

Legislative Assembly of Alberta

Title: Thursday, April 27, 2006

1:30 p.m.

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[The Speaker in the chair]

head:

Prayers

The Speaker: Good afternoon and welcome.

On this day let each of us pray in our own way for all who have been killed or injured in the workplace. Life is precious. When it is lost, all of us are impacted. In a moment of silent contemplation may we now allow our thoughts to remember those taken before their time, those who have suffered through tragedies, and reach out to the families, friends, neighbours, and communities most immediately impacted. May God provide them eternal peace. Amen.

Please be seated.

head:

Introduction of Guests

The Speaker: The hon. Minister of Government Services.

Mr. VanderBurg: Well, thank you, Mr. Speaker. It's a pleasure today to rise and introduce some special young guests from my constituency. Many years ago the community of Whitecourt had an opportunity to be a twin community with Kamiyubetsu in Hokkaido. Today joining us here is a group of students from Kamiyubetsu along with the students from the Whitecourt Hilltop high school. I'd ask them now to rise and receive the warm welcome of this Assembly. I think they're on both sides.

The Speaker: The hon. Minister of Health and Wellness.

Ms Evans: Thank you very much, Mr. Speaker. What a privilege today to introduce some enthusiastic students from Madonna school, who are accompanied by parents Mrs. Pinkoski and her cute little girl with blonde curly hair, that was with them when we had the photos taken, and Jay O'Neill, who is not only a parent but is also the communications director for the Minister of Municipal Affairs. They're accompanied by their teacher, Mr. Rudanec. I'd like to ask that they please rise and that we give them the honourable welcome that they so richly deserve. They're right up there in the members' gallery.

The Speaker: The hon. Associate Minister of Infrastructure and Transportation.

Mr. McFarland: Thank you, Mr. Speaker. It's a great pleasure today to recognize a group that's travelled up from our constituency. It's the first time in 15 years that they've been able to come up: the R.I. Baker middle school. They performed last night at the annual general meeting of the College of Alberta School Superintendents. They were an excited little group, and they were a little tired this morning. They're not quite here yet, but I did want to recognize the three teachers that came with them – Cynthia Fritzer, Sandy Koberinski, Allison Thorton – along with parent helpers Sue Wells Paterson, Pam Quinn, Karen Thompson, Norma Enns, Jen Broderson, Beth Hinton, April Horvath. I had all 50 of them in my office, a little sweaty for a little while. They had a great time, they enjoyed the building, and they wanted me to especially thank you for a very memorable experience.

The Speaker: The hon. Member for Strathcona.

Mr. Lougheed: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to the members assembled a group of two classes from Strathcona Christian Academy, accompanied by teachers Ryan Marshall and Alan Foster and also parents Len Koop, Myrna Poettcker, Eva Balogun, Lisa Brower, Ruth Naundorf, and Teresa Sabo. I believe they're in both galleries. I'd ask them to rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Leader of the Official Opposition.

Dr. Taft: Thank you, Mr. Speaker. It's a great pleasure to rise to introduce to you and to all members of the Assembly a delegation from one of Alberta's truly fine schools, which happens to be in my constituency, Parkview school. There are 29 members of the delegation, three parents or teachers – Miss Jenny Kane, Miss Erin Darling, and Miss Carrie Peacock – and, I believe, 26 students seated in both galleries. I'd ask them to please rise and receive the warm welcome of all MLAs.

Thank you.

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

Mr. Chase: Thank you, Mr. Speaker. Today it is my pleasure to introduce to you and through you to this House guests from Calgary whose family members suffer from gastroparesis, a painfully debilitating digestive disease which negatively impacts the quality of life of thousands of Albertans. I would ask Jeanne Keith-Ferris, Paul Sénégas-Joue, Marie-Noëlle Sénégas, and other members of the group to now stand and receive the traditional greetings of this House.

The Speaker: The hon. leader of the third party.

Mr. Mason: Thank you very much, Mr. Speaker. It's my pleasure to rise and introduce some guests. The first one is Olav Larsen. Olav was a transit operator with Edmonton Transit, so he and I go way back. We've had the odd debate at union meetings, and he used to let me ride in the cab of the LRT when he was driving. He's now retired. With him are his brother and his brother-in-law from Denmark, Arne Thomsen and Erling Larsen Vind. They've just completed a trip to New Zealand, where they visited relatives in Christchurch, New Zealand, and they're returning to Denmark tomorrow. I'd ask them to rise and receive the warm welcome of the Assembly.

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

Mr. Eggen: Thank you, Mr. Speaker. I'm very delighted today to introduce to you and through you to all members of the Assembly three very special women seated in the public gallery: Alice Burghardt, Rita Burton, and Sonia Barton. These ladies are active members of the Calder seniors' drop-in centre, and they are constituents of mine. They are here today to observe the proceedings of the Legislature, and I would now ask them to please rise and receive the warm welcome of this Assembly.

head:

Ministerial Statements

The Speaker: The hon. Minister of Human Resources and Employment.

National Day of Mourning

Mr. Cardinal: Thank you very much, Mr. Speaker. April 28 is the

National Day of Mourning for workers who have been killed on the job. Last year in Alberta 143 families and countless friends suffered the loss of a loved one who died from a job-related injury or illness. That is 19 more tragedies than the year before, which is unacceptable and a wake-up call for all of us.

Occupational health and safety is a social responsibility. We must do more to ensure that all Alberta workers are safe on the job. Government along with our partners in industry and labour will renew our efforts to reduce workplace fatalities and injuries through Work Safe Alberta.

Mr. Speaker, almost one-third of our workplace deaths are traffic related, so the Alberta government is developing a road safety at work strategy. It will include effective practices, driver training, awareness, and enforcement, and all aim at reducing the number of these needless fatalities.

Thank you very much, Mr. Speaker.

1:40

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

Mr. Backs: Thank you, Mr. Speaker. I thank you for the moment of silence that you gave earlier for the injured workers and the Day of Mourning, and I thank you, Mr. Minister, for your moving words. The death of a loved one or a respected colleague in any circumstance is tragic. The thought of the death of a loved one while they're at work strikes fear into the hearts of all. It is a horror when it happens.

April 28 is the Day of Mourning for those who have died because of their work. It is the day of mourning for their families, their friends, and their co-workers. It is an international day of mourning because these tragedies must be remembered by everyone, and we must honour those that are gone.

I have seen and felt the electric feeling that sweeps through a job site when a worker is lost. I've seen and felt the horror and grief that sets in in the face of unexpected tragedy. Big, burly construction workers will cry, hug each other for support. Some will just grasp their hands, their arms together, and words will just be unsaid. Women on the job are often strongest and are looked to for support. Prayers are said even by those who often do not pray. Tears are shed. The hat is passed for the family.

But life goes on. Such deaths are senseless; such deaths are unnecessary. We can speak statistics. We can speak about the rise and fall of death and injury rates. These statistics are senseless. One death is too many. Statistics don't cry; widows and children do. Statistics don't make it better. Deaths should not be predictable. They are immeasurably costly. If numbers are important, the death rate should be zero.

I ask that you all think to the future and find ways to end workplace death, to seek ways to help the hurt, and to ensure that the families who are left behind are cared for. Today I do ask that you all mourn for those who have died because of their job.

Thank you, Mr. Speaker.

The Speaker: To the hon. leader of the third party: I suspect that there'll be a request for unanimous consent for the hon. Member for Edmonton-Beverly-Clareview to participate.

[Unanimous consent granted]

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

Mr. Martin: Thank you, Mr. Speaker, and thank you to the members of the Assembly. Last year 143 Albertans died in the

workplace, the highest number, unfortunately, since 1982. Each of these workers left behind friends, family, and a community to mourn them. It is my honour today on behalf of the NDP to stand and express our solidarity in that mourning and to join our brothers and sisters in the labour movement in renewing our call for safer workplaces and tougher sanctions on employers who shirk their responsibility to ensure worker safety.

While I appreciate the minister's message today on the importance of worker safety, I can't help but point out that this government does not have a sterling record of promoting the rights and dignity of working people.

In last year's annual report the minister reported that the lost-time claim rate, which is a good measure of how often workers are being injured on the job, is nearly 25 per cent higher than the ministry's own targets. The result is that last year a shocking 170,000 incidents were reported to the WCB, a rate of almost 500 per day. Alberta's lost-time claim rate is among the highest in the country. Even worse, our workplace fatality rates outstrip those of Quebec, Ontario, and British Columbia.

We can certainly be proud that the Day of Mourning is a Canadian-born tradition that has been adopted by over 70 countries around the world, but we have much work to do to ensure that all Albertans are treated fairly at the workplace and returned to their families safe and sound when the day's work is done.

Thank you, Mr. Speaker.

head:

Oral Question Period

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

Coal-bed Methane Drilling

Dr. Taft: Thank you, Mr. Speaker. The long list of town hall meetings in rural Alberta continues to grow as concerned citizens speak out about their fears regarding coal-bed methane drilling in the Horseshoe Canyon formation on or near their properties. In Ponoka, Trochu, Torrington, Camrose, Wildwood, and Wetaskiwin thousands of Albertans are telling the same story: our groundwater could be in jeopardy from coal-bed methane drilling if it is not properly managed. These Albertans have lost faith in this government's ability to investigate the groundwater changes, and they are demanding answers. My questions are to the Premier. Given that the baseline water testing protocol being proposed has not been independently reviewed by scientists, will this Premier immediately strike a team of water experts to review the baseline water testing protocols?

Mr. Klein: Mr. Speaker, I'll have the hon. Minister of Energy respond. As a matter of fact, it's timely that the question be asked because the hon. minister held a clinic on coal-bed methane this morning, a clinic so that everyone understands what coal-bed methane, or natural gas from coal bed, is all about. I'll have the hon. minister respond.

Mr. Melchin: Mr. Speaker, the assertions are absolutely false as to: is there confidence? Do we have enough information? Do we have enough experience and confidence to be able to develop natural gas from coal seams? There are about a hundred thousand wells already drilled over decades in Alberta's shallow gas formations. Southern Alberta has decades of experience drilling into similar formations, through similar depths, same techniques, and a very good track record on these. There's another report coming out that will only strengthen an already very good regulatory structure.

The Speaker: The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. Again to the Premier: given that it is now clear that coal-bed methane drilling does impact groundwater differently than conventional natural gas extraction, will this government develop coal-bed methane-specific regulations to guide the development of this resource so that the water quality is protected?

Mr. Klein: Mr. Speaker, there are very stringent regulations relative to the production of natural gas from coal bed, as there are relative to the production of natural gas from any other source; i.e., drilling in a conventional way. Again I'll have the hon. minister respond.

