Legislative Assembly of Alberta

Title: **Tuesday, April 11, 2000 8:00 p.m.**
Date: 00/04/11
[The Speaker in the chair]

THE SPEAKER: Please be seated. Hon. members, prior to recognizing the hon. Member for Edmonton-Norwood, which we will do momentarily, might we revert briefly to Introduction of Guests?

HON. MEMBERS: Agreed.

THE SPEAKER: The hon. Deputy Speaker, Member for Highwood, and Rotarian.

head: Introduction of Guests

MR. TANNAS: Thank you, Mr. Speaker. I'm delighted this evening to introduce to you and through you to members of the Assembly this evening 13 Rotarians and Rotary Anns and an exchange student who are seated in the Speaker's gallery. They are all from the Barrhead Rotary Club. They are Edwin and Christine Haltiner, Sara Haltiner, Don and Donna Meunier, Graham and Elaine Anderson, Vern and Donna Stocking, Patricia Shepherd, Sarah Crowfoot, Dr. Charles Godberson, and Deca Ambrosi, an exchange student from the fine country of Brazil. I would ask them all to rise to receive the warm traditional welcome of this Assembly.

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

MR. WHITE: Thank you, Mr. Speaker. I, too, have some special guests in the gallery this evening. We have Lieutenant Kjosness and seven of her charges in the 395 air cadet squadron of the city of Edmonton. If they would be so kind as to rise and have the members give the traditional welcome.

head: Government Bills and Orders
head: Second Reading

Bill 11
Health Care Protection Act

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

[Adjourned debate April 11: Ms Olsen]

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

MS OLSEN: Thank you, Mr. Speaker. I want to go back to my topic of democracy and speaking about this motion to close down debate at second reading.

[The Deputy Speaker in the chair]

Mr. Speaker, it seems like our Premier has a bit of a bad habit and this government has a bad habit. It seems that they have a huge addiction to closure. You know, closure 26 times since '93 is a significant number of times.

What the Deputy Government House Leader did last night was effectively bring in closure under another name. It's unfortunate, because we, as I said, have one of the most significant debates before us. It is in fact the most important debate we've had in this Legislature since I've been elected. I clearly don't understand why this government would want to do this given that this is the most important bill they've debated in an awfully long time. I'm not sure what the intent of it is, but I certainly know there are a number of people that need to speak to the principle of second reading, and that's just not going to happen.

Interestingly enough, we've talked a little bit about private health care, and this isn't a private health care bill, but I heard the junior minister of health on CKUA this morning. The junior minister was talking about the issue of enhanced services, and he said: well, you know, if we can have enhanced services now within a public system, why can't we have it within the . . .

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader rising on a point of order.

Point of Order
Referring to Proper Titles

MR. HAVELOCK: Thank you. I'll be very brief, Mr. Speaker, but to ensure that we don't have a recurrence of what happened last night, perhaps you can encourage the hon. members across the way to refer to members in this House by their correct names. There is no junior minister of health. There is an Associate Minister of Health and Wellness.

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

MS OLSEN: I have no desire to speak on the point of order.

THE DEPUTY SPEAKER: I'm sorry; I don't understand what you're saying.

MS OLSEN: I have no desire to speak to the point of order. I'd like to get on to my debate.

THE DEPUTY SPEAKER: Oh. Well, okay then.

I think what we wanted to say here is that when you start referring to people by other than their proper title, then that's inflammatory and leads to debate. So if you want to refer to an hon. minister, please do so in the proper way. That is only the parliamentary way. Referring to him as anything else – Mickey Mouse, junior, or whatever – is really improper and unworthy.

Do you have any desire now to enter into this?

MS OLSEN: No. I'll continue on with my debate, thank you. I heed your advice, Mr. Speaker.

THE DEPUTY SPEAKER: I'm just trying to understand where the hon. member is coming from. If we're going to characterize each other with all kinds of things other than the proper way to address in this House, then it's going to just degenerate into catcalling and all the rest of it. Do you have an understanding that there isn't a junior minister? We have hon. members. We have ministers. We have associate ministers. We have leaders of the opposition. We have House leaders of the opposition. We have House leaders here in the Legislature. Do you understand that, hon. member?

MS OLSEN: As I said, Mr. Speaker, I take your advice, and I heed your advice.

THE DEPUTY SPEAKER: Okay.

The hon. Member for Edmonton-Norwood.

Debate Continued

MS OLSEN: Thank you, Mr. Speaker. To go back, I'm listening to the radio this morning, and I hear the associate minister of health speaking about private hospitals. He says: you know, if we can have enhanced services in the public system, why can't we have it within a private system? Well, I think that's clear. I think that's the reason we're here, is it not? If you have it in a private system, that means somebody's pocketing the dough; right? So any money over and beyond the cost of an enhanced service goes into a private entity; it doesn't go into the public system. So I'm not sure where his logic was. I'm never sure from time to time where his logic is.

We don't believe in for-profit hospitals: I understand the Premier said that over and over and over again. Then I listened to something that I believe is very misguided logic. So I need to know: do we believe in private hospitals, and do we, then, say it's okay for doctors and other entities to make money in this manner? I'm under the impression that that's not what's in Bill 11, but I sure heard that from the associate minister, the Member for Edmonton-Mill Creek. The Canada Health Act doesn't allow for that, Mr. Speaker. So what he maybe is asking and suggesting is wrong, because the Canada Health Act doesn't allow for it.

I see a lot of misguidance. All the more reason to refer this bill to a committee, as my hon. colleague from Edmonton-Manning suggested yesterday. I mean, let's face it. We have so many folks over on the other side: some people don't understand the bill, and somebody thinks it means something that it's not saying, and they make public statements about it. We don't know where others are coming from. So clearly a debate, like they do in the House of Commons, Mr. Speaker, where they take a particularly contentious bill such as this and then all parties sit down and scrutinize that bill – that's what we should be doing. That's what we should be doing, and that's what would serve Albertans better than ramming this bill through and bringing in this form of closure today.

Carrying on from there, we also have the issue of what I believe is misrepresentation, Mr. Speaker. I get offended when I hear things being twisted and I hear things being said that clearly misrepresent statements. I'm going to give you a few examples right here. Yesterday, as reported in the press, Mr. Premier said that he found it hard to reconcile Mr. Rock's proposed changes with Mr. Chretien's message, which the Premier interprets as: go ahead and pass the bill. That's what he's saying Mr. Chretien has said.

Well, clearly, if we refer to the document that was tabled in this Legislature, the Prime Minister of Canada's letter to this Premier states:

> As for Bill 11, I understand that the legislation is still being debated and you may be considering amendments. With this in mind, we have some concerns about the potential long-term implications of the current draft bill, which could be addressed through amendments. I understand that the Honourable Allan Rock is sending a letter to the Honourable Halvar Jonson in which Mr. Rock outlines these concerns. I trust that you will welcome his suggestions in the spirit of constructive dialogue which characterized our meeting in Calgary.

A little bit different than the Premier reporting that the Prime Minister says: pass this bill. I don't think so. A true misrepresentation, Mr. Speaker.

8:10

I also look at the issues outlined in this particular bill by the hon. federal Health minister. He does have concerns about overnight stays, and he does outline in here, Mr. Speaker, specifically what the Saskatchewan legislation and the Ontario legislation say, and it isn't the twist that's given by this government. Clearly, they do not allow for enhanced services. I would suggest that members of the public get hold of these documents that have been tabled, because this Premier and this government, as far as I'm concerned, are twisting the words of the federal Prime Minister.

Let's be up front and honest. You want us all to lay the information on the table. Let's not misrepresent it. Let's not misrepresent all the studies that have been laid on the table. The World Health Organization: we've done that. The Institute of Health Economics report by Dr. Cam Donaldson: let's not misrepresent that either. The only thing they're waiting for in that particular document is the 54 studies that they used and wanted for their report. I mean, that's a study they're standing behind, and they're standing behind it, Mr. Speaker, because they've already given it to Alberta Health. If they're not going to stand behind it, they're not going to release a study like that at all. For this government to say, "Well, let's wait, and let's get the final report," fair enough. Let's get the final report, but don't use that as an excuse to misrepresent or diminish the reports that are put out by academics on this issue.

Let's talk about the hon. Minister of Government Services' comments about dismissing Dr. Rachlis' report and saying that that's not worth the paper it's written on. Dr. Rachlis may have a different opinion from the hon. minister, but she has no business diminishing the work that he has done. None, none at all. Whether she agrees with it or not is another story, but to dismiss it out of hand the day is comes out, in fact likely not even read, is an absolute atrocity.

I feel that if we're going to tell Albertans about this bill, then let's tell them the realities of it. I have no problem standing up here and telling them about my fears about that bill. Not at all. I have not yet misrepresented one bit of information and in fact can cite specifically and submit a bibliography for everything I've said on that bill.

I think it's important that if we're going to talk about democracy and we're going to talk about giving Albertans information, let's make sure we're giving them the right information, Mr. Speaker. Let's not just say that there's only one side to this argument. Clearly, there is not only one side to this argument. I'm not the least bit impressed, nor would I call it democratic, to have the government try and twist everything that's coming out. I look at the examples that I've cited here today in terms of reports, and I just feel very appalled that that's how the government of a province as well-to-do and respected as this particular province is tries to pass bills.

Let's do the right thing, Mr. Speaker. Let's take this bill and put it before the Committee on Law and Regulations. You know, there's some validity to that. Do you know that members of the House of Commons see committee work as some of the most productive work they do? They get to look at the bill, they get to assess the bill, and they get to debate the bill amongst the group that's dealing with it. If it's a justice bill, then this group of justice committee MPs will look at that bill. There is nothing wrong with that process. That is an excellent process. In a truly democratic society we should not be afraid to use that type of process.

Mr. Speaker, I have to make a comment. You know, I watched the movie *Doctor Dolittle* with my son, and it was quite an interesting movie really. What it started out as was the sale of two physicians' practice to an HMO, and the one, Doctor Dolittle, had a little bit of difficulty with taking all this cash and abandoning his patients and was worried and concerned about what was going on, and in the end he doesn't sell out. In the end he says: "No. My patients are what's important to me. I am a doctor and I will look after patients. You know, the money that I can make selling my practice to an HMO isn't the way it should be."

I don't ever want to see our doctors put in that position, where the health and well-being of Albertans is registered in economic units. I don't ever want to see that, and that's what I'm afraid this bill is

doing. This bill is putting the whole notion of health and well-being into an economic unit, and obviously that's not what Albertans want. Albertans want fairness. Albertans want access. Albertans want to be able to trust that their government is going to do the right thing for them, and at this stage that's not what they believe. The Premier can talk about, you know, the little incremental changes in the communications war, but he is not winning. He is not winning that war, Mr. Speaker.

I see my time is out, and I will take ample opportunity in Committee of the Whole. Thank you.

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

MR. GIBBONS: Speaking to the motion by the Deputy Government House Leader and Minister of Economic Development. Premier Klein has been scrambling to clarify the health care plan, but most pressing in the debate is the question most Albertans are asking: why? What is in this for him? Premier Klein, the Premier, may be the only person who . . .

Speaker's Ruling
Referring to a Member by Name

THE DEPUTY SPEAKER: Hon. member, as you well know – and you've even caught yourself. Two strikes. As hon. members here we're obliged to refer to one another by the seat we represent, the constituents we represent, or . . . [interjection] Hon. member, the Speaker is standing at the present time, which means that you don't talk. We refer to other members as hon. members from their constituency or the position they hold. We don't use last names, and just within the first however many minutes or seconds twice you've referred to an hon. member. Premier is fine or the member for his constituency. If we could kind of keep to that, it helps keep the tenor.

Edmonton-Manning.

MR. GIBBONS: Thank you, Mr. Speaker. I take your advice.

Debate Continued

MR. GIBBONS: The Premier may be the only person who understands Bill 11. Alberta did have a good health system prior to his crowning in 1992. Doctors say that they're frustrated. They say that they're continuing to be pressed for a lack of operating theatres to work in. Why is this?

In a conversation with a surgeon recently, in his frustrations due to the lack of theatre time, he said that he hopes the bill goes through so Albertans will finally realize how bad this government is and their capability to govern this province in everything. After the conversation about what this government did in Calgary, blowing up a hospital, selling off a facility for next to nothing, creating a shortage, it didn't take him long to figure out what I meant by this is Calgary driven. We both can't figure out why the rural politicians aren't speaking out about their constituency concerns.

Mr. Speaker, when I was away a couple of weeks ago down in the United States on holidays, I was listening to a number of radio ads from law firms. They were stressing that if you think you have medical malpractice cases against your family, contact this law firm. Could that be what our future is in Alberta or Canada? Once the creep is over the boundaries into the other provinces, then we've got it right across. Dr. Modry's lame excuse to gain media support for his political friends is quite sickening. Thank heaven for the voice of reason from Dr. Alex Procyshyn, responding as the head of 1,800 Capital region physicians, when he pointed out that Dr. Modry speaks for a very small percentage of physicians in our region.

8:20

To get to the point, this government is grasping for any supportive letters from their political buddies. Maybe they are more than just political buddies to the Premier. Dr. John Di Toppa, head of ear, nose, and throat, will only support Bill 11 as long as there is no other money put into the public system, and it is not necessary to support the risk of unknown results. Doesn't this point out or sum up some of the major problems in the public system?

Some people are guessing or asking what's going to happen to the Charles Camsell. Well, maybe we might sell it off. Maybe Dr. Modry might want to run it as his own, but at the same time maybe we can give it to him and let him run it as a public system. Maybe he can be making the same kind of money. Maybe we shouldn't be jealous of the good physicians we do have in the province and try to hold them back on the amount of operating-theatre time that they do have in our system.

You know, we have to wonder about these doctors that are pushing for warehouse areas to give public health care to the poor and then keeping everything else for the ones that can afford it. The same doctor that I was mentioning before mentioned that a few years ago in a number of clippings. Also, he has told nurses that stand up with him and scrub with him within the operating theatres today that they can come with him when he does get his own private system, but he'll offer them $12 an hour. His comments were: that's all they're worth. Well, is this union-breaking? Is this a mentality that's spreading down from himself at these social functions, or are there other doctors that do agree with him? Guess who this gentleman is friends with.

The era of this government has been characterized by a number of broad themes since 1993. They include both privatization of public services and the tendency to limit the role and importance of the Legislature. When Albertans realize that Albertans actually govern and manipulate by the kitchen cabinet out of Calgary, maybe somebody's partner, well, it makes you wonder. Trust has been challenged.

Bill 11 should be called this government's and its partners' private hospitals bill. I'm concerned about sections in the bill like section 23. It goes a great length in prohibiting court challenges, previous judicial injunctions, restraining orders. It even prohibits questioning about the act or ministerial decisions. Why are all the protective measures needed? Once the act becomes law, is there no recourse?

Now, reading over different things. The Premier has suggested that there are a number of studies and reports on which the government based its rationale for Bill 11. The Institute of Health Economics study states that there is no published study on the efficiency of the purchase of surgical services for private facilities by public funders such as the RHA. You know, Mr. Speaker, this government has stated that there will be no queue-jumping and no two-tier health care. The study, however, indicates that two-tierism will likely result in the proposal. While the study provides strong evidence against Bill 11, the results themselves are not surprising. What is even more significant is the fact that it was Alberta Health and Wellness that funded this study, making it all the more difficult for the government of today to dismiss the findings of the group as the work of, with us, wing nuts.

Even more telling is the fact that the government had had this study in its possession for at least two weeks at the time we the Official Opposition made it public. Would this important study have been buried forever if it wasn't for the Official Opposition bringing it out? This government is already withholding from the public the

results of the taxpayer-funded focus groups on private hospital policies. What other information is this government keeping from us and keeping away from this debate until it's over? More importantly, do we trust this government anymore?

Trust is a major item, and trust goes a long way. Let's think of a few years ago. Do you remember the name Schreiber? Do you remember the name Mulroney? You know, those things really pin on people, and they stay. They result in only a couple of seats left in there. This government's amendment to Bill 11 seems to be insignificant, but it is major, major. We think about what was said on the stairs of this Leg. by the minister in coming up here the other day: that he's going to change a few things, that he's going to maybe require RHAs to look at existing resources before contracting out. Should this not have been happening already? How much is being wasted now? Isn't this a common service that should be there? Do we have to have legislation around this? Then we had another item that actually was mentioned on the steps: strengthen the queue-jumping section. It is happening now.

THE DEPUTY SPEAKER: The hon. Minister of Children's Services is rising on a point of order.

Point of Order
Imputing Motives
Relevance

MS EVANS: Mr. Speaker, I know that it's extraordinary for me to rise on a point of order when I'm not as familiar with *Beauchesne*, but it seems to me to be on the whole matter of relevance and section 23(i). I'd like to ask if in fact there have been references both to things that I would suggest define motives for this government which I do not believe to be correct and also in the manner in which the digression in discussion continues to explore other governments and other people in other places. I would just ask for your ruling.

THE DEPUTY SPEAKER: Thank you.
On the point of order, Calgary-Buffalo.

MR. DICKSON: Mr. Speaker, thanks very much. I appreciate the opportunity, in fact, to compliment my colleague for what I think is a robust and vigorous debate and analysis of Bill 11. [interjection] In fact, I hear someone query whether my colleague is reading some of his speech. If we were to disallow every government member that read from their speech, we could wrap up the session in about a week and a half instead of three and a half months.

Mr. Speaker, the issue in terms of relevance. I'd hasten to add that I'm taking some direction from the Government House Leader, who in fact raised a most interesting argument on a point of order today and made the observation, that was concurred in, in fact, by the Speaker, sitting in your place, that the debate is – I paraphrase; it is not a quote – as substantial and as vigorous and as broad as any debate could be at second reading and that in no way is the member constrained by the fact that there's a text of a motion. That was welcome news to this member and to my colleagues.

Mr. Speaker, I've been listening attentively and in fact making notes in preparation for my own comments. I'm being guided much by the Member for Edmonton-Manning. In my view, everything he said is directly related to what's in the bill, the program and the policy behind the bill, and it is certainly fair and appropriate for any member of this Assembly to query what the rationale is, what the motivation is. That's what Albertans expect us to do. Your constituents in Highwood would have the same expectation.

Now, there may be some other colleagues that have some views, but those are the points I wanted to make with respect to the point of order. There may be other debate as well on the point.

MS CARLSON: Mr. Speaker, on the point of relevance.

THE DEPUTY SPEAKER: We've had two people, one from this side, one from that side, and there hasn't been anyone else, so I think that's quite all right.

We have two points of order raised by the hon. minister. The first one was on motives, and 23(i) clearly states and deals with the issue of motives. It says: "imputes false or unavowed motives to another member." Certainly the hon. member was imputing motive to the government, and as the hon. Member for Calgary-Buffalo has said, that is not quite as offensive. It's when they single out an individual member. The term "relevance," though, has another attachment to it, and if we were going in strict adherence to certain things, that might be true.

8:30

However, this afternoon the hon. Government House Leader did say, contrary to some comments, that on this part of second reading, under this putting of the previous question, wide allowance for speeches by all hon. members on second reading would prevail. That was concurred in by the hon. Opposition House Leader and by the chair. So what in other circumstances may appear to be a violation of the relevance under those conditions is not so, and the chair will rule thus.

The hon. Member for Edmonton-Manning in continuance.

Debate Continued

MR. GIBBONS: Thank you, Mr. Speaker. I was mentioning about what was happening on the stairs of this Legislature the other day. We might as well start spinning right from the start, because we've had lots of spins over the last few months, starting with this. One was maybe that hip operations could be done out there. Well, that was totally thrown out right off the bat.

Then there was hernias. Let's talk about hernias. You know, one little nick could end up the same as what happened in Lloydminster a few weeks ago with that young 21-year-old lady.

Then we talked about operations last night, of tonsils, brought forward by Calgary-Egmont. I've done a little bit of studying on tonsils, and that's very, very scary. There aren't going to be too many anesthetists or doctors that are going to accept going out into any private area. Then there are other little secrets that haven't quite got out into the public in the last while as anesthetists start setting up their own little theatres and drawing in doctors. Did you know that a four-year-old child died in the last couple of weeks because of just dental surgery? Let's think about things like that, and those things still haven't got out into the public yet.

Getting back, Mr. Speaker, to what was actually mentioned on the possible amendments that are going to come forward in committee, in third reading, if we ever even get to them, because this government wants to push things through so fast.

Strengthen the queue-jumping section. Happens now. It should already have been stopped. In my previous speech yesterday we were talking about how if it wasn't for national television, we probably wouldn't have heard about the $2,000 per eye case down in Calgary. And, you know, has that really been checked into already? I don't know.

The third item that is a possible amendment is the strength of the privative clause. Nobody is above the law, Mr. Speaker. We'll need an overhaul to look at it totally.

Then the next item that could be possible is clarifying the process by which the minister can withdraw the designated status. Boy, I've got one big question on my side about what the rationale on that one is.

The fifth one: strengthen the conflict of interest rules. Another one I've got a great big huge item on.

The key message: this is just tinkering. It's just tinkering with a bill that should have been handled properly in the first place. You just don't put all the legal beagles in the world together and come out with the legal side of it, because as I mentioned yesterday, outside of Bill 11 in a responsive relationship with principle 11 of the federal system, we really do have a major, major problem with this bill. It is a bill that should not even be tinkered with anymore, not amended, not anything but pulled, Mr. Speaker.

After what must have been the 10th meeting between the deeply divided Conservative caucus in the last few days, the actual minister started talking about tinkering with it, and this is what the results are. We're seeing these few five items, and maybe there'll be six items or maybe there'll be seven, whatever. But how does everyone in this government accept what the truth squad – or is this the trust-us squad? Because if you want to tinker with the words and tinker with things, you're going to change the Cs and the Qs or whatever you have. Isn't it bad enough that this bill is being rammed down our throats and that this government refuses to hear any of the opposition to it? It's horrifying that we support such a following that we can blindly be led – and you got blindly led over the last few years, and this really, really concerns me.

This government promises more choice, but private health care insurers can refuse to provide people with the coverage. This government promises increased access, but private hospitals can refuse to provide you with the service. This government promises more efficient and cost-effective services, but administrative costs of private hospitals in the U.S. are 14 percent of the total budget as compared to 9 percent in Canadian public hospitals. This government promises to improve quality of services, but recent studies at Johns Hopkins and Harvard indicate that the focus on making a profit translates to a compromise in quality. This government insists that it is not creating another tier, just simply extending what we already have. This government doesn't acknowledge that abortion clinics and cataract surgeries have been contracted out for a variety of specific reasons. What this government wants to do is allow for more private, for-profit hospitals to operate.

This government assures us there is a plan, but there is little action that we can see, and over the last seven years the cutbacks, the layoffs, and the bed closures demonstrate otherwise. This has been a total void in the whole system, and not just in our province. It's a void right across the whole country. But the fact is that we're Albertans. I defend Albertans, and I could care less than to point my finger at somebody else, but we have to work with the federal government and build something, not be sitting there and the whole spin on today's world is what they're doing. You know, we can talk about agriculture all night, about what we should be doing on that one.

This government promises a system that will be transparent, but in reality will the private health care provider be shielded by the provincial laws that protect third-party business information? We now can't get access to the terms of private operators. Does everybody remember the past Treasurer, who designed and implemented the scheme to cut about $800 million out of health care spending? A theme that allowed no time to reform health care delivery, a theme that focused on firing more than 8,000 nurses and health care workers, a theme that ignored advice from the doctors in Alberta, but more a theme based on a huge lie.

The lie was that health care spending was absolutely out of control and that health care spending was driving us into bankruptcy. In fact, health care spending under the health minister of the day, now Leader of the Official Opposition, had flattened and was virtually level for three years before this present government came into place or this present Premier took over. In any event, when we think of the past Treasurer, now reincarnated as the saviour of health care with his unelected CRHA board loyal to no one other than himself and this present government, we are reminded that being able to operate the crane with the wrecking ball doesn't qualify you to be an architect.

So what is our plan as the Official Opposition? Slam the door on two-tier care by banning private, for-profit hospitals. Second, impose a 180-day moratorium on new expansion of private diagnostic and surgical facilities to allow for a determination of what changes are required before we conform to the Canada Health Act. Third, require doctors who practise in private hospitals to opt out of the Alberta health care insurance plan. Don't let them double- dip because, you know, there's only 5 percent of the real true doctors out there that are really into this game of looking for privatization. Fourth, require RHAs to disclose all expenditures paid to private health care operators so that Albertans can see whether these contracts are of benefit to them or just to the shareholders of the private operators. Five, we'd have to go back once we were government and repeal most, but not all, of Bill 40, the Health Information Act, and enact legislation that covers private health care providers too, not just public providers.

You know, Mr. Speaker . . .

THE DEPUTY SPEAKER: Hon. member, we seem to have a lively debate between two people who are hopefully going to stand up at some later time this evening and debate when they're recognized. Right now it's only Edmonton-Manning.

MR. GIBBONS: Thank you, Mr. Speaker. Sometimes they think I need help. Sometimes somebody standing up with a point of order or something like that really gets me going here too. So how much more time do we have?

You know, Mr. Speaker, about once every 15 years Canadians engage in a debate about changing our health care system and the values upon which it's based. The last time it happened, Alberta led the debate, then over allowing extra billing by physicians. Finally Alberta was dragged, kicking and screaming, into the prohibition of extra billing with the passage of the Canada Health Act in 1984. This issue is upon us again, but this present government seems determined to privatize its way out of the responsibility for the mess they have created over the last few years.

8:40

We have to stress that we as the Official Opposition would like to stop the creeping of privatization which has been leading to the edge here in Alberta. I mentioned before that once the edge closes in on the boundaries of the borders of the other provinces, I don't know how they're going to stop it.

