

Legislative Assembly of Alberta

Title: **Monday, April 17, 2000**

1:30 p.m.

Date: 00/04/17

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Good afternoon.

Let us pray. O Lord, grant us a daily awareness of the precious gift of life which You have given us. As Members of this Legislative Assembly we dedicate our lives anew to the service of our province and our country. Amen.

Hon. members, would you please remain standing so that we might participate in the singing of our national anthem. I will call upon Mr. Paul Lorieau to lead us.

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

Please be seated.

head: Presenting Petitions

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

MR. DICKSON: Thank you, Mr. Speaker. I'm delighted this afternoon to present a petition signed by 982 Albertans in the communities of Calgary, Cochrane, Bragg Creek, Turner Valley, Okotoks, Claresholm, and Stavely. Together with other petitions this afternoon that will bring us to 55,310 with the 3,473 we'll see this afternoon.

Thank you.

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

MR. WICKMAN: Thank you, Mr. Speaker. I have a petition to table this afternoon with 638 names of Calgarians who are urging "the government to stop promoting private health care and undermining [the] public health care [system]."

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

MS LEIBOVICI: Thank you, Mr. Speaker. It gives me great pleasure this afternoon to table a petition. It's the first installment of a petition signed by 571 students that states the following:

The . . . government is proposing two separate bills which will have an incredible impact on your . . . way of life. Bill 11 and 18 are currently being proposed that would affect both the health care system and also the tax rate . . . we have been unable to attain any factual evidence to support the move to a privatized health care system and also to an 11% flat tax rate . . . By signing this petition, you are saying that if these two bills are passed and go into effect, then when you are able to vote you will not support the Conservative Party.

Thank you.

THE SPEAKER: Hon. member, I thank you for presenting that petition. It sort of just violates most of our rules.

The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I'm pleased to present this

petition with another 364 Albertans' signatures on it. The signatories to the petition are from Forestburg, Mayerthorpe, Spruce Grove, Edmonton, Vauxhall, Taber, Lethbridge, Leduc, Devon, Thorsby, Millet, Wetaskiwin, Fort McMurray, and Radway.

Thank you, Mr. Speaker.

THE SPEAKER: Thank you, hon. Member for Edmonton-Strathcona for showing the way to the hon. Member for Edmonton-Meadowlark.

The hon. Member for Edmonton-Glengarry.

MR. BONNER: Thank you very much, Mr. Speaker. I would like to table a petition signed by 951 Albertans. They are from Edmonton, Sherwood Park, Fort Saskatchewan, St. Albert, Spruce Grove, Stony Plain, Leduc, Beaumont, New Sarepta, and Gibbons. They are urging "the government of Alberta to stop promoting private health care and undermining public health care."

Thank you.

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. I have a petition signed by 898 people from Edmonton, Stony Plain, St. Albert, Sherwood Park, Fort Saskatchewan, Camrose, and Leduc. They are petitioning "the Legislative Assembly to urge the Government of Alberta to stop promoting private healthcare and undermining public healthcare."

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

MR. MacDONALD: Thank you, Mr. Speaker. I have to present to the Assembly this afternoon a petition organized by Jean Rogers.* It urges "the government to stop promoting private health care and undermining public health care."

Thank you.

THE SPEAKER: The hon. Member for West Yellowhead.

MR. STRANG: Thank you, Mr. Speaker. I would like to table a petition of 1,859 citizens of the Grande Cache area of Alberta due to the fatality February 7 on highway 40 south of Grande Cache.

Thank you.

head: Reading and Receiving Petitions

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

MR. WHITE: Thank you, Mr. Speaker. I respectfully request that a petition that was tabled on the 13th of April in the Legislature by myself be now read and received, sir.

THE CLERK:

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

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. I would ask that the petition I presented from 180 Albertans requesting that the promotion of private health care and the undermining of public health care be stopped please be now read and received.

*This spelling could not be verified at the time of publication.

THE CLERK:

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

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

MR. WICKMAN: Thank you, Mr. Speaker. I would ask that the petition I tabled last Thursday signed by 130 Albertans requesting that the promotion of private health care and the undermining of public health care be stopped now be read and received.

THE CLERK:

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

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

DR. PANNU: Thank you, Mr. Speaker. I request that the petition I presented on April 13 be now read and received.

THE CLERK:

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

head: Notices of Motions

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

MRS. MacBETH: Thank you, Mr. Speaker. I rise to give notice that immediately following the question period today I will move pursuant to Standing Order 40 the following motion:

Whereas this government has undermined, underfunded, understaffed, and destabilized Alberta's public health care system for the past seven years to create an artificial demand for private health care, whereas this government has pursued a policy of promoting private health care to take advantage of the turmoil it has created in the public health care system, whereas all legitimate opinion polls show that a majority of Albertans oppose Bill 11, whereas Albertans have signaled their concerns through tens of thousands of letters, e-mails, faxes and through their attendance at town hall meetings and rallies, including 3,000 at Calgary's Round-Up Centre on April 15, 2000, and 7,000 at the Northlands Agricom on April 16, 2000, whereas government is ignoring the advice and findings of its own report, produced with taxpayers' money . . . whereas the government has not released the true cost of its massive propaganda campaign, nor has it provided the people of Alberta with the information contained in the blanked-out 30 pages of documents requested by Her Majesty's Loyal Opposition, whereas the government has invoked a form of closure to limit debate at second reading on Bill 11, the Health Care Protection Act, and shows every indication that it will proceed to further limit debate on Bill 11 with a goal to passing [it] before the Easter recess, and whereas the amendments proposed by government ignore the many serious concerns with Bill 11, be it resolved that this Assembly adjourn the ordinary business of the Assembly to consider the following motion: now therefore be it resolved that this Assembly has no confidence in the government.

I will seek unanimous support to allow the motion to be debated and voted this afternoon.

Thank you, Mr. Speaker.

1:40

head: Tabling Returns and Reports

THE SPEAKER: The hon. Minister of Children's Services.

MS EVANS: Thank you, Mr. Speaker. Today I am pleased to rise and table the appropriate number of copies of a comprehensive and collaborative strategy involving parents, communities, and the government: the report of the Task Force on Children at Risk.

THE SPEAKER: The hon. Minister of Human Resources and Employment.

MR. DUNFORD: Thank you, Mr. Speaker. I'm pleased to table with the Assembly the 1999-2000 annual report for the Association of Professional Engineers, Geologists and Geophysicists of Alberta; the 1999 annual report for the Alberta Association of Architects; and the Two-year Review of the Personal Directives Act.

Thank you, Mr. Speaker.

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

MR. WICKMAN: Thank you, Mr. Speaker. I have two sets of tablings this afternoon. The first is a list of proposed amendments to Bill 11 submitted by Dr. Richard Plain.

The second is a number of letters all opposed to Bill 11, and I'll just read the names of the individuals: Brian Jackson, Pilar Gateman, Evelyn Soltys, Gabor Takats, Jack Clack.

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

DR. PANNU: Thank you, Mr. Speaker. I have appropriate copies of a letter from Peter Nettleton of Calgary urging the Minister of Environment to listen to all Albertans when it comes to the consideration of the Spray Valley development public hearings.

Thank you, Mr. Speaker.

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

MRS. SOETAERT: Thank you, Mr. Speaker. I have two tablings. One is a letter from Justin Brooks. He's a grade 6 student in Brookwood school in Mrs. McFarlane's class, and he is expressing his concern and opposition to Bill 11.

The second one is yet another challenge to the Member for Lac La Biche-St. Paul to do a public debate in his constituency. I am challenging him once again because of calls that have come from his constituency.

Thank you.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I have a tabling this afternoon that is a news release from the Official Opposition dated April 15 of this year, and it is urging all members of this Assembly to vote against Bill 11 and follow the wishes of their constituents.

Thank you.

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

MRS. SLOAN: Thank you, Mr. Speaker. I have two tablings today. The first is excerpts of a report titled Progress of Canada's Children, which outlines a number of indicators and measures which can be utilized to monitor children's well-being and may be a useful reference in contrast to the Task Force on Children at Risk report released today by government.

The second tabling is a report by Curtis, Dooley, and Phipps

completed in December of 1999 titled Does Mother or Father Know Best? It is an assessment of parent/child agreement in the Canadian national survey of children and youth.

Thank you.

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

MR. SAPERS: Thank you, Mr. Speaker. Today my first two tablings are updated copies of the Bill 11 debate summaries published on the government of Alberta's Bill 11 web site for April 10 and 11. So there will be no confusion, these may look similar to sessional papers, but they are updates. Language has changed even though the government has not made any reference to what they've changed in their re-creation of history on the debate of Bill 11.

Also, Mr. Speaker, I have a copy of a statement titled Is Bill 11 Good for Albertans? It is a statement prepared by the Interfaith Coalition on Justice in the Workplace, Edmonton, Alberta. It was circulated at the rallies in Calgary and Edmonton on Bill 11 over this weekend.

Also, Keeping Medicare Public, a document prepared by the savemedicare.org coalition: the words to the song *Oh Medicare* sung to the tune of *O Canada*.

head: Introduction of Guests

THE SPEAKER: The hon. Member for Little Bow.

MR. McFARLAND: Thank you, Mr. Speaker. It's my pleasure today to introduce to you and through you to members of the Assembly 49 guests made up of students, teachers, and parent helpers from Hazel Cameron elementary school in Vulcan. They are here, I believe, for about the eighth time, and it actually started with a teacher who grew up in your area, Mr. Speaker, Sharon Steinbring, who's now teaching in another school in Palliser regional school division. With the group today are teachers Mrs. Debbie Leech, Miss Jennifer Garbutt; teacher assistant Danielle Gibson; parents Mrs. Jessy Douglas, Deb Hartung, Darlene Carlson, Wendy Miller, Mr. Ray Shaw, Mrs. Sue Mills, Mrs. Sue Schmeelke, and Dr. Shawn Webster from the Vulcan community health centre along with bus driver Al Wiens. Would they please rise in the members' gallery and receive the warm, traditional welcome of our Assembly.

MRS. SLOAN: Mr. Speaker, it gives me great pleasure today to rise and introduce to you and through you to members of the Assembly special guests from the Girl Guides of Canada. Our guests are seated in the Speaker's gallery this afternoon, and I would ask them to rise as they are introduced: Edna Dach, Edmonton area commissioner; Lana Miketon, resource co-ordinator; Laurie Robertson, Spark Guider; Kathleen Robertson, Spark; Heather Robertson, Brownie; Shannon Robertson, Guide; Cindy Fendall, Pathfinder. I would ask all members to express their appreciation for the box of cookies kindly provided by our guests this afternoon and provide them with a warm welcome.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

MR. COUTTS: Thank you, Mr. Speaker. On behalf of my colleague the Member for Drayton Valley-Calmar I'm pleased to introduce to you and through you the McDonald family from that great town of Thorsby in the member's constituency. Dave and Teresa McDonald and their son Dakin are seated in the members' gallery. It seems that Dakin is very interested in politics and actually requested that mom and dad come here to observe the Legislature at work today.

I would ask them to please rise and receive the traditional, warm welcome of this Assembly.

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

MS PAUL: Thank you, Mr. Speaker. It gives me a great deal of pleasure to introduce to you and through you to all Members of the Legislative Assembly 66 wonderful, outstanding students from St. Lucy Catholic school in Edmonton-Castle Downs. They're here with two of their teachers, Mr. Bernie MacGregor and Mrs. Lynn McLagan. They're here with 10 parent helpers. I would ask them to rise and receive the warm, traditional welcome of the Assembly.

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

MRS. O'NEILL: Thank you, Mr. Speaker. It gives me pleasure this afternoon to rise and introduce to you and through you to members of this Assembly members from Chateau Mission Court, which is a wonderful facility and housing centre in our community of St. Albert. They are here today and are seated in the members' gallery. With Trish Gyepesi, who is the activity co-ordinator, and the bus driver, Jack Soulsby, are the members and residents of Chateau Mission Court: Elizabeth Kehoe, Alice Brown, Jerry Chambers, Avenal Dayman, Kay Van Deelen, Pat Smart, and Donna Mitchell. I would ask them all to please rise and receive the warm welcome of this Assembly.

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

MS LEIBOVICI: Thank you, Mr. Speaker. It gives me great pleasure this afternoon to introduce Kellie Zdebiak and Caroline Landreville. They are two senior high school students who initiated the petition that I presented earlier. These two students were not satisfied with the answers that the government provided and, in their own words, indicated that "trust me" was not good enough. I would like to congratulate them both for their leadership and their commitment to public health care and ask that they please rise and receive the warm welcome of the Assembly.

Thank you.

1:50

THE SPEAKER: The hon. Minister of Learning.

DR. OBERG: Thank you very much, Mr. Speaker. It's a great privilege to introduce to you and through you today seven people who are visiting here from Guadalajara in the state Jalisco. Patricia Martinez is the Alberta government representative. Martha Reinos is a student education program director for the state of Jalisco. Karen Carter is the international program co-ordinator here in Alberta. With them and most important are Andres Ampudia, 14; Janet Nava, 15; Alfredo Gómez, 14; Alejandro Gómez, 11; and Rocio Avila, who is at Paul Kane high school. The first four kids that I mentioned are staying for a month at W.D. Cuts junior high in St. Albert, and the last lady that I mentioned is here for five months at Paul Kane senior high. I would ask them all to rise and receive the warm welcome of the Legislative Assembly.

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

DR. PANNU: Thank you, Mr. Speaker. I'm pleased to introduce to you and to all members of the Assembly several youths who are concerned about Bill 11 and are present, I think, in the public gallery. Their names are Yoav Englebert, Trevor King, Tom

MacDonald, and Amy VanKeekan. Also, there are several other citizens who were present today at the citizens' vigil against Bill 11 on the steps of the Legislature. I'll ask all of them to stand and receive the warm welcome of this Assembly.

THE SPEAKER: Hon. Minister of Municipal Affairs, you'll have a school group that will come from Crystal Park school. They are scheduled to be here between 2 o'clock and 2:30, and they will not be in the House to hear their introduction. Would you like to introduce them now or at the conclusion of the question period?

MR. PASZKOWSKI: I'd rather do it after question period.

head: Oral Question Period

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

Private Health Services

MRS. MacBETH: Thank you, Mr. Speaker. This weekend almost 10,000 Albertans rallied in Calgary and Edmonton to speak out in support of public health care and against the Premier's privatization scheme. Despite this government's multimillion dollar taxpayer-funded propaganda campaign of misinformation, Albertans are speaking out against the government's policy and this Premier's policy through petitions and e-mails and letters, faxes, town hall meetings, and rallies. It appears that the Premier neither listens nor cares. My questions today are to the Premier. Why did the Premier not have the courage to show up at the rallies and defend his privatization scheme? He might have in fact seen some of his former supporters there.

Speaker's Ruling Oral Question Period Rules

THE SPEAKER: Hon. members, on Wednesday and Thursday I clearly indicated that we were going to try and get to questions in question period that would be as brief as possible, would be nonargumentative, would not have an expression of an opinion, nor would they lead to debate or have expressions. I want to advise all members today that that's the expectation once again. The questions should follow through the normal urgency matter with respect to question period, and I would ask for brevity with respect to responses as well.

Thank you very much.

Private Health Services (continued)

MR. KLEIN: Well, Mr. Speaker, first of all, the only campaign of misinformation that is being conducted is being conducted by the Liberals and their cohorts. The truth is in the legislation. The legislation is the law. The truth is always in the law.

Mr. Speaker, I saw no need for me to attend the rally. There were plenty of people there, depending on which newspaper you read. There were 2,500 in Calgary and, I understand, anywhere from 5,000 to 7,000 in Edmonton. There was simply no need. I don't do protests, nor do I deny anyone the right to protest. Protest is the essence of democracy.

The hon. leader of the Liberal opposition was there. I don't know if any of the government MLAs were there. I very much doubt it.

When this member was a minister in this government, I can recall protests of the magnitude of 3,000, 4,000 people, mostly environmental groups. I can recall one at the Oldman River dam where

there were over 10,000 protesters. I was the minister at that particular time. I didn't attend then, and I don't do protests now, nor do I deny anyone the right to protest. It's all part of democracy.

MRS. MacBETH: Mr. Speaker, how many more rallies and petitions and e-mails and town hall meetings and letters and phone calls does this Premier need before he does the right thing and scraps his privatization policy?

MR. KLEIN: Mr. Speaker, that is the misleading misinformation. There is no private health care policy. This is a very simple policy that purports to and proposes to put regulations around clinics that have been operating in this province for 10 to 15 years, 30 of which were commissioned under the watch of the former, former, former minister of health, who happens now to be the leader of the Liberal Party.

MRS. MacBETH: Mr. Speaker, will the Premier make a commitment to allow a vote on the motion of nonconfidence which I placed before the Assembly this afternoon?

MR. KLEIN: Mr. Speaker, I don't know. I wasn't in the Assembly to hear the motion 40 petition, but as I understand the rules, we have to first of all debate the question of the urgency of the debate.

I will say something. Having come into the Assembly and having been informed that neither you, Mr. Speaker, nor the Government House Leader were informed of this motion 40, this was obviously another Liberal dirty trick and an absolute blind side.

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

Speaker's Ruling Nonconfidence Motion

THE SPEAKER: Hon. members, we're going to deal with the basic rules of the question period, and the Speaker is now going to get – no, he won't get involved in the debate, but he will make some comments with respect to decorum so this matter does not go unattended.

First of all, hon. Leader of the Official Opposition, the question is directed to the Premier of the province of Alberta, who is not in a position to determine what the Assembly will do with respect to a Standing Order 40. A Standing Order 40 requires "unanimous consent" of all members "of the Assembly." Regardless of the position taken by the person to whom the question was directed, it will be the Assembly who will determine that question, not the leader of the government.

