinced, and they're quite resentful of a government that is spending millions of dollars trying to sell them something that they don't want to buy. In addition, not only that but of course they're funding the sales campaign with their own tax dollars, which they would much rather see go to frontline services in health care, maybe hiring a few more nurses or running an MRI machine just a few hours longer every week.

Now, Mr. Speaker, the reason I support this amendment from my colleague from Edmonton-Manning is because I think it accomplishes a couple of things. Number one, it does broaden the debate; it does allow for this public input. Number two, I think it also gives the government a rather graceful way out of the dilemma that they find themselves in. When I made my earlier comments at this stage of the bill, I talked about the fact that while I am not part of this government, it is still certainly my government as an Albertan and as a taxpayer, and I would like to assist this government, my

government, in terms of finding a way for them to extract themselves from this policy dilemma that they've put themselves into.

The fact is that they know, as every member in this Assembly knows, that Albertans don't want Bill 11 to become law. They know they've made mistakes, because the Premier just today in question period already said: well, we're going to amend the bill. So they already know that it's flawed, and based on that, Mr. Speaker, I'd think that they would seize the opportunity to accept this amendment, recognize the political solution it provides them. You know, we won't even take credit. We'll sit back quietly and go to bed that night thankful and with warm and glowing thoughts that we have saved the taxpayers of Alberta, the people of Alberta. In fact, based on the messages I've received from right across the country, we have saved Canadians from going just too far down this privatization path. So I'm surprised that the government wouldn't seize that opportunity.

You know, when the Premier in question period today admitted for the first time, I believe, on the record in *Hansard* that the government was going to amend Bill 11, it made me think that this is another reason why we ought to refer it to a standing committee. Obviously, after the more than a million dollars that was spent circulating the Bill 11 propaganda to every household in the province, Bill 11 is really just a work in progress, a fictional work in progress at that. Nowhere in the householder – and I just reviewed a copy of it – does it say “draft.” Nowhere in the householder does it say: this is Bill 11, we think. In fact, it says: “This is your complete copy of Bill 11, the Health Care Protection Act,” and this is why we need the legislation.

So the unsuspecting taxpayer bringing this in with their morning newspaper would think that is in fact the true intent of the government, but the Premier today just laid waste to that and said: this isn't the true intention of the government; in fact, our true intention is to amend this bill. So it is a bit of a pig in a poke, and that's another reason why I think it needs to be referred to the Standing Committee on Law and Regulations. We'll accept the fact that it's a draft. We'll accept the fact, because we're getting used to it, that the government couldn't get it right, and we'll refer it to the committee and let the committee do its good work. Then, hopefully, Albertans won't have to shout down their government a fourth time. As we know, Bill 11 is really just a shadow of other initiatives that this government has already put on the table and has been forced to withdraw before.

Some other reasons why I believe the Health Care Protection Act, as it is called and, I believe, wrongly titled, should be referred to the Standing Committee on Law and Regulations, why the subject matter should be referred to the standing committee and the bill itself be not now read a second time. Similar initiatives in other jurisdictions have led to frauds, criminal charges, prosecutions. In fact, with health care of America in the United States several vice-presidents have been incarcerated as a result of being convicted for health system related criminal activity. I would hate for us in this province to not learn some lessons at the expense of those others and put the brakes on going down a path that has led to disaster in other jurisdictions.

It seems to me that the best thing this government could do if it were really sincere about, you know, protecting the principles of the Canada Health Act – I find it quite amusing, by the way, Mr. Speaker, to see members of this government now wrapping themselves in the Canada Health Act, because I've had the experience in this Assembly since 1993 of trying on two different occasions to convince this government to legislate the principles of the Canada Health Act into Alberta law, to incorporate those same five principles into Alberta law, and on two separate occasions this government

shot down that notion, said they wouldn't be led around by the nose by the feds. I just find it so ironic and so amusing now to see them wrap themselves in that particular federal bill, much as you'd see, you know, dead fish wrapped in newspaper, trying to pass themselves off as the great defenders of medicare.

As I say, that's just parenthetical to my argument that there are certainly some areas that need to be explored not just within the legislation itself, but because the motion would refer the subject matter to a committee whose duty would be to also deal with the regulations, we'd be able to look at those many, many, many sections in Bill 11 that are really left open, that call for the executive of this government to make regulations. We could take a look at the fact that there are no regulations from the College of Physicians and Surgeons at this very minute that define what major or minor surgery is. You wouldn't know that from reading the bill. In fact, if you read the bill, what you would be led to conclude is that there are regulations which determine what's major and what's minor.

The difficulty is that the bill that was sent out to every householder makes reference to other acts, like the Canada Health Act, the Alberta Health Care Insurance Act, the Alberta Hospitals Act, the Medical Profession Act, but it doesn't include any of those other bills. So a casual reader would have to go to the Legislature Library or the Internet or somehow get all these other pieces of companion-related legislation and read them all together to understand just what a piece of Swiss cheese this Bill 11 really is, just how full of holes it really is. Another reason why I support this amendment is because this referral to the Committee on Law and Regulations would allow a full examination of the regulatory framework that exists and also the regulatory gaps that are created by Bill 11. Then we'd have a fuller appreciation of why this is such a dangerous, dangerous legislative initiative.

Now, on the question of minor and major surgery it seems to me that the government is trying to have it both ways. They're saying: we've got 52 existing clinics, so therefore this bill must be okay. If they've got 52 existing clinics, why do they need the bill? Of course, then, when they're faced with that particular conundrum, they argue: well, we need this bill to regulate the other stuff. What other stuff? The only other stuff that they can come up with as an example, because of course the Premier was embarrassed to find that he could no longer use hip surgeries, is the Shouldice clinic in Toronto, which does one kind of surgery, that being abdominal hernia surgery. So we're then led to conclude that in this whole bill wherever it reads minor surgery, it must really mean hernia surgery, because that's the only example the government has used.

4:00

So that's another reason we perhaps need to refer this bill out, because maybe we need to take a look at the wording, and maybe we need to systematically and methodically go through Bill 11, and in every case where it says the words minor surgery, we need to replace them with the words hernia surgery. Then we can have a debate on whether or not that's the proper prerogative of this Assembly; that is, not for the College of Physicians and Surgeons, whose duty it is now, but for this Assembly to define in law that hernia surgery is a minor surgery and that we need to have a legislative framework around just hernia surgery.

I see the smile coming to your lips, Mr. Speaker. Of course you recognize that I am speaking somewhat tongue in cheek, because that would be an absurdity, but the reality is that that's the only kind of surgery that this government has provided as an example to Albertans for what may be covered by Bill 11 or why we need it.