The private sector's involvement in health care has grown from 22 percent to over 31 percent since this present government came in place in 1992. Taxpayers' dollars are going to subsidize private operators whose contracts are hidden from the public view. We are in favour of free enterprise but don't believe in public dollars going to subsidize those who otherwise couldn't make a profit. Albertans don't believe in public subsidies, not for hockey players, not for struggling airlines, and not for private health care separate privatization systems. We should renew our commitment to public health care as the best way to foster health and economic well-being now and in the future.

Predictable funding formulas by the federal and provincial governments is one main thing that should be driven at. Like I

mentioned before, there's been a void in actual plans and plans and plans, trying to keep up with technology. Everybody's talking about technology. Yes, technology is one of the major, major items, but we also have to have the plans to go along with it.

Involve health care providers and workers in defining and restructuring the public system. Find cost-effective and innovative ways to deliver health services complementing institutional care and community supports. You know, look at training and education. We're trying to work on every method possible to attract nurses and medical people back into our province. Yet we look at Grant MacEwan College, the only college training ground that we have in our city, in the Capital region area: 107 positions filled; 800 and some more applicants not attracted to it.

Well, believe me, if we're so short – and we know we're short, because if you take a look at the hospitals and at the emergency centre in the University hospital which will be opening in the next few months, they haven't got enough staff right now to open that. So this is a major, major item we have to think about.

Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Grande Prairie-Wapiti.

MR. JACQUES: Thank you, Mr. Speaker. It's my pleasure to rise tonight and to enter debate on Bill 11, the Health Care Protection Act. I do just want to comment briefly on some of the comments that were made by the two previous speakers of the Official Opposition, specifically from Edmonton-Norwood and also the speaker from Edmonton-Manning.

It's interesting, listening to the hon. Member for Edmonton-Norwood and reflecting back on *Hansard* and reflecting back on the Member for Edmonton-Manning, who made the motion yesterday with regard to raising Bill 11 on almost a closure basis to going into committee, and then listening to the Member for Edmonton-Norwood tonight talk about closure and talk about thwarting, if you like, debate on Bill 11 in terms of second reading. How interesting that all of them in the Official Opposition have the opportunity to speak not once, not twice, but three times on Bill 11. I just find that interesting, and virtually every other bill in the history that I've been in this Legislature, for the last seven years, Mr. Speaker . . . [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Sorry to interrupt you, hon. Member for Grande Prairie-Wapiti.

Hon. members, you'll have your turn. No need to drown him out while he's speaking. [interjections] No, no, no. I'm not wishing to enter into the debate at this point. I'm just wanting to remind you of courtesy and parliamentary decorum.

The hon. Member for Grande Prairie-Wapiti.

Debate Continued

MR. JACQUES: Thank you, Mr. Speaker. I was saying how in the seven years I've been here, in virtually every case each member has spoken only once on second reading, and somehow all of a sudden this transcends into something that is not normal or something that is completely unaccountable or not consistent with the standards of this Legislative Assembly. I just find that staggering, and I find it staggering that that Member for Edmonton-Norwood would attempt to twist the facts and the realities that we are faced with in this Legislative Assembly.

I listened to the Member for Edmonton-Manning, his attack on physicians who speak out in support of Bill 11, his attack on keeping things from the opposition. This is probably the only government in the history of Canada that would come out five months ahead of legislation and lay out the principles so everybody, including the opposition, could have the opportunity to see it. It's too bad that their Liberal cousins, their Liberal fathers in Ottawa wouldn't do the same thing, Mr. Speaker.

They attack the RHAs, Mr. Speaker. He sits up there tonight and attacks the regional health authorities, people who are community-minded, people who are out there trying to work on behalf of all Albertans. I mean, I just don't understand this. He attacks amendments he hasn't even seen. I mean, how can you attack something you haven't seen. It goes beyond comprehension.

Then he talks about how they're free enterprisers, but God help you if you make a profit; God help you if you operate a private clinic; God help you if you're in a private practice where you make money. I mean, really. [interjections]

THE DEPUTY SPEAKER: Hon. Member for Spruce Grove-Sturgeon-St. Albert, you will have a chance, but it's not while someone else is recognized and speaking. Is that clear? Edmonton-Ellerslie?

Hon. Member for Grande Prairie-Wapiti, direct it through the chair.

MR. JACQUES: Thank you, Mr. Speaker. I wasn't going to offer those comments, but I just couldn't resist with the members having stood up tonight and not contributed in a meaningful way to the debate before us.

Mr. Speaker, I do want to share three observations and comments involving, if you like, the process and the decorum that surrounded this debate in terms of Bill ll, the Health Care Protection Act. First of all, I do want to commend all Albertans and particularly the opposition members, regardless of their political affiliation, whether it's the independent, the NDP, or the Liberals, because all of them have contributed to this debate, all of them have been voicing their concerns and what they believe are the views of their constituents, much as I have.

Having said that, I would like to reflect on some discussions that I had with three constituents last week who were here, and they were attending the Forum for Young Albertans. Most of us, a good number of us, had the opportunity to host them. Mr. Speaker, we talked about Bill 11, we talked about question period, we talked about the decorum in this Legislature, and we talked about the language we use in debate and so forth.

By coincidence and purely coincidence, the very next day – I happen to have a condominium in this great city of Edmonton – there is a flyer which has been sent out, I believe, by the hon. Member for Edmonton-Centre. I looked at the statements on the front, and I said: "Okay. Well, I guess that's normal rhetoric. I can't get upset about it. I guess what they want to say, they want to say." But then I opened up the flyer, and what did I see in here?

Now, remember. This is going to constituents and trying to sell your belief, the Edmonton-Centre member's belief, on Bill 11. So the member took some quotes out of *Hansard*: asked by the member on March 8, asked by the leader of the opposition on March 15, asked by the Member for Edmonton-Meadowlark, and didn't give the date. Then I highlighted some of the comments. Now, remember, this is all surrounding the decorum around Bill 11 and talking to the youth of our province and debating the issues of Bill 11.

I highlighted these words, and there were I think nine phrases in the questions by the hon. Member for Edmonton-Centre. It talks

about "after six years of attacks." It talks about the Premier now threatening, about the Premier failing to anticipate, about shredding the senior's report, about slashing, about double-crossing, about "attacking the very people," about blaming seniors, and about "scapegoats." Now, that is nine phrases in essentially two sets of questions by one member. The interesting thing is that when you look at the leader of the opposition, only one: "intellectually bankrupt." Well, I guess that's not too bad. And believe it or not, the Member for Edmonton-Meadowlark, none.

8:50

Now, I may not agree with the tone of the questions that may arise; that's beside the point. The words were not inflammatory. They dealt with, if you like, the issues of Bill 11. Again, I may not agree with the tone. Fair game. The interesting thing is that now I get to send this out together with my comments to these three young constituents who were here and say: "Okay. I had a hard time expressing to you what I was feeling and trying to express about decorum and the debate surrounding Bill 11. If you take this, hopefully this will maybe serve, quote, as an example." It's probably not the best example, but unfortunately it's the only one I could come up with in that short period of time.

Mr. Speaker, I also want to thank my constituents who have provided a lot of feedback to myself and to both my offices with regard to the whole issue of Bill 11 and their comments.

The other thing I wanted to do, Mr. Speaker, is to acknowledge in particular and to express our appreciation in terms of the health care providers of this province. Really, when we debate Bill 11 and all the issues surrounding health care, the health care providers are the ones that are on the front line. They're the ones out there, if you like, feeling the heat and the pressure every day. All of us, I think, have had experience of them comforting us, praying with us. Certainly, there's no question in my opinion and I think that of my caucus that they demonstrate a relentless pursuit of excellence in everything they do.

The last thing that I want to acknowledge, Mr. Speaker, prior to getting into specifics is that we do have health care successes every day, health care good-news stories. I did want to share with you if I can find it here, which I probably can't – anyway, I will have to set that one aside and come back to it.

What I was trying to get at – and I will table it. It was an obscure little article in a newspaper in the city of Edmonton about a week ago. It talked about hearing tests being expanded. It talked about a grant from Alberta Health and Wellness of, I believe, a million and a half dollars to a researcher so that basically all newborn children in this province will have a hearing test where only approximately 50 percent may be done at the present time. The researcher had come up with very good evidence to suggest that this is a good thing to do in terms of the whole ability particularly of young children to learn, if you like, not the thought pattern, but in terms of the speech and the sounds, particularly during the first six months of their lives.

Those are the types of things that I think happen every day in this province, not because of the government, Mr. Speaker. Yes, we contributed a million and a half dollars, but we have excellent people in this province in terms of research capacity. We have almost a billion dollars in a medical heritage trust fund, unlike any other province in Canada. Tremendous work and tremendous research comes out of that every year for the benefit of Albertans and indeed the benefit of all Canadians. Those are the things that somehow as we go through the debate on health care and particularly on Bill 11 for some reason seem to get set aside and almost ignored.

Mr. Speaker, Bill 11, the Health Care Protection Act, is only one step in terms of the six-point program this minister and this Premier have outlined with regard to some of the challenges facing health care. I think the significant fact is that we're not prepared to sit back as Albertans, we're not prepared to sit back as a government and let somebody else try to do something. That is not Albertans' nature. We confront things head-on. We make the changes. We come up with the innovations. It comes back to conviction, and I think it comes back to courage. That's what Albertans have, and I think that's what we are seeing in terms of Bill 11. Bill 11 is really saying that we're not afraid to challenge the status quo.

At the same time, we recognize that Bill 11 is only a very minor step in terms of the total health care provisions in this province. It's only a basic extension really of what's happening today and putting some fences around those things that Albertans have expressed their concerns about.

The other thing I want to comment on, Mr. Speaker, is the whole issue of Bill 11 and the kind of consultation process that has evolved over a period of time. Yes, there's no question that Bill 37 and the predecessor bill prior to that over the years constituted debate, but I think what they did do was permit a process whereby all Albertans had the opportunity to raise the issues, to express their concerns, to offer their alternatives, particularly through a panel which was struck at the time that basically Bill 37 was not preceded with. I think those are some of the fundamental issues we cannot set aside in terms of looking at the path and the history that has led us up to Bill 11.

The other thing I think we have to note, Mr. Speaker, is that Bill 11 is not a panacea, and we acknowledge that. It's not intended to solve, as I said earlier, all the challenges. People have said: put more money in. Well, the reality is that some $1.6 billion has been put in over the last four years. That's a 40 percent increase, a 40 percent increase in four years, 10 percent in the last year alone and a commitment in our business plan to increase that by another 21 percent over the three years. Those are very significant.

The one thing I did want to underscore there is that if you look back to that committee that I had the honour of serving on back in 1998, when we were reviewing the whole health care funding formula, we met with all 17 regional health authorities and the Cancer Board and various other groups, 30 some odd in total, with people like Mr. Percy, for example, who used to be a member of the opposition and who's now a dean at the University of Alberta. Dr. Clarence Guenter was another one. All of these people, very knowledgeable, came together, setting aside partisan politics trying to come up with this issue.

One of the things as a backdrop – and it was only a backdrop – showed that in 1998 out of the five provinces including Ontario west, Alberta ranked third in terms of straight per capita spending. Nothing really to brag about, but that's where we were. When you adjusted that by figures based on a nonpartisan organization and reflected strictly on the basis of setting aside or recognizing, if you like, the age population, the demographic population, the interesting thing is that we were number one. In fact, we were number one in Canada, and when you take into account since that time the expenditures we have made and the expenditures we will be making, I think it would demonstrate – and I wish I had those numbers today. I think it would clearly indicate that even on a per capita basis by far, let alone adjusting for demographics and for age, we'd certainly be number one without any question.

One of the issues that has been raised is two-tiered health care, the smear, the fear that somehow Bill 11 is creating or purporting to create another layer of health care. The thing that we have to point out, Mr. Speaker, that we have to look at, I believe the very essence of Bill 11: Albertans will not have to pay nor will they be able to pay for medically necessary surgeries performed in private surgical facilities. That's the bottom line on that particular issue in Bill 11.

No matter how you cut it, no matter how you address it, that is the bottom line. That means there is only one system in terms of your economic posture in this province. Whether you're an MLA or not an MLA, whether you're a member of the opposition or the government or somebody in the gallery, what it simply means is that that health insurance card we carry is what you need to get health care service. As the Premier has said, nothing more and nothing less.

The other thing, Mr. Speaker, is that Bill 11 also prohibits very clearly any kind of, quote, American style, for-profit private hospitals operating in Alberta. It even goes on further to say that no private facilities performing surgical services can operate outside the public system. It will also be illegal for anyone to pay for faster health service. There will be no queue-jumping allowed. It is very clear. Let us not even debate that issue. No queue-jumping. Read the bill. Black and white.

Another thing that I think we have to really set in the context of Bill 11 – and we've said it before, and I think we have to keep saying it, because I don't think there are a lot of Albertans that understand or even recognize it – is that there are 52 private surgical facilities operating in the province of Alberta today. Those 52 private surgical facilities perform over 150 different types of procedures, Mr. Speaker, and in the course of any given year perform over 20,000 of them. That exists today in the province of Alberta. It is good for medicare, it is good for our province, and it is good for those that want to take advantage and require that type of surgery. It also operates entirely within a publicly funded and publicly administered health care system, and that's what Bill 11 is all about.

9:00

We could go on and talk about, I think, the examples shown in other provinces in terms of the Shouldice hernia centre, for example. Yes, the debate says: well, it was grandfathered when medicare came in. But the point is, Mr. Speaker, that it's a private facility that operates today in the province of Ontario. For some reason – God, I don't know why – what we're going to attempt to do in Alberta is not consistent with that. It exists. It has existed for many years, and it's successful. Let our citizens of this province have the same opportunity that the citizens of Ontario have.

Let's not forget, Mr. Speaker, that every surgical facility in this province must be accredited by the College of Physicians and Surgeons, not by the minister, not by myself, not by the Speaker, not by the Leader of the Opposition but by the College of Physicians and Surgeons. If I had to trust anybody in our medical system today, it would be the College of Physicians and Surgeons. I trust them. Maybe the opposition doesn't, but I trust them.

The issue with regard to NAFTA, Mr. Speaker, and the WTO. Certainly I think the hon. Minister of International and Intergovernmental Relations has laid it out time and time again in question period, has issued the legal opinions. It's quite clear that Bill 11 will not permit any concerns under NAFTA. Quite clearly the carve-out provisions do apply and can apply. As we speak, the other contracts and the other facilities that are operating not only in this province today but in other provinces have never been and most likely will never be challenged under NAFTA. If they are, they are protected.

Mr. Speaker, I'm going to conclude. I could go on, I guess, to many of the provisions, the individual phrases within Bill 11, but we will have lots of opportunity to do that in committee. I'm sure we'll be there a long time, in committee. We'll also have that opportunity again in third reading, so there will be lots of opportunity to get into more detail.

One thing I did want to share with you, Mr. Speaker. I sent a letter to a constituent very recently. Because the person had asked me: Wayne, would you please – pardon me; Mr. Jacques, Member for – well, he called me Wayne in the letter. Would you please put in your own words from your strictly personal point of view, setting aside politics, setting aside the fact that you're an MLA, why you would support Bill 11. I wrote these three sentences. I said: first of all, in three and a half years I will be a senior citizen. I said: on April 7 our grandchild celebrated her first birthday. I don't have to tell grandparents what the significance of that is. I said that for those reasons I support Bill 11.

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

DR. MASSEY: Thank you, Mr. Speaker. I think it's unfortunate that we have to rise at this point in the debate on Bill 11 to speak to an amendment that in effect is a closure amendment on second reading of Bill 11. I say it's unfortunate because it's at second reading – not at committee stage, not at any other stage of the bill except third reading when there's cursory return to it – that we debate and explore the principles of a piece of legislation.

I can't think of many pieces of legislation we've examined in the last seven years in this House that have principles that have Albertans so upset, and I can't think of another bill that's been before us that contains principles that are in such conflict one with the other. I can't understand for the life of me, Mr. Speaker, how any member of this Assembly could return to their constituency without having spoken to the principles at second reading of this bill.

If I understand the count, there are close to 50 members on the side opposite that have yet to voice their opinion on these principles and four or five on this side of the House that have yet to voice their opinion on the principles. Again, I think that's extremely unfortunate, and it shows that as legislators we have not done our job.

The principles of the bill, as I said, Mr. Speaker, are too important to be ignored. The substance, the nature of those principles is conflicting. We have two sets of principles: those principles that are embodied in the preamble of the bill that pretend or would embrace the principles of public health care, and we have then following a whole set of principles that endorse private medicine. The bottom line of the bill is that private medicine in this province will be expanded. We can argue about the details of that expansion and what the implications are for the future of that expansion and the kinds of devastation that expansion might have for the public health care system, but that's what the bill is about, an expansion of private medicine. So we have these two sets of principles in conflict with each other, demanding debate and demanding clarification.

There is a publication, or parts thereof, that I read recently – I didn't particularly agree with the point of view being expressed – a publication entitled Health Care Reform Through Internal Markets. One of the good things in that publication was a little summary chart at the end of one of the chapters where they laid out the kinds of principles that govern private medicine and those principles that undergird public medicine. It's that comparison, Mr. Speaker, that I think is so important when we look at this bill.

For instance, in private medicine there's a strong belief that individuals are the best judges of their own welfare. Opposed to that in the public system is that when ill, individuals are frequently imperfect judges of their own welfare. In defence, those people who argue that the public system is best indicate that sick and worried patients often can't look after their own interests and often don't even want to. They want someone to help them through it. The consumers, particularly sick people, often have no time and don't even have the option to shop around for the best buy.

I have an example from my own constituency, where a constituent

was diagnosed with cancer, a rather rapidly progressing cancer. He phoned my office in great distress and frankly admitted that emotionally and mentally it was destroying him. He had been told that he had this frightful disease and that it was going to take at least six weeks to have the operation performed. That constituent was in no frame of mind to go shopping. He was having a very difficult time making his judgment. All he knew was that he wanted the work done and he wanted it done immediately. I think that's the kind of tension between the principles of private and public health care that you often find in terms of individuals and what happens to them when they're ill.

9:10

The private system believes that priorities are determined by your willingness and your ability to pay, that that should be the priorities in a health care system that's privately funded, while in the public system priorities are judged by the broader community about need, about what we have to have. We've heard much of that debate in this country over the last five or six years, about the kinds of services, the kinds of components we should have in the health care system. It's unfortunate that we aren't debating in front of us now a more comprehensive bill aimed at improving the public health care system rather than being taken off on a side journey into the world of private medicine. That fairness, that all people will be treated equally, that has been such a large part of our public system, is a principle that's abandoned in the private system where a willingness and, again, ability to pay becomes an overriding principle.

In terms of demand, if there's an erratic or catastrophic event, that's supposed to be mediated and taken care of by private insurance. When those same catastrophic events occur under a public system, they're made irrelevant. They're made irrelevant because they are part of the system. They're supported through those of us who have joined together, all Canadians, in provision of a system that we can draw upon regardless of our financial means. The research on the behaviour of the private financiers in the health system south of the border should certainly make us very wary and very careful when we examine that principle that somehow or other private insurance companies will alleviate concerns of a catastrophic nature when they arise.

The matter of equity is not addressed in a private health care system. Equity is a principle that's somewhat irrelevant to the system. For the public system equity is a major, major concern, the notion that income is not distributed equally, the notion that access would not be equal. A whole cluster of issues and principles surround that notion of equity and have been very, very influential in the development of the public system. If there's one thing we've been able to achieve, it's to insulate patients from the influences of inequity due to income or access or other kinds of problems that might plague them. There are vast differences when we start to look at demand in a private system and demand in a public system and how those systems respond to that demand.

There's a difference in terms of supply. In the private system profit is a proper and effective way to motivate suppliers to respond to the needs of demanders, and again that's a pretty firm principle. It's one that, interestingly enough, George Bernard Shaw commented on some time ago. I'd just like to quote Shaw's comments on doctors being involved in private medicine, because while the majority of the doctors in our province and certainly in our country fully support the public system, there is a handful – as the Premier has indicated in this Legislature by reading some of their support – a handful of doctors who would like to see not only Bill 11 pass but, I suspect, further privatization of the system.

This is what George Bernard Shaw said in that regard.

> It is not the fault of our doctors that the medical service of the community, as at present provided for, is a murderous absurdity. That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon a pecuniary interest in cutting off your leg, is enough to make one despair of political humanity. But that is precisely what we have done. And the more appalling the mutilation, the more the mutilator is paid . . .
>
> Scandalized voices murmur that . . . operations are necessary. They may be. It may also be necessary to hang a man or pull down a house. But we take good care not to make the hangman and the housebreaker the judges of that. If we did, no man's neck would be safe and no man's house stable.

That's a little wisdom from earlier in the last century, Mr. Speaker, in terms of private medicine and the involvement of the medical profession in private, for-profit provision of services to patients.

Now, as I indicated, supply in the private system is properly and effectively controlled by profit, and it responds to the needs of the demanders. But the position we have accepted that is proper for our doctors and for medical provisioners is the one that's in the public system, and that is that professional ethics and dedication to public service are the appropriate motivation, focusing on the success in curing or helping those patients who need help. That's an important principle, Mr. Speaker. It's one that medical doctors promise to adhere to when they take the Hippocratic oath. It underlines the altruism we expect from those people who enter the medical professions and that we have become accustomed to being exposed to when we deal with those individuals, and any action, any movement towards privatization such as we see in Bill 11 challenges that.

I recently read an article from the States – I can't recall where it was from – where that very point was being lamented and how doctors and medical practitioners were being forced more and more to become entrepreneurs and to abandon this dedication to humanity, this dedication to making things better. I hope that by legislation like this we are not starting to open those doors or to push our doctors and our medical provisioners in the same direction.

When you speak of supply, Mr. Speaker, there are again vast differences. The priorities in the private system are determined by people's willingness and their ability to pay, and that's really the priorities and how they're set. In the public system that can be quite different. Priorities can be determined by where the greatest improvements or curing can be effected. So again a vast, vast difference. In the public system a reasoned approach to the improvement of the provision of services and establishing priorities for the provision of services and, incidentally, research contrasts quite starkly with those in the private system, where a willingness and an ability to pay are really the determining factors in setting priorities.

Again, in terms of supply, suppliers have a strong incentive to adopt least cost methods of provision in the private system. In the public system the predetermined limit on the available resources generates a strong incentive for suppliers to adopt least cost methods. Again, the public system has mechanisms built into it to contain costs, and the private system doesn't have that. If you read the literature – and I don't pretend to have read it extensively, but in the articles I have read, in terms of the Americanized system, private health care in other countries, in Britain and the movement there, a major concern is the growth of health care costs under private provisioners. We see it in the often quoted statistics – and we've had them quoted a number of times in this Legislature – about the amount of GDP that Canadians devote to health care as opposed to the amount of GDP that Americans do, something in the order of a 5 percent difference, with the Americans paying much more and being able to do much less with the dollars they provide in terms of

covering all Americans and providing the quality of service that we accept in our country as a given.

9:20

There are a number of differences between private medicine and public medicine in terms of how adjustments occur. In the private system the theory is that competing suppliers ensure that prices are kept low and reflect costs. In the public system there's a central review of activities, and this is the mechanism that's used to generate efficiencies, through audits of service provision and management pressures to keep the system cost-effective. We saw that in the most recent report of the Auditor General of this province, who takes that responsibility to audit the health care department and health care spending and their provision of services. He takes that extremely seriously and has made some comments about the utilization of empty beds in the province and the inability of some of the authorities to keep track of money.

So we have quite a difference again in terms of the mechanisms that are used to keep prices low, and there's a sharp difference, too, in terms of how public the knowledge about those mechanisms is. We've again seen that contracts that have been undertaken with private provisioners have not been available for public scrutiny, in stark contrast to those between public bodies.

Mr. Speaker, there's a great deal more in terms of comparisons of the principles of private medicine versus the principles of public medicine that are at the heart of Bill 11. Again, I return to my comments at the beginning. I don't think we can afford to leave here before every member of the Assembly has had an opportunity to voice their opinion on those principles.

Thank you very much.

THE DEPUTY SPEAKER: I wonder if we might have unanimous consent to briefly revert to Introduction of Guests?

[Unanimous consent granted]

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

head: Introduction of Guests
(reversion)

MR. DICKSON: Thank you very much, Mr. Speaker. Actually there are two groups to introduce. The first one I espy in the public gallery opposite, a very distinguished labour leader in the province of Alberta. I'd invite Audrey Cormack to stand up and receive the customary warm welcome of the members of the Assembly.

Furthermore, Mr. Speaker, I recognize a number of folks behind me in the members' gallery. I don't know all of their names, but I'd like to invite all those people who are here to witness the debate on Bill 11 to stand and receive the customary welcome of members of the Assembly, please.

head: Government Bills and Orders
head: Second Reading

Bill 11
Health Care Protection Act
(continued)

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

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

MR. HERARD: Thank you very much, Mr. Speaker, and it's indeed a pleasure to stand and speak at second reading of Bill 11. First, I want to say that I certainly agree with all of those who don't want a two-tiered, for-profit, American style health care system, and if I thought for one minute that what we were doing was leading us in that direction, then I certainly would be voting against the bill.

There's always been a fundamental difference between Canadians and Americans when it comes to health care. Americans do not see health care as a fundamental right to be provided by government, except for seniors and low-income children, pregnant women, people with disabilities, and some low-income parents. Everyone else must provide for their health care coverage through federal and all kinds of insurance schemes. About 65 million people in the United States are eligible for some form of assistance out of a population of more than 300 million, and many million do not have coverage of any kind.

