

Legislative Assembly of Alberta

Title: **Wednesday, May 11, 2005** **1:30 p.m.**
 Date: 05/05/11
 [The Speaker in the chair]

head: **Prayers**

The Speaker: Good afternoon. Welcome.

Let us pray. Grant us daily awareness of the precious gift of life which has been given to us. As Members of this Legislative Assembly we dedicate our lives anew to the service of our province and our country. Amen.

Please be seated.

head: **Introduction of Visitors**

The Speaker: The hon. Member for Calgary-McCall.

Mr. Shariff: Thank you, Mr. Speaker. I have great pleasure in introducing to you and through you to members of this Assembly our colleague the former Deputy Speaker and hon. Member for Highwood, Mr. Don Tannas. Mr. Tannas was first elected to this august Chamber in 1989 and chose to retire in 2004. He served as our Deputy Speaker for three consecutive terms. Among his many contributions to Alberta is the dedication of the rough fescue grass as Alberta's emblem. Mr. Tannas and his wife, Chris, have just returned from a four-month cruise, which took them around the world. Mr. Tannas is seated in your gallery, and I request him to rise and receive the traditional warm welcome of this Assembly.

head: **Introduction of Guests**

Mr. Doerksen: Mr. Speaker, it is an honour today to introduce to you and to all members of the Assembly four students from the Destiny school located in Red Deer-South constituency. They are accompanied by Rita O'Connor and Mr. Glenn Mullen, and I would ask if they would rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Member for Grande Prairie-Smoky.

Mr. Knight: Thank you, Mr. Speaker. It's a pleasure for me to rise today and introduce to this Assembly through you a group of 16 students from the Ridgevalley school. They are accompanied by a teacher, Mrs. Penny Rose, parents and helpers Mr. Darrell Willier, Mrs. Marcie Hein, Mrs. Sharlene Zenner, Mrs. Julie Zenner, and Mr. Ben Peters. I would ask them, please, to rise and receive the warm welcome of this Assembly.

The Speaker: The hon. Solicitor General.

Mr. Cenaiko: Thank you very much, Mr. Speaker. It would be my pleasure to introduce to you and through you to all members of the Legislature my constituency assistant Kathy Holdaway from our lovely constituency of Calgary-Buffalo, right in the heart of the city. As well, Taryn Day is my summer student, that will be helping Kathy throughout the next three and a half months, working in the office and working with constituents. I'd ask that they please rise and receive a warm welcome of this Assembly.

The Speaker: The hon. Minister of Gaming.

Mr. Graydon: Thank you, Mr. Speaker. I'm pleased to rise today and introduce two guests that I have visiting in the public gallery.

Heather Holmen is studying at the Mount Royal College in Calgary and Jessica Hawkins is a student at Grant MacEwan. These two ladies will be helping out at the Ministry of Gaming during the summer, and we're very appreciative of their help. I would ask them to rise and receive the welcome of the Assembly.

The Speaker: The hon. Member for Wetaskiwin-Camrose.

Mr. Johnson: Thank you, Mr. Speaker. It's a pleasure to introduce to you and through you to the members of the Assembly 30 bright, energetic students from the Sparling elementary school in Camrose. They are accompanied by teachers Pat Findlay and Helen White and parents Karen Vasseberg and Michael Latour. They are sitting in the public gallery, so I'd like to ask them to rise and receive the warm welcome of the Assembly.

The Speaker: The hon. Member for Edmonton-Glenora.

Dr. B. Miller: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to all members of the House the members of St. Andrew's quilting group. This group produces their quilts at St. Andrew's United Church. Their group leader is Lillian Jones, and the group members consist of Molly Jenkins, Shirley Davidson, Margaret Chase, Ciss Lukach, Carol Gray, Doreen Cheetham, Bernice Cowan, Mary Johnston, Suzanne Stein. Now, this group has been making quilts for about 50 years and donating them to the Bissell Centre. In fact, they make from 100 to 150 quilts every year for the inner-city Bissell Centre. I invite them to stand and receive the warm welcome of this House.

The Speaker: The hon. Member for Edmonton-Rutherford.

Mr. R. Miller: Well, thank you very much, Mr. Speaker. It is indeed my honour to be able to introduce to you and through you this afternoon to all members of the Assembly 36 bright and inquisitive young minds from the Richard Secord elementary school in my constituency. They are accompanied this afternoon by teacher Mrs. Laurie Johnson and teacher Miss Jody Brenzan and parent helpers Mrs. Tammy Brown and Mrs. Carmen Friesen. I would ask that they please now rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much, Mr. Speaker. It's once again my very great pleasure to introduce to you and through you to all members of the Assembly another fine Alberta artist, who, of course, lives in Edmonton-Centre. Bill Bourne is a multiple Juno award winner. He has either 10 or 20 albums out, and I'm sorry; I'm not sure which one it is. He is one of the artists that has been chosen to perform at the special concert on May 23 at the Coliseum for the Queen. I'm very proud of the contributions he's made to the Alberta music scene. I would ask him to please rise and accept the warm welcome of the Assembly.

The Speaker: The hon. Member for Edmonton-McClung.

Mr. Elsalhy: Thank you, Mr. Speaker. It is my greatest pleasure today to rise to introduce to you and through you to all members of this Assembly Miss Christel Hyshka, the summer STEP student at the constituency of Edmonton-McClung. Christel is a fourth-year political sciences student at the U of A, and she enjoys many extracurricular activities. One of the most recent ones she partici-

pated in was the model UN conference, and she's also an active volunteer in different political groups. She has many plans and aspirations for the future, one of which is to pursue graduate studies and perhaps even be involved in politics herself. She is my youth outreach co-ordinator, and so far she's doing a wonderful job. She's here on a job-shadowing mission. I would ask her to rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Member for Edmonton-Beverly-Clareview.

Mr. Martin: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to the Assembly Gary Hirtz and Gloria Lloyd. Gary and Gloria are both persons living on AISH and are advocates for other AISH recipients. Gloria is also a team captain with the MS association while Gary is an avid volunteer and participant in a number of organizations. I'd ask that they now rise and receive the traditional warm welcome of the Assembly.

The Speaker: Hon. Member for Little Bow, I'm not sure if your guests are here yet. Would you like to introduce them now or wait until they arrive?

Mr. McFarland: Thank you, Mr. Speaker. Rather than revert to Introduction of Guests, I would like to acknowledge to the Assembly here special guests who have come for the first time from Providence Christian school down at Monarch. They're 15 students and two of their teachers, Mr. Chris Heikoop and Mr. Joe Kikkert. I know that I'll be meeting with them after very briefly for a picture downstairs, but so that their moms and dads know that they're up here, I wanted you to acknowledge that they're here in the Assembly and give them a warm welcome.

head: 1:40

Oral Question Period

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

Applewood Park Community Association

Dr. Taft: Thank you, Mr. Speaker. The Wild Rose Foundation plays an important role in Alberta, and we must protect its integrity. A confidential e-mail from the auditor of Applewood community association in northeast Calgary states that Wild Rose grants were transferred to the Vietnamese Cao Daist Cultural Society, a group struck from the corporate registry, disqualifying it from Wild Rose funding. Applewood's vice-president is a key supporter of the Member for Calgary-Montrose, who may also have ties with the Vietnamese Cao Daist Cultural Society.

Mr. Pham: Point of order, Mr. Speaker.

Dr. Taft: My questions are to the Minister of Community Development. Why was Applewood allowed to transfer Wild Rose funds to an organization struck from the corporate registry? It clearly breaks the rules.

Mr. Mar: Mr. Speaker, we don't know what has been done until after we've had an audit of the procedures, and I can assure the hon. Leader of the Opposition that we do have an audit procedure. Most particularly, in Vietnam, where some of these projects relating to water were done, we partner up with CIDA, which, of course, is a Canadian federal government agency, to ensure that the work that was purported to be done was in fact done in the jurisdiction that was to be assisted.

The Speaker: The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. To the same minister: what role, if any, did the Member for Calgary-Montrose have in the prohibited transfer of grant funds?

Mr. Pham: Point of order, Mr. Speaker.

Mr. Mar: None that I'm aware of, Mr. Speaker.

The Speaker: We've got a second point of order there as well. The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. Given the irregularities in this case and that this information is largely publicly available, how, in fact, does this minister know what the Wild Rose money was really spent for?

Mr. Mar: Mr. Speaker, I've already indicated in my response to his first question that we do have an auditing procedure. In answering the question from the hon. Member for Edmonton-Ellerslie the other day, I indicated to him at that time that this procedure is taken forth for every grant that's given by Wild Rose, that we do in fact ask for an accounting for every dollar that is granted by Wild Rose to agencies that may be doing work in a foreign jurisdiction, and that we do have a way of asking them to account for how that money is spent so that we are satisfied that the money is spent for the purposes for which it was applied. If we are not satisfied that the money is spent in a manner that was appropriate, then we have a procedure for asking for that money back.

The Speaker: Second Official Opposition main question. The hon. Member for Lethbridge-East.

Continuing Care Review

Ms Pastoor: Thank you, Mr. Speaker. The ministers of the departments of Health and Wellness and Seniors and Community Supports have appointed a continuing care review committee to conduct consultations across the province and develop recommendations. If this committee is going to be truly effective, accountable, and credible, the government must include members from each of the parties. My question would be to the Premier. Will this government commit to making the continuing care review committee an all-party committee and, in fact, appoint me, with my expertise, to this committee?

Mr. Klein: Mr. Speaker, the Liberals have been on and on about lobbying, and I've never been lobbied this directly before. I'm not making the appointments, but certainly the comments raised by the hon. member will be taken into consideration by the two ministers involved.

The Speaker: The hon. member.

Ms Pastoor: Thank you, sir. Will the focus of the committee be directed toward improving how the ministries of health, seniors, and infrastructure collaborate and co-operate on the issue of long-term care? Again, it is to the Premier.

Mr. Klein: Thank you. Mr. Speaker, I'm not sure of the answer, so I'll defer to the hon. Minister of Health and Wellness.

Ms Evans: Mr. Speaker, the focus of the committee is to improve continuing care for people who are resident and who require continuing care. That is the primary focus. There will be other focus, no doubt, but it is on the person that's receiving the care.

The Speaker: The hon. member.

Ms Pastoor: Thank you. How is the continuing care review committee going to be any different or more effective than the Health Facilities Review Committee, that appears to have failed so badly? Again to the Premier.

Mr. Klein: Well, Mr. Speaker, the Health Facilities Review Committee, notwithstanding the assertions of the Leader of the Official Opposition, has done a good job of inspecting facilities, including long-term care facilities and other health facilities. I understand that over the past five years they conducted over 400 unannounced visits to health care facilities, including long-term care facilities. They received over that same period of time 226 complaints. Now, many of these complaints were either withdrawn or contained incomplete information, but those that were complete were acted upon.

I can tell the hon. member that where serious problems are found at a facility, the health care review committee will immediately advise the Minister of Health and Wellness – immediately – and all allegations of mistreatment, abuse, neglect are reported directly to the protection of persons in care. There are mechanisms in place to address problems of neglect and abuse.

The Speaker: Third Official Opposition main question. The hon. Member for Edmonton-Manning.

Capital Region Petrochemical Workers

Mr. Backs: Thank you, Mr. Speaker. The capital region petrochemical industry employs tens of thousands of Edmonton workers in dozens of major plants. The Edmonton Celanese plant is the first closing of one of these plants, throwing 450 skilled petrochemical employees out of work. It is mothballing as we speak. Meanwhile, two companies in Fort McMurray have applied for over a thousand temporary foreign workers for next year. My question is to the Minister of Human Resources and Employment. Why is this government allowing applications for temporary foreign workers to go forward and not intervening while there is an obvious pool of skilled petrochemical workers available in Edmonton?

The Speaker: The hon. minister.

Mr. Cardinal: Mr. Speaker, thank you very much. I've addressed this issue the last three weeks or so. First of all, I'd like to clarify one thing: it's not this government that approves the foreign workers to come work in Alberta and take jobs in Alberta. It's the federal government that does that.

An Hon. Member: Liberal government.

Mr. Cardinal: It's the federal Liberal government, your cousins in Ottawa, that does the approving. We don't do the approving.

Like I've said before, Mr. Speaker, our first priority in Alberta is to hire Albertans first, Canadians, aboriginal people, and of course persons with developmental disabilities and other Albertans that are interested in working here in Alberta.

The Speaker: The hon. member.

Mr. Backs: Thank you, Mr. Speaker. A supplementary to the same minister: what specific assistance has been supplied to the Edmonton Celanese workers to get them employment that utilizes their petrochemical skills not just for minimum wage work?

Mr. Cardinal: Of course, Mr. Speaker, like I've said earlier, Alberta is probably the only jurisdiction in North America that doesn't have a welfare office, but we have 56 employment and training offices out there. We are already working with a group that are involved in this process.

The Speaker: The hon. member.

Mr. Backs: Thank you, Mr. Speaker. A supplementary to the Minister of Energy: how and when will the minister assure industry and Edmonton petro workers that there will be an affordable and ready supply of ethane so that the crucial capital region petro industry can continue?

Mr. Melchin: Mr. Speaker, that's a very important objective of our department, to ensure that gas as it's coming now is available for the petrochemical industry, that they can utilize the liquids. We're also actively working with Alaska and the Western Energy Alliance to ensure that when the gas comes down from the Mackenzie, it ties into the Alberta hub, which is a tremendous economic advantage, to tie it into the infrastructure in the Alberta hub, that that gas would come with the expectation and, surely, by policy that liquids and the petrochemical industry would be very much a part of that value-added, that opportunity for all those that are here in that industry.

The Speaker: The hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Member for Cardston-Taber-Warner.

1:50 Long-term Care Facility Standards

Mr. Mason: Thank you very much, Mr. Speaker. Albertans have known for years about serious problems in this province's long-term care centres, including staff shortages, failure to meet basic standards, and inadequate inspections. For years these problems were repeatedly brought to the attention of the government by family members, seniors' advocates, and the NDP opposition, yet not only did the government ignore these warnings, but when I raised them in the Assembly as recently as April 18, the Premier called them totally false. My question is to the Premier. Why does the Premier refuse to apologize to Albertans for allowing the situation in long-term care to deteriorate to the state outlined in the Auditor General's report?

Mr. Klein: Mr. Speaker, I don't mean to be facetious, but if the hon. member has a specific case of abuse, as I indicated, it will be investigated. I mentioned the care that my mother received in long-term care, and she had no complaints. Now, some people do have complaints, and some people don't have complaints. For those people that have complaints, we will deal with them either through the Department of Health and Wellness or the Department of Seniors and Community Supports. When there are problems, we will deal with those problems. Where there are no problems, there is no need to deal with them.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. This is not a personal question to the Premier; it's a question about his government's performance. What's so hard about saying sorry and apologizing for years of neglect and foot-dragging on the serious problems that the Auditor General identified?

Mr. Klein: Mr. Speaker, I will not apologize for a statement that is absolutely wrong, inflammatory. The statement "years of neglect" is wrong. It is wrong, and this member should be apologizing for making such an outrageous statement.

Mr. Mason: I hope the Premier has read the report by now, Mr. Speaker. Is he saying that he has nothing to apologize for when the serious concerns identified by this Auditor General were allowed to fester and build during his watch?

The Speaker: Methinks this is part of the debate that started yesterday. This is nothing to do with government policy.
The hon. Member for Cardston-Taber-Warner.

Mr. Martin: Oh, come on. What are you talking about?

Mr. Mason: Yeah, protect the Premier. [interjections]

The Speaker: What was that? I'm sorry. Was there a statement in there accusing the chair of something? [interjections] Who made the statement? You would retract them?

Mr. Martin: No.

The Speaker: Then you study your Standing Orders . . .

Mr. Martin: Do you know what I said?

The Speaker: No. You stand up when I recognize you, and you be prepared for a point of order. You study the Standing Orders and get prepared, sir.

Now the hon. Member for Cardston-Taber-Warner.

Mr. Martin: Can I sit down now, sir?

The Speaker: Yes, you can sit down, and you'll stay sitting down.
The hon. Member for Cardston-Taber-Warner.

Federal/Provincial Relations

Mr. Hinman: Thank you. Mr. Speaker, Albertans are tired of Ottawa dictating their policies in our province. Our Premier said that one of the most important reasons for our election last fall was that he wanted a mandate to deal with Ottawa. The MLA committee report on Strengthening Alberta's Role in Confederation discussed Kyoto, gun registry, transfer payments, pension plans, Canadian Wheat Board, health care, and tax collection, just to name a few. Recently, we received farm income aid and are currently dealing with gas tax rebates to our cities and federal daycare programs. My question is to the Premier. Given your mandate, how are you seeking autonomy for Albertans on these critical issues?

Mr. Klein: I don't know if it's a matter of seeking autonomy on these particular issues. It's a matter of expressing our concerns politically to the federal authorities that are involved.

Gun registry: certainly, we have registered our concerns relative to the usefulness of the gun registry.

We have taken action relative to Kyoto by passing our own legislation and have constantly referred to the Kyoto protocol, as it's now written, as not really addressing the problem of reducing greenhouse gases but, rather, rewards those nations that are not signatory to the protocol yet produce many greenhouse gases.

Relative to the issue of Senate reform, well, there is no stronger government in the country relative to taking the proper initiatives relative to bringing about elected Senators, anyway.

The other issues, the mad cow disease, we've been extremely aggressive on this particular file, and we've worked hand in glove with members of the cattle industry.

So, Mr. Speaker, I think that we're representing the interests of this province very well.

The Speaker: The hon. member.

Mr. Hinman: Thank you. Again, to the Premier: will the Premier stand for the autonomy of Alberta, like the Premier of Quebec does for his province, by insisting that all agreements and funds from Ottawa are distributed to Albertans where we know and want them to go and better serve Albertans, not where Ottawa wants them?

Mr. Klein: Well, Mr. Speaker, we are doing precisely that. Probably the most recent case in point is the ongoing situation that the hon. Minister of Children's Services is having with her federal counterpart, and that is to make sure that if federal government dollars flow to Alberta for Children's Services, people in this province have choice. The hon. minister is not going to sign the agreement until she receives assurances – well, assurances again – from the federal minister that, indeed, the conditions put forward by Alberta are met.

Mr. Hinman: Excellent. Please don't sign the agreement.

Again to the Premier: will this government protect Alberta's economy from Ottawa by collecting the taxes here in Alberta?

Mr. Klein: Mr. Speaker, I'm going to defer to the hon. Minister of Finance. Certainly, this is a legitimate question, and it has been a question that has been pondered by this government and others. There are some administrative problems related to collecting our own taxes, and I'll have the hon. Minister of Finance speak to it.

The Speaker: Briefly, Minister.

Mrs. McClellan: Well, Mr. Speaker, if we were to collect our own taxes in this province, Albertans would have to file two tax returns. I want to make sure that people understand that collecting our own taxes does not mean that we don't have to file tax returns and the amount of money that the federal government requires in taxation. Under the Constitution the federal government does have the power of taxation, and I would say exercises it far too well.