Secondly, to the leader of the government, the chair was verbally informed by the Official Opposition House Leader at mid-noon that there was going to be a Standing Order 40. In terms of the latter part of the statement, it would not be the leader of the government's right to know what an hon. member has conveyed to the Speaker, so he would not be in a position to know what has been conveyed or not conveyed to the chair. But it may very well have been the case that the Government House Leader was not informed. So that's just clarification for all of that.

Now, let's very calmly move on to the second main question. The Leader of the Official Opposition.

Government Opinion Poll

MRS. MacBETH: Thank you, Mr. Speaker. This weekend the government leaked another of its taxpayer-funded political polls as part of their propaganda campaign. Using a rather slanted question

of 74 words, the government tried to put a positive spin on the fact that the majority of Albertans oppose this government's privatization scheme and the way the government is pushing it through the Legislature. My questions are to the Premier. Research shows that private health care institutions won't reduce waiting lists, so why does the government poll instead mislead Albertans by saying just the opposite?

2:00

MR. KLEIN: Mr. Speaker, the government poll doesn't mislead anyone. It asks honest questions to seek honest answers, unlike this piece of garbage which is Liberal propaganda that is full of absolute mistruths and fraudulent statements. It says: Bill 11 "legalizes private, for-profit hospitals." That simply is not true, and they know it. It says it "creates a two-tier health care system." Our policy, which is the framework for the legislation, specifically prohibits, absolutely prohibits the creation of a two-tier health care system, yet the Liberals will deliberately and maliciously put out this kind of misinformation, this kind of fraudulent material. And what's even sadder: they cheer for themselves. They're admitting that they're fraudulent, and they cheer for themselves. What is so shameful about this is that they also put it out at taxpayer's expense.

Speaker's Ruling Decorum

THE SPEAKER: Words that may be used one day may not necessarily be used the following day, and so much of it depends on the tone. To the hon. Leader of the Official Opposition: I guess in the context of the day and the intent and the mood and what have you, words like "mislead" and others have certain connotations and can be very argumentative. To the leader of the government: if you want to respond to such words for clarification, it can also lead to inflammation. To the hon. Member for Edmonton-Glenora: it would be really welcomed if we did not hear from you by way of interjection.

Government Opinion Poll (continued)

MRS. MacBETH: Thank you, Mr. Speaker. Given that research and experience here in Alberta show that in fact private facilities such as cataract facilities are less efficient than the public sector, why does the government poll say just the opposite?

MR. KLEIN: Well, Mr. Speaker, when we're into the whole question of why, why did this leader of the Liberal opposition when she was minister of health allow 30 private clinics to operate, many of them cataract surgery clinics, and allow them to charge facility fees? Why?

MRS. MacBETH: Mr. Speaker, given that this latest poll funded by the taxpayers shows less support for the government's privatization scheme than it did several months ago, will the government back down a third time and kill the privatization proposal?

MR. KLEIN: Mr. Speaker, how can you kill something that is not alive? There is no privatization proposal. The only person in this Legislature to my knowledge who has proposed private hospitals – that is, private, for-profit hospitals – is the leader of the Liberal opposition, who has stated publicly that if there is a place for these hospitals and if they can add to the overall health care, then why not let them operate? She's the only person who has made a statement relative to the operation of private, for-profit hospitals.

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

Holy Cross Hospital

MRS. MacBETH: Thank you, Mr. Speaker. After spending \$32 million at least of taxpayer money on renovations, this government sold the Holy Cross hospital for only \$4.5 million to Enterprise Universal Inc., a corporation controlled by the Huang brothers. Dr. Peter Huang at the time was the head of ophthalmology for the Calgary regional health authority. Now, Poon McKenzie Architects, on behalf of Enterprise Universal Inc., is applying for a development permit from the city of Calgary to redesignate the facility as a private hospital. My questions are to the Premier. Is the government's private health policy designed to accommodate the conversion of the Holy Cross site to a private hospital, or rather an approved overnight stay surgical facility?

MR. KLEIN: I have no idea what kind of a contractual relationship or any other relationship this operation has with the Calgary regional health authority, Mr. Speaker, but I'll have the hon. minister shed some light on the situation.

MR. JONSON: Well, Mr. Speaker, I think the words that are used here are quite flowery and quite possibly misleading. First of all, with respect to any proposals that might be put forward by the proponents mentioned, this would have to be considered by the regional health authority and go through due diligence and approval. I know of no interest, quite frankly, that the regional health authority has in this particular piece of property, and I think it might be quite a different proposal when you actually look at the wording of it. This is not something that has been approved or is about to be approved.

MRS. MacBETH: Mr. Speaker, my question is again to the Premier. What discussions has this government had with the owners of the facility regarding the redesignation of the Holy Cross hospital as a private hospital, or an approved overnight stay surgical facility?

MR. KLEIN: Mr. Speaker, there would be no reason or purpose for anyone in this government to have a discussion with the proponents over a land use redesignation. Maybe she needs a clinic in municipal politics and how it works. That is a matter for city council to decide. A land use redesignation is the result of a public hearing before the council. It has nothing to do with the province of Alberta or the government of this province.

MRS. MacBETH: Thank you, Mr. Speaker. What steps will this government take to assure Albertans that the Holy Cross hospital will not be subsidized by the taxpayers, who've already lost millions of dollars on the earlier fire sale of the site?

MR. KLEIN: Well, Mr. Speaker, I don't know what is being proposed. I don't know the details of the land use redesignation application, if in fact there is one. I don't know of any discussions that have taken place with the Calgary regional health authority. I do know that the Huang brothers were proposing a long-term care centre, and there's been a demonstrated need throughout this province for more long-term care.

Also, there's been a lot of talk in all areas of this province about public/private partnerships relative to long-term care centres as they exist today. There are numerous long-term care centres that provide for the care of the elderly who are sick in long-term care centres. Is the hon. leader of the Liberal opposition proposing that we close all these down? If she is, stand up and say so.

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

Magnetic Resonance Imaging

DR. PANNU: Thank you, Mr. Speaker. Last Thursday the government announced two new MRI machines each for Edmonton and Calgary hospitals even though they won't be up and running until next year. Their timing is suspicious, to say the least, given the current public opposition to the government's private health care agenda. My questions are to the Premier. Why is the government relying upon PR tricks in making the announcement of new MRI machines now instead of waiting until closer to the time when the new machines will actually be operational?

MR. KLEIN: Mr. Speaker, I'm going to have the hon. minister supplement. But, you know, he called this a PR trick. I would challenge him to make that assertion, make that statement to the hundreds and hundreds of doctors who are standing up today saying that this is good news, that this is the right thing to do, that this will put Alberta on the leading edge relative to MRI capacity and the use of MRIs in this country and that is good. You know, this is the amazing thing about being in government. Anything that is good for this province, anything that is good for the people of this great province is bad for the opposition. They're so good at making pigs ears out of silk purses. Honestly. Any good news, they've got to find something bad with it. Right. Pathetic.

2:10

DR. PANNU: Thank you, Mr. Speaker. My first supplementary to the Premier: how does the government expect to find enough qualified personnel to operate the new MRI machines when there's a severe shortage of personnel to run the ones already in place, a shortage caused by the five private MRI clinics hiring away staff from the public system?

MR. KLEIN: Mr. Speaker, this all goes to one of the other points in our six-point program. Two ministers can allude to this, and that is the training of more frontline staff. You know, we don't get the opportunity actually to speak about the other five points in the six-point program.

Certainly I'll have the hon. Minister of Health and Wellness respond as well as the Minister of Learning, because there are some plans in place.

MR. JONSON: Mr. Speaker, members of the Assembly would recall that this matter has been announced before. There is actually a very good story which extends back over at least six months with respect to the expansion of MRI services in the province. I might just reference one that has been raised here before, and that is the establishment of an MRI service in Lethbridge. Lethbridge is doing MRI scans now for the people in the southern part of the province. They do have adequate staffing, albeit we do recognize that there will need to be additional people trained in the future. Certainly we want to extend the hours as long as possible per day per machine.

We have announced MRIs for Red Deer, for Grande Prairie, for Medicine Hat, and, Mr. Speaker, the four additional ones for the two major cities were part of our overall continuing effort to provide MRI services at a level right at the top of the list in terms of MRIs per thousand of population in this country.

DR. OBERG: Thank you very much, Mr. Speaker. Very, very quickly in direct response to the hon. member's question, the access fund for this year will be keen on health professionals, and in that access fund MRI technicians will be one of the goals that we're looking at in the access fund for the upcoming year.

DR. PANNU: Thank you, Mr. Speaker. Now that two MRIs have been announced for Calgary, albeit not to be operational for another year, will the government put a stop to the ludicrous proposal by the Calgary health authority to install privately owned MRIs in public hospitals?

MR. KLEIN: Mr. Speaker, again I'll have the hon. Minister of Health and Wellness respond.

We want to create as much capacity as we possibly can. Yes, we'd like to create it all inside, but if we can use the resources that exist outside to have publicly funded procedures – that is, procedures prescribed by a doctor under health care – for MRIs, why not do it? Why not do it? Why not use every possible method to get people faster access to MRIs? That's what it's all about. It's not about ideology; it's about access and getting people treated.

You know, to the NDs it's all about ideology. To us it's about getting people faster access to essential services, Mr. Speaker. That's what it's all about.

THE SPEAKER: The hon. Member for Cardston-Taber-Warner, followed by the hon. Member for Calgary-Buffalo.

Children's Services

MR. HIERATH: Thank you, Mr. Speaker. My question is for the Minister of Children's Services. Today the Task Force on Children at Risk released its report, which contains a number of recommendations. Will the government implement these recommendations, and how much funding will be provided for this purpose?

MS EVANS: Mr. Speaker, today when we released the task force report, we identified as task force members that this is a report to government. It identifies the need for parents, communities, and governments at all levels to work in support of strategies to benefit their communities and to be assured that no tragedy such as the one in Taber ever occurs again.

Start young and start now is the thrust of this. Throughout the next few weeks the ministers that are working in collaboration on children's issues will review their own respective areas and determine what should be done, and those releases, in conjunction with the forum response, will come later this spring.

MR. HIERATH: My first supplemental is also to the Minister of Children's Services. The task force was established to help prevent tragedies like the Taber shooting. How will we know if these measures are indeed making a difference for children at risk?

MS EVANS: Mr. Speaker, within the last two weeks I did identify in this House that we would be providing the first-ever Alberta children's initiative report card later this spring and annually. The task force has recommended that a similar report card on the effectiveness of all of the recommendations be reported to Albertans.

The report is to Albertans. It acknowledges that many circumstances may change. It acknowledges and anticipates that improvements will be made and that we will report annually on those improvements.

MR. HIERATH: My final question is to the same minister. The task force report is one of a number of reports regarding children recently developed by the government. Why are these reports being created, and how are they going to impact children, families, and communities?

MS EVANS: Mr. Speaker, within the last decade there have been significant changes in the manner in which we organize and serve

those that are at risk in the province. The creation last spring of the Children's Services ministry was a follow-through to some of the work that had been done by previous ministers in the evolution of the child and family service authorities in Alberta. All 18 authorities are relatively recent and have celebrated their first anniversary within only the last few months.

Through this process a number of things are being discovered, not the least of which are issues that relate to poverty, issues that relate to substance abuse, issues that relate to ideal circumstances for the learner. Mr. Speaker, throughout the reports and the recommendations not only do we want to identify best practices, but we want to be assured that overlap and duplication in programs between levels of government and in fact between community agencies does not occur. I would anticipate that will come out subsequently as the government ministers respond to this report.

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

Bill 11 Publicity

MR. DICKSON: Thank you very much, Mr. Speaker. The first casualty of this government's taxpayer-backed propaganda campaign to promote private health care has been the truth. The government continues to tell us that they have spent only \$1.2 million to date as the cost of financing their propaganda campaign. When we ask the minister of health day after day after day, we simply get some vague indication that we may get some additional information. The Official Opposition has been completely up front on all of its costs. We've tabled the receipts, we've tabled the material. The Premier can't wait for the question, so let me go to it directly. How much more has it cost the taxpayers of this province over and above the \$1.2 million that's already been acknowledged?

MR. KLEIN: Mr. Speaker, everything will be disclosed in public accounts. That's a responsibility and an obligation of the government, unlike the Liberal opposition, who can, you know, dream up any amount of figures. We don't know any of the hidden costs involved in their real propaganda campaign, the propaganda campaign that included that pamphlet I waved around earlier. Imagine spending thousands and thousands of taxpayers' dollars on a piece of literature that contains nothing but untruths and is fraudulent. And they're proud of it. They're proud of something that is untrue, they're proud of something that is fraudulent, and they're proud that they spent thousands and thousands of taxpayers' dollars to create that kind of malicious piece of garbage.

MR. DICKSON: This Premier knows full well that we have tabled all of the receipts, all of the invoices documenting \$29,000 in expenses. Will this Premier commit, Mr. Speaker, this afternoon that he will today or tomorrow table all of the source documents, the receipts, the invoices, the estimates? Let's have that material so we know exactly how much money has been spent by the government on behalf of Alberta taxpayers.

2:20

MR. KLEIN: You know, all the travel, all the research, all the collaboration with the Canadian Union of Public Employees, all the collaboration with the Friends of Medicare, all the collaboration with the New Democrats, all the collaboration with AUPE, the Federation of Labour, the United Nurses association, the Alberta Teachers' Association, all the midnight meetings and the travel and all the hidden costs: we don't know what that is. When you add up the whole campaign, whether it's supported by taxpayers or not, I

mean, they have spent millions, millions, absolutely, to spread out misinformation and to bamboozle the people of this province. They have been part of a multimillion dollar campaign of misinformation and untruths, much of it very, very malicious.

Speaker's Ruling Inflammatory Language

THE SPEAKER: Hon. member, an argumentative, opinionated question usually brings a response in kind. We have some very gifted orators in this Assembly, and we can live with that. What we shouldn't live with, though, is the insidious thing that it does to other members. It really moves them to want to participate in the volleys back and forth. The hon. Member for Calgary-Buffalo moves the hon. Premier, the hon. Premier moves the hon. Member for Spruce Grove-Sturgeon-St. Albert, the hon. member moves the hon. Member for Calgary-Fish Creek, and all of a sudden, we have excitement. So let's just deal with a question, and let's just deal with an answer.

The hon. Member for Calgary-Buffalo.

Bill 11 Publicity (continued)

MR. DICKSON: Thanks very much, Mr. Speaker, and I'll try harder to avoid being baited.

Mr. Speaker, given that Alberta Health must have over 600 employees, given that the Public Affairs Bureau has a budget of over \$8 million, can the Premier not find a clerk somewhere that can fill out this checklist detailing all of the individual items of expenditure around the government's private health propaganda campaign?

MR. KLEIN: Well, Mr. Speaker, again I'll say that unlike the Liberals we have to be accountable. We have to be accountable. We just can't pull figures out and provide what we think is the right figure to add up to the right number. We have to show everything in the public accounts, and that will come out. I'll ask the hon. member to be patient.

MR. WHITE: Point of order.

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

Health Care Workforce

MR. DUCHARME: Thank you, Mr. Speaker. At one of my MLA open houses constituents raised the issue of the shortage of qualified doctors and nurses in Alberta's health care system. They were also concerned about doctors and nurses leaving the province immediately upon graduation from Alberta's educational institutions. My question is directed to the Minister of Learning. Since the taxpayers of Alberta fund in excess of 70 percent of their tuition costs, has the government considered making it mandatory for doctors and nurses to practise for at least two years in the province as a condition of graduation?

DR. OBERG: Thank you very much, Mr. Speaker. To preface the answer, we were signatories to the internal trade agreement. The labour mobility clause of the internal trade agreement specifically prohibits us from putting up undue barriers to mobility across Canada. So what actually sounds like a reasonable plan – the member is absolutely correct; we do fund 70 percent of the costs for the education. Due to the internal trade agreement we are unable to do that. I would also say that it is not something we want to do.

We expect doctors to move into Alberta, and indeed many doctors are moving into Alberta. We have a very positive atmosphere when it comes to health care. We have a very positive atmosphere when it comes to taxes. I would like to say today and I can confidently say that the brain drain is in reversal when it comes to physicians, as the number of physicians is actually increasing in the province. I would say that this will continue to be so.

I believe that the best possible way – and I'm speaking as a physician, Mr. Speaker – that we can have more doctors stay in the province is by doing exactly what we're doing: by putting more money into health care, by having a positive environment for health care and having a positive environment on taxation.

MR. DUCHARME: Mr. Speaker, to the same minister. As the population increases and ages, the need for physicians will continue to grow. What is the government doing to increase the number of spaces available in Alberta universities for doctor training?

DR. OBERG: Mr. Speaker, that's an absolutely fascinating question. If I could just take you on a little trip back, about seven or eight years ago two health care economists who were actually recently referenced in this Assembly, Barer and Stoddart, put out a report that suggested that the number of spaces for physicians should be decreased by 10 percent. This was put out in about 1993-94. The federal Health minister at that time plus all the ministers across Canada agreed to that report. Using the retrospectroscope, using hindsight, we look back and we realize that the Barer/Stoddart report was absolute garbage, as are many of the other reports that they have done recently.

Mr. Speaker, we are increasing the number. As I mentioned earlier, the access fund this year will be specifically for health professions, and I have specifically put medical students in that access fund this year.

MR. DUCHARME: Mr. Speaker, my final question is to the Minister of Health and Wellness. What is the government doing to attract physicians to practise in rural Alberta?

MR. JONSON: Mr. Speaker, we have had an overall initiative called the rural physician action plan with respect to recognizing, as the member correctly identifies in his question, a need in Alberta as far as physicians are concerned. We have established, first of all, parallel to the last round of negotiations with the Alberta Medical Association, a rural on-call payment program, which was very effective, in my view, in retaining and providing a more positive situation for rural physicians, who are usually in small numbers in a particular centre and have to provide 24-hour coverage. So that has certainly helped with respect to retention.

We have continued making available our overall rural retention initiative, which was successful in attracting to rural parts of Alberta 82, as I remember it, physicians to areas which needed doctors to be in service. That has been very successful.