This is not the kind of health care that Canadians or Albertans want. We in Canada are very proud that everyone is covered under our federal and provincial health care systems, and it's done through a federal and provincial partnership. The problem with the partnership is that the feds have reduced their support payments from 50 percent, when health care first began, to roughly 13 percent, and that certainly means that the provincial share is, by necessity, 87 percent for insured services.

Another fundamental difference is that Americans of means can buy the best of the best and avoid queues by paying for the service. If what is being proposed here in Alberta even remotely resembled that system, then I would be seriously against it. What makes this proposal quite different is that it continues the single payer, publicly administered, publicly delivered health care system but proposes to allow increased contracting out of surgical services that can be safely done in private clinics.

The health authority will take control of all the waiting lists, whether the service is being performed by a public or a private facility, so that no one can jump the queue and no one can pay for an insured service. It will be against the law for a facility to charge for insured services. Your Alberta Health card is the only currency you will need.

The service will be contracted out only if the facility and the staff are certified. The quality of the service is equal to or better than what could be provided in our public hospitals, and it's shown to save precious health care resources. Additional benefits would result in our public facilities because of the freeing up of beds and surgical suites in our existing facilities. The proposed changes in delivery of certain surgical services is no more than an extension of the regional health authority's ability to add flexibility to deal with increasing waiting lists.

The unusually high and growing volumes of these procedures are typical of an aging population and exist everywhere in North America, not just Alberta. The demand will continue to grow, and every province can ill afford to build new structures for this peak demand.

Now, many of my constituents have correctly observed that this bill sets out important terms and conditions that apply to all existing private clinics. Because our existing legislation does not provide the province with the tools to regulate their activities, Bill 11 provides needed controls. Everyone knows of examples of queue-jumping practices. Bill 11 will prevent queue-jumping by no longer allowing private facilities to control their own waiting lists. RHA professionals will now centrally control the lists and enforce severe penalties – $10,000 for the first offence and, I believe, $20,000 for the second offence – for anyone who buys or sells an insured service to circumvent the waiting list.

9:30

Everyone has heard of examples of inappropriate sales tactics and pressures to purchase optional enhanced services. There is currently no legislation or regulation that specifies standard products or services being offered by the regional health authorities. They're currently free to choose the standards that they wish. This has resulted in one RHA, for example, offering foldable lenses as their standard while others offer the rigid lens. Bill 11 establishes provincial standards, and the province has already moved to provide foldable lenses as recently as today as the provincial standard. The proposal provides the College of Physicians and Surgeons with the responsibility to choose the best products and services that will then become the standard for the entire province.

Other features of the bill make all new contracts public and prevent contracts that are not in the best interests of the RHA. For example, an RHA could not propose a contract that would cost more than the services currently cost that would not result in a benefit such as shorter waiting lists. So Bill 11 provides complete contract transparency.

MRS. SOETAERT: No.

MR. HERARD: Yes.

Now, as I said yesterday, every morning I wake up and wonder what the new twists and turns are that will happen today with respect to the feeding frenzy that goes on in terms of the media that essentially promotes conflict, confusion, confrontation, and the misunderstanding of relatively simple underlying policy issues. We saw the kinds of games that were played with respect to the description of what took place here yesterday as an attempt to close debate and closure and all that stuff, when in fact they know full well – you know, they've been around long enough to know – that if you want to delay a bill, then you send it to that famous never-never land of that committee that never meets. That's what happened here. The problem is that they got caught at it.

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. Member for Spruce Grove-Sturgeon-St. Albert, we have had almost one hour of relative quiet where people politely listened to each other and we have gone back and forth. I know that you're anxious to get into the debate, but you've already spoken. So we would wonder if you would just take that as your turn in this series and let the hon. Member for Calgary-Egmont continue without interruption.

MRS. SOETAERT: Thank you. I will try.

MR. HERARD: Thank you, very much. In fact, I was quite amazed at how quiet it has been.

Debate Continued

MR. HERARD: Anyway, we'll leave the games that are being played aside, and let's deal with the bill. Over the last 10 years improvements in technology and surgical procedures have made it possible for 52 private surgical clinics to perform more than 20,000 relatively minor surgeries every year that formerly were all done in our hospitals. We can all remember, for example, that our children's tonsils probably were done in a hospital, but we don't do those in hospitals anymore.

In the last decade an increasing volume of procedures done safely every day in clinics frees up thousands of hours of hospital operating room time per year and releases expensive hospital beds that cost between $600 and $1,000 a day. This results in improved access for more serious cases that continue to be done in our hospitals. In addition, cancellations due to emergencies are all but eliminated.

Now, this type of cancellation happens all too often, Mr. Speaker. You know, people present themselves at 6 or 7 a.m., prepare for surgery, and wait for hours only to be told that due to an emergency their surgery has been canceled, with relatively no information about when it will be rescheduled and no consideration for what you the patient went through to prepare, only to be disappointed and delayed. Currently more than 150 different types of surgical procedures are done safely every day in existing clinics, but they're currently subject to a 12-hour rule. This in essence prevents the health system from taking advantage of continuous improvements in technology and surgical procedures such as laparoscopic and laser techniques, that continue to be perfected and improve outcomes each year.

Bill 11 removes the 12-hour barrier and empowers the College of Physicians and Surgeons to define which additional new-age minor procedures can be safely done in an accredited clinical facility. There are currently a number of new procedures that could be safely done in a clinic but would require more than 12 hours to ensure appropriate monitoring and recovery. Should the province continue to use the most expensive route to health when every month we all marvel at the new techniques that are implemented by our health care professionals? Why should the regional health authorities be prevented from implementing new accredited advances brought about by an increasing investment in high technology and world-class medical research, that we're so proud of in this province?

Many members of the opposition have asked: why are we doing this now when we may be more than halfway through our second mandate? I mean, why would a politician even consider taking on this kind of an issue late in a mandate? The answer is that a politician would not dare to do that, but a statesman who believes in doing the right thing would do this and is doing this because it is the right thing to do. It's the right thing to do because it ensures that Albertans can take advantage of new medical advancements while controlling costs for future generations. The difference between politicians and statesmen is that politicians do things for re-election and statesmen do things for the next generation. Mr. Speaker, we all know where the politicians are in this Chamber.

I want to speak briefly about how disappointed I am at my fellow human beings across the way for placing partisan politics and their desperate re-election hopes ahead of the good of all Albertans. I say that, Mr. Speaker, knowing that some of those people are pretty decent people individually and they themselves abhor what they're forced to do by a power-hungry leader who will use any tactic to attack the trust that Albertans have of their government.

Mr. Speaker, in life as in politics relationships that are based on truth and honesty thrive and blossom, but those relationships that are based on lies, falsehoods, and bearing false witness soon are rewarded by banishment and defeat. So I say to my colleagues across the way that have forgotten why they're here and rely on falsehoods: the wages of your actions will amount to your defeat.

Thank you very much.

THE DEPUTY SPEAKER: Before we call on the hon. Leader of her Majesty's Loyal Opposition, may we have unanimous consent to briefly revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests
(reversion)

MR. DICKSON: Mr. Speaker, when I was introducing some folks in the gallery earlier, I neglected to note that there's another fellow in the Chamber that I thought deserved some recognition. Each year when I participate in the Forum for Young Albertans, there's a Conservative representative who does such an effective job at presenting the government case that I have to tell the students that he is really much fairer and much more reasonable than the government he's there to represent. I'd invite Ken Chapman to stand and receive the warm recognition of members of the Assembly here this evening.

9:40

head: Government Bills and Orders
head: Second Reading

Bill 11
Health Care Protection Act
(continued)

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

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

MRS. MacBETH: Thank you, Mr. Speaker. I feel privileged to rise and speak in this Legislature. The fact that this is a motion under Standing Order 47, a motion to choke off debate, to silence Albertans, does not give me pleasure. Nonetheless, I believe it's important that I do rise to speak to this motion.

Interestingly, I note the Government House Leader's concern about this being a closure procedure, but of course we know it is, and former Parliamentary Counsel Mr. Michael Ritter, who had very noble service to this Legislature, said so. Actually, he called it closure by another name today on a radio show. We all know that's in fact what it is, because of course the impact of this government's decision last night to move the question under Standing Order 47 was to have the effect of shutting off those speakers who had not yet had the opportunity to speak on second reading of Bill 11.

Let's look at what kind of a bill this is, Mr. Speaker. Probably in terms of the term of this government, since it took over in 1993, there has not been a more serious issue before this Legislature, one that affects as many citizens as Bill 11 does, one that affects one of the fundamental values of our nation as this one does. Yet after a very short period of time, four partial days, I think 11 hours of debate, not the 700 hours of debate that the minister of international affairs referred to today but rather 700 minutes of debate, on a bill which can have major, major ramifications even if the government members don't wish to address it.

So let's in the first instance establish why this discussion is going on here this evening. It is in order to stop any further discussion, addressing of the issues on second reading by those Members of this Legislative Assembly, who were sent by the voters of their constituencies to represent them in this Legislature. With one fell swoop this government's acting House leader stood last night, and the effect of his words was to shut down debate. It is a shameful display of power. It is a government that does not want to listen to Albertans, and interestingly, you know, Albertans will not be silenced on this issue. They will have the last word.

Mr. Speaker, as we head into this debate this evening, as we talk about this motion, this Standing Order, I as well as my colleague from Calgary-Buffalo would like to welcome the visitors to our gallery, to thank them for being here, to thank them for all their hard work, to thank them for fighting for public health care and doing the work of many more people than their numbers would indicate, for being the spokesmen for public health care in this province, and for providing the kind of leadership that has made sure that it's not just in Alberta in this Legislature that this debate is taking place tonight. This debate, this discussion, this bill has attracted attention right across the country as we see a government that has moved to try and in effect, in fact dismantle our public health care system even if they don't wish to admit it.

Mr. Speaker, I would like to this evening in the time that's allotted to me – and I take it as a privilege as the Leader of Her Majesty's Loyal Opposition – outline one Canadian's understanding of medicare, how I came to have the views that I hold, why I believe it is wrong to choke off this debate, and why I think it's important that the debate go on and that members are free to speak with the conviction that their constituents give them to speak in this Legislature, not their own, not their party's but their constituents' views.

So, Mr. Speaker, I'm going to begin at the very beginning. Well, I guess it won't be the very beginning, but it'll be something that's pretty monumental in my life, and that is my father's ascent in understanding in terms of health care. My father was born in Prescott, Ontario. He attended Queen's University, where he graduated with a medical doctor's degree. He then did his specialty in England at the Hammersmith hospital in internal medicine, and then throughout his period as a student at Queen's University, something about this province just said to him: you've got to go to Alberta. I don't know what it was. Well, I do know what it was, because now I happen to be privileged to live here.

My father actually decided that from Queen's he would come out and work in Alberta in the summers. He found his way to the Jasper Park Lodge, and he found his way to being a bellman at the Jasper Park Lodge, as so many students from across this country do. I mean, they end up at one of the big CN hotels working for the summer.

Golf was his second love after medicine. He happened to be a very good golfer and happened to find a very good golf course at the Jasper Park Lodge.

I think it's instructive because that early foray into Alberta in his university days at Queen's gave him the conviction that Alberta was where he wanted to return to, and he did. He came back to Alberta in 1937. He was on staff at the Royal Alexandra hospital here in Edmonton. He then met my mother, who was a lab tech, a University of Alberta graduate, and my mother and father were married in 1939. My father then, of course, volunteered for service, as so many of that age did, and while he was initially posted in England, he returned to Canada in his service for the army and became a medical officer here in Alberta.

[Mr. Herard in the chair]

Mr. Speaker, in fact this whole issue in terms of my father's history, the fact that he was a physician is very much germane to this debate. My mom and dad had five children, of which I am the fourth, and here is the debate that was ensuing. I was born in 1948, which makes me 51 years old, and that period, the '50s and early '60s, was the whole period during which the very earliest parts of the Canadian health care system began to be formed: the medical services act in Saskatchewan, the hospital diagnostic act in Saskatchewan. Throughout the '50s there was a good deal of discussion. We've had discussions about it here during Bill 11. That was the period of time leading up to 1963, when some of the early federal work was done to try and promote the Canadian health care system.

Nineteen sixty-three was a very important year in my life. That

was the year my father actually passed away. He had a massive heart attack. Even though he was very committed to the public health care system that he'd seen developing, he wasn't able to practise in that system, sadly, but that was exactly the time when medicare was coming in. That time obviously had a very important effect on my life. At the time my brother was just heading into his first year of medical school and graduated from the U of A medical school, as did my younger brother, who followed me, both of whom are now practicing in Alberta in medical specialties.

My own experience as a student took me to the University of Alberta, and after doing my degree, a bachelor of arts, here at the university in languages, French and Russian, I then moved on to study at Universite Laval in Quebec City, and I think this is another piece of this one Canadian's journey in terms of support for and why I so strongly believe in the Canadian health care system.

9:50

While I was studying in Quebec, I lived in the old town of Quebec City in an old apartment that was actually an old home that had been rebuilt overlooking the St. Lawrence River just down from the Chateau Frontenac, where the guns shoot over the edge of the walls in this wonderful, wonderful historic city of Canada that is so fundamental to what this country is all about. If we look at the city and living in this city, living there being part of the city was a very important part of my education as a Canadian for it was here that I met my first separatists. This was the time, of course, in 1970 when the Parti Quebecois had elected its first members of the National Assembly, as it's called in Quebec. Its first members from the Parti Quebecois were actually there in Quebec City and two of them, very ardent workers for the Parti Quebecois, lived in the apartment upstairs from me and my girlfriend as we were studying as students at Laval.

You know, the reason why I became so committed to Canada, the reason why I thought it was so important that we look at the Canadian system is because of the Canadian values that I had firsthand experience with right there in Quebec. It was there that I learned about the whole issue of equality, the equality provisions that are so fundamental to the Canadian values that we have. Remember it was on those Plains of Abraham in Quebec City, those gorgeous plains that I used to walk past everyday as I walked my way out of the town to catch my bus to Laval University, where the English defeated the French. But Canada, to its honour I would say, instead of building a country based on the dominance of one culture, decided to build a country based on the equality of two cultures, a model of equality, a fundamental part of what has established Canadian values.

Those equality provisions, of course, have led Canada to be a leader not just as a bicultural nation but as a multicultural nation, a multilingual nation, a nation that believes in the equality of all persons, a nation which has benefited, I believe and have mentioned on so many occasions, from the fact that a former leader of the party which I am privileged to represent, Laurence Decore, took that model of equality that Canada had been built on, that I was experiencing there in Quebec, and in fact drafted the section in the Canadian Charter of Rights and Freedoms which speaks to the equality of all cultures in Canada given that model of equality from which to build.

So what are the other manifestations of this model of Canadian equality? I would say that the second one is equalization. In other words, there are some provinces that have greater wealth or greater fiscal capacity than other. So what did Canadians do? Did we say that we were going to simply reward the ones with a lot of money and let them grow unfettered and let the poorer ones just sit there and, you know, take the luck of the draw? No. That's not what we did as a nation.

We were a nation that believed in the equality of persons and of regions, so we built into our constitutional framework the decision to ensure that those provinces with less fiscal capacity, those poorer provinces, would benefit from those that were more wealthy, a sharing of the resources of this wonderful country with each other. That's what we did. That's another piece of this puzzle, another piece of this commitment to the equality of Canadians that was built right from the very beginning, what distinguishes us as a nation.

What else, Mr. Speaker? What else gave us Canadian values? What makes us proud as Canadians? What distinguishes us? Well, let's look at another one. Education. Education without question. Unlike our American neighbours to the south in Canada we decided that we as a society, through our progressive income tax system, were going to support the right of every single person in this country to get the best possible education they could. You know, we didn't build our universities and our postsecondary institutions on private funding, on those who could afford to pay. We built them on the basis that all Canadians would have access to education because we deemed it to be a public good. We didn't see it as a private commodity. We saw it as a public good. So education is very much in keeping and consistent with the values that have defined this nation and this province until now.

Finally, let's move to probably the most tangible expression of Canadians' commitment to each other, and that is our public health care system, Mr. Speaker, our public health care system, which has grown to recognize that the risk of illness is shared amongst us all. It isn't one that's based on those who can afford to pay get better care. It is built on the notion that all Canadians, regardless of their ability to pay, should have access to the very best health care we can possibly provide as a nation, as a society, as a community.

Anyway, Mr. Speaker, in this one Canadian's journey to here tonight and the reason I believe it is wrong for this government to choke off debate, there was my vision of Canada. I returned to Alberta in 1971, actually got my first job with the newly elected Progressive Conservative government under Peter Lougheed. It was interesting, because, again, in terms of the mandate that Peter Lougheed sought from Albertans at the end of the Socred era, after 35 years, the mandate that Lougheed sought was a mandate very much based on values: values of a world-class health care system, values of a public education system, values that addressed the needs of our seniors, values of the disabled, the AISH program that eventually came, values like human rights, human rights and the equality of all Canadians. Here it was. The very first piece of legislation that the Lougheed government brought into this hallowed Assembly was a piece of legislation called the Individual Rights Protection Act.

What was it about? It was about inclusion, Mr. Speaker. It was about equality. It was about the commonality that we share. It was all about reflecting the equality of Canadians. Mr. Speaker, as my colleague reminds me: look how far we've fallen. Look at the examples and the actions of this government when it comes to taking those values of seniors and pulling them away, the values of the equality of all persons and pulling them away and having arrived at the point where one in five Alberta children live in poverty. That is what's become of a vision that was very sound in '71. In 2000 it has been very seriously tarnished.

Let's move along, Mr. Speaker, move along through those years, the '70s, the early '80s, move to 1982, a very pivotal year in Alberta, a year when actually in the riding of Olds-Didsbury a member of the Western Canada Concept was elected as the MLA in a by-election. That was my first contact, if you like, my first experience not with

Quebec separatists as I'd had in my university days in Laval but with Alberta separatists, people who believed that somehow the equality of the provinces should be smashed apart and those with the greatest amount of resources and those with the greatest amount of money would rise to the top and to heck with all the rest. Well, I worked in that 1982 election, and I think it was the election in which I really got the bug. I got the bug to run for public office in that election because I believed there were some things worth fighting for. As I participated as a member of Peter Lougheed's advance team in setting up that election, I realized that this was the kind of thing I wanted to do. It was to fight for some of the things I truly believe in.

As I was preparing my remarks for tonight, it reminded me of how important it is that all of us, all of us, not just talk about the issues that matter to us. The real test of the woman or of the man is the actions we take in order to fight for the things we value for ourselves, yes, absolutely; for our country, of course; but most of all, for our children, for the people that will pass on, and for the concern over what we will pass on to them.

10:00

The year 1982 was also a very turbulent time. It was the year in which closure was used once by the Lougheed government, once, Mr. Speaker, in that 15-year reign. Once it was used. Yet here we are again tonight as government is using the same amount of clout and heavy-handedness that an earlier version of them – although that's probably not fair to the Lougheed Conservatives – had used only once.

Let's move from '82 to 1984, because 1984 was a very important part of this standing for the equality and the values of our Canadian health care system. It was in 1984 that the Canada Health Act began to be discussed across Canada, obviously debates about the authority of the federal government to move into an area of provincial jurisdiction. The reasoning was that the federal government needed to ensure that there was a Canada-wide health care system, that there was a principle of portability in that health care system. As a result, the federal government brought forward legislation to present to Parliament on the Canada Health Act and the five principles, which we have thought for some time on this side of the House are extremely important. In Bill 11 we finally see them included in legislation in this province in terms of the work that's being done.

Anyway, let's look at the Canada Health Act. Let's look at the circumstances under which it came in and the debates that carried on in this Legislature. I think it's fair to describe it, Mr. Speaker, as: this was the province that was dragged kicking and screaming into the Canada Health Act. This was the province that wanted to continue the practice of extra billing, thought the federal government was wrong to come in and tell them what kind of health care system to have.

Guess who changed the views of this government in terms of the Canada Health Act? These people, Albertans, changed the views of this government, and the government finally realized they would have to agree with the Canada Health Act because it was the right thing to do. The infamous debates between Dave Russell, the Minister of Health, one of my predecessors in the post, and Monique Begin, who currently is a professor at the University of Ottawa, were debates that were amazing, full of colour, full of vim and vigour, but fortunately for all Canadians, Alberta's difficulty with the Canada Health Act was silenced as the bill passed in 1984.

Mr. Speaker, 1986, a pretty special year for me. I made the decision to seek a nomination for the riding of Edmonton-Glenora. It was a very highly contested nomination, and I'm pleased to stand here and recognize the Member for Edmonton-Calder, who also was running in that nomination, and the former Member for Edmonton-Whitemud. Of course, after Lougheed stepped down, Premier Getty needed to seek a new seat, and the person who was in Edmonton-Whitemud, which had been Premier Getty's former seat, stepped aside, and the Premier ran there. He got the nomination, and the person that had stepped aside for him came to the Edmonton-Glenora riding across the river. I mean, it's a big river; it's a big divide. He came across and sort of said that he wanted to run there. After checking to make sure that it was still an open party, as I had believed it was, and that anyone had the right to run for a nomination, I was assured it did. As a result, I was elected the MLA for Edmonton-Glenora in 1986 and was delighted – delighted – to be appointed the minister of education right off the bat.

Let me move to the issues of 1988 when I was then appointed minister of health, and let me set the context for when I was appointed minister of health. As I say, in 1984 there was the difficulty with the Canada Health Act, and there was extreme difficulty with the relationships within the health care sector. Recall that in 1988 in the spring before I was minister, there had been a nurses' strike in this province, a very divisive one, a very, very difficult one.

You know, in 1987, a year before I became the minister of health, the temperature, the tensions, the difficulty, the turbulence that existed in the health care sector had resulted in the Premier of the day, Premier Getty, taking the very important step of calling in December of 1987 the establishment of the Premier's commission on the future of health care, The Rainbow Report, and I do want to talk a little bit about The Rainbow Report, Mr. Speaker. I think it's important to lay the groundwork, lay the stage for what was happening in health care, because the reality was that there was no trust within the health care system. Nurses had had their right to strike removed in 1982. Physicians were feeling that they couldn't trust administrators to design a system or to develop a plan that was going to serve them. People just didn't trust the health care system.

I remember the instruction from the Premier when he called me: I would like you to take over the health portfolio, and I'm going to combine the old community and occupational health with the hospitals and medical portfolio into a single health portfolio. His instruction to me was: please, take it off the front pages of every newspaper in this province. So, Mr. Speaker, that was the environment. That was the kind of tension and difficulty that existed in health care in 1988 when I took over in September.

So I think it's important to look at The Rainbow Report, and contrary to what the Premier has said on many occasions, The Rainbow Report was not called when I was the minister of health. Rather, it was my predecessor, the hon. Marvin Moore. I was privileged to be the minister to receive The Rainbow Report and to respond on behalf of government.

Let's look at some of the issues within The Rainbow Report, some of the very important context within which The Rainbow Report was developed. Here was a consultation process over a two-year period, Mr. Speaker, chaired by the hon. Lou Hyndman, in whose riding I was privileged to follow as the MLA, who had given me my first job in this Legislative Assembly, and for whom I have the absolute greatest respect for his continuing work as he continues to serve this province in so many, many ways.

Anyway, it was Lou Hyndman who chaired this panel of very distinguished Albertans who did a process of consultation over the two-year period, which was, I guess, a model for what I believe consultation with Albertans is all about. You know, I think Albertans have become a little jaded to this term "consultation" because what they've been subjected to is health summits over a two-day period or a gambling summit for a day and a half or this guise of consultation which goes out when allegedly there's a bill like Bill

11. They do a health summit, they do a blue-ribbon panel, they do all these things. But guess what? They forget to consult with the doctors. You know, it's bizarre, Mr. Speaker, absolutely bizarre.

10:10

Anyway, when I think of consultation, when I think of listening to the people of this province, especially on something as fundamentally important as health care, I think the process that was embodied in Bill 11 was a really important indicator of the kind of consultation that needs to go on when something as fundamental as our health care system is debated.

What kind of things did they do? Well, they met with experts. They documented their studies. They actually have something called a bibliography at the back of The Rainbow Report document of the kinds of studies that were reviewed, the kind of responsibility they were prepared to take for the recommendations they made. They went to town hall meetings, unlike the current government, which avoids them at all costs. They went around to the people of this province and asked them what they thought: what do you think about where our health care should be in the year 2005?

Well, it was an amazing response, because The Rainbow Report, like other royal commissions across Canada in the early 1990s, was really a blueprint of what needed to happen in health care. Succinctly put, the conclusion of not just The Rainbow Report but the conclusion of the similar reports from across Canada in the early 1990s, whether it was Saskatchewan, British Columbia, Ontario, or the Maritime provinces – virtually every single province did a commission to look at it. And you know what? There's a striking similarity in terms of the recommendations of all those reports.

The conclusion was basically: there's adequate resources in health care; the key, however, is that we're not spending the dollars to get maximum value out of it. So the recommendation was not about increasing support for health care but about reorganizing the way we deliver health care, taking advantage of the technology advancements but also not just switching away from hospital services, which had been part of the planning that had been going on for many, many years, but building a community support infrastructure to receive the people who were being given short stays in the hospital and who could, with the appropriate development of that community model, prevent people from getting into the institutions in the first place. The implications of that little nugget of reform, that new direction for health care in Canada, and the consistent review of all the provinces across Canada is what led to government responding to The Rainbow Report, a role that I had the privilege to chair.

Mr. Speaker, The Rainbow Report, as you would know, didn't just talk about health care services. The Rainbow Report was this broad-reaching effort to link issues like educational achievement with poverty indicators, with health reform, with youth who were having difficulty, whether it was with addictions, whether it was with falling into the criminal justice system. There were lots of things we could do to live up to the goal of The Rainbow Report, which was healthy Albertans living in a healthy Alberta.