First Nations Participation in Royal Visit

Mr. Shariff: Mr. Speaker, one of the greatest legacies of this government and its leader, the Premier, is harmonious and respectful integration and relations with the First Nation people. I have been disturbed by reports that some of the First Nation people feel that they have been relegated to token Indian status for the upcoming visit by Her Majesty to Alberta. Some have felt that they should be awarded a face-to-face meeting with Her Majesty as part of the centennial visit. My first question is to the Minister of Community Development. Could the minister explain to this Assembly the

involvement and role accorded to the First Nation people during Her Majesty's visit to Alberta?

The Speaker: The hon. minister.

Mr. Mar: Well, thank you very much, Mr. Speaker. Let me say at the outset that aboriginal Albertans have made a significant contribution to the life of this province and that they are being respectfully represented in Alberta's celebration for the royal couple.

Mr. Speaker, with respect to face-to-face meetings, the Duke of Edinburgh himself is meeting with First Nations and Métis leaders in Fort McMurray. Throughout the entire royal visit there will be aboriginal groups and individuals who will perform traditional and modern dance and music for the royal couple at several venues, including the events that will be taking place at Commonwealth Stadium as well as the Provincial Museum. Of the guests that will be invited to this Assembly, 1 in 10 guests attending the events here in this Assembly are aboriginal Albertans. They are also being invited to the official dinner that is being hosted by the government of Alberta as well as the luncheon that is being hosted in the city of Calgary at the Roundup Centre.

2:00

What I can say about the protocol, Mr. Speaker, is that the protocol for the royal visit is established by Buckingham Palace working with the federal government and the government of Alberta, and performers and guests were invited based on the preferences expressed by Her Majesty.

Some Hon. Members: Two minutes.

The Speaker: Absolutely correct. Way overboard.

Mr. Shariff: My first supplementary is to the minister of aboriginal affairs. What role did you as a minister and your department play in participation of First Nation people during this historic visit?

The Speaker: The hon. minister.

Ms Calahasen: Thank you very much, Mr. Speaker. First of all, I have to say that the aboriginal people certainly have an important part in this province, its history and its future. As a matter of fact, they feel that they have a special connection to Her Royal Highness and the Crown. As a result, Aboriginal Affairs and Northern Development established an aboriginal festivities committee to be able to celebrate 2005 in representing aboriginal people.

What we did there, Mr. Speaker, was ensure that we would talk to Community Development and Alberta protocol to identify ways for us to be involved in the Queen's visit so that it wouldn't just be tokenism, that we would be looking at ways for us to be able to showcase the cultural activities of the aboriginal community and also showcase individual talent that we do have in the aboriginal community. As a matter of fact . . .

The Speaker: The hon. member?

The hon. Member for Edmonton-Mill Woods, followed by the hon. Member for Battle River-Wainwright.

Child Protection

Mrs. Mather: Thank you, Mr. Speaker. The closing of the Nina Courtepatte case by Children's Services was a mistake that may have cost the life of a child. We need to learn from this situation with an inquiry that is thorough, independent, and available to all

parties. When the department has closed a case, there is no intake from concerned parties like schools on absenteeism or other community members bringing forward concerns. To the Minister of Children's Services: who was responsible for gathering information and taking action on the status of this child?

Mrs. Forsyth: Well, Mr. Speaker, we had a question like this yesterday. Let's be very, very clear first. This is a very, very tragic situation of a death of a child, and our heart goes out to her parents. It's a criminal investigation, so I'm not going to make comments on a specific case. I will say that this is a murder, and sadly it could have happened to any child in this province, just not because it was a child in care. What I will say is that we have unbelievable social workers in this province that do an unbelievable job with very, very difficult challenges coming.

The Speaker: The hon. member.

Mrs. Mather: Thank you, Mr. Speaker. To the same minister: given that the children's advocate is under Children's Services, with no independent way of investigating this case, will the minister now request that the children's advocate become an officer of the Legislature so that independent reports can be provided to all parties?

Mrs. Forsyth: Well, you know what, Mr. Speaker? Again I'm not going to talk specifically about the case of the young child that was murdered. I can tell you that I've met with the children's advocate. He does a fantastic job. His number one priority is to be an advocate for the children and youth in this province, and I imagine he'll continue to do that.

The Speaker: The hon. member.

Mrs. Mather: Thank you, Mr. Speaker. To the same minister: will the minister, instead of waiting for the internal review to be completed, call for a fatality inquiry now so that a review of the causes that led to her death can be studied and tragedies can be prevented in the future and the children remaining in the home are protected?

Mrs. Forsyth: Well, Mr. Speaker, again I'm not going to comment specifically on this case because we have a criminal investigation going on. I can tell you, though, that any time we have a child in our care in this province that is seriously hurt or killed, we do a special case review, and we will be doing that, and we were doing that prior. The fatality inquiry comes under the Justice minister, and maybe he would like to comment in regard to the process of that.

Mr. Stevens: Just briefly, Mr. Speaker, the medical examiner has not yet finished his investigation into this case. Of course, once the investigation is complete, we will have better information. At this time there are no factors in this case which would make a fatality inquiry mandatory. Under section 32 of the Fatality Inquiries Act, in any case that has been investigated by the medical examiner, if the family wishes to, they may write to the medical examiner's office and ask to have the file forwarded to the board for review.

The Speaker: The hon. Member for Battle River-Wainwright, followed by the hon. Member for St. Albert.

Grade Level Achievement Reporting

Mr. Griffiths: Thank you, Mr. Speaker. Some teachers in my constituency are concerned about the implementation of something

called grade level achievement reporting. There seems to be a lot of confusion about grade level achievement reporting when it's implemented. My first question is to the Minister of Education. Can the minister explain what that is and why schools across the province are going to be asked to report it?

Mr. Zwozdesky: Mr. Speaker, simply put, grade level achievement reporting is simply a mechanism via which parents can be informed as to whether or not their child or children is or are performing at grade level expectation. Its purpose is really twofold: first of all, to replace the former management information reporting schedules, or MIRS, as it was called, and secondly, to cater to the recommendation that was included in the Alberta Commission on Learning which, as I recall, talked about parents wanting to be more frequently and better informed as to the progress their children are making in any particular grade in any particular subject.

The Speaker: The hon. member.

Mr. Griffiths: Thank you. My first supplemental to the same minister: can the minister explain the process and timelines for implementing this initiative?

Mr. Zwozdesky: Mr. Speaker, replacing the MIRS reporting schedules started, actually, as a pilot back in 2003-04. It was continued in '04-05, and last year we had about seven school boards, including Red Deer and Golden Hills, Edmonton public, Edmonton Catholic, Calgary public, Calgary Catholic, Chinook's Edge, as I recall. All were part of that pilot. We hope by 2006 to have more school boards reporting in this fashion, and by the time 2007-2008 comes in, we hope to have it being accomplished right across the entire province.

Mr. Griffiths: My second supplemental is to the same minister. As a former teacher I have to ask: will reporting this not add more work to an already crowded schedule for hard-working teachers?

Mr. Zwozdesky: Well, let me respond as a former teacher: no. There will certainly be a little bit of work. But, Mr. Speaker, you would know this and so would others in the Assembly who are former teachers. The people who know student performance or achievement best are really the teachers. We could tell in a matter of seconds at the end of the year in a simple form whether or not the child is performing at grade level expectation. So the question simply would be something like: is this child who is registered in grade 5 performing at the grade 5 level in subject X, Y, or Z? The teacher would probably just put a check mark, yes or no. That's the kind of information that parents would appreciate having.

The Speaker: The hon. Member for St. Albert, followed by the hon. Member for Strathcona.

School Closures

Mr. Flaherty: Thank you, Mr. Speaker. Last evening at a very emotional meeting the Edmonton public school board rushed through a vote to close Terrace Heights school. Fortunately, parents and other community residents, along with members of the opposition on this side of the House, worked together to stop the closure of valued public schools in established neighbourhoods in central Edmonton. Thankfully, a court granted an injunction to stop the flawed closure process for Strathearn, North Edmonton, and Wellington schools. My question to the Minister of Infrastructure

and Transportation: given that the minister has admitted that the school utilization formula is broken and is supposedly being fixed, will the minister finally take responsibility and use this court reprieve to find a long-term, community-based solution to keep these public schools open?

The Speaker: The hon. minister.

Dr. Oberg: Thank you very much, Mr. Speaker. Ultimately, it is up to the school boards as to which schools stay open and which schools stay closed. Yesterday there was a court decision that allowed three schools a reprieve in closing. I have not talked to the Edmonton public school board since that time, but again through the media they're saying that they are going to be sending both the Minister of Education and myself a letter requesting something. I don't know what that request is, so it is much too preliminary to talk about it at this point in time.

2:10

The Speaker: The hon. member.

Mr. Flaherty: Thank you, Mr. Speaker. My question to the Minister of Education: will the minister now do the right thing and deny the school board's demand for a special extension of the flawed closure process so parents and teachers can plan for the coming year? Will you do something about it, sir?

Mr. Zwozdesky: Mr. Speaker, I'd be happy to respond to that question once a request such as has been referred to possibly arrives. As at this particular time I have not seen such a request, so I think it's a bit hypothetical and speculative for the member to even be asking it.

The Speaker: The hon. member.

Mr. Flaherty: Thank you, Mr. Speaker. Will the minister guarantee that these parents will not have to go through this closure process for at least five years so they can implement their creative ideas for maintaining schools that are so essential to the communities in which they live?

Mr. Zwozdesky: Well, Mr. Speaker, I won't try to usurp the authority of a local school board to make a local decision. The simple fact is that we have elected trustees, and the key word in that statement is "trust" because that's what we do: we trust them to make the right decisions, and we also trust them to make the right decisions based on a lot of research, a lot of community consultation and contact. In this particular case we have a judge who has said that an injunction will be granted, perhaps to allow more information to flow out. I should conclude by saying that the school year as it applies to this regulation runs through to the end of August of this year. So there is still some time for more meaningful consultations and perhaps some follow-up meetings to be held. We'll just let the process unfold and see where it goes.

The Speaker: The hon. Member for Strathcona, followed by the hon. Member for Edmonton-Calder.

Electrical Transmission System

Mr. Lougheed: Thank you. Mr. Speaker, I understand that some regions in North America, including Alberta, have electrical transmission systems that need upgrading, and that's to meet the

present demands and future demands. In fact, perhaps billions of dollars will be required to meet those upgrades. My question to the Minister of Energy: who is responsible for ensuring that Alberta's electrical transmission system is adequate?

The Speaker: The hon. minister.

Mr. Melchin: Thank you, Mr. Speaker. The Alberta independent system operator is first charged with looking at the transmission. They do that. They've put together a 10-year plan and are looking at a 20-year plan. Specific applications are then submitted to the Energy and Utilities Board for approval.

Mr. Lougheed: My second question to the same minister: who pays for the transmission system?

Mr. Melchin: Mr. Speaker, the consumer has always and will continue to pay for the transmission system. That is under the regulator rate. They see that specifically on their bill.

The Speaker: The hon. member.

Mr. Lougheed: Thank you, Mr. Speaker. Again to the same minister: if consumers will be paying for new transmission lines which may be built to export electricity in the future, how do the consumers benefit?

Mr. Melchin: Mr. Speaker, the last one that was approved was the transmission line between Edmonton and Calgary. That will see a greater reliability in the system. It will see a reduction of line loss, in power loss on the system. That would translate immediately into savings of power that's consumed. In addition, import of electricity will add more generation, more supply, and will certainly dampen pressures on upward prices.

School Closures (continued)

Mr. Eggen: Mr. Speaker, the Conservative government's deeply flawed utilization formula is to blame for a rash of school closures, including four public schools here in Edmonton. Instead of listening to messages being sent by parents who yesterday won a major victory in court, Edmonton public schools still wants to knuckle under the pressure being exerted by this government and close four schools by September. To the Minister of Education: will the minister assure the parents and children attending Wellington, North Edmonton, and Strathearn schools that the government will not agree to do an end run around the closure process and that Edmonton public will either have to abandon the closures or start the process over again next year?

Mr. Zwozdesky: Well, Mr. Speaker, what I will ensure those parents is that their children will be provided the best education in this country regardless of which school it's going to be given at. This is the history of our education system for the past several years, and that is also the future of education here. With respect to the closure procedures, those closure procedures are very articulately described in the School Act and in the regulations that accompany it. So long as the school board has done its due diligence, then they are well within their right to make those local decisions. That's the story.

Mr. Eggen: Given that this minister has admitted in this House that current utilization formula rates forcing these closures are in fact

flawed and, therefore, under review, why doesn't the minister urge Edmonton public to put any further closures on hold pending the completion of this review?

The Speaker: The hon. minister.

Mr. Zwozdesky: Thank you. Mr. Speaker, what I indicated in this House I believe a week ago during estimates for Alberta Education is that I did not like some parts of the current utilization rate formula – and I believe that echoes the sentiments of the Minister of Infrastructure and Transportation and our predecessors as well – and that, as a result, there's a need to review those utilization rates. The primary reason is that when they were brought in, they sufficed a particular purpose and a particular set of circumstances that were at play at that time. Today things are a little bit different. It will take probably the better part of a year before we see those kinds of changes thoroughly discussed and agreed to and contact with stakeholders having been made in the appropriate fashion. That's the plan.

Mr. Eggen: As the Minister of Education and as an Edmonton MLA will this minister then stand up for these students and parents and ensure that these school closures do not go ahead?

Mr. Zwozdesky: Mr. Speaker, I want to explain this one more time just a little bit more slowly, and I'll use up the full 44 seconds I have left. Any discussions or decisions about possible or rumoured school closures are entirely at the behest of the local school board within whose jurisdiction that school happens to be situated. Those are not provincially based or provincially driven decisions.

Now, if a school board has done all of its lead-up work in the proper way in accordance with the regulation and are satisfied that they've communicated with the parents and the students and all the other requirements have been met, then they are within their rights to make those local decisions. I don't think the hon. member sitting just down below the questioner, who is a former trustee, would have appreciated the provincial government interfering when he was on the board, and I don't see any reason why we should be interfering now just because he's not on the board any longer.

The Speaker: The hon. Member for Calgary-Mountain View, followed by the hon. Member for Wetaskiwin-Camrose.

Canadian Natural Resources Limited Pipeline Leak

Dr. Swann: Thank you, Mr. Speaker. Last Friday a Canadian Natural Resources employee discovered a pipeline leaking oil and gas into the Waskahigan and Little Smoky rivers. An EUB spokesman admitted that no one knew how long the pipeline had been leaking before it was discovered upstream of the community of Valleyview. My question is to the Minister of Energy. With thousands of miles of pipelines across this province what monitoring exists in Alberta?

Mr. Melchin: Mr. Speaker, the Energy and Utilities Board does actually, as he mentioned, take responsibility for these matters of pipelines and any leaks, and this one in particular is being investigated at the present time. Clearly, it will be the responsibility of the companies to ensure any cleanup.

The companies also have very sophisticated techniques of monitoring pipeline integrity and quality as to leaks, a variety of sophisticated electronic methods to determining that, and those kinds of techniques are improving all the time to ensure that Albertans can be protected on all the environmental consequences.

Dr. Swann: Again to the Minister of Energy: what improvements are planned to try and avoid this and prevent future pipeline leaks?

Mr. Melchin: Mr. Speaker, inspections do occur regularly by companies on their pipelines. It also happens by electronic methods that are continually being approved. Technology is bringing some great answers to these issues. The integrity of those pipelines is very important to the ongoing sustainable development of these resources.

The Speaker: The hon. member.

Dr. Swann: Thank you. To the Minister of Environment: what do we know of the extent and the effects of this leak?

The Speaker: The hon. minister.

Mr. Boutilier: Thank you, Mr. Speaker. I can say that we were notified by the Energy and Utilities Board immediately after the leak was identified, and I want to say that we were on-site immediately, working closely with the EUB. We're continuing to monitor the situation. Also, pertaining to the first objective, being the containment of what has taken place, the ideal situation is that there will never ever be a leak in our province, so containment is not necessary. We're working closely with the EUB, and our investigation is ongoing, but certainly right now we're monitoring the situation and doing samples relative to if, in fact, there was any damage, particularly in the area that was mentioned.

The Speaker: The hon. Member for Wetaskiwin-Camrose, followed by the hon. Member for Edmonton-Rutherford.

2:20 Highway 13

Mr. Johnson: Thank you, Mr. Speaker. Highway 13 in Camrose and just east of the city limits underwent improvements last summer. However, many of my constituents and other users of the highway say that the work was substandard. My question is for the Minister of Infrastructure and Transportation. What will his department do to correct this substandard work?

The Speaker: The hon. minister.

Dr. Oberg: Well, thank you very much, Mr. Speaker. First of all, I'd like to say that the constituents were absolutely correct. There have been some severe issues with this particular job that was done in conjunction with the city of Camrose and the department of transportation. It was an unacceptable standard, and the contractor has actually been fined.

The other issue, which is probably more important to the hon. member's constituents, is that the work is still under warranty, and the contractor will have to go back and fix everything that is wrong with the road that was done. It was done to a substandard basis, Mr. Speaker.

The Speaker: The hon. member.

Mr. Johnson: Thank you. My first and only supplemental is to the same minister. What is being done to improve highway 13 further east of Camrose?

The Speaker: The hon. minister.

Dr. Oberg: Well, thank you very much, Mr. Speaker. We're certainly looking at highway 13 as it goes east. I will give you my

bias, and I fully understand that as minister of transportation you are not supposed to have a bias, but this is a road that I've travelled on all of my life. It's a road that, realistically, has had very little care to it and is a very narrow road that is very well travelled. We are certainly taking a very serious look at ensuring that this road gets done to the east of where it is at the moment. I can assure the hon. member that it will receive a very high priority in jobs as we look at them down the road.

The Speaker: Hon. member, is that fine?

Mr. Johnson: Yes.

The Speaker: The hon. Member for Edmonton-Rutherford, followed by the hon. Member for Leduc-Beaumont-Devon.

Teachers' Retirement Fund

Mr. R. Miller: Thank you, Mr. Speaker. One of Alberta's most valuable resources is the people we entrust to educate our children. The government's treatment of Alberta teachers in respect to their pensions, however, is deplorable. In 1992 this government agreed to pay two-thirds of the unfunded liability portion of the Alberta teachers' retirement fund, which currently stands at \$6 billion and continues to grow. My question is to the Minister of Finance. Since the financial status of this government is now different than it was in 1992, what plans does the government have to reduce this financial burden on Alberta's taxpayers?

Mrs. McClellan: Mr. Speaker, when we talk about what was discussed in 1992 and subsequently, we pay two-thirds of the cost of that unfunded liability and the teachers pay the remaining one-third. That doesn't seem like a terribly unfair proportion, but I would expect that in the supplementary question I'll understand a little bit more about where the hon. member is coming from.

The Speaker: The hon. member.

Mr. R. Miller: Thank you, Mr. Speaker. To the same minister: given that Alberta teachers now contribute more than teachers in any other jurisdiction in Canada, when will the government increase its required contribution to the Alberta teachers' retirement fund?