As I was saying, they can't really have it both ways. They can't talk about the existing clinics because they obviously don't refer to

Bill 11, and they can't talk about complicated surgery because the College of Physicians and Surgeons wouldn't permit that. So, really, what are we left with? What we're left with is just really an empty promise that it'll only be this minor surgery and it really won't change things. Of course, if that were the case, we wouldn't be here debating this, because Bill 11 wouldn't be on the floor of the Assembly for debate.

Now, another reason I would speak in favour of this amendment is that the Premier has gone to great lengths to tell Albertans about the chat he had with the Prime Minister of Canada a few short days ago. Apparently in that chat between the Premier of this province and the Prime Minister of this country an agreement was reached that there would be a federal/provincial review of legislation from one end of this country to the other dealing with this matter of surgical services or hospital services or medically necessary services – it's kind of hard to know what the Premier is talking about for certain – that are provided outside of public hospitals. So this legislative review apparently has been agreed to and will be forthcoming. Of course this legislative review, as the Premier said, will be very, very interesting. He was very supportive of this legislative review, and I would like to see this legislative review.

Certainly there's a difference of opinion. I think the law in Saskatchewan outlaws diagnostic services. The Premier of this province tends to have a different representation of that law. I think the law of Ontario came into being to prohibit the growth of private hospitals. The Premier of Alberta tends to represent that as something that was enabling. Obviously there's a difference of opinion, so I'd like to see this legislative review that's going to go from coast to coast, and I would like that review to inform the debate in this Assembly. I would like to have the benefit of that. I think that would be very useful.

Perhaps we should again expect the members of this government who support their Premier, who supports this legislative review, to support this amendment, because obviously the Premier wants this review. You would have to assume that all members of his government want this review. We should have the benefit of that review before we're asked to pass further judgment and proceed further down the debate path on Bill 11. That only makes sense. I mean, surely the Premier wouldn't want to embark on this federal/provincial initiative, which is going to take up the time of civil servants and bureaucrats and eat up tax dollars and occupy so many people, if it were just a PR stunt. I mean, certainly he wouldn't want it to happen and then have the review come in after Bill 11 was disposed of one way or another. That wouldn't make any sense. Far be it for me to accuse the Premier of Alberta of being a PR stuntman.

So I'm convinced, once again, that upon reflection members of the government will want to support my colleague's amendment because it would be supporting the Premier's very own position on this need for a federal/provincial review before we go further down the path of privatizing health care.

Now, I'm also a little curious about the government's response and the one government member who spoke against the amendment, because it talks about referring the subject matter of the bill to the Standing Committee on Law and Regulations obviously for the purpose of further study. Again we have a little contradiction. Early on in this whole private health care policy debate we saw the Premier call on the federal government. I always find it curious. You know, we have the Premier so often saying that he won't allow Alberta policy to be dictated from Ottawa, and in fact he's even said on this bill, Bill 11, that he'll let Albertans be in charge, that Albertans will be in the driver's seat. Yet when it's convenient, he says: we're waiting to hear from the federal government; we would

like to see a response from the federal Minister of Health. In fact, he's even said that the Prime Minister didn't say that the bill was a bad idea. What the Prime Minister actually said was: I'm not going to give any final comment on this until we see the bill in its final form. Of course, the bill could look like anything when this government is finished amending it.

So there's this irony. We have the government of Alberta on the one hand saying: please, federal government, comment on our policy; please tell us what's right and what's wrong. Then, on the other hand, when they do comment, when the Minister of Health does say that he doesn't like it, that he's concerned about its violations of the Canada Health Act, the Premier takes it personally and starts talking about things like drive-by smearings, those kinds of things. It seems that there's just no pleasing this guy, Mr. Speaker. He seems to be confused in his own position.

I wonder what it is he really wants. Does he want some federal guidance and some adherence to national standards on this whole matter, or does he want to be just in a cocoon here in Alberta and just hold his breath and pout until he gets his own way and take down the medicare system along the way as he's behaving like that? So I am confused. Again, by referring the subject matter of this bill to the Standing Committee on Law and Regulations, we would be able to pursue that particular irony. We would be able to come to some resolution as to what it is that the Premier really wants and what's really in the best interests of the people of Alberta.

By the way, Mr. Speaker, I'm all in favour of national standards when it comes to health care. I think that's one of the values that most Canadians respect as well, and I just wish the Premier would get it clear when he's talking about those kinds of standards what it is that he means. On the one hand he talks about national standards and wraps himself up in the Canada Health Act, and in the very next breath he talks about: well, maybe I'll amend the Canada Health Act; I don't want Ottawa to tell me what to do. It must be difficult to be that confused about such an important public policy matter.

Thank you.

THE DEPUTY SPEAKER: The hon. minister.

MR. SMITH: Thank you very much, Mr. Speaker. I feel compelled to rise after almost falling asleep on my backside listening to the previous member's unreasoned debate to a reasoned amendment. In fact, it's to this amendment . . .

THE DEPUTY SPEAKER: It's not a reasoned amendment, hon. member.

MR. SMITH: Yeah. Okay. That's correct. It's not. Thank you for, as usual, that good guidance from yourself, sir.

I do feel compelled to comment on a couple of issues. One is that one part of the federal government, which is the top part, the Prime Minister, which I think is a reasonable place to start, has said: bring the bill forward; get the bill through; get the bill into a position where we can analyze it, and we can come back. The Premier has tabled ample correspondence from those individuals who seem to be able to make logical decisions at the federal level, namely the Prime Minister. It would seem to me that any holding back on the passage of this bill and any filibustering by this Liberal opposition is directly contrary to what outcome they would perceive to be important from the federal level. I know that the good-thinking members of that opposition will look towards expediting the passage of this bill such that it can get into the federal domain and such that it can be analyzed, as the federal government has put forward. So, Mr. Speaker, I heartily encourage all members, including the opposition,

to reject this amendment, because now I think that clearly it's pointed out that time is of the essence. We need to get this bill in a position where the federal government can comment on it.

4:10

After all, the work of the Premier here to put health care on the agenda in Alberta has had some interesting outcomes. In fact, it has exposed a facility fee-charging hospital in Montreal. It has exposed the export of patients in the Maritimes to U.S. facilities. It has exposed an operating specialty hospital in Toronto in Allan Rock's own riding. At one time he was an ardent jogger, when he was looking for *Globe and Mail* coverage, and he's probably jogged past that hospital on a number of occasions. He might even have had occasion to use it. Also, the Premier has exposed what's being taken on in Manitoba and what's being done at the Cambie hospital in Vancouver. In fact, by having the debate about Bill 11 and the debate about health care in Alberta, it's actually exposed the federal Liberal government for not looking after health care, for not being true to their own word, for not being responsible to the Canada Health Act.