Let's look at the response to The Rainbow Report. As a result, there were actually 12 ministries that came together, which I was privileged to chair, who then worked out a response to The Rainbow Report, an action plan that each ministry would then commit to carrying out the goals that were identified in The Rainbow Report. That response came in December of 1991, and I think it's important to put it on the record because, as I say, the process was massive and it led to many, many of the recommendations being accepted, such as the establishment of a health service innovation fund, establishment of a health unit, health facility partnership adventure, the establishment of a collaborative process to develop health goals for the province of Alberta – what a concept – and the development of role statements for all the health partners, not just the health functions but health partners; in other words, this broad 12-department co-ordination exercise to develop a grid, if you like, a framework within which public policies could be analyzed to make sure that we were delivering programs that met the test of building towards healthier Albertans. I mean, it was quite a wonderful context.

MR. DICKSON: It didn't require $600 million being cut out of the health care budget?

MRS. MacBETH: No, it didn't require dollars being cut out of the health care system, and I will get on to that, Member for Calgary-Buffalo, if you just give me a moment here.

Many of the recommendations of course were accepted. A Health Ethics Centre, ethics of course rising to the top in terms of that with this technology is the need for ethical decision-making. Increased emphasis on health promotion, very much in keeping with the goals of The Rainbow Report.

But there were some recommendations of The Rainbow Report that were not accepted after this very broad consultation. One was the recommendation of The Rainbow Report to establish personal health budgets for Albertans. We hear this notion coming out again. In fact, I'm reminded of the research we've seen in recent months where this whole notion of giving people a personal health budget to manage for themselves would somehow give them the incentive to be healthier, and I suppose with some people that might be the case. But what about someone whose behaviour, if you like, hasn't led to their ill health? What about a child that's born with AIDS? What about that? Is that child responsible for his own health? Does that mean that his allotment for a personal health budget will only go so far and then: oh, sorry; it doesn't follow anymore. And while that's not a completely thorough review of the recommendation, it was the wisdom of the government of the day to refuse that recommendation.

Next we had the establishment of a supplementary health insurance plan. That was rejected by the government of the day, the supplementary insurance plan. Of course, it was this whole notion that was very much there in the minds of some Albertans at least, some of whom were even in the government, that somehow there should be a supplementary plan for this whole notion of enhanced services for people that could buy their way into better health care services than someone else. Well, in the wisdom of that 12-department review, that notion of a supplementary health insurance plan was rejected. It was not accepted as a recommendation.

[The Deputy Speaker in the chair]

The other recommendation that was rejected, interestingly enough, was the establishment of nine autonomous health authorities to manage health services across the province. Interestingly, one of the reasons why this whole notion of the regional authorities was rejected was because members of the caucus, of which I was one, thought this would create what they called a superboard, a superboard that would have the ability to kind of run the health care in the region, that would sort of take precedence over other boards that might have a very important role. As a result, the nine autonomous health authorities was rejected, but what was accepted was the whole notion of describing the role of reaching out beyond health care to look at access to the services that were needed to make a healthier population.

10:20

Just before closing on The Rainbow Report, I think it's very important to clarify the record, because there have been some completely inaccurate statements in this Assembly about what The Rainbow Report recommended, and there are two of those statements that are very key to this. First of all, The Rainbow Report was very, very clear, Mr. Speaker. The Rainbow Report recommended level spending in health care. The Rainbow Report did not utter one word about cuts of 30 percent to our hospitals, what followed in 1992. The Rainbow Report did not talk about . . .

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members, if you disagree with the hon. leader, you're free to get up and take your turn and speak, but for quite some time we've by and large each been listening politely to one side after another. Let us continue that for the rest of the evening and in the morning.

The hon. Leader of Her Majesty's Loyal Opposition.

MRS. MacBETH: Mr. Speaker, thank you very much for your intervention.

Debate Continued

MRS. MacBETH: So what didn't The Rainbow Report recommend? It did not recommend cuts. No, Mr. Speaker, it didn't. It recommended that the dollars that were being allocated to health care should be reorganized and that it shouldn't all be in a state heavily weighted towards acute care and towards the institutional side, which frankly will always carry the greatest portion of the dollars because it's the most expensive piece of the system. But very, very important was the reallocation of dollars towards the community, towards supporting things like mental health services in the community, towards making sure that the community was ready to prevent institutionalization – and this is such a fundamental issue when it comes to long-term care and mental health services – and also to be there when people exited from the health care system after perhaps a major surgery, after perhaps an intervention with respect to mental health services.

Let's be absolutely clear. The Rainbow Report did not recommend that there be cuts to the degree that Albertans have borne over the last decade in this province, which were brought about by this government contrary to the recommendations of The Rainbow Report.

Mr Speaker, there is a second action that this government took and in fact is the subject of this discussion on Bill 11. The second action which this government took which was not recommended by The Rainbow Report was the proliferation and the growth and the attention being paid to the private sector in health care. What has led to a 50 percent increase in the size of the private-sector involvement in health care was not recommended in The Rainbow Report. The Rainbow Report was committed to taking the resources that we have in the public health care system and getting better value out of them, plain and simple. That's what I believe was the most fundamental mistake this government has made. The combination of their cuts and the growth and proliferation of the private sector in health care have led us to where we are today, where this government now wants to legislate the role of that private sector forevermore. It is a despicable action to take in response to a public health care system which is value based and so important to the people of this province.

Mr. Speaker, here we have The Rainbow Report, which I was privileged to receive, and then as I mentioned, the 12 departments co-ordinated the response. I was privileged to chair that. The job, I guess my job as the minister of health, was to then take The Rainbow Report and from the response by the government at the end of 1991 to work with the health care sector to come up with a plan for the future.

Part of that discussion was the ambulatory care policy, Mr. Speaker, because there was the notion that the private sector would be a better way, in the view of some, to develop our health care system. I didn't share that view. The first words out of my mouth when I was chosen as the minister of health in 1988, in September, were that I was a very strong proponent of the Canada Health Act, that I always had been and always would be.

Anyway, I actually had colleagues at the time, Mr. Speaker, who said to me: "How can you possibly say that? Think of all the fights this government had on the Canada Health Act." I said: "Well, so be it. I'm the minister of health, for the time being at least, and I believe that the Canada Health Act is probably one of the crowning glories in Canada in terms of legislation through the Parliament of Canada." I still think so.

So, Mr. Speaker, let's look at what led to the ambulatory care policy, which presumably this government sent in the brown envelope to the newspaper a couple of weeks ago. I've actually had it here in my desk, and because it was a document that went to cabinet and went to caucus, I was sort of thinking: should I make it public or shouldn't I? I withheld it, and then all of a sudden I find that in fact it has been leaked. As a result, I thought it would be okay to refer to it. Of course, it was referred to in the Consumers' Association of Alberta's study, which actually reminded me of the ambulatory care policy, because of course it was the policy that started to look at this whole notion of the proliferation or at least the desire of the private sector to expand.

Ever since medicare was established in the mid-60s, the percentage that's been allotted, if you like, to the private delivery of care, whether it's plastic surgery or physician services or physiotherapy or any of those kinds of services, has been around the 20, 21 percent mark. It was solid; it was really very consistent on that mark from 1963 right through to 1992. But guess what? In 1992, aah, it took a great big jump. That was when the 50 percent jump took place, Mr. Speaker.

But let me back up a little bit. As the minister of health I knew that there was a lot of pressure. In fact, I had lots of people that were very strong proponents for private care, many of the same who are now spokesmen, on the side of them, for expanding the role of the private sector. As a result, I brought forward, with the help of the very capable people within the department of health at the time, an ambulatory care services discussion paper. You know, unlike the government of today, these are the kinds of documents that then went out for discussion with medical groups, nursing groups. It was kind of: let's identify the issues with private care; let's make sure that we are building a very sustainable health care system instead of just writing a blank cheque to the private sector, which of course has been what has happened over the last eight years.

MR. DICKSON: Sort of a white paper.

MRS. MacBETH: Yeah, it was a bit of a white paper. It was a discussion paper, and I think it's very important to put the ambulatory care paper in context. Of course it's tabled, and if any of our visitors here tonight would like to take a look at it, they might find a very useful document in terms of what was proposed in 1991. If it had been enacted, in fact Alberta wouldn't be having to deal with

the mess that's been created over the last eight years by this government.

Saskatchewan and Ontario, especially Ontario, had put in place a legislative framework to control the independent health facilities that because of technology were able to deliver services offsite of the hospital but would be able to be controlled, and there wouldn't be this difficulty with enhanced services. Of course, Ontario's legislation stopped it. Saskatchewan was very much working with Alberta, and they in fact brought their legislation in following up on Ontario's.

It's interesting, I think, to note in this discussion paper that I put out in 1991 a very pivotal issue, a very important issue, and one that's the subject of this bill, because what is ambulatory care? What does it mean?

10:30

I think it's important to put on the record what the definition of ambulatory care is in this paper, Mr. Speaker. Ambulatory care is defined as "the mode of service provision that requires the patient to ambulate [walk] to the location of the provider and leave on the same day after receiving care." So what does that mean? Well, what it means is no overnight stays. This was about services that could be delivered on an outpatient basis beyond the hospital walls but needed to be co-ordinated, but it ruled out overnight stays.

It talked about the model of the Ontario legislation. We knew that there were people in Alberta who were very, very much interested in setting up private facilities, but instead of doing what the Canada Health Act would have permitted them to do, which was basically set them up completely outside of the health care system, which of course the Canada Health Act does and always has permitted, these people wanted to have a framework, an ability to take a piece of the public health care system to deliver with public dollars in a private setting. Well, that was exactly the reason why this paper was developed, to stop that practice, to put a legislative framework in place so that those community services, not overnight but community services, would have the legislative framework that was needed.

Well, guess what, Mr. Speaker? It didn't get approved. It was very clear that the government, the caucus was not prepared to go along with these recommendations. You know, Mr. Speaker, as a minister I was very disappointed. I thought it was the right way to go, but rather than stay focused on that, I decided to dedicate my energies for the next year and a half towards building a plan for health care on the assumption that this ambulatory care policy would be brought in in due course. However, the government chose to ignore it, to their peril I would say, because had this policy been in place we wouldn't be having the discussion we're having on Bill 11 right now.

MR. DICKSON: And Albertans wouldn't be paying that price.

MRS. MacBETH: That's right. Just one other point, and the Member for Calgary-Buffalo reminds me. I think it's important to look at Bill 11 in context. Bill 11, as we know, not only takes these community services that are being delivered offsite of the hospital; it allows, of course, overnight stays. It allows the opening of the door towards private-sector care provision. Overnight is a very key point in the delivery of health care. It's that whole issue of admission to a health care facility, which is very different from simply walking in and getting the service one needs on a short-stay basis, not overnight.

As well, this paper, unlike what the government is proposing in Bill 11, would have included the private MRIs. This paper would have included the diagnostic, the fertility clinics, all of those things that are not covered by the surgical procedures only that are covered in Bill 11. That's another one of the gaping holes in the legislation. It goes too far on overnight stays, and it avoids the whole area of diagnostic, fertility, mental health, home care, nursing services that should be part of the framework of delivery.

Mr. Speaker, the framework for the future was then a major job that I had and was privileged to have as minister of health. The framework was really developed by working with every conceivable group in health care and often spread beyond health care as the communities came together to look at how we could take the dollars that were allocated in health care and recast them to build this community support base which was so necessary and so unanimously endorsed by the provinces across Canada. It was probably, I must say, one of the most exciting times in health care policy. The credit for coming up with the plan that was there by the fall of 1992 went to Albertans. The credit went to the many, many, many people – health care providers, community groups, health units, municipal councilors, MLAs – everybody that worked so hard to come up with this plan, which I was privileged to build.

Mr. Speaker, let's remember the context. Dollars were very, very tight. It was a very difficult time, and Alberta was living with a very tight fiscal framework. I would like to talk a little bit about the record of that time just for a couple of moments. With regard to health care over that period of time, contrary – and this was so well documented in the Taft/Steward report on *Clear Answers: The Economics and Politics of For-Profit Medicine*. The Taft/Steward report quoted this government as saying that they had to do the cuts because, quote, health care spending was out of control. Do you remember that? Do you remember those lines? Albertans had to be punished because the so-called health care spending was out of control.

Well, let's look at the record. Let's just put it out there and say what really was happening over that four-year span. This is, of course, something that I've tabled, but I think it's important for the members that are here this evening to know and to know that the credit goes to Albertans for the incredible cost control that was going on in Alberta from '88 to '92.

These are figures from the health information of Health Canada, very valid figures – I'm happy to table them – showing that Alberta from the period of '87 to '91 had the best cost control record, in real terms 1.3 percent growth on average over that four-year period. Now, that's pretty substantial, Mr. Speaker, when the Canadian average was 3 percent. One point three percent. That's to the credit of Albertans, who were living with very tight controls but who were moving towards something. That's what gave it the energy. That's why it came off the front pages of the newspaper. People were working. They knew there was a plan. They knew there was a way out of the difficult situation we were in.

Put another way, I think if we look at all the other provinces, we can look at the fact that Alberta's spending was kept at the national average, in fact slightly below the national average, as we moved through that period. Very, very different from the spin that was put on by the provincial government of the day to say to Albertans: everything's out of control, the sky is falling. Well, there's the record.

I think, as well, in terms of the record that it was important to reorganize the way that health care dollars were spent. I've already touched on that and of course the push toward privatization even with that very, very tight fiscal framework within which we were operating in Alberta. There was no growth in the private-sector delivery of service, Mr. Speaker. It stayed in that 20, 21, 22 percent range, where it had been for the previous 30 years.

10:40

Mr. Speaker, let's move on to '93, a new era, a new party. Some have suggested that in fact the name of the party should have been changed back in '93, suggestions of things like the Mayo Clinic north came to be, all of those notions of Alberta being up for sale, including the health care system. It was a very different time and a very disturbing time for a lot of people who had worked for a government and for a party that had seemed to support the notion of good management and sustainable health care, but that kind of came to a screeching halt once '93 hit.

I know the government doesn't like to be reminded of the facts in this issue of the cuts that were done to health care. It's very painful, but let's put it on the record just one more time. The cuts to the public hospital budget in the mid-90s was a 30 percent cut in the words of the Robert Evan's study that was focused, and of course . . . [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members, if you wish to dispute any of the things that the hon. Leader of Her Majesty's Loyal Opposition is saying, do so in your turn but having a chorus – this is not a choir, and you certainly aren't a choir. Could we just let . . . [interjection] Hon. minister, could we just let the hon. leader give her speech, and then if you wish to refute any or all of the things that she said, you're free to do so in the spirit of debate. Let us hear it.

Hon. leader.

Debate Continued

MRS. MacBETH: Well, Mr. Speaker, I know they get a little touchy. They don't like hearing the truth. The truth is here in the Evan's report, and if they don't like hearing about the 30 percent cut in public hospitals that took place in the '90s, which is the truth, they can go to the latest numbers coming out of the Canadian Institute for Health Information, which has shown that in fact it was just under 30 percent at about 28 percent. So, you know, the numbers speak for themselves. It talks about public hospitals and the cuts that took place in public hospitals. If they would actually read the information that's available to them, the kind of incredible information that this awesome opposition has put forward in fighting this legislation, they would be better informed, and frankly they'd be able to answer the concerns that are raised by their constituents in town hall meetings across this province.

Mr. Speaker, I would like to look at some of the issues that of course are very important. While this whole issue of hospitals being cut by 30 percent was going on in '94, guess what else was happening, just as an aside to my comments? This was when the West Edmonton Mall deal was being financed, when Albertans were being put on the hook for a $400 million debt that we don't know the end of. The same time as they were cutting hospitals by 30 percent in this province.

As well, let's look at 1994. A very important thing happened, you know. The other provinces in the meantime were watching Alberta, watching what was going on in Alberta in 1994, and they were watching it from the point of view of health care and especially from the point of view of private health care. Now, remember, by this time Ontario's passed legislation; Saskatchewan is developing its legislation, doing the work of trying to control this private-sector growth.

I think it's important to put on the record a meeting of health ministers in September of 1994, when federal, provincial, and territorial ministers of health discussed a number of issues, including the Canada Health Act, co-operation, and especially the whole issue of private clinics. It's important to put this one on the record, Mr. Speaker, and I'm going to read from the communique of the health minister's wrap-up of that September '94 meeting.

> A small number of private clinics have recently been established which provide some insured health services for which the patients are charged a service or facility fee.

Well, we know what happened there.

> Ministers [federal, provincial, and territorial] are concerned that continued growth in the number of such private clinics could lead to the development of a private system of health care in which people who can pay will get faster access.

Is the picture coming into view?

> Such a system would have a negative impact on the publicly funded services available in Canada, where access is based on medical need. It was noted that Alberta is still reviewing the issue of private clinics and has not reached conclusions regarding their role and impact on the health system in Alberta.

Well, guess what? Alberta didn't go along with the plan to build a public system and to control the growth of the private sector.

It goes on. This is September of '94.

> Ministers of Health agreed [all except Alberta] to maintain a high quality, publicly funded medicare system and agreed they will take whatever steps are required to regulate the development of private clinics in Canada. Alberta reserved inclusion in the regulatory strategy until its review . . . [was] concluded.

Well, here we are in 2000. Presumably their review is concluded, and the result is Bill 11, which, as we know, opens up private, overnight stay, surgical clinics-cum- private hospitals and ignores the private MRIs and all the other diagnostic services that should be covered. So an important part of the record, Mr. Speaker.

Let's move on, then, to Bill 37 and the first attempt to expand the private clinic role in Alberta. You know, this has been this whole debate over listening to who stands to benefit in terms of this piece of the public system being offered to private operators on a for-profit basis. Well, those who stand to benefit are those who can make a business out of it or, as I quoted in my remarks a week ago tonight, actually on the 4th of April, those few specialty physicians. Those are the ones who stand to benefit from this enabling of private, for-profit health care, medicare, to be delivered and which of course Bill 11 cements in the laws and statutes of this province.

I wanted to look at some of the excellent work that's been done by researchers, international, Canadian, and Albertan. I will do a little bit of a review of those documents. I was reminded of the health summit that many of us attended. In fact, I attended and sat with the hon. Member of Edmonton-Meadowlark, and many others of us were there, and we were privileged to hear Dr. Tom Noseworthy when he made his opening remarks at the health summit in 1999.

Of course, Dr. Noseworthy was with the department of public health services, the Faculty of Medicine and Dentistry at the University of Alberta. He was a member of the National Forum on Health, which made such important recommendations for the Canadian health care system last year. He's someone that has a lot of experience in health care. He was an intensive care physician, an emergency physician. His remarks at the health summit were wonderful. They were tremendous remarks. You know, I actually am one of those people that keeps every piece of – oh, I don't know; I'm a bit of a health care junkie, I guess. I keep all these wonderful reports, and as I was going through that pile of reports in my office, I came across Dr. Noseworthy's remarks. I remember the discomfort of the government MLAs in the room when he made his plea that we shut off the leak of the private sector. He said, "Get rid of it. Dump it. Forget it. Stop it. Work on the public system, and the private system will go where it needs to go, which is wherever it needs to go."

10:50

Anyway, Mr. Speaker, I thought it was important to look at this whole issue of healthy Albertans and to look at the issue of the illness patterns, which Dr. Noseworthy talked about so eloquently in his presentation. You know, he said that it isn't just about the money we spend on health care. It's all about how healthy our citizens are. He went through some of the most incredible statistics, which I think are worth reading into the record in terms of the health status of Albertans.

Do you remember that little bit I spoke to you about, the health goals in The Rainbow Report? Well, these indicators are the kind of indicators that we need to improve upon. I think any of us as legislators need to listen to some of these numbers and make sure that we develop healthy public policy. It's not about trying to find a role for the private sector, that this government is so hung up on. It's about trying to build a health care system that makes our citizens healthier.

So let's look at some of the reality of the statistics. These are the ones that the government doesn't really want to show and with good reason. They're not very pretty. It shows that "injury is the leading cause of death for [those] from 1 to 44 years" of age in this province, 1 to 44; preventable, avoidable injuries, Mr. Speaker.

- Injury accounts for more potential years of life lost than any other disease.
- On average, 3.6 people [in Alberta] die every day due to injury.
- Comparing all provinces, Alberta's rate of injury hospitalization ranks second behind Saskatchewan.
- Injuries lead to hospitalization over 30,000 times every year and costed the hospital system approximately $524 million from 1985 to 1990.

This is Alberta, Mr. Speaker. These are the Alberta statistics. This is what needs our attention.

- Injuries, whether intentional or unintentional, fatal or non-fatal, result in tremendous financial and productivity costs.

Look at the costs of injury in terms of our economy. Look at the workers that this wonderful Member for Edmonton-Glengarry spoke to yesterday when he made the presentation to the WCB report.

- Motor Vehicle Collisions:
  In 1997, 391 Albertans died from motor vehicle collisions. That is more than one death every day, all year.

That's unacceptable, Mr. Speaker. Why aren't we having legislation in this Legislature that looks to how we can improve the health status of Albertans instead of how we can enable the private sector to make a buck off the public health care system.

Let's look at the statistics of suicide. "The suicide rate [in Alberta] is higher than the rest of Canada," an indictment, Mr. Speaker.

  In 1997, more Albertans died of suicide than of motor vehicle collision injuries.
- Falls:
  The rate of in-patient hospitalization is 24% higher [in Alberta] than the national average.

Why is that? Don't you think that's a worthwhile thing for us to start to probe so that we can eliminate the amount of injury from people falling? Look at our older people and the number of falls they have. What are they doing about it? Nothing.

- Work Place Safety:
  From 1993 to 1997 work place fatalities increased [in this province] by 56%.

These are Dr. Noseworthy's numbers, Mr. Speaker.

- Gun control:
  The rate of children killed with guns is almost twice the national average, and it is in fact comparable to the combined rates of Israel and Northern Ireland.

The death of children killed with guns, Mr. Speaker. What are we doing when we're not working to bring that rate down?

- Sport and Recreation:
  In 1997, an estimated 194,310 injuries, or 532 per day, requiring medical attention resulted from participation in sport and recreational activities.

You know, we can teach our kids to be safer. We can do it. We can make a goal that we're going to reduce the number of young people having sport-related injuries. We can bring it down. That's what health goals are all about, Mr. Speaker, and it's not happening in Alberta.

To quote Dr. Noseworthy:

> Death does save the health care system money, but it's hardly a strategy worth pursuing. This naturally shifts to the common rhetoric – to fix this problem all we have to do is to keep people healthy. The logic is absolutely inescapable. The reality is anything but.

That's what we need to be working on, Mr. Speaker, not on private health care, that this government wants to pursue.

Let's move to some of the other studies. We've extensively quoted the U.S. studies that show that private health care is more expensive, that the waiting lists are longer when it's a private, for-profit mix with a public system. In fact, many, many studies will show that the quality of care deteriorates in the private sector because of course there are different motives than what exists in the public health care system.

Let's look at some of the studies that have been done. I just want to cite them because I think they're really important. In Britain, a wonderful study by John Yates, the Institute of Healthcare Management. Interestingly, this is the study, the Cam Donaldson paper, that the government of course hid from the view of Albertans, the one that we've brought forward which shows that there is no evidence – remember? – in their preliminary study. The Cam Donaldson study is an interesting one. Of course, we brought it out because the government refused to. This was one they'd commissioned with their own Health and Wellness ministry.

This study showed that there wasn't any evidence to support this push to privatization which was being proposed in Bill 11, but the government responded to the fact that they'd kept it hidden for quite some time by saying: well, it's only an interim study. Of course, this is very germane to this debate here; isn't it? Because the amendment last night that we proposed or one of the amendments that I think we could have proposed would have been to take the interim report of the Cam Donaldson paper – you know, take Bill 11 off the Order Paper and wait until the final results of the Cam Donaldson paper come forward before going down this blank path with absolutely no research to justify where they're going. They wouldn't even do that. They're so bent on giving the private sector a role in taking up public health care.

Anyway, the basis of that Donaldson paper is here, and I would refer any members to *Private Eye, Heart and Hip* by John Yates, an excellent study.

I think the only piece I just was reviewing tonight, which is well worth noting – I know I can find it if I just take two seconds to do it. It cites the British health care service where, of course, physicians can practice in the public system and the private system. It took 16 surgeons who were operating in both the private and the public system and compared the waiting lists of those surgeons, depending on whether they were in a national health services clinic, which of course is the public system, or in a private group, and it was very instructive.

The waiting list for an orthopedic appointment with one surgeon was 14 weeks in the national health services clinic, but for the same surgeon who was operating in the private sector, guess how long the wait list was there. Three weeks. Imagine: three weeks in compari-

son in the private clinic. Let's take another surgeon. Another surgeon had in his national health services service a 23-week waiting list, 23 weeks, Mr. Speaker, for working in the public system, for someone that was followed by the public system. This same surgeon with the 23-week wait in the public system: guess how much it was in the private system. One week. He's operating in both systems. Why is that? Well, I'd refer members to the John Yates study. They might learn a little bit about why Albertans are so concerned about this legislation.

In Canada, of course, we have some excellent studies that have come up, and I really applaud the health care economists, the people who have been working on health care policy for many, many years in this province. We had five of them come together. I've never seen five researchers come together and collaborate on a study as Robert Evans, Morris Barer, Steven Lewis, Michael Rachlis, and Greg Stoddart did in Private Highway, One-Way Street, an excellent, excellent review.

11:00

This study, of course, repeats the 30 percent cut in public hospitals that Alberta put into place. This is the paper that reviews Bill 11, the one that many, many Albertans have been able to read because they've pulled it off the web site. It says – and we all know this, but I think it's worth quoting into the record – that "a unique feature of the recent Alberta proposal," i.e. Bill 11, that is the principal focus of this paper, "is to allow private for-profit facilities to be the site of overnight care covered under the [Canada Health Act]."