Mrs. McClellan: Well, Mr. Speaker, we equally share the cost of pensions since the 1992 agreement. This is current. I'm not sure. Maybe the hon. member would like to tell us what he would think a more fair sharing of those costs is. Fifty-fifty is what it is today: the government, 50; the teachers, 50. So I look forward to the supplementary.

The Speaker: The hon. member.

Mr. R. Miller: Thank you, Mr. Speaker. To the same minister: given that the government's share of the unfunded teachers' pension liability is scheduled to grow to \$30 billion by the year 2045, why is this government continuing to tell Albertans that they are debt free?

Mrs. McClellan: Mr. Speaker, we do not in any way hide our liability on pensions. It's very clearly laid out in our financial statements. It is not considered in our operation. In fact, we make every effort to reduce that. We had a very detailed and intense negotiation with teachers to deal with this issue. We're working with the teachers to try and come to terms with this. We do have a

workout plan. It is long term, but it is a liability that is not the government's alone. It's important that when that liability is addressed, it's addressed fairly and by those who share that liability.

The Speaker: The hon. Member for Leduc-Beaumont-Devon, followed by the hon. Member for Edmonton-Decore.

West Nile Virus

Mr. Rogers: Thank you, Mr. Speaker. As we move into spring and into the summer, our thoughts turn to, well, mosquitoes and the public's fear of the dreaded West Nile virus. Funding has been allocated to municipalities to assist in combatting this menace, but it seems that the bulk of this funding has been allocated to areas in the southeast of the province and away from the major population centres along the highway 2 corridor. My question is to the Minister of Municipal Affairs. What criteria were used for allocating this funding?

The Speaker: The hon. minister.

Mr. Renner: Thank you, Mr. Speaker. Well, first, I would like to point out to the member and all members that the role of Municipal Affairs with respect to funding for West Nile virus is more of an administrative role. I can share with the member that the criteria that were used were provided to Municipal Affairs through Health and Environment. It's based upon an examination of the records of the previous experience with respect to West Nile virus and the mosquitoes that carry the virus. The determination was made that there were geographic regions within the province that had various degrees of risk associated with them, from low to medium to high. The funding flows through to geographic regions where the risk is determined to be either of medium or high risk.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker. A supplemental to the minister: can he assure this House that these measures will be adequate to protect the major population centres?

Mr. Renner: Well, Mr. Speaker, I can't assure the hon. member that no one in Alberta is going to contract West Nile virus this season. I can't ensure that they will not be in major population centres, nor I can ensure that they will not be in the areas that are covered by this funding. It's the nature of risk that you do the best that you can to be able to allocate resources where they will do the most good. What I can assure the member is that all care has been taken and will be taken to ensure that the risk analysis is appropriate and that funding flows through based on appropriate risk analysis mechanisms.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker. Will the minister work with his colleague the minister of health to provide funding to other areas not currently funded should the conditions change that may suggest that this funding is warranted?

Mr. Renner: Mr. Speaker, it's a subject that is somewhat hypothetical. Obviously, the government is going to be monitoring the situation. The dollars this year were based upon experience from previous years. Should something catastrophic happen and all of a sudden the numbers appear to be in jeopardy, I would certainly be

prepared to sit down with the appropriate ministers and discuss them, but frankly the risk analysis, the science seem to be relatively sound. Unless circumstances arise to see otherwise, the funding will proceed as planned.

The Speaker: The hon. Member for Edmonton-Decore.

Leaseholders on Agricultural Public Land

Mr. Bonko: Thank you, Mr. Speaker. This government seems to have missed the fact that public lands in Alberta belong to Albertans and our lands are not there for the government to do as they please. They are also spending more of our tax dollars to compensate holders of Crown land leases instead of Albertans receiving a benefit from the use of the public lands. My question to the Minister of Sustainable Resource Development: why does this government insist on compensating leaseholders on Crown land for surface rights instead of Albertans receiving the benefits?

Mr. Coumts: Well, Mr. Speaker, let's be clear about this and make sure that this hon. member understands that the government does not pay compensation to agricultural leaseholders on public lands. Absolutely we do not. Agricultural leaseholders do not have surface rights for oil and gas developments. Where they may get compensation is from the oil and gas industry who wants to have access to their agricultural lease, in which case they are entitled under the Surface Rights Act. They are entitled to forage compensation, compensation for roads that may disturb their grassland, and compensation for the four-acre plot that a well happens to sit on. But those dollars do not come from government. They come from the oil and gas industry themselves to that stakeholder.

2:30

The Speaker: The hon. member.

Mr. Bonko: Thank you, Mr. Speaker. My next two questions are for the Minister of Agriculture, Food and Rural Development then. Can the minister explain why this government is promoting a third competitor to our beef industry when our beef industry is already suffering from the border closure? Referring to the buffalo then.

The Speaker: Hon. member, the last question had to do with leases for surface rights. This one has to do with buffalo. I've got to find a connection here. There's got to be a connection. Minister of Agriculture, Food and Rural Development, if you've got one, you can answer the question.

Mr. Horner: I'm sorry, Mr. Speaker. I can't make that connection.

Mr. Bonko: Can the minister explain, if it's agriculture and rural development, if gas companies are providing these people with compensation that's on Crown land, why does that money not come back to Albertans then?

Mr. Horner: Well, Mr. Speaker, on many of these leases the gas companies are those companies that are disturbing the natural agricultural practices on that lease: the fencelines, the roads that come through there. They should be compensated for the loss of forage that they may encounter, the inconvenience of simply having the oil and gas operate on those leases. I don't see anything really wrong to compensate our producers for the inconvenience of what's going on on their lease.

The Clerk: Members' Statements.

The Speaker: Hon. members, we will have six participating today, but prior to that, might we revert briefly to Introduction of Guests?

Even before that, I just want to advise that we're going to have at least two points of order, and then there's going to be an issue that the chair is going to have to deal with with the hon. Member for Edmonton-Highlands-Norwood. So let's be prepared.

head: **Introduction of Guests**
(reversion)

The Speaker: The hon. Member for Drayton Valley-Calmar.

Rev. Abbott: Thank you, Mr. Speaker. It's a pleasure for me to rise this afternoon and introduce some special guests. Up in the public gallery today we have three people from the Alberta Senior Citizens' Housing Association, or ASCHA, as it is known in this House. First of all, from the village of Breton in my constituency, the president of ASCHA, Darren Aldous; secondly, the vice-president of ASCHA, Dennis King; and finally, the executive director of ASCHA, Irene Martin. I would ask them all to stand and receive the warm welcome of the Assembly.

head: **Members' Statements**

The Speaker: The hon. Member for Wetaskiwin-Camrose.

Motorcycle Exhibition at Reynolds-Alberta Museum

Mr. Johnson: Thank you, Mr. Speaker. On Saturday, May 14, the grand opening of a unique and exciting exhibition will take place at the Reynolds-Alberta Museum in Wetaskiwin. The Life and Times of the Motorcycle documents 100 years of motorcycle history from 1905 to the present day. Along with the Minister of Community Development I will have the honour of attending the grand opening.

This display chronicles not only the development of the motorbike but also the social impact that this mode of transportation has had on our society. There are 14 topics which are covered by this exhibit, ranging from the fashion associated with motorcycling to the use of motorbikes in work environments. The exhibit will include more than 150 motorbikes displaying the changes motorcycles have gone through from their beginnings to the present day.

This display has been made possible by the staff of the Reynolds-Alberta Museum and by various members of the community and beyond who have agreed to lend their motorcycles, prized possessions, to the RAM for two years. In addition to this, Honda Canada has greatly supported the display in financial terms and in-kind donations.

This exhibit will run in the museum for 16 months, giving Albertans ample opportunity to visit this comprehensive history of the motorbike.

Located in Wetaskiwin, this museum opened in September of 1992 and is owned and operated by the provincial government. The RAM houses more than 8,000 pieces in its collection, which traces the development of and advances made in machines associated with transportation, agriculture, aviation, and industry.

As the summer tourism season approaches, this will be a wonderful opportunity for families across Alberta to view a spectacular display exploring the development of the motorcycle and its impact on our society. I invite all members to visit the Reynolds-Alberta Museum and learn more about motorbikes, the history of mechanization, and the impact that machines have had on our province.

Thank you.

The Speaker: The hon. Member for Cypress-Medicine Hat.

Mark Heinrichs

Mr. Mitzel: Thank you, Mr. Speaker. It is my pleasure to rise today to recognize an outstanding individual from Cypress-Medicine Hat. Mr. Mark Heinrichs, a math teacher at Eagle Butte high school in Dunmore, was one of 52 teachers across Canada to receive the Prime Minister's certificate of achievement for teaching excellence.

Mr. Heinrichs was nominated by the school's parent council because of his successful teaching approach. He makes himself available to his students by arriving at school early in the morning, spending his lunch break in class, and giving his home phone number should students require help in the evenings. He initiated a math club for students who were dropping by his classroom and doing fun math activities on their own. He also initiated Math Night to prepare students for the departmental exam.

Mr. Heinrichs has his students set realistic but challenging goals at the beginning of each semester, and they discuss what it will take to achieve these goals. Each student signs their goals, and Mr. Heinrichs follows up during the semester. His students consistently score above the provincial average for the Math 30 diploma exams.

The purpose of the Prime Minister's award program is to recognize the innovative teaching practices of teachers of all disciplines. The award included \$1,000 to the Eagle Butte high school in Mr. Heinrichs' name.

My congratulations to Mr. Heinrichs for winning this prestigious award.

The Speaker: The hon. Member for Grande Prairie-Smoky.

Aboriginal Workforce Participation Initiative

Mr. Knight: Thank you, Mr. Speaker. I'd like to bring your attention to a partnership agreement to develop policies and practices to recruit and retain aboriginal faculty and staff at Grande Prairie Regional College. It is known as the aboriginal workforce participation initiative. This agreement between the federal government, the province of Alberta, and the college is aimed at providing more information about employment opportunities to aboriginal communities and organizations by changing how programs and services are delivered.

As the first deal of its kind in Alberta, the parties will create professional development opportunities, facilitate aboriginal community liaison and feedback, identify employment and career development opportunities, and create links between the labour force and educational opportunities.

The aboriginal workforce participation initiative is part of the government's commitment to help aboriginal people build stronger, healthier, and more self-reliant communities by increasing the participation of aboriginal people in the labour market. The end result is effective long-term employment that benefits the workers, the employer, and the entire community.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Leduc-Beaumont-Devon.

Alberta Venture Most-respected Corporations

Mr. Rogers: Thank you, Mr. Speaker. *Alberta Venture* magazine conducts an annual survey to find Alberta's most respected corporations. The responses are in, and they reflect some of Alberta's best-known corporations and highlight leaders who are trailblazers in our province.

For corporate leadership, recognizing a CEO or board director who is acknowledged as providing visionary leadership inside his or her organization and/or within the industry as providing a purposeful voice for the industry: Mr. Hal Kvisle, Don Lowry, and John Ferguson.

For corporate performance, recognizing a company that demonstrates sustainable fiscal success, maintains or builds market share, and performs well on the public markets: EnCana, Brick Warehouse Corporation, Canadian Western Bank, and Canadian Natural Resources.

For culture of innovation, recognizing a company that actively positions itself as a market leader, invests in R and D, has built a program of initiatives to ensure its products, services, or processes are leading edge in quality and has developed an internal environment which fosters creativity: Telus, Stantec, EPCOR, WestJet, and Dow Canada.

2:40

For focus on customer relationships, recognizing a company that has placed the customer at the centre of its business strategy: Fairmont Hotels, Bell, ATB Financial, Calgary Co-operative Association, and Shaw Communications.

For human resources practices, recognizing a company that fosters the healthy commitment of its workforce through innovative reward and the implementation of policies that provide for an enlightened, progressive work environment: Suncor, ATB, WestJet, ATCO, and PCL.

For environmental stewardship, recognizing a company that demonstrates an awareness of its impact upon the environment with an active effort to preserve, protect, or enhance the environment: Enmax, Shell, TransCanada Corporation, Suncor, and Syncrude.

On behalf of this House, Mr. Speaker, I congratulate them all.

The Speaker: The hon. Member for Edmonton-Mill Woods.

Kindred House

Mrs. Mather: Thank you, Mr. Speaker. It is with pride that I talk about the Boyle McCauley health centre, created in response to a grassroots movement which identified the lack of physician and health services in the inner-city area. It is a unique model in Edmonton in that it is community owned and governed.

The needs of the population that is served by this agency are very complex because there is a high incidence of poverty, homelessness, mental health and addiction issues, and unemployment. Comprehensive, accessible, integrated services are delivered by interdisciplinary teams on-site and throughout the community as the agency responds to the needs of Edmonton's inner-city residents.

Kindred House is a harm-reduction program of the Boyle McCauley health centre and was established 10 years ago. This program is a drop-in and resource centre for women and transgendered people who are working in the sex trade. As an organization that is delivering a harm-reduction program, it is accepted that some people are not ready to give up high-risk behaviour. Making connection by helping them in other ways can reduce harm and open the door to further intervention.

It is hoped that clients at Kindred will ultimately come to eliminate high-risk behaviour completely, but the only way to get many people moving in that direction, of course, is to connect with them where they're at. This is the work done at Kindred House. They ensure that over 3,000 visitors per year are provided with nutritious food, have access to medical attention, and are given opportunities to access free legal services and other community resources as needed. Kindred House is a place that is nonjudgmental and free from the violence these individuals often face daily.

Congratulations to the staff, volunteers, and board of directors who make this help possible. Thank you.

The Speaker: The hon. Member for Lethbridge-East.

All-party Committees

Ms Pastoor: Thank you, Mr. Speaker. In light of the recently established continuing care review committee, I would like to again today take the opportunity to draw attention to the importance of all-party committees to the democratic process.

A democratic deficit exists when parties do not have the opportunity to share diverse views and work together. The best governing process is the one with the strongest opposition, but in Alberta it seems that the voice of the opposition is feared and that the possibility of establishing all-party committees simply does not exist. This is not a healthy situation for effective governance or for the citizens who are being governed.

During the last campaign I had many discussions with my constituents and with citizens throughout the province. It became apparent that I wasn't alone in my opinion on this issue. Co-operation among parties is lacking, and it would be a refreshing experience in the politics of this province if all-party committees were re-established. A mantra that I am fond of from my days as a municipal politician is that when everybody plays nicely in the sandbox, everybody wins.

All-party committees not only bring a variety of experiences and perspectives to the table, but they also lend credibility to the entire process. Reports or recommendations by all-party committees wouldn't have a chance to sit on a shelf. They would be supported and promoted by all the members involved. The co-operation and openness that all-party committees demand make the process more open, transparent, and accountable.

The Speaker: Hon. members should also be aware that today is an anniversary, albeit a rather high-numbered anniversary, of the arrival on this planet Earth of the Minister of International and Intergovernmental Relations.

Vignettes from Alberta's History

The Speaker: By way of a historical memento for the day, on May 11, 1870, the area known as Rupert's Land was purchased by Sir John Rose acting as a Canadian agent in London, England. The purchase price of £300,000, or the equivalent of \$11 million, included much of what is now the Canadian prairies and northern territories and, in particular, what is now the province of Alberta.

The purchase of Rupert's Land was motivated historically by both the British desire to secure the area in the face of American interests in the Canadian west and by Confederation, which had occurred three years earlier. In fact, on June 23, 1870, the Rupert's Land and North-West Territories order brought Rupert's Land, mostly Alberta, into the dominion of Canada.

head: **Presenting Petitions**

The Speaker: The hon. Member for Edmonton-Manning.

Mr. Backs: Thank you, Mr. Speaker. I'm pleased to present a petition of 106 good Albertans from the fine Alberta communities of High Level, Breton, Carvel, Calahoo, Wabamun, and the wonderful City of Champions, Edmonton. It reads:

We the undersigned residents of Alberta, petition the Legislative Assembly to urge the Government of Alberta to prohibit the importation of temporary foreign workers to work on the construc-

tion and/or maintenance of oil sands facilities and/or pipelines until the following groups have been accessed and/or trained: Unemployed Albertans and Canadians; Aboriginals; unemployed youth under 25; under-employed landed immigrants; and displaced farmers.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Speaker. Today I am presenting the first 54 names of a series of signatures to follow with concerns about highway 63: "We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the government to increase infrastructure development for funding Highway 63."

Thank you.

head: **Tabling Returns and Reports**

Mrs. McClellan: Mr. Speaker, I'm pleased to table today supplementary responses to questions raised during the Finance main estimates on April 21, 2005. These responses have already been sent to the hon. leader of the ND opposition, to the Member for Edmonton-Rutherford, and to the Member for Edmonton-Centre. As I indicated during estimates, I'm pleased to provide those responses.

The Speaker: The hon. Member for Edmonton-Beverly-Clareview.

Mr. Martin: Thank you, Mr. Speaker. I'd like to table the appropriate number of copies of a letter I sent this morning to the chair of the Legislative Offices Committee. The letter requests an emergency meeting of the committee to discuss the Auditor General's power to investigate the Alberta Securities Commission.

Thank you.

The Speaker: Are there others? The hon. Member for Edmonton-Manning.

Mr. Backs: Thank you, Mr. Speaker. I'm pleased to table here today five copies each of four letters from concerned Albertans requesting action on the use of foreign replacement workers, apprenticeship ratios, and deskilling of the workplace.

The Speaker: The hon. Member for Calgary-Montrose advised the chair twice today about two points of order. First of all, for clarification, would the hon. member like to deal with these points separately?

Mr. Pham: Yes.

The Speaker: Okay. Very good.

The second question, now, is to the Official Opposition House Leader. I have a note from your leader indicating that he would ask that you deal with the matter. You have full authority to deal with this matter?

Ms Blakeman: Yes, Mr. Speaker, I do. It's been delegated to me.

The Speaker: The hon. Member for Calgary-Montrose, on the first point of order.

Point of Order

Reflections on Nonmembers

Mr. Pham: Thank you, Mr. Speaker. It's with grave concern that I rise today to speak to this point of order. This point of order arises

from the first question from the Leader of the Official Opposition. In his first question he clearly violated *Beauchesne* 409(7): "A question must adhere to the proprieties of the House, in terms of inferences, imputing motives or casting aspersions upon persons within the House or out of it." In this case the question has obviously cast aspersion on the Applewood Park Community Association board members and the members of the Cao Dai association in Calgary. Furthermore, that question also violates *Beauchesne* 493(4) on page 151: ". . . Members to exercise great care in making statements about persons who are outside the House and unable to reply."

2:50

The reason that this question caused me great concern is because on Monday a similar question was raised in this House, and then today the same question is being raised again except that this time the attack became even more vicious. This calls into question the integrity of people who are community leaders whose integrity and honesty are unquestionable. On Monday night I got a phone call from my volunteers, the people of Applewood Park Community Association. They advised me that as far as this project is concerned, they are volunteers working on humanitarian projects providing clean water for poor people and education and shelter for homeless and handicapped people in Vietnam.