What the Alberta government proposes to do is nothing in conflict with the principles of the Canada Health Act and is in fact occupying regulatory room that is not there. Mr. Speaker, if there were to be unbridled private health care in this province, you'd simply leave the accreditation to the College of Physicians and Surgeons and you'd wake up one day and find out, as we did with the previous health minister, now the Leader of the Opposition, that there are a number of private operating clinics. So this is open. It lays it on the table. We need to be expeditious in our debate on this bill and get it passed and get it in front of the federal level for discussions at that level.

So I know all members will join me in defeating this amendment and urging early passage of the bill. Thank you, Mr. Speaker.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased to rise and speak to this amendment today. I think it's a very wise and prudent amendment when you consider the fact that the Standing Committee on Law and Regulations is one of a number of committees that is enshrined within our Legislative Assembly rules, including other committees like privileges and elections, Public Accounts, Private Bills, Public Affairs, and the Alberta Heritage Savings Trust Fund, along with Legislative Offices.

Now, we see for almost all of those other committees, Mr. Speaker, a precedent that this Assembly uses those committees for their purpose of upholding public accountability, but in fact the Law and Regulations Committee, I believe – I stand to be corrected – has not met now for some years. It would seem to me that this amendment proposes a healthy opportunity for the engagement of this committee.

I'd like to prod the government this afternoon with a number of opinions and expert reports that in fact specifically talk about the regulatory risk that Bill 11 poses, citing first from the government's own report, which they chose to keep under wraps and hidden from the public, the report titled *The Public Purchase of Private Surgical Services: A Systematic Review of the Evidence on Efficiency and Equity*, interim report to Alberta Health and Wellness. In this report the authors told the government:

Not only will waiting lists be difficult to control [under the auspices of Bill 11] but the evidence indicates that forms of two-tierism are likely to arise if some regulations are not introduced. If there is no regulation to prevent the offering of 'enhanced' services in private facilities, simple market forces will ensure that such services are

offered. If patients start requesting such services, they will be offered, and, if surgeons start offering such services, they will be taken up. The forms of two-tierism that will result from this are, firstly, receipt of different quality services according to ability to pay and, secondly, likely receipt of 'enhanced' services quicker.

The authors go on to say:

The 'missing link' in proving anything conclusive about the association between work in the private sector and waiting lists is data on private sector [availability] of surgeons. It may be that this should be monitored in Alberta.

Something which we have not to date done.

Other possible regulatory measures to avoid two-tierism would be to (a) prevent working in both private and public hospitals . . .

Something which Bill 11 does not now do.

. . . (b) more relevant in Canada, prevent 'enhancement' of services (either by legislating against it or by ensuring that RHAs purchase upgraded as well as basic services).

Two primary examples right from the government's own research, Mr. Speaker, that explicitly suggest that the regulatory examination and contemplation of issues arising from Bill 11 must be considered, and there is no mechanism now in Bill 11 that allows this Legislative Assembly on behalf of its citizens to do that.

Now, further, let me speak to even more global implications relative to the current negotiations undertaken by the World Trade Organization and this government's involvement and preparation of submissions for that table. One of the items on the agenda both past and present has been the agreement on government procurement, which is backed up by an agreement on competition policy, the original policy being proposed by the United States and the European Union.

Citing from this analysis, the authors say that "it is essential for those opposed to the commercialization of health care not to be intimidated by the technicality of these issues." This is one area where the Law and Regulations Committee could in fact increase the public's understanding of the issues contained within Bill 11 and its application to NAFTA and the MAI.

The world's health care budgets are massive, amounting to billions and billions of dollars. From the standpoint of the WTO, why not, then, classify the health sector not only as a service industry, but also as a public procurement? One of the favourite methods used by the WTO to liberalize any sector is to reclassify it under a different category.

Now, speakers with expertise in this particular area – and I'm quoting a statement made by Robert Vastine, president of CSI, who gave a speech relative to the agreement on competition policy. He said: "The WTO members are being asked to consider making reforms to their regulatory regimes." We've never had any reports from the Minister of International and Intergovernmental Relations that indicate what Alberta has been asked to do in this regard, but here we have an industry president saying that "WTO members are being asked to consider making reforms to their regulatory regimes." "National regulations," he tells us, "should have four central attributes: adequacy, impartiality, least intrusiveness, and transparency." Needless to say, this gentleman is not demanding transparency of corporate practices or nonintrusiveness of transnational corporations. What in effect he means is what the competition policy means, and that is that parliaments, whatever legislation is under consideration, will have to issue regulations that are "adequate" and "impartial" towards business interests.

We have not in this Assembly had any information. Further, Mr. Speaker, we've never had a meeting of Law and Regulations to contemplate the complexity of issues that arises relative to Bill 11, creating a legislative standing, a legislative foot in the door, if you will, for transnational corporations who want to expand their market share in health care. That is why I believe this amendment this

afternoon is so timely and in fact resolves so many of the government's dilemmas.

The motion reads that we would in essence not continue to read the bill, "but that the order for second reading be discharged [and] the bill withdrawn," and subsequent to that, "the subject matter [would be] referred to the Standing Committee." What a perfect opportunity, Mr. Speaker, for the government to engage the public in the debate of Bill 11, something that they've been scurrying and skirting away from, engage the public in the debate about privatization of health care services in this province.

Granted they have spent a million dollars sending out material, which some have referred to as propaganda. They have spent thousands, probably hundreds of thousands more on human resources staff across the province and here in this Legislature to spin and articulate the countering messages on a daily basis. Everyday the opposition will get up and bring more reasoned analysis of this bill to the Assembly floor, and what we see is the members on the government side articulating their preauthored, prepared spins on how those analyses projected by the opposition don't apply. So, Mr. Speaker, rather than engaging in this expensive tit-for-tat dialogue, if you will, let's refer the bill to a standing committee of the Legislature, and let's have a real engagement of debate with the public on the proposal to privatize health care.

4:20

My third reference in citing this afternoon, Mr. Speaker, comes from A Legal Opinion Concerning NAFTA Investment and Services Disciplines and Bill 11: Proposals by Alberta to Privatize the Delivery of Certain Insured Health Care Services. This analysis is authored by Steven Shrybman, a solicitor in British Columbia. He offers the following analyses relating to regulations. I'm reading excerpts of what he said.

The following offers a summary of our opinion concerning these matters:

In many ways, the trade liberalization objectives of NAFTA are incompatible with policies that seek to exclude market forces in order to achieve other societal goals, such as the provision of universal and accessible publicly funded health care . . .

In negotiating NAFTA Canada failed to insist upon a broad exclusion for health care, relying instead upon the more limited protection of certain "reservations" (listed under NAFTA Annexes I and II) and on exceptions for government procurement and funding.

That would be the Conservative federal government at the time that was responsible for negotiating Canada's position on NAFTA.