It goes on, but I think the conclusion of the study is a very important one. It says:

> Stripped to the bone . . .

Stripped to the bone, Mr. Speaker.

> . . . the Alberta proposal appears to be little more than taking lousy odds on a very small payoff, and gambling with the health of Canada's health care system, for the sake of a few Alberta health care providers who would stand to gain considerably in the short term. It is troubling that the rest of Canada has been so slow to take notice of [what's going on in] Alberta, and that the premier has taken so little notice of Albertans' vehement objections.

Which brings me, Mr. Speaker, to what we're doing here tonight. Over and above Albertans' vehement objections to this legislation is a government that after 11 hours – 11 hours – have to move closure to keep Albertans quiet, to silence them, and it is a completely unacceptable . . .

THE DEPUTY SPEAKER: Two things. One, we have the hon. Government House Leader rising on a point of order.

Secondly, the chair would rise on a point of decorum. We're getting people shouting at the leader, disputing whatever it is that she is saying. That's perfectly fine for you to do, but we prefer that you do it during your speech on second reading, not while the hon. leader is making her speech.

Now, a point of order, the hon. Government House Leader.

Point of Order
Allegations against a Member

MR. HANCOCK: Thank you, Mr. Speaker. Under Standing Orders 23(h), (i), and (j). I've listened for the most part quietly to the hon. Leader of the Opposition's 90 minutes of discussion tonight or almost 90 minutes – it will be in 10 minutes – but I can't sit quietly while she makes allegations that a member of the House moved closure, when in fact closure has not been moved on this bill. In fact, the only reason that this member is speaking tonight for 90 minutes is because she has the opportunity to do so because debate has been extended by a Standing Order 47 motion, which allows every member of this House one more opportunity to speak on this bill. So it's totally inappropriate for her to make the allegation that closure has been moved, when in fact closure has not been moved in any way, shape, or form.

THE DEPUTY SPEAKER: The Member for Calgary-Buffalo on the point of order.

MR. DICKSON: Mr. Speaker, I take your gesture and as always your helpful direction. I'm going to focus specifically on the point of order raised by the Government House Leader. He suggests in some fashion that what happened last night was not a form of closure. Well, I am astonished that the Government House Leader, who we assume is conversant with the parliamentary authorities, is not familiar with the citation which makes it abundantly clear. It's in *Erskine May*, which specifically says that to move that the previous question be not now put is a form of closure. It's not always styled closure, but that's the reality. If the Government House Leader has forgotten his parliamentary procedure, let me remind him. What it prevents the opposition from doing is moving amendments at second reading. We moved one amendment. We had at least two other solid amendments to move.

How many times have we heard in this House the Premier say: "Bring your amendments forward. We'll deal with your amendments. Have you got amendments to the bill? Bring them in"? So what happens, Mr. Speaker? Last night we come in. We have a number of amendments. We move the first amendment. It's debated and we vote on it, and the Deputy Government House Leader is on his feet insisting that the question be now put. What is that if it's not a form of closure? It prevents any further amendments being put.

You know, Mr. Speaker, if we'd had the opportunity, we might have moved an amendment that would say: let's defer any further consideration of this until we see the final report, not just the interim report. The health minister went on the other day about how important it was that we see the final report from the institute and Cam Donaldson and his colleague. Well, fine. Let's park Bill 11. Let's park it until we get the final report. That might have been the amendment we would have brought forward. We weren't afforded that opportunity.

Frankly, I'm astonished that the Government House Leader would suggest in any way, shape, or form that what happened last night was not a form of closure. That's contrary to the parliamentary authorities, it's contrary to the experience of anybody that's been in this Assembly for more than six months, and it's certainly contrary to what in fact was said in the course of debate.

Now, I may have colleagues that want to participate in the point of order as well, Mr. Speaker. I think it's of particular concern when the Government House Leader rises on a point of order. We assume that he's doing so with deliberate thought and with a careful plan, and I expect there may be colleagues that want to offer their opinions. This is an important matter for him to interrupt the Leader of the Official Opposition while she's using the time that's allotted to her under our Standing Orders.

Those are the observations I want to make at this point on the point of order.

THE DEPUTY SPEAKER: Hon. members, as the hon. member for Calgary-Buffalo has indicated, there has been an interruption in the flow of the speech by the Leader of the Opposition. It is a point of order. That's perfectly legitimate in the scheme of things if there is a point of order. Citing his reasons, the hon. Member for Calgary-Buffalo has counteracted the thoughts of the hon. Deputy Government House Leader. Before we enter into a back and forth, there has

to be a back and forth, and so far there's been a this and this and there's nothing coming from the other side.

The chair would make a couple of observations. First of all, the original citation, as I recall it, by the hon. Deputy Government House Leader is 23(h), (i), and (j), which we can all remind ourselves are from the Standing Orders of this House. It's "makes allegations against another member." There was the inference, the allegation that someone brought in closure – and that was definitely a member – that the hon. Minister of Economic Development did do that, and it has been referenced before. So that would fit. Now, whether or not it is a proper allegation is the second thing.

"Imputes false or unavowed motives to another member" is (i). I didn't get the sense that that was being alleged here.

"Uses abusive or insulting language of a nature likely to create disorder." Certainly, while the hon. Deputy Government House Leader did speak before he was able to issue his thoughts, the chair saw fit to intervene because disorder was coming perhaps with the nature and the enthusiasm which the speaker was using, and that's "language of a nature likely to create disorder."

Now, ending the comments, the hon. Deputy Government House Leader got into the whole business of whether it's closure or whether it's not closure. Then we have the hon. Member for Calgary-Buffalo saying that *Erskine May*, which would be the third reference that we use, says that it is a kind of closure. Then one could also probably find someone who might say that amendments at second reading are not amendments which actually bring anything to the bill. They're all negating, as has been brought up before. The three kinds of amendments are a hoist, which kills the bill; a reasoned amendment, which kills the essence of the bill; or the referral of the subject matter, which again does that. So what we're getting here is a debate over what's closure and what isn't closure, is a kind of closure. I suppose one could get into a debate that the referral of a subject matter to a committee is a kind of filibuster, and that really isn't helpful to the debate, it seems to the chair.

11:10

I would say that there is language that's likely to cause disorder in the House when we are characterizing it with a pejorative word like closure. Whether or not that's intended, it has resulted in a kind of dispute. I wonder if we could continue the debate without interruptions and hopefully to a peaceful conclusion.

The hon. Leader of Her Majesty's Loyal Opposition.

Debate Continued

MRS. MacBETH: Thank you very much, Mr. Speaker. I was quoting from The Deklein and Fall of Canadian Medicare. There were a couple of other quotes I just wanted to cite in this whole review of some of the excellent Canadian and Alberta literature that has been produced. I quote from the report: "Moreover, relative to provincial GDP, the Alberta government's expenditure on hospitals was, in 1999, estimated to be 22.4% below the national average." Those numbers, of course, are from the Canadian Institute for Health Information, and I think it's a very important point.

Finally, we have a government – and in fact there were members this evening who stood up and said that there was no queue-jumping going on in Alberta. Let me quote again from the report Deklein and Fall of Canadian Medicare? where it says:

> The latter case is illustrated by private MRI facilities in Alberta offering accelerated services for patients waiting for MRI in the public system. The private facility is permitted to offer patients an immediate MRI scan, at their own expense . . . In effect, then, the private clinic is profiting by selling patients the possibility of earlier access to public facilities, of queue-jumping.

There it is, Mr. Speaker, right there in the report.

Now, there are a couple more I want to make sure I get to before my 90 minutes have expired, and that is to put on the record the excellent work done by Michael Rachlis in terms of being very much a supporter of public health care in this country, a wonderful speaker who, of course, spoke to a public forum sponsored by the Alberta Liberal Party on the weekend and gave an excellent, excellent address, Mr. Speaker. But I wanted to note the letter to the editor in chief at the *Edmonton Journal* wherein he basically wanted to respond to the letter which was sent by the Alberta minister of international and intergovernmental affairs talking about the whole issue of NAFTA, which, of course, we know is a major concern in terms of the impact of Bill 11.

I think the key point that's made in the Rachlis letter, as has been made in countless studies – but here it is in two pages, and it's kind of easy to get through – is that the risk of the impact of Bill 11 and the possibility of a ruling by an international tribunal is enough to make most people say: let's not go down this road. That is the point. This government has no right to stand up and say that there will be no problem with NAFTA, when in fact there are many, many arguments to say that there may or there may not. At least they could admit that there is a risk, and that's what the reports show.

Mr. Speaker, I could go on about the U.S. and Canadian health care costs, the advantages to our employers in this country for public health care. I gave remarks to the Calgary Chamber of Commerce on February 9, which I'd actually be pleased to table in the Assembly, where I outlined the benefits to Canada of our public health care system and the huge disadvantage that would accrue if we moved along the lines of the American system in terms of costs to our employers in this country. So the evidence is clearly there.

[Mr. Herard in the chair]

I want to note in terms of Alberta as well in the few minutes I have left the excellent economic overview done by Richard Plain of the department of economics and public health at the University of Alberta, someone who actually has worked very, very hard for this provincial government but who is obviously a little distressed by Bill 11. I would like to cite an excellent paper done by Donna Wilson, who is someone who has done incredible work as a volunteer to attend health forums right across this province, who has worked tirelessly, and who is a strong, strong advocate for public health care. She has not just talked about it; she has put it into action in her report, a 10-point critique that is also available on her web site and an excellent review of the problems with Bill 11. Another excellent Alberta study is from Laura Shanner, a PhD at the John Dossetor Health Ethics Centre, on the ethical concerns about Bill 11, an excellent, excellent review from a different perspective.

So here we have the economic reviews, the nursing reviews, the medical reviews, the ethical reviews, all of them pointing to what a disaster Bill 11 is, if only this government would just listen.

I tabled in the Legislative Assembly today, Mr. Speaker, the polls. Polls are a measure of the concern that Albertans have. These polls are unanimous, whether it's the Angus Reid poll, the A-Channel poll, or the one released today by the Canadian Union of Public Employees. All of them assert that by far the majority of Albertans are opposed to Bill 11. Interestingly, the more Albertans get to know Bill 11, the more they're opposed. That's what we're seeing as the trend line goes on the polling information. Yet what happens in this provincial Legislature? The government is ignoring the polls. They're ignoring the town hall meetings. They're not attending to the issues. The Premier refuses to do the debate with me, and I can understand why because here is the pile of evidence just in tonight's

debate to show that where they're going is wrong, wrong, wrong.

So, Mr. Speaker, I could certainly go on, but my time is nearly up. I want to say that of course this whole issue of telling some of our members, including members on the government side, that as a result of this Standing Order 47 and this motion that the question be put, the impact is to finish off debate, to not allow any more amendments to come forward, amendments that we think would be very useful. Let's remember that we're at the point of discussing the principles of this legislation, the principles which Albertans find abhorrent, yet it is on the principles that this government has decided that, no, the guillotine will go down and there will be no more amendments, no more discussion before we get into the bill. They can call it what they want, but Albertans know full well what's going on in this Legislature tonight.

Mr. Speaker, in closing, let's go back to the lens, the lens that's looking on this Legislature to welcome and thank all the people that are here in our galleries tonight. Let's not forget that the lens isn't just here. The lens isn't just here. [interjections] I'm so glad you're there. Thank you.

The government may think that they're pulling one over on the people of this province. They might actually think that, but it's not true. Albertans won't be silenced. Albertans will have the last word. Either pull Bill 11 or call an election and let the voters decide.

Thank you, Mr. Speaker.

11:20

THE ACTING SPEAKER: The hon. Member for Wainwright.

MR. FISCHER: Thank you, Mr. Speaker. I am truly amazed that the Member for Edmonton-McClung would continue to play politics with one of the most important things that we have in our lives. When I say that, I know that when she talks about the percentage of cuts, that has been an indication of her speech all evening long. She knows perfectly well that the cuts were roughly 13 percent, and she knows perfectly well that there was $500 million taken out of a $4.3 billion budget. She knows that.

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Hon. member, much as the previous Speaker, who perhaps has more experience than I do, I think we have to try and be consistent. When an hon. member is on his feet speaking, then please confine your comments to when it's your turn to speak and give the hon. member the courtesy of giving his speech.

MR. DICKSON: A point of order, Mr. Speaker.

THE ACTING SPEAKER: The hon. Member for Calgary-Buffalo is rising on a point of order.

Point of Order
Questioning a Member

MR. DICKSON: Under *Beauchesne* 333 will the member entertain a brief question, Mr. Speaker?

THE ACTING SPEAKER: The hon. member simply has to reply yes or no.

MR. FISCHER: No.

THE ACTING SPEAKER: Carry on.

Debate Continued

MR. FISCHER: Mr. Speaker, I know that the Member for Edmonton-McClung has taken her math and she can divide the numbers just as well as anyone else in Alberta. I do know that when some of those cuts were made, a lot of that money came out of administration and went right into hospitals. She might be able to find one hospital or one along the way that got cut, but that is misleading the public.

Mr. Speaker, I want to just make another comment. The opposition member mentioned that she had a plan back in her Rainbow Report days. Rural Alberta really remembered her plan all right, because she went up to the Peace River country with her bureaucrats – and I believe that she stayed home because she was afraid to go up there – and she told them that the way she was going to fix the budget and the costs was to shut those hospitals down. She terrorized people in that country and in St. Paul and in Bonnyville country. If we hadn't gotten her stopped, she would have gone right across rural Alberta shutting down every rural hospital. That was her intent at that time. She was a member of our caucus at that time, and she knew perfectly well what she was doing. So that was not acceptable to rural Alberta, and it still isn't acceptable today. We have to find better ways of controlling the cost.

I wanted to say one other thing about the overnight stays that the Member for Edmonton-McClung keeps talking about. For people in rural Alberta to come up here, whether it's public or private, to see the doctor and then be told to go to a hotel every night and come back in the morning for your operation is not acceptable to us either, Mr. Speaker.

I wanted to remind the Member for Edmonton-McClung of one other thing. She talked about herself and the past almost in her whole speech. I just wanted to remind her that we're in the year 2000 now, and things have changed an awful lot from that time.

Mr. Speaker, health care is something that's near and dear to every one of our hearts. To have health care at the right time can mean the difference between life and death. I'm sure everyone here has witnessed on a few occasions the lifesaving miracles of the Alberta health care system. We as Albertans should be very, very proud of the wonderful system that we have, and we should be proud of the people, the doctors and the nurses, who provide these miracles for us. It's not everybody that has a system like this. If you were going to be sick in Canada, Alberta's the place to be. Whether it's Canada or maybe North America, Alberta is still the place to be when you are sick. I don't think we should forget that, because it says a lot for the people that work in it and it says a lot for the system that we have now. This is what Bill 11 is all about: preserving and improving the system we have.

I also know that every member of this government feels very, very strongly on this issue. Each of our people has family and friends and relatives, and we know that someday they're going to have to depend on and use our system. We all want it to be there when we need it.

Certainly I'm a little bit different than the Member for Grande Prairie-Wapiti in that I'm not quite to the retirement age yet, but we do have a big family and a lot of grandkids and aunts and uncles and so on, an extended family, that we want to see have an excellent health care system. We're not going to do anything to destroy this system.

So when people say that we're out to destroy and dismantle this system, they're totally wrong. It's untrue, and they're misleading the public. Bill 11 is here to protect and preserve public health care in Alberta, and it's to provide options for the RHAs to use to help alleviate the long lineups and to relieve the pressure on the public system. Each member in this Assembly as well wants to abide by the principles of the Canada Health Act, and each member is certainly against any form of private hospitals in this country.

Mr. Speaker, both the College of Physicians and Surgeons and the

federal Minister of Health, Allan Rock, in a letter to the province, have strongly suggested that we regulate and control the private health care clinics that are in this province now. They also suggest that changes must be made and that the status quo is not an option. When we look at the expenditures we have and the increase in costs – and I don't want to go over that too much, because it's been said many, many times – all we have to do is look at this chart for the last five years and see where the costs are going: an increase of 40 percent in the last five years and increasing at roughly 10 percent a year. Ten percent a year. Are we getting a better health care system because we put more money in it?

SOME HON. MEMBERS: No.

MR. FISCHER: Many people will say no.

So what are we going to do, then? Put more money into it? Keep on feeding it more money, more money and don't change anything? That's what the Member for Edmonton-McClung wanted us to do: feed it more money. [interjections]

THE ACTING SPEAKER: Hon. members, please wait your turn.

Go ahead.

MR. FISCHER: Mr. Speaker, when we look at the many, many private clinics that are helping the public system today, performing something like 20,000 operations in a year, can you imagine if they weren't there? Don't we think it is assisting the public system now, and doesn't anyone think that there should be some rules and regulations in place so that those public clinics can never turn into private hospitals? I have to say that somebody has their head in the sand if they think we're going to stand and have no regulation whatsoever for those private clinics.

11:30

Back in '92-93, when the Galahad hospital was shut down, what happened? In came Hotel de Health from the U.S. I went to the meetings. The doctors were there explaining all the things they were going to do and so on. We didn't have one bit of legislation in place to stop those people. The people from Galahad did a great job in saying no to them, but we didn't have anything to stop them. Surely to goodness this Assembly has enough gumption to put some regulation in place.

[The Deputy Speaker in the chair]

We have how many long-term care facilities? Do we have private facilities now? We have a lot of them, and they offer a lot of health care in those facilities. What are we going to do? Are we going to let them develop into private hospitals, or are we going to regulate them? People are building more and more. Or do you want the government to build everything? I guess that seems to be what I'm hearing.

We want to have a health care system in this province that's going to be suitable for everyone. And we've got to be able to afford it. When you look at the costs and the chart, is it sustainable? Of course not. Every province in Canada knows that, and Allan Rock knows that, and he's suggesting that we do something about it. So I say that we should open our eyes and look at what we have now and look at where we're going from here. I don't think we can go back to 1988 and say that we should have done this or that or something else. Things aren't going to be perfect. Things change as you go, and no one's forecast is absolutely perfect.

So, Mr. Speaker, I just want to say, yes, we've got a lot of work to do yet with this bill. Yes, we want to have a bill that protects us. I want to have a bill like Saskatchewan has or like B.C. or like Manitoba or Ontario or maybe even Quebec. I think we deserve that. Why in the world would you think we would travel to those provinces and go to Saskatoon or maybe Regina to get something done instead of having it done here. Is that what the members across the way want? It sounds like it.

When we talk about free trade and the risk of free trade shutting us down and letting private health come in here, well, how many years has Ontario had their clinics? For 30 or 40 years they've had their clinics down there. Has free trade been a factor in it? Of course not. Would it be a factor in B.C., or is it a factor in these other provinces? When the Pan Am sports clinic in Winnipeg is doing their services, does free trade come in and interfere with that? No. So I think we have to look at this, and somebody has to use their common sense. It's time for the fear mongering to quit. I can say that you can't continually stand up and put fear into people because this might happen. Well, it's not going to happen, because the bill says that it won't happen. That's the law, and you know that.

Anyway, I want to just finish off by saying that we have a good health care system, and we're out here to protect it. Thank you very much.

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

MS BLAKEMAN: Thank you very much, Mr. Speaker. Well, I'm not very pleased to get up and speak to this motion that was put forward under Standing Order 47, and that was that the question now be put. I'm one of the people that wasn't very happy about this because I didn't get an opportunity to speak in second reading debate. [interjections] I was here every time. I was in the lineup to be to a speaker. Whatever happened, the debate would adjourn. [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members on both sides of the House, we have an hon. member who indicates that she wasn't able to speak, and we suddenly get a lot of noise. Now, perhaps that's because she's obviously spoken at least twice on this bill. [interjections] Then the record is wrong. She's speaking now and was speaking, according to the record, on the amendment, so that's twice at second reading.

We all have an opportunity to speak. Shouting at someone because you disagree with what they're saying is really not very well mannered. It's discourteous. We've tried to hold for most of the evening that we quietly listen to the opposite members, whichever side is speaking, and hear them out. Let them speak. Let them be heard. All hon. members, even the ministers.

MR. BONNER: She spoke to the amendment.

THE DEPUTY SPEAKER: Thank you, Edmonton-Glengarry.

Edmonton-Centre.

Debate Continued

MS BLAKEMAN: Thank you very much, Mr. Speaker. As I was saying, no, I have not been given the opportunity to speak to the principles of the bill, as is usually the case in second reading. By the motion being put, I do not now get the opportunity to speak to the principles of the bill in second reading.

AN HON. MEMBER: This is your opportunity.

MS BLAKEMAN: Well, that's interesting, because I'm actually being coached to go against . . .

Speaker's Ruling
Clarification

THE DEPUTY SPEAKER: I just hate to intercede again here, but we did have a ruling made by sort of a joint effort by the hon. Government House Leader and the hon. House leader of the opposition and the chair this afternoon that said that you would have full range to be able to speak, and no one would be brought to heel on that. So if you wish to speak on all of the principles, this chair will defend that right, should anybody try and call "relevance" or whatever, as long as you're on the principle of the bill at second reading. So you do have the 20 minutes assigned to you on this occasion.

MS BLAKEMAN: Thank you very much for clarifying that and getting it on the record. I think there are a number of members that didn't understand what in fact had been happening, so I appreciate you doing that.

Debate Continued

MS BLAKEMAN: I do feel that this asking that the question now be put is in fact stifling debate. Certainly I would have an opportunity to have spoken more often than I'm now being allowed to do. I'm not up here speaking for myself. I'm up here representing the people that live in Edmonton Centre.

MRS. McCLELLAN: Not all of them.

MS BLAKEMAN: No, that's absolutely true, minister of intergovernmental affairs. I am indeed their elected representative. It's interesting, because the members opposite are very fond of heckling across to here, going: "Well, you guys lost; you guys lost. So tough beans." Well, as a matter of fact, I didn't lose. I won. I am the elected representative for Edmonton-Centre, and I am here representing the views of the people in my constituency.

How have I done that? Well, I've collected all of the e-mails and faxes and letters that were sent in and all of the little telephone message sheets, and I've got over 300 of those. To be fair – and I will put it on the record here in reference to those that requested it – I have had three pieces of correspondence in support of Bill 11 and four and a half phone calls in support of Bill 11. [interjections] Well, I'm putting the half in to be fair, because the gentleman actually phoned with concerns about the most recent Senate appointment and as part of that conversation mentioned in passing his support of Bill 11. So to be fair, I'm putting him in there. He did mention it, but that wasn't the purpose of the phone call. Three documents that I've received were in support of it. So a total of seven. Over 300 and getting close to 400 now – and I get a few more, about a dozen more every day – are very much opposed to Bill 11. So I am here speaking for these people, and my notes have been comprised from going through that correspondence I received. That's exactly what I intend to do here.

11:40

Now, one of the interesting things that happened and I suspect caused the reaction from the Conservative caucus so that this Standing Order 47 was brought in was that the opposition had introduced amendments at second reading. I thought: gee, is that such a bad thing? I looked in *Beauchesne*, and in fact there are two and a half pages in here all about how you can introduce motions at second reading. So I thought: well, this is obviously a legitimate process that can be used and called upon as part of parliamentary procedure. There are all kinds of things you can do: hoist amendments, reasoned amendments, referral of subject matter to a committee. Well, for goodness' sakes, I said. There's a reason why all of this is in here. It's obviously a reasonable option, a process to be called upon if there are people that believe it needs to be used in order to prevent the will of a government overriding the will of the people, and indeed that's what happened. But it seems to have very much upset the members opposite.

So I was able to speak on one amendment, and I'm now up speaking to this one, but I guess I don't get to speak again in second reading. I would like to go over what some of the qualities of talking about a principle of a bill are. If I check the dictionary, we've got things like: a general truth or law basic to other truths, as in the principle of self-government; a law or rule of personal conduct; moral standards collectively, as in a man of principle; that which is inherent in anything, determining its nature or essence; a source or cause from which a thing proceeds; a fundamental cause; an established mode of action or operation in natural phenomena, and the principle of relativity is an example of that. That is in essence of what second reading is about. It's discussing the larger, overriding principles and philosophy behind what is being proposed in a piece of legislation.

I wonder when Albertans get to have their long discussion on principle, because this one got a little truncated. I think it's perfectly appropriate that that discussion do take place. I've noticed, you know, that there's a really interesting thing that's been happening. I'll be looking forward to whoever gets up following my speech. There's some little rabbit warren of people back there from the public affairs department with laptops that churn out this Bill 11 debate summary instantly, as soon as one of us has spoken, and then puts their spin on it. So I'll be really interested in what kind of spin they put on what I'm saying, because my goodness, they certainly do appear to be sterling individuals when they are on the government's side and the spin is written about what theirs is. I wonder how much money that's costing taxpayers, to have that sort of 24-hour-a-day information turned out.

DR. MASSEY: The spin machine.

MS BLAKEMAN: The spin machine in the rabbit warren back there.

I wonder: what is the rush? What is the rush of this government to have to get through this section of the debate of the bill so quickly? I mean, is there some imminent time line out there I don't know about? Is everybody in a big hurry to have Bill 11 in their Easter baskets to take home? What is the big rush? If this is the most fundamental principle – and I heard one of the members earlier talk about this being one of the biggest things we've done in Alberta in a long time – I would think we would want to take all due care in discussing this and making sure that we were in fact doing something that was in the best interests of Albertans.

I notice that we've had – what? – 12 hours of debate on second reading or the amendment in second reading of this bill. I go: 12 hours? I mean, if everyone in this Chamber spoke, we'd have 27 hours of debate. So what's the big rush at the 12-hour mark? I mean, when they were debating the land claim in B.C., they didn't call closure until they had had over 100 hours of debate, but we're in such a big hurry that this government can't stand the 12 hours.