For the benefit of the opposition members and for the House, Cao Dai is the fourth largest religion in Vietnam, and it has more or less the same teachings as Buddhism. It encourages people to look out for the people who are less fortunate than themselves, and the standard practice for Cao Dai followers for many, many years is that they try to do as many humanitarian projects as possible to help the poor and underprivileged people.

The members of the board of Applewood Park Community Association – Applewood Park is one community in my riding. Ninety-nine per cent of the board members are second- or third-generation Canadians. They have absolutely no financial benefit or any benefit from helping the poor and less fortunate people in Vietnam. They're just, you know, doing the right thing to help those people. Many of the Cao Dai followers are also living within the Applewood community, and that's why they work together. It is just a co-operative effort from these two groups trying to do the right thing.

For any people to stand in the House and attack them in a vicious way and point to the political aspirations of those people or political connections of these people is wrong, Mr. Speaker. If we have to exclude PC supporters from volunteer positions, we have to exclude 70 per cent of Albertans from serving on any of these boards. If these people were in the House, they would have been able to reply to the attack coming from the other side, but they are not here, and that's why I'll do the standing up anyway. If we attack people who are not in the House, we have to be very, very careful because they don't have the privilege and the right to respond to the attack.

I would like to ask the hon. member from the opposition side to withdraw and make an apology to those people because they absolutely do not deserve this kind of attack.

The Speaker: The hon. Opposition House Leader.

Ms Blakeman: Thank you very much, Mr. Speaker. I'll respond in the order that the member laid out the citations. So the first citation that he brought forward was 409(7). Now, he does not clarify what wording in particular has most offended him, but I have the Leader of the Official Opposition's questions in front of me, and I will have

to make some assumptions here because the member has not laid that out. He did feel, in quoting 409(7), that a motive was imputed here or that aspersions were cast upon persons within the House or out of it. I have to refute this because it's simply not true.

Now, Mr. Speaker, we have a situation where government sets criteria for a program. We have closely questioned the government in the past on the criteria for this particular program to make sure that we understood what the rules were, and they have been laid out in this House in response to us by the appropriate minister. So we have a situation where the government set criteria; the criteria were not followed. That is a matter of fact and can be checked in corporate registries and other documents that are publicly available.

So I'm not sure what motive the member felt was imputed because he doesn't lay it out. What the Official Opposition leader did say to the minister was to question why this particular community agency was allowed to transfer Wild Rose funds to an organization that had not met the criteria, in fact had been officially struck from a registry, and this was against the criteria that had been outlined by the minister and criteria that are available elsewhere.

So the question has to be asked, Mr. Speaker. We have the government setting criteria; we find out that criteria have not been followed. It's our job to stand up and ask the government: did they know that this was the situation and that criteria were not met? Were they aware of this situation? What exactly went wrong? The government is in possession of the facts. What exactly went wrong? What will the government do to follow up?

So it's our responsibility as the Official Opposition to ask the questions when we see a situation where a government process has been contravened. It's not imputing a motive to ask the government what happened when criteria were breached. There are no aspersions cast there. The factual statements are supported, as I said, in corporate documents.

"Casting aspersions upon persons within the House or out of it." There's no specific person mentioned in any of the questions that were asked, save the Member for Calgary-Montrose, and the appropriate honorifics were used when that member's title was brought forward in the House. No other specific individuals were named, Mr. Speaker. We're talking about an organization. We don't know who the members of those organizations are. We're talking about the facts on the face of the case.

The second issue that was raised was the issue under 493(4): "to exercise [caution] in making statements about persons who are outside the House and unable to reply." Well, again, Mr. Speaker, the information that we had in here was factual; it's available on the public record. So there's no imputing of motives there, and there's no casting of aspersions. It's factual.

The questions must be asked by the Official Opposition when there's been a contravention of the rules. That is an appropriate role for the opposition to take. The opposition did not name any individuals, save the individual that serves in the House, and the appropriate titles were used. It's incumbent upon the opposition to ask these questions of government when we identify that such a situation exists. No situation is prohibited except those that are already listed in *Beauchesne* and Standing Orders, and those are things like anticipation and hypothetical situations, and that's not what we're addressing here.

It's our job, when we're trying to state an issue, to avoid insinuation, but, Mr. Speaker, we have to describe enough of the situation for the minister that we're questioning to understand what we're talking about. If we take all identifiers out of the question, the minister won't know what we're trying to get, and it becomes an overly generic question that's not helpful to the minister and does

not gather the information that the opposition is seeking nor does it hold the government to account.

3:00

So we're trying to do our job and trying to be conscious of not calling down any people that are outside of the House, and I think we were successful in doing that in this particular case, Mr. Speaker. I think it was appropriate to ask the questions to get the answers, and I would argue that there is no point of order here. The criteria that are expressed in both 409(7) and 493(4) were not met in this particular situation. I would ask the Speaker to find that there is no point of order here. [Mr. Pham rose]

The Speaker: This is not a debate back and forth, hon. member.

I'm prepared to hear other speakers on this point of order. The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. Very briefly, I hope that on the second point of order the hon. member will raise the personless version.

The Speaker: We're dealing with the first one now.

Mr. Hancock: We're dealing with the first one, so I'll leave that argument to that time.

Clearly, here, as the hon. Member for Calgary-Montrose has raised, rule 409(7) talks about "casting aspersions upon persons within the House or out of it." If the only purpose of the question raised by the hon. Leader of the Opposition was with respect to the giving of a grant from the Wild Rose Foundation to an association which had been deregistered as a society, was not registered as a society or a not-for-profit corporation, that would have been an appropriate question. But going on to raise the association with a Vietnamese group and to cast aspersions around the reasons behind it, without there being further factual context laid, clearly casts doubt on an association and a group of individuals with that association which cannot defend themselves.

Clearly, the question could have been limited, and would appropriately have been limited, to giving a grant to an unregistered corporation and holding the Minister of Community Development responsible for checking into that type of an affair. But the question went further than that, and I would submit, as the hon. Member for Calgary-Montrose has rightly raised, that it did cast aspersions on the groups associated and around it without properly linking them into it. While we normally talk about casting aspersions in the context of the House with respect to an individual member as opposed to, say, the government or a group of members, when you're talking about a not-for-profit organization outside of the House, I think you have to be a lot more careful.

In this case the hon. member has clearly given an implication of some wrongdoing when there might be a very simple explanation to the fact of an association being deregistered. We don't know that. Therefore, I would submit that it is appropriate to raise the point of order and to ask the hon. member once again to be a little bit more careful with the way in which he phrases things so that he doesn't cast aspersions on people either inside or outside the House.

The Speaker: Others?

I will wait in anticipation of the second point of order. I'm not so sure that it's going to be that much dramatically different from the first, but I will await.

In the case of the first question today which motivated the hon. Member for Calgary-Montrose to rise, this is what was stated. This is the record. The hon. Member for Edmonton-Riverview:

Thank you, Mr. Speaker. The Wild Rose Foundation plays an important role in Alberta, and we must protect its integrity. A confidential e-mail from the auditor of Applewood community association in northeast Calgary states that Wild Rose grants were transferred to the Vietnamese Cao Daist Cultural Society, a group struck from the corporate registry, disqualifying it from Wild Rose funding. Applewood's vice-president is a key supporter of the Member for Calgary-Montrose, who may also have ties with the Vietnamese Cao Daist Cultural Society. My questions are to the Minister of Community Development. Why was Applewood allowed to transfer Wild Rose funds to an organization struck from the corporate registry? It clearly breaks the rules.

This question could just as easily have had this version. The hon. Member for Edmonton-Riverview:

Thank you, Mr. Speaker. The Wild Rose Foundation plays an important role in Alberta, and we must protect its integrity. A confidential e-mail from the auditor of Applewood community association in northeast Calgary states that Wild Rose grants were transferred to the Vietnamese Cao Daist Cultural Society, a group struck from the corporate registry, disqualifying it from Wild Rose funding . . . My questions are to the Minister of Community Development. Why was Applewood allowed to transfer Wild Rose funds to an organization struck from the corporate registry? It clearly breaks the rules.

What a difference of questions, what a difference of interpretation, and what a difference of response. The chair was in the chair the other day when I believe the hon. Member for Edmonton-Ellerslie raised similar questions. It led to no interventions, as I recall.

Then this whole business has to be dealt with with the second question, which we're not going to deal with right now. We will. But the second question is a clear tie to somebody else.

The clause which, if I understand the hon. Member for Calgary-Montrose, caused him to intervene was the following, which was inserted in all of this: "Applewood's vice-president is a key supporter of the Member for Calgary-Montrose" – okay, could be factually correct; I don't know – "who may also have ties with the Vietnamese Cao Daist Cultural Society." I'm sorry. I don't understand what that has to do with the whole question other than to deal with the casting of aspersions, as has, in my view, correctly been pointed out by the hon. Member for Calgary-Montrose under *Beauchesne* 409(7). I do believe that this is a very legitimate point of order.

I asked the hon. Opposition House Leader if she had the authority to speak on behalf of her leader. She assured me she did have. I would ask, then, the hon. Opposition House Leader to do the honourable thing.

Ms Blakeman: Thank you, Mr. Speaker. We did believe that we were acting in all good faith and were trying to be factual. I hear the ruling from the Speaker. [interjections]

The Speaker: Hon. members, please. The hon. member is participating here. She has the floor.

Ms Blakeman: I respect and honour the ruling of the Speaker. As instructed, I will sincerely withdraw the comments from the Leader of the Official Opposition. On his behalf, as delegated by the Leader of the Official Opposition, I will offer an apology to the Member for Calgary-Montrose and hope that it is accepted with the good faith in which it is offered.

Thank you.

The Speaker: The hon. Member for Calgary-Montrose.

Mr. Pham: Thank you, Mr. Speaker. That deals with my first question of order.

The Speaker: Yes. Will you accept the apology?

Mr. Pham: Yes, I do, Mr. Speaker, and I thank the member for doing that.

The Speaker: So then we will have dealt with the first point amicably, honourably, sincerely, as good parliamentarians. Thank you very much.

Now, the hon. Member for Calgary-Montrose on point of order number two.

Point of Order Reflections on a Member

Mr. Pham: Thank you, Mr. Speaker. The reason that I separated the two points of order is because I want to make sure that the one issue is dealing with the volunteers and a member of the board of a community association in my riding. The second issue deals with me personally.

The second question from the Leader of the Opposition I believe violated many points of order. The first one is Standing Orders 23(h) and (i): "makes allegations against another member" and "imputes false or unavowed motives to another member." Also, that question violated *Beauchesne* 409(7) that I cited earlier, "casting aspersions" on myself, and also it violated *Beauchesne* 411(5), that the question may not "reflect on the character or conduct" of members. In this case it reflected on my character, Mr. Speaker.

As I mentioned earlier, I am neither a member of the Applewood Park Community Association nor a member of the Cao Daist group. However, I do support what they are doing, and I think there is nothing wrong with it. From what I have heard, they have submitted the full report to the Minister of Community Development with receipts and with pictures, and if there is anything wrong with that, the ministry will deal with them.

3:10

In this case the Leader of the Official Opposition has absolutely no reason to cast aspersions on me, to give the impression as if I have something to do with this thing. First of all, Mr. Speaker, I am very proud of what I did. But the way the question was presented: as if there was something wrong and somehow I was tied into it. The only reason that it was made in that way was because somehow this project was there in Vietnam and maybe because I am of Vietnamese origin. I have always been proud of my heritage. I have always been proud of the fact that all Canadians are equal.

Mr. Speaker, we have a very tough profession. In this House every one of us – the only thing that we have is our name. The minute that we don't respect each other, the minute that we don't have a good name, we lose the confidence of the public, and it looks badly on all of us. I would respectfully ask the Leader of the Official Opposition to consider these facts very seriously before standing up to make allegations against any member of this House because it will reflect poorly on all of us. The people of Alberta expect a lot more, you know, in their elected people. There is no excuse for that type of language, for that kind of tactic to be used in this House.

Thank you, Mr. Speaker.

The Speaker: The hon. House leader of the Official Opposition.

Ms Blakeman: Thank you, Mr. Speaker. Well, in the previous point of order the member specifically referenced the first question that the leader asked, and I responded to that. In the ruling the Speaker brought into it the preamble and requested the apology, which I was happy to give.

I am going to respond to what he has identified as what he is calling his point of order on, which is the second question. If I am incorrect that this is the part that is offending the member, I would ask him to please stand and clarify that. I tried to respond to exactly what he brought up last time, and other things were brought into the mix. If I'm not correct in responding to exactly what he's referencing, please indicate that.

Okay. So we are responding to the second question that has been asked. The member feels that aspersions were cast under 23(h) and under 409(7). Mr. Speaker, I have to flat-out disagree. It's a question seeking information: what role? That is not casting aspersions. It is asking: what role?

An Hon. Member: The preamble.

Ms Blakeman: No. We are talking about the second question. That is exactly what the member referenced, and that is what I'm responding to. You want to talk about the preamble? That's already been dealt with. Don't call it in again.

So we're talking about the second question: "what role . . ." I don't think there's anything wrong in questioning what role a member had in a particular incident. It goes on to say, "if any." Perhaps the member had no role in this particular question, and that possibility is left open for the minister to respond to. Then the member is noted by the appropriate name: "did the Member for Calgary-Montrose have in the prohibited transfer of grant funds?" "In the prohibited transfer of grant funds." Clearly, we've already shown that the transfer of grant funds was prohibited, so what is inaccurate in that? What is casting the aspersions in that? That's a factual statement. "The prohibited transfer of grant funds." It was prohibited. The grant funds happened. They were transferred, and it was not to have happened, according to the very rules that were outlined previously by the Minister of Community Development.

Where are the aspersions being cast? It's asking: what did the member have to do with this? Perhaps he had nothing to do with it. That's what the clause "if any" is in there for. So there are no aspersions cast here.

The Speaker obviously felt that aspersions were cast in the preamble. He requested an apology, and he got it. We're talking about the second question, and I clarified that with the member here that it was the second question that is the subject of this second point of order, Mr. Speaker.

I would argue that there is no aspersion being cast here. It doesn't say: was the member personally responsible for this? Was the member's own money involved? Did the member benefit from it? None of those questions are in there. It says: what role did they play in this? So there is no aspersion being cast here. It's a straightforward question, Mr. Speaker.

Again, it's the role of the opposition to hold the government accountable. There has been a problem that has been identified in this particular episode with a particular group here. Funds were transferred that were not to have been. Criteria were established that were not followed. There is a problem here. The opposition has identified and asked the minister how the government is going to respond and who was involved in this, what went wrong, what happened. That's our job. We're here to ask those questions when something like this is identified, and ask the questions we did. So I argue that there were no aspersions cast in this second question as it appears.

Thank you very much for the opportunity to respond to this, Mr. Speaker, and I await your ruling.

Mr. Hancock: Mr. Speaker, there is nothing more reprehensible than calling into account the character of an individual member in

this House unless it's delegating the authority to defend it. Clearly, both in the preamble and in the second question the hon. Member for Edmonton-Riverview raised a question. The second question clearly raised the question: what role did the Member for Calgary-Montrose have?

Now, if the hon. member has any indication that there is wrongdoing by a member of this House, the appropriate way to deal with it is to call the Ethics Commissioner and give any evidence of that to the Ethics Commissioner and ask for an investigation. That's the appropriate way of dealing with issues of character, issues of conflict with respect to members of this House, not to raise a question and throw it out on the floor of the House for the public to hear and cast aspersions on a person's character. That's the most offensive thing you can do.

Mr. Speaker, I think you should call this into account. I'm surprised that the hon. member didn't raise a point of privilege on this matter.

The Speaker: Hon. Member for Edmonton-Castle Downs, you want to participate on this point of order?

Mr. Lukaszuk: That's correct.

The Speaker: Then proceed.

Mr. Lukaszuk: Mr. Speaker, for my comments I'm relying on Standing Orders 23(h) and (i). What's also overlooked here – and I listened carefully to the question and then to you having read the questions again – is the profiling that took place. There was no substantive connection whatsoever between the alleged wrongdoing of the said society in Calgary and the Member for Calgary-Montrose other than the fact that he simply happens to be of the same ethnic background as the society in Calgary.

Mr. Speaker, this is something that you must make a ruling on because if ever any society that happens to be of Polish descent does something that may be conceived to be unbecoming, will the Leader of the Opposition then accuse me and you that somehow we have been accomplices to it simply because of our ethnic background? The only connection between the Member for Calgary-Montrose and the alleged incident is his ethnicity. How reprehensible can we get?

Thank you.

The Speaker: Are there additional members who would like to participate?

Well, the statement that was given in the House that led to the second intervention was the following, again from the hon. Member for Edmonton-Riverview. The question was very, very short. "Thank you, Mr. Speaker. To the same minister: what role, if any, did the Member for Calgary-Montrose have in the prohibited transfer of grant funds?" Very straightforward. "What role, if any, did the Member for Calgary-Montrose have in the prohibited transfer of grant funds?" Well, first of all, how would the minister know if the hon. member had any role? This has nothing to do with government policy, and the purpose of the question period is to deal with government policy.

Secondly, there are some kinds of questions we can give in life. This is a question period, and skill is always entailed in it. I guess if one wants to make a point, one can make a point. If I were to ask a question, and I were to say to you "Answer yes or no," you would be dead either way with this question. I'm going to give you a question. You have only one choice. You answer yes or you answer no. You know what? I know you're dead either way. Do you still beat your wife? There's an implication involved in this. It has an

innuendo involved in it, and all the text on politics will use examples such as this. There are hundreds of books in the libraries dealing with the skill to be used in terms of what it is you want to get.

3:20

It's absolutely correct. It's absolutely correct what the Opposition House Leader said, that the purpose of question period and the purpose of questions in question period is to hold the government accountable. The Member for Calgary-Montrose is not a member of the government. The Member for Calgary-Montrose is a Member of the Legislative Assembly. The only members in the government in this Assembly are the Members of Executive Council. So what was the purpose to tie in prohibited transfer of grant funds as well?

I want to point out one other thing. We have an officer of the Legislative Assembly that this Assembly spent a great deal of time finding and appointing. We have a statute in the province of Alberta called the Conflicts of Interest Act, and in the Conflicts of Interest Act there's a preamble. I want to read the preamble.

Whereas the ethical conduct of elected officials is expected in democracies;

Whereas Members of the Legislative Assembly are expected to perform their duties of office and arrange their private affairs in a manner that promotes public confidence and trust in the integrity of each Member, that maintains the Assembly's dignity and that justifies the respect in which society holds the Assembly and its Members; and

Whereas Members of the Legislative Assembly, in reconciling their duties of office and their private interests, are expected to act with integrity and impartiality;

Therefore Her Majesty, by and with the advice and consent of the Legislative Assembly of Alberta, enacts [an act].

There are actually a lot of pages in the act. But the key thing in the act is that if a Member of the Legislative Assembly believes that a member has breached something in the statutes of the province of Alberta, it is the duty of that member to contact the Ethics Commissioner under the Conflicts of Interest Act and ask for such a review, and such a review would be undertaken. That's the honourable, parliamentary way in which we as Members of this Legislative Assembly deemed in days gone by, in debates gone by: first reading, second reading, committee with amendments, third reading, royal proclamation, and everything else. We even publish this act. All members have a copy of it, were given a copy of it by the Speaker as part of the orientation.