We're not stopping there, Mr. Speaker. We are following up, working with the universities to establish a rural internship program, because of course I think all members of the Assembly would like to see our graduates, wherever possible, relocating to rural practice.

So it is very much a priority with Alberta Health and Wellness, and working in conjunction with Alberta Learning, we're making progress.

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

Magnetic Resonance Imaging

(continued)

MS LEIBOVICI: Thank you, Mr. Speaker. This government continues to put politics over long-term health care planning. Last week's announcement regarding four new MRIs is a perfect example of the government's efforts to deflect attention from current political criticism. Now, really a good-news story would have been the government announcing a policy that said that no Albertan would pay out of pocket for medically required services. My questions are to the Premier. Before having made the commitment to finance four new MRIs, can the Premier tell us what studies he has about the excess capacity that currently exists in the system?

MR. KLEIN: Mr. Speaker, I'm not so sure there is excess capacity. There is a problem, of course, recruiting technicians, and I think that we have already addressed that particular situation. We want to provide as much access as we possibly can.

Mr. Speaker, the assertion that Albertans would be denied medically required service is absolutely wrong. That is wrong. Bill 11 says that all Albertans will be provided medically required services under Alberta health care and within the parameters of the Canada Health Act.

MR. JONSON: Certainly the Premier has covered the essential point, but if the question is about MRI services in this province, we've recognized that we do need to increase capacity. That is what these announcements over the last number of months, including those just recently for Edmonton and Calgary, are all about.

MS LEIBOVICI: Given that there are long waiting lists right now and that the new MRIs will not be operational for one year at least, what is the Premier going to do to accommodate those who are in need of an MRI today and are paying out of pocket to jump the queue?

MR. KLEIN: Mr. Speaker, as I understand it, there's a priority protocol, and if a doctor prescribes an MRI, that person gets in on a priority basis.

You know, I can allude to one MRI, and the hon. minister can correct me if I'm wrong. A case in point is the state-of-the-art neurological MRI at the Foothills hospital in Calgary. It's an MRI that's used for research, and it's also an MRI that's used to examine and do diagnostic assessments of those people who have been involved in serious trauma, a very serious car accident or other kind of brain injury. The priority, of course, is to get those patients in. The MRI is set up about three seconds from the emergency room, and research and research activities take second place to the trauma activities, which are medically necessary services.

2:30

MS LEIBOVICI: He's still not answering.

Will the government reimburse those Albertans who today are paying out of pocket for private MRIs for timely diagnosis for medically required services? A simple question. Will you pay for those individuals who are paying out of pocket today?

MR. KLEIN: Mr. Speaker, if an MRI is prescribed by a doctor, that individual gets treatment. If a person is deemed to be perfectly healthy and asks his doctor for an MRI and the doctor says, "No, you don't need one," and this person says, "Well, I want to go to a private clinic and get one anyway," I guess that's up to that individual. Why would we pay? You know, the Liberals would have the taxpayers pay for a perfectly healthy person who has no need for an

MRI to get the service. That simply does not make sense, but most of what they say doesn't make any sense whatsoever.

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

Crop Insurance

MR. MARZ: Thank you, Mr. Speaker. As farmers are heading to crop insurance offices across this province to file their spring cropping reports, they're expecting the 30 percent decrease in rates announced by Agriculture, Food and Rural Development. Instead, they're quite alarmed to find out that the insurance coverage from their previous year has also been reduced by an equivalent amount. My question today is to the Minister of Agriculture, Food and Rural Development. Could the minister please explain why a program intended to benefit the farmers during these tough times seems to only maintain the status quo of last year in real dollars for the amount of dollars paid in premiums?

MR. LUND: Well, thank you, Mr. Speaker. There are many factors that go into the coverage and what the premium would be for crop insurance. First of all, I guess it's important to understand that when a person takes out crop insurance, really what they're doing is insuring a certain yield. Where the price issue comes in is when you talk about the shortfall between the amount that the farmer is insured for, the yield that the farmer is insured for, and the shortfall, and that's the amount that the crop insurers pay.

Now, there are a number of factors that come in. A farmer has the option of picking 50, 60, 70, 80 percent of the risk area yield. On top of that, they can take two price selections, which is a low price and a high price. Then there are some other factors that come in that can change on an individual, that being their past record. If their record is good, they get a percentage increase in the insurance and a reduction in the premium. If the reverse is true, then the reverse happens. So there are a number of factors.

I can tell the hon. member that the ones I have looked at where in fact the price per commodity has gone down – and that's based on the average price on the market. In fact, if someone is trying to get to that same dollar value, if last year they took the low dollar value, this year they have to take the high to get to the same value, and if they take the same percentage, say 50 percent, well, in fact they will find that their premium is down. The one I looked at, they went to the 70 percent, 50 to 70, low to high. They got about the same amount of coverage.

The thing also that may be somewhat confusing is that the numbers that were sent out from the all-risk to the farmers is a price that was before the 30 percent reduction. So I would urge any members to in fact check if it's the true price or the one that was printed, because they'll find that when they actually go to sign up, there is still that reduction.

MR. MARZ: Thank you, Mr. Speaker. Given that farmers have raised many concerns about the effectiveness of the current crop insurance program, could the minister tell me what other initiatives he has planned to improve the current system?

MR. LUND: Well, Mr. Speaker, as I said earlier, crop insurance is a production insurance; it's not a dollar insurance. What a number of farmers have said to us is that they would like to see us look at some way that it would in fact be an assured income or insuring against input costs. Because there's quite a lot of discussion about the operation of all-risk insurance, we committed back on October

14 that there would be a complete review of the hail and crop insurance program, and we have brought on board a former federal agriculture minister, the Hon. Charlie Mayer, and he is going to head up this whole review. We're asking farmers to look outside the box: what kind of program would they like in the future?

MR. MARZ: Thank you, Mr. Speaker. Again to the same minister: when can we expect those recommendations and the implementation of those recommendations?

MR. LUND: Well, Mr. Speaker, we are making some minor modifications for the year 2000, but that's not related to this review. We are trying to implement some of the more common things that we've heard.

The work of Charlie Mayer will continue. We expect to have the report some time in October, and hopefully we can then talk to farmers and figure out what can be done and what would fit the current program and hopefully make those modifications for the year 2001.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Calgary-Fort.

Private Health Services

(continued)

MR. MacDONALD: Thank you, Mr. Speaker. If the Premier is not careful with his private hospitals policy, he's going to be able to hold a caucus meeting in his Volkswagen. It's now been 11 days since the Premier promised to release the 30 blanked-out pages from his private hospitals policy once the Official Opposition released its focus group research. The Official Opposition has fully lived up to its end of the commitment, and we've gone one step further by tabling all the invoices and all the receipts. My questions are to the Premier. Why is the Premier refusing to live up to his commitment to Albertans to release the 30 blanked-out pages from his private health care policy?

MR. KLEIN: Mr. Speaker, in answer to that question, that information is being prepared, and once it's prepared, it will be released. I've given that undertaking in the past, and in the fullness of time – and hopefully it's not too much time – that information will be released. I simply ask the Liberal opposition to be patient.

I'll have to get – well, I don't know if you can get a bigger Volkswagen – a huge, monstrous Volkswagen. It would have to be a Volkswagen bus and more, Mr. Speaker, to hold not only the existing members of caucus but the increased number of caucus members after the next election. You know, they tried in 1997, and they tried in 1993. The leader of the Liberal opposition tried in a leadership race in 1992. And you know what? They lost, they lost, they lost, and they're going to lose again.

MR. MacDONALD: Thank you, Mr. Speaker. My next question is to the Premier also. Is the release date when the government will release the 30 blank pages timed with after your health care policy becomes law in this province? Tell us.

MR. KLEIN: Mr. Speaker, it will be tabled in this Legislature when it is ready. It will be tabled in this Legislature when it is ready.

2:40

MR. SAPERS: When?

MR. KLEIN: Mr. Speaker, could you ask the hon. Member for Edmonton-Glenora to button his lip, please.

THE SPEAKER: Again?

Final question, hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. My third question is also to the Premier. Why is the Premier so afraid to release the 30 blanked-out pages immediately? Is he scared that Albertans will find out the truth, the real truth that it's hiding from everyone and that really the purpose of this secrecy is to set up private hospitals in this province?

Speaker's Ruling Imputing Motives

THE SPEAKER: It seems to me that question violated just about everything you'd find under Standing Order 23(h), (i), and (j).

The hon. Member for Calgary-Fort.

Advanced Education Funding

MR. CAO: Thank you, Mr. Speaker. Many Albertans realize that there are many important priority areas that need public attention besides the health care issue that has recently been much politicized by the opposition forces. Last Friday I attended part of the forum organized by the postgraduate students at the U of C reflecting the concerns being voiced about the funding of postgraduate studies. My first question today is to the Minister of Learning. What programs are available to help students finance their studies?

DR. OBERG: Thank you very much, Mr. Speaker. First of all, they are entitled to student loans. As I've said numerous times in this Assembly before, we increased the amount of dollars available for student financial assistance by 22 percent this year, by 50 percent over the next three years, so certainly they are able to get the student loans.

Mr. Speaker, we have a number of scholarships and bursaries that graduate students can qualify for such as the Sir James Lougheed awards, the Ralph Steinhauer awards, government of Alberta graduate scholarships and fellowships, Foundation for the Arts, the Alberta Ukrainian centennial commemorative scholarships, and on and on.

Graduate students are an incredibly important part of any university. They do a lot of research. They're the ones that go forward and get the master's degree, the PhD that is going to put Alberta at the top of the world. They're something that we feel very strongly about, and they're the people that we are trying to help.

MR. CAO: Thank you, Mr. Speaker. Among the topics discussed at the forum was the commercialization of research and the involvement of private enterprise in the university's work. My first supplemental question is to the Minister of Innovation and Science. What is the government's position on the influence of private enterprise on postsecondary research studies?

DR. TAYLOR: Thank you. If I might, just before I answer that part, supplement the Minister of Learning a bit on the private bursaries. [interjections] Okay; I'll go on.

THE SPEAKER: Hon. minister, please. You pleaded so many times to have an opportunity to respond to a question. You've now been recognized to respond to a question. Please do it.

DR. TAYLOR: Thank you. One way to help graduate students, Mr. Speaker, is to look at our ICORE program. We are providing

\$15,000 to \$20,000 bursaries for graduate students to be part of our studies in information and communications technology. As well, we have a number of programs that we partner with the private sector on, and we actively encourage private-sector partnerships. We have, for instance, the intellectual infrastructure partnership program, commonly known as I2P2 or, to the engineers, I²P². We have the Alberta oil sands technology research program. We have the Alberta Agricultural Research Institute programs that actively partner with the private sector. They have concrete results.

If I could give you an example; for instance, the Glaxo Wellcome chair in virology that was just announced within the last month. Glaxo Wellcome, a private company, Mr. Speaker, put in almost \$2 million. I believe the figure was \$1.75 million . . .

AN HON. MEMBER: How much?

DR. TAYLOR: It was \$1.75 million, and from our budget, my funds, the government put in \$1.25 million, an active partnership that created the Glaxo Wellcome chair in virology.

Another example would be the supercomputer, Mr. Speaker. We have one of approximately 40 supercomputers in North America, and it puts us as number one in Canada in terms of supercomputing opportunity. Number one. This was a partnership of the U of A, the U of C, and, once again, government dollars. It's about a \$20 million project.

I can see the Member for Spruce Grove-Sturgeon-St. Albert isn't interested in this. It's good news for Albertans.

Speaker's Ruling Brevity

THE SPEAKER: Hon. Minister of Innovation and Science, brevity is one of those wonderful things that we can call upon members to do. In considering that the House has now already dealt with the estimates of the hon. minister and, quite frankly, approved the estimates of the hon. minister and that there's been ample opportunity in the estimates to ask questions and debate it, we should actually focus on the question.

I think, hon. Member for Calgary-Fort, we've probably run the gamut today with respect to this.

Hon. members, in a few seconds from now we'll call upon the first of seven hon. members to participate in Recognitions today, but before we do that, might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

(*reversion*)

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. It's an honour this afternoon to introduce to you and through you to all the members of this Assembly the members from the Crystal Park school improvement committee. They are made up of a group of approximately 30 junior high school students from Crystal Park school, located within the constituency of Grande Prairie-Smoky. This is a school . . .

MR. MAR: A great school.

MR. PASZKOWSKI: Yes, it is indeed a great school. It's a unique school in that it deals with a whole gamut of students: students who are challenged, students who are normal, and students who are indeed exceptional, as these are. These are students who have come

to contribute in a very, very significant way. These students are accompanied by Dr. Roger Mestinek, the principal; Mrs. Lisa Kenna, a teacher; Ms Wendy Kimble, a teacher; and Mr. Ken Skiba, a retired teacher. There are 27 students from grade 7, grade 8, and grade 9. The group is seated in the members' gallery, and I'd ask them now to rise and receive the usual warm and cordial welcome of this Assembly.

THE SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. It's my pleasure to introduce to you someone who probably requires no introduction to you, but through you I would like to introduce to the rest of the Members of the Legislative Assembly my predecessor, the former Member for Medicine Hat and former Deputy Premier, who I see is in your gallery this afternoon. I guess he didn't get enough of this place in the 18 years he spent here, and he needs to come back for a little bit more. I'd ask Mr. Jim Horsman to stand and receive the recognition of all members.

THE SPEAKER: The hon. Member for Clover Bar-Fort Saskatchewan.

MR. LOUGHEED: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to the members of the Assembly a student from Simon Fraser University in B.C. He is the president of the British Columbia PC youth, and his name is Warren Smith. I'd ask him to please rise and be recognized by the Assembly.

THE SPEAKER: The hon. Associate Minister of Health and Wellness.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I rise to introduce to you and through you members of the PC youth association, who were kind enough to ask me to join them at their table today at a function in honour of our esteemed Member for Leduc. I wonder if Ms King and her entourage would rise and receive a warm welcome and thanks for their generosity.

2:50

head: Reading and Receiving Petitions

THE SPEAKER: Hon. members, in 30 seconds from now I'll call upon the first hon. member for Recognitions.

The hon. Member for Calgary-West.

Volunteer Calgary Leadership Awards

MS KRYCZKA: Thank you, Mr. Speaker. Last Thursday, on April 13, I was honoured to bring greetings from the province of Alberta to 500 Calgary business and community leaders and youth volunteers at the Palliser Hotel. The fourth annual Calgary volunteer leadership awards, which is a local component of national Volunteer Week, is a very worthy recognition event to publicly celebrate the contributions of youth, business, and individuals to Alberta communities.

Volunteers of all ages are everywhere at the forefront of important community areas such as seniors, health, social housing, arts and recreation programming, and education. They make society tick. The individuals and corporations recognized last Thursday have given freely of their leadership ability, and it is critical that we all recognize their great contributions to keep our communities strong and to ensure that Alberta is the best place to live.

Congratulations.

84th Anniversary of Women's Right to Vote

MS BLAKEMAN: This week is the 84th anniversary of Alberta women getting the vote, Mr. Speaker. This is a critical achievement for women, as it entrenched our right to participate in the democratic process. While Alberta was the third province to enfranchise women, in April 1916, we were the first to have an election in which women could exercise that franchise, in June 1917. One of our Famous Five, Louise McKinney, was elected in that election.

However, I will note that aboriginal women or men did not share in this. They were denied a vote until the 1960s, a shocking denial and a blight on our history.

I think women's franchise has helped elect more women to all levels of government. I am proud that Her Majesty's Loyal Opposition has 50 percent women in our caucus and is the first Official Opposition in Alberta led by a woman.

So here is my celebratory cheer to the women of Alberta. Congratulations on your ninth decade of democratic participation in this great province, and keep up the good work. Make your voice heard in the next election.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

Mr. Speaker's Alberta Youth Parliament

MR. COUTTS: Thank you, Mr. Speaker. Last Thursday and Friday, April 13 and 14, 83 grade 10 students from across this great province gathered in this Assembly and experienced democracy in action as representatives of their constituency in Rupertland in Mr. Speaker's Youth Parliament. I am confident that they enjoyed their experience.

I would like to recognize the Royal Canadian Legion, Alberta-Northwest Territories Command, for their sponsorship. The Legion's presence and involvement was also apparent as comrade Stuart Black of Innisfail branch acted as Lieutenant Governor and Danni Dundas of branch 215, one of two female branches in Canada, served as Sergeant-at-Arms. I would like to thank Jasper Place branch 255 for Thursday's banquet. I'd also like to extend to Dr. David McNeil and his officers and staff the thanks from the youth who benefited from your counsel.

To you, Mr. Speaker, and your staff for promoting and organizing the event, to the attending teachers who participated in the sessions, and to the teachers in every grade 10 class across this province for their encouragement to get participation and send quality participants, thank you for promoting democracy.

90th Anniversary of Girl Guides

MRS. SLOAN: Mr. Speaker, as Girl Guides of Canada celebrate the 90th anniversary of their commitment to girls and women in our country, it is an honour and privilege as legislators to recognize their outstanding contributions today. Guiding has grown from a movement initiated by Lord and Lady Baden-Powell in 1910 to a global movement involving 140 member countries. Alberta has over 21,000 guiding members and 4,500 members in the Edmonton region alone. Honouring the fundamental principles of faith in a Supreme Being, responsibility to our community, and service to others, guiding achieves and promotes the development of young women who have strength of character, strong values, and sensitivity to the needs of others.

April 1 to May 15 marks the Girl Guides' tremendously popular annual cookie-selling campaign. An initiative which began as a home-based idea in 1927 has grown to become a nationwide campaign, with CIBC and SmartStart as national sponsors for 2000-2001.

I am proud today to wear my guiding sash and Canada cord, earned as a guide and cadet, and to acknowledge the significant impact guiding made on my life.

Special acknowledgment and thanks to our guests today. Happy 90th anniversary, and may 2000 prove to be the most successful cookie campaign ever.