I will note and give credit to the hon. Member for Grande Prairie-Wapiti. You know, I offered to come out into the communities of four MLAs, and those were the Member for Airdrie-Rocky View, the Member for Clover Bar-Fort Saskatchewan, the Member for

Banff-Cochrane, and the Member for Grande Prairie-Wapiti. I didn't get the courtesy of a reply from the first three, but I did get the courtesy of a reply from the Member for Grande Prairie-Wapiti, and I noticed that he actually managed to be one of the lucky ones that has been up to debate. I do commend him for that, both for following up with a reply but also getting up to debate, because I would like to hear what the 50 members of this Assembly who have not yet spoken on the principles of this bill have to say. Certainly we've been promised that that debate and those views are going to be brought forward into this Chamber, and I'm looking forward to what they have to say.

I have a couple of questions that I wrote down as I listened to the Premier doing his debate. I'm wondering exactly how the clinics that exist now fit under this bill. I'm aware that March 31 was a renewal date for the contracts with the Gimbel eye clinics and a few of the other private clinics in Alberta. Now, that date has come and gone. Does that mean that these have now been renewed for some unspecified period of time and the legislation wouldn't affect them? What are the terms of the contracts that have been renewed? We don't get access to those, because they're secret. They've now been renewed, and we don't know for how long. We don't know under what terms they've been passed. So, you know, there could have been a contract signed for 25 years under the existing terms. They wouldn't be subject to any of the things that are being offered or at least talked about under this bill.

Over and over again people in Edmonton-Centre have said: why? Why this bill? Why does the government choose this as their vehicle for change in the health care system in Alberta? Why? They've watched question period, and I'll tell you, question period is going to be hitting the Neilsen ratings right away quick here. I am very surprised at how many people are watching question period and, in particular, seniors. Very interesting, the number of seniors that are watching question period. I commend them for that.

AN HON. MEMBER: How many in the gallery tonight?

MS BLAKEMAN: Oh, well, everywhere that I could see, there were people in the gallery. It's 10 to midnight, so some of them have left now; I don't blame them. Certainly we had a very good showing out tonight. I also recommend that people follow along with this debate on the Internet, and they certainly can at www.assembly.ab.ca. I hope they are following along.

I can't get any satisfactory answers to the question: why? Why is this the choice? Why is this vehicle, this Bill 11, the choice, the vehicle that this government wants to somehow improve or change health care in Alberta.

I think the other question that's really important is: who benefits? A lot of Albertans are looking at it and trying to answer the why question. They can't answer it. They end up defaulting to: well, I'm not going to benefit from this, so who does benefit from this? Two important questions that need to be answered from this.

It was very interesting listening to the Leader of the Official Opposition as she led us through a history of health care here in Alberta from the 1960s to now, the various changes that have gone through, the proposals that have been brought forward, and the work that was done on it. I think the debate on Bill 11 really started in 1993. A number of other people have raised the issues of the health roundtables that were raised for discussion with the public about changing the health care system, but I always found it very strange that health professionals were specifically excluded from those roundtables. They didn't want doctors and nurses there. If you were one of those, you couldn't be at the roundtables. I thought: what a strange way to change a system, to exclude the very professionals who work in it every day and who could be giving you very good suggestions on how to change or improve it.

Nonetheless, the health roundtables happened. There were cuts. That certainly happened, and that was accompanied by a statement from the Premier that things were spiraling and spinning out of control. Well, we know now that they weren't spinning out of control in fact. There's never an answer from the members opposite as to why those statements were made and then the facts showing that they weren't true. I'd be interested in hearing that one. So maybe the people in the little rabbit warrens that do the really fast spin and have it back here in 20 minutes could put an answer into the next person's speech to answer that question.

11:50

We had a number of things change and happen here, and all of us were hoping that we were actually going to have the rethink of our public health care system, that there actually had been a plan in place. I think people really wanted to believe that. Then we got an announcement – when was it; last year, 18 months ago? – sorry; oops, no plan. Excuse me.

What results of other changes did we get to health care in the early and mid-90s? Well, certainly the medical practitioners, the doctors and nurses, have felt abused. They felt there wasn't a future. They abandoned ship and went to work in other places. The regionalization created its own series of problems. We spent a lot of money setting up all those different RHAs, but despite an increased reliance on home care we didn't get much more money put in there. The budgets have not increased in proportion to society's reliance on it.

So I think we didn't need to cut at the time. I think there were plans in place that we could have taken advantage of that would have saved us from that, but the government did cut, and now we have waiting lists and now we have people suffering. There's been a lot of talk from the other side about: oh, you know, we're spending this much more money than we did in 1982. Well, I should hope so. We've got a lot more people in Alberta than we did in 1982, so even if you spent exactly the same amount of money on each person, you're still going to have a larger budget by now. You've just got more people here.

The effect this has had on the people in Edmonton-Centre has been very real, and we really see that in the constituency office. For me, it means that the health of the constituent who waited so long to get in and get surgery deteriorated generally to the point that even though she got the surgery, she died. That is not a healthy system as far as I'm concerned.

I am looking for good legislation. I am looking for legislation that regulates and controls the private, entrepreneurial style of health care provision, but I'm also looking for all of those other important components of the health care system. We have a government that responds to waiting lists by suggesting that RHAs be empowered to contract with private providers, which is what Bill 11 is, and somehow the theory is that that would clear up the waiting lists. I have yet to see any kind of reasonable argument or proof on that.

You see, the question to me is that if a procedure costs X amount right now, and that's how much money is paid into the system or is paid to a hospital that's providing that particular procedure, then how is this better done in the private system, where there is at least a 15 percent profit margin built in? So if you're paying $500 for a certain procedure in the public system, and now you're going to pay that $500 in the private system, how are they going to make their 15 percent profit? When we're spending that $500 in the public system, this is not a system that needs to advertise its services to attract a client base. It doesn't need an enormous administration to co-

ordinate payments from a variety of different payers, insurance plans and all.

How could this procedure possibly cost less in the private system? I think the answer is that it can't. Well, then, how is this possibly managed? I still don't have that answer for why. I'm not getting that answer for why. There's a lot of rhetoric tossed back and forth across over here, but my constituents are looking for some real thorough debate on this complex subject, which is why I was in favour of referring it to the committee, which is where we could have had some of this discussion. But that's not going to happen.

Part of my frustration and the frustration of people in Edmonton-Centre is hearing people get up and go: "It's in the bill. Read the bill. It says there will be no queue-jumping, so that's it. There will be no queue-jumping." Well, excuse me. You say there's no queue-jumping now, and there is. Nothing in that bill details how the queue-jumping will be stopped. It is a one-line sentence that says that there will be no queue-jumping and then does nothing to deal with how it will be stopped, and it exists now.

The same thing happens with enhanced services. It says that there won't be any enhanced services and then goes right on to say, yes, there will, and here's how you can do it: as long as you signed the piece of paper and you know it costs money and your doctor said it's okay, then you can buy enhanced services. Well, why isn't the government looking at things like what the Saskatchewan legislation did, which is say: no sale of enhanced services, end of discussion. What's more than that, they dealt with the queue-jumping problem by bringing all of the MRIs underneath the public health care system. That's where our queue-jumping problem is happening. It's happening with the diagnostics, and it's happening with the enhanced services. Lots of people have detailed stories prior to me, so I won't go into them again. I'll just refer you to www.assembly.ab.ca. You can read the *Hansard* for yourself.

I think there's a real question about whether we want to go to a system where we start having to view our doctors as medical entrepreneurs, because this is what happens. Particularly for seniors, this is where their concern is. There are two things the seniors say to me. One, they were here before medicare, and they do not want to see medicare eroded in any way, shape, or form. That's what they tell me over and over again. Okay. The second thing is that they find the idea of their doctor as a medical entrepreneur to be a really frightening thing. They're used to getting advice from a doctor which means this is what they should do, but they're not used to a system where they have to say, "Doctor, are you giving me medical advice or are you trying to sell me a product?"

I can see the Speaker starting to rise. Perhaps I could get unanimous consent.

[Unanimous consent denied]

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

MR. WHITE: Thank you, Mr. Speaker. It's fortunate that I don't need unanimous consent to speak, because it would be rather difficult to get a word in edgewise.

Cutting off debate in this Legislature is something that this government seems to do with ease but without grace. It's a heavy-handed government that must resort to cutting off a minority of speakers in a democracy that is supposed to have full and open debate on every subject that a member wishes to speak upon.

Citing section 47 of the Standing Orders is a pretty lame way to deal with an opposition that is supported by the public. Those opposite know that if there were no support in the public, we would not be here. Why not take the easy route and allow the debate to occur until such time as the public loses interest? That is how this democracy of ours works. It doesn't work on all the rules. It doesn't work on all of the impositions of position and policy. It's what the people out there believe is occurring. This government just throws that off, and it may be at your peril. I believe it is.

I don't think this government will ever, ever recover from the damage that you've done to the trust the people had in this government. Yeah, it's possible that you could be re-elected by buying a vote when the economy is so great. We went on and on and on with a couple of members opposite about the integrity of all of this and the debate on this issue and how it should not be carried on. We've heard all of that before. The fact is that a government cuts off debate because either they're lazy or they're afraid. That's it. There is no other reason.

12:00

AN HON. MEMBER: Yes, there are other reasons.

MR. WHITE: I sat in my place and listened to that member opposite make arguments, and I didn't hear one, not one argument other than that the government is afraid or lazy when cutting off debate. There is no other reason. Greater minds than I have written this, not me.

In fact, it's a sad day when this government cannot debate the issues. Some members opposite actually did their best to do just that, and I give them credit for that. Perhaps before the Member for Wainwright leaves – oh, he's not intending to leave. I will get into debating controlling the private clinics.

Let's step back for a moment and explain who I represent here. I represent an area of the city of Edmonton that is not rich. It has middle to lower socioeconomic wage earners by and large, a great deal of retired senior citizens, and some young families working their way into the higher income brackets. Virtually everyone is concerned about this issue. It is at the top of their list, the very top of the list, and this government decides that they don't want to hear any more debate? They don't want to explain to the populace what is transpiring?

The people in Edmonton-Calder want to know. They don't feel satisfied with the deliverance of a bill that they had a great deal of difficulty reading and understanding. They don't have the context of those that draft and redraft bills for this Legislature. These people are concerned about their here and now, and they're concerned about their future.

I get letters all the time and phone calls right at the moment from people, primarily seniors, if they have an opportunity to call during the day. And they're worried. They don't know what the bill means. Do you think this government has explained it to them? No, it totally and completely missed them. You can send all the bills you want, and it does not help them understand what the intent of the government is. In fact, they read, and they remember Bill 37, and they say: "Well, we didn't like that one. We're not exactly sure what it did, but we didn't like it at the time because it changed the system such that it was going to cost us more." Then another iteration and then the final iteration. What this government has done is successively made bad moves in this particular area of policy to scare the folks out there as to what the true intent is. [interjections]

Some of these people just don't listen well. I'm not scaring them. They're scared. And I haven't been getting the message out as well as the millions and millions of dollars of the government's program.

MR. DICKSON: An $8 million budget for the Public Affairs Bureau. Eight million dollars.

MR. WHITE: I'm reminded that there's eight million dollars spent annually in the public information bureau, a bureau that is to explain these things to people. That's eight times our entire budget,

including living in the box next door. And you say I'm the one that's fear-mongering? I'm the one that's causing it? I mean, it's quite a compliment if I can do all of that to my constituents, inform them that well. I should be elected forever. But that's not the case. The case is they are afraid. You've heard it. There can't be anyone in this room who has listened to any constituents of their own and can say that they haven't heard of a great deal of concern and fear. Fear of change, and fear of change is real.

The people of Edmonton-Calder, like most other people, want a government that cares about them and a government that listens to them when they have some concerns. We've had a great deal of concerns. I personally filed almost 5,000 signatures here gathered by citizens in the constituency. I would like to think I could get that many people working for me on a campaign. It's not likely to happen. These people are working to benefit themselves and rightly so. This is the kind of thing that spurs people to change governments, and this government has lost its listen. They're not understanding how deeply this has cut, and I should hope there's some better discussion than I've heard on this floor in that government caucus.

Always we've heard before, today, and just this evening: what fundamental question do the folks want to know? What is the intent of this government? Is it to build private clinics/hospitals or whatever you want to call them? Is it to foster that growth and somehow by pure philosophical might save the taxpayer dollars in deliverance of the service? Is that what it is? Or is it, as the Member for Wainwright said, to control private clinics?

Well, that's the biggest joke I've ever heard. I mean, to control a private clinic, all you have to do is just not pay them. They'll go away. If they're not getting paid through the public purse, it's not very difficult to do. If you say you're not going to use them, you don't need a law to do that. You just say: sorry; we've got other ways of providing the service. And they stop. But you don't need to control them. What's to control? If you don't write the contract, you don't pay it, then the party to the contract that has the money definitely has the control.

Then ask, if you're going to start off in a direction, why reinvent the wheel entirely? Why not study it and say: look, there are humans throughout the entire world, there's health care throughout the entire world, and there are other civilized societies that have just as much money as this society and do provide health care. You'd think you'd do a literature study and say: well, see what works in the world heading in a new direction. Either this government did not do that, or when they did do that, they found that the answers were all contrary to this major philosophical push that was philosophically driven entirely and completely, because the facts just don't match. There is not a body of evidence that says a for-profit, private hospital or clinic, if you will, in combination with a public health care system works. It just doesn't work.

Then we hear all this Shouldice, Shouldice, Shouldice. Shouldice has been in business as a nonprofit hospital since 1957.

SOME HON. MEMBERS: Nonprofit?

MR. WHITE: It was built into the system in 1957. [interjections] Well, it seems some members opposite are challenging the status of the Shouldice clinic. Well, gee, it wouldn't be hard to file a document, as it is filed at Queen's Park in Toronto under the legislation for nonprofit entities. It's a society. Somebody's missing something if the member opposite hasn't bothered to do a due diligence on that one. Citing that particular instance over and over and over and over again like some blind mantra and then not even knowing the fundamental facts of it? You're incorrigible in your disdain for the facts.

So why else would it be? We had a great one the other day. "Because it's the right thing to do." The right thing to do. I mean, gee, have you been hit on the head too often or what? Come on. Explain that. I mean, I go out and explain that to a senior, "It's the right thing to do"? Well, what? To cross a street? I mean, it's the old chicken jokes. I mean, that's as bad as it is. It has no basis in fact at all, and you're trying to sell that? I mean, that's getting pretty low. If you can't do better than that, let's just start over.

Then there's our former Treasurer. His great statement is: why wait for the facts; just go out and experiment. I mean, it's hard to believe that a man that has spent as much time on this earth as he has would experiment with something like health care. From my position when I have to hear senior citizens and the good citizens of Edmonton-Calder ask me why and they tell me they're fearful, I can understand why, because this government hasn't explained at all the rationale behind this bill.

Now, what happens if you're wrong? What happens if you're wrong on this one? What happens if you mess up royally, and this is not the right thing to do? Can you turn it back easily? I don't think so.

12:10

AN HON. MEMBER: Without suits?

MR. WHITE: No, I don't think so. Once you have contracts in place, and you have contractors, it is exceedingly difficult to wind it down. When you have a system up and running and you've replaced, in this government's terms, the bricks and mortar of the business of deliverance of health care, it's exceedingly difficult to wind that down. And if it costs more, we just pay.

I'd like to include in the record some of the comments that this member gets. There are about 30 letters or so that I intend to file, actually, so I won't be quoting precisely but just generally. I'll file them someday real soon when I have all their permissions to do so.

A letter to the Premier with the copy to myself as being the MLA. "There's something terribly wrong with the health care system in Alberta since you became Premier." It's a little tough, but we'll deal with that. "I therefore wish to register my opposition to the plans for the privatization and the for-profit hospitals/clinics in our health care system." It goes on to decry the nonrepresentation of their views in hospital administration, because this government promised and then reneged on the promise to elect the health authorities. These people were waiting for the opportunity to do that, and we all know how much the hospital system eats up of the budget.

Then there are some seniors. "My husband and I are seniors, and we worry about our future. We have seen our health care cut back over the past few years, and people like us have only small pensions and have to cut back on clothing and food and such so we can afford dentures and eyeglasses."

Now, you may think: oh yeah, I've got people whining and crying about it and feign crying on the other side. Well, that's really fine if you have a large income. You sit here. A lot of these people that I represent don't have that opportunity. They're past the years where they have earned income. They have to live on what they have, and since this government came to office in 1992, it's cost them a great deal more in pharmaceuticals, eyeglasses, dentures, and the like and other prostheses that are required for their daily living. It changes their health care plan, and it changes how they must live.

Here's another from just outside my constituency, and he's writing, again to the Premier. This private citizen, not a senior but able-bodied, towards the end of the letter: "The private health care

bill is bad and you, the Liberals, must stop this one for sure. It will come again and again if it's not stopped this time and every time. It is bad medicine." And it is signed by the citizen.

And another one. I've got a copy, and why they would send me a copy, I don't really know, but they're from St. Paul, Alberta. They say of the research available that "what you're quite prepared to ignore indicates that private hospitals cost more." And they close off, the very bottom line, "Please, for the sake of my grandchildren, don't do this." This is a letter to the Premier.

Now, these are heartfelt, individually handcrafted letters. No, they're not cranked out on a computer. This looks like some kind of an old Olivetti that's been sitting in the corner gathering dust. It has a little dust mark in the A.

Here's one that's handwritten and is exceedingly difficult to read, quite frankly. This one is written just to me: "Let me restate my definite and unequivocal opposition to the further privatization of our health care system." This letter goes on and the hand gets shakier and shakier until the signature line. It's only a one-page letter, and it's direct for me. These people actually do take the time to write these letters, and they're heartfelt. They are fearful. They are fearful of what this government has in store for them now and in the future.

Another handwritten note. This one obviously not quite so old and shaky. This is a copy to me from a constituent. It's a letter actually to the Premier. "Please be informed that my wife and I are strongly opposed to your proposal of private health care." It goes on: "money back into the health care system to help alleviate the queue lines established by your earlier financial cuts." That's the simple belief of this person that obviously doesn't have a computer, doesn't have that opportunity. But they live in Edmonton-Calder and are fearful enough and concerned enough that they write a handwritten note to their Premier and to their MLA.

Another one – and I know not why I would get a copy – from an art gallery out in Sherwood Park. This particular woman cites that she is a taxpayer and a voter and a businessperson. She "deeply resents having my tax dollars spent on 'health care for profit'." It's an in-depth analysis, a three-page letter. She spent a great deal of time on it, obviously. Her distribution list is not terribly extensive, but it does cover me and a couple of other members on both sides of the House. She finishes off with: the health care for-profit system is a deciding factor, not increase in service and not increase in standards. This is a businessperson, Mr. Speaker, and she doesn't cover any fear of the system changing; she as a professional believes it is definitely the wrong way to go in the business.

Oh. I'm sorry, Mr. Speaker, I took more time than I intended.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I'm sitting here trying to be very quiet and listening to the speeches. I must admit that at times my exuberance has gotten the best of me, because in fact I've heard many things that I believe are not quite what they seem to be. If I can just start with a quote by George Orwell from Politics and the English Language, 1946. He says: "political language . . . is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind." Quite frankly, Mr. Speaker, what we have been hearing from the government members is pure wind.

If I can provide a quote from a constituent, who indicated that she wanted this read out loud.

> I have been listening to the news and to hear our so-called "Government" make a statement like he will not hold a town hall meeting because all there will be is a bunch of "Left Winged Wacko Nuts." Do we not have a right to our own opinion without being called names by the Premier . . . If he cannot handle an honest debate; how can we say he is trustworthy.

I think those two go together quite well, and what we have seen in this Assembly is a lot of discussion from government members which seemed to be based on pure faith. There almost seems to be a cult developing with regards to what this Bill 11 is about. If you believe in Bill 11, you know that it will not provide private, for-profit health care; you know that it will not provide for queue-jumping; you know that it will not provide for enhanced services. The only people that seem to believe that are the cult members in this Assembly of this government. In fact, we know that when we ask questions like, "Will it be more cost-effective," the answer is no. Will it provide more efficiencies? The answer is no. Will it reduce waiting lists, whether it's for hips or for any other procedures? The answer is no. Will it increase the number of doctors or nurses in our health care system? The answer is no. Will it regulate facilities that have overnight stays? Well, no, those don't exist right now. So the answer is, no, it doesn't do that.

[Mr. Renner in the chair]

What does the bill do? Will it cost us more as taxpayers out of our pockets? The answer is yes. Will it increase the wait lists? The answer is yes.

12:20

THE ACTING SPEAKER: Hon. member, while the chorus is entertaining and probably took a while to rehearse, it's inappropriate for parliamentary procedure.

MS LEIBOVICI: It would be impossible to rehearse this speech, Mr. Speaker.

Will it increase the wait lists? Yes. Will it decrease access to the doctors and the health professionals in the system? The answer is yes. Will it provide profits to private, for-profit health care operators in this province? You bet. That's a resounding yes.

I heard the speech from the Member for Grande Prairie-Wapiti, and quite honestly I'd miss him being shocked and appalled. It was good to see him being back on track. I heard the Member for Calgary-Egmont. When he ran out of facts, what he had to do was insult our leader, and quite frankly I think that is inappropriate.

I heard the heartfelt remarks from the Member for Wainwright. I listened very carefully to his remarks because they seemed to come from the heart. It allowed me to have a bit of an insight into why the government members so fervently adhere to what they're being told with regard to Bill 11. But what I also heard him say was that the reason we need Bill 11 is in order to improve the system. Well, what's interesting is that when I look at a letter that the Premier of this province wrote to Mr. Booi, who's the president of the ATA, what he indicated was that "government has never claimed that contracting out some surgical services would be the solution to all challenges facing the health system." It's only an option. So, quite frankly, member, you can't have it both ways. It can't improve the system and solve the problems within the system yet be only a small piece and in fact something the government has never claimed would do just that.

So it's time to get some of the facts straight. It's time, I believe, to look at the fact that this government has been unable in five months to present one single report out of Alberta that substantiates their claims. We have brought forward reports from various associations, from various doctors, from the ATA – the list goes on – yet this government, with its thousands of employees and millions

of dollars, has been unable to produce a report. The only report that has been produced by the government, like the interim report that we tabled and the report from the Department of Health and Wellness that we tabled, indicates that this plan will not work. What more do you need as evidence?

The reality is that the piece that's missing in the privatization plan of this government is the piece that deals with private, for-profit hospitals. Without the piece, the plan is incomplete. The only way this government can get that plan through is by pretending that they're approved surgical facilities, because the public will not buy the establishment of private, for-profit hospitals in this province. Is that not what the thousands of e-mails, the thousands of letters, the coupons, the thousands of signatures have said to us? That's exactly what they've said. You know, quite frankly, members, I know that's what you're hearing as well.

The speeches may be fine. In fact, they say the same thing over and over and over again. They are written almost by rote, and what they say is: "This bill will be the answer. This bill does not do what the Official Opposition says, and this bill is foolproof." Well, if it's so foolproof, may I ask, then: why is the government bringing forward amendments? Why is the government bringing forward amendments to deal with conflict of interest if that's not a concern? Why wasn't it in the bill when you've had three years to do it? Why is the government bringing forward amendments on enhanced services when you're so foolproof? You know what? You're not so right. The bottom line is that you're not so right. In fact, you are not doing the right thing; you are doing the wrong thing.

The reality is that we have many analyses here that have not even been tabled as yet. There's the analysis from the Alberta Association of Registered Nurses, who oppose the bill. They say that the bill "will be detrimental to the system by siphoning off valuable human resources into the private system. It will not address the need for reform." It does not support the principles of the Canada Health Act. It "claims to ban private hospitals, [but] there's nothing in the act that actually prevents private hospitals." It "will not ban queue jumping." It goes on to say what it will not do: everything that each one of these members who has spoken in this Legislative Assembly from the government has said it will do.

There's a recent letter that's come in to each one of you. Each one of you members received this letter from Dr. Daniel Cohn on April 6, so by now you probably should have had time to actually read what he has written. He is with the social sciences and humanities department. He's a Research Council of Canada postdoctoral fellow at the University of Alberta. What he says is that he urges you all to read this particular piece of information. What he says is:

> I find myself in an interesting position with Bill 11. I never in my wildest imagination ever felt that I would have to explain to members of the Conservative Party how market forces work.

He goes on to say:

> No one seems to have stopped to ask . . .

Other than us, of course, on this side.

> . . . will the measures proposed in this bill actually achieve the stated aims of the government by lowering costs to the public, cutting waiting lists and improving access? In order to answer that question we have to consider how markets work, including the most basic of all market rules, the law of supply and demand.
>
> Unfortunately, as the attached essay shows . . .

And maybe I'll send you some of these reports, because obviously you haven't read them all. [interjections] Thank you, minister. I have two ministers who are requesting that information, and you will be receiving the information of some of the reports that we have tabled.

[The Deputy Speaker in the chair]

You know what? I'd also like to get your opinion as to whether you agree or disagree with the reports and what in fact you disagree with, because I think that would help the debate along. Hopefully I have a commitment from you as well to do that.

> . . . the measures proposed in Bill 11 are only likely to succeed if the law of supply and demand is suspended in Alberta. Otherwise, the most likely scenario is that either costs and waiting lists will rise or access to care will be seriously eroded in rural communities and small towns.

For all of you MLAs in the rural areas . . . [interjections] I'm not saying this; this is Dr. Daniel Cohn.

> It is not the works of Karl Marx or Vladimir Lenin that tell us this, but the works of Adam Smith and Milton Friedman.

I will send this to you just in case it's gotten lost in your mail, because I think it's important that you read that piece of information. Perhaps we can get some meaningful dialogue going on the actual facts of this bill and what this bill does and does not do and say.