So there is a process. Wiser members than us years ago determined that that was the appropriate way to deal with these things. Should there be a question, and one member has some thoughts about another member, well, you do the honourable thing. You just phone him up, ask him for a cup of coffee, and say, "Hey, did you do that?" That's probably the quickest way. If the answer is no, okay. That's it. The other way, we have this officer of the Legislative Assembly. But, okay, I guess the other option is to come to the Legislative Assembly and raise questions.

I'm pretty sensitive, hon. members. I'm pretty sensitive because of what the hon. Member for Edmonton-Castle Downs has said. I'm not going to play that card in this Assembly, but I'm not going to let it go either without a caution. We're expected to perform our duties in here with integrity, and we're not expected to provide aspersions and other types of things, whatever it is under 23 (h) or (i) or 409(7) or 411(5).

To the same minister the question again, "What role, if any" – and how would the minister know if there was a role, if he even doubts that there was a role – "did the Member for Calgary-Montrose have" and then "prohibited transfer of grants funds?"

Well. I'm sorry, but I'm concluding again that this is another legitimate point of order, and I'm going to ask the hon. Leader of the Official Opposition to do the honourable thing.

Ms Blakeman: I thank the Speaker for his advice, and on behalf of the Leader of the Official Opposition I withdraw the question and offer an apology to the Member for Calgary-Montrose.

Thank you.

The Speaker: Thank you very much.

Hon. Member for Calgary-Montrose, has the matter been dealt with?

Mr. Pham: Thank you, Mr. Speaker. Because this issue is very important to my name and to my reputation and to my ability to perform my duty in this House, I would ask the Leader of the Official Opposition to stand up tomorrow in the House and make the retraction and apology. If he refuses to do that in person, I would like to consider to move this thing over to become a point of privilege because I don't think that the practice of attacking and running away is good enough.

On the first point of order I accepted it because it doesn't cast a motive on my ability to perform my work, Mr. Speaker. But in the second instance the people at home who read *Hansard* or who hear the question in QP need to have the remark withdrawn personally by the Leader of the Official Opposition and a full apology made at that time.

The Speaker: I heard the hon member. There's no reconsidering of that?

Then the hon. Opposition House Leader has heard the hon. member too. It will be printed in *Hansard*, and the hon. Leader of the Official Opposition will be able to get a copy of it later in the day. We'll deal with this matter, then, tomorrow.

The hon. member.

Ms Blakeman: Thank you. Under 13(2), for the Speaker to explain. Mr. Speaker, as with the Premier and as with the Executive Council, the Leader of the Official Opposition and indeed the leader of the third party have legitimate reasons to be absent from the House, and we recognize that there is business that calls them from the House. In this case I believe that the leader made every attempt to follow every possible contingency involved here, did send a note to the Speaker. The Speaker on the record confirmed that there was a delegation that had happened and, in fact, brought that up again. I have acted in good faith here as the person to whom this was delegated. If delegation is not accepted, I'm assuming the Speaker, with the powers that he has in this House, would've set that forth at the beginning of this particular episode.

I'm questioning now if the Speaker could provide an explanation for why he appears to me to now be withdrawing his acceptance of that delegation, which seemed to have been set in place. What we're getting now are accusations coming from that side, which I can't argue on a point of order, accusations coming back toward the Leader of the Official Opposition that he's made discriminatory remarks. I'm not allowed to defend that because we're inside a point of order. I'm entirely at the mercy of the Speaker, in fact. So I would ask the Speaker to explain why he is allowing this to go forward when he accepted the delegation previously.

The Speaker: Actually, if the hon. member had listened and heard what the Speaker heard, the hon. Member for Calgary-Montrose, if I understand this, basically said that he wanted now to take this to a point of privilege, not a point of order. That clearly is a right.

Certainly, it's the chair's hope that this matter would've been dealt with by way of a point of order. The hon. Member for Calgary-Montrose, as I understood it, accepted the apology, which

was a very sincere apology. It was a legitimate apology, and I accept that. That's why I asked the hon. Member for Calgary-Montrose, after he made that comment, if he would reconsider it. His response to me was no, which is the right of a member.

However, I want to bring this matter to a conclusion today. I'm going to ask the hon. Member for Calgary-Montrose if he would consider that we've now dealt with this matter because there was a clear delegation of authority that was given by the Leader of the Official Opposition to the hon. member, who is the House leader of the Official Opposition. This happens all the time with the leader of the government, delegating this authority to one of the House leaders. They deal with the matter, and it's dealt with. No member of the opposition has come forward and said: "Look, that's not good enough. We want the other person in." This concept of delegation is something in there.

3:30

So I'm going to ask with a great deal of humility on behalf of the chair for the hon. Member for Calgary-Montrose to accept the apology extended by the hon. Official Opposition House Leader so that we can close this matter and go forward.

Mr. Pham: Thank you, Mr. Speaker. Above all people in the House I respect this House a lot, I don't believe in wasting time, I don't raise a point of order if it is not important, and I am readily willing to accept the apology from the opposition member. The reason that I refused to accept the delegated apology is because I have noticed a pattern of behaviour from the Leader of the Official Opposition. Day in and day out he keeps attacking people one after another, people in this House and people outside of this House. I, for one, would like to have him come in here to apologize personally to me so that at least he can understand that it is a serious issue, and he wouldn't do it again to another member.

But given what you say today, Mr. Speaker, and given the fact that we have spent enough valuable time of this House on this matter, I will accept your recommendation and accept the apology with the hope that somehow members of his caucus will relate to him that this is the last straw on the back of the camel. One more step, and we are not going to tolerate this kind of behaviour in this House.

The Speaker: Well, hon. member, okay. I'm going to conclude this case with everything but the last comment. I'm going to extend a caution to the hon. member. The hon. member in his concluding remark extended a threat, which is prohibited. Now I'm going to ask him to withdraw that last comment.

Mr. Pham: Mr. Speaker, I withdraw that comment.

Point of Order Challenging the Chair

The Speaker: Okay. Now we have to deal with a whole bunch of notes here that I got about what people heard and everything else, notes including from this person and up and down in the exercise program for the hon. Member for Edmonton-Beverly-Clareview. So, okay.

Sometime in here during this time the Speaker is in the chair. The Assembly is live. We're into the fourth question. The hon. leader of the third party is raising some questions, which I guess – well, we'll see where we go with this. After I had an exchange with the hon. Member for Edmonton-Beverly-Clareview, then I received a note from the hon. Member for Edmonton-Highlands-Norwood saying: I did it. Well, I got about 25 notes from other members saying: they both did it. So who should I deal with?

Hon. Member for Edmonton-Highlands-Norwood, I have all the text that I need. I have all the citations that I need. We can come to this very quickly if the hon. member wants to be recognized.

Mr. Mason: Thank you very much, Mr. Speaker. When I was asking my second supplemental of the Premier, I asked the question: "Is [the Premier] saying that he has nothing to apologize for when the serious concerns identified by this Auditor General were allowed to fester and build during [the Premier's] watch?" At which point, Mr. Speaker, you got up and ruled that out and said that it really didn't deal with policy. At least, that's the part of the ruling that I recollect.

Of course, Mr. Speaker, I take my responsibility of holding the government accountable very seriously. They make it very difficult from time to time, and I certainly was frustrated.

I did take this opportunity to look up the role of the Speaker in the House of Commons in *Beauchesne*. If I can just read sections 167 and 168.

167. The essential ingredient of the speakership is found in the status of the Speaker as a servant of the House. The Presiding Officer, while but a servant of the House, is entitled on all occasions to be treated with the greatest attention and respect by the individual Members because the office embodies the power, dignity, and honour of the House itself.

168. (1) The chief characteristics attached to the office of Speaker in the House of Commons are authority and impartiality. . . Confidence in the impartiality of the Speaker is an indispensable condition of the successful working of procedure, and many conventions exist which have as their object, not only to ensure the impartiality of the Speaker but also, to ensure that there is a general recognition of the Speaker's impartiality. The Speaker takes no part in debate in the House, and votes only when the Voices are equal, and then only in accordance with rules which preclude an expression of opinion on the merits of a question.

(2) In order to ensure complete impartiality the Speaker has usually relinquished all affiliation with any parliamentary party. The Speaker does not attend any party caucus nor take part in any outside partisan political activity.

Mr. Speaker, I just want to indicate that the comments that I made clearly violate those rules, and for that, I apologize to you and to the House.

The Speaker: Thank you very much. Before accepting the apology, I'd also draw to the attention of the hon. leader of the third party page 523, *House of Commons Procedure & Practice*, where it says: the Speaker may sentence hon. members to the gaol. I made that up. Okay? I made that up. It's okay. You're not going to jail.

Okay, hon. members, I take it there's approval of the members, then, to proceed to Orders of the Day, and when we get out of Orders of the Day, we're into the estimates. No difficulty with any of that with anybody?

Hon. Members: Agreed.

The Speaker: Okay. Thank you.

head: **Orders of the Day**
head: **Committee of Supply**

[Mr. Shariff in the chair]

The Deputy Chair: Hon. members, we'll call the committee to order.

head: **Main Estimates 2005-06**

Health and Wellness

The Deputy Chair: The hon. Minister for Health and Wellness.

Ms Evans: Thank you very much, Mr. Chairman. I want to introduce first of all members of staff that are in the gallery. They are here to make sure that we take down all the questions and that we provide written responses and clear responses to members of the Assembly: Deputy Minister Paddy Meade; assistant deputy ministers Annette Trimbee, Janet Skinner, and Bruce Perry; CEO of AADAC, Murray Finnerty; Peter Hegholz, the director of finance; Christine Shandro; and then, obviously, from my staff Mark Kastner, Michael DeBolt, and Alyssa Haunholter. Christine Powell is here to observe.

Mr. Speaker, I'd like to give a few general messages on the 2005-06 budget, and I'd like to condense some of my remarks, respectful of the fact that the hon. members opposite would obviously like to have an opportunity, a chance, or ask questions.

The budget this year for health is \$8.9 billion, an increase of \$707 million, or 8.6 per cent, over last year. Our nine regional health authorities and the Cancer Board and Mental Health Board will directly receive over 60 per cent of the total budget increase for enhanced base operating funding to provide accessible care to all Albertans. This will bring funding to the health authorities to over \$5.6 billion this year, up \$572 million so that they can continue providing health services and expand access. Within this amount is \$10 million to increase the number of nursing hours for patients in long-term care facilities.

Over \$1.7 billion will be spent on physician services, an increase of \$173 million. Of this physician services budget, \$30 million has been earmarked for hiring up to 150 new physicians, bringing the total number of physicians in Albertans to 5,775.

Almost \$60 million has been assigned to primary care initiatives throughout the province, with a 25 per cent increase in funding for the Cancer Board, which is an increase of almost \$48 million, to accommodate the high cost of many cancer drugs and high-quality patient care.

3:40

Over the next three years we'll spend \$25 million on a mental health innovation fund targeting particularly mental health issues for children and youth. The Mental Health Board will also receive almost \$2 million over last year's budget for province-wide services, including forensic psychiatry and tele-mental health.

Five hundred and sixty million dollars in capital financing has been allocated for the first year of a three-year \$1.6 billion capital plan for health facilities and equipment. This includes funding for the completion of the Alberta Children's hospital in Calgary and the Alberta Heart Institute in Edmonton.

The government has also committed support for two new capital projects, the Calgary south hospital project and the health sciences ambulatory learning centre project in Edmonton, a joint project with Alberta Advanced Education. The Calgary south hospital project and the health sciences ambulatory learning centre project will each exceed \$500 million.

There's an increase of \$72 million for ministry-sponsored nongroup health benefits, ensuring that Albertans not covered under a group plan, primarily seniors, continue to have access to supplementary health services, including prescription drug costs.

AADAC will receive \$74 million under this year's budget, an increase of \$8 million from last year. Four point two million dollars will be used to establish two new youth residential detoxification and treatment programs to help young Albertans break addictions to drugs and alcohol.

While the Health and Wellness budget itself is \$8.9 billion, when you include health-related spending by other ministries, the government's total spending on health will exceed \$9.5 billion this year.

Mr. Speaker, just an interesting fact is that while we spend over \$500 million for drugs in Health and Wellness, the total bill for drugs in the province of Alberta paid for by government exceeds \$1 billion, so it's certainly a very significant expense.

Altogether, Health and Wellness spends 37 per cent of the government's total expenses this year.

Recent accomplishments. I'd like to just highlight, Mr. Speaker, that the Health Symposium provided opportunities for all of the health providers throughout the province to attend and to learn together about the fact that there are no single solutions on health care. Improvements must be patient focused, evidence based. Solutions must meet our own society's expectations and values. An attitude of openness is necessary for new possibilities. Change in health care systems should be evolutionary and entrepreneurial. Collaboration among professionals is vital. Quality care is achieved when health teams learn together and act accordingly, and change must be focused on what will work and what will make a positive difference to the health of the population.

Other recent accomplishments which will signal the way for the work that we'll do this year include the Alberta hip and knee replacement pilot project, officially launched April 8. Systems improvements for 2004-05 funding will include a reduction in the time it takes to see an orthopedic specialist and an increased number of hip and knee surgeries.

Funding from last year's budget for the provincial stroke strategy was announced at the beginning of last month and will mean that in all parts of the province Albertans will receive leading-edge stroke mitigation clinical services. It also means that the number of strokes will hopefully be reduced in our province.

We've established an Ambulance Governance Advisory Council to determine a conclusive cost for transfer of services to health regions and to provide recommendations on any future governance or ambulance issues.

The ministry is also developing new continuing care health standards. As we have discussed over the last few days, these standards in draft form were redrafted last December and continue to be amended. We will consider input from all Members of the Legislative Assembly as we evolve and look forward to what the Albertans across Alberta will say in the review. The MLAs from Calgary-Foothills and Lacombe-Ponoka will be conducting that review to end at the end of August.

The priority this year, the target, will be to make sure that Albertans are healthy and that they have the best health and wellness records of anybody in the country. To provide support for this, we'll provide leadership and collaborate with partners on a number of fronts. The ministry will dedicate its efforts towards the three core businesses: advocating and providing education for healthy living, providing quality health and wellness services, and leading and participating in continuous improvement in the health system. In addition to our ongoing activities, we will be looking ahead to strengthening the public health risk management capacities as well as health system innovation.

As we develop Alberta's third way in health, which means improving the care system and making a good system even better, I want to reassure colleagues that publicly funded, basic medicare services will continue to be provided according to all the principles of the Canada Health Act, and no Albertan will be denied services in the province of Alberta based on need.

Our immediate government priorities, reinforced by the symposium, will continue to be: promoting wellness, particularly for

children and youth; advancing new standards in long-term care; advancing primary care supports; realizing improvements in mental health service delivery; and making electronic health records a robust reality by 2008. With other ministries, such as the Ministry of Education, the curriculum for physical activity will be introduced over this next year so that we will learn and the learner will learn at the very early stages of life how to maintain good health.

Our primary care initiatives will be established. At least 12 will be operational by this summer, and throughout Alberta where those are located, there will be 24/7 access for people who need health care at any time of the day. I believe, Mr. Chairman, that that will reduce the heavy imposition on emergency departments, who have at times been clogged with many important issues but definitely not always urgent.

Our priorities include promotion and prevention, expanding our community care, improving access, and watching and working on how we manage the growing cost of emerging technologies and pharmaceuticals. We'll work on health workforce recruitment and retention and continue to strengthen cross-ministry initiatives. We will be mindful of growth and the changing demographics and note, Mr. Chairman, that currently 10 per cent of Albertans are 65 years of age or over, and this percentage is expected to increase to 13 per cent by 2016 and 20 per cent by 2030.

Other challenges include the cost of emerging technologies and pharmaceuticals, workforce shortages, expectations for health service quality and increased health spending, public health risks, aboriginal health needs, mental health challenges, and addiction issues.

Mr. Chairman, according to the 2004 Alberta Health survey, 89 per cent of Albertans were satisfied with the way health services are provided; 74 per cent of Albertans indicated satisfaction with the health system in Alberta. While our system continues to receive high marks, we know that we must continue to improve and renew our system. The priorities in the months ahead will include the initiatives that have not been accomplished yet in the Mazankowski report, and we will work to emphasize wellness and strength in our collaboration.

Mr. Chairman, I look forward to answering the questions from the members opposite and from any Member of the Legislative Assembly and look forward, as well, to sending written responses to those that we're not able to answer entirely today.

Thank you.

The Deputy Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thanks very much, Mr. Chairman. I think it's been a very opportune time for both the Minister of Health and Wellness and for me as the Official Opposition critic to have the advantage of having not one but two wide-reaching, thoughtful, and sometimes provocative health information symposiums made available to us in the last week. First, the Friends of Medicare alternative conference, the weekend of April 30 and May 1, followed by the minister's own international Health Symposium.

3:50

So I just want to make a couple of contextual comments first, Mr. Chairman. I think that, essentially, our health care system is a good system. It has served us very well. By any measurement you choose to look at, we still come out looking very good in comparison to other countries, if that's important to you. I think what's important to most Albertans is that there is health service available to them when they need it and it's based on need, not on ability to pay. That's something very important to Albertans. So it's a system that does work for the most part.

I believe that it is sustainable, but I do believe that it needs updating. We have a number of systems that were put in place in the 1950s and '60s, very good programs, hard-fought-for, lots of debate at the time. Medicare is one of them. Our social safety net is another example, or welfare, or however you want to call it. They were put in place for very specific reasons at the time. We're 50 and 60 years beyond that, and we need to go back and re-examine and update that system.

I would suggest to you that the system that was set up for medicare in the late '50s or early '60s was a system that was directed at the catastrophic costs that they were trying to protect people from at the time. Those were directed towards the doctors' fees, not that doctors charged too much, but still for many people that was a hardship. It was also directed specifically at hospital costs, at acute-care costs. So we have the doctor as gatekeeper to the system and, also, how we pay the doctors and the hospitals, and that's really what medicare was set up for. I think what we have to do now is look at how we can make the acute-care system sustainable, because that's where our biggest costs still are: the hospital and delivery of acute health care.

So how do we make that more sustainable, and how do we deal with the larger context that we know is important today? When we bring in things like opening that funding model to capture and include things like wellness measures, prevention measures, and I'll also add reduction measures in there – if we can reduce the number of motor vehicle accidents, that would save us money in the acute-care wings, if you're following my reasoning here. So wellness, prevention, the social determinants of health: we are coming to see that those increasingly are important parts of how we deliver health care services. We must take into consideration the social determinants of health.

Also, two other things we need to include in that are management of chronic disease and end of life. That's where I will be looking to steer the minister and influence her if I can. That's where I think we need to go, and that's my vision of an updated Alberta health delivery model. So I'm looking to shift the emphasis, in other words.