Mr. Melchin: Mr. Speaker, once again, this type of drilling, this type of activity is very like all of the shallow gas well drilling we've been doing for decades in this province. There is a very stringent requirement on production, on drilling, on casing, and on completion so that there won't be migration of gas from one zone to another, so that there won't be contamination from the lower zones into the freshwater aquifers. It's of that that's very paramount. What the Multi-stakeholder Advisory Committee has been working on for the last two years, the report of which we will be releasing with our recommendations in the very near future, will already increase a very good statistical scientific base of being able to ensure and verify that this is being done appropriately not just now but in the decades ahead.

The Speaker: The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. I guess to the Minister of Energy then. Is this minister, judging from his last two comments, denying that there have been any cases of aquifer contamination as a result of coal-bed methane drilling? Is he saying that there are no cases of that?

1:50

Mr. Melchin: Mr. Speaker, what I am saying is that there have been over a hundred thousand wells drilled in shallow gas formations over the last decades. We have a tremendous amount of experience in dealing with all of those same techniques: the drilling, the fracturing, the completion, all of those things. We have a tremendous amount of very good history.

Does that mean that there aren't incidents? There's no such thing as any activity without some incident. That said, we have natural gas everywhere. In our freshwater wells that they're drilling into, where there is freshwater – there is natural gas in the coal and the tight sands and the shallow formations. Part of the reason why in this province people come to explore for natural gas is because it is everywhere.

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

Nuclear Power

Mr. Backs: Thank you, Mr. Speaker. Chernobyl has seared a nuclear scar on the hearts of Ukrainians around the world. At least tens of thousands have died in Ukraine. Hundreds of thousands have been affected by radiation; millions may die in many countries. Nuclear power scares people, yet two days ago the Premier said that he may talk nuclear for the Alberta oil sands when he visits investors

in Europe. My question is to the Premier. Will the Premier commit to independent evaluation with full public disclosure of any nuclear proposal for Alberta if he moves on this before his retirement?

Mr. Klein: First of all, Mr. Speaker, I want to set the record very, very clear. I am not a proponent of nuclear power, but as we move toward becoming a centre of excellence in energy, we have to consider nuclear power. I'm a big fan of coal. I'm a big fan of wind and hydropower and solar power and any form of energy alternate to conventional oil and gas, which is running low. It's time to build on the expertise we have developed in this province to become an energy capital. Indeed, the universities of Alberta, Lethbridge, and Calgary are contemplating now an institute of energy learning to make sure that this province becomes the energy capital from a learning point of view.

So, Mr. Speaker, certainly I will undertake to disclose anything that I learn about nuclear power.

The Speaker: The hon. member.

Mr. Backs: Thank you, Mr. Speaker. Supplementary question to the Premier. Will the Premier commit to a referendum in Alberta before he moves on nuclear power for the oil sands?

Mr. Klein: First of all, Mr. Speaker, I am not moving on nuclear power. Someone else is moving on nuclear power. It's been mentioned to me that one company, Total, is interested in nuclear power, generating electricity from plutonium or uranium for their tar sands operation, but that's all I know about it. I am not a proponent, and I am not pushing nuclear power in any way, shape, or form.

The Speaker: The hon. member.

Mr. Backs: Thank you, Mr. Speaker. He's talking about it.

To the Premier: why doesn't the Premier just skip his taxpayer-paid vacation to Ukraine and the rest of Europe and donate that money to Chernobyl orphans?

Mr. Klein: Mr. Speaker, in order to set the record straight, I received a letter from the governor of Lviv oblast. It's dated January 21, 2006; this is long before the leadership convention. It reads:

Dear Premier Klein,

Let me express my respect to you and once again confirm our interest and readiness to further mutual Canadian-Ukrainian relationships and cooperation between our regions in various fields, understanding that the governor of Lviv oblast was here in Edmonton.

The Protocol of Cooperation between the Lviv Oblast State Administration and the Government of Alberta signed in 2005 forms a solid basis for developing of our contacts.

Attached to this letter please find our proposals to the cooperation between the Lviv Oblast and the Province of Alberta. I propose to consider them during planning of 2006 activities. I would appreciate comments and proposals from you.

It is also a pleasure to invite you, Premier Klein, as well as Alberta's official and business delegation, to visit the Lviv Oblast at any time that is convenient to you. This will offer a perfect opportunity to have more detailed discussions of our economic cooperation for 2006 and further develop mutually beneficial contacts between our regions.

The Speaker: The Premier will table the letter later at the appropriate time.

Third Official Opposition main question. The hon. Member for Edmonton-McClung.

Facility Standards for Funeral Homes

Mr. Elsalhy: Thank you, Mr. Speaker. Earlier this year the former Minister of Government Services struck a steering committee to look at the composition and role of the Alberta Funeral Services Regulatory Board and to review the recommendations that the FSRB has proposed to regulate that industry. The Official Opposition has been in contact with smaller funeral service businesses that have concerns regarding the proposed minimum standards, the effect that these standards would have on the industry, and the motive behind the proposed changes. To the hon. Minister of Government Services: will the minister table the report that was submitted by the AFSRB in 2005 recommending minimum facility standards for funeral homes?

The Speaker: The hon. minister.

Mr. VanderBurg: Well, thank you, and I thank the member opposite for asking the question. It's a very serious issue we have here in Alberta. Some 10 years ago, Mr. Speaker, the Funeral Services Regulatory Board was established, and this ministry through the former minister has asked for a review of that. I'm glad to work with the member opposite to ensure that Albertans are served fairly and equitably across the province on this issue.

The Speaker: The hon. member.

Mr. Elsalhy: Thank you, Mr. Speaker. Given that one of those questionable recommendations is that all funeral service businesses must now have a chapel to be licensed, is the minister at all concerned that such a requirement would effectively put smaller funeral service providers out of business?

Mr. VanderBurg: Mr. Speaker, there is absolutely no way that we are going to corner the funeral service business for large corporations in Alberta or small corporations. We have an opportunity throughout Alberta, through our small communities and through our large communities, for funeral operators to operate throughout Alberta. There is no intention of shutting down any business. If you have specific cases, and if you're hearing of any cases that may affect someone's business, you bring those to me, and we'll deal with them together.

The Speaker: The hon. member.

Mr. Elsalhy: Thank you. My last question to the minister would be: would the minister commit to consulting with representatives from across all sectors of the funeral service industry, including alternative, nonprofit, and indeed small rural funeral homes, before acting on any of the recommendations that were submitted by the AFSRB?

Mr. VanderBurg: Again, Mr. Speaker, I can advise you that the review that's being done is a review made up of members from the funeral industry, from members at large, and from the department. Again, when I get that report, I'd love to work with this member on it, and we'd go through the recommendations at that time.

The Speaker: The hon. leader of the third party, followed by the hon. Member for Strathmore-Brooks.

Softwood Lumber Trade Dispute

Mr. Mason: Thanks very much, Mr. Speaker. Alberta's forest industry contributes billions to the province's economy each year and is the lifeblood of dozens of resource-based communities, but the government remains silent on the framework agreement that's being negotiated in Washington, DC, between the Canadian and American governments. This agreement would restrict access to the United States' lumber market by Alberta forest companies, while refunding only a portion of the duties that have been illegally collected over the past years. The question is to the Minister of International and Intergovernmental Relations. Given that the provincial governments in B.C. and Ontario are saying that this is a bad deal, why has the Alberta government failed to stand up to its Conservative cousins in Ottawa in favour of Alberta jobs?

Mr. Mar: Mr. Speaker, I should advise the hon. member and members of the Assembly that Alberta has been fully engaged in the dialogue regarding the softwood lumber dispute. I've taken calls from Ambassador Wilson, who has been our chief negotiator on this particular file.

2:00

Mr. Speaker, at this point there's a term sheet, and the term sheet has not yielded an agreement yet. It's quite clear that in the open federalism that Prime Minister Harper has talked about, he wants greater involvement on the part of provinces and territories and the industry with respect to their putting input to negotiations that clearly fall within the federal jurisdiction.

Mr. Speaker, at this point it is too early to tell what the response of the Alberta industry is going to be. I have some ideas as to the direction that they may take. Really, we want to represent the interests of industry, but we will not speak on behalf of industry. They can certainly speak for themselves. It's our intention to continue to work with the federal government in looking at the terms and conditions set out in the term sheet. We view this term agreement as being simply a starting point and not necessarily an end point.

Mr. Mason: Mr. Speaker, why is the minister not availing himself of an opportunity to stand up for Alberta jobs and to speak out against the potential for limits being placed on a permanent basis on Alberta lumber products going to the United States? Why don't you take the opportunity to stand up for Alberta forestry workers?

Mr. Mar: Mr. Speaker, for the benefit of Alberta's industry and its workers we want to seek a negotiated settlement in this matter, and puffery on the part of a government to say that this is a terrible deal is not going to advance our negotiation. So we will continue to work on getting the right deal for Alberta industry and for Alberta workers. We'll do it through negotiation, not through puffery in the media. We want to make it clear to the hon. member and to all Albertans that we will not accept a deal for the sake of getting a deal. We will wait until we get the right deal at the right time on our terms.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, I'll ask the minister another time. Will the government accept any deal that places restrictions on Alberta softwood lumber exports to the United States? Will you accept a deal that restricts our exports to the United States? Yes or no.

Mr. Mar: The fact that the hon. member would ask for a yes or no answer clearly indicates to me that he fails to understand the complexity of this deal. The issue, Mr. Speaker, is not simply about volume limitations. [interjections]

The Speaker: The hon. minister has the floor.

Mr. Mar: Mr. Speaker, it is not simply about volume limitations. It is also about any duties. It is also about the allocation of any volume that is placed upon us by the federal government. It is also about the return of the \$5 billion that has been improperly collected by the United States. So to answer a question simply with a yes or no on a very small part, a significant part but only one part of the overall agreement in the softwood lumber dispute, you clearly cannot give a yes or no answer to such a question.

The Speaker: The hon. Member for Strathmore-Brooks, followed by the hon. Member for Calgary-Varsity.

Temporary Foreign Workers

Dr. Oberg: Thank you very much, Mr. Speaker. My first question is to the Minister of Human Resources and Employment. Demographic studies show that our school-aged population is dropping at close to 2 per cent per year and that 400,000 new jobs with only 300,000 being filled will occur in Alberta in the next 10 years at present immigration rates. The then minister of learning in conjunction with the federal Liberal government signed a temporary foreign worker agreement dealing with Fort McMurray in an attempt to deal with the labour shortage. Would the minister amend an oversight in this agreement to allow unions as well as employers access to this program when workers are not available in Alberta or Canada?

The Speaker: The hon. minister.

Mr. Cardinal: Thank you very much, Mr. Speaker. That's a very good question and a very important question. We are so blessed in Alberta to have such a good government and such a good, good diversified economy that has developed in the last 15 years thousands of jobs for all Albertans and possibly Canadians.