Further, the author says:

The risks that privatization poses to the integrity of Canada's public health system have been well documented by more than one federal health minister and many others. The influence of NAFTA's investment and services rules will significantly exacerbate the problems already associated with privatization in three ways: [firstly] the rights accorded foreign investors and service providers under NAFTA limit government policy and regulatory options to a degree that is not true vis-a-vis domestic investors and service providers under Canadian law.

So, in essence, the government becomes the weakest link, Mr. Speaker. They are required, they are forced to dilute and weaken their regulatory and policy frameworks to such a degree that it does not constrain trade. Secondly,

the same is true with respect to the proprietary interests of foreign investors, which are accorded much greater protection than is available to Canadians under our statutory or common law,

in essence saying that the individual protections are no longer as great or as strong as those protections afforded by our legislation and law to corporate entities. Thirdly,

only foreign investors have recourse to the extraordinary and highly coercive enforcement machinery of NAFTA. We have already been able to observe the constraints on public policy that even the threat of investor-state claims can exert.

Now, Mr. Speaker, at this point I'd like to suggest that if somewhere in the bowels of the Legislature there's someone crafting a response to what I'm saying this afternoon, I would like to urge them to get an opinion from the U.S. trade representative's office that in fact the U.S. trade representative's office has absolutely no interest and will sign away its rights and any rights on behalf of any corporate entities to activate or utilize Bill 11 as an entry point into the Canadian health care system. Don't waste your time coming up with any sort of enlightened rhetoric that we haven't already heard in this Assembly. Simply phone down to the U.S. trade representative's office, kindly fax them a copy of Bill 11, and ask them to write back to us and indicate that absolutely in no way, shape, or fashion will Bill 11 be a mechanism that they will seek to utilize for establishment. [interjection] I'd ask the hon. Minister for International and Intergovernmental Relations if she would table that letter from the U.S. trade representative in this Assembly. I would be most appreciative and I'm sure the public of this province would be most appreciative of hearing that response.

I would just like to quote further from the opinion offered by Mr. Shrybman with respect to Bill 11's application to NAFTA and specifically again reference the legal concern that there are mechanisms and manners in which Bill 11 will reduce our regulatory and statutory powers in this province, once it is passed, to prevent the privatization of health care.

In contemplating the question, "Is Bill 11 consistent with NAFTA investment and services disciplines," the opinion responds:

In the event that Chapter 11 and 12 rules apply fully to Alberta's proposals there is a significant risk that the province's experiment would quickly escape whatever bounds it may have intended. Without the protection of Annex I and II reservations the province would lose important regulatory authority necessary to preserve the public, non-for-profit character of Canada's health care systems.

Again a reinforcement of the need for us to seriously contemplate the legislation and engage the standing committee.

Even the government's renowned daily of choice, the *Globe and Mail*, Mr. Speaker, has been cited as saying that Alberta will be the first province to entrench a large-scale private component in its public health care system. Even the Conservative king, if you will, in our press in this country is acknowledging the reality of Bill 11 and circulating that within its paper to the readership across this country.

This opinion is certainly most available to all members of the Assembly, and I would encourage as well that the hon. minister of health and the minister of international and intergovernmental affairs read the concerns that arise under NAFTA investment and services rules. There are a number of them, and I won't take the time of the Assembly this afternoon to go through them in detail.

I would like now to turn to a couple of other reasons, Mr. Speaker, why I think it's important to engage a standing committee and particularly the Standing Committee on Law and Regulations. We've all had in this Assembly a variety of correspondence and conversations, circulations, reports, research studies cross our desks, and I can speak for those members at least on this side of the House. We read those correspondence, reports and opinions, research, and there are a number of very sound and esteemed thinkers within our citizens in our province, and they have very strong beliefs and opinions about what Bill 11 will do.

One such group is the Seniors Community Health Council, a completely voluntary association, who took it upon themselves to publish a position paper on issues relating to a privatized health care

system. Now, I'm not aware that the government has responded at all to this well-intended group's position statement, nor have they given them any audience or any opportunity to express their concerns about this bill. A representative of the health council was invited to the public debate on Bill 11 that was held in Edmonton-Riverview just a short time ago and did provide some very astute analyses with respect to Bill 11, but I'm not sure that the government has in fact engaged such a group in discussion.

4:30

The Seniors Community Health Council paper speaks about their endorsement of the values that were embodied in the federal government's National Forum on Health report *Canada Health Action: Building on the Legacy*. They talk further and list a number of the common arguments utilized for privatization of the health care system. "People who can afford to pay for health care should not be denied the right to choose private health care." They provide just as an example, Mr. Speaker, a corresponding answer to that question.

If the health care system meets the standards envisioned by the majority of Canadians, such as comprehensiveness, good quality . . . accessibility, people should not need or want to pay privately for health care. This approach violates the first principle of the Canada Health Act, that health care [should be and] shall be universally available. It supports the rights of the individual over consideration for the welfare of [its] citizens. A private health care system would allow some people to "jump the queue", and [others] will suffer as a result.

I'd like to commend the seniors health council on their paper and recognize them this afternoon in this debate.

I'd also like to recognize Bishop Fred Henry, who has also sounded some concern relative to Bill 11 and its application and has written about this subject in Calgary. Mr. Speaker, despite the highly respected and honoured position that Bishop Henry holds in our community in Calgary, he's been subjected to some, what I would say, highly questionable retorts from this government. I regret that I cannot provide the excerpts of his comments this afternoon but perhaps at a later time.

Thank you for permitting me to comment today.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Strathcona, followed by Edmonton-Centre.

DR. PANNU: Thank you, Mr. Speaker. I rise to speak to the notice of amendment before us. I want to speak in favour of this amendment. I want to start by noting that this Bill 11 has received the unprecedented attention of Albertans. In my 40 years in this province I have not seen any other bill that's ever come before this Assembly to have roused such serious concerns among Albertans.

Albertans have expressed their concerns in many, many different ways. We have seen on the steps of the Legislature since the bill was introduced a month and a half ago, more or less, a citizens' vigil on a regular basis. Students, young people, parents with babies in their arms, grandparents, physicians retired and working all have come here regularly to express their concerns to us, called on us to listen to them before proceeding with this bill. Tens of thousands of signatures on petitions have been tabled in this House, and those petitions continue to be tabled day after day after day. I just submitted to the Premier's office last week 4,000 cards sent to me by Albertans and another 4,000 or 5,000 are yet waiting to be delivered to the Premier's office saying no to Bill 11 in its present form. Letters, e-mails, phone calls, visits to our constituency offices – and I know that all of my colleagues in the Assembly have been hearing from their constituents. These concerns have been expressed so frequently and in such large numbers that they can't simply be ignored.