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

Baisakhi 2000

MRS. FRITZ: Thank you, Mr. Speaker. This past Saturday over 4,000 members of the Calgary Sikh community proudly celebrated Baisakhi 2000 by walking to Prairie Winds park from the Dashmesh Culture Centre, which is a Sikh temple in northeast Calgary. It was a very cold, snowy day, but the friendship among families and friends of the Sikh community was heartwarming.

Baisakhi is one of the most important events in Sikh history. This is when Khalsa, the brotherhood of the pure, was created over 300 years ago, a brotherhood committed to courage, sacrifice, and equality. Mr. Speaker, this event was an incredibly beautiful and colourful tribute to the spirit and joy of the Sikh community, a spirit that manifests itself in hard work, charity, and justice.

I congratulate the many volunteers, organizers, and members of the Sikh community who spent countless hours to make this event a tremendous success. Wah-i-Guru Ji Ka Khalsa, Wah-i-Guru-Ji-Ki-Fateh.

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

Brian Staszewski

MS CARLSON: Thank you, Mr. Speaker. I would like to congratulate Brian Staszewski for being recognized by *Time* magazine as a hero for the planet. Brian is one of only four Canadians to receive this honour. The destination conservation program that he founded in 1987 helps schools to save energy, conserve water, and minimize waste production. It is ironic that at a time when the Alberta government shut down its energy efficiency branch, Brian and his team have helped Alberta schools save more than \$770,000 through energy conservation and other initiatives.

Destination conservation is now being delivered in 2,700 schools across Canada and is being piloted in 10 U.S. states. In years to come, destination conservation will be delivering environmental education to children in schools throughout the world. Brian's work, which started at the Environmental Resource Centre in Edmonton, is teaching future generations how to conserve resources and make tomorrow's citizens more environmentally responsible.

Our congratulations to Brian and those who work with him.

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

Tom Whiting

MRS. O'NEILL: Thank you, Mr. Speaker. Tom Whiting, an honourable man with a kind and gentle face and manner, died in St. Albert on Sunday, April 9, 2000.

I had the honour of knowing Tom. He was an intuitive, industrious, and tenacious businessman who in the 1980s fought the national energy program for the jobs of his employees and all the oil patch workers in Alberta. Tom established his businesses in central Alberta and created in one of those endeavours a natural environmental product that absorbs and cleans up the oil spillage on your driveway, as an example.

Those who knew Tom and worked with Tom appreciated his loyalty, his hard work, and his wise advice. Tom Whiting will be dearly missed by his family and all of us who had the honour of knowing him.

THE SPEAKER: The hon. Opposition House Leader on a point of order. Did we deal with it?

MR. DICKSON: In fact you did, sir. You anticipated me very nicely. Thank you.

THE SPEAKER: It's been dealt with.

The hon. Member for Edmonton-Calder. This is a point of order?

MR. WHITE: A point of order, sir.

Point of Order Provoking Debate

MR. WHITE: I rise to speak to the point of order, sir. It was during a response of the Premier, and I cite two citations, sir, in *Beauchesne* 417 and 408(2), which reads that "answers to questions should be as brief as possible, should deal with the matter raised, and should not provoke debate."

You'll also know, sir, that section 416 cites that "a minister may decline to answer," which is logical. In this case, the Premier did not. You'll also note that in that whole section of question and answer there is no citation about the truth, so we believe that to be silent.

The Premier, while not ever wanting to mislead the House, may have misled the House in error in that he declared in the answer which he was giving to the hon. Member for Calgary-Buffalo that all of the information he was requesting will be in due course presented in the public accounts. In public accounts that is, in fact, not the case. There is no breakout of individual expenditures to that extent, nor has there ever been in any of the public accounts, sir.

It may in fact be a correction, and the citation, reading in particular "should not provoke debate," did cause debate from this member and other members.

Thank you, sir.

3:00

THE SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. It's an interesting way to bring up the question. I think it's fair to say that anytime a question is raised – and you made the admonishment several times yourself during question period. When questions are raised in the manner in which they have been raised in this House, with the preambles that are in them, providing the appropriate answer can be, in fact, seen as well to be provoking debate, but the rules relate to the questions and not to the answers. It's not the answers that provoke debate. It's the questions that provoke debate, and the debate comes in the answer. [interjections] Read the rules. The rules are very clear about it: the question "should not provoke debate." It doesn't say anything about answers.

However, the point that I think the hon. member is trying to clarify is the role of Public Accounts in examining the public accounts of the province. The hon. member, as chair, should well know that when a minister and ministerial staff are summoned before Public Accounts to defend their accounts and defend the spending of money, Public Accounts can ask any question they want, and if they wished to examine on specific expenditures, they could examine on specific expenditures. The fact that they've never done it doesn't mean they can't do it. [interjections]

THE SPEAKER: This is not a debate.

As a former member of this very esteemed committee called the Standing Committee on Public Accounts and as one who has spent many a Wednesday morning in this Assembly both going through public accounts as a member and being questioned as a member of Executive Council, my recollection is that for virtually any question under the sun that any hon. member wanted to raise on any specific subject with the requisition of any particular kind of a paper, it was always there.

I hope that hon. members are not taking the view that while a question cannot be provocative or argumentative or opinionated, that being the only rule, to suggest that the answers, however, can be argumentative, opinionated, or anything else is certainly not the case, not the case at all. The rules will apply equally to both the question and that response.

head: Motions under Standing Order 40

THE SPEAKER: Now, hon. members, we have before us a Standing Order 40 application. The chair would like to make this observation before we call on the Leader of the Official Opposition with respect to this matter, and that has to do with Standing Order 40. The rule is very, very clear in 40(1).

A motion may, in case of urgent and pressing necessity previously explained by the mover, be made by unanimous consent of the Assembly without notice having been given under Standing Order 38.

Then the chair would also like to go on to Standing Order 42.

A substantive motion or any amendment shall be in writing before being debated or put from the Chair and shall contain no preamble.

This application under SO 40 certainly does contain a preamble, so let's get to the point. There's been a lot of time already in Notices of Motions with respect to this. Urgency is the question.

Nonconfidence Motion

Mrs. MacBeth:

Whereas this government has undermined, underfunded, understaffed, and destabilized Alberta's public health care system for the past seven years to create an artificial demand for private health care, whereas this government has pursued a policy of promoting private health care to take advantage of the turmoil it has created in the public health care system, whereas all legitimate opinion polls show that a majority of Albertans oppose Bill 11, whereas Albertans have signaled their concern through tens of thousands of letters, e-mails, telephone calls, faxes and through their attendance at town hall meetings and rallies, including 3,000 at Calgary's Round-Up Centre on April 15, 2000, and 7,000 at the Northlands Agricom in Edmonton on April 16, 2000, whereas the government is ignoring the advice and findings of its own report, produced with taxpayers' money, which indicates that private clinics will cost more and produce longer waiting lists, whereas the government has not released the true cost of its massive propaganda campaign, nor has it provided the people of Alberta with the information contained in the blanked-out 30 pages of documents requested by Her Majesty's Loyal Opposition, whereas the government invoked a form of closure to limit debate at second reading on Bill 11, the Health Care Protection Act, and shows every indication that it will proceed to further limit debate on Bill 11 with a goal to pass this bill before the Easter recess, and whereas the amendments proposed by the government ignore the many serious concerns with Bill 11, be it resolved that this Assembly adjourn the ordinary business of the

Assembly to consider the following motion: now therefore be it resolved that this Assembly has no confidence in the government.

MRS. MacBETH: Thank you, Mr. Speaker. I won't, according to your ruling, take the Assembly's time to reread the wording of the motion, which of course was read into the record this afternoon on notice, but I do think there are some very important issues which justify this motion being put forward as a Standing Order 40 under the rules of the Assembly. I will speak to both the urgency and the pressing necessity of this motion being dealt with this afternoon.

First of all and I think most important is the outpouring of public concern which we have seen over the past two days in both Edmonton and Calgary, where at least 10,000 Albertans came out and raised the very serious concerns they have not only about the legislation before this Assembly but about the government's overall policy and ongoing policy with respect to privatization and about the government itself.

It was unfortunate that no government MLAs that I'm aware of were able to attend the rallies, presumably due to pressing business that they had elsewhere. I do know that for those of us that were at them and at both of them, this is clearly, clearly, Mr. Speaker, an issue of urgent concern in the minds and hearts of Albertans, many of whom are in our galleries today, and I thank them for being there.

Secondly, Mr. Speaker, the reason for putting forward this motion of nonconfidence in this government arises out of those rallies and, as well, the Premier's indication last Thursday, outside of this Assembly but certainly as a matter of public record, that Bill 11 would be passed before the Easter recess. As I look at my calendar, that means that by Thursday it is the Premier's intention to ram this legislation through the Legislature, and that is offensive to Albertans. That is in fact an extremely pressing issue in the minds of Albertans. Albertans' anger is not just about the substance of the bill. It is about the process this government is using to quell the legitimate voice and the legitimate concerns of Albertans who don't want to see a privatization policy go further.

I think thirdly, Mr. Speaker, with respect to urgency and pressing necessity, there has been a very clear failure on the part of this government to say why this legislation is necessary. We know that the "why" question has not been answered or that it has been contradicted. Secondly, there has been inaccurate information with respect to the impact of this legislation on Albertans. That is clearly, clearly an issue of urgency to the people of this province who believe that it's important that this Assembly and the members of this Assembly accurately reflect not just the content but the impact and the consequences of legislation as defining and dismantling of public health care as this Bill 11 is.

Finally, Mr. Speaker, with respect to the issue of urgency and pressing concern is the evidence that we brought forward today in the Legislative Assembly which shows that it appears that there may be yet another private hospital waiting in the wings, in this case again in Calgary, with a development proposal for the old Holy Cross hospital site. Of course, we mentioned in the question period today the reality that at least a \$32 million renovation was done on that hospital before it was sold off for 4 and a half million dollars. The difference of almost \$28 million is not the only issue. The issue of the capital structure and the value of the capital structure, let alone the renovations, is of urgent and pressing concern to the people of this province as they see proposals coming forth in a backdoor way. It would never have been found out if we hadn't been checking records of the development process in Calgary. That wouldn't have come forward.

So, Mr. Speaker, I would say that there is a very real issue of nonconfidence in this government. It is in fact extremely urgent, if

we are to listen to the leader of the government and listen to the words that he has given out with respect to his intentions in this legislation. For that reason I think it would in fact be a very clear and positive action which could be taken by the government members to vote this motion, to allow the discussion to take place. Because clearly on the minds of Albertans and certainly those 10,000 at rallies over the last weekend the question is: how can a government proceed with legislation when clearly the majority of Albertans, according to any of the legitimate polls that have been done on this issue, are opposed to it? For that reason I propose this motion, and I look forward to the government coming forward and allowing it to proceed.

For a conclusion, I would simply say, in keeping with your ruling, Mr. Speaker:

Be it resolved that this Assembly adjourn the ordinary business of the Assembly to consider the following motion: now therefore be it resolved that this Assembly has no confidence in the government.

Thank you, Mr. Speaker.

THE SPEAKER: Hon. members, under Standing Order 40 unanimous consent of the Assembly is required in order to adjourn the ordinary business of the Assembly to deal with the motion in question.

[Unanimous consent denied]

3:10

head: Orders of the Day

head: Government Bills and Orders

head: Committee of the Whole

[Mrs. Gordon in the chair]

Bill 11 Health Care Protection Act

THE DEPUTY CHAIRMAN: We are dealing with amendments to Bill 11. I see two members standing. I take it, hon. member, you wish to speak?

MR. SAPERS: With your permission, Madam Chairman.

THE DEPUTY CHAIRMAN: We are dealing with amendment A1, section A, if everyone recalls from Wednesday evening and Thursday of last week. The chair will recognize the hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you very much. Yes, I've had an opportunity to speak on this amendment previously. I've also had an opportunity to check with some constituents about the ongoing concerns with the bill. One of the questions that was asked of me was: since the government took it upon itself to spend more than a million dollars sending out its annotated householder with Bill 11 and saying that this was the bill they wanted to become law in the province of Alberta, will the government, now that they have proposed some 14 amendments, take the time to send out a new annotated version of the bill, as they would propose to have it amended, so that they can continue to get feedback from Albertans? So far I've been told that the answer to that question is no, that the government has no intention of sending out another householder with the updated version of the bill.

So Albertans are going to be a little bit confused. They won't know whether or not the government was serious when it spent the first million dollars saying, "This is the bill that we want," or whether the government is serious now by saying, "Well, this is the

bill that we really meant to send out, the one with all of these amendments." Of course, I can understand why the government would like to keep that level of confusion in the minds of Albertans, because what we see, of course, is that they can reap some benefits from that confusion.

The government trumpeted just today the release of a poll where they claim that 54 percent of Calgarians are overall in support of Bill 11. I found it very curious, though, that in that very same poll where they say that 54 percent of Calgarians are supporting Bill 11, what the government didn't bother to highlight out of that poll is that 55 percent of Calgarians, when asked how familiar they were with Bill 11, said: not very familiar at all. So you have 55 percent of Calgarians saying that they're not very familiar with the bill, yet 54 percent of them said that overall they're in support of the bill.

To further indicate the confusion in the minds of some Calgarians, at least, when asked whether or not those who are willing to pay will be able to receive faster service at privately owned surgical clinics, it's very interesting that some 56 percent of Calgarians agree. So 56 percent of Calgarians in this survey agreed that you should be able to buy your way to the front of the line. Maybe that's why they're supporting the bill, but of course the government says that that's not really an intention of the bill, so we have all kinds of confusion.

I say to the government that if they want to use this poll to bolster their position, good on them. All that this poll tells me is that the government's communication plan has fizzled, that Calgarians, at least, are not well informed. They admit that they're not well informed, and there is some confusion about what the bill itself will permit.

Now, while I'm talking about this poll, I'll say that this April 17 poll showing 54 percent stands in contrast to the February 4 news release where the government was talking about how they had 59 percent support. Of course, February 4 was before the government launched its multimillion dollar campaign. So as a result of the government spending millions of dollars and several weeks trying to sell Bill 11 to Albertans, their support has actually dropped. Again I say that I welcome the government using this particular survey if they think it serves their interest, because it clearly does not.

When we look at what this amendment does, it reinforces another point that the Premier continues to deny. When members of the Official Opposition ask questions regarding the private health scheme of the government, the Premier says: well, we don't have one. But what the bill does and what's even reinforced in this amendment is that there will be private clinics. Now, those people who believe in truth in advertising will say that these private clinics are private hospitals. The government, who chooses to mince words, says that they are approved surgical facilities. But clearly the intent of this bill, as is reinforced in this amendment, is that there will be private surgical services provided. In other words, there will be nonpublic places to go. There will be private businesses that'll be operating under contract to the government of Alberta to provide insured medical services.

For the Premier to say that there is no private health scheme is clearly a fabrication of his making, because the government's own proposed law is to create these private hospitals, as I'll call them and as most people who recognize them will call them, or private approved surgical facilities, in the government's language.

Now, I have no quibble with the amendment in terms of it including dental surgeons in the act, and I have no quibble with the amendment in terms of making it more specific; that is, talking about a range of minor surgical services. What I do quibble with is that again we don't see the distinction drawn out well between major and minor, and we see the removal of the word "person" in terms of "no person" operating a hospital. I have not heard from the Minister

of Health and Wellness or any other member of government as to why they dropped that legal corporate definition and instead replaced it with a much more narrow definition of physician or dental surgeon. So I'm still waiting for some answers to the questions that were raised when this amendment was first introduced.

I know I've heard some government members speculate inside the Chamber – it was the Government House Leader, I believe, last week – and I've heard outside through newscasts that they can't understand why members of the opposition are spending so many hours debating just this one seemingly innocuous amendment. Well, if the government would provide some rationale for the amendment, if they would help us understand how it's going to protect medicare and the public health care system in this province, if the government would give us one shred of evidence that they are sincere about the outright banning of the provision of medically insured surgeries in private hospitals, if they would give us the guarantee and the explanation as to how this amendment would accomplish all of that, well, then maybe we could get on with it. Maybe I could even convince my colleagues to support this amendment.

3:20

In the absence of any concrete answers, in the absence of that evidence, I don't know why the government would be surprised. In case members of the government haven't noticed, the majority of Albertans don't support them on this initiative, and in case the government hasn't noticed, most Albertans who have taken a look at Bill 11 don't like it. So why it would come as any surprise at all to the Minister of Health and Wellness or the Government House Leader or the Deputy Government House Leader that the opposition is not going to allow quick and easy passage of these amendments is really a surprise to me. Frankly, Madam Chairman, I think the best thing for this government to do is admit that the original draft of Bill 11 was flawed and wrong, admit that these amendments do nothing to rescue the bill, and quickly admit that they're running down the wrong path when it comes to embracing private health care.

The best way to demonstrate to Albertans that they are sincere about protecting medicare is to kill Bill 11 now. Given the input that we've had from thousands and thousands of Albertans in rallies, petitions – and I understand that the numbers are rapidly approaching 75,000 – and the e-mails and the hundreds of letters that each member of this Assembly has received, I would expect that the best way for the government to acknowledge all of that is for the Minister of Health and Wellness to rise as I finish my comments and say: the government does care; the government has listened, and we have decided to not proceed with Bill 11. Then we can move on to some other pressing business in this Assembly.

Chairman's Ruling Relevance

THE DEPUTY CHAIRMAN: Just before I recognize the next speaker, the chair would remind everyone that last week the Chairman of Committees indicated, after some discussion and in keeping with what was said last week, that we will be doing these amendment by amendment, and within the Committee of the Whole stage it is the intent that we look at the clauses principle by principle. So I would ask that we try to keep to that and avoid repetition and be cognizant of relevance to the amendment we have before us, which is amendment A1, section A.

Hon. member.