The MOU, hon. member, was simply a way to have the federal government recognize the importance of the oil sands to the Alberta and the national economy. The MOU outlines federal requirements for the hiring of temporary foreign workers by oil sands companies. The MOU also outlines the conditions and responsibilities of the oil sands companies and the recruitment and hiring of temporary foreign workers.

Mr. Speaker, the challenges we have in Alberta – you know, most jurisdictions in North America would love to have the challenges. Government alone cannot resolve the challenges we have in that particular area. It's going to take industry, it's going to take the federal government, it's going to take the province, it's going to take the unions, it's going to take the opposition – in fact, we'll ask for your help to assist us in meeting this challenge that most jurisdictions just dream about.

The Speaker: The hon. member.

Dr. Oberg: Thank you very much, Mr. Speaker. In that vein, then, would the minister consider working with labour unions and employee organizations and the federal government to develop a made-in-Alberta immigration policy to alleviate potential labour shortages in the future?

The Speaker: The hon. minister.

Mr. Cardinal: Yes, Mr. Speaker. That's a very good question. I think that about four ministries were involved in the development of the immigration policy for Alberta, which was transferred less than a year ago to my department. It's a very aggressive policy. It is designed to attract and retain immigrants to this province, as you are aware. As I've said before, you know, the existing policies and targeted numbers of people that were to come to Canada through the federal immigration policy is around 250,000. In the past Alberta only received 7 per cent, or about 16,000 individuals. Out of the 16,000 about 3,000 of them moved back to other jurisdictions for various reasons.

I've had my first meeting already with the federal minister of immigration, Mr. Speaker, and he is willing to sit down and discuss a number of issues as to how we may resolve the beautiful challenges we have in this beautiful province.

The Speaker: The hon. member.

Dr. Oberg: Thank you, Mr. Speaker. My second supplemental is to the Minister of International and Intergovernmental Relations. Would the minister on behalf of all Albertans sit down with the federal government and attempt to obtain the same rights with respect to immigration that the province of Quebec has enjoyed for the last many years?

Mr. Mar: Mr. Speaker, the hon. member knows that it has been the desire of this provincial government to move forward in a bilateral way with the federal government to improve our ability to have influence on the immigration of skilled workers to this province. The difference now is that Prime Minister Harper has made fairly recent pronouncements about open federalism, most recently at the Montreal chamber of commerce, and he gave us some very, very encouraging indications about what it is that he meant.

I think what this means for us is that with a greater recognition by a federal government of the roles and responsibilities of provinces, there may be a greater opportunity now, more than before, under the previous Liberal administration, to move forward on this type of a bilateral arrangement. So the province of Alberta will be committed to continuing to work with the federal government on finding ways of addressing our skilled labour shortage. As an example, the area of settlement funding, where new immigrants can access a range of programs and services to ease their transition into Alberta, is one area where we think we have some very, very good progress to report.

The Speaker: The hon. Member for Calgary-Varsity, followed by the hon. Member for Calgary-Foothills.

Gastroparesis

Mr. Chase: Thank you, Mr. Speaker. While no cure to date has been discovered for gastroparesis, a federally approved, highly effective treatment device exists. Quebec's universal public health care covers the \$10,000 cost of the device that dramatically improves the patient's quality of life. I'd like to thank the Speaker for allowing the GUTS buttons to be distributed to members of the House so that they can encourage awareness and support for the public health care treatment of this disease in Alberta. My questions to the minister of health have been previously discussed with members of her ministry. To begin with, would the minister please inform our guests and members of this House at what stage provin-

cial recognition and approval of the Enterra Therapy for the treatment of gastroparesis stands?

The Speaker: The hon. Minister of Health and Wellness.

2:10

Ms Evans: Thank you, Mr. Speaker. I'd like to thank the hon. member opposite for his courtesy in providing me a written question today and also for the buttons in the House to profile something that hasn't been easily understood or controlled.

Gastroparesis is a condition where the stomach, almost without warning sometimes, involuntarily causes vomiting by an individual. The type of device that the hon. member opposite references is a stimulation device that helps control this urge by the stomach to expropriate its contents. The GES device, or the Enterra Therapy device, was referred to the Alberta Heritage Foundation for Medical Research for a technological assessment of the effectiveness of it, and they have provided a report that has not concluded or has not given conclusive evidence that this is adequate for ensuring that we would provide public funding. So, Mr. Speaker, we have referred it to the Alberta Medical Association and to the regional health authorities, who will conduct yet another review of it and provide information later this month so that our ministry can make a determination about whether or not to publicly fund this device.

Mr. Chase: Thank you, Ms Minister. I very much appreciate your support.

Given that the minister indicated in her March 14, 2006, letter that while her ministry does not issue proclamations, she would offer support by issuing a province-wide news release to help raise awareness of gastroparesis. Can she assure our guests in this House that the news release will be forthcoming?

Ms Evans: Yes, Mr. Speaker, I can. We indicated at the time that I wrote in response to the hon. member that we would do what we could to provide support for the organization, but we aren't in the business of proclamations. I could keep this House and the department busy with that sort of thing. It's logistical, which is the reason that we don't do that.

However, what I'd like to do before issuing any kind of release is to get the results of the report later this month, take a good look at that and determine whether or not, based on the evidence, we can justify taking further action as a government. I think that there's a lot of reasonableness in the request. Then we will go forward and work with the association so that we can come up with something that will support their goals in publicizing something that can sometimes be a very embarrassing condition.

The Speaker: The hon. member.

Mr. Chase: Thank you again, Mr. Speaker. My final question to the minister: what hope can the minister offer to the thousands of Albertans suffering daily from the debilitating effects of gastroparesis?

Ms Evans: I think, Mr. Speaker, the hope I can provide is that this government and this minister are taking a very serious look at it. I think anybody who has had any association with people with this type of condition or other medical conditions that are not easily explained hope that the people that are advocates on their behalf will take a serious look. I am simply waiting at this point for further information. Medical assessments from AHFMR were not helpful, particularly in giving extra support to the plight of this group, but I

think that the work we're taking now to pursue it one step further should assure the group that we are looking after this in a way that is trying to provide some assurance that we're not going to let it die until we see what we can do to help.

The Speaker: The hon. Member for Calgary-Foothills, followed by the hon. Member for Calgary-Currie.

Alberta/B.C. Joint Cabinet Meeting

Mr. Webber: Thank you, Mr. Speaker. Alberta and B.C. hold their annual joint cabinet meeting tomorrow. Already we're hearing about a trade agreement that will open up business access to both provinces. My question is to the Premier. Can the Premier tell us if such an agreement is part of tomorrow's discussions?

Mr. Klein: Mr. Speaker, it is true that interprovincial trade between Alberta and B.C. is on the agenda as are other things. Our provinces have a very unique relationship. We're continuing to build on our previous commitments to harmonize regulations, reduce trade barriers, and improve efficiencies. I explained to the media the other day that not all are satisfied with this and that there are some concerns which I'm sure can be ironed out. But, fundamentally, every time we agree to a common standard and a joint initiative, we remove another barrier to trade that costs money and productivity, and of course we move to improve the competitive environment. So if we reach agreement, it will create a single Alberta/B.C. market and set a new standard of co-operation in interprovincial trade in Canada.

Mr. Webber: My first and only supplemental, Mr. Speaker, is to the Minister of International and Intergovernmental Relations. What industries and aspects of business will this affect?

Mr. Mar: It is quite a wide range, Mr. Speaker. It ranges from everything from transportation and government services to municipalities, but the long and the short of it is that workers, businesses, industry organizations, investors should be excited by the potential that this agreement entails. The agreement on internal trade that has been struck among and between provinces of Canada goes much further. It's much more specific. It does have a dispute resolution mechanism that has real teeth in it.

The long and the short of it is that this agreement will create a 7.5 million person marketplace, which will be the second largest economic region of Canada, so we are quite excited about the opportunity to move this forward. There is a transition period during which some of the details and some of the concerns that the Premier expressed on behalf of some of the parts that are in the agreement can be resolved, over the period of time of the transition, which will take two years.

The Speaker: The hon. Member for Calgary-Currie, followed by the hon. Member for Vermilion-Lloydminster.

Municipal Sustainability

Mr. Taylor: Thank you, Mr. Speaker. Property owners in many Alberta municipalities question the fairness of their market value assessments. It is the role of the assessment services branch, specifically the assessment audit unit, to make sure that municipal assessments have been properly and accurately done. To the Minister of Municipal Affairs: given that he is cutting the budget of the assessment services branch, apparently for a lower cost of legal fees related to appeals, will this affect the ability of the assessment

audit unit or the provincially appointed Municipal Government Board to provide a fair and timely decision for all appeals?

Mr. Renner: Well, Mr. Speaker, that same question was asked when the discussion of my budget was up, and I believe I answered it at that time, and the answer is the same. There is, in fact, no cut in budget this year other than a reflection of an anticipated reduced cost as a result of fewer appeals that are defended by the department. But the assessors and assessment division within Municipal Affairs remains intact and exactly the same as it has been.

I might also point out to the member that assessments in each individual municipality are the responsibility of that municipality, and Municipal Affairs does not get involved in doing the individual assessments. Our role is one of audit to ensure that there's equity and fairness throughout the province.

Mr. Taylor: Well, exactly, Mr. Speaker. Since it's critical that there be oversight of the determination of market value assessment to protect homeowners from unfair or inaccurate assessments, can the minister tell us what he's doing to ensure that such oversight is being provided?

Mr. Renner: Well, Mr. Speaker, let me say two things. First of all, we continue to be vigilant in our efforts to audit individual municipalities, whether they be jointly working together or working together as a group to conduct their municipal assessments. There is a vigilant audit group within our organization.

As a matter of fact, at lunch today, Mr. Speaker, I was speaking at the Alberta Assessors' Association, who are meeting here in Edmonton. Although I don't anticipate that I will be contributing in a significant way, one of the commitments that I made was that I would go with our audit division into a municipality just to personally see how an audit is conducted and work with them at the grassroots level on that audit.

The Speaker: The hon. member.

Mr. Taylor: Thank you, Mr. Speaker. Given that the real problem, of course, is that the property taxes aren't up to the task of covering the cost that this government has downloaded onto our cities and towns, when is the minister going to identify some new areas for local governments to collect revenues or else give them a bigger, sustainable share of the province's loot?

Mr. Renner: Well, Mr. Speaker, again, I've answered that question numerous times in this House. I've indicated – and I will again – that I'm very proud to be working with the Minister's Council on Municipal Sustainability, with the mayor of Edmonton, the mayor of Calgary, the president of AUMA, the president of AAMD and C to discuss the issues involving roles and responsibilities. The purpose of that discussion is to determine: what are the roles of municipalities, what are the roles of the province, and which level of government should most appropriately be providing services to its citizens? Once that has been determined, we can then determine how much it should cost, and then we'll begin the discussion of how it should be paid for.