[Ms Haley in the chair]

I think and I argue very strongly that all innovation that we need can be done inside the public health system. I'll be careful and strictly technical here, Madam Chairman, in that actually a lot of our delivery is, strictly speaking, in what we call the private system because it's not delivered directly by government any more. So in Alberta we have a system where everything, in fact, is delegated to the regional health authorities, and they now own the hospitals and deliver the health care system. So, strictly speaking, yeah, but we know that that's not the case. We view the regional health authorities as creatures of Health and Wellness, of the government itself.

So I continue to talk about public delivery of services. In that I include not-for-profit agencies many times because the purpose of their being is to deliver the service, not to make a profit. I make a very clear distinction between that public service delivery and a private venture, that is to raise money for stakeholders and for owners.

My argument around that is that the for-profit delivery does not make any of our situations better. It does not create or give us any more of the resources that we are finding limited. Having a private system in place does not give us more doctors. It doesn't. What happens is that doctors are taken out of the public system and go and work in the for-profit system. That doesn't give us more doctors, though. A for-profit system does not magically create doctors,

unless we're going to go into robotics in a heavy way here, and I haven't seen any sign of that. So it does not give us any more of what we need to actually run the system. It does not increase our capacity, our ability to deliver health care services at all. The arguments about reduced waiting lists are specious. They do not hold water.

I think one of the things that's important for us is to start making decisions based on evidence, and I heard the speaker say that. It's something both of us heard a lot: get the information and make your decisions based on the actual evidence, not on what we think is going on, or ideas, zombies that keep arising and walking around on the earth and really have no validity to them.

I also argue that the private, for-profit delivery of the system has a higher cost, in fact, and, if anything, creates a longer waiting list because it in many cases creates an artificial demand. It does use up the resources that are here, and in using those resources – you know, supply and demand – it drives the costs up. In the end it creates a higher cost system and doesn't contribute anything to make the system more accessible or, in fact, easier to do. You know, there are other things like cherry-picking and creaming and all of those things that we've heard about.

So I would argue for the minister that there are two things to do now. One is long-term care. Actually, since I wrote my notes, we've now had the Auditor General's report come out. I believe that there are a couple of things to do there. I believe the Auditor General has laid out very clearly where the problems are and what we need to address.

What I'm looking to the minister for is decisions and leadership about how we're going to fund this system because I think this system should be funded inside of the public system, and it's not right now. It's mostly outside. People are mostly on their own, and there actually are very definitive moves from the government to make it more on the outside, to reclassify people from a care situation, which has a medical model attached to it, to a housing situation, which has no medical model attached to it. It's a housing situation. Many people would believe that you are still under some kind of care. In fact, you're not. You're in a housing situation.

So we need to decide how we're going to pay for that, and it's possible that we want to look at things like: should we have a voucher system where the money follows the person no matter what kind of facility they're in? Or do we say: "You only get the money if you're in this kind of facility," or "You only get it if you're this kind of person"? That is one of the decisions that has to be made for us to move forward in this particular debate. So we need the information on how we're going to pay, and we need the information to make decisions on how we're going to plan for the future.

One of the zombies that keeps walking around is that the baby boomers, as they age, are going to crash the health care system. Wrong. Wrong. Wrong. Put that zombie back in the ground and drive a stake through its heart. It is wrong. What we know is that these baby boomers are healthier than every generation before them. They're stronger. They've got bigger bones. They've had a better diet their whole lives. They should at this point, given the amount of public knowledge, be able to know that they should lead a healthy lifestyle, they should avoid injury, et cetera, et cetera. So they are going to live longer, and they're going to be healthier as they age.

My grandfather was sick, sick, sick by the time he was 65. A 65 year old today, well, please. They're golfing. They're doing this. They're doing that. They're still working, most of them. I mean, 65 is not old anymore. They are very fit. Seventy-five: well, you're thinking of slowing down a bit more. Eighty-five: okay, now we're talking old. So our whole thought process about what's old and what's infirm and what's elderly has shifted by 20 years already. That's not crashing the system.

So as we get baby boomers that start to move into that retirement age – and I think it's 2011 or 2012 where they really start to hit that boom, that the bump on the screen moves into that age range – they're not going to be using health care resources at an enormous rate. Actually, the people that cost the health care system the most money are people that are so-called middle-aged who have catastrophic diseases that need extreme treatment in acute care. It's people who have cancer. It's people who need high intervention for life-ending diseases. That's what's expensive. It's not expensive to be old. It's expensive to be sick and middle-aged because we're going to get you better, but it's going to cost a lot of money to get you there.

4:00

I think one of the other things we need to look at immediately is staffing levels, particularly the long-term care. Now, I heard the minister talk about money going to that, but really the situation we've got right now is that staffing levels are at 1.9 hours per individual, almost two hours per person per day, but not quite. The government has made a commitment to move to 3.1 and then incrementally to move to 3.4, and I keep arguing that the long-term care sector has told us 3.6 to really get the job done. So I keep questioning: why the gap? What's the evidence behind the ministry's decision to go to 3.4 rather than 3.6? I want to know this. Because if that's what everybody in this sector is telling us, that's what the front-line workers are telling us, okay, where's the evidence that says we shouldn't do that? What's the evidence to tell us not to do the extra .2 an hour? I want to know that.

I think that the long-term care sector is a small sector, but it has a much bigger impact on all of our lives. I mean, really, we're not dealing with that many people that are sick and in care. Long-term care right now is 14,000 people, and there's an additional 4,000 and some odd people that are in some sort of associated care, whether we're calling it assisted living or supportive living, and those are some of the categories that are being redefined away from care and towards housing. So we're talking 18,000 people in the province, 18,000 and change, a significant population but not a huge population.

I think we have to be very clear about the standards, which we know are problematic right now. Work has to be done on that very quickly. We have to look at the appropriate medical and nonmedical accommodation. That's my conversation about medical care versus housing. We have to be careful about that because I don't think this should be about off-loading onto individuals, which this government has been very keen on doing: individual responsibility and people really want to look after themselves, so we're going to let them do that. I think that if the public really understood that that was the outcome of the government decision-making process, they would not be in favour of it. But, you know, let's find out. Let's get the decision. Let's get the evidence.

I think we have to be very, very careful. First of all, I think the province should be building the long-term care facilities. I do not think they should be built by private providers, period. End of discussion. If it's long-term care, I think it should be in the public system. I think we have to be very careful with our regulations – and, again, I would prefer to see it in the public system – on what I would call the old-style lodge accommodation, where people actually didn't need medical help. They just didn't want to do the dishes and the cooking and the shoveling and everything. They were happy to live in a room in a communal setting with other people, with meals provided and laundry done, but they had the freedom to come and go as they wished. That is a housing kind of situation.

We have to be very careful to regulate that because when things go wrong, the public looks at us and goes: "You were the only ones

that were in a position to look after us here, to make sure we were protected. Why didn't you do that? Why did you abdicate your responsibility?" We have to put those regulations in place, we have to monitor them, and we have to enforce them. We are the only ones that can do that. Expecting the private sector to police themselves or monitor or whatever you want to call it does not happen. That is evidence, and we've got lots of it to show us that it does not happen. So that's another place we fall down. Evidence-based planning and decision-making: gather the information where we don't have it.

Workforce planning, I think, is really important, not only around, you know, how are we going to provide – we're behind on capacity right now for health workforce. Even with the plans that are announced by the minister, that will not get us anywhere close to the number of people that we need.

One of the specific questions I have here is: what is the number of physicians per thousand that we will now be at by what date? The minister announced, "Well, we're going to hire new physicians, and that gets us to 5,000 in the province," I think I heard her say, or something like that. Well, how many is that per thousand, because that's the rate that the rest of the countries go on, and there's a variation there between, like, seven and nine, I think, per thousand. So give us a benchmark where we can compare ourselves to other places and, indeed, look at ourselves and figure out if that's what we want.

So workforce planning, I think, is very important, not only the doctors but also the team profession. This is where I go back to arguing about the way we pay doctors and the idea of doctor as gatekeeper. That's part of the 1950s model that we need to move away from and must move away from if we are going to open that system up and add in things like wellness and prevention and chronic care management and social determinants of health and end-of-life care. We're trying to do it now, and we still have that bottleneck – and that's not the word I want to use, but it's the only one on my tongue right now – of going through the doctor as gatekeeper as to who gets services.

We have to open that model up to include nurses, nurse practitioners, LPNs, dietitians, therapists, pharmacists – a much underused health professional resource – technicians, radiologists, counsellors. There's a whole host of people that are trained and trained well to contribute to the health care system, and we don't let them do very much. We spend a lot of money training them, and we have one person where everything sort of has to funnel through them. My argument is: have the doctors do what only doctors can do because you've got all the rest of these people to pull from to do everything else.

We don't have to have doctors doing triage, for example. Nurse practitioners can do it. Why do we have a doctor doing it? Counsellors, for example. There are a lot of possibilities there. So workforce management is very important. I'll come back to that. I'm going to have to get up and speak again. I want to talk about midwifery and its place in this.

I know that we're looking at the local primary care initiatives, and that is the beginning of the idea. Those are the pilot projects that are going to lead us into the future. But that program in itself is still set up with doctor as gatekeeper, and we've got to move away from that. Part of it is the way we pay doctors, and we have to acknowledge that they do more training, they need to be able to pay off their debts, and they need to be paid for their position and their knowledge and their responsibility. Absolutely. We need to acknowledge that. I don't want to take anything away from the doctors on that. But we also need to move to a new model. This is where the old model bottlenecks for us. That's what we've got to work at changing, and it isn't going to be easy. You've got my sympathy, Madam Minister.

I think we need to vigorously pursue pharmacare policies because pharmacare and new technology are the two burgeoning new costs to the health care system. Acute care was our old big cost. It's still there, and we can reduce that or make it sustainable, but pharmaceuticals and technology are the big new costs. We have to work hard at not controlling and not rationing but managing what's happening there. We could be doing things we're not, like we could be negotiating for large bulk buys on pharmaceuticals and negotiating hard.

When you look at the purchase of Cipro, for example, by the federal government a few years back when we were worried about SARS, they managed to work that from, you know, several dollars a pill down to less than a buck. Well, yeah. Because they were buying that much medication, they could argue to negotiate that price down. We're not doing that, and we should be. So it's one area that we've totally left alone that we need to look at.

We need to look very carefully at: how much does it cost really? What are the outcomes that we expect to get? We've been all over the board. I've said before – and it sounds a little odd, but it's true – we have too much money in this province for good health care. We're able to throw a little money here, throw a little money there, and whoever was arguing for whatever is happy, and on we go tootling along. If we were strapped for money, we would make much better decisions based on much better evidence about where we needed to take our health care system, but because we're not strapped for money, we're not forced into the situation where we have to make those calls.

I'll look for another opportunity to speak immediately following the minister's response. Thank you.

Ms Evans: Well, I'll be brief. I am, I think, very privileged to have a critic that spends as much time as the hon. Member for Edmonton-Centre does both in pursuit of finding out information and doing an analysis of it. We did share a table together in Calgary and shared many of the same experiences and the same perspectives, and I think that's entirely positive.

I will provide in writing the number of positions per thousand, just citing that our current workforce statistics are not broken down that way. Over the past three years a net gain of 600 doctors. We've gained more than 2,000 registered nurses between 2000 and 2003 and, obviously, need to do more there. We also expect to grow by a hundred pharmacists per year. We have currently 3,200 pharmacists practising in Alberta. Our postsecondary seats dedicated to health care are up 20 per cent since 1998-99, and the Alberta provincial nominee program has helped regional health authorities recruit 223 foreign-trained physicians.

4:10

Now, I am just given notice that there will be two doctors per thousand people in 2005-06, and I think that along with our primary care centres, hopefully, and the better use of nurse practitioners – and I noted that the hon. Minister of Finance was enthusiastic about that and initiated that program, so we're going to continue to work on that.

I'll just make one other observation. Relative to the high cost of drugs and some of the issues surrounding the drugs, I believe that what we're currently doing to analyze the clinical trials and to keep pace with the common drug review extensions will enable us to be more quality- and consistency-focused on what is proper. I'd also comment that we're looking at implementing a new generic price policy so that generics must be 70 per cent or less than the brand price, and subsequent generics must offer a 63 per cent discount from brand price. These kinds of innovative things, including large volume purchasing, may help us in fact curb some of our drug costs.

I look forward to the member's additional questions, and we'll take that from there.

The Acting Chair: The hon. member.

Ms Blakeman: Thank you very much, Madam Chair. I'll just finish off my last sort of overall discussion. The last part of that updating of the health care system is the social determinants of health. The example that I use is, you know, that I can take any woman off the street with a good education and a great job and good health and a wonderful family and supportive community involvement. If I take away her job, if I take away her home – put her on the street and make her homeless – if I diminish the value of her education, if I take away her family or her social supports, that woman will be in need of health care intervention within a year because you cannot keep your health under those circumstances. You cannot stay healthy being homeless. You cannot stay healthy. For example, if you end up with a mental health problem, a mental health disease, you're not healthy, and that causes another series of problems.

[Mr. Shariff in the chair]

We have to stop looking at health care as a supply challenge but also look at the demand side for health care and reducing demand. A big part of reducing demand on the health care system is looking at those affiliated social determinants of health, and that is about housing, that is about transitional housing, that is about treatment centres for people who have alcohol and drug addictions or who are coming out of a domestic battering situation. That is about looking at education and accessibility. It is about the minimum wage because that drives a lot of other wage functions. It is about your social benefit programs.

So we need to look at that, you know, and I think ultimately it's going to be women that change this system because we're more interested in matrix systems. Oh, look at that. It's even in the name. We understand that those things are connected, and if you want to change a bunch of them, you're going to have to look at that whole system.

In particular, one of the things that we know – and let's talk evidence again – is that a dollar invested in early childhood, before the age of six, which is why you have programs like Success by Six, will save you \$7 down the road in your health care system, and some of it is saved in corrections and policing. That's a lot of money, Mr. Chairman.

Now, if we want to reduce having to supply so much, reduce the demand, and that's one of the places that you can do it. It's difficult the way this government is structured right now because increasingly the modern problems we look at are multidisciplinary. You're working with a structure right now that works against the new age, the new day because your departments are siloed, are compartmentalized in a way that does not allow you to work back and forth on this stuff. So if you really want to contain health care, you've got to work with kids, you've got to work with education, you've got to work with housing. You know, I've been trying to get funding for sexual assault centres. It's totally all over the place. It's in four different ministries. No wonder I can't get something happening there, but we'll get that.

Okay. I want to move on and look at midwifery. I know that the minister is interested in this. Again, I think a lot of this has to do with recognizing the midwives as an integral part of the health care delivery team, and that has to do with taking the docs away from being the gatekeeper quite so specifically. I have talked with members of the midwifery promotion sector, if I can call it that, advocates. That's a better way to put it. Their point is – and it's an

old point, and it's worth making again – childbirth is not a disease. It's not bad health. It actually is a natural process. And you know what? Women can do it on their own if they really have to.

We tend to medicalize it, and we shouldn't. I've used costs in the House before where it's \$2,800 for a midwife-assisted – and you get lots more services in that bundle – and \$4,100 for a hospital delivery, and you don't get post- and pre-support with that. That's strictly the hospital and the operating room and the doctor and the scrub nurses and the rest that go along with that. So, again, can we do something? It's not about more supply; it's about decreasing the demand on the system, and there's a way to do it.

A point that I want to raise under this is the local primary care initiatives and full funding. What they're suggesting now is that maybe we shouldn't be paying all of the costs under health care for midwifery. That's something I've advocated for years: I want to see the full costs of midwifery covered under health care. These groups are now going: you know, maybe people will be more willing to move this forward if not all the costs are under that. Well, I'm not buying that argument so much, but I know that it's a consideration this group wants the minister to make. They state that consumers are prepared to have a partial funding model, and maybe this could be incremental. I guess I'd be willing to go there if it was incremental.

I would like to argue that midwives should be the gatekeepers of the maternity care services in order for the government to reap the biggest cost savings, and again this could work into the LPCI model. I do; I think midwives should be the gatekeepers of that particular section. It's not medical; it's not bad; it's not a disease. The system, the process of assistance that's available that thinks that way is the midwifery system. Our health care system regards it as a disease. So let's go to the people that are thinking along a track we want to move.

I think that consumers and midwives should be consulted regarding funding models. One of the other issues we need to look at – and again it ties in with education – is the establishment of the education and training programs necessary to sustain the profession. We had midwives that came into it. They've taken us through until today. Some of them are getting ready to retire. The new ones aren't going into it because they look at where we are in Alberta and go: "Why? For that amount of grief? Forget it." They're out of here, or they never go into it. So we need some kind of program that's available and developed through the universities that people can be accessing. If it's, you know, a nursing degree in midwifery, fine. But we need to set that up as quickly as possible to get that flowing through because, again, it's about capacity and we don't have enough of them.

The IMSEP results should be publicly released, and I had asked the minister that in a question a couple of Thursdays ago. Also, I think I was arguing to have a consumer representative put back on that committee.

4:20

The Midwifery Health Discipline Committee is the regulatory body. The position of a consumer representative representing – oh, that would be the women. That position was cut in 2002. You know, Madam Minister, I think that should go back. That should be restored. Come on. It just seems bizarre to me to have a committee that's deciding on midwifery disciplines and not have a woman, a consumer representative, on the committee. So I'll ask that that go back on.

An Hon. Member: Are you going to want an opposition member?

Ms Blakeman: Yeah. Well, we have an opposition member that is a nurse, so if you want to keep it in the Assembly, there's a sugges-

Availability of GPs. Again, this is a capacity problem. I'll just make a note. You know, my father phoned me up because I sent him to the Capital Health Link. Excellent program. Excellent innovation. Guess what, Mr. Chairman? It's come out of the public system. It's come out of the Capital health authority. So, again, a good example of innovation, something that works, evidence-based innovations coming out of the public system.

I sent him there because I noticed a pamphlet about finding a family physician accepting new patients by going to the website. He did and then phoned me and said: well, you were allowed to put in how many kilometres you were willing to travel in order to find a GP for yourself. They kept getting their search wider and wider and wider, and finally he had said unlimited, which was up to 99 kilometres away from where he lived, and there was still no one accepting new patients. So we have a huge capacity problem.

There are three ways to address that. Get more doctors through the training system and out and working, better foreign qualifications and getting people that are already trained as doctors in other countries up and working here. There are a number of not too difficult ways to be doing that, including the foreign qualifications, but also some local things that we require specifically here, like the Bar Association says that you have to know our rules and our way of doing things and our equipment, and then we'll test you for here and you're good to practise law in Alberta. We need this same kind of situation for foreign qualification. The last thing is reducing the need for doctors. I keep saying that we're making doctors do stuff that somebody else could be doing. So, again, we do want more supply in that case but less demand on the doctors where they could be doing other things.

Home care. This is another area, and I would be very interested in what information we have on that and where the gaps are. Identify where the gaps are and get the evidence we can make good decisions on. I have always believed in the idea that good home care delivered will help people stay healthy in their homes, and that's where they really want to be. We're delivering home-care services, and they don't seem to be working to keep people at home, and there are a lot of complaints about the system. I think there's confusion sometimes between home care and housekeeping, and we need to understand that and understand what people really need to stay at home and stay healthy.