Debate Continued

MR. BONNER: Thank you very much, Madam Chairman. It is a pleasure to rise this afternoon to speak to the proposed amendment

A1, section A. This particular amendment still is causing a tremendous amount of confusion to all Albertans. They are having a great deal of difficulty understanding it, as I am. Again, what this amendment doesn't do is address a question that many people had regarding the lack of definition in the original section. What does section 2 look like in the original section? I looked at that, Madam Chairman. In the original section it says:

No person shall provide a surgical service in Alberta except in

- (a) a public hospital, or
- (b) an approved surgical facility.

Now, when we look at the amendment, we see in 2(1) that "no physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except," and of course there we go into that particular part of the amendment. Under section 2(2):

- (a) in the by-laws under the Medical Profession Act, in the case of a physician, or
 - (b) in the regulations under section 25(1)(a.1), in the case of a dentist,
- in Alberta, except in a public hospital.

Again, what this does is certainly cloud the whole issue of exactly what the government intends to do or the intent of this particular amendment. We do not have a significant change and not a change that is going to address that confusion. People cannot understand how we can switch from "person" to "physician" and how that is going to clear up all of the confusion around this particular part of the amendment.

Now, as well, the original section dealt with an individual, and that will include corporations. Of course, this is the fear that all Albertans have, that this will allow private corporations to come in and run these facilities. There certainly isn't anything in the amendment which will stop this from happening. It now says that "no physician shall provide a surgical service in Alberta" except in one of these approved facilities. The government is still calling them approved surgical facilities when in fact they are private hospitals. They are known by many Albertans as private hospitals, and the problem here is that once they are private hospitals, or approved surgical facilities, then these corporations, these facilities are accountable to no one but themselves. Even what is done there does not, under Bill 40, have to be made public, and certainly the medical information that's gathered there on patients is kept private. Again, this amendment does not address that problem as we see it.

As I mentioned, all of this is presently covered under the Medical Profession Act, under subclause (2), and it opposes anyone but physicians benefiting directly from the practice of medicine or owning a business that benefits from the practice of medicine. There certainly is an absence of reference in this whole amendment to corporations, and of course that really is what not only Albertans but all Canadians are concerned about, that we are constantly moving down this road to privatization.

You know, this is one of those areas that should be determined by the College of Physicians and Surgeons, and of course along the same lines the college is the one that should determine what is minor surgery or what is major surgery. This is a very, very important component of all that is happening. Much of what this whole bill is about and what it depends on is this distinction between minor and major surgery. The College of Physicians and Surgeons, Madam Chairman, certainly don't want to get into these decisions that are based on politics and not on medical decisions. They have informed the government on many occasions that the government is the one responsible for providing the legislative guidance.

Certainly this bill does not do that at this particular time. These amendments that have been proposed will certainly not do this, and what this government is presently doing is forcing the College of

Physicians and Surgeons to make decisions in their bylaws. You would think, upon reading the bill, that the bylaws pertaining to this were in place, but they're absolutely not. There are no bylaws in place under current legislation which will govern this.

So, again, we don't have any distinction here in this bill on the difference between a major and minor surgery. I note this with quite a bit of concern and quite a bit of interest. In northeast Edmonton we had Marion Spencer, who for years, since the late 1980s, pushed for the Northeast medical centre. Through all this time she certainly realized the importance of having an emergency component of that particular facility because emergency departments for any surgery are a must. The ICUs certainly have to be available.

3:30

What we see here is that "the College of Physicians and Surgeons decides what can be provided safely in a surgical facility." Now, these are the words of the government in their Coles Notes version of the bill that was sent out to the people of Alberta. When we start looking here at "an approved surgical facility" in section 2(1)(b), then certainly it just leaves too much confusion as to exactly how Albertans are covered.

With those few comments, at this particular time, Madam Chairman, I would certainly like to take my seat and listen to the concerns of other members of this Assembly. I thank you very much for this opportunity.

MR. JONSON: For the record, since this debate on this straightforward amendment has gone on for some time, I'd like to repeat what was stated in my opening remarks with respect to these amendments, and that is that the amendments in part A, section 2, deal with making it clear that when it comes to providing surgical services in this province, it is not exclusively done by physicians. There are also surgeries that are done by dentists. It makes it very clear that the College of Physicians and Surgeons will deal with physicians, pertaining to the standards that they have, and that dentists will have their responsibilities and their identity, as they do now, with respect to providing for bylaws and regulations pursuant to their practice in a public hospital or in an approved surgical facility. That is all this amendment is, Madam Chairman. It's important to have that clarification. It is something that has been drawn to our attention by the dental profession, and that is what that amendment is about.

THE DEPUTY CHAIRMAN: The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Madam Chairman. I am happy to rise for the second time to speak to this particular amendment that is before us in the Legislature. Unfortunately, I have to rise a second time and speak to this amendment for two reasons. The first is that the minister of health, in spite of his comments just a few seconds ago, hasn't addressed the concerns that I brought up previously on this amendment, even though that was last week. I believe it was Wednesday evening when I last spoke to this amendment. I had expected by this particular time to see some response in *Hansard*.

In reviewing the comments that have been made since that time, I don't see any specific references to my concerns. However, Madam Chairman, in reviewing those responses, I did read the Government House Leader's comments on this amendment from Thursday past, and I do have some concerns with the items that he brought forward at that time. So in the spirit of debate in Committee of the Whole on this amendment, I would like to respond to some of those points that he made.

He talked about the initiation of this policy. He reflected that

when the policy was first put on the table in November, it talked about how

no person shall provide a surgical service in Alberta except in

- (a) a public hospital, or
- (b) an approved surgical facility.

One of the changes that was made in translating that policy into legislation, into this act [we see before us], was to add subsection (2) which said:

No person shall provide a major surgical service, as described in the by-laws under the Medical Profession Act, in Alberta except in a public hospital.

The part that I have a problem with, Madam Chairman, and that is important to us today is the part where he talks about the changes made in translating that policy. It's the people of Alberta who have said to us that the changes this government made in translating that policy into legislation do not reflect their wishes in any part, particularly with regard to the approved surgical facility portion that we see in this legislation and in this particular amendment in section 2(1)(b). It's the problem that the government has in translating their policy into legislation that is the issue here.

The government, I believe, has not properly listened to Albertans in that regard. Even when they got a second chance in terms of bringing forward the amendments to this legislation, they still haven't heard what people have said, even though the message is coming through very clearly. Even though in the past the Premier has made his reputation on changing whatever he needed to change in order to reflect the wishes of the people, for some reason this time he has completely abandoned the majority of the people in this province when it comes to this legislation. Even though he's tried to sugarcoat private hospitals under the new heading of "an approved surgical facility," he isn't fooling anybody and certainly not the people in this province, who will be deciding in a few short months who to re-elect and who not to. I think what we need to reflect upon when we talk about this amendment are the kinds of problems that occur when the government, who doesn't listen to the people of the province, translates its policy into legislation. That is what we need to talk about.

The Government House Leader then said that he believed that the addition of this subsection in the act responded to the concerns of Albertans and particularly to the concerns of his constituents. Well, Madam Chairman, my constituency is a next-door neighbour to this particular minister's constituency, and I can tell you firsthand from the number of phone calls and conversations I've had with those people that this minor amendment we see here does not do anything to move forward to represent their particular concerns, except with the part that pulls out the regulations in the case of a dentist. That speaks to concerns that dentists had, but it doesn't speak to the majority of the constituents I have heard from in that constituency. I've logged over a hundred phone calls now from Edmonton-Whitemud residents, not to mention the number of people that I have met at different functions in and around the city since this legislation has been tabled. This is minor. It's in fact mickey mouse, I would say, in terms of any kind of substantive amendment and doesn't address the concerns that I have heard.

People are still having particular concerns with the "approved surgical facility" really being a private hospital. They would like that issue addressed. Why isn't this government just prepared to call it what it is, what people understand it as? Instead of trying to wordsmith or spin-doctor around the descriptors here, just call a spade a spade and put it on the table and say, "We're pushing private health care" – people know that's what they're doing; that's what people hear out there – and not the kind of speaking with a forked tongue that we've seen come from all members of the government on this particular legislation.

The minister talked about a meeting that he had in his constituency on January 13 “where people said that they were concerned about the types of services that would be provided in a surgical facility.” Of course they are, and we continue to have those concerns, certainly much more recently than January 13, Madam Chairman. I wonder that he hasn’t been out in his constituency since then with his ears open and listening to his constituents. If he had been, we would have seen a much more substantive amendment come forward and not one that just laid out two very small identifiers in terms of minor amendments to the bill.

I’ll go on to talk about what else he had to say in his debate. He talks about how, in his opinion, one of the important ones brought forward into their own caucus discussion and in having some of the concerns drafted into the act was subsection (2),

which said that major surgical services must be done in a public hospital, and what is major would not be a political decision but would be a medical decision, as determined by the College of Physicians and Surgeons.

Yet what did we see happen last week, Madam Chairman? A political decision was made on the use of MRIs and the purchase of MRIs and jumping the queues in this province.

So what’s it going to be? The government has to be able to say, “Yes, they’re going to be political decisions,” or, “No, they’re not going to be political decisions.” If they’re not going to be political decisions, then they’ve got to get their nose out of health care in all regards in terms of these kinds of decisions. We had MRIs and foldable lenses last week, both issues that were purely politically driven decisions.

MR. BONNER: Ten million dollars and counting.

MS CARLSON: Ten million dollars and counting is exactly right.

In no case did he adhere to what he stated was his own policy when, in speaking to this amendment last Thursday afternoon, he said that “what is major would not be a political decision but would be a medical decision.” Well, that doesn’t wash with any of us, Madam Chairman, because we’ve seen the exact reverse happen in the very same week in which he spoke these words. I would like that minister to stand up and defend himself and these particular words.

3:40

Perhaps the minister of health could shed some light on this as well. Will he define specifically for us what are going to be political decisions in terms of health care and what specifically are going to be medical decisions made by the College of Physicians and Surgeons? We have two different messages coming from this government in the same week. We have two examples in the same week where they made political decisions and only one instance where a minister stood up and said that they would be medical decisions. Certainly before I am prepared to vote on this particular amendment, I expect an answer to that question, and I expect an answer that’s in enough depth that we can take it to the people of the province and ask them for their opinion on that.

He went on to talk about concerns that were translated into the act and said that it was

a very, very important section and something that’s been entirely overlooked by the opposition in their quest to have everything determined to be a private hospital and very clearly is not a question of everything being a private hospital, a very clear and distinct difference between what is a hospital and what is a designated surgical facility or approved surgical facility under this section.

Well, Madam Chairman, first of all, that sentence didn’t make any sense, and he still hasn’t convinced anybody that I’ve talked to over the weekend that in fact there is a clear distinction between a private

hospital and a designated surgical facility. A designated surgical facility will do medical procedures, and it is a for-profit operation. It is a private hospital.

So he has done nothing to clear up any division in terms of definitions, because in fact, I submit, Madam Chairman, there is no difference. I think that is something that those folks listening to us in the gallery would agree with. In the debate that we’ve heard here, in the hours of debate that we’ve heard at the different readings and now to this amendment, this government cannot defend the difference between a private hospital and an approved surgical facility because in fact they do exactly the same processes and procedures.

He goes on to say:

Specifically, then, instead of putting in an artificial designation about how long one might stay in this place . . .

He is talking, I assume, about the approved surgical facilities.

Because, after all, we’re not talking about hotels, where overnight stays are the order of the day. We’re talking about a surgical facility, which is a medical facility, and the question about how long one stays in a medical facility is a medical question. Whether it’s appropriate for a person to stay in a medical facility is obviously a question which must be determined by the College of Physicians and Surgeons as to what is medically appropriate and whether the facility itself has the type of instruments, the type of technology, the type of people, the type of medical staff which would make it safe and make it reasonable to do the procedure in that facility and to stay in that facility for postoperative follow-up and observation.

Well, in fact once again we have a series of fallacies in this statement, Madam Chairman. This government has trotted out time after time after time the Shouldice clinic in Ontario as a good example of how private hospitals have operated for a number of decades in this country with approval of the federal government and have been a value-added service. They forget, when they talk about that, that that facility was grandfathered under the old regime. They forget to tell us that that facility also has to return its profits to the government of Ontario, so in fact it isn’t a for-profit operation, as is being proposed and supported and promoted by this particular government. There are some unique differences.

Also, with specific reference to this paragraph, Madam Chairman, there are also some unique differences. The minister says that for “a person to stay in a medical facility is obviously a question which must be determined by the College of Physicians and Surgeons.” But if you use Shouldice as the example and what happens in Ontario, that’s not the case at all. Shouldice has a mandatory three-night stay for patients for minor hernia operations. The same Ontario hospitals do complicated hernia operations and also minor operations as day surgery. Clearly the direction from the college in Ontario has to be that it is reasonable to do hernia operations as day surgeries, yet the private clinic, that this government promotes as a good example, has a mandatory three-night stay.

So which is it again, Madam Chairman? They’re speaking out of both sides of their mouth. Clearly they’re not giving us the kind of statement that we could take to the bank in terms of whether or not it’s really going to be the College of Physicians and Surgeons who determines the medically appropriate time to stay in a facility, be it a public hospital or be it a private hospital that they’re calling an approved surgical facility. It isn’t going to be the college that makes those decisions. It’s going to be profit that makes those decisions, profit motivated by how much money they can milk out of the government system and therefore out of taxpayers’ pockets.

We haven’t seen any clear kind of statement regarding this in terms of defining the time periods or who is going to be making those decisions. This minister is jumping to conclusions, Madam Chairman, about who’s going to be making the decisions in terms of the length of stay. Clearly, if they follow any of the examples that

they have trotted forth in this Legislature and out in the public domain in terms of what they're going to allow and what they aren't going to allow, they've got conflicting evidence everywhere. This decision is going to be made either by politicians or by private clinics and not by those who are best able to make those decisions. Hopefully, the minister can also clear up some of those issues and talk about them.

Once again, he stated that the College of Physicians and Surgeons is going to be determining whether the facility has the type of technology to make it safe and reasonable to do the procedure. Well, we know now, again, that that isn't the existing case in this province. We know that the College of Physicians and Surgeons would like to have more MRIs in the publicly funded system so that the queues could be shortened up. That would be a good example of having adequate resources in terms of the type of technology, but that hasn't happened here, Madam Chairman. What's happened? There's been so much pressure on the public system because of inadequate supplies of the proper technology that we have huge waiting lists which have driven people to move out of that queue and into the shorter queue, where they have to pay money.

Speaking of queues, Madam Chairman, I would just like to put on the record a clarification for the Premier, who doesn't seem to get it in terms of queue-jumping and what that means. It doesn't mean that people in the for-profit queue are going to be able to move from the back of that lineup to the front of the line. What it means is that people who are now in the long public queue will jump across to the private queue and pay additional moneys, more than what they're already paying out of their tax dollars, to move up in terms of the time period to get to the front of the line in order to get the medically necessary service.

When the Premier talks about addressing queue-jumping, he only talks about moving from the back of a short lineup to the front of that line. In fact, there are two jumps that are made in queue-jumping. The first is to jump out of the public line into the private line, which gives them a shorter waiting time to get this service. Some people can afford to do that, but we have a lot of people in this province who absolutely cannot afford to do that for a variety of reasons. We're saying that those people are disenfranchised by this legislation and are not enfranchised by any minor adjustments that are made by this particular amendment. That, Madam Chairman, is an issue that needs to be addressed, and we'd specifically like the minister of health to address that. What about the jump from the long public queue to the short private queue? That in itself is queue-jumping, and it needs to be resolved.

To go on with the Government House Leader's comments that he made in terms of this amendment, he said:

So instead of putting an arbitrary or irrational definition about 12 hours in the act, what we've clearly done is put in subsection (2) the concept that major surgeries must be done in "a public hospital."

So let's talk about major surgeries. Who decides what major surgeries are?

DR. OBERG: Doctors.

MS CARLSON: Well, good for you to say that, because in fact this government said that hernia operations were not major surgeries, that hip operations were not major surgeries, and the doctors said that hip operations were major surgeries. The College of Physicians and Surgeons came out and said that hip surgeries were major surgeries and were going to be too complicated to put into private clinics.

So, Madam Chairman, the point on that is that there are all kinds of conflicting information out there. Today it's a major surgery; tomorrow it's a minor surgery. Who decides? Who decides at the

end of the day is not the college, as they're pretending is happening out there, but who decides at the end of the day is the almighty buck and how long the lineup is. We've seen examples of that this week with the MRI decisions that have come down. That's who ends up deciding. Those are the wrong people to be deciding, the wrong concept to be deciding who gets health care and who doesn't and what is minor surgery and what isn't.

3:50

So those are the issues that we need to see addressed, and I'm hoping that the minister of health will get up and give us some explanations to those, because at the end of the day it's certainly not the college who is going to be defining what is major and minor when we get to the kinds of services that are borderline at this time in terms of technology and in terms of access.

When the Government House Leader talked about the ability of the college to make the decisions on what is medically appropriate, part of that was the type of people and the type of medical staff which would make it safe and make it reasonable. Well, they don't address in here, when they talk about the "approved surgical facility," where they're going to get the staff. They're going to scoop them up from the public system, Madam Chairman. Then where are we going to be in the public system? It's going to be way worse than it is now. So why haven't they addressed that issue?

We don't see any kinds of incentives to be training more doctors or to be training more nurses or the other appropriate staff that's going to be required here. If this government were serious about its commitment to fix public health care, then what they would have done is put a huge push within the system to attract doctors and nurses from outside Alberta and to properly train those inside. There's no doubt that we are going to be facing a huge shortage of doctors in the near future, and it hasn't been addressed by this government at all.

They think that by privatizing, they're going to solve all the problems, but we know in fact that that isn't true. All that's going to happen is that more people are going to be forced into the private system because they're not going to get access in the public system. Why? Because we're not going to have the proper staffing components to properly support them. Those people will have been attracted out of the public system and into the private system, and we'll have an acute shortage. We have a shortage now, Madam Chairman, but it's going to be acute soon in the public system. That has not been addressed in this amendment, and it's too bad. It's too bad that when the minister was referencing his remarks last Thursday afternoon, he didn't talk about how he was going to solve that particular problem.