The Speaker: The hon. Member for Vermilion-Lloydminster, followed by the hon. Member for Lethbridge-East.

2:20 Oversize/Overweight Trucking Permits

Mr. Snelgrove: Thank you, Mr. Speaker. I continue to receive

numerous complaints from commercial truckers who say that they cannot get through on government phone lines to get the permits they need to haul oversize or overweight loads. These complaints have been coming in for months if not years, and in fact I've raised this issue in the Assembly before, yet there seems to be little progress. These people cannot do business without these permits, and their delays adversely affect many other related industries. My question is to the Minister of Infrastructure and Transportation. What is his department doing to address this long-standing concern?

Mr. Lund: Mr. Speaker, it is true that there has been a problem. Of course, at the rate that the province is growing and with the number of trucks and particularly the number of heavy loads that are requiring permits, the system has been very taxed, so we have been moving and are going to be implementing a new system. In fact, the central system that was in place some time back is being replaced. What will happen is that for most permits – there are about half a dozen exemptions – they will be issued through the registry agents as they get trained up. We've got some 19, 20 of them on the way in the province already. They will be offering 24/7 service, so that should alleviate it. The implementation is going to be very soon. As a matter of fact, after the 1st of June of this year for anyone that is faxing, the fax will then be transferred into a registry, or they can go directly into a registry. Then as far as phone calls are concerned, after the 1st of July those, too, will all go to registries.

The Speaker: The hon. member.

Mr. Snelgrove: Thank you, and thank you, Minister. Well, given that these measures may speed up the process to get the permits, there will still be truckers that inadvertently or purposely break the law and are caught. Currently, Mr. Speaker, these people need to attend court to pay a fine. This has got to be costly to the court system. What is the minister doing to streamline this process?

Mr. Lund: Mr. Speaker, as we speak, the process is being changed. In fact, there are a whole host of areas where there will be the ability to pay a fine as opposed to going to court. This is a very important move because we know the difficulty in the court system with all the areas that are now going to court, the overload that they have. To be able to pay a fine and not have to go to court will be very important. That doesn't mean that someone, if they dispute the ticket, isn't going to have the ability to go to court. Yes, they will still be able to go to court, but the ability to pay it – for example, a trucker from Lethbridge gets a ticket at High Level. Well, under the current system he either has to appear in High Level or would have to have an agent appear for him, so there's all that additional cost. Plus, it's going to be great for the court system that it will be streamlined.

The Speaker: The hon. member understands that as a result of his lengthy preamble on the second question, he will forgo the third question.

The hon. Member for Lethbridge-East, followed by the hon. Member for Edmonton-Strathcona.

Education Funding for Lethbridge

Ms Pastoor: Thank you, Mr. Speaker. Yesterday the Education minister ignored the horrific funding situation in my community. The facts are that the Lethbridge public board will need to cut \$2 million in spending as a result of this minister's budget. To the Minister of Education: can the minister tell us how many teachers

Lethbridge public will have to cut and how many more students will have to be in a class to cover the \$2 million shortfall?

Mr. Zwozdesky: Mr. Speaker, I indicated yesterday that Lethbridge public has currently a budget of approximately \$59 million and that that budget on the basic side will probably increase to about \$59.6 million. Then there's additional money coming in on the infrastructure side which will take it up over \$60 million. So there is no cut that I'm aware of that's part of this equation.

In fact, Mr. Speaker, we will be providing additional dollars both through the basic instruction grant increase, which I think is about 3 per cent, plus 2 per cent to all the other parts of the renewed funding framework document. That will result in about 330 million new dollars going into education province-wide, and Lethbridge public will be a significant recipient of those dollars.

The Speaker: The hon. member.

Ms Pastoor: Thank you. The budget was a shortfall, not cut.

When will the minister admit that Lethbridge public is only receiving a 2.31 per cent increase and that whatever other increases he may describe are simply not making it down to the local school board level?

Mr. Zwozdesky: Mr. Speaker, I don't have all of the documents just in front of me, but my recollection is that Lethbridge public will be receiving an additional \$2.4 million, or a 3 per cent increase, to retain 60 teachers that have been hired under the class size initiative over the past two years and that as part of the budget just recently approved here, they will receive additional dollars as well if they have not yet met the commission target guideline or our guideline for class size averages in the kindergarten to grade 3 level. I believe they may already be at that level for grade 4 to grade 12, which virtually every school board in the province is. So we're targeting our monies for those areas that haven't yet met that commission guideline and the internal province of Alberta guideline figure.

The final point, Mr. Speaker, is just to say this. School board budgets are due in to the Ministry of Education by the end of June. We will know by the end of May, for example – and they will as well – how many teachers are retiring and otherwise taking leave or moving. So let's just wait until the final numbers get a little closer to finalization before we get too excited.

Ms Pastoor: Lethbridge is being punished for complying.

Again to the same minister: given that the minister claims to be flowing through 98 per cent of his budget, how can the overall budget be increasing 6.7 per cent when the schools in my community are only getting 2.31 per cent?

Mr. Zwozdesky: Mr. Speaker, I think there has to be a realization of a couple of things. First of all, we do flow out about 98 per cent of all the dollars we receive in the basic portion of our budget for Education. That is a truism. Secondly, we'll wait for the final budgets to come in – that'll be at the end of June, as I have indicated – and adjustments and so on will be made. But one of the most critical things to remember is that we fund a lot of our programs on a per capita basis. Now, province-wide our student enrolment in kindergarten to grade 12 has either flatlined or it's declining. Yes, it does provide some challenges because other areas are escalating in terms of their enrolment growth.

We're working with the school boards very closely. I was with superintendents yesterday. I had a good, long talk with representatives from the Lethbridge school board in particular, and I encour-

aged them to please work with my officials to sort out some of these discrepancies in numbers which the hon. member who just asked the question is floating around.

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

National Child Care Initiative

Dr. Pannu: Thank you, Mr. Speaker. Early today I sent a letter to the Conservative government in Ottawa about how little their so-called child care allowance will benefit most Alberta parents. I will table the letter and related documents later. Recent calculations show that lower and middle-income parents will get to keep as little as 17 cents on the dollar, with the rest taxed back by Ottawa, and in exchange for this minuscule amount of assistance going to parents, Ottawa is tearing up previously negotiated provincial child care agreements. My question will be to the Minister of Children's Services. Given that the city of Edmonton is the latest to add its name to the list of objectors, why do this minister and this government refuse to speak out more loudly against the Harper child care scheme, that will disproportionately harm hard-working Alberta families in the hundreds of thousands who need child care assistance the most?

2:30

Mrs. Forsyth: Well, Mr. Speaker, I don't think there can be a bigger advocate in this province for Alberta's five-point plan than this minister. On numerous occasions I have told the hon. member across the way about all of the things that we have done there. I can go back to a year ago January, when the previous Liberal government decided that they were going to have a child care plan that was equal for all of the provinces and we said no. We wanted a five-point plan that was based on what Albertans wanted and put that off rail and continued to lobby on behalf of Albertans. May I remind the hon. member that the five-point plan that Alberta has put together was based on what Albertans need. I have written to the hon. minister. I flew to Ottawa and spoke to the hon. minister. I have spoken to the media about our aggressiveness. [interjections]

Mr. Speaker, I'm sorry. I guess they don't want to hear the rest of the answer.

The Speaker: The hon. member.

Dr. Pannu: Thank you, Mr. Speaker. To the same minister: given that the Quebec government is negotiating a side deal with Ottawa to keep federal dollars flowing into their child care and early childhood programs beyond 2006-2007, why does this provincial government remain silent and not stand up for Alberta's parents by doing the same?

Mrs. Forsyth: Well, Mr. Speaker, I know that the hon. member was here when we went through Committee of Supply when I was talking about my budget, and I was very clear about the plans that we're doing in Alberta. I called the minister probably 48 hours after she was elected. She didn't even have an office, let alone a phone number. I flew to Ottawa. I have written her. I have said that Alberta continues to lobby on behalf of Albertans.

The Speaker: The hon. member.

Dr. Pannu: Well, thank you, Mr. Speaker. Maybe the minister will table that correspondence.

Should the federal government, against all reason and common

sense, proceed with its so-called child care allowance, will the minister at least guarantee that social assistance and other income support to Alberta parents will not be clawed back as a result? If not, why not?

Mrs. Forsyth: Well, golly gee willikers, Mr. Speaker, the only thing you can guarantee in life is death and taxes, but I will tell you that we will continue to lobby on behalf of Albertans.

The Speaker: The hon. Member for Banff-Cochrane, followed by the hon. Member for Edmonton-Ellerslie.

Ghost-Waiparous Recreation Area

Mrs. Tarchuk: Thank you, Mr. Speaker. My questions today are to the Minister of Sustainable Resource Development. With the summer season fast approaching, attention is again focusing on the very popular Ghost-Waiparous area northwest of Calgary. Every year I hear from constituents expressing concerns over some indiscriminate uses and possible negative impacts on the terrain, vegetation, wildlife, and water quality. They agree with the need for a management plan, have participated in significant public consultation, and are very interested in the timelines for implementing such a plan. Can the minister please advise the Assembly on the status of the Ghost-Waiparous management plan?

The Speaker: The hon. minister.

Mr. Coutts: Well, thank you very much, Mr. Speaker. It is true that over the past five years the Department of Sustainable Resource Development along with departments like Community Development and Environment along with industry, municipalities, off-highway vehicle associations, and recreation users have worked very diligently on a consultative process to put in place a Ghost-Waiparous access management plan.

This last year the off-highway vehicle associations and motorized vehicles have worked very diligently on coming up with a managed trail system that will be implemented this spring. The reason for implementing it this spring is that we want to increase public safety and minimize conflict and make sure that the sustainability and the integrity of the land are kept in place out there. We want to have it for future generations, and, Mr. Speaker, a forest land-use zone regulation will be put in place this spring to regulate it as well.

The Speaker: The hon. member.

Mrs. Tarchuk: Well, thank you, Mr. Speaker. My next question is to the very same minister. I know the minister knows that this area is popular to literally thousands of Albertans, and I wonder if he could tell us how he plans to educate users on the impending regulations for the area.

Mr. Coutts: Mr. Speaker, that's a very good question. In fact, there will be new rules for the area, and those rules will be in place. It's important to educate the people that have traditionally used that area as well as the new users to make sure that they know the rules so that the place can have some semblance of order because what we're looking at is public safety. We have 40 new guardians hired this year. As a matter of fact, this morning I was in Hinton at our training centre where those 40 new guardians will be trained to implement those new rules as well as our respect the land program. We also made sure that we have a dedicated brochure on the new trail system, put in simple language, that they can give out to the

users of the area so that everybody will know and understand the use of the area.