[The Speaker in the chair]

High school students, university students, junior high school students are getting involved in the debate on Bill 11. Last Friday I had the opportunity to attend a high school forum on Bill 11 at Harry Ainlay high school in the city. The Minister of Justice, who represents that area, was also on the panel. What we are hearing from these young people who will be eligible to vote in the next general election is: don't proceed with this bill unless you have answered our questions, unless we have had a chance to substantively participate in shaping and changing the direction in which we might want to go with respect to health care in Alberta and the future of medicare in Canada.

Mr. Speaker, Albertans want to participate not only by way of letters and e-mails, which are written in the privacy of one's office or home or kitchen to any one of us, but they also want to get together in some forum where they can share with us their concerns about the changes that Bill 11 proposes to make, and they see those changes as radical changes, not minor changes. Radical changes. They fear those changes because they see them as a radical restructuring of our public health care system. So they want to be able to tell us members of this Assembly and the government of Alberta about their concerns, about what they don't like about the bill, about what they fear most if this bill is rushed through this Assembly, and they also want to share with us their hopes about the future of public health care in this province and in this country.

Eminent physicians at the universities, at some of the best hospitals that we have, physician staff associations, the AMA, nurses' associations and organizations are all calling on us to stop at this point and listen to all of them. Without their understanding of what this bill is trying to do to our health care system, to our hospital system, we simply cannot operate. These are frontline health care workers that we must trust, that we must be able to rely on for their co-operation if we are to deliver these most necessary services to Albertans.

This amendment, Mr. Speaker, I think will provide that opportunity. The amendment proposes that the bill be withdrawn at second reading and the subject matter at hand be referred to the Standing Committee on Law and Regulations. I think that's an eminently sensible proposal.

Mr. Speaker, I had the opportunity two years ago as a member of an all-party public hearings committee on justice to go around the province listening to Albertans. We spent several months doing that. We held over a dozen and a half meetings all over the province. Albertans welcomed the opportunity at every stop that we made in a small town or a big city. Albertans who came to these hearings thanked us for giving them the opportunity so they could have an impact on shaping the future of the justice system in our province.

4:40

I was deeply impressed and moved by the intense interest that we encountered but also was impressed by the wisdom and the balanced inputs that we received from them. Some of our own misconceptions about what the concerns of Albertans, broadly speaking, might be about justice had to be revised as a result of this. The committee then was able to produce a report that I think certainly won the respect of this Assembly and Albertans. So here's a process that can be used as a model, as a template by this committee for it to have the opportunity to invite Albertans to participate to review with this committee the concerns and the subject matter of Bill 11.

Mr. Speaker, this amendment provides this House with an opportunity that we must not lose. We should give unanimous consent. We need to re-establish a consensus in this province on this

most important and vital of issues. Why would we not take this course of action when even the Premier received a letter from Mr. Rock, the Minister of Health, today expressing the need to seek clarifications, to in fact engage in further dialogue with Ottawa on the genuine concerns that may have been expressed by Mr. Rock however belatedly in his latest letter? If the Premier is willing to go out of the province to Ottawa to listen to the federal government, why would we not want to be even more eager to listen to Albertans? Albertans are the ones that are going to be impacted most and the first ones to be impacted by the privatization agenda of this bill. I think it's about time we respected Albertans and their concerns and said to them: we are here to listen to you.

As I've gone around the province, Mr. Speaker, from small towns to Calgary, Lethbridge, Lac La Biche, St. Paul, and other places, people are expressing more than just concerns about the economic aspects of this proposed privatization agenda. They're also expressing important ethical concerns about Bill 11, and I would like to take the next five to 10 minutes to share some of these concerns with my colleagues in the Assembly. Bill 11 raises some fundamental ethical concerns. Let me just share with you a few.

AN HON. MEMBER: Get back to the amendment.

DR. PANNU: The amendment will give the opportunity to this Assembly to listen to these concerns, and that's why these concerns become part of my remarks on speaking on the amendment and speaking in favour of this amendment.

Health care, Mr. Speaker, always involves the core values of a people, of a society, of a community. The reason for that is that health care interactions typically arise in the most poignant moments of human lives: births, deaths, illness, injury, pain, and amid the tension between fear and hope. Further, moderately good health is an essential prerequisite to engage in education, productive work, taking care of others, and other important human undertakings. Everybody thus has an interest in good health and in an effective and accessible health care system, and I know that all of us agree on this. All of us in the Assembly regardless of party lines agree on the significance of health and good health care for all of us.

The Premier's words that he used in his leading speech on the second reading of Bill 11 still ring in my ears. He said: "We all agree that it's important. We all have families. We have children. We have parents. We have community members, all of whom share these concerns with us as human beings. We are vulnerable to illness, to disease, and therefore we need health care." I agree with the Premier on that. If that is the case, then we must take into consideration the very basic values that should form a health care system and the ethical concerns that Albertans are raising, driven by the commitment to those core values.

What are those values, Mr. Speaker? Values that are central to health care include but are not limited to nonmaleficence, the avoidance of harm; beneficence, the promotion of good; justice; respect for persons; respect for autonomy; trust; honesty; care; accountability; protection of the most vulnerable; balancing of individual and common interests; and the avoidance of conflict of interest. Health care reform is so difficult, not merely because it presents a practical challenge — and it does — but because so many of our core human values are called into play. That's why it's so easily understandable why so many Albertans are concerned about the future of health care, given the agenda of privatization that Bill 11 includes.

Let me talk quickly for the couple of minutes remaining about the nonmaleficence issue, the above all do no harm kind of caveat. The Hippocratic oath traditionally taken by physicians and adopted in

principle by most other health care professionals requires that great care be taken not to leave the patient worse off than they were before. Why would someone have to stay overnight after surgery rather than go home the same day, Mr. Speaker? The answer is that the surgery was so invasive or difficult that the patient is at risk of serious complications that may require immediate medical attention.

The complications of surgery can affect any part of the body and may include neurological problems from the anesthetic; vascular problems such as embolisms, air bubbles that is, or blood clots that may cause a heart attack, stroke, or other major organ complication; difficulty breathing; pinched nerves from blood clots pressing on nerves; internal bleeding; allergic reactions to anesthetics or other medications; et cetera. It does no good merely to notice that a patient is suffering postsurgical complications. Immediate intervention may be needed to protect the patient's health or even to save his or her life.

Any facility that does surgery complicated enough to require an overnight stay will therefore require a full array of health care specialists to address any complication, and all these caregivers must be available 24 hours, seven days a week. What's needed is a full hospital staff, hardly affordable on the budget of a small, private surgical centre that aims to provide profits to shareholders. A hospital is a hospital. If it isn't a properly staffed and equipped hospital, it shouldn't be doing surgery requiring overnight stays.

Mr. Jim Dinning, chair of the Calgary regional health authority, has suggested that dedicated surgical centres will not require fully equipped operating rooms to deal with all sorts of surgery and thus will save money. This restriction would be reasonable for truly unrelated conditions such as burns or obstetric emergency. However, postoperative complications may take many forms. If facilities are not fully equipped for that wide variety of needs, then that facility is unable to attend to the postsurgical complications that will undoubtedly arise for some patients. Being purposely under-equipped is a danger to the health of patients and thus is ethically unacceptable.