Frankly, I can tell you that if my grandmother was in her own home but there was a dirty floor, that woman was not going to stay healthy and stay off her hip the way she'd been told by her doctor. She's going to get on her hands and knees and clean the g-d floor. So why are we saying to her, "I'm sorry, ma'am, but you can't get housekeeping services; no one will come and clean your floor?" Well, think. You know, we've got to start tracking this through in a logical manner rather than just saying: no, we've decided that as long as you've got two legs, you don't get housekeeping services unless you pay for it. We need to start looking at what's actually affecting people's lives. Again I'm talking about evidence-based decision-making.

You know, I had an e-mail from someone – and I know that she's contacted both the minister and the minister of seniors – talking about a neighbour who ended up with a fractured wrist and went into the hospital, was sent home even though she wasn't feeling well. Nobody to help her, and home care wasn't even suggested to her. I think that was just an anomaly and they didn't question her enough to establish home-care needs, but I've found out a lot of time that home care has been rationed. We need to be careful about the allocation of this. If we want to cut acute-care demand, then we're going to have to reallocate for home care, which is a lot cheaper than acute care. There's an example from Nellie Samek.

The issue around the ambulances. I'm wondering if we can get an update on that and find out where we are and how that's all going to be resolved. It frightens people. It's an integral part of what most people consider delivery of health service. I mean, honestly, if you're in a car accident on the side of the road, what are you going to do? You know, teletransport to get to the hospital? No. You expect that there will be ambulance service available to you, and people do regard it as part of our health service delivery. So I'd like to hear what the specific plans are and what the timelines are on that.

One e-mail I've got here – and it looks like it was sent to every single member in the House – is that, you know, we were told clearly how much ambulance services would cost. With the amount of the surplus that we've got, why are we not funding this? He points out: it's a mere 3.587 per cent of the surplus; keep your promise.

Just a couple of questions around long-term care again. The Broda report is coming back into our consciousness now that we're relooking at long-term care, and that Broda report was in '99. I'd like to know since the Broda report in '99 how many spaces have been created in long-term care in general, and can I get specifics from the minister on if they're privately built and owned and then how they're managed, which is a separate question. Are they managed by a private, for-profit management organization, or are they operated by not-for-profit agencies?

I've talked about this move away from medical care to a housing model, towards supportive housing and assisted living. How many additional spaces were added in facilities that are not governed by the Nursing Homes Act? How many more, basically housing, do we have? I'm sorry; the minister is going to have to talk to her colleague on this one I think, but I imagine that they were probably applied for or may have had money under the umbrella of the Nursing Homes Act. We just need to know where we are with that.

I had a specific question about podiatry. I keep wondering, Madam Minister, if you can help me to understand why that was privatized. To me, if there is a medical reason why someone needs either prosthetics or assistance there or, in fact, operations or adjustments physically, why is that not covered? Now, it might be as simple as it's not in the Canada Health Act, and therefore we're not required to do it, but we can make choices here about what kind of service delivery we give.

Part of my concern about this is that I'm hearing from people, podiatrists in fact. We particularly end up with foot problems in people with diabetes. I guess this is falling under the heading I laid out in the beginning about chronic disease management. I'm wondering how we get further ahead by not making sure that diabetics are managed in such a way that their feet stay healthy. If we get to the point where there are operations and then those operations may or may not be covered – you know, the doctors that specialize in this area seem to be, from some of the things I've heard, delivering the service anyway and they're not being paid for it, and I think we need to be a bit more careful about what's happening here. I'd like the minister to have a look at that area and be able to report back to us on whether that's being considered in the future. What is being done especially around the diabetes chronic management?

Physiotherapy is another area that gets captured under that, I think, because again it's something that reduces the demand on the system if we can address it there rather than increasing the supply of the more expensive care further down the road.

4:30

Okay. Pharmacare: I raised it earlier, and the minister had responded to it somewhat about what was being considered. I know that there are a couple of agreements that the FPT ministers are

working on for a sort of national program. If we could get some details on how that's all going to work out and what the timeline is.

I also have some questions about mental health. The mental health innovation fund is receiving \$25 million a year for each of the three years. How will this money be used to ensure that appropriate supports and mechanisms are in place to allow the transfers of patients from hospitals into the community? What's the specific plan there? What are the outcomes that are being sought? What steps are involved in integrating mental health services into the overall health care system? Of course, for me: what reports, standards, or best practices are the regional health authorities using to develop local initiatives with funding from this particular innovation fund?

Dr. Swann: Early intervention for prevention of mental health conditions.

Ms Blakeman: For mental health, early intervention? Ah, child mental health.

The minister and I both heard that children have mental health, and if it's not treated and they're not assisted, they just end up as adults with mental health problems. If we're talking early intervention, there's an excellent way to do it. I know that the minister heard that one loud and clear, so I'm interested in her outlining those specifics as well.

This is an oddball one. Can the minister explain why the nongroup health benefits are increasing by such a substantial amount this year?

That's my time. I know that there are others that are anxious to add questions. Thank you.

Mrs. McClellan: Mr. Chairman, I want to just make a very few comments. I usually do not comment or get too involved in the health debate, but I did want to. I've listened to the debate with interest. It's hard to keep your mind away from this debate because it's paramount to all of us, even though some of us have been more closely connected. I'm also very encouraged by the quality of the debate this afternoon. Interestingly enough, we agree on many things.

We agree on the need to ensure that practitioners and medical personnel can practise to the level of their education and expertise, and of course a lot of work has been done in that area. Nurse practitioners were mentioned, and I think that is a proud moment in our health history, where nurses who were called upon to deliver services in difficult situations now have not only the training and education but the necessary protection from liability for performing those services.

Because there's been a lot of discussion on long-term care and supportive living, I wanted to just share with members a couple of perspectives. I've had the opportunity in the last two weeks, Mr. Chairman, to visit a number of those facilities because we have a number of people who have reached the wonderful age of 100, and what an experience. I have to say that the first one that I visited . . .

The Deputy Chair: The hon. minister.

Mrs. McClellan: Yes. It's okay.

The Deputy Chair: No, it's not okay. The "not okay" part is that we are considering estimates for the Department of Health and Wellness, and the debate that occurs at this stage is between the minister and members of the Assembly but does not include members of Executive Council as per the Standing Orders.

Mrs. McClellan: Oh, I didn't know that.

The Deputy Chair: Yes. That correction has been made for me, and therefore I'm sorry. I regret to interrupt. However, if you were speaking on behalf of the Minister for Health and Wellness, that would have been different. But that's not the case, so I have to revert to the minister of health.

Mrs. McClellan: Well, I stand corrected, Mr. Chairman. I apologize. It's not the first time I've spoken in estimates, but it probably will be the last.

The Deputy Chair: Well, there have been very eager people reading the Standing Orders and coming back to me.

Mrs. McClellan: Thank you very much for that. I'll have the opportunity to share those comments with people during appropriations debate because I think they'll be most interested.

Thank you.

The Deputy Chair: Thank you.

Ms Evans: Mr. Chairman, I think the enthusiasm of my predecessor here was that there were so many common areas of agreement that could continue.

Could I just briefly say a couple of things? I'm going to get more written comments provided on the issue of midwives. I should indicate to the hon. members that two of my five grandchildren were born with the use of midwives, and after hearing the hon. member opposite discuss that, my son reminded me of their valued service. So we have to say more.

I'm also engaged in a review of eldercare in Canada from my own private literature review. On home care there are not always the same statistics of success. For example, in Saskatchewan they found that many families were not able to assume the responsibility of home care. What I really like is when people use a navigator in the system to find out what people's needs are and we integrate that service delivery not only, for example in Calgary, with family and community support services or community development services at the municipal level, but we really work hard to make sure that home care services delivered by Health and Wellness are filling the gaps.

I think that the issues we've had, for example with congestive heart failure, where many return to the hospital because they haven't had that extra support, and the issue that the hon. member has described with her grandmother, who would work hard and should have that extra support, are issues that I, too, share. So we're going to have to do better. I'm hoping in this review of the continuing care standards that we assess what those needs are in home care as well as those care options in long-term care because it's got to be in some respects one and the same thing. You can't separate the two.

On ambulance: just a brief update. The governance review is going along very well, but my suggestion is that we will hear from them by the end of August about what they are recommending for governance. I would suspect that we will be continuing to maintain the same supports this year, looking forward to their recommendations next year given the results of the pilots. I've had no formal notification since their last meeting, but I will provide that to this Assembly very soon.

We'll also provide the number of new spaces that have been either provided through the private sector or in any capacity in terms of housing, those that are covered under the Nursing Homes Act.

Relative to podiatrists and the allied services that are provided and funded in Alberta Health, from time to time people remind me that

we spend almost \$2 billion in terms of serving people that are not strictly mandated under the Canada Health Act, and we do that because we know that in many respects we improve their health so that they are less likely to need the system. So I will endeavour to provide a little bit more relative to physiotherapy.

Mr. Speaker, I could wax on about mental health, but I'll just say that my own reason for putting in this innovative fund was exactly so that people like Fraser Mustard who have some wonderful ideas about how the ministries of learning and Children's Services, those that are engaged in the social determinants of health, should be putting things forward.

One of the reasons it wasn't left with the integrated service delivery at the regional health authorities is that I wanted to keep a grip on it, take a look at what was being done, see if we're getting the outcomes because my frustrations when I was in the previous ministry were that frequently we couldn't connect the people that needed the service. Only the wealthy were able to get service delivery. Those that were really floundering either in schools or in community agencies were never able to access the service. Unless they came in as child welfare, little ones, sometimes then they would get them, but they wouldn't always. We've got to improve that, and that's the very reason for having it still monitored through the ministry.

The nongroup health benefits. I could talk about that, but I'd really rather get your questions, so we will send you those answers. I promise.

4:40

Chair's Ruling Speaking Order

The Deputy Chair: Hon. members, just for clarification purposes, on the previous interruption that I had with the Deputy Premier, Standing Order 58(3)(a) allows the first hour of debate to occur between the minister and members of the opposition or if somebody else is acting on behalf of the minister; 58(3)(b) says that in the next hour "any member may speak thereafter." So if there were no other private members wishing to participate, the chair would be willing to recognize the Deputy Premier, should she choose to speak.

We have now just passed that one-hour timeline, so I will recognize the hon. Member for Edmonton-Highlands-Norwood, following which, after the minister, if the Deputy Premier wishes to participate, I will recognize her.

The hon. Member for Edmonton-Highlands-Norwood.

Debate Continued

Mr. Mason: Thank you very much, Mr. Chairman. I appreciate that, and I'm pleased to rise to speak to the estimates for the Department of Health and Wellness.

I guess I want to start with the Health Symposium that took place in Calgary last weekend. I have to say that I was pleasantly surprised that there was a mix of views and experts at the symposium. I have to admit that I thought the government would stack it with a bunch of privatizers, but they didn't. It was interesting, and I learned a great deal, and I think the minister probably did too.

There were a number of assumptions that, I think, were refuted by different speakers there. One of them was that health care costs are driven by the behaviour of health consumers. One of the people there made quite a compelling case that, in fact, it's the behaviour of the people in the health care system itself and their consumers' response to them that really is driving a lot of the increase in health care costs. That would seem to undermine the argument that we need to try and restrict health care consumer behaviour, access to

services, or to provide some sort of a charge to them in one way or another that would deter them from using it.

It's really things like the pharmaceutical companies advertising to doctors and doctors, you know, prescribing or recommending medication where it's not necessarily needed or more expensive kinds, and so on. I thought that was very interesting. I came away with a clear conclusion that the general consensus, not the universal but the general consensus of the people there was that increased privatization, increased private delivery in the health care system will drive your costs up. I was also quite gratified that the minister in her closing news conference reflected that view and confirmed that that was what she heard as well.

Which sort of brings me to the government's plans for the third way. You know, I am very curious if the government is taking into account the actual experience with private versus public delivery within Alberta. The government has already been playing with this, particularly in Calgary. The health authority in Calgary has provided a lot more in the way of private delivery. I'd like to know the minister's observations on the results that we've seen.

We've seen, for example, longer waiting lists in private delivery in Calgary for things like hip replacements. We've seen higher costs in private delivery for things like eye surgery, and so on. I think this information – I'm sure the minister is familiar with it. We're using government information on some of these things. Is the government then going to say, you know, that based on the experience we have here in this province with higher costs and longer waiting times with private delivery, it's not the way forward for Alberta?

Certainly, I'm very interested in how that can be reconciled with the Deputy Premier's speech at the beginning of the conference that the Mazankowski report still represented the best blueprint for health care reform in the future. There are many positive things in the Mazankowski report, but there are certain elements that are core to the Mazankowski report, including increased health care premiums, delisting of services, and increased private delivery. Those are things that are clearly in the Mazankowski report, and I would like to hear the minister's views on whether that is actually the way forward for Alberta or whether that represents, in her view, the best way forward for Alberta in health care reform.

I want to ask a little bit about drug costs. One of the biggest drivers of costs in health care in all systems is drug costs. One of the proposals that we have made and I think has been fairly well received – and we heard a little bit about it at the symposium as well – is not necessarily a big expensive pharmacare program where all drugs are covered under medicare but, as a first step, trying to get control of the high cost of drugs. You know, the pharmaceutical corporations are the most profitable corporations on earth. They're more profitable than arms manufacturers; they're more profitable than any other kind of corporation. They spend more on marketing and advertising than they do on research, so there are huge overhead costs.

In New Zealand they introduced a program where they bulk buy all of the drugs, and they use generics wherever possible. We already do that in some cases – I'm aware of that – but, also, if the government could use their marketing power to get deals for lower prices by bulk buying as well as using generic. In New Zealand I think they've been able to shave 7 or 8 per cent off their total health care costs by doing this. I know there are some proposals for doing that nationally, and maybe the minister can update us on that. Certainly, if there's not enough progress nationally, it's something that Alberta could do and really get control of costs.

Another thing that I heard has to do with the social determinants of health, and there was quite a bit of discussion about that. We started off by saying, you know, if we all quit smoking, if we all go

to clubs, and then maybe the government would subsidize people going to clubs – that's going to affect a certain strata of society that already has fairly good health. The real question and the real determinant of health is being poor, and I think there's general knowledge about that. So some social approaches to improving health overall has to involve the kinds of social programs and building some equity in the province. Basically, fighting for good health also involves a fight against poverty. I wonder if the minister could comment on some of those things.

Before I sit down I want to at least do a commercial for the NDP opposition's public hearings on health care. We held public health care hearings in Lethbridge, Calgary, Edmonton, and Grande Prairie, and we heard from a large number of people, including organizations, but many people who were just ordinary citizens. We had over 150 people. We heard from native health organizations, people doing drug education, and so on. Certainly, what we heard is that the public wants to be more involved in health care, and they want it to be properly funded, but they're very, very leery of things like increases in health care premiums, more private delivery, and so on. So maybe we're just talking to the converted – and that's been a criticism – but we did hear from many people we had never seen before, and they came and talked about it.

They also talked about changes to physiotherapy – that was a big theme – and the cuts to physiotherapy being a very, very difficult change. It's certainly a preventative type of therapy, and if we invested in that, we could bring down our costs and ensure greater health.

4:50

I guess, in conclusion, Mr. Chairman, I've come to the conclusion that there's a great convergence between building a public health care system with a strong emphasis on prevention and social determinants and saving costs. To try and save costs in the health care system by increasing the amount of private delivery is a bit like, you know, going on a diet of ice cream. You're not going to get the results you want. I'd like to know if the minister agrees with that, quite frankly, because the direction under the third way is still fairly obscure, and certainly inquiring minds want to know what the minister and the government have in mind.

Thank you.

Ms Evans: Mr. Speaker, I believe that the Member for Calgary-Varsity perhaps might want to table his questions, and then I can take them all together if you wish.

The Deputy Chair: Okay.

The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you. Did you wish to respond first or respond later? It doesn't matter to me.

The Deputy Chair: The minister is indicating that she wouldn't mind having all the questions on record, and if time permits, she'll deal with them at the end.

Mr. Chase: Oh. My understanding is that there's still time within the discussion, and therefore I'd like to use whatever time remains for me to do that.

The Deputy Chair: You've got your 20 minutes.

Mr. Chase: Thank you. To clarify: what time do I have?

The Deputy Chair: You'll have the full 20 minutes, sir.

Mr. Chase: Oh. Okay. Thank you very much.

I want to begin by basically recognizing that the hon. minister not only has a good heart, but she's a person of demonstrated conviction. I very much applaud and appreciate your stance on the smoking ban bill. To me, it was a brave action that you took along with the hon. former minister of health, and that gives me hope that you're taking on this role in a very strong manner.

Very quickly. History, 1994. This government decided that the ultimate thing that had to be done was to pay down the debt. As a result, the government unfortunately took on Sir Roger Douglas's recommendations to cut quick, cut dirty, and basically damn the consequences. Calgary was particularly badly hit, but it wasn't Calgary alone. As the hon. Member for Lac La Biche-St. Paul mentioned yesterday, rural areas were affected by decisions that were made back in 1994.

What happened then and by 1996 – well, 1994 to start with. We had Minister Dinning and Minister West at that time. They were in charge of the cuts, and 10,000 people were cut out of the civil service or the provincial employees service. Among those employees were a number that were in regulatory positions: people who were in charge of meat inspections, who were in charge of construction, monitoring job sites, and so on. And I would suggest that partly because we got into this mode of self-regulation rather than external government regulation, the regulation was not being handled satisfactorily. I do believe that a lot of the accidents that have happened on construction sites are because there hasn't been sufficient external government monitoring. So we've had an increase in injuries.

By 1996 in Calgary we saw half of our hospitals taken off-line. The General was blown up, the Holy Cross was sold for a fraction of its worth, and following the Holy Cross sale, we also, unfortunately, sold off the Grace hospital. In the Grace hospital's place, in the same facility, we now have private hip operations taking place at a premium of 10 per cent. [interjections] I'm not sure why we're cheering an increase of 10 per cent in a private facility that we're paying for publicly.

An Hon. Member: Reduce the waiting list.

Mr. Chase: Well, actually, it doesn't decrease the waiting list. It has had no effect on the reduction of the waiting list.

What has happened, unfortunately, is that waiting lists have increased because we lost the operating facilities in three of our hospitals. Not only did we lose that space, but in so doing, we lost the professionals that operated in those spaces. No operating room, no doctor. That was the result. We lost pharmacists; we lost lab technicians. We lost a number of health providers.

Another problem that we faced with these closures of the hospitals was ambulance delivery times. The ambulance response times were basically doubled because we had only one-half as many places to bring patients to. It slowed down the system.

We have attempted to address the problem through funding. What happened was that we increased health care premiums/taxes by 35 per cent. There was no proportional increase in efficiency. Up until this last breakdown of allowing seniors off the hook, we were basically collecting almost a billion dollars' worth of health care premiums. We're one of the very few provinces that charge citizens for these premiums. Given our wealth of resources, I'm not sure why we have that need. We seem to think that simply by charging people, we're going to make them more accountable and responsible. I think there are better ways of initiating responsibility.