The Speaker: Hon. member?

Vignettes from the Assembly's History

The Speaker: Hon. members, we'll get to Members' Statements just momentarily, but first our historical vignette of the day. On September 22, 1933, Vivian MacMillan, a stenographer employed by the government of Alberta, and her father, Allan D. MacMillan, brought a civil suit against Premier John Edward Brownlee under the Seduction Act seeking damages and compensation for Brownlee's alleged seduction of Vivian MacMillan from the time she was 18 and over the course of three years.

Premier Brownlee categorically denied the allegations, asserting in his defence that there was not a word of truth in the MacMillans' suit and that he intended to defend the action to the limit. Brownlee issued a counterclaim in November 1933 alleging that Vivian MacMillan together with her medical student suitor, John Caldwell, had conspired to level false allegations against him.

After a sensational – underline the word “sensational” – trial on June 30, 1934, jurors awarded \$10,000 in damages to Vivian MacMillan and \$5,000 to her father. The trial judge, William C. Ives, admonished the jury for reaching a verdict inconsistent with the evidence, overturned the decision, and imposed court costs upon the MacMillans. Despite Judge Ives' actions Brownlee recognized that the jury's initial verdict signalled an end to his political career.

On the morning of July 5, 1934, Brownlee delivered his resignation and that of the entire cabinet to Lieutenant Governor William L. Walsh. The resignations were effective July 19, 1934. On the same day Richard G. Reid, Provincial Treasurer and United Farmers of Alberta member for the constituency of Vermilion, was sworn in as Premier.

In the general election of August 22, 1935, Richard G. Reid, John Edward Brownlee, who ran in Ponoka, and the United Farmers of Alberta government were defeated in a landslide victory by the Social Credit, which won 56 out of a total of 63 seats in the Legislative Assembly of Alberta.

There are a number of postscripts to this vignette. Postscript one: in 1937 the MacMillans successfully appealed Justice Ives' decision to the Supreme Court of Canada. Postscript two: on June 4, 1940, Brownlee's appeal of the Supreme Court's decision to the Judicial Committee of the Privy Council of the United Kingdom was dismissed. Postscript three: the Judicial Committee of the Privy Council, located in the United Kingdom, was the highest court of appeal in Canada in 1949. Postscript four: the law firm Brownlee LLP bears the name of Alberta's fifth Premier.

Hon. members, might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

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

The Speaker: The hon. Minister of Aboriginal Affairs and Northern Development.

Ms Calahasen: Thank you very much, Mr. Speaker. Today is a great day. I have the pleasure of introducing to you and through you to the members of this Assembly 21 visitors. They are seated in the members' gallery. They come from High Prairie, and they attend Northern Lakes College. There are 17 students and four staff. The staff are Mrs. Christine Neidig, Ms Catherine Rigaux, and of course

parent helpers Mr. Jim Meldrum, who's a bus driver, and Mrs. Susan Cunningham, who is also a bus driver. They have travelled a long way, and I'd request this Assembly to give them a very warm, warm welcome.

2:40

The Speaker: The hon. Member for Cardston-Taber-Warner.

Mr. Hinman: Thank you, Mr. Speaker. It is a pleasure today to introduce to you and through you to all members of this Assembly an outstanding group of students, teachers, and volunteers who represent the best and the brightest of rural Alberta. The Raymond show choir comes from a school of 230 students. The choir of 80 voices, almost one-third of those students, performed in the Glenwood and Fort Macleod schools on their way to Edmonton. During the lunch hour the choir performed in the rotunda under the direction of John Squires and Jolene Paxman.

Raymond high school excels in sports and academics as well as the arts. We often state in this House that we judge society by how well we protect and care for those who are vulnerable. However, the other side is true; that is, the development of our cultural arts showcased today with the Raymond show choir inside this architecturally beautiful building. The Raymond high school graduates all-round students. These students are more than jacks of all trades; they are masters of many. I would like to thank them for sharing their talents with all of us today and for the dedication and the personal sacrifices of their teachers and community volunteers, in some small way saying thank you to the hon. Member for Strathmore-Brooks for announcing a new school in Raymond last year.

At this time I would ask the Raymond show choir, the volunteers, and the teachers to please rise to receive the warm welcome of this Assembly.

Thank you very much.

head:

Members' Statements

The Speaker: The hon. Member for Red Deer-North.

Armenian Genocide

Mrs. Jablonski: Thank you, Mr. Speaker. On April 24, 1915, several hundred Armenian community leaders and intellectuals in Constantinople were massacred. This was the beginning of the Armenian genocide, that is commemorated each year at this time. Not long after the massacre of these leaders by the young Turk faction of the Ottoman Empire a mass deportation and systematic annihilation of Armenian men, women, and children failed to shock the world into action. Over 1.5 million Armenians were murdered. My grandparents, by the grace of God and the love of a Turkish family, survived this massacre. It is important to remember the Armenian genocide because there is a direct connection to the Cambodian killing fields, the Rwandan genocide, the Bosnia-Herzegovina genocide, and the Jewish Holocaust.

In preparation for the invasion of Poland Adolf Hitler said:

Our strength consists in our speed and in our brutality. Genghis Khan led millions of women and children to slaughter – with premeditation and a happy heart. History sees in him solely the founder of a state . . .

I have issued the command – and I'll have anybody who utters but one word of criticism executed by a firing squad . . . Accordingly, I have placed my death-head formations in readiness . . . with orders to them to send to death mercilessly and without compassion, men, women, and children of Polish derivation and language . . . Who, after all, speaks today of the annihilation of the Armenians?

It is not enough to just remember. We must also act. Just as the Member for Stony Plain asked in his statement on Holocaust Memorial Day, I too would urge all members of this Assembly and all Albertans to actively promote acceptance of all people and to protect their rights and uphold our way of life in this province. Mr. Speaker, with our thoughts and with our actions we can show that we remember.

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

Hobbema Community Cadet Corps

Mr. Johnson: Thank you, Mr. Speaker. It's my pleasure to rise and recognize an exciting program which is taking place in my constituency. The Hobbema Community Cadet Corps, which commenced on November 22, 2005, promotes community involvement, volunteerism, assisting in traditional community events, and scholastic achievement. This program is cast in the same mould as a program which began operating in Saskatchewan roughly 10 years ago and which is operating in various provinces throughout Canada. A unique aspect of this program is that it is organized and run by the youth who participate in it with facilitation by adults.

One of the founding principles of the program is that while sponsors pay for uniforms, cadets do not receive their uniforms for free. It is necessary for the cadet to work off the \$200 cost of the uniform by providing volunteer services in their community at the rate of \$7.50 per hour. This translates into each cadet providing at least 26 hours of volunteer time, which gives the cadet the opportunity to build stronger ties with their community while reinforcing an important principle of the program, namely accountability. Another great aspect of this program is that it is closely tied with the school which the cadet attends. A cadet's level of success and, therefore, advancement through the ranks is directly linked to their grades and their attendance in school. So if the cadet wishes to succeed in the corps, he must also succeed in school.

In general, then, the cadet corps provides a supportive environment where members are able to attempt new challenges. This program has enjoyed amazing success in the short time in which it has been operating. Since its foundation the Hobbema community cadet corps has grown to over 400 members.

I'd like to congratulate all of the cadets who are making this program successful beyond any expectations. I would also like to congratulate the RCMP members, especially Corporal Huculiak and Sergeant Linnell, who volunteer their time to assist with this very successful program.

Thank you.

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

Privatization

Mr. Agnihotri: Thank you, Mr. Speaker. The privatization of registries and auto insurance in this province has had a negative effect on countless Albertans, from concerns over security issues such as identity theft to a higher cost of goods and services once managed by the public. Many of my constituents have raised concerns that in the days since Alberta's privatization of these industries, costs have increased while services decreased. They believe that this government does not create policies in the interests of Alberta consumers. Despite promises that privatization would reduce prices and improve services, this simply has not been the case.

In the year 2003 the Consumers' Association of Canada released a report that confirmed that Albertans are suffering under the

government's privatization agenda. The report states that Alberta consumers can expect to pay, on the average, twice as much for auto insurance as consumers in the three other western provinces, who have maintained a public system. This is unacceptable. Whether it is auto insurance, electricity deregulation, or health care, this government continues to pursue its privatization agenda, fuelled by a blind faith in the merit of competition.

In the interests of my constituents and all Albertans I urge this government to put an end to this disappointing trend. In general, privatization has not brought savings for Albertans as promised, nor has it brought about better service. When developing its policies, the government must be responsible and ensure that these policies will benefit all the people in this province and not only a select few.

Thank you.

The Speaker: The hon. Member for Calgary-Mountain View.

Conflict in Sudan

Dr. Swann: Thank you, Mr. Speaker. Recognition today of the Armenian genocide and our recent commemoration of the Jewish Holocaust moves us deeply. We have pledged ourselves as Albertans and Canadians to never again allow such violations of humanity. Eleven years ago the world watched in horror but failed to act as 800,000 Tutsis were massacred despite desperate pleas from around the world.

In Sudan, before the carnage began in Darfur, before 2003, more than 2 million died and 4 million were displaced, driven from their homes in oil-rich lands in southern Sudan by the murderous government of Khartoum. Now, in the past three years in Darfur the death toll has reached 400,000 men, women, and children and 2.4 million internally displaced, now at risk of starvation. Aid agencies, including Albertan Val Laforce of Medicine Hat, are leaving the area due to increasing violence and are calling on all citizens in free countries to act. African Union troops have not been effective, and the UN is unlikely to mobilize an international force.

It's time for Canada to lead. Violations of international law and humanity anywhere are assaults on all of us. We are either complicit in silence and inaction or we stand for human rights and security. An informal group of citizens, including former MP David Kilgour and myself, have written to all MPs and Senators, urging Canada to leave the bleachers and lead, to quote Prime Minister Harper.

NATO forces successfully and legitimately sidestepped the UN and saved the civilian population of Kosovo. If European citizens can be saved in Kosovo, cannot Africans be saved in Darfur?

I call on each member of the Assembly and all citizens to contact their Member of Parliament this week and express the strongest possible support for international action, led by our federal government, to immediately intervene in the emerging genocide.

What will you tell your grandchildren when they ask what you were doing when Darfur went down?

Thank you, Mr. Speaker.

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

2:50 Parks and Wilderness Areas

Mr. Eggen: Thank you, Mr. Speaker. The signs of spring are finally upon us. The weather is getting warmer, grass is showing signs of green, and for many families this is the time to dust off the camping gear and make plans to spend some time in our provincial parks. I'm afraid that if they haven't been there for a while, they might be in for a rude awakening.