4:50

The College of Physicians and Surgeons, Mr. Speaker, has rightly indicated . . .

### **Speaker's Ruling Relevance**

THE SPEAKER: Excuse me, hon. member. We are on the amendment. It strikes me that the hon. member is doing almost a clause-by-clause review of Bill 11. The debate before the Assembly at this point in time is the amendment.

DR. PANNU: Thank you, Mr. Speaker. I'm just about to conclude and wind up in any case, but I certainly was speaking to the amendment, because the amendment, as I suggested, would provide a forum for public hearings at which these issues must be discussed. We cannot simply brush them aside.

### **Debate Continued**

DR. PANNU: So, Mr. Speaker, moving towards the conclusion, the college has indicated that stand-alone surgical centres would likely not be approved to do hip replacement surgeries and others requiring overnight stays. In short, a full-service hospital is needed to provide postoperative care. Many hospitals are insufficient. It would violate the most fundamental principle of health care, do no harm or do not make matters worse, to perform nonemergency surgery that leaves the patient with unattended and potentially life-threatening complications. The objection by the major health care provider unions and associations reflects this commitment to the partners' good.

Let me conclude, then, by saying that I support this amendment, and I certainly would call on my colleagues in the Assembly to give their support to this amendment. Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Edmonton-Centre. Again I want to reiterate that we have an amendment before the Assembly, that "the subject matter [be] referred to the Standing Committee on Law and Regulations," and that basically is the gist of the amendment as far as the chair can understand it.

MS BLAKEMAN: Thank you, Mr. Speaker, for your wise direction and advice. I am really glad of the opportunity to rise in support of this amendment, which is essentially that

Bill 11 . . . be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

I was very interested in listening to my colleague the Member for Edmonton-Strathcona talk about the potential, if this amendment is successful and in fact the bill is referred to the Standing Committee on Law and Regulations, for public consultation or public input. He used as an example his experiences on the justice committee consultations. To be honest, that hadn't occurred to me, that that would be a possibility under this process, but in fact I think it's a very good one.

For any of us that have been involved in public consultations or open forums or speeches where people have asked us to come out into the community, you do get people who feel very strongly and seem to want to do what is essentially a testimonial, but inside that testimonial, if you listen carefully, is both a fear and a misunderstanding, a seeking of information, and an opinion about Alberta's public health care system. So I'm in favour of this amendment referring the bill to the Standing Committee on Law and Regulations.

I think it would be valuable for all of us, members of this Assembly and Albertans, to take a step back and look at this calmly, to bring together all the information and reports and studies that have been dug up or brought forward and be able to give some real concerted, concentrated study to this bill, because what I see is the public asking for real information. Certainly I've had a number of letters where they're saying: this is rhetoric; it's not answering our questions; we just keep hearing the same thing over and over again. They're looking for an opportunity for some really clear exchange of ideas, such as we could be having from the Standing Committee on Law and Regulations. I think that referral to this committee would allow us a more in-depth look at the proposals that are in this bill.

What is it that people don't seem to understand? What is it that we could be sorting out or looking at in a more intimate way in this committee? One of the things that people say is: well, how exactly would the queue-jumping be stopped by this bill? I say: I don't know, because all the bill says is that there will be no queue-jumping but does nothing to address how that would be stopped. There's nothing set out in the bill beyond the commandment thou shalt not queue-jump.

Then they say: well, is there queue-jumping going on now? Yes, of course we know there's queue-jumping going on now, and it's even said now that there is no queue-jumping. But, in fact, we know it's happening, and I'd like to see a referral to the committee so that we could sort out some of these inconsistencies.

What exactly is anticipated aside from the statement that there will be no queue-jumping? What is anticipated to stop the queue-jumping? There has to be some detail in the bill or some consideration from the government on the specifics of how this would be done, and that's not available at this time.



I'd like the committee to look at the bill stating that there will be no sale of enhanced services and then going on to detail how enhanced services can be sold with an agreement and all the rest of that. That's certainly something that's been raised, I'm sure, with every member in the Legislature. Again, how can that be? It says that there's no sale of enhanced services, and then it goes on to detail how that could be done.

I want to support this amendment to refer the bill to the committee to be able to look more clearly and in depth at other examples that are before us in the world. The government often references the Shouldice clinic, but then when you really look at that, it's not applicable here. Shouldice was grandfathered before the Canada Health Act, and they have a very restrictive bill that they operate under.

Saskatchewan has been referenced, but in the Saskatchewan bill it specifically excludes the sale of any extras. I for one would like it clarified in a very thorough manner by the government why they're referencing, for example, those two things, because it doesn't help me to understand how the government believes this is going to solve their problem.

I was on my feet in this Assembly last week showing that Ontario had passed legislation to close two private hospitals and was quoting the minister saying that he was doing it to save public health care. So we're ending up with a lot of statements, a lot of information out there. In some cases they absolutely contradict one another. In others there are gaps in information left, and I'd like to see the bill referred to the Standing Committee on Law and Regulations to be able to work some of this out, and I do like the idea of being able to involve the public in it more.

I notice that the Premier has said that the primary motive in introducing Bill 11 was to cut waiting lists, but inquiring minds still want to know how. There's still no concrete information that shows how this is going to happen or demonstrations of where it's happened in other parts of the world where it's been successful. We've got examples from Australia and New Zealand, where it hasn't been successful. Where are the demonstrations of where it has been successful?

DR. TAYLOR: We're going to be the leaders and do something new.

MS BLAKEMAN: The Member for Cypress . . . I can never remember his name.

THE SPEAKER: Actually, it's the Minister of Innovation and Science, and he's out of order.

MS BLAKEMAN: Thank you, Mr. Speaker. I was going to say that I agreed with him that we were moving into something new. The way I had it was that it was uncharted territory.

I think many members here have spoken that we recognize that there needs to be some legislation that does in fact regulate private hospitals, that does regulate private clinics, that does regulate the relationship and our concept of public health care when we start mixing it with a profit-motivated entrepreneurial relationship. I would like that explored more if this bill could be referred to the Standing Committee on Law and Regulations.

5:00

I think that's an opportunity for the government to produce any studies that they have. I know there have been a few tablings, but I think some of them were fairly antiquated, written in the '70s or referring to statistics from the '70s, so I'm sure that in the meantime

the government will have been able to come up with – I hope they can – newer studies or perhaps even the fulfillment of the interim report that was tabled here earlier. At least the government referred to it as an interim report that they had commissioned through an institute. So the point I'm trying to make in this is that we need the referral to that committee to bring all of this information out and to be able to sort through it, separate the wheat from the chaff, and be able to have a rhetoric-free discussion about it, if that's possible.