Then he spends quite a bit of time talking about the College of Physicians and Surgeons on a medical basis determining what's major surgery and that it is open to them, of course, in their bylaws to determine whether someone needs a 12-hour stay or a 24-hour stay. So once again, Madam Chairman, he is unable to tell us there how it can be that in Ontario all hernia operations are day surgeries and they are not . . . Oh, my 20 minutes are up. Sorry. I'm not done. I'll be back.

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

MRS. SLOAN: Thank you, Madam Chairman. I'm pleased this afternoon to rise and speak to amendments under section 2. As referenced in my earlier remarks, I'm still struggling and have not received any information from the government as to how insured surgical services or major surgical services are defined in this

province, which leads me to assume that we are going down a road of defining basic and enhanced, public and private, insured and noninsured, minor and major, covered and not covered health services in Alberta. This is the subliminal route the government has us embarking upon in the discussion of this amendment before us this afternoon. I for one am not prepared nor have I been convinced that this is the route that we need to be taking in this province, and again the minister has not provided any additional supplements to clarify this for the public.

I could not find in the definitions section of the act nor in the accompanying amendments any definitions for “insured surgical service” or insured “major surgical service.” I’m wondering: as the professional colleges for physicians and dentists contemplate how they might want to instruct their members, how are those professionals in fact to know what services do or don’t fall under those terms of “insured surgical service” or “major surgical service” when the government has not defined them? I mean, really, we’re navigating the ship in the dark. We’re embarking on a course which the government declines to tell us what the destination is. They decline to tell us who is steering the ship. They decline to tell us what stops we might be making on the way or who the additional passengers might be that we might be taking on this journey.

I’m wondering this afternoon when in fact the government will get around to defining the particular terminology that they’ve chosen to use in the amendments and when they might be proposing to share that with the public and with the members of this Assembly. I think it’s vital. It’s vital because if their true intent is to define basic and enhanced or to define insured and noninsured services, then let’s do that at the onset, Madam Chairman. Let’s be transparent about that to the public. Let’s be clear that in the future there will be a list of services which the Alberta health care card will cover and there will be a list of services for which Albertans will need to get supplemental insurance in order to access. Really, at this point in time we’re all in the dark as to what services might fall under either heading.

Additional information that I’ve asked for on at least two occasions in this Assembly and have yet to receive is clarification with respect to how the U.S. trade representative’s office interprets Bill 11, the amendments and terminology used within it, and their commitment to not utilize any of the reservations or clauses in NAFTA to access health care services for market purposes in Alberta, utilizing the bill as it’s proposed or the amendments proposed in this Assembly. So in light of the fact that the minister has not provided any additional clarification with respect to that, I thought it might be useful this afternoon to in fact talk about the U.S. trade representative’s interpretation of insured . . .

Chairman’s Ruling Relevance

THE DEPUTY CHAIRMAN: Hon. member, I will go back to what I said originally. Last Wednesday and Thursday a determination was made in concordance with the wishes of particularly your caucus and the other opposition caucus that we would abide by going through these amendments principle by principle. Presently we are dealing with amendment 1A, section A, which does not talk about NAFTA. We are dealing with this, and I would hope, in keeping with the spirit – I’ve had the opportunity to read what several members of your caucus said in regards to going section by section, amendment by amendment – that we keep with that if we can. We are dealing with section 2, as you indicated when you first started to speak, so I’d ask you to come back to relevance, please.

Debate Continued

MRS. SLOAN: Okay. Thank you, Madam Chairman. I will try to

abide by your suggestions with respect to that, but I would point out again: exactly how is an approved surgical facility defined in these amendments? How is it defined for the purposes of Bill 11? How is it defined for the purposes of all of our other health legislation? How is it defined by our College of Physicians and Surgeons and the college of dentistry? How is it defined by NAFTA and the accompanying internal trade agreement? This is an issue that’s at the heart of this bill and of this amendment. We have no clarification before us, despite the fact that we’ve asked multiple times for the government to explicitly define their intent and their definitions.

There is a great deal of relevance to the discussions that occurred between Oregon and the U.S. trade representative’s office and how that might apply to Alberta, because Oregon in fact is one of the states that has gone the furthest in defining insured and noninsured services. They have approximately a 600-service long list of those services covered by the public plan and an accompanying list of those not covered. So when Oregon wrote to the United States trade representative asking a series of detailed questions about their health services list, they received the following reply, and I’m just citing some excerpts for the purposes of clarification in this House today.

4:00

While the U.S. trade representative’s office “did not include answers to each of the detailed questions posed by the Oregon Attorney General and fails [as well] to define key terms,” they offered the following response:

Describe and explain the scope of Annex II-U-5, including the definition of “public purpose,” and give examples of “similar services” provided on a “commercial basis” that might result in exclusion of state law enforcement, social or other state government services from this reservation . . . The reservation in Annex II (II-U-5) is intended to cover services which are similar to those provided by a government, such as child care or drug treatment programs. If those services are supplied by a private firm, on a profit or not-for-profit basis, Chapter Eleven and Chapter Twelve apply. If a private firm provides those services on contract to the government, then it is considered government procurement.

THE DEPUTY CHAIRMAN: Hon. member, the chair is hoping that you will be tying this to amendment A1, section A, dealing with section 2.

MRS. SLOAN: I absolutely will.

THE DEPUTY CHAIRMAN: Soon.

MRS. SLOAN: The most direct statement from the U.S. trade representative’s office on the scope of social services annex in NAFTA was this: “If (social) . . . services,” to which health would apply, “are supplied by a private firm, on a profit [emphasis] basis, Chapter Eleven and Chapter Twelve apply,” Madam Chairman, which means that NAFTA is engaged.

So what we are saying in the amendment is that there are going to be provisions to protect our public system. I’m going to take the government’s word that what they’re going to do is protect insured services and protect major surgical services from for-profit delivery. But what about the noninsured services, and what about the minor surgical services that are not mentioned? These are the two areas, Madam Chairman, which by de facto we must debate. We must acknowledge that these go hand in glove.

Insured surgical services and going down that path will result in an accompanying list of uninsured services. The definition of a major surgical services list will hand in glove result in a list of minor surgical services being offered. This is the tangled web that the

amendments proposed to Bill 11 weave, and this is exactly the area that will engage NAFTA. The uninsured surgical services and the minor surgical services, which most certainly will accompany the definition of these two areas under these amendments in this section, will be the areas in which the private sector, the for-profit sector, can look to to expand their foothold in market-share delivery in Alberta.

Let me emphasize that those particular corporate entities will not be restricted to Alberta-based companies. That is clear. Again, for the record, we haven't had any additional information. I have called upon the government to table in this Assembly an assessment, an analysis, of Bill 11 and the accompanying amendments by the U.S. trade representative's office, and they have declined to provide that, Madam Chairman.

Let me move on. I have questioned the government's priorities relative to the emphasis on surgical services that Bill 11 and the amendments embody. Why is it that this government is choosing to put so much political policy, fiscal resources into emphasizing and highlighting?

The Friends of Medicare, which have been an absolutely stellar group in prompting debate on this subject, in their newsletter of February 2000 raised the following questions relative to Bill 11. They asked the questions: "What is to protect us when he's gone?" Meaning the Premier. Or what is protect us when this government is gone and there might be other representatives whose definitions or interpretations of the bill may be somewhat different? They also ask:

When and why did [the Premier] change his mind? In 1995, he argued vigorously with the federal government that the Canada Health Act should be changed to allow private clinics to charge patients "facility fees." That was two-tiered medicine in its purest form. Even just a year ago, he was saying that he could "see nothing wrong with a little two-tiered health care." The original Bill 37 would have permitted this. If he did change his mind very recently, what is to prevent him from changing his mind again?

THE DEPUTY CHAIRMAN: On this particular amendment, hon. member.

MRS. SLOAN: Yes, Madam Chairman. I think the issue, again, is that this government has been somewhat all over the map with respect to their decisions, priorities, and initiatives in health care. We've gone from savage cuts in the early '90s . . .

Chairman's Ruling Relevance

THE DEPUTY CHAIRMAN: Hon. member, this is the kind of debate we have in second reading. We have an amendment before us called amendment A1. I ask you to come back. I want to hear some relevance to do with amendment A1, section A.

MRS. SLOAN: Well, when the government was implementing their savage cuts in the early '90s, I happened to be asked in a previous position to sit on the health plan co-ordination project by the hon. Minister of Health and Wellness, which at that time was the hon. Member for Drumheller-Chinook, the intergovernmental affairs minister now. One of the items that was placed on the agenda of that committee was in fact to embark on the definition of insured and noninsured services. So this is entirely relevant, Madam Chairman, because the terminology and the differentiation of insured, noninsured, major, or minor surgical services has been something that's been percolating in this government since 1993.

Debate Continued

MRS. SLOAN: Here we find it today in the amendment. We find

it before us now finally on record, but the problem is, Madam Chairman, that they haven't brought an accompanying amendment to say what would be uninsured or to say what would be minor. As I said, this is the haphazard, all over the map type of response we've seen from this government on health care.

I have also questioned: why are we only looking at surgical services and not the equally important services for mental health, for palliative care, for home care, and public health, all of which have been absolutely, dramatically, appallingly underfunded by this government for at least the last decade? We didn't see any mention of children's mental health or adult mental health in the throne speech this year.

All the while the government seems to wish to torque a discussion about contracting out and private delivery of surgical services when there is a whole mosaic of issues that need to be addressed in health care, something which The Rainbow Report tried to bring forward certainly in a more substantive and comprehensive way than Bill 11 or the amendments before us this afternoon propose to do.

The other thing that I find somewhat concerning about the amendments before us is that we may in fact find that insured services and major surgical services become defined by regulations, and that causes me great concern, Madam Chairman, for this reason. Regulations are established by this government and approved by this government by an order in council. We've had unpleasant experiences with that in the course of this government's term. The most prominent that comes to mind is when they decided that they would retract the regulation that required registered nurses to be in charge of operating rooms. That happened in 1995 without any consultation, any public notice, no notice even to the professional groups affected. What occurred subsequent to that was an immediate widespread lobby by primarily the Alberta Association of Registered Nurses urging the government to rescind their order in council and reinstate that regulation. In fact that was done, and registered nurses continue to be in charge of operating room theatres today.

4:10

The risk that we fall into when we look at how significantly and dramatically regulatory definitions of major surgical services or insured surgical services could be is that we could in fact find ourselves somewhere down the road with the cabinet defining exactly what falls under those terms. Again, there is no requirement for public consultation. There's no requirement for public notice. There's no requirement for professional bodies to be notified. That is something, Madam Chairman, that the public is just not prepared to accept. They do not believe that this government has demonstrated or produced the substantive evidence that we need to go the route of defining what is insured and noninsured in Alberta or in Canada in our health care system.

Regrettably, the whole discussion of amendments to Bill 11 is somewhat moot. Really, I would state once again that Bill 11 is not a salvageable bill. It's not a bill that with amendments of any form is salvageable. It doesn't go where the public think we should go in health care. It doesn't heed the public's concerns over what has been happening in our health care system. It doesn't offer any substantive proof that the current inaccessibility that exists . . .

THE DEPUTY CHAIRMAN: Hon. member, the chair is going to interject again. Basically, what you're talking about now is second reading debate. We are within the Committee of the Whole stage. We are dealing with amendments. Let's get on with amendment A1, section A, please.

MRS. SLOAN: Well, all right. Let me try this route. The longest

waiting list that we have currently in the province exists in the area of surgical services: coronary surgery, hip surgery, MRIs, and orthoscopic surgery. Will those areas fall under the definition of an insured surgical service or a major surgical service? I ask the minister of health because we don't know this afternoon. Would those areas in fact be covered by these definitions?

DR. OBERG: What kind of surgery are you talking about?

MRS. SLOAN: Orthoscopic, hip, coronary. I repeat them for the hon. Minister of Learning.

The point is that without that assurance the public can have no faith that the extensive waiting lists that exist in those areas in Alberta today, where thousands of Albertans have to wait for surgery, are going to be reduced by this bill. There is nothing even in the research, the government's own research, that can prove conclusively that these amendments will reduce waiting lists for surgical services. That is one of the most critical issues that we as legislators should be debating this afternoon. We have citizens in this province who are waiting upwards of six months for surgery. They are deteriorating. They're suffering pain and hardship.

I thank you for the opportunity to make those remarks this afternoon.

THE DEPUTY CHAIRMAN: Okay. I see two members opposite. Calgary-Buffalo.

MR. DICKSON: That's fine. Sorry. Can I defer to my colleague, please?

THE DEPUTY CHAIRMAN: Edmonton-Manning.

MR. GIBBONS: Thank you, Madam Chairman. As I stand today to talk about the proposed amendment A1, Albertans are still having great concerns with both the main bill sections and now amendment A1. As we spoke on the main bill and as members of the Official Opposition said, Bill 11 does little to protect Albertans. I also closed my speech at that particular time stressing that the bill is so narrow that any tinkering would be lost in the actual overhaul. Albertans have, you know, no confidence in the actual tinkering with such a bill.

Now, we look at A1, section A: "No physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except in . . . a public hospital." As I spoke last week in one of my times up here, I spoke of a four-year-old boy dying in a surgical suite set up because of the anesthetists being forced out of the main hospitals and wondering why they can't get more surgery time. Also, the surgeon, who was forced out because of lack of surgical time, had to slow down to a point that he was at a snail's pace. Then he goes over to a surgical suite where there is very little backup. We know there was no backup because there was a problem and he had to be rushed off to the hospital. This child died because of a pecking order.

Last week I was accused by the Member for Grande Prairie-Wapiti of having no confidence in the doctors. I have confidence in 99 percent of the doctors in this province. Who I do not have any confidence in is the 1 percent of the doctors that are pushing this. They're pushing this for their own profit. They're the same people that are creating the problems within our health system right now due to the fact that they're playing their pecking order, that they're the kings of the castles, and everybody underneath them has to fight to get what case they can get. We look at creaming from the top. If we do go with this new legislation, Bill 11, this same 1 percent of

the doctors will be creaming from the top if they aren't controlled and aren't kept within the system. I don't care how many truth squads you send out there. You're not going to change my mind on that particular item.

We do look at the cost factor. We do look at approved surgicals as being the myth that we are going to save money. Are we going to save money? No. Chances are there's going to be more money spent. You know, we look at the faulty assumptions in Bill 11. Bill 11 is based on the assumption that private health care costs less and helps shorten waiting lists, but there's no data behind that. There is absolutely no data at all. Everything that has been done around the world, whether it's in England, Australia, or New Zealand, has come back to the point that the neoconservatives of the time – the full circle has gone around to proving that they were wrong, the Margaret Thatchers of this world pushing their agenda at the time, as she did. This woman is rated anywhere in history as how to destroy health in Great Britain. We look at New Zealand and what they're trying to rebuild today.

We have to look at the whole thing, even starting with A1, as being faulty to the point of why no physicians or dentists shall provide a major surgical service, as described, outside the actual public hospitals. It's because of write-ups in the paper: boy's death prompts investigation. If that death had been in the family of someone else within here, we'd be very, very concerned.

I think that it is disconcerting that members here just want to see how fast these amendments can go through. We're going to be here for days just on amendments, and maybe some of these will be picked up, maybe some of the items we said last week. Maybe the item on MRIs was picked up, but why weren't they part of the original bill? We look at the original bill and look at the faultiness of it but legally totally within all parameters, totally everything that the lawyers that this government actually paid to put this together. Did they consult with anybody but that 1 percent of the doctors that have lots to gain and little to lose? Experience from other countries suggests that this would not be the case; that is, that they're saving money. All available evidence shows that private health care costs more and leads to longer waits for treatment, not shorter ones.

4:20

The definition of a hospital, Madam Chairman, is something that should be brought into this amendment for sure. Section 1 of the bill says that the private hospital will be banned in Alberta, but the bill goes on to say that the private surgical facilities will be allowed to perform a wide range of procedures that are currently performed only in public hospitals. These private surgical facilities will be a hospital in all but name. So the promise to ban private hospitals, contained in section 1, is virtually meaningless.

Conflict of interest in this particular amendment, Madam Chairman, is that Bill 11 says that the private surgical facilities will only be allowed to perform minor surgeries, but what constitutes minor surgeries is never defined. The job of deciding which surgicals are for minor or enhanced or contracting out is left up to the College of Physicians and Surgeons. The problem with this is that some of the doctors sitting on the college's board have personal financial interests in the private surgical companies. This is clear conflict of interest. That's going back to that 1 percent I talked about before. These same doctors in that 1 percent surely do have a vested interest, whether or not they are the biggest funders of this particular government or they help to pay off somebody's – well, maybe it's a debt. We have to keep wondering about that.

Public hospitals are something that we have to protect. We cannot look at it in any other direction but to think that our hospitals – and maybe it's the health care people, the ones that have been totally

decimated over the last few years. When we look at the health system in this province, where 10,000 medical people, from the janitors to the nurses' aides, the LPNs, the nurses – and chasing the doctors out of the country has created a void. As I talked last week, the void didn't just happen in this particular province. It's happened throughout Canada, the void of lack of planning, the void of not playing the game, of paying down your debt at any cost but forgetting that technology has changed. Technology and pharmaceuticals have exceedingly jumped, quadrupled over the last few years. Imagine what it's going to be over the next 10 years, if it has changed as it has now.

If the federal government and the governments of all the provinces and the territories aren't willing to sit down and get working at it, we're going to be sitting here – we think of what's happened over the last few years. The health system has only been looked at a few times. It's exceeding the costs of what's happened over the last few years. It should be an ongoing study. It should be an ongoing factor. Instead of this type of legislation coming forward and trying to play the heavy hand in the country, this province would've been better off coming out with a direction and working at the Premiers' conferences, pushing for a change, not looking at it and trying to play politics, what we're seeing with the federal government system and a member from this Legislature running for the position of leader of an opposition party.