Years of neglect have left our province's parks in an inexcusable

state of disrepair. I'm hearing an increasing number of complaints about the quality of our parks, and no wonder. This government does not treat our parks and recreation facilities like valuable resources. They seem to merely tolerate the existence of many parks rather than protect and enhance them like the treasures that they deserve to be treated like.

Rather than protecting ecosystems, this government allows development activities directly inside park boundaries. Alberta wilderness areas are often fragmented and disconnected from creating a continuous ecosystem. The EUB is currently considering a proposal to allow Petro-Canada to construct a well site and access road in the Naraway woodland caribou herd's range in the northern foothills. Meanwhile, Canadian logging giant West Fraser continues to log critical caribou and grizzly bear habitats on our public lands. They hold tenure rights for over half of Alberta's foothill ecoregion, which contains the last remaining intact woodland caribou habitat in Alberta. Camping areas around Fort McMurray, which were once recreational destinations for many Albertans and a large appeal for living in Fort McMurray, are now being used to accommodate the booming population in that region.

Aside from the intrinsic value of protecting our wilderness areas, parks provide an opportunity for Albertans to engage in affordable family recreation and to reconnect with nature. It would be a shame to see opportunities for families to learn and experience our natural world permanently lost because this government will not stand up to industry and won't provide adequate park wardens and fish and wildlife officers to maintain the integrity of our provincial parks.

Thank you.

The Speaker: The hon. Member for Lac La Biche-St. Paul.

Athabasca University

Mr. Danyluk: Thank you very much, Mr. Speaker. I stand today to share with members an Alberta success story. That success story is Athabasca University in the Northern Alberta Development Council area.

Athabasca University was created in 1970. In the early years, between 1972 and 1975, Athabasca enrolled 650 students. This was a modest beginning. But take notice of what happened, Mr. Speaker. Since then Athabasca has become Canada's leading distance education, online university. It is Canada's open university. When I say that Athabasca University is an open university, I mean that Athabasca makes it possible for Albertans to earn a university degree regardless of where they live or where they work, regardless of their commitments to careers or families. Athabasca gives all Albertans access to a university education.

Last year Athabasca University served over 32,000 students. Most of these students are Albertans, but there are also students from every part of Canada, provinces and territories, and also from around the world. Athabasca University is not only the fastest growing university in Alberta, but rumour has it that it is the fastest growing university in Ontario as well.

Athabasca University offers professional programs and programs in the arts and sciences. Athabasca's MBA is one of the largest and most successful business programs in the country. But that, Mr. Speaker, is not all. Last year Athabasca University became the first Canadian university that can officially offer its degrees in the United States.

Athabasca University has taken the idea of Campus Alberta to heart. Athabasca has partnerships with all other colleges around the province. Mr. Speaker, we should be proud of the education we provide in our province at Athabasca University.

The Speaker: I must say that I'm very encouraged by the perfor-

mance of the hon. Member for Lac La Biche-St. Paul today. That statement was one minute, 59 seconds, so the member listened very attentively to the adjudication of Standing Order 7(4). The chair will now provide that reminder to the hon. Member for Edmonton-Ellerslie and the hon. Member for Edmonton-Calder.

head: **Presenting Petitions**

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

Ms Blakeman: Thank you very much, Mr. Speaker. I'm very pleased to be able to present over 2,100 signatures on petitions from people who were most anxious to let the government know about their opposition to plans for expansion of private, for-profit hospitals and allowing doctors to work inside and outside of the system, any action by the government to contravene the Canada Health Act, or to paying for private health insurance.

Thank you very much, Mr. Speaker.

head: **Notices of Motions**

The Speaker: The hon. Government House Leader.

Mr. Zwozdesky: Thank you, Mr. Speaker. I rise pursuant to Standing Order 34(2)(a) to give notice that on Monday, May 1, either I or one of the deputy leaders will move that written questions appearing on the Order Paper do stand and retain their places with the exception of Written Question 14.

I'm also giving notice that on Monday, May 1, one of our deputy leaders will move that motions for returns appearing on the Order Paper do stand and retain their places with the exception of motions for returns 23, 24, and 25.

head: **Tabling Returns and Reports**

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

Mr. Chase: Thank you very much, Mr. Speaker. I have three sets of tablings. The first has to do with a discussion that was held in this House on March 1, conducted between myself and the Minister of Health and Wellness on gastroparesis concerns.

The second tabling is a letter I received, which was very much appreciated, from the Minister of Health and Wellness indicating her support for a province-wide news release to help raise awareness of digestive disturbances.

The third is the responses I received from the minister regarding questions with regard to gastroparesis from the Committee of Supply meeting on March 1, 2006.

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

Dr. Pannu: Thank you, Mr. Speaker. I've got two documents to table today. The first is a letter I sent to Prime Minister Stephen Harper this morning, urging him to revisit the whole issue of the future of the national child care program and his proposed alternative to it, the child care allowance scheme.

The second document, Mr. Speaker, is entitled *The Incredible Shrinking \$1,200 Child Care Allowance: How To Fix It*. Its author is Ken Battle, and it's published by Caledon Institute of Social Policy. The paper argues that the Prime Minister's proposal is social policy by stealth, which includes the use of arcane and poorly understood technical mechanisms to implement public policy changes without public explanation of the real consequences.

Thank you, Mr. Speaker.

The Speaker: The hon. Minister of Municipal Affairs.

Mr. Renner: Thank you, Mr. Speaker. I'm pleased to table on behalf of the Minister of Finance five copies of a letter she sent to the hon. Member for Edmonton-Rutherford on matters raised by him during question periods on April 4 and 10 through 13 regarding Rod Love Consulting Inc. During at least two of those exchanges the minister undertook to review the issue and provide more information to the member, who will have received earlier today the information that I am now tabling.

The Speaker: The hon. Minister of Education.

Mr. Zwozdesky: Thank you, Mr. Speaker. During question period today our hon. Premier indicated that he would table the letter dated January 21, 2006, from the Lviv oblast state administration in Ukraine, which is addressed to our Premier and includes an invitation for our Premier to visit Ukraine. I should add that there's a page 2 to that letter, which contains a list of at least nine initiatives to be followed up during the meetings in June, I believe, and that includes five that are specifically education related. So on behalf of the hon. Premier I'm pleased to table the required number of copies in that regard.

head: **Tablings to the Clerk**

The Clerk: I wish to advise the House that the following documents were deposited with the office of the Clerk. On behalf of the hon. Mr. Cardinal, Minister of Human Resources and Employment, pursuant to the Engineering, Geological and Geophysical Professions Act the APEGGA, Association of Professional Engineers, Geologists, and Geophysicists of Alberta annual report 2005.

On behalf of the hon. Mr. Zwozdesky, Minister of Education, pursuant to the Government Accountability Act the Alberta Education 2006-2009 business plan and the school jurisdictions' audited financial statements for the year ended August 31, 2004, sections 1, 2, and 3.

head: **3:00 Projected Government Business**

The Speaker: The Official Opposition House Leader.

Ms Blakeman: Thank you, Mr. Speaker. I would ask the Government House Leader to share with the Assembly the projected government business for the week commencing May 1.

The Speaker: The hon. Government House Leader.

Mr. Zwozdesky: Thank you, Mr. Speaker. I'd be very happy to do that. On Monday, May 1, in the afternoon, that being private members' business, written questions will be dealt with, motions for returns will be dealt with as enunciated by myself just a few minutes ago, and Public Bills and Orders Other than Government Bills and Orders will include second reading of Bill 208 and Bill 210. Monday evening under private members' motions we should be able to deal with private member's Motion 508. At 9 p.m. under Government Bills and Orders we should deal with the government motion with respect to Her Honour the Governor General of Canada's address to the Assembly coming up on May 4, and then we should go on to second reading of Bill 29, Bill 31, Bill 35, Bill 37, Bill 36, and Bill 38, and following that, in Committee of the Whole Bill 20, all of that subject to availability of time and so on.

On Tuesday, May 2, in the afternoon, that being a day for Committee of Supply, we will deal with Government Services

estimates. In the evening on Tuesday we will deal with Committee of Supply again, specifically International and Intergovernmental Relations estimates. Following that, in Committee of the Whole we will hopefully be able to deal with Bill 28, Bill 33, Bill 34, Bill 20, and otherwise as per the Order Paper.

On Wednesday, May 3, in the afternoon under Government Bills and Orders it will be a day of Committee of Supply, and we will deal with the Ministry of Sustainable Resource Development and its estimates. In the evening we will deal with another Committee of Supply, specifically the Ministry of Justice and Attorney General and their estimates. Following that, under Committee of the Whole I anticipate that we will be able to deal with Bill 14, Bill 25, Bill 31, Bill 32, Bill 26, Bill 29, and Bill 20, and otherwise as noted on the Order Paper.

On Thursday afternoon, May 4, we will of course be pleased under government motion to receive Her Honour the Governor General of Canada for her address to the Assembly. Following that, it will be a day of Committee of Supply, at which time we should be able to consider the Solicitor General and Public Security's estimates and otherwise as per the Order Paper.

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 2006-07**

Health and Wellness

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

Ms Evans: Thank you, Mr. Chairman. In addressing the estimates today, I would like first of all to introduce people in the members' gallery that are accompanying me, staff that will make sure that we respond to those questions that we may not be able to have either the time or the capacity to follow through with. I would invite members to acknowledge the presence of Bruce Perry, ADM in charge of finance; Peter Hegholz, who is a very strong support there for our financial matters; Murray Finnerty, who is the CEO in charge of AADAC; and from our office special policy adviser Michael Debolt.

In general on the 2006-07 budget, it has increased to \$10.3 billion, an increase of \$735 million, or 7.7 per cent, over last year. Nearly two-thirds of the Health and Wellness budget is being provided in operating grants to health authorities. Base operating funding to health authorities increases by \$338 million, a 6 per cent increase on average. Health authority funding was allocated to address population growth and inflation costs ranging from 4.9 per cent for the Chinook health region to 8.3 per cent for the Northern Lights health region. The allocations provide fair and sufficient operating funds to maintain existing and new services. We fully expect that health authorities will be able to manage within their budgets.

Seven hundred and forty-eight million will be spent on health capital, including \$672 million in capital grants to health authorities. Spending on the 2006-2009 capital plan will increase by 74 per cent over the previous three-year plan to \$2.9 billion. This includes \$2.5 billion for health facility projects, including the Alberta bone and joint institute in Calgary and the Mazankowski Alberta Heart Institute in Edmonton as well as health facilities in a number of communities. These projects will add an estimated 2,000 new beds, \$309 million over three years for health information systems,

including the electronic health record, Alberta Netcare, and diagnostic imaging.