I have always been in favour of referrals to the Standing Committee on Law and Regulations because it is a public process. As a member who sits on the Public Accounts Committee, I fondly refer to people that attend and sit in the galleries to watch us as fun seekers and sports fans. It's really heartening to see the public coming out to watch the committee work, which is where I think a lot of the real work does get done. It is a more informal setting but also a more intense setting.

AN HON. MEMBER: There are none up there.

MS BLAKEMAN: That's okay. They'll come. I know that if this Bill 11 was referred to the Standing Committee on Law and Regulations, they would come. There would be people in both galleries, because they would be so interested, and they would be able to see all of those points brought out and discussed in a give-and-take style of debate.

MR. PASZKOWSKI: They could be here today.

MS BLAKEMAN: They could, and I would encourage anyone that's reading *Hansard* at [www.assembly.ab.ca](http://www.assembly.ab.ca) to please be following all of the debates in *Hansard* and certainly invite anyone reading it to come down and join us.

So we have a different situation, a different setup in the standing legislative committees, which does allow a different process to be in place that I think would be very helpful to this debate of public and private health care in Alberta. Certainly it's got a lot more of the give-and-take, a question and an answer. If an answer can't be provided on the spot, it can be provided in written form at a later date.

I mentioned some of the studies or issues that have been brought forward that I would like to see incorporated into the process of looking at this bill in the Standing Committee on Law and Regulations, but a few of the other ones I'm interested in are the reports by the American Medical Association, the J. Dossetor Health Ethics Centre, the department of Public Health Sciences, Health Law Institute, the Institute of Health Economics, the Consumers' Association of Canada study on the private clinics. There have been a number of papers, I am aware, that have been presented, I think, to the special private committees that the government has that nobody else gets to go to: special standing policy committees. Dr. Donna Wilson presented to some of those. Certainly we've had some very interesting papers brought forward from Professor Richard Plain and also Kevin Taft and Gillian Stewart.

So, very briefly, that is a short list of the long list of information that is now available to us to consider and to be able to look at these things in detail and get away from a rhetoric style of debate: I say this, you say that, and we both disagree.

The other thing I'd be interested in is the regulations. This is the Standing Committee on Law and Regulations that we're talking about, referring this bill for what the amendment is advocating, and it would also allow us to look at regulations for this bill. I'm thinking immediately of the consternation that's been caused over the years with the condominium amendment act. Now, there's an

example of where legislation was passed in this Assembly which had a huge body of regulations that were needed to support it, and in fact in the end they were not able to successfully complete the regulations, and that was for the condominium amendment act, 1996. It was never proclaimed.

Now we have another amendment act in front of us, and it will end up, I would hope, going to Law and Regulations to have a look at the regulations to support that bill. When I look at that experience – and that was about a condominium act – the issue of public health care is larger than that, and it makes me afraid for what kind of regulations we would have to effectively put in place to support a bill like Bill 11. So there's an opportunity to be doing that sort of work if we refer to the Standing Committee on Law and Regulations.

Part of what I'm interested in – and the Minister of Innovation and Science did refer to it earlier – is that this is new. This is uncharted territory. I guess I have to agree to disagree with the members opposite, because I would prefer to see more thought go into where we're going with this rather than just leaping in, rather than the Jim Dinning risk-is-better school of management. We do know that there are some other places in the world that have attempted a system not exactly like what the Alberta government is proposing but similar enough. I would like to look at those in the context of this committee to see if there are lessons that can be learned, whether there was anything that could be pulled from it that did work. I've heard it described as disastrous and never go there again, but still there might be lessons we could learn even from the mistakes of the Australian and New Zealand experiences.

There are a number of other areas of issues that I would like to see addressed by this committee if we're able to refer it. What about the issues of private clinics in training? If we move to a system where private clinics are providing 60 percent, 70 percent, 40 percent, whatever, of surgeries in a given field, I'd like to know if there have been any studies or any attempt to look at how that affects the opportunities for residents; that is, doctors who have yet to complete their practicum? How does that affect residents' ability to complete that practicum, to get in the required number of hours or the required number of surgeries for them to get their certification?

My brief look at that tells me that the private clinics are not keen on having residents in, and in fact I can't find an example of where they do. Perhaps that's something that could be worked on if we're able to refer to the Standing Committee on Law and Regulations and get some private operators in here to explain whether or not they're interested in upholding that system that we have of practicum placements or residents in hospital settings. You know, time is money in the business sector, and I think there's a real reluctance or perhaps a total negation of the concept of being willing to slow down and allow a resident to watch what is going on enough to learn or perhaps to even slow it down enough to let a resident take a try. We understand that's going to take more time. It does slow down the procedure, and perhaps you can't, you know, do one every 10 minutes. I'd like to hear from the private operators what their attitude towards that is.

5:10

I'd also like to hear from the private, for-profit clinics and hospitals or surgical facilities or however we want to talk about these: where does the idea of preventative medicine come in? What we've talked about so far has been essentially acute care. It's been addressing something where there's a real problem, whether it needs to be some sort of surgery in most cases or some sort of direct treatment.

How, then, does prevention work into any of this? Is prevention left totally to the public system? How does the public system cope

with that then? It's more difficult on an annual basis to show some sort of performance outcome. I also have to start to question that because it seems to me that it is in the best interests of the private, for-profit operators to have people be sick, because they make money when people are sick. So what is their commitment to prevention or to wellness models? It strikes me that it would be very little. I'm more than willing to listen, but I can't listen to that sort of information in this context. Once again, that's why I'm supporting this amendment put forward by my colleague from Edmonton-Manning to refer this bill to the Standing Committee on Law and Regulations.

I think people have developed very strong feelings, and to a certain extent there's a matter of pride and reputation that's involved in the debate about this now. I've noticed the level of hostility rise, the name-calling, and it has been name-calling on and off the record. I would like to see in this debate everybody take a deep breath, stay calm, and actually start to talk about this. [interjections] And there we go. Indeed I have engaged people to more hostility, but I don't hear the name-calling yet.

I think the point is that I hope we would all be attempting to develop and to move forward into the future with a better health care system. There are real questions about whether Bill 11 is it, and I still want to see that debate happen.

I take it my time is over. Thank you.