12:30

Now the issue of the federal government. I've watched with amusement, actually, the play that's gone on with the Premier and the Minister of Health and Wellness and the federal Minister of Health and the Prime Minister. What I find amazing is that when the Premier says, as he did many months ago, that he wants the opinion of the federal government and he gets that opinion and he doesn't like it, what he does is go running off to the Prime Minister to say: give me another opinion. Those of us who do have children and those of us who can remember when we were children, remember how if we didn't like what our mothers said, we went running off to our father or vice versa. That's exactly the play we're seeing here.

I don't see what could be more clear than the federal Minister of Health having said to withdraw the bill, which obviously they're not doing. When you didn't like that, what he then said – and you've been asking for this all along – is that he's compared this legislation to other legislation across Canada and finds that it is not similar. Maybe I should just include this letter in the package as well. It is not similar to the legislation in respect to other provinces across this country, and in effect, while the provisions in Bill 11 seem to deal with queue-jumping, "it is our view," the federal minister's view, "that those provisions should be strengthened to ensure that services in Alberta will continue to be offered on uniform terms and conditions," and he suggests that perhaps you look at, as I believe the Member for Edmonton-Centre indicated, the Saskatchewan Health Facilities Licensing Act, that that would be wording that you would want to use to outlaw enhanced services. So it will be interesting to see what, if any, amendment the government brings forward on that tomorrow, I would assume.

He also indicates that to permit for-profit facilities – and I wish that everyone would listen very carefully to this one.

> To permit for-profit facilities to sell enhanced services in combination with insured services would create a circumstance that represents a serious concern in relation to the principle of accessibility.

Just in case you don't know, that's one of the five principles of the Canada Health Act.

He in fact goes on to say that "the prospect of overnight stays" – and I know you all had your lesson on this bill dealing with overnight stays – "in private, for-profit facilities represents a significant enlargement of private, for-profit delivery of health care services in Canada." This is not, as the Premier likes to say, a small minor change. It's not a small minor change; it is significant. Have we got it now? Not small but significant. We've got it; we all understand it.

> . . . a significant enlargement of private, for-profit delivery of health care services in Canada, and since it may have implications that will

> be felt in provinces and territories across the country, I suggest that it might be helpful to add a provision to prohibit . . .

I didn't hear the Premier say that that was an amendment he was bringing in. In fact, that's the amendment he wants, because that's enabling, as the Member for St. Albert likes to call this legislation, the enabling provision that allows for private, for-profit hospitals. That's where it is, Member for Wainwright, that's where it is, Member for Calgary-Egmont, and that's where it is for all the other members who talk about it. That's exactly where it is.

Further, he goes on to talk about conflict of interest, which this government didn't think was a problem until quite recently. It wasn't even in the bill.

Then he goes on to say that "'surgical facilities' as defined in Bill 11," which is your act, which is on the first page, section 2 – you talk about approved surgical facilities, and you look at the definition, and there are various kinds of surgical facilities that will be able to operate. These surgical facilities "would be considered hospitals under the Canada Health Act."

Members, can it be any clearer? Obviously that hasn't sunk in, so I'm going to repeat it again, even though I am using my valuable time to try and teach you something that by now you should know. That is that "'surgical facilities' as defined in Bill 11" – and if you all want to look at the definition in Bill 11, it will be there – "would be considered hospitals under the Canada Health Act."

MR. WOLOSHYN: By whose definition? Who said that?

MS LEIBOVICI: By the definition of the federal Minister of Health. Your Premier, your leader asked for his definition, and he's given it to you. [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members, with outbursts like this, when the chair finds it necessary to quiet the House down, it does not take away from the time of the speaker. It just makes us all be here that much longer. I wonder if we can keep our comments to ourselves and save them for when we have a chance to speak.

Edmonton-Meadowlark.

Debate Continued

MS LEIBOVICI: Thank you, Mr. Speaker. I have unfortunately just been informed that I only have two minutes left, but if we want to do unanimous consent, I could go longer.

I need to address quickly Shouldice and enhanced fees, because I know that those are two issues that keep cropping up. What I would like to say on Shouldice is that besides it being a facility that has been grandfathered, a facility that is in fact nonprofit in terms of its surgical clinical part, for-profit with regards to the corporation that's set up to hire the doctors so there is a split – in fact I would like to know what the evidence is that the government has that Shouldice is cheaper.

Hernias that are done at Shouldice are done on an outpatient basis here in Alberta. Outpatient is supposedly cheaper than inpatient. Shouldice keeps their patients for an average of 3.2 days: overnight, three days. That's a significant cost to the OHIP system. So I would like for the government to explain to me how Shouldice is the example that shows how cost-effective the private – it's not for profit – facility is, the only example they've been able to find of a facility across Canada. How in fact is that cheaper and more cost-effective? Why should it be the example we use and that we're building our bill on?

The other issue that I'd like to bring up is the issue of the foldable lenses that Alberta Health is now paying for. I think this is a prime example of where private, for-profit has now driven the policymaking of a government. In fact it is the private, for-profit sector that has dictated to a provincial government, to a public body, what will be covered in order to ensure that there are no contraventions. That in fact is what this is about. To say that it is about medical necessity would be wrong, because in fact, Mr. Speaker, if it were about medical necessity, it would have been covered originally under the terms of the Alberta Health Care Insurance Act.

With that I close my remarks unless, of course, we have unanimous consent for me to continue a little bit more.

[Unanimous consent denied]

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

DR. NICOL: Thank you, Mr. Speaker. I'm going to rise this evening to talk a little bit more about the issues that are relevant to Bill 11 and the concerns that a lot of my constituents are having as they contact me to deal with some of the concerns they have. It seems that a lot of the constituents are at the point where they're waiting now to see what the amendments are that we hear the government promised they are going to bring forward and how those amendments will fit to the idea of how they approach the bill. What a lot of them are missing is the approach that Bill 11 takes to a fundamental change in the way our health care system works.

12:40

Historically we've looked at this as being a publicly provided system, a publicly operated system, a system that provides our health care services through public delivery. Over the last number of years we've seen that this has gradually been changing a little bit as private-sector, for-profit firms get involved in different aspects of that delivery of the health care system.

Mr. Speaker, that's one of the things that a number of people have raised about Bill 11. When we're talking about the involvement of the private sector in health care, why are we only dealing with the surgical facilities in this Bill? Why are we not dealing with the delivery of our health care by private-sector operators in the whole scope of services that are available? Why are we not dealing with it in diagnostics? Why are we not dealing with it in some of our mental health and long-term care facilities as well?

I think there's enough evidence now in the system that we should be able to look and see how some of those options have worked, how they're comparing. I know that we've seen some real debate in southern Alberta about the cost-effectiveness of some of the long-term care options that are being provided and how these are being delivered by the private sector, by contracting-out types of situations, and whether or not it's more effective to do it within the system.

The other thing that we have to look at, Mr. Speaker, is how some of our health authorities have dealt with a lot of the contracting out options and others have not. I know that in our area the Chinook health region has chosen to maintain their lab services inside the system. If we listen to the administrators and the board members from the Chinook region, their contention is that they are actually getting their lab services at a lower total cost than what some of the other regions are getting when they have to contract out. So why do we not have those kinds of comparative data sets available so that Albertans can look at the relative costs of the different versions of how their health care system can be delivered and the cost-effectiveness of that?

We talked about that quite a bit as I addressed second reading in

my initial discussion the other night, but what we still have to look at is why it is that we cannot get effective cost data, comparative cost data from the system. If the true purpose of this process is to bring about some degree of competitive cost-effectiveness within the system, then we should be able to have benchmark situations created, even if they are budgeted scenarios, that will allow us to look at how the costs will compare. We're undertaking now the possibility of some significant changes in delivery of services, especially in the surgical facility area, and we want to make sure that the public is getting the best value for their dollar. Whether or not it can be done through an expansion of the public system or whether it should be done through contracting out has to be clearly costed out.

Mr. Speaker, one of the other things that constituents are still raising is dealing with the integrity of that public system in terms of who makes the decisions and on what basis those decisions are going to be made. People have always felt reasonably confident up to this time that when they go into the health care system, the criteria for decisions on what services or what treatment they're going to get, what diagnostic procedures will be applied, how the family doctor will deal with specialists – these have all been done with the sense of the citizen that these are being done in their best interest, in their health's best interest. Now what they're doing is asking: are these decisions going to be made on the basis of the dollar, or are they going to be made on the basis of the amount of profit that can be made? Will certain issues or certain procedures be encouraged or discouraged because of the option to make or not make more money through a private operator? Will they be looking at it from the perspective of: how can the patient feel that their good health is the criterion?

If we look at a number of situations, we've seen some of this privatization, and the bottom lines start to creep in already. We're seeing situations where people are being asked to leave or asked to check out of hospitals because they are being directed by the administrators as opposed to the medical staff. This is the kind of thing that we have to make sure doesn't go on as we move to separate those decisions from the public system even one more level. We want to make sure that the health of the patient is the part of the health care system that forms the basis for that kind of decision-making.

Mr. Speaker, I don't think many Albertans would really challenge or question the option of having multiple objectives in terms of the overall health care system, but the major objective that they want to see out of this is good health care for them when they get to access the system. So we have to make sure that confidence and that trust is maintained in the system. When we look at the accountability criteria that are implied in Bill 11, when we look at the accountability system that we have through the public health care delivery now, I think there are going to be some real questions raised as to the transparency and the degree to which individuals can enter into that trust and that full understanding of why decisions are being made and how decisions are being made when it comes to dealing with their health care.

Mr. Speaker, we also have to look at some of the other issues that we want to deal with, especially as we start dealing with the delivery and the access to our health care. We heard the Member for Edmonton-Meadowlark speak a little while ago about some of the impacts that may result as we move to a cost-benefit or a profit-driven type system. She made reference to the idea of how supply/demand has to work. I mentioned this in my talk the other day. We are creating a situation by squeezing the public health care system. We're effectively creating a market, a demand for health care services outside the public system. We have to watch also that as we go ahead and do this, if we do create a situation where private surgical facilities are allowed to operate, are allowed to be involved in the health care system, that we'll be expanding the demand for staff, for qualified technicians, for nurses, for surgical specialists.

What we're going to see then is that as this expansion occurs, and especially if it occurs in a short period of time, we'll have a shortage of these professionals in their particular areas. What we'll see then is that there'll be a movement of people into the area or into the geographic location where the surgical facilities have a critical mass to operate in a profitable manner. What this will do is it'll take the trained professionals out of the smaller centres and out of the rural communities and concentrate them in the major areas. This will only exacerbate the situation that we see already where a lot of our rural health care facilities or rural health care clinics are not able to attract the kind of professionals that have the credentials that are necessary to give a well-rounded delivery of health care in those communities.

What we have to do is make sure that the staff are available. We have to also make sure that those staff are paid in a competitive way. We keep talking about the issue of globalization, of mobility of workers, and this is especially true when we get to the area of professional workers. We have to have a reward system for our health care providers in this province that is competitive with the rewards offered in all other jurisdictions where those people can move to freely. That basically means that we have to have a system of remuneration for our health care workers in Alberta that's comparable to all of Canada, comparable to all of North America, and probably comparable to quite a bit of Europe, where people with good credentials and training and experience can basically go and get residence in those areas and move their employment opportunities to the area where they can receive the highest remuneration for their service.

What we have to do is make sure that within Alberta we do have that opportunity without jeopardizing the service in our smaller communities, because they will be the communities that have the most difficulty in trying to attract and retain the kinds of professionals and the trained individuals on a diverse basis that'll allow them to provide a reasonably comprehensive health care system.

12:50

That's kind of how we have to look at this process and its potential impact on the access to and delivery of health care in rural Alberta. The smaller regional health authorities, where they don't have the critical mass to warrant one of these surgical facilities, are going to have to look at how they deal with getting their citizens access to those health care services. They've lost the critical mass from some people that want to move to the major centre, to the concentration centre to have those services delivered, and that's going to just erode their delivery as well.

Mr. Speaker, those are the kinds of decisions that we as Albertans within the context of our public health care system can make. We can make those decisions to make sure that everybody has a degree of access and a degree of equity of access to their health care systems and to the same quality of health care. If we allow the profit-driven motive to be the function, what we'll see is that the health care services provided in the areas where there's a critical mass will be at a different level than they will be in the other areas. What we'll then have to do is rely basically on the public health care system to provide the services in those other areas, and we'll be having to deal with how we provide that in the context of a cost-effective delivery system.

The other thing that I wanted to just mention very briefly is the way that we're going to be dealing with some of the other concerns that my constituents have been having. They're still not convinced, even after the discussions of this week as the bill has become much

more publicly debated, that the queue-jumping options that we're dealing with in the bill will be fair to them and are going to eliminate the possibility of persons with the money getting services, getting access. That needs to be further explained. We have to look at how they will be able to feel comfortable that they're not being pushed down the list because other persons are able to come in.

It was good to hear in the last couple of days where we're going to be seeing changes now in the foldable lens funding and the paying of that. This is going to provide some other options and some more equitable delivery across the province. But that's the kind of situation that we have to be able to monitor and deal with before it becomes a public issue.

There has to be this degree of planning in the system so we can make sure that kind of differentiated delivery, the differentiated special services or add-on services or enhanced service, isn't driven by the private sector. It's got to be driven by the need of our citizens to feel that they're getting quality health care under their public system. We don't want them to be in a position where it becomes part of the negotiation as to where they get their health care delivery: if you go to the private facility, you can have this enhanced service, but if you go to the public system, that service is not going to be provided. This then becomes an issue of: how do we deal with that kind of equity and that kind of fairness in the delivery of our health care system?

Mr. Speaker, I think that just about covers the issues that I wanted to talk about in my limited number of minutes, but I think that we've got to look at the real issue here, the principle of what we see as the fundamental structure of our public health care system. As I spoke the other day, the background that I have in public accounts, in economics, in accounting, in public policy: it's really difficult for me to perceive how we as a public cannot deliver our health care system to Albertans at a cost that is less than what we can do when we do it through a private system, a system that's full of contracts, where we've got a whole series of administrative units built within those facilities to handle their transactions, to keep that extra level of bookkeeping that's necessary to go between the public system and the private system where, if we're doing it all in the public system, it's all done in one system of bookkeeping.

Every time we add another level of decision-making, of administration, of accountability to our delivery system, that adds a cost to the system. What we want to be sure is that whatever we do, we deliver quality health care to Albertans, and it's our responsibility as legislators to make sure that the public's dollars are used as effectively as we can to give them the level of health care that they perceive as desirable in their perception of what we should have as a public health care system. I don't think we can do that by adding a private sector to our public system. We can do it much more effectively within our public system. We can provide that quality health care, we can provide it on a timely basis, and we can provide it to the satisfaction of all Albertans at a more effective cost than any other system.

We don't want to lose that competitive advantage that this gives us when we have to deal with the rest of the world in the structure of our economic systems. We're already at enough of a disadvantage in the context just of geographic location. We have a lot of transportation costs to get our products to those markets. When we've got an advantage like our health care system, I don't think we want to jeopardize it by adding in another level of cost structure to that public health care system where we lose some of that advantage that we can give to our businesses in this community.

With that, Mr. Speaker, I think I'll just conclude and say that you'll be hearing a lot more when we get into committee.

Thank you very much.

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. I suppose it would be unusual to say, at this time as I stand to speak regarding perhaps the most important bill that has come before this Legislative Assembly since Bill 41 and the dramatic change that brought about for Albertans . . . Last evening when the hon. Minister of Economic Development, the Deputy Government House Leader, came forward with the motion to restrict and limit or invoke closure at second reading on Bill 11, that is the most unfortunate of circumstances. This motion is an abuse of the rules of this Legislative Assembly. It is a motion of closure.

1:00

Have the hon. members across considered what the Alberta Medical Association would think of that motion? Would the hon. members across stop and pause for a minute and wonder what the College of Physicians and Surgeons would say about this motion? The College of Physicians and Surgeons are more interested in delivering a public health care system that will relieve the long waiting lists for hip surgeries, but they're living in a province where a government and its leader believe that if they're not hearing the right thing – in their minds they want to hear nothing, and therefore this fascination with closure.

Closure would be a symbol in some jurisdictions of fascism. That's what it would be. Everyone in a democracy has a voice, and they're entitled to express their voice. They certainly should have their voice heard, and with this motion that's not happening.

I wonder, Mr. Speaker, what the head of the Calgary physicians and the head of the Edmonton physicians, who have come out squarely against Bill 11, feel about this motion. Their opinions and their right to express them are being denied. So I do not understand how the Premier and his government can continue to push Bill 11 down the throats of Albertans.

One argument that the Premier and most recently the hon. Member for Sherwood Park have used is that our population is aging. Seniors are very upset that this regime is trying to scapegoat them, to blame them for all that has gone wrong with their attempt to reorganize our public health care system. The blame is solidly in their quarter, Mr. Speaker, because they have mismanaged the health care system. Now they want to blame the seniors of this province, but the seniors have every right to be upset.

Seniors remember what paying for health care or going without was like before medicare. They're now certainly not prepared to sit back and watch as this provincial government brings in a bill and forces it through this Legislative Assembly with closure, a bill that will destroy one of the very best health care systems in the world. Seniors are upset. They know how this government works. They know that this government is addicted to the use of closure, and they have firsthand experience of how this government's creeping privatization works.

In 1994 seniors' health benefits for eyeglasses and dental work were cut back by the Premier and Mr. Jim Dinning. Six years later they must pay out of their own pockets for services or pay into private insurance programs that will cover these services previously provided under the public health care system. Seniors see this same method of operation under way now. Our senior citizens and soon-to-be seniors are also worried whether or not they'll have enough money to cover deinsured surgeries or private health care premiums.

Prior to 1994 a lot of people retired or took early retirement as firms and governments rightsized and downsized and rationalized their operations. In negotiating their retirement packages, these older Albertans didn't bother negotiating for Alberta health care

insurance premium coverage because seniors in Alberta didn't pay premiums. Many of those retirees today now pay over $400 each a year in health care premiums because of the Premier and Mr. Dinning's budget cuts, and these budget cuts took away the universal premium exemption for seniors in 1994. Seniors know how this government, with their idea of management, can mismanage a health care system. They do not trust this government whenever it comes to protecting our public health care system.

Seniors and their families remember that the Premier in his 1993 election literature promised to, quote, continue to support the people who built this province, end of quote. They remember that within 12 months the Premier had broken the promise and turned their world upside down, and now the Premier can't understand why no one in the province trusts him. That is one of the reasons.

Seniors also realize the Premier's promises to them weren't worth the paper they were printed on. Seniors are upset because they see the same type of promises being given again with Bill 11. I realize that governments get sensitive when the public loses trust in them, but this is what's happened in Alberta. Bill 11 has coalesced this mistrust. I'm sorry; that's how it is. The polls reflect this, Mr. Speaker.

Seniors also remember the Premier's promise to elect regional health authorities. Here we are, nearly six years later, and every single regional health authority board is still handpicked by the Conservatives. Seniors remember.

Now, this is another promise, and we can't understand. We get very sensitive, but you've lost the trust of the public. When the Premier promised that the expansion of the special waste treatment plant at Swan Hills would not lead to importing hazardous wastes from outside Canada, here we are 10 years later, and what do we have? Foreign hazardous waste going to the Premier's special waste treatment plant.

MR. HERARD: You're next.

MR. MacDONALD: Now, that's another promise not kept.

Mr. Speaker, I hear one of the hon. members over there, I believe from Calgary-Egmont, say that I'm next to go to Swan Hills. That sounds like this is a government that even denies that Auschwitz existed.

Mr. Speaker, seniors know that given time, the Premier's promise that Bill 11 doesn't mean two-tiered medicine is as empty as his promise to elect regional health authorities and keep foreign waste out of Alberta.

Now, another very large group of citizens who are very worried are rural Albertans and those people living in some of the smaller centres across the province. They know that the private hospitals will locate where the largest demand for services is, where the greatest number of potential patients live. So as the private hospitals go ahead under Bill 11, these citizens will be left wondering and worrying about how much and which services and surgeries will be contracted to the private operators. Rural Albertans already have to take time and money to come into the larger centres for specialists and tests.

This concern is addressed in the government's own study from the health research group. Their own study tells them this, but will they listen? No, Mr. Speaker, they just want to deny; they want to deny; they want to deny. People in smaller centres are already asking: if their local health authorities contract out even more procedures, how much time and money will rural patients and their families have to spend as they trek into the cities for care that used to be provided in their own health regions?

MS LEIBOVICI: And will they have priority in that other health region?

MR. MacDONALD: That is another question: will they have priority? That's a very good question.

The other question that needs to be asked is: how much money allotted for rural regional health authorities will be siphoned off by the private hospitals? For every patient that comes into the city for an operation, the public money that would have been expended in the patient's rural public hospital will now be going to the private operator's hospital, not the local public hospital. So the citizens outside the big cities want answers from this government before anything further happens.

1:10

On the CFRN news tonight they announced that 50 government MLAs have yet to speak at second reading on this bill. Fifty. Fifty government MLAs have yet to speak. Now, Albertans are smart, Albertans are practical, Albertans are innovative, and Albertans do not appreciate closure on any bill. All Albertans should be asked to join in on these health care discussions, Mr. Speaker, yet there is a denial, there is a convenient denial placed by the government with this motion. I am very, very disappointed. I'm very disappointed in this government that they would do something like this. Albertans need the full story, and they're not going to be able to get it with this use of closure. That is why it was initiated yesterday evening.

On behalf of all Albertans the Alberta caucus of the Liberal party asked for the results from the focus groups which were asked, I assume, a number of interesting questions. This first one that would come to mind is: what would you like to see on the front of our new health facilities? Is it "private hospital," or is it "approved surgical centre"? We all know what happened. Albertans are very suspicious, and they do not want to hear about a private hospital in a focus group, nor do they want to hear about it in a piece of legislation. We have to understand that when this government invokes closure, they are trying to hide the facts from Albertans, the facts, Mr. Speaker.

We have seen many attempts to find the truth. When we mention the word "truth," the first thing that comes to the minds of Albertans is the truth squads. Now, I see a couple of hon. members in here tonight that are members of the truth squad, but the truth is a very rare commodity when the truth squads fan out across the province. Mr. Speaker, the truth squads are going to have a great deal of difficulty now whenever they attempt to engage Albertans in debate, because the first thing Albertans are going to ask is: tell us the truth about closure. Tell us why this had to be done, this guillotine on debate. It is almost censorship.

There are many reasons why the hon. members across the way are sensitive to any debate that will get real answers as to why they're supporting Bill 11. There is no evidence that Bill 11 will lead to reduced health costs or waiting lists. The only tactic that this government has to sell Bill 11 is advertising. The government does not want to hear from other hon. members in this Assembly. It wants to just buy its way with taxpayers' dollars.

Now, instead of providing Albertans with the information they need – and they're denying it with the use of this closure – this government is giving us spin and propaganda, as I said before, paid for with tax dollars. I'm sure all hon. members have seen or heard the TV ads, the commercials, and the infamous mail-out containing the doctored version of Bill 11. The evidence is clear. Albertans understand this, and they do not trust this government.

If the government has so much evidence, it's not producing it. Mr. Speaker, the government has no evidence, no public support,

and no medical support outside of a very few rich doctors who stand to make millions and millions of dollars if this bill goes through. The Premier, members of his cabinet, his MLAs, and the shadowy figures backing them have embarked on a major propaganda blitz to try and push this bill through. So it begs the question: why? Why the big push to go ahead? Why is this information in the contracts and the focus groups being kept from Albertans?

Now, it is interesting. We have to look no further than the Progressive Conservative Association of the hon. Gaming minister. A board member there is part of a family of doctors who were virtually given the Holy Cross hospital for $5 million right after $30 million of public money was spent upgrading it. That's a reason why. Who benefits, Mr. Speaker? You don't have to look any further than the donor list of the Progressive Conservative Association of Alberta. Insurance companies, private laboratory companies, private hospital owners, health management firms, private nursing home owners and operators are all pouring money in and waiting for our health care system to be privatized piece by piece.

If this government were truly committed to protecting public health care, there would be a commitment to innovating our current public system. They would be opening up the empty beds and whole floors of hospitals, for instance, like the hon. Member for Edmonton-Mill Creek. Let's open up the Grey Nuns, make it fully functional. They would hire staff. They would be hiring technologists and diagnostic professionals, so the expensive diagnostic equipment would be working full time.

Mr. Speaker, I think a member of the Friends of Medicare showed great insight when she likened the Conservatives' health policy to running a bakery in a grocery store. She described it this way. It's as if the Premier was the manager of the Co-op bakery. There's a growing demand for bread, and the store keeps running out, but instead of making more bread, investing in new ovens, and hiring more bakers to bake more bread, the Premier just tells the customers to go buy their bread at Safeway. It just doesn't make sense.

Mr. Speaker, I would request unanimous consent to continue my remarks.

[Unanimous consent denied]

MR. MacDONALD: I'm disappointed, Mr. Speaker.

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Gold Bar, I asked for unanimous consent. I had at least one or two dissenting voices, so there's not much point in pursuing that.

The hon. Member for Edmonton-Glengarry.

MR. BONNER: Thank you very much, Mr. Speaker. I am a little dismayed tonight that I'm rising to speak to a motion that was invoked on the floor of this Assembly yesterday, a motion that will invoke closure. It perplexes me, particularly when I read in *Hansard*, the March 2 edition on page 223:

> I have given an undertaking to debate the bill in front of live television in this Legislative Assembly when it reaches second reading stage. There is no better place, Mr. Speaker, with you, sir, as the referee to debate a bill. That's where a bill should be debated, not in Liberal orchestrated or ND orchestrated town hall meetings but in the Legislature.