Physician services receive an allocation of \$1.88 billion, which includes \$75 million for alternative payment plans to allow academic physicians to focus more time on research, education, and delivering specialty care to Albertans; \$70 million for primary care initiatives; \$21 million for the physician office system program to expand the electronic health record to physician offices. Twenty-seven million will be spent this year to reduce wait times for hip and knee replacements as well as breast cancer care, coronary artery bypass surgery, MRIs and CT scans, and prostate cancer care. The Alberta hip and knee replacement project, which decreased wait times for orthopaedic surgery from 47 weeks to five weeks, will be used as a model to reduce wait times for other surgeries and procedures.

Forty-two million will be spent to improve continuing care by increasing the number of nursing hours and personal care in long-term care facilities, increasing therapy, implementing new health care standards, and improving case co-ordination. This increase is on top of the \$25 million increase provided in 2005-06. Mr. Chairman, since March of 2005, at the end of the 2004-05 budget, we have increased the funding for long-term care by a total of \$83 million through funds spent at year-end, in-year spending, third-quarter spending, and the spending that's implicated in the budget of 2006-07.

Income thresholds for Alberta health care insurance premiums increased by \$5,000 on April 1, 2006. This change will mean that an additional 140,000 people will no longer pay health care premiums or will pay at a reduced rate, saving them about \$30 million in 2006-07.

Twenty-five million will be drawn each of the next three years from the \$500 million Alberta cancer prevention legacy fund to expand cancer screening programs and develop a virtual cancer research institute to co-ordinate cancer research.

The Alberta Alcohol and Drug Abuse Commission's budget is increasing by \$19 million, or 25 per cent, to \$95 million in 2006-07. Fourteen million of this increase is being used to implement services to help children abusing drugs, including providing 20 confined residential beds.

For the first time the Alberta Health and Wellness budget has surpassed the \$10 billion mark. Every hour we spend more than \$1.2 million to maintain and improve Alberta's health care system. Total Health and Wellness spending will account for 36 per cent of government's total expense in 2006-07. If health spending continues to grow by 8 and a half to 9 per cent, health spending could consume about 60 per cent of the total public spending in Alberta by 2025.

3:10

What we've accomplished. Let me touch briefly on the ministry's recent accomplishments. The international health symposium was held last May, featuring 28 speakers from nine countries and over 400 delegates participating. The goal of the symposium was to identify innovations that drive excellent health systems and healthier populations. In July the 13-point action plan *Getting on with Better Health Care* was released and followed up by the submission of more than 450 online and written surveys. Government accepted the *Achieving Excellence in Continuing Care* report in principle and committed over \$36 million in new funding to correspond to recommendations to improve continuing care health services, accommodation, and quality of life issues.

In October \$1.4 billion in funding was allocated to 20 capital projects across the province to add bed capacity in the form of new buildings and renovations and expansion of existing facilities. Under the mental health innovation fund a total of \$75 million was

granted to 30 new projects over the next three years to provide a wide range of mental health services. Fourteen local primary care networks are now in operation throughout the province. The networks involve more than 500 physicians and serve 770,000 patients, and, Mr. Chairman, that continues to expand even today.

The Smoke-free Places Act was implemented January 1, 2006, to prohibit smoking in any public place or workplace that is accessible to anyone under the age of 18. The Cancer Prevention Legacy Act was introduced to create funding that will go towards putting Alberta at the forefront of cancer prevention, screening, and research.

The health policy framework was released in February, identifying 10 new policy directions to guide innovative changes to the public health care system, addressing rising costs of pharmaceuticals, rapidly changing technology, and a growing and aging population. Consultations held in March determined how government should proceed with implementing policies, and eight of the policy directions will be going ahead. We'll be introducing legislation later this spring to help government advance its health care renewal plans.

Our priorities for this year. The ministry's vision is for Albertans to be healthy, to work and play in a healthy environment. The mission of Health and Wellness is to "support individuals, families and service providers in making the best decisions about their health." To provide this support, we will provide leadership and work collaboratively with partners to help Albertans make the best decisions about their health. The ministry fulfills this mission through its three core businesses: being an advocate in providing education for healthy living, providing direction and funding for quality health and wellness services, and leading and participating in continuous improvement in the health system. In addition to the ministry's ongoing core activities, we have two strategic priorities this year: finding innovations to make health services more efficient, responsive, and accessible and strengthening public health risk management capacity.

As we look to the year ahead, we will continue to consult with Albertans on improving our health care system and making further progress on other key goals. We will continue to address four immediate government priorities reinforced by the international health symposium: promoting wellness, particularly of children and youth, advancing primary health care, realizing improvements in mental health services and delivery, and making the electronic health record a robust reality in 2008.

Mr. Chairman, obviously besides these four priority areas, we will work very hard on the cancer legacy project as identified in Bill 1. Our Healthy U program will continue to promote the benefits of healthy eating and daily physical activity to Albertans, with a special focus on children and families. This winter more than 6,000 Albertans visited the Healthy U Crew booth at 18 different events across the province.

Health and Wellness is working with Alberta Education to address healthy eating and physical activity for schoolchildren. We will continue to establish more local primary care networks in all nine health regions, and when all 29, which we anticipate, are operational, they could include as many as 900 physicians and many other health professionals. The primary care initiative has led to 24/7 access to primary health care services and will be the new model to lead the future of primary care in Alberta. We will capitalize on the success of the hip and knee replacement project, using it as a model to reduce wait times for other surgeries and procedures, and will continue expanding Alberta electronic health records, making more patient information available to health professionals across regional health authority boundaries by 2008.

Other priority areas in the business plan include improving access, where we will strive to reduce wait times for elective surgery, and

improving access to primary care, subacute home care, and pharmaceuticals. Mr. Chair, I will never be satisfied until no child in Alberta has to wait for treatment or care when they need it.

Promotion and prevention. We will encourage Albertans to take greater responsibility for their health and wellness. Mr. Chairman, if you get up in the morning and you don't love what you see, then it's time to make yourself into a healthier and better person.

Mr. Chairman, children's health will continue to be a top priority, emphasizing and encouraging lifestyles, improving the rate of immunization against common childhood diseases, and reducing harm from violence and drugs. We will expand community-based care, strengthening care for seniors, persons with disabilities, and those with addictions and mental health needs, who will be able to receive the care they need on a timely basis in their communities.

In continuing care improvements will be made by increasing daily nursing and personal care hours from 3.1, which was the previous standard, to 3.6 for long-term care residents, noting, Mr. Chairman, that through this past year most achieved the standard of 3.4 hours by August, and finally, by January, all had achieved that standard.

Implement new health care standards, improving case co-ordination, and manage growing costs of emerging technologies and pharmaceuticals. Health and Wellness will work with authorities and health care professionals so that the right technologies and drugs are used at the right time for the right condition. It is important that all Albertans have access to quality pharmaceutical services regardless of their financial situation.

On health workforce recruitment and retention, working with our partners to ensure that we have the right mix and enough health providers to meet current and future needs, we are pleased to advance the case of working with Alberta Advanced Education, assuring that we will make great strides in closing the gap between what we have and what we need.

Improving access to mental health services has to be a huge priority for all of us. Regional health authorities particularly will be required to report on mental health plans by addressing the need for mental health services.

Our electronic health record, or Alberta Netcare, will continue to expand to help more efficient and effective service delivery.

We will work to prevent Albertans from being exposed unnecessarily to communicable diseases, working to strengthen the system, responding to public health issues and risks, working to assure that Albertans get timely information on how to protect themselves. In short, Mr. Chairman, working not only within Alberta but with our federal partners to pandemic-proof as much as possible our Canadians.

We will work to prevent Albertans from being exposed to environmental health risks, protecting through education, regulatory enforcement, and partnership with other agencies.

Mr. Chairman, I'd like to just summarize our challenges. We continue to face a number of challenges in working to improve the health care system. These include population growth and changing demographics. Currently 10 per cent of Alberta's population is 65 years of age and older. This population is expected to increase to 13 per cent by 2016 and then 20 per cent before 2030. The population continues to shift from rural to urban centres and is one of the highest population growth rates in Canada, at approximately 1.5 per cent per year.

Other challenges include the cost of emerging technologies and pharmaceuticals, workforce shortages, expectations for health service quality, increased health spending, public health risks, aboriginal health needs, mental health challenges, and addiction issues. Mr. Chairman, we face the stresses of a robust economy and

Albertans that have come in to work in this economy and don't have the full capacity of families behind them.

3:20

Mr. Chairman, we face the challenge of Albertans who are not prepared to take sufficient ownership for their own health and wellness. It is something that we will continue to try and stress through program delivery, reminding people like the 18- and 19-year-olds that just because they're not seeing a TV ad reminding them not to smoke, it doesn't mean that they shouldn't be looking after their lungs. I'm astounded how frequently Members of this Legislative Assembly sitting on the opposite side continue to imagine that this government should be responsible for making changes in human behaviour in everything from nutritional needs to the health and living habits of Albertans. We carry an enormous responsibility for ourselves, and we must never lose sight of that.

While we face enormous challenges, we're fortunate to have many opportunities to address these challenges and to work, through foresight and innovation, on addressing those challenges. According to the 2005 Alberta Health survey, 88 per cent of Albertans were satisfied with the way health services are provided; 86 per cent indicated satisfaction with the quality of care they received. They frequently, though, remind us that they wish to have greater access and more timely access, a challenge not only in Alberta but across the country.

While Alberta's health care system continues to receive high marks, there will always be room for improvements. We will encourage regional health authorities to be more innovative and more accountable. As I discussed, we will emphasize wellness. We will make strategic investments to improve access and quality for all Albertans, including the aboriginal communities.

All of the ministry's spending will focus on the most effective and efficient use of resources and continuous service quality and improvement. Our government sees a healthy province as one of the most important resources for the future. The health and well-being of each and every Albertan will be our top priority as we implement the Health and Wellness business plan in the coming year.

Thank you. And, Mr. Chairman, may I move the estimates of Health and Wellness?

The Deputy Chair: Thank you.

Hon. members, before I recognize the Member for Edmonton-Centre, may we briefly revert to Introduction of Guests?

[Unanimous consent granted]

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

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

Ms Blakeman: Thank you very much, Mr. Chairman. I'm just delighted to welcome to the public gallery several people who have joined us to witness the Health and Wellness debate. The first person I'd like to introduce was a colleague of mine, and she is currently a city councillor for the city of Edmonton in ward 1. Many of you will remember her serving very well on this front bench as the opposition critic for social services, which included child welfare and disability programs, between 1997 and 2001, a very vigilant defender of the vulnerable, and that's Linda Sloan. She is here today with Monica Rosborough and Anton Szabo. I'll also note that Kevan Rhead, who is a long-time advocate on health care, is joining us as well. Now, I'm going to have Kevan add to the whole bunch, and I'll get you all to stand. Please welcome them. Thank you.