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

MR. BONNER: Thank you very much, Mr. Speaker. I'm pleased to rise this afternoon and speak to the notice of amendment on Bill 11, the Health Care Protection Act. This amendment was moved by my colleague the Member for Edmonton-Manning: that the motion for second reading of Bill 11, the Health Care Protection Act, be amended by deleting all the words after "that" and substituting the following:

Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

I want to commend him for proposing this amendment right now. I think Albertans are skeptical about the direction this government not only is going but has pursued over the last number of years. We have heard in this House how drastic cuts in health care occurred without a plan. We have heard of the 90-day fix of our health care system on more than one occasion by the Premier. So I think that by referring this bill and the studies that are currently being done to the Standing Committee on Law and Regulations, Albertans will get clear and concise information on a bill that beyond a doubt is the most important bill that we have debated in this Legislature for some time. Now, that is not to say that what we do in here is not important. All bills are important, but here we are speaking to an amendment to Bill 11, an amendment that I strongly favour.

We heard earlier how the Member for Calgary-Varsity wanted us to expeditiously pass this bill, but Albertans are telling us that they don't want this passed expeditiously. What they want is information. They want information. Regardless of this million dollar plus promotion that has been put out, this PR exercise by this government, Albertans are not buying in.

So we do require this amendment, Mr. Speaker. We require it for Albertans. They have spoken out against this bill in so many different ways. We know, for example, that we have had on a regular basis many, many demonstrations on the steps of this Legislature. These demonstrations have been by all Albertans. It doesn't matter the age, sex, whatever. They are extremely con-

cerned about Bill 11, and they are seeking information. They come to this place, this building, the symbol of free speech here in the province, to get information, and they want that information. By referring this to the Standing Committee on Law and Regulations, they will have the opportunity to gather information, to complete and get the final copy of the interim report which was prepared and which outlines so many shortcomings of this particular bill.

Now, as well, Mr. Speaker, Albertans are very concerned about this particular bill, and the reason why we need this amendment is because of all the information that has been tabled in this Legislature. There is very little that supports this issue that we must rush headlong into expanding the role of private providers in our health care system. They have indicated that through a number of different ways, not only by demonstrations, but many, many letters have been sent to all of us in this Legislature.

Each morning when I check my e-mails, I have at least 25 e-mails, many from call.com, I believe it is, but I also get a number of e-mails from constituents. I get a number of e-mails that are sent to me from individuals across this province. All of them are having a great amount of difficulty understanding why we need Bill 11. So research certainly would help us get a clear understanding of exactly what is in Bill 11, and it would also help Albertans in making up their minds, because at present they do not support this bill.

Now, then, when we look at referring this for further study, we are hopefully going to provide a piece of legislation which will clearly protect our public health system. We need a lot of assistance in protecting our public health system, because, Mr. Speaker, as this bill currently is, it doesn't do that. The government sees this opportunity to try and push it through, but one thing they did not count on was how dearly Albertans treasure their public health care.

5:20

As I mentioned earlier, the hon. Member for Calgary-Varsity certainly did want this pushed through expeditiously, but we want further study. We want further debate. We want Albertans to have a clear indication of what this bill is about. We are not frightened of further research. We are certainly not worried about any reports that are presented here on the floor of this Legislature from countries that have tried this experiment.

We look, for example, at similar experiments that have happened in the health care systems in the Australian states of Western Australia, South Australia, and Victoria. These were disasters. We have seen how this radical new approach that was taken in New Zealand, where we had it privatized and which was the model for the direction that this government went, has proven to be such a failure, and of course we all know what happened to that particular government and what the people of New Zealand thought about this. So we do require a study, and the place for that study to occur is, of course, the standing committee.

Now, we look at the composition of the standing committee and why it is appropriate that each one on that committee should do a careful study of the issues that have been identified by the Alberta Medical Association. These issues have been identified by the John Dossetor Health Ethics Centre, the department of Public Health Sciences, the Health Law Institute, the Institute of Health Economics at the University of Alberta. This just continues, Mr. Speaker. The impacts of this bill on every facet of the lives of Albertans is critical, so yes, we certainly do support a full study of the effects of this.

I look at one area in particular, the administration of claims, for example. We'll look at these in American dollars. To administer a claim in the United States costs somewhere between \$1,200 and \$1,300 per capita just in administration costs. Now, if we convert our Canadian dollars into U.S. so that we can compare apples to

apples and oranges to oranges, those costs here in our publicly administered health care system are only \$250 per capita. So this is quite a difference.

I keep hearing all these references back to when Nancy Betkowski was minister of health, but I never hear what's happened since 1992. All we have heard since 1992 is from Albertans on how a public health care system that was serving their needs so well has been starved. The number of dollars per capita have been decreased immensely, and when we look at statistics, statistics that are very accurate, from 1985 to 1992 the average per capita cost for health care in this province hovered around \$1,300. Now, in 1995 these costs were down, I believe, under \$1,200 per capita. [interjections] We keep hearing people talking about this amendment. Well, costs per capita, Mr. Speaker, are a very, very important area of study that must be looked at in order that we can present something to Albertans that is meaningful.

MRS. McCLELLAN: Try \$1,666 per capita.

MR. BONNER: I look forward to the minister entering debate later, and I certainly hope you do have the opportunity.

The one thing, Mr. Speaker, that Albertans realize is that there is no free lunch here. We have to pay for our health care whether we go to a public or a private system. Albertans realize that if they do put money into a public system, the costs of all medical procedures are shared across that system, and the dollars stay in the system.

MS CARLSON: They don't seem to understand that.

MR. BONNER: Well, right; they don't understand that. They also don't understand that of those dollars that go into the private system, 15 percent are profits. They are removed from the system.

MS CARLSON: At least 15 percent, more if they can increase it.

MR. BONNER: At least 15 percent. Right. They require 15 percent to make a go of it.

Therefore, Mr. Speaker, our public health care taxpayer dollars that are put into that private system, once they are removed for profits, are gone. Probably they are gone, some of them, not only out of the public health care system, but they are also gone out of this province, and I'm sure in some cases some of those profits will be gone of this country. So, yes, Albertans are very concerned about how their public taxpayer dollars are being spent, and yes, it is a very important part of this amendment that those things are studied.

MS CARLSON: And not just by MLAs but by the lawyers who will be referencing that particular committee.

MR. BONNER: Right. There are many people that do have to reference this. [interjection] I'd like to tell the hon. Member for Whitecourt-St. Anne that, yes, I am planning on coming back to debate this evening.

MS CARLSON: Well, in light of that, you could adjourn now.

MR. BONNER: Yes. In light of that, Mr. Speaker, I could adjourn now, but I will use my time here now, because I think it's so very, very important that we do talk about this.

I know that the hon. Member for Whitecourt-St. Anne is totally responsible when it comes to costs here in the province and how our taxpayer dollars are spent. I think he was an excellent choice to be chairman of the Alberta Heritage Savings Trust Fund Committee,

and he is doing a marvelous job there. I enjoy sitting on that committee with him and listening to his wisdom. I know that he is very, very concerned at this point that my comments are very well thought out and that they will serve the people of Alberta in the same

way that he serves this province with his watchful eye on all those billions of dollars.

[The Assembly adjourned at 5:30 p.m.]