Not only did we increase premiums for the regular crowd, but as mentioned in yesterday's discussions, we upped the cost of long-term care facilities for seniors by 50 per cent, and again there was no appreciable improvement in services. In fact, what we're seeing in that delivery of health care for seniors is RNs being laid off in a desperate attempt to maintain a financial balance and LPNs taking their place. What we don't have is the right combination.

We heard yesterday about how we're having trouble attracting physicians rurally. We're still facing a physician shortage in the urban areas as well. An example most important to me is trying to find a pediatrician for my grandson. That was very difficult to do.

One of the areas where the government has experimented, that again has its shortcomings, is P3s. I am very relieved that the Sheldon Chumir health centre, or the Health on 12th, is no longer being considered as a P3. I very much appreciate that fact. A question for the minister would be: could she please let us know if money has been allotted for that facility and if there's been a time commitment for that facility? I would very much appreciate knowing that.

One of the areas that I had a chance to tour with the CHR was the SouthLink health centre, and I want to say that it's an amazing centre. The unfortunate part is that we don't own it. We're just simply leasing space. The provincial government gave the Calgary health region \$20 million and said, "Build an urgent care centre in the north and the south," and the CHR replied, "That's not enough." So they made the decision to have a single facility built. They purchased the land for just slightly under 3 and a half million dollars, but then they made an arrangement with Bentall Real Estate to build the facility in a P3 format. Bentall Real Estate, basically, turned over about 3 and a half million dollars to the health region for the purchase of that land. The reason I keep mentioning this 3 and a half million dollars: Bentall's requirement was that they would just build a generic building because they were thinking about what do they do 10 years from now. Does it have to be strictly a health care delivery building?

5:00

So what happened was in order for the Calgary health region to use that private space and deliver the needed health care services, they put in 3 and a half million dollars of renovations. In other words, they gave Bentall back the money that Bentall had given them to buy the building to renovate this private space so that it could serve the purpose. So we use public money to renovate a private space.

That SouthLink health centre is top of the line. It's wonderful. It's a great facility. For the money we are spending in terms of \$10 million to lease it for the next 10 years and that 3 and a half million dollars to convert it to a health care facility from a generic office building, we could have owned that building, and we could have continued to use it in partnership with the southeast hospital. Again, I credit this government for finally coming to the realization that that southeast hospital was crucial, and I credit the government for doing it in a publicly transparent fashion rather than a P3.

So let's get to some of the good stories. Some of the good stories that we're seeing are electronic health records. Another good story that we're seeing is the initiative – I think it's health care for the 21st century – that's happening in the Foothills hospital. We have learned a lot from some of the misfortunes that Ontario experienced. We are starting to build rooms that are single rooms. We're building windows into those rooms. We're bringing the nursing stations closer to the patients. These are good news stories. We can seal off rooms and keep the potential of contamination either coming in or coming out of the rooms. So these are some of the good things that we're starting to realize.

One of the things we haven't seemed to have funded to the greatest extent we could or should be doing is the notion of preventative health care. As has been brought up by previous speakers, we know that it's a whole lot cheaper to keep a person in a seniors home or, better still, in their own home than it is to put them into a hospital. In fact, the term that's used for seniors in hospitals – it's kind of a disparaging term, but it's a reality – is bed blockers. When we put a senior into an acute care bed, we're just backing up the whole lineup in emergency. If we could keep that senior or any other person in their home or in their seniors' home, we're going to save the system a tremendous amount of money.

We talked about the idea of preventative health care, the \$200 million from the \$650 million tax. Unfortunately, that didn't go very far, but we got the idea out there. Hopefully, it's something that the government members will consider.

Another positive step is that we're slowly moving back to our bed-per-patient ratio. In 1996, prior to the closures, we had a ratio of 2.2 beds per thousand patients. Right now in Calgary our ratio is 1.7, and the Calgary health region is appealing to the province for funding to bring it to the 1.9 level, which is basically the average level throughout Canada.

Another good news story is dial-a-health. Instead of having to race to emergency, which you may have to do, you get to have that calming experience of talking to a health care expert over the phone. You describe the symptoms, and then they give you advice as to whether you need to follow up and go to the hospital. That is a very good system.

Another good system that's happening is the idea that we're hiring more paramedics, so we're eliminating some of the tie-ups with the ambulances. Now, basically what's happening is when the ambulance arrives, the paramedics discharge the patient to waiting paramedics who are there in the hospital. The ambulance gets back out on the road. That is a major improvement in efficiency.

Something else that is positive – it wasn't a government initiative, but it is helping the health system – are philanthropists like Dr. Allan Markin. He donated \$18 million to the University of Calgary's Markin Institute for Public Health. That is helping tremendously.

One of the things I hope the government will continue to do and maybe up is provide the seats for the various medical professionals – I brought this up yesterday when we were talking about rural – and also bring in, to whatever extent we can, foreign-trained individuals, increase their accreditation.

The last thing I would like to bring up started out as a controversy. It still has controversy in terms of its placement. But last Friday I had the great pleasure of joining Lynn Redford of the Calgary health region and touring the Children's hospital. The project manager for the Children's hospital, Mr. Art Froese, is an unbelievable man. How he was chosen, I do not know, but a wonderful choice.

What Art told me about was how the Children's hospital came to be constructed, how shareholders, interests groups, and so on, parents of sick children, said: "Do this. Whatever you do, don't do that." First Nations people were contacted: "How can we make this environment better for children?" That's why you see in that wonderful facility that I'm grateful to have in my Calgary-Varsity constituency the colours. We have the colours of the medicine wheel. We have these large windows. It's like a large dollhouse. The whole point of it is to make it a child-friendly environment.

Within the hospital are these amazing systems whereby we can bring fresh air into operating rooms in literally seconds, and we can exhaust foul air.

In those hospital rooms, instead of the old children's hospital where we had three children to a room, there is now the possibility of each child having a room. Not only does each child have a room,

but there is room for parents. So it's a child-friendly place. It's a parent-friendly place. These are the types of initiatives that we have the wealth and the intelligence within this province to move toward.

In summation, if we can get a handle on the drug part of things, possibly get a system going with the federal government, not one that they totally have to pay for because we know that's not going to happen, but maybe partner with the other western provinces, maybe do some deal with our local southern states, but buy in bulk, save us some money there, and if we can deal with the preventative health care that keeps people in their homes longer where it's cheaper, I think we'll have gone a long way.

We're into a new hundred years. We're all facing a challenge. Let's work collaboratively together to bring our system to the best point it can be.

Thank you.

The Deputy Chair: The hon. Member for Calgary-Mountain View, followed by the hon. Member for Cardston-Taber-Warner.

Dr. Swann: Well, thank you, Mr. Chairman. It's my pleasure to stand and give my comments on this important ministry, and I will be brief. I think there's much good news that needs to be expressed about our health care system, the privilege that we have in this province, in this country, and the tremendous things that are going on, exemplary, excellent services.

I want to say that I appreciate the minister and have a sense of a vision for health rather than an obsession with treatment and service. I think that has to be maintained if we're going to get through to a sustainable health system. As long as we keep focusing on demand – and there are lots of professionals that want us to focus on demand – we will not be a sustainable health care system. So I'm encouraged by your commitment to prevention and health promotion and some of the social determinants of health.

5:10

I'm also encouraged by your evidence-based approach. I saw that evidenced in both conferences, both the Friends of Medicare conference and in the government-sponsored conference, with the important research evidence that was brought to bear and the very appropriate responses to that evidence that I heard from the minister in the public interest. Again, distinguishing the public interest from the business interest and the professional interest, that's often a very tough call. I saw it evidenced, too, in the smoking bill and your willingness to stand up in the interests of public health as opposed to other interests.

I continue to ask the question: how are we in this particular area reducing demand? Every professional group, every institution needs to be asked the question: how are you going to put yourself out of business? If you're really committed to health, that is really what they need to be doing, looking at ways to reduce the demand on their services. In that context, I believe your primary care initiatives are starting to explore some of that with team approaches, with shared responsibility, not totally focused on the medical model and on the physician. And in that area, the community health centre: we already have three in the province; we could expand that, I think, with great benefit.

Also, I am encouraged by your desire to expand the scope of other practitioners. Some things that physicians are doing now could be done by other practitioners. Some things nurses are doing could be done by other practitioners. We need to look at what is the best efficient use of all these and try and cut through the turf protection that goes at all levels if we're going to get to a sustainable health system.

I would have one caution, and that is the area of mental health, mental illness particularly, the growing distress I have perceived in the mental health system and the growing stress in our population. I looked at the mental health statistics last year. There has been a 5 per cent increase every year in the last five years for counselling and mental health services by physicians. Where is that coming from? We need to get a handle on why there is increased distress in our young populations, increasing threats of suicide, increasing anxiety and depression in the young people. We need to get a handle on that and address it before it ends up, again, adding more demand on the system.

Looking at the conditions for health, early intervention and community support. Again, I am encouraged by your leadership – I want to say that – and I believe that your caring and your commitment to health and to the social determinants of health will see us move towards a sustainable health system.

Thank you.

The Deputy Chair: The hon. Member for Cardston-Taber-Warner.

Mr. Hinman: Thank you, Mr. Chair. In order to save time I won't reiterate many of the good points that have been brought up, and I appreciate the moves that we are making here in the province of Alberta.

I want to address a few problems, though, with the Chinook health region in the fact that heart patients are one of the biggest problems that we have here in the province, and the facility down there would be very pleased if the province was to take on, I guess, the desire to have the funding follow the service. They'd like to have a chest pain unit down there, an angioplasty. There's a physician in the States that would be happy to move back and would head that up, but because the funding only goes to the two big regions, they're basically out of luck.

I'd sure appreciate it if the province would look at it because I think it would really up the health care in southern Alberta. I believe the number is that they have is about 600 patients a year that get flown up to Calgary. It's a two-hour time frame with angioplasty, so often many people don't get the service. It would reduce the waiting time in Calgary if, in fact, that service was available in Lethbridge.

The other point that I guess that southern Alberta would like to look at is to have a STARS base out of Lethbridge. You've closed places like Milk River, and it's an hour and a half from the furthest area to Lethbridge. If there was an actual base there, they'd be able to get out and really service those distant rural areas that now are outside the STARS reach. I know that with the new helicopters coming on that will improve, but to have a helicopter based out of Lethbridge would be a huge asset and would help revitalize, I guess, the rural areas because now it's too far to get to the regional hospital.

Maybe it's no longer a concern because of the downsizing of the hospitals, but general physicians have had an onerous task of being on call and no doctors coming in to give them time off, to cover for them. That would be a real help in those areas.

Also, cancer treatment is a concern for many people in Lethbridge that have to travel up to Calgary for radiation. My understanding is that there's already a bunker in place in Medicine Hat. It's fairly costly, but there are a lot of cancer patients in southern Alberta, and I wonder if we couldn't get a third treatment unit down there in southern Alberta.

Those are my main concerns that I hope the ministry will look at. Thank you.

The Deputy Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thanks. Since I've got the opportunity, I'd just like to put a few more pointed questions on the record for the minister to be able to follow up with, and at this point I understand that she will do it in writing.

Under what category does funding for long-term care fall? How will the new funding that's been put in there be directed toward improving long-term care standards and facilities? I'd like to see that in connection with where the money is going now. I think that's not clear, how much money goes in and where it's going: what's facilities, what's staff, what's food? It's very difficult to get that kind of information based on the way the government presents figures now, so I'd like a breakdown of where the funding that's going into long-term care gets spent and where the new money is going to be specifically directed.

Again, I've asked the minister to explain why they have chosen not to go to the 3.6 hours of care, and I just want to make sure that that's still a question that the minister will be answering for the staffing levels. That's direct care. That's not including charting and things like that. That's just hands-on care, interaction between either an RN, a LPN, or a PCA directly in contact with someone in a long-term care facility.

I'd like to know what additional plans or programs are in place to improve facility quality and ensure that standards are met. We have a number of older buildings that in some cases used to be something else and were renovated to become a long-term care facility, so they weren't built for that. They were built sometime ago, and I have real concerns that we don't know what we actually have there. The big bogey person or big bogey item that's always raised is asbestos, insulation for example. We don't know. Has the minister done a scan or done an inventory of exactly how old the buildings are in the long-term care delivery system? Were they renovated from something else? Has someone gone through there and looked for environmental testing? I'll bring a series of questions forward on this. We had some buildings where work has been done, but because of what the building was, you know, and the old plumbing pipes and how the building is actually constructed, there actually are unsafe things that are there, but they're behind walls and we can't see them. I'm really concerned that we've got people in buildings where we should be looking to update them, and we don't even know we need to do that. So, again, what's the scan? Let's check that out and get the information that we need to make good concrete decisions.

I'm wondering if the frequency of facility inspections will be increased to ensure that the facilities that were built decades ago measure up to the same standards as the new facilities. That's a cleaner way of putting that same issue.

What are the government's plans for licensing and regulating long-term care facilities?

Can the minister table a list of any reports and studies that were used as backup for that decision about the 3.4 hours of care? Can I also get the details, please, of when that's going to kick in? We're at 1.9. We're going to 3.1. When exactly? Then we're going to 3.4. When exactly? We don't have that information right now.

5:20

Under primary care or acute care I notice that the primary care line item received an increase of \$59.5 million. Other than the LPCIs is the ministry considering any other options for primary care reform; for example, increasing the number of community health centres? I know that we've got three health centres right now. I believe there was one being talked about for sort of north-central, around the coliseum, to deal specifically with a very high-needs population there. I'm wondering what the horizon is on some of this planning and exactly what's being contemplated there.

I'm wondering if the ministry is in fact considering alternatives to paying physicians on a fee-for-service.

Could I get the location, please, of the 12 LPCIs that are in operation or expected to be in operation this year? What criteria were used in evaluating the applications for each of these LPCIs? Were any applications or declarations of intent declined, or did you only get 12 applications and you took all 12 of them? I'm wondering if any of them were declined or whether they were sent back for changes or revisions, et cetera.

What performance measures are being used specifically to measure the effectiveness of the LPCIs? What are the outcomes that are expected in a short-, medium-, and long-term? What are you looking for this year, two years from now, five years from now? How are you going to measure those outcomes? Could we get some idea of when or if a report detailing the progress of LPCI projects will be available?

How does the \$50 per patient cover the cost of administration, staff, and equipment? What's the breakdown on that? Were there criteria provided on how they would use that or if it was left up to them? How do the LPCIs work in the rural areas where the doctors are more isolated? Or maybe none of the 12 are in rural areas.

What has been done around e-health? That was the last thing that came up at the conference, and to me there seemed to be a real possibility there for a provision of rural health delivery. Hard for me to grasp because I'm at an age where I didn't grow up with computers. The people that we're dealing with, telehealth or e-health, as they call it, were very comfortable and seemed to be very happy with the health provision. So I guess it's something that we should look at.

That seems very weird to me, and I'm struggling to accept it, but I need to look at the evidence, and I need to look at the outcomes that they're getting from other places. Maybe part of our solution is that people stay in their rural communities, and we can deliver good e-health or telehealth to them. If they need acute care, then we transport them to the major centres and treat them in the hospitals, but we try and reduce the demand for that acute-care hospitalization. I'd like to know what plans or what's being considered there.

The other possibility is: are we looking at e-health as part of the LPCIs? What is the cost of maintaining the LPCIs on an annual basis, and for both physicians and patients participating in the LPCI, who's responsible for what?

I'm moving into the health workforce here, so I'm going back on my original list and running through it again with specific questions. What programs are in place for recruitment of health professionals? What targets has the minister developed in conjunction with her colleague the Minister of Advanced Education to produce specific outcomes of how many more doctors and how many more nurses and how many more health care professionals in a variety of areas we would get for investment of dollars? We keep hearing the same numbers over and over again from the Minister of Advanced Education, but he's using it in conjunction with every ministry we've debated. So how much of it's health care? How much of it is targeted toward doctors? How much toward nurses? How much toward other health care professionals, pharmacists, dentists? Sorry; that's the one I've been forgetting.

Why was the decision made not to increase the rural physician action plan? It may be because we don't actually know that we're getting outcomes from that, but I'm interested to hear why that decision. [interjection] Okay. The Minister of Finance is saying that there are outcomes, but I'm wondering why the decision not to increase it. Is it so successful that it's becoming sustainable or that it's decreasing demand? What specifically is happening there?

What program specifically is the government pursuing to retain their health care workforce and to ensure that they remain in the public sector is the second thing?

Wait times. I'm not terribly keen on the focus on that, but it's one that the public grabs onto, and it certainly gets a lot of money directed toward it. I wish we could move away from that, but it is one of the ways that people measure success at this point in time. So I'd like to get very detailed plans about how the money that has been put into the system – I'm referencing page 288 of the business plan, \$125 million dedicated to reducing waiting times. Exactly what sector is it going to? Which hospitals is it going to end up at? How exactly does the minister plan to see an increase here? Because, again, we can collect evidence all the way along on this one, and we may find out that that's not the way to do it. I think we also all know that if we reduce waiting times to zero, we are not running an efficient health care system because it means that there is lag in the system and that there are people standing around with nothing to do if you can walk in, basically.

I'm wondering why the increase was not more substantial for the promotion and prevention line on page 216 of the estimates. There's an increase from \$103 million to \$117 million, not a lot considering the work that needs to be done there. I notice that promotion and prevention is listed in the business plan as one of the ministry's strategic priorities, and that seems to be a fairly minor increase. So what was expected to be achieved by that level of increase? Would you have achieved more if you put in more or this was the amount you could afford or why was that choice made, more specifically?

Under pharmaceuticals I'm wondering if the government is co-operating with the federal government and other provinces and the medical profession and universities to test and evaluate new drugs. We always hear that argument about R and D, and that's why we have to support the brand name drugs, but that's for private production of those pharmaceuticals. So what are we doing in the public system, in the universities to develop these new drugs? That's a

different way for us to be approaching that rather than leaving it to the private sector to do it, so I'm interested in whether the government has done anything on that area.

I think we're nearing the end of our time, so I will thank the minister in advance for her co-operation in providing us written responses to the questions that myself and my colleagues have asked today. I do look forward to a new approach to health service delivery. I think we've solved the problem of who funds, and that should be public funding. The issue we are struggling with currently is: who delivers? I would argue that public delivery and nonprofit delivery, or not-for-profit delivery, of health care has been proven to be the best way to contain costs in the health care system. I think the most innovation is coming out of the public system, and I would encourage the minister to continue in that direction.

Thank you.

Mr. Chase: I will be very quick. Just for the *Hansard* record I wanted to recognize that as a portion of GDP we are still spending less than 10 per cent on health care.

I would like as a question to know about the timeline and the funding for the additional beds for the Foothills, Rockyview, and Lougheed.

The other question is: is the ambulance system governance now being decided at the local level but provincially funded?

The Deputy Chair: I hesitate to interrupt the hon. member, but we have arrived at that hour of 5:30. I will adjourn the committee shortly. When we reconvene at 8 p.m., we will have the balance of nine minutes that are left allocated for the estimates on Health and Wellness, and we'll proceed with the other matters that are before us.

The House stands adjourned until 8 p.m.

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