You know, Madam Chairman, we look at different questions that should be brought forward. This government continues to tell us that it needs to find new approaches to health care. They claim that one of the approaches is to allow overnight stays in surgical facilities. Well, it might be an idea, but it's a bad one. Allowing overnight stays in private surgical facilities which are not fully equipped is, according to members of the department of public health sciences at the University of Alberta, a danger to the health of patients and thus ethically unacceptable.

Questions around this. If a patient experienced complications, like that of the surgical suite, beyond the ability of the surgical centre to treat, how are these private surgical facilities going to cope? Another question about the surgical suites, Madam Chairman: will this government admit that its policy of pushing for overnight stays in surgical facilities will not improve health care but will put the lives of Albertans at risk by placing them in clinics which are not equipped to deal with real emergencies? Now, we do see that they've actually taken action on the dental suites.

Looking closer, when this debate first came forward a few months ago, we were talking about hip operations. Then when that was disproved by the AMA, they came out with hernia operations. Well, we do know how little mistakes can happen and how a 21-year-old mother from Lloydminster, who has two young children, has no arms and legs. That's just astronomically terrible. I mean, it should bring tears to everybody in this room, how that can actually happen.

A question around health care professions. Economists and researchers continue to tell us that the government policies will undermine the health care system in Alberta and possibly put lives of Albertans at risk. Will this government do the right thing and listen to the evidence and abandon this private hospital policy?

You know, Madam Chairman, in its policy statement on the delivery of surgical services, the government claimed that there would be no two-tiered medicine in Alberta. However, the report prepared by the Institute of Health Economics for this government states that if there are no regulations to prevent the offering of enhanced services in private facilities, two-tiered medicine will be the result. A question around this: why is it this government's policy to allow the provisions of enhanced services to private facilities when this leads to two-tiered medicine, as we have already seen with the cataract surgeries in Alberta?

It was pointed out last week in a number of speeches by our members about the cataract operations in Calgary, that people can queue-jump, in the case of money \$2,000 per eye. Now we see that finally the government is starting to talk about maybe they're going to put more control on queue-jumping. But believe me, who's going to monitor that? Who's going to tell if you actually paid the \$2,000 to queue-jump? I wouldn't. Most of these people wouldn't even tell that story.

Why does the government turn a blind eye to the charging and the queue-jumping that is already creating a two-tiered system in Alberta? Will this government prohibit the offering of enhanced services in private facilities to prevent the two-tiered system that the Institute of Health Economics study warns about? Will the government prohibit the offering of enhanced services in private facilities to prevent those who can pay for enhanced services from getting quicker treatment?

Now, it was also brought up last week – and another one of my statements was: grabbing in the air, we're looking at different ways of what we can do in the private surgeries. One member from the other side brought up tonsils. Well, talking to a number of medical people over the weekend, as well as that particular night and next morning – I phoned a few people. Tonsils, if you work in surgery, is one of the scariest operations that can be. Maybe it's the one that's been around the longest, but if you get what they call a bleeder, everybody runs for assistance and makes sure that everybody is back in that surgical room.

You know, the Premier has told Albertans that this government policy to allow overnight stays in approved surgical facilities will not endanger the lives of Albertans. Well, Madam Chairman, allowing for overnight stays in private surgical facilities which are not fully equipped is, according to the members of the J. Dossetor Health Ethics Centre at the University of Alberta, a danger to the health of patients and thus is ethically unacceptable.

How are these private surgical facilities going to cope with patients experiencing complications in this particular one? You know, every report we're getting, whether it's the University of Alberta or other studies around North America or New Zealand and Australia, is discounting a lot of these myths that this government has actually been putting out as the reason why they want to do that. [interjections] Now, we seem to have other members wanting to enter into the debate, Madam Chairman. Maybe they'll stand up afterwards and help us out with this.

Will this government admit that its policy to push overnight stays in surgical facilities will not improve health care but will put the lives of Albertans in jeopardy by placing them in clinics that are not equipped with emergency backup?

4:30

We can go on and we can talk about data which we know that this government hasn't got. We can talk about no confirmed information. No, they haven't got that either, but we have to take a look and withstand some of the things that they've been putting forward to us, that hopefully the tinkering of 14 amendments coming forward will make Albertans forget what actually this is all about.

I didn't go to Calgary on the weekend, but I did go to the Agri-Com, where anywhere between 6,000 and 7,000 people were in attendance. Some of the placards probably were liable, but at the same time people were expressing their concerns.

Chairman's Ruling Relevance

THE DEPUTY CHAIRMAN: Hon. member, the chair will ask you to move quickly back to the amendment we have before us.

MR. GIBBONS: Thank you for pointing that out, Madam Chairman, but at the same time, I think this is all pertaining to what's through this whole bill.

THE DEPUTY CHAIRMAN: Well, the function of a committee on a bill is to go through the text of the bill clause by clause and, if necessary, word by word with a view to making such amendments in it as may seem likely to render it more generally acceptable. We are in the committee stage. We have before us amendment A1, section A, and I would ask that we talk about and debate in committee the relevant sections to do with the amendment that is before us.

MR. GIBBONS: Madam Chairman, the approved surgical facility is part of that, and people were bringing that up yesterday. At the rally that I did go to, they were talking about . . .

AN HON. MEMBER: You didn't have the answer; right?

MR. GIBBONS: Oh, don't worry about that. I've got the answer for it.

Madam Chairman, I would tell the people on the other side, if they want to get up and debate, to stand up in their own due time.

Debate Continued

MR. GIBBONS: Going back to the amendment, Madam Chairman, I think I was totally within the realm of this amendment, talking about how people are concerned about this, and a rally should be recognized for how important it is. I saw lots of people in the AgriCom that used to vote for this government. They were there showing their concern and their disappointment. Even if we are talking about public hospitals and surgical facilities, I do believe it is very important to bring that out.

Madam Chairman, with that I will sit down.

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

MR. DICKSON: Thank you very much, Madam Chairman. I'm pleased to be able to participate further on amendment A1, section A. There were some things I didn't get a chance to say the other day when I spoke to it for 20 minutes. At the end of this, there were two things that crossed my mind, we may all think. The first one is a quote from Abbe Emmanuel Joseph Sieyes, who lived from 1748 to 1836 and who made the famous statement: "J'ai vecu. I survived." It strikes me that we may all be of that mind when we finish this process. The other one I was thinking of was the comment of Will Durant, the American historian, who said, "Democracy is the most difficult of all forms of government, since it requires the widest spread of intelligence."

Now, what I hope you're going to find, Madam Chairman, when I sit down in 20 minutes, however much of a stretch it is, is that we've been demonstrating if not breadth of intelligence at least a robust and vigorous examination of the amendment that's in front of us.

There are a couple of items I didn't get a chance before to query. Now, when I look at the amendment, there are some key parts to it that I wanted to run through and seek some clarification on, Madam Chairman. If you look at amendment A1, section A, it's the proposed section 2.

Might I just make a parenthetical comment? I think it was the Minister of Government Services who said: "What's the big deal? We're putting in dentists here." The point is that as I read the

amendment, all of the old section 2 comes out. If this amendment passes, then the entire section 2 in the bill that we all got a couple of weeks ago comes out and this new section is imported into it. It would seem to me that this in fact is the chance we can explore each of the elements of this. If we don't do it, we may well find that once it's been voted, some sharp member on the government side is going to jump up and try and cut off a person like me from speaking to some of those things, saying, "Well, you had your chance on Monday afternoon, April 17." Madam Chairman, I wouldn't want that to happen.

This is my question to the Minister of Health and Wellness. If we look at the proposed new section 2(2)(a), we refer to "by-laws under the Medical Profession Act." Now, I don't know whether members have had the chance to do it, but I've gone to the Medical Profession Act. This is the one specifically referred to in the amendment. I thought: well, how many kinds of bylaws are there in the Medical Profession Act that A1, section A would relate to?

Do you know what I found, Madam Chairman? I didn't hear the minister explain this. You can look at section 31 of the Medical Profession Act, and section 31 provides that the council of the College of Physicians and Surgeons "may make by-laws." There's a range of things including 31(e), which is "the regulation of the practice of medicine and the governing of the affairs of the profession." Now, are those the bylaws the government contemplates would be referred to under A1, section A? I don't know, and I haven't heard an answer to that.

MRS. SLOAN: That was my question.

MR. DICKSON: Exactly. My colleague for Edmonton-Riverview may have the same query.

Madam Chairman, I think some of my colleagues are breaking out the Girl Guide cookies, and I think you should tell them it would be rude to be eating while there are other members that are talking. We hope that's not going to lead to an outbreak of cookie munching for the balance of the session.

So we have bylaws under section 31. We also have bylaws under section 32. "The council may make by-laws governing" a host of things. Now, I assume that that would not apply to this amendment, but I don't know that for sure because it's quite wide.

It could be under section 33: "The council may make by-laws." Now, that appears to deal with a special fund, so presumably that is not what the government had in mind.

Then we could go to section 74 of the Medical Profession Act. If you look at section 74, "the council may make by-laws" dealing with a bunch of things. That seems to relate to professional corporations, so I assume that's probably not what is intended.

Then I went to section 97, and "the council may make [certain] by-laws governing fees." Now, what I wonder there is whether in fact in the course of prescribing fees under section 97 of the Medical Profession Act, that would be one of those bylaws that's captured under the amendment in the proposed 2(2)(a). I don't know.

I know the minister is in his seat this afternoon. We've got lots of time. I'd specifically ask the Minister of Health and Wellness: will he identify the specific section in the Medical Profession Act? I notice he's ably assisted by the Associate Minister of Health and Wellness. Surely between the two of them they can give me a precise, specific answer to the question I'm asking: which section is this under, gentlemen, through the chair? Is it section 31, 32, 33, 74, or 97?

Now, if in fact it's under section 31, there's something that I notice hasn't been brought to the attention of members. We've heard a lot of concern – and the Minister of Learning said this earlier

– with: why would we want politicians, politicos, involved in deciding what's a major service and what's a minor service?

Well, you know something, Madam Chairman? They already are. Do members not know that under the Medical Profession Act, section 32(2), we have: a bylaw “does not come into force until it has been approved by the Lieutenant Governor in Council.” Is that not the cabinet, and is that not the most secret, inappropriate, ineffective way of having some political control? Wouldn't we sooner have that done in some more public process?

4:40

My colleague for Edmonton-Riverview made an excellent point when she reminded us of the change, the de-skilling move in terms of the operating rooms of hospitals in this province. Was that subject to any sort of public review? No. It was a closed consultation with a few designated stakeholders, and the rest of us found out about it after we read the *Alberta Gazette*.

Madam Chairman, when I deal with this specific amendment and I look at section 2(2)(a), I've got those questions, and I'm sure hoping we get an answer. But it is interesting that under the Medical Profession Act we've got provision for at least some regulations to not become law until they've been approved by the Lieutenant Governor in Council. So what does that do to all these people who say, “Gee, we don't want legislators having anything to say about what's a major medical surgery or a minor medical surgery”? It might be fairly selective.

Now, it may be that I'm missing some key points here. So would the minister of health or the associate minister please clarify what specific section they're relying on? That's the first thing I wanted to raise.

Now, the second matter had to do with the provision specifically for dentists under there. You know, I'm glad this is there, because it raises a concern I saw. The Minister of Health and Wellness and his assistant, the Deputy Minister of Health and Wellness, I'm sure have seen the report. It's the Health of the Calgary Region. It's a report produced by the CRHA, 1999. It's come out just scant few weeks ago with a message from the medical officer of health.

What this amendment talks about is oral surgery. You know, it's an interesting thing. If you look at pages 91 and 92 of the CRHA status report on the health of Calgarians – and I don't want to be parochial, but we have over 900,000 people in the Calgary health region. My question, obviously, is: how is this going to affect my constituents? The Member for Calgary-Cross the other day and the Minister of Government Services and the Minister of Justice and Attorney General spoke in terms of how this related to their constituents, and in the same way the chair allowed them to speak to that, I know, Madam Chairman, that you're going to allow me also to speak to it while I'm addressing the amendment.

I look in Calgary, where in fact we've got an increase in the number of children two to nine with a painful tooth in a 12-month period. The children who miss school in a 12-month period because of a toothache has increased in the Calgary region from 1995 to 1999. A significant situation was the number of seniors who have only a few or no natural teeth. These are statistics, and, Madam Chairman, I have a particular interest. My father at one point had been the president of the Alberta Dental Association. I know that's a professional organization that's very much focused on the prevention of tooth decay and dental disease and the promotion of good dental hygiene, but it seems to me too often we are sort of worrying about complicated oral surgery after the fact when we don't do enough work in terms of prevention at the front end, and I'm not going to talk about the Halloween candy I was never able to have.

Madam Chairman, the other concern I come to quickly is, looking

at the amendment, 2(1)(b). Now, I want to come back to this. I raised some questions the other day, and I hoped that there might be more compelling answers. Here I am a few days later and a number of hours later and they still haven't been answered.

This approved surgical facility. I'm very concerned with the news I found out on the weekend that the Holy Cross hospital – this is the place that had been renovated for \$32 million and sold at a fire sale price of \$4.5 million to Enterprise Universal Inc., the company controlled by Dr. Huang and Dr. Huang. That corporation is currently in front of the city of Calgary. Do you know what they are proposing to do?

This, I think, may be one of these approved surgical facilities, but I would like the minister to tell us. I can scarcely believe that since the CRHA is now simply a phone call extension away from the Premier's office – and we know the complete control asserted by the Premier's office over the Calgary region and the Calgary regional board. It would be beyond comprehension that the Huang brothers and the Universal company that purchased the Holy Cross hospital – and do you remember? The notion was that it was going to be used by Mount Royal College and it was going to be used for a private eye clinic, but there would be some other facilities, long-term care facilities.

Now what's happened is that Universal has made an application to the city of Calgary. Do you know what they are proposing to do? They are going to spend on two floors – and this may be news to the minister of health, because he professed not to be familiar with this in question period. Two floors are going to be committed to laboratory services. Now, this may be the answer. The Calgary region has been looking at where they're going to put their laboratory since it was not allowed to go beside the Colonel Belcher long-term care facility, on the old motor vehicle branch. They're also putting in a series of clinics there. You know, Madam Chairman, there's no question in my mind that the intention of Universal is to create an approved surgical facility.

Madam Chairman, if this section goes through, here's what will happen. Alberta taxpayers who have been burned, absolutely burned with what happened at the Holy Cross hospital, are now going to be invited to turn around and pay through rich lease payments, presumably, and service contract payments – we're effectively going to try and buy back the Holy Cross hospital. We're now paying a profit to the people who were skillful to persuade the government of Alberta to part with a gem, an asset like the Holy Cross hospital, and then be able to provide the same kinds of services that had been in the hospital before, but now we pay through the nose for them. I don't blame Dr. Huang and Dr. Huang. I expect that an entrepreneur's job is to maximize their profit, but I have absolutely no patience for a government that's prepared to sell out the interests of Alberta taxpayers. The question under section 2(1)(b): is the Holy Cross site going to be designated an approved surgical facility? Might that meet the criteria? Will the Minister or the Associate Minister of Health and Wellness tell us that?

The parking lot across the street from the Holy Cross hospital has been valued by the city of Calgary for assessment purposes at \$3 million. The hospital itself was sold for \$4.5 million, but fair market value for the parking lot is \$3 million. The fair market value of the Holy Cross hospital is probably in excess of \$30 million or \$40 million.

SOME HON. MEMBERS: More.

MR. DICKSON: More? What do I know about property valuation? I'm getting some advice here that I'm way too low. Two of the wisest ministers in the government of the province of Alberta are

telling me I'm much too low when I'm saying that the value of the Holy Cross facility is maybe around \$30 million. What? Fifty million dollars? Sixty million dollars? Tell me when I'm warm. Tell me when I'm close.

THE DEPUTY CHAIRMAN: We're not polling the audience, hon. member. Carry on.

4:50

MR. DICKSON: But they wanted to be included in the debate. With the respect I have for those two ministers, I would be prepared to sit down right now if they would like to offer their assessment of the value. All they have to do is give me a nod. If they'd just give me a nod, I'd sit down right now so they can tell us what the value of that facility is.

MR. SMITH: If it'll get this bill out of committee, I'll do it.

MR. DICKSON: Madam Chairman, they put forward a condition that pains me to no end.

In any event, I'm trying hard to stay on the amendment. You know, that's what the people in Calgary-Varsity want to know and the people in Calgary-Fish Creek. It's not just people in Calgary-Buffalo. People in Calgary-Glenmore want to know: is that Holy Cross hospital now going to be one of those approved surgical facilities?

If the Minister of Health and Wellness, who I have great respect for, really thinks that we're going to accept that there have been no discussions between the CRHA, those minions of the Premier's office, before they went ahead to get the facility redesignated, get a new land use classification, then, Madam Chairman, I have an enormous problem with that. I can't accept that. We're going to have, it looks like, two approved surgical facilities right off the bat in Calgary, HRG and this one.

Madam Chairman, I had a great note here, and I'm just trying to find it now. I can't put my finger on it immediately, so maybe it'll come back to me later.

When I looked at the amendment – and I'm trying to understand the amendment to section 2 – I looked to see what the Minister of Government Services had to say about it. I thought that might make it a little clearer. I regret to report that after carefully reading all of the comments of the Minister of Government Services, I'm more confused by the amendment than I was when I started reading them.

Then I went to the comments made by the Member for Calgary-Cross. She made some observations. She is a registered nurse, a proud graduate of, I think, the General hospital nursing program, when that still existed. She talked about a number of services that can be done on an outpatient basis in day surgeries now. She concerned me a little bit when she talked about a stay of more than 12 hours in the clinic. I'm just reading what the Member for Calgary-Cross had said at page 1000, Madam Chairman, on April 13, 2000, when she was speaking to this same committee. [Mr. Dickson's speaking time expired] Oh, I think there may be somebody else to follow up.