So I waited with great anticipation yesterday to speak to Bill 11 in second reading.

1:20

Now, as well, when I was looking today in *Beauchesne*, I looked under Stages of a Bill, at *Beauchesne* 640, and particularly section (2) on second reading.

> The stage of second reading is primarily concerned with the principle of a measure. At this stage, debate is not strictly limited to the contents of a bill as other methods of attaining its proposed objective may be considered. This stage is coupled with an Order to commit the bill.

So I certainly looked forward to speaking on this bill at second reading. I still cannot understand why I was denied that right, but I do look forward to speaking to the motion.

Now, I also looked at a number of things here, and I wondered why the Premier invited us to bring on amendments. It was a very fine amendment that my colleague from Edmonton-Manning had brought to the floor of the Assembly last night, an amendment that would have allowed us to gather more information on which we could make a very good decision on Bill 11. We debated this bill, but then after this amendment, we had the Deputy Government House Leader bring in a motion. Why would he do that when the Premier wants open debate? I looked over the *Hansard*s, and I counted that only seven Conservatives out of a total of 64 members had spoken at second reading, for a maximum of two hours and 30 minutes. There were eight Liberals that spoke, for a maximum amount of time of two hours and 50 minutes, Mr. Speaker. Our lone ND had certainly taken his opportunity, and he had spoken for 20 minutes, his 20 allowable minutes. Therefore, at second reading we had a total of 16 speakers out of a possible 82.

[Mr. Herard in the chair]

Then the hon. Member for Edmonton-Manning introduced his amendment, a very fine amendment, as I mentioned earlier. Now, this is even more perplexing. We had only three Conservatives out of 64 who spoke to the amendment. We had eight Liberals that spoke to this amendment. Again, the hon. leader of the NDs spoke to this. I must commend the Minister of Gaming, who certainly wanted to express some views on Bill 11. I must commend the hon. Minister of International and Intergovernmental Relations for speaking. I must also compliment the hon. Member for Calgary-Egmont, who spoke on this bill. But when I look at the standing vote – again, that's a very good indication of what happened here – I notice that seven members of the Liberal caucus were here to have the standing vote. We had another member that came in the door just seconds too late, and she was not allowed to vote, which is fine. We agree with that ruling, but there were eight of our caucus here at that hour of the night last night: half of our caucus, 50 percent of this caucus.

MS CARLSON: The other 50 percent were out doing community work.

MR. BONNER: Well, that's right.

Now, I notice here in the standing vote that there were 31 out of 64 Tories that were available for the vote, and that's great. What I also notice here is that we had in the House last night the hon. Minister of Health and Wellness and the Associate Minister of Health and Wellness. They were also present in the House last night. Mr. Speaker, we are debating a bill in this Assembly that will fundamentally change what we have known as a very good public health care system in this province. It is going to be one of the major pieces of legislation that is passed in this Assembly. We had the minister of health and the Associate Minister of Health and Wellness present in the Assembly last night, and they chose not to speak to this bill that has brought more public concern, more public opposition than any bill since I've been in the House. Those two

hon. ministers did not think that it was in their best interests or the interests of their constituents or the interests of Albertans to speak. This is unacceptable, totally unacceptable.

As well, yesterday I had found on my desk the Seniors Advisory Council for Alberta's 1998-99 year in review. Of course, they did a summary of issues. In the summary of issues they did mention many of the concerns that our seniors have. One of their major concerns, of course, was the long-term care system. They indicated that it was a very important concern for them throughout the province, and it was a major focus of the council's work. Now, this became even more important to me, Mr. Speaker, because another one of the concerns that these seniors had throughout this province was the accessibility of health care services for our Alberta seniors. This became a very important point because they are concerned about the availability of health care services as they get older. That was their major concern. [interjection] Yes, they are even concerned up in the constituency of Dunvegan. They are very concerned.

My concerns, the ones expressed to me in my constituency office, were by a senior who was doing her best to live in her own home, an 84-year-old senior. What happened was – and they didn't know how – she ended up with infection in both legs. Now, living on her own, she no longer drove, so she had to rely at first on neighbours, friends, and family to take her to the hospital three times a day at eight-hour intervals so she could receive her antibiotics by intravenous. This went on for a few days, and her family started to tell her they could not be available. They were starting to get concerns expressed by their employers that they could not be taking this amount of time off continually.

The reason that she had to do this was because they didn't have a bed for her in a hospital. They didn't have a bed for this 84-year-old person, so she was faced then with the decision of taking a taxi. She could take a taxi from her home down to the Royal Alex and back. A one-way trip was $10. So each day, if she didn't have a neighbour, a friend, or her family to drive her, this senior had to pay $60 per day to go to the Royal Alex for treatment. This is why this particular senior has grave concerns with the availability of health care services.

1:30

Now then, as well, Mr. Speaker, I also have a number of concerns that constituents have expressed to me. It gives me a great deal of pleasure to bring their concerns here to the floor of the Legislature. It's amazing that one of their first concerns when they read this bill was: it's called the Health Care Protection Act; why is it not called the public health care protection act? If we as a province are truly committed to the principles and spirit of the Canada Health Act, why is this legislation even required? What has happened to public health care in this province that has led to the introduction of a bill on the floor of this Assembly that cannot be supported by myself, by my colleagues in the Official Opposition, and by the vast majority of the constituents of Edmonton-Glengarry and Albertans as a whole? Bill 11 is a bill that is seriously flawed, and one that in the public interest should be pulled.

I was talking to an old friend over the weekend, a fellow I used to play a lot of hockey with, and we had a very good discussion. This is a gentleman who ran for the Tories in 1993 here in the city of Edmonton. Of course, we all know that in those days it was 'Redmonton,' and it still is, and we're very proud of that.

This person who ran for that party told me that he had spoken to many people that he'd met in that particular party over the years. He'd even spoken to MLAs that're currently serving. I know they won't admit this, and I don't expect them to step up, but he told me that this should not be called Bill 11, that this should be called Ralph's bill. None of them can understand why, when there is such a public outcry and such public opposition against this bill, this Premier continues to push this down the throats of Albertans. He did it last night again through his junior minister when he brought in his motion which effectively invokes closure at second reading.

Now then, why have we got to this point? What has been the combination of events in this province that has led us to where we are today? In 1993 a new ideology was presented to the people of Alberta. We were told that privatization was the way to go. We were led to believe that the private sector was more efficient, that our problem was spending, and that spending was out of control. Was this in fact true? Was the spending pattern in the area of health care prior to 1993 really out of control? All evidence indicates that from 1986 to 1992 – and I might add we had a very competent health minister at that particular time.

MRS. MacBETH: Best cost controls in the country.

MR. BONNER: That is absolutely correct. There were.

So when we had massive cuts in the public service areas of education, social services, transportation, Mr. Speaker, health care basically remained the same. This is where the twisted truths of this party began to take shape.

A closer look shows that in 1986 the per capita cost of health care in this province was $1,360. Now then, six year later those costs have risen to $1,393. A whole difference in six years of $33. If we want to average that out, that was only $5.50 per person over that time. So that funding wasn't that out of control here in the province.

Unfortunately, what happened in 1993 was that we started to get these drastic cuts. So from a level in 1992 of just over $1,300, in 1995 we dropped to $1,156. What a cut. No wonder our public health care system is starved. Those outcomes were predictable. A starved health care system had predictable outcomes which would force hospitals to close hospital beds, to cut staff, and not only that but to close hospitals. Again, who did we blame? We blamed Albertans who got sick. They were overusing the system. Can we believe something that looks that bad?

I think that when we're having this entire debate, Mr. Speaker, what's very important is that we rely on evidence, we rely on reliable studies that have been presented here. I know one was tabled earlier in our discussions, and this was headed up by nursing professor Donna Wilson, who compared seniors to other people who died in acute care hospitals. Her findings showed that the elderly patients received fewer high-cost treatments and that most received low-cost treatments. Ultrahigh costs account in just 3.8 percent of the deaths and skewed the statistics, but seniors were not to blame. The ultrahigh costs were associated with younger people with chronic illnesses, including those born with chronic diseases like cystic fibrosis and diabetes with complications.

Now then, if we want to look at diabetes with complications, one of the complications that diabetics have is that they lose the use of their kidneys. So they must go on kidney dialysis, which is a very serious condition in itself but also a very costly condition, because they require teams in order to treat people that are on kidney dialysis. So this is one of these illnesses that strikes all levels and certainly not one that can be pinned simply on seniors.

As well, Mr. Speaker, on Monday, April 3, 2000, a report titled the Public Purchase of Private Surgical Services: A Systematic Review of the Evidence on Efficiency and Equity was tabled in this Legislature. It was an interim report, and this interim report was very well done. Again it showed many, many fallacies in what we have been told about our public health care system. When we look

at our public health care system, it is clearly demonstrated that it not only can compete with private, for-profit hospitals but that it can do it cheaper, it can provide better service, and it can also cut waiting lists. Our public system already has in place all the aspects of the Canada Health Act: accessibility, portability, affordability, universality, and public administration. [Mr. Bonner's speaking time expired]

Thank you very much for the opportunity, Mr. Speaker, to make these comments. I do have others, and I would ask through you for the Assembly's permission for me to continue with my comments.

[Unanimous consent denied]

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

MR. DICKSON: All right. Thank you very much. Let me start off by expressing my deep regret that as a consequence of the government's decision last evening to introduce a motion that the previous question now be put pursuant to Standing Order 47, some 50 government MLAs have been denied the chance to speak to the principle of Bill 11. They may well be afforded the chance to speak at the committee stage, but then, of course, we can only speak to detail of the bill, and at third reading debate is truncated. So it's a sad problem, Mr. Speaker, that on probably the single most controversial bill I've seen in the eight years I've been in this Assembly, 50 members of the Conservative caucus have been deprived of the chance to speak at second reading.

1:40

Something like 70 percent of the calls to my constituency office come from the other 20 constituencies in Calgary, many of them from Calgary-Varsity, and I don't know what to tell those Calgarians when they phone me and say: "Why is it that my member isn't standing up to reflect my concerns? Why is it that my member is not answering my questions around public health care?" Mr. Speaker, I don't know what I can say to those people to account for the fact that we've had so few MLAs in the city of Calgary who have been heard in speaking to the principle of this bill. So that's a concern I raise there.

You know, the Premier came to Calgary, put in an appearance in Calgary on March 16, and he was speaking at the fund-raising dinner. Mr. Speaker, I'm sure you were there. This was the Calgary Premier's dinner. [interjections] Oh, I've talked to a number of people who were there, and I've got all kinds of feedback in terms of the mood of the meeting. But what was most interesting is that the Premier spent some time to talk about a visit by the federal Minister of Health to Alberta.

MR. SMITH: You and I were at that meeting.

MR. DICKSON: I'm going to get to that, Minister of Gaming.

In fact, it's interesting to me, all this sort of byplay around the Hon. Allan Rock's visit to Calgary. We have the Premier going on in his speech to the faithful and not so faithful but with deep pockets, coming out indicating that the media had received more notice than Minister Rock had given the Alberta minister of health. Well, you know, I find this so ludicrous. Is that to suggest that when the Premier goes to Victoria to deliver a luncheon address, he has to phone the B.C. Premier in advance to tell him he's coming? The federal minister showed the courtesy to Albertans of coming to the city of Calgary to address it. I don't understand.

[The Deputy Speaker in the chair]

The Premier went on to say that the audience for his speech was handpicked. Well, I saw the Minister of Gaming there. I saw the fellow who runs McDougall Centre in the audience, and they had prime seats. I got a front row seat, and the Minister of Gaming was in the second row, but the sight line was pretty good.

It struck me that for the Premier to go on talking about, quote, his political staff barring an Alberta minister of the Crown entry to his news conference – what absolute nonsense. You know, this is the government that provides private screenings to members of the media of Bill 16 and denied that to the opposition.

MS LEIBOVICI: Bill 11.

MR. DICKSON: Bill 11. Well, you know, Bill 16 is darn important too, but not as important as Bill 11.

Mr. Speaker, the point I was simply going to make is that the overreaching we saw in the Premier's speech at his fund-raising dinner reflects so much of the hype and the nonsense we've seen around Bill 11. I think the Premier does a huge disservice to the thoughtful, rational, intelligent people of this province by indulging in painting caricatures, caricatures of the federal government, caricatures of anybody opposed to Bill 11. It's so foolish, yet he persists in doing this, as we see day after day in question period.

I think, frankly, that Minister Rock did exactly what I would hope a federal minister would do. He came to Calgary. He acknowledged some really neat innovative projects going on in the city of Calgary. He talked about the Northeast clinic in Edmonton. He talked about the 8th & 8th clinic in Calgary, which incidently was closed the other day. You know what the sign was on the door? No physician available. For a period of time the 8th & 8th clinic was closed because we couldn't find a physician to operate in our facility.

Mr. Speaker, a couple of points I wanted to raise. When the Premier went through and was so busy slagging Ottawa, he didn't do much of a job in terms of making the case for Bill 11. He makes a big reference to the Shouldice clinic, and that's strange because the Shouldice clinic demonstrates the kind of cream skimming that we've been told by all the experts is endemic to private facilities. In fact, I've talked to people and I've got a number of accounts from people who, if you're outside the very narrow criteria of people who have a particular kind of hernia and present a particular kind of patient profile, you can't go there. They do the high-volume hernia procedures and leave all the more complicated ones for the public system. [interjections]

Mr. Speaker, a couple of other concerns I wanted to raise in terms of . . .

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: For a little while I was unable to hear the hon. Member for Calgary-Buffalo because of the noise that was going on on both sides, where we had several dialogues going. Right now we're just on one speech, and that's the hon. Member for Calgary-Buffalo.

Debate Continued

MR. DICKSON: Mr. Speaker, I'm not going to have time in the 12 minutes or so I have left to cover all of the areas that I think are important.

I want to advise the Minister of Gaming that if he goes to www.garydickson.ab.ca and he looks under the speeches tab, what he'll find is that I've done a little five-page analysis. All members, drop by the site. I've done a little five-page analysis of Bill 11, so

anything I don't get to today I encourage people – there's also a rotating question. It isn't just my constituents who can register their comments on Bill 11. I will table those comments in the House before I refresh the question. I wanted to make sure that that information was available. [interjection] No, but the other thing that would be helpful to the Member for Calgary-Fish Creek: there are a number of hot links that will allow her to go directly to find out what the Associate Minister of Health and Wellness is doing in the area of PDD, to find out what the FOIP bureau is doing in the provincial government.

Mr. Speaker, the point I wanted to make is that there is an area here that begs further scrutiny. I go to the comments of the Member for Calgary-Glenmore. You remember the Tuesday night televised debate and the anchor of the government side, if you will, was the Member for Calgary-Glenmore. He attempted to make a number of observations, and I thought: well, here's an intelligent, thoughtful member of the government side, so he really would have the last word, and it would be interesting to see what he had to do in terms of analysis.

One of the things he said is that Bill 11 would mean that the government would "ensure that such a facility will never exist within the borders of this province." What he was talking about was a private hospital, Mr. Speaker. I think we've been able to establish that in fact a private hospital, as Peter Lown would recognize it – Peter Lown is the gentleman, the prof at the University of Alberta, that shared the blue-ribbon panel. You remember when he dealt with Bill 37, number one and number two, and he and his panel, appointed by the Premier, by the health minister, not by the opposition, said clearly that what was being talked about there was a hospital. If you have an approved surgical facility with overnight stays, that in effect is a hospital. It's a hospital under the Alberta Hospitals Act. It's a hospital under the Canada Health Act. It's a hospital in the parlance of – if you take 10 Albertans and line them up and you put to them the model and you say, "Is that a hospital?" Ten out of 10 of them are going to say: of course it's a hospital. It's only the government that persists in this nonsense that says it isn't.

1:50

I also want to draw the members' attention to a couple of excellent articles. This is all about privatization in health care, and there's a wonderful article that was done. Actually, it's a presentation by Pamela Bloomfield, Deputy Inspector General for Management, Massachusetts Office of the Inspector General. Her analysis was entitled Flawed Public-Private Partnerships: Lessons From Bad Bargains. One of the interesting things that she identifies under the heading Avoiding Bad Bargains – and one has only to think of some of the deals that the CRHA has made to see that we have the examples here, and they're readily available. She says:

> Private firms that undertake public-private partnerships will ensure that their interests are protected, and public agencies have an obligation to do the same.

Then she goes on to say:

> Developing and enforcing effective contract safeguards is also essential to protecting the public interest. The major business terms of the contract should be established prior to and incorporated into the competitive selection process to encourage realistic price proposals and reduce the public's financial exposure over the contract term.
>
> However, high political stakes will increase the pressure on responsible public officials to move forward with the public-private partnership at any cost.

Then skipping ahead to the last part of the paragraph:

> If walking away from the contract negotiations or replacing the contractor are not regarded as realistic options, the benefits of competition can evaporate.

That's confirmed by another study, in the CSG & ASPA magazine, entitled Privatization and Cozy Politics. I'd just quote the following observation.

> Distaste for the "politics of politics" does not prevent some actors in the public and private sectors from turning privatization to their own political purposes. What might be termed "cozy politics" comes into play when goal displacement occurs. Cozy political arrangements enable companies or nonprofit agencies to win public agency contracts through political influence rather than technical core competence. The result is that those designated to provide the goods and services, along with their legislative and political executive allies, benefit at the expense of the intended program beneficiaries. On occasion, the public agency itself may become involved in such contracting out agreements.

Why is that important? Well, Mr. Speaker, it's because of the sorry experience we have in this province of section 15 of the FOIP Act, the section that the provincial government has refused to change. The three-year review was torpedoed because the government members on that review absolutely refused to reduce section 15. I filed a dissent to it. That's on my web site, too, Minister of Gaming, which I'd invite you to visit and review the comments there.

We had a bad history with section 15, in the way that's enforced. Why is that significant? Well, in the city of Calgary you have Dr. Steve Miller who serves as both medical director of HRG and head of orthopedics at the Foothills hospital. You've got Jim Saunders, former chief executive of HRG and now vice-chair of the board and had previously served as vice-president of the former Calgary regional hospital group, and so on. Then in June of '99 Saunders joined North American Medical, a Calgary company opening a U.S. style hospital in Cabos San Lucas. You've got Jim Saunders' job as chief executive of HRG taken over by Tom Saunders, no relation, who is president of Columbia Rehabilitation, another private health venture. He was also previously on the board of HRG.

Columbia Rehabilitation has contracts with both the CRHA and workers' compensation. The CRHA recently announced the EGO, the Equity Office Condominiums Corporation. They're talking about a one-stop medical facility in Douglasdale in southeast Calgary. Then we see another range of opportunities for clinics. Well, two of the key people associated with that are Fred Johnston, president of Equity Office Condominiums; Adrian Abbott, vice-president of marketing. Kabir Jivraj, the CRHA's chief medical officer, is one of the owners of Surgical Centres Inc., a privately owned company. The CRHA has surgical contracts with two clinics run by Surgical Centres Inc., one near the Foothills hospital and the other at Southland Court. Dr. Peter Huang, division chief of ophthalmology for the CRHA, and his brother Dr. John Huang were involved through Holy Cross Surgical Services. They paid $4.5 million to take over the old Holy Cross site after we spent . . .

MR. SMITH: In a public tendering process.

MR. DICKSON: Well, actually this becomes very interesting. The suggestion is that it was a public tendering process. What you had was that the government appointed a little group that screened a number of applications according to criteria that were approved by the minister of health. The entire process was not in any sense transparent. It was a closed process, and what we were left with at the end was an announcement that we were going to award the contract to the Huangs. I can go on detailing the concerns, but we have a number of concerns with the existing contracting relationships and the lack of conflict of interest legislation.

The Member for Calgary-Glenmore, getting back to his comments in the speech, talked about the protections that would exist. He talked about the health authority as one of one of the safeguards.

Well, I don't have very much confidence, Mr. Speaker, that the Calgary regional health authority is going to do the job of protecting public health care in the city of Calgary. They have no mandate other than what they get from the Minister of Health and Wellness and the Premier. The Member for Calgary-Glenmore said that we can rely on the Minister of Health and Wellness because he's the guy who has all of this discretion, but as I tried to point out in my initial speech at second reading, he has very broad and general discretion. There are very few criteria. There are very vague criteria in terms of how he's going to be able to apply that, and that's an enormous concern.

Now, Mr. Speaker, we go on. We have the Member for Calgary-Glenmore talking about the accessibility principle. In fact, all of the evidence suggests that accessibility is compromised now in the city of Calgary. It's interesting that the government is desperate to sell Bill 11. Hence you saw the announcement the other day that suddenly the foldable lens is now going to be insured. The foldable lens is now going to be covered. Just a scant few days ago, did we not hear the officials in Alberta Health and Wellness – it's usually Mr. Norris rather than the minister or the associate minister. In any event, Mr. Norris on behalf presumably of the department, the minister, and the associate minister will say: this is a medical decision; this isn't a political decision, and we don't have the medical studies that show that the foldable lens is an acceptable item, and even though Lethbridge provides it as part of the insured service, in the rest of the province we're not sure. The government is mired in quicksand up to their necks in Bill 11, and we suddenly have an announcement: the foldable lens is going to be covered. I'd like to think that that woman I talked about in my second reading speech who had to pay $4,000 is now going to get her money back.

Thanks, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. It's a pleasure for me to rise and participate in this debate this evening. We've heard much throughout the evening about last night and how limiting the amount of debate that one can have on second reading of a bill to a maximum of three times per member was somehow or other stifling the democratic process. Well, I can't understand the logic in that. I've been in this House for seven years now, and until now I haven't encountered an occasion where there would be a number of amendments that were introduced at second reading of a bill. So I frankly have no problem supporting the motion that is at hand.

As a matter of fact, I appreciate the ruling that was made by the chair, and I understand that in conjunction with respective House leaders, that in addition to discussing the motion that's before us – and that motion is to put the previous question – there is a great deal of room for members to speak to all aspects of the bill. So I would like to spend a little bit of time speaking about the bill this evening, but I also want to point out to all members, including the members of the opposition, that we are now at second reading on a bill. Parliamentary procedure dictates that after second reading we move to Committee of the Whole. At Committee of the Whole there is ample opportunity for members to voice concerns that they have heard, and Mr. Speaker, I intend to participate in the debate in Committee of the Whole. I may even participate in debate at third reading on this bill. So I don't feel that there is any way that I feel hampered in my ability to represent the views of the people who elected me from Medicine Hat on this bill in light of the motion that's before us.

2:00

I do want to spend a little bit of time talking about the principles of the bill. Much of what I had planned to talk about at second reading I will probably reserve until Committee of the Whole, because I think most of the input that I have been hearing from people in Medicine Hat has to do with some very specific issues on the bill, issues which I feel very confident will be dealt with through amendments, amendments introduced by the government, and I fully expect there will be amendments introduced by the opposition. In fact, the opposition has indicated that they have many amendments which they would be proposing to introduce. So I look forward to listening to those amendments and perhaps participating in the debate.

What I want to talk about tonight, Mr. Speaker, is the fact that we have heard repeatedly throughout the debate on Bill 11 about what an historic bill this is, how this is going to forever change health care from the way we know it. Well, I simply don't agree with that contention. Frankly, I think there has been massive misrepresentation made of what Bill 11 is all about.

Mr. Speaker, we have in place now a publicly funded, publicly administered health care system where there is some private-sector involvement through contracted surgeries. There is public-sector involvement. There are public/private sector partnerships. The system is not perfect, and no one ever said that the system is perfect. The system can be improved, and I think it is the obligation of any responsible government to constantly try to improve the system. Will this bill cure all of the problems that we experience with health care? Of course it won't. This bill never was intended to be – and I heard another member say it earlier this evening – a panacea.

What this bill does is provide a tool to regional health authorities so that they will have an opportunity to take the very positive experience they've had with contracting facilities for procedures that require less than 12 hours of convalescence on the part of the patient in the facility and extend those positive types of contracts to procedures that perhaps will require more than 12 hours. That is all this bill is about. It then goes on to say that if there is going to be a contract that requires more than 12 hours recovery, then there are some rules that are put in place on how that contract will be dealt with. That is the essence of the bill.

There is nothing in this bill that will force an Alberta resident to pay for a medical service. There's nothing in this bill that will allow for the quote, two-tiered system to develop in health care in Alberta, absolutely nothing. As a matter of fact, Mr. Speaker, I contend that without Bill 11 in place, if the status quo were left in place, we would very seriously see a threat of a two-tiered system developing in this province because there would be facilities that would establish themselves and they would be out there with the Visa sign on their door and people would be able to walk in and get the services. Bill 11 prohibits that. Bill 11 very specifically prohibits that, and it does it in a number of ways, most of which are included in the detail of the bill.

For that reason, Mr. Speaker, I want to get into some debate on the detail of the bill at the appropriate stage in debate in this House, and that is the Committee of the Whole stage. Therefore, I would move that we adjourn debate this evening, and I look forward to taking part in further debate at Committee of the Whole.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 2:08 a.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Deputy Speaker in the chair]

For the motion:

Broda	Fritz	McClellan
Calahasen	Graham	O'Neill
Cao	Hancock	Paszkowski
Clegg	Herard	Pham
Doerksen	Jacques	Renner
Dunford	Johnson	Smith
Evans	Langevin	Tarchuk
Fischer	Lougheed	Woloshyn
Forsyth	Marz	Zwozdesky
Friedel		

Against the motion:

Blakeman	Leibovici	Nicol
Bonner	MacBeth	Olsen
Carlson	MacDonald	Soetaert
Dickson	Massey	White
Gibbons		

Totals: For – 28 Against – 13

[Motion to adjourn debate carried]

[At 2:20 a.m. on Wednesday the Assembly adjourned to 1:30 p.m.]