Thank you very much, Madam Chairman.

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

MR. MacDONALD: Thank you very much, Madam Chairman. It's a pleasure once again to enter the discussion this afternoon on amendment A1 to Bill 11, or, as I like to call it, the public health care amendment act.

Now, we have to then look at the definitions, in this case 2(1)(a) if we're going to talk about "a public hospital" and/or (b) "an approved surgical facility." Well, when we do this, the big difference between the definition of those two facilities, Madam Chairman, is the fact that one has an emergency facility and the other does not. The public hospital is going to be the centre that is going to have to look after all emergency care. We know that as a result of the severe cutbacks that were initiated by this government, not only the cutbacks in beds and in emergency services but also in staff, that emergency care, this safety net has unraveled. It's very important that all hon. members of this Assembly understand that there's nowhere in the definition of "an approved surgical facility" that it has to provide any sort of emergency care.

The hon. Member for Edmonton-Manning talked earlier of skimming off the top of the public health care system. All the difficult cases would wind up not only in the public hospital, but the majority of them would probably come in through the emergency ward. There is no money to be made in emergency care. This is certainly reflected in articles. I have read extensively on the model that is provided in the United States of America, Madam Chairman. There is no money to be made in an emergency situation, because of course you have no idea what's wrong with a person, and that's the problem. I think this is why an approved surgical facility, as we're talking about in this amendment A1, does not include emergency care.

Now, all hon. members can understand what has happened not only in the Capital region but certainly in other regional health authorities across the province. There are things that we commonly refer to as red alerts. You hear of the red alerts more often in the winter, during flu season, than at any other time. A red alert simply means that ambulances are shopping for a place to drop off a sick person. The emergency ward in one hospital is full, and the staff are working to maximum capacity. Another one on the other side of the city is also working to maximum capacity, and there are ambulances coming to and fro. One would question: well, if an approved surgical facility will improve our system, why aren't they deciding that they're going to provide emergency services? We all know that's not going to happen.

One of the reasons why the approved surgical facilities would certainly not be interested in providing this, Madam Chairman – and I will remind all hon. members of the Assembly of this – is that whenever there are fewer hospitals, like I said before, there are fewer emergency rooms as a result and there are fewer beds. So this is the reason for the ambulances having to shop around.

We've had the nursing cutbacks and the nursing shortages. We have the shortages of emergency room physicians and other official . . .

THE DEPUTY CHAIRMAN: Hon. Member for Edmonton-Gold Bar, we are dealing with an amendment before us. Can we have something relevant to the amendment at hand?

MR. MacDONALD: We certainly are, Madam Chairman. I'm talking about amendment A1, and I'm talking specifically about the difference in the emergency wards in a public hospital and in an approved surgical facility. An approved surgical facility has no emergency ward because they can't make a profit off it. It's as simple as that.

Now, I can't say that this amendment is going to improve access. It's not going to improve access for people who require emergency care. That is one of the most difficult items to fix in our current public health care mess. I'm not going to get into any detail about who created it, because everyone in the province knows that, but this

mess that was created is not going to be improved by contracting out to any of these approved surgical facilities.

5:00

Now, when we talk about an approved surgical facility, if it's not going to be involved in any emergency care, what kind of services that a public hospital cannot provide will an approved surgical facility provide? For instance, maybe we're looking at a heart hospital down the road, because I understand, Madam Chairman, that we don't have public hospitals in other jurisdictions, but we have an approved surgical facility devoted exclusively to operations centred around the heart.

We could also have an approved surgical facility that would deal exclusively with issues related to women and women's health. I'm not talking about we're going to have an approved surgical facility that's going to deal with simply hip replacements or knee replacements or that we're going to have a facility that's going to deal exclusively with hernias, because I think that argument has been put to rest, so to speak, with the evidence. I've said it before and I've said it publicly that the Shouldice clinic in Ontario, which is brought up as a fine example of an approved surgical facility – I think some hon. members have even called that facility a centre of excellence. This is what we need in Alberta, these centres of excellence. This was the description of an approved surgical facility, but there could be any number of health care services that these facilities could provide that we have yet to see. We can only suggest just what might be behind this amendment A1 whenever we look at a public hospital and an approved surgical facility. It could be a heart facility. It could be a facility to deal with respiratory problems, anything that could be contracted out.

When I look at what's going on in America and I look at the health management organizations, now I wonder aloud to all members of the House whether an approved surgical facility, as it's described here, could be administered by a health management organization. If it's going to be administered by a health management organization, that company could have its headquarters, for instance, in Fargo, North Dakota, or it could be in Arizona, in Phoenix. It could be anywhere, and how many of these approved surgical facilities could that HMO own, Madam Chairman? That is an interesting part of this whole debate, not only on amendment A1 here but on the entire bill, the entire Bill 11, the not to protect public health care act, as I call it. We have to look at this, because when we look at this amendment and we see a public hospital and we see an approved surgical facility, that is the two-tiered system. That's the two-tiered system that everyone is talking about.

Everyone was certainly talking about it yesterday afternoon at the fabulously rally at the AgriCom. The hon. Member for Edmonton-Meadowlark was very busy there. She was collecting petitions, names, signature after signature after signature on her petition. Regardless of whether the hon. member said that the petition was on protecting public health care or on amendment A1, people were still willing to sign it. They were lining up to sign this. It is amazing. It is amazing that whenever we're here in this Assembly, we see ourselves removed, removed from public opinion as is obvious and is evident by the hon. members in the government refusing to not be satisfied with amending this bill.

We have to work with this bill, and we have to try, as difficult as this may seem, to improve it. It's a very difficult task, and I just cannot support this amendment because it does not serve a purpose in improving this bill. I encourage all hon. members to vote against this amendment.

I cannot go to a public rally where there are 6,000 people in attendance – I saw people with signs. They had signs up, Madam

Chairman: Vegreville, Alberta; Vermilion; Athabasca. I even had a busload of people – I was startled. I was standing by the door. They came from Innisfail – Innisfail – and they certainly want a public hospital. They want only public hospitals. They do not want an approved surgical facility in Innisfail. The Albertans who came from Innisfail were very delighted to sign the petition. The only disappointment I have is that I didn't keep their names separately on the petition. They're lumped with hundreds of other people. I would have been very proud to stand in this Assembly and present to all members of this Assembly that petition on behalf of the people from Innisfail.

When we look at this – and it's not left-wing nuts. It's not people who are opposed to change, because we have radically changed the health care system in this province in the last five years, but it's people who know that the government is not listening to them.

Now, Madam Chairman, whenever we talk about our amendment here, hon. members from the other side of the House can stand up, and I'm sure the argument will be: these amendments are because we have listened to the people. We have listened to the people's concerns across the province, and we know how they feel. But in reality these amendments, particularly this A1, are not a reflection of what Albertans are thinking. It doesn't matter whether you're in Calgary or whether you were in Lethbridge, Medicine Hat, or Edmonton yesterday afternoon. People do not want this two-tiered system as is plainly outlined here.

The government gets quite defensive whenever they talk about this bill and this amendment. No, they assure everyone, Madam Chairman, this is not the introduction of the two-tiered system. Well, I'm afraid that it is. I'm sorry to disappoint all hon. members across the way, but as defined here in amendment A1, this is the introduction of two-tiered medicine to this province.

Now, where are we going to be if the government doesn't do the right thing and pull this bill? In five years we will probably have in this province a debate raging on how we're going to control the health management organizations, how we're going to control the whole idea of managed care, how we're going to control the growth of these health management organizations and possible mergers. These are all questions that I think in the future hon. members of this Assembly will be debating if this amendment goes forward in this bill.

In closing, I would like to say, Madam Chairman, that if the private sector – and the private sector in this case is going to be an approved surgical centre – gets a foothold or a toehold in Alberta, it's just a matter of time before it expands and we have what is called by everyone in this province, with the exception of the government, a two-tiered system, a two-tiered system of delivery.

Now, I know that government members are going to say that we've always had this system, but since the introduction of medicare, there has usually been about 25 percent of health care services provided by private or outside sources. Oddly enough, in the last decade it has risen. It has risen from that constant 25 percent to over 30 percent.

5:10

THE DEPUTY CHAIRMAN: The chairman is going to ask you to please get back to the amendment that we have on hand, amendment A1, section A. Please refer to that and have your comments relevant to it.

MR. MacDONALD: Okay. Thank you, Madam Chairman.

Getting back to an approved surgical facility. Now, the approved surgical facilities are certainly going to pick up more of the slack. They're going to deliver more of the service, and essentially they are

going to be businesses that are going to be subsidized with taxpayers' money. That's simply why, if I had the top 10 reasons why I could not support this amendment A1, that would be the first one. That would be at the top of my top 10 list. Patients, I do not believe, would be protected from pressures to pay for additional goods and services in an approved surgical facility.

Will this lead to pressure from the private sector to deinsure services that are currently paid for in the public system whenever we're talking about an approved surgical facility? Madam Chairman, I would have to say yes. If an approved surgical facility is, as everyone claims – and I believe last week we saw the start of this with the set fee. The minister is going to set that fee. That's the profit level in there. If private surgical clinics, or these approved surgical facilities, can't charge extra, then how are they to make a profit, if we are to believe the fact factory? Now, I know some hon. members call it the Public Affairs Bureau, but I have renamed the Public Affairs Bureau the fact factory, because I, like a lot of other Albertans, are getting very, very confused because there seems to be fact and there seems to be fiction.

I'm afraid that the fact factory, as I call it, is just like the pages in the document, the 30 pages in the FOIP request that we constantly ask the Premier for. Albertans and members of the opposition are looking at blanks, because there are no facts. There are no facts here. I cannot understand how this approved surgical facility is going to make our public system more efficient.

With those remarks, Madam Chairman, I will cede the floor to another hon. member of the Assembly. Thank you.

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

MS LEIBOVICI: Thank you, Madam Chairman. I, too, rise this afternoon to speak to the amendment that's before us. I think it's A1, section A, or something along those lines. The last time I spoke to this amendment – and I was going through it word by word and line by line – I talked about the fact that change in the amendment was from the wording that indicated that “no person shall provide a surgical service in Alberta” to “no physician shall provide a surgical service,” and what was added in is that “no dentist shall provide an insured surgical service.” So it's interesting to note that when we look at the difference between what a physician can provide and what a dentist can provide, the physician can obviously provide insured and uninsured surgical services. The dentist is restricted to insured services. So that's an interesting differentiation between those two sets of services that a medical person can provide.

What we also saw was that not only has the wording changed from “person” to “physician,” but in actual fact now we've had the addition of dentists into a section that they were originally omitted from. So the question is: was this an oversight? If it was an oversight, how many other oversights are throughout this piece of legislation? This is one of the most important sections in the bill that sets up private, for-profit delivery of health care in this province, and obviously in the rush to put this together, the department has left out a whole group of individuals that are providing medical services.

The last time I spoke to this particular section within the bill, I had provided, I thought, some questions that were worthy of answers from the minister and, to date, have received no answers with regards to the inclusion of dentists in this particular section of the bill. The questions surrounded the consultation that had been done with the Alberta Dental Association, if there was any, and if there was, what was the context of that consultation? Have all their concerns, if it was brought up by the Alberta Dental Association, in effect been met?

What is the implication now on dentists who have clinics set up

throughout this province who are providing an insured surgical service in the designation that has to occur as an approved surgical facility? An approved surgical facility is outlined in the bill, and the definition means something. It means that it is designated, and designation, in effect, means that it's designated under part 2, division 1 or 2 of the bill. So there has to be some kind of impact on those dentists' clinics that are throughout this province that provide services, and to date I've had no response from the minister.

Now, in fairness, the minister has asked for a meeting tomorrow to discuss amendments. I'm assuming they're his amendments that he wishes to discuss and am looking forward to receiving an agenda of that particular meeting tomorrow at 4:30. The minister is looking at me. I was informed on Friday that the minister's office had phoned to ask for a meeting, so if that's not the case, then I should know so that I can clear my calendar. If that is the case, it would be, I think, worth while to know what in actual fact the agenda of the meeting is. I will be making that request more formally to the minister as well.

The issue around that and the change from “person” to “physician” I think is also noteworthy. There is no definition in those provided in the legislation with regards to a person. We know a person can be corporate or it can be an individual, but there was no definition provided in here, so now it's been made more constrictive, that it's the physician who will be providing the surgical service.

Those were some of my initial comments when I spoke last time to this particular section within the bill, and as I indicated, I will continue line by line and word by word to look at what some other concerns are that we have with regards to this particular amendment.

It was very interesting, Madam Chairman, at the rallies – and I did attend the one in Calgary as well as the one in Edmonton. In the conversations I had with individuals at those rallies, they had a good grasp of what this legislation did and did not do, and they understood very clearly the dangers of having insured and uninsured services provided in the same facility. They very clearly understood that an approved surgical facility is nothing more than a private, for-profit hospital. That didn't need any explanation.

5:20

What I also found interesting is that that was corroborated by the government's own poll that they released this afternoon. In the poll it became very, very clear that most Albertans in this province are aware of what Bill 11 is. They understand. They've heard something about it, or they've read Bill 11. In fact, 88 percent of Albertans have actually heard of or read the bill, and that's an amazing number. What's most amazing is that they, I think, understand it as well.

They indicate that, yes, they would support a goal that would reduce waiting lists, they would support a goal that would increase overall efficiencies, and they would also support the fact that private institutions should not charge fees to Albertans who receive these services. There was 55 percent total support for that.

But, you know, they're not fooled by the bill. When they were asked specifically, “Will those who are willing to pay more be able to receive faster service at privately owned surgical clinics?” 59 percent said yes. That's the government's own poll. They knew that this bill does not protect against queue-jumping and that if you paid out of pocket – that's what this poll says – in effect what that would mean is you would get better service.

The other thing that the government's own polls said was that when it was asked: do you think that Alberta's . . .

THE DEPUTY CHAIRMAN: Hon. member, you're on amendment A1, section A.

MS LEIBOVICI: Absolutely. I'm right on it.

When it was asked, "Will Alberta's health care system be more cost-efficient?" 42 percent said no.

So what this amendment sets up is a private, for-profit hospital that in effect can provide insured and uninsured services at the same time, which in effect can provide for queue-jumping, can provide for faster access to treatment, and actually does not provide cost efficiency to the public health care system. That's what this clause, this section is about, and the amendment continues that distortion to our public health care system. The amendment does nothing to address the concerns that have been expressed and the reality that people know this bill sets up.

I think that what the amendment tries to do is address a concern that perhaps the dentists have brought up. It addresses perhaps a concern which should have been caught right at the front end, that you don't have someone who's unqualified provide a surgical service, that in fact it has to be a qualified individual, which, according to what we're looking at here, is a physician, that provides a surgical service. The way it's written right now, I guess I could perform surgery. As a result, what we've got is a clause that is unworkable.

My question is: how could the government, the Premier – this was his most important bill.

THE DEPUTY CHAIRMAN: Excuse me, hon. member. It's very, very noisy in here. I would remind people that though in committee you certainly can visit, we are not to be standing in the Assembly in committee. Hon. members, please be seated.

Okay, hon. member.

MS LEIBOVICI: What this amendment does not do is address those key, key issues that have been brought up over and over and over again as to what the fundamentals of this bill are about. Now, this bill is the most important bill. The Premier has said that over and over again. This is a bill that's sponsored by the Minister of Health and Wellness. This is not a bill that should have come to us flawed in the first pages. This is page 3, the second section, and already we have some fundamental questions as to the drafting of this particular section.

So what we've got is an amendment that does not deal with the issues that are at hand with regards to whether we wish to set up in this province a system of private, for-profit hospitals, because that is in effect what we're seeing happen here, and whether the approved surgical facilities that are being set up are appropriately defined further on in the bill as well. What we've got are surgical services, insured and uninsured, as I indicated earlier, that are going

to be performed in the same facility. The approved surgical facilities are in fact broken down into three different kinds of facilities. You have what is called a designated surgical facility, which is in fact then further broken down into insured and uninsured facilities, which further on the uninsured side is broken down into uninsured inpatient surgical facilities and uninsured day surgical facilities.

So by this very clause and the definitions that are therefore part and parcel of it, we have set up three kinds of surgical facilities in this province, three kinds, three different sets of rules, three different sets of requirements with regards to how they operate, and they can do both insured and uninsured services. Rather than trying to address the issue and the confusion that is around this terminology because of the three different kinds that exist, rather than admitting that in fact an approved surgical facility that provides either insured surgeries that have an overnight stay or uninsured inpatient surgeries by in and of itself means an overnight stay, rather than clarifying that so people know that's a private, for-profit hospital, what we still have is confusion with the way this sits.

The other part of the equation that should have been addressed with regards to approved surgical facilities is to do what every other province across Canada has done, and that is address the issue of overnight stays. The majority of the provinces have said that there are no overnight stays allowed in surgical facilities, that if it requires an overnight stay, it is in fact to happen in a public hospital.

Those are just some of the issues that have not been addressed when we look at this line by line.

We talked about the fact that "no person" shall provide has been changed to "no physician." We've talked about the fact that "no dentist shall provide" is an add-in to the section. We've talked about and addressed the issue of the surgical services that can still be performed in these facilities by physicians and that those are uninsured and insured and that the dentists are only insured and that there's a huge, huge issue around providing uninsured and insured at the same point in time. We've talked about the fact that an approved surgical facility, the way it's defined here, means that it's a facility that provides for overnight stays. That is a private hospital, and that's in 2(1) of the amendment.

I still want to address 2(2) of the amendment.

THE DEPUTY CHAIRMAN: Hon. member, the chair hesitates to interrupt you, but pursuant to Standing Order 43 the Assembly stands adjourned until 8 p.m., when we will reconvene in Committee of the Whole.

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