I'll note that Councillor Sloan is very particularly interested in improvements for ambulance services and emergency room wait times, and she's done quite a bit of work on this under her assigned section as a city councillor.

head: **Main Estimates 2006-07**

Health and Wellness (*continued*)

Ms Blakeman: What I'd like to do today, Madam Minister: I've got about 20 areas of interest I'd like to talk to the minister about and get some responses on. I'm thinking that if I do about two minutes each, that's 40 minutes' worth of talking, so I'll try and do this in two sections of 20 minutes each.

I am going to start, actually, with a question about ambulance services. Now, shortly after the minister was appointed in March of 2005, which was, I think, exactly one month before the municipalities were to hand over responsibility for ambulance services to the health regions, the minister announced that that program would not be going ahead and plans would be put on hold indefinitely. That caused great consternation. We talked about it quite a bit at the budget debates last year because they had in fact been instructed to allocate their money for ambulance services to other divisions, and they did. Then when they had to keep running them, they were either having to run a debt or cut services in other areas, which was most unfortunate.

I understand that the ministry is planning to re-evaluate whether to proceed with this transfer, and there are pilot projects complete in the Palliser and the Peace Country health regions. With that is a corollary issue around emergency room overcrowding. That's a constant issue and often goes hand in hand with the issues around availability and wait times for ambulances. I think that connected to that is insufficient funding by the government to increase the number of acute care beds, which would ease the backlog in emergency room admittances. So there's been no increase in funding for the municipal ambulance program, and the funding that was announced by the minister last year was already well known to be insufficient at the time.

One of my questions is: will the minister explain why the decision was made not to increase funding for ambulances? Can you update us on the status of the pilot projects in Palliser and the Peace Country health regions? I'd like to know which stakeholders are being consulted as part of this pilot project. Are all of the municipalities that are in the regions involved in the decision-making process of an analysis around the success or the status of those pilot projects? I'm interested in whether the minister has received any complaints from the municipalities about the management of the pilot projects. I know, in fact, that they have, and I'd like to hear a discussion about that. I'd like to know when we can expect to see a report made public on these pilot projects.

We have seen a dramatic increase – in some cases, I think, a tripling – in the number of code reds and code burgundies in Edmonton and Calgary caused by a number of factors, but I would venture that it's a lack of staffing, a lack of beds, and overall management. One of my perennial questions is: given that, you know, the pressures on the emergency rooms happen every year at the same time – we know it is flu season; it's entirely predictable; it has happened every year that I've been in this Assembly – why can the government not plan adequately for these flu seasons and get ahead of this? Why does it always seem to be scrambling and behind on it when we know it's coming, when we know it happens at the same time every year? Does the ministry have some level of code reds or code burgundies that they will accept or tolerate? Is there a tolerance level there, and beyond that everything kicks into high gear? What's the issue?

There was a pilot project that placed paramedics in the emergency rooms to reduce the amount of time that the paramedics in Edmonton spent waiting in emergency departments. I'm wondering if the minister has considered expanding that program if I'm thinking of the right program. I know that there's a problem with the handing off of patients that come in ambulances. They have to officially hand over their patients, and if there's nobody to accept the patients, then the ambulances have to sit and wait. That's part of our problem with the usage of ambulances. I know that I can say that accurately from Edmonton. So, you know, when we have slower response times, that's sometimes because we've got one or two ambulances sitting in the loading bay in the hospital waiting to hand over their patients so they can leave and go and get somebody else. This paramedic program in the waiting rooms should alleviate that. That's why I'm questioning whether there's a plan to expand that or put it in every hospital or what the status of it is.

The other issue around transport of patients that's arisen is air ambulance services. Now, this was cut by \$4 million. That's appearing on page 258 of the estimates. Vote 2.2.4 went from \$40 million to \$36 million, and the municipal ambulance program received no increase. That's staying at \$55 million. Can the minister explain her decision to cut funding in this area and essentially also cut it from municipal services seeing as we've now had two years' worth of inflationary and volume increase costs that are putting additional pressure on that \$55 million worth of funding there?

3:30

I'm going to move on to an issue of— well, see, that one series of questions took me six minutes. I'm never going to get through this all.

Okay. Midwifery is the next issue I'd like to bring up. In 1990 the organization I then worked for, the Advisory Council on Women's Issues, made a very thorough recommendation about making midwifery services a recognized profession, forming standards and credentials for it and covering midwifery services under health care. In 1991 the Health Disciplines Board recommended public funding of midwifery care. In 1993 there was an additional government-funded body that also recommended the same thing. Since then and in my time in here we've had a series of health ministers, all of them running different pilot projects and studies and explorations in different areas with slightly different focuses.

We know that the full course of midwifery care costs between \$2,500 and \$3,000, which is significantly less than a normal delivery in a hospital, which is around the \$4,100 mark. That \$4,100 is not including the cost of follow-up examinations, epidurals, and other expenses. So again I'm asking the minister why it's taking so long for the government to follow through on funding when midwifery care could alleviate pressures in so many different areas. Why will the ministry, why will this government not support midwifery services being funded under health care? It makes sense. The studies support it. The pilot projects support it. What is the problem?

In 1991 the Health Disciplines Board recommended the development of a baccalaureate program in midwifery as well. We are seeing midwives leave the province either because of the high costs of their operating versus how much money they can make right now and the difficulties they're encountering in their ability to practise but, I think, also experiential training. So I'm asking if the ministry will work with the Department of Advanced Education to establish a baccalaureate program in midwifery. If that's already under consideration, what is the timeline that is being considered there?

I'm going to move to long-term care, Minister, which is appearing

on page 31 of your business plan. There are lots of nice words in here about improving the quality of continuing care services by implementing new standards for long-term care centres and continuing care services, et cetera, et cetera, but really what we've seen is \$42 million that is being provided to improve continuing care throughout the province. I think the minister said \$83 million, and I'm interested in how that divides out because our count is \$42 million.

Of course, what is really lacking are the standards, which is what was promised. It was agreed to. We're coming up to the anniversary on May 9 of the Auditor General's report on long-term care. We had a private member's bill brought forward by my colleague from Lethbridge-East, who is currently the opposition critic for seniors, attempting to set up a commissioner that could oversee and monitor and enforce standards, and that was voted down by the government members.

How much longer do we have to wait? Where are we at with the standards? What is taking so long to get these standards in place? I mean, there are best practices that exist in other provinces and in other countries. The long delay is causing suspicions, and this is what starts to happen. We know that long-term care is one of the four areas that the minister continues to investigate as outside of the total health care package. Long-term care was one of the four areas identified in the Aon report. It is a mix right now of public and private funding. It is ripe for private insurance schemes to come in. When we don't see standards of care or we see the development of standards of care taking so long, we start to become suspicious that there's a delay that is allowing for the creation of a market, or there's a delay in order to somehow facilitate the private insurance market for long-term care, allow them to set up or get what they want or influence these standards in some way.

During that particular debate with my colleague from Lethbridge-East the minister had concerns about a resolution process, and I'm wondering what the minister had in mind that would make the establishment of a continuing care commissioner unnecessary. Maybe she can elucidate that.

On February 23 of this year we had the government accepting the recommendations from the MLA task force, recognizing that the current system is insufficient, but it had no strategies for standards or enforcement.

Now, I know that the Health Facilities Review Committee can conduct inspections and make recommendations, but there are no mechanisms in place to ensure that those recommendations have been implemented. It's all a sort of, "Well, we'll say this nicely and hope that you do it" set-up. I note that the '05-06 budget for the Health Facilities Review Committee was \$622,000, but the forecast spending for '06-07 is \$822,000, and I'm wondering what the extra \$200,000 is for for this particular committee, which doesn't have the power to enforce after all of that. So please tell us what the extra money is for.

Without standards in place, what measures will the minister take within the next year to ensure that patients are receiving adequate care and attention? If there's nothing for them to measure against and nothing to mark it against, how is the minister going to be ensuring that this happens?

How close is the minister to bringing forward legislation? We are almost at the end of this spring sitting. According to what I'm hearing from my colleagues on the other side, it's highly likely that there will not be a fall sitting in which legislation can be introduced and passed. By next spring we're into a leadership race for the Conservatives and a new leader and may well be into an election, so what is the timing the minister is anticipating to introduce legislation that would contain new standards?

Could the minister tell us what the government plans are for standardizing staffing levels in long-term care facilities and also around regulating personal care attendants?

Now, I notice that the minister has agreed to increase the hours of care per day from 3.1, which was a new standard, actually, that's only been achieved recently. It was 1.9, I think. So 3.1 and now to 3.6. For most of the year the minister talked about 3.4, so I'm interested that we've got to the 3.6. Is there any consideration to increasing this to four hours per day, which is another recommended benchmark that some people have been hoping for? I'd like to see what studies and reports the minister was using to have reached the 3.6 level. I know I was looking at certain recommendations from certain groups, but I'd like to see what the minister was looking at.

3:40

I'm also interested in what research and reports have been considered regarding the optimal workload mixes and staff mixes between RNs, LPNs, PCAs. How is that mix all going to work out? Do you have a grid on that that shows us that in a given facility with a certain type of patients this is how that is all going to work out? How many of each would be useful to know.

A final question connecting the Aon report and long-term care and possible private insurance for long-term care. Is the minister doing any follow-up from that Aon report that would be looking to encourage people to be taking more of the payment costs for long-term care? Obviously, those people that have been reassigned to the housing models move out of a copayment with the government and into paying a hundred per cent. So we're just looking at the people that are still in long-term care facilities and how much they're paying for essentially their room and board. The government is still paying the health portion of it.

I'd like to quickly move on to primary care, which is appearing on page 220 of the business plan and page 258 of the estimates, vote 2.1.4. I heard the minister talk about care being available 24/7. All good. A number of people and experts from across the world, I think, have said that primary care is one of our best weapons in having a healthy population and being able to address a healthy population in a timely and cost-efficient way. On the primary care networks that have been established: just confirm, please, that we're past the pilot project stage. I believe that what we now have are 14 primary care networks, with about 500 family physicians participating.

I'm wondering if the additional funding will be used to expand primary care networks. Will we be having more of them or as many as want to start up? Will that money be made available for them, or is it finite? How many more primary care networks are expected to open this year, and where will they be located? Is the minister taking any kind of a management role or planning role in where these networks would be located? How many of them? How many to open over a certain period of time? Or is this sort of a free market, and whoever wants to open one is free to go ahead and do that?

Other than the primary care networks, is the ministry considering any other plans for primary care?

I'll have to come back and do my second half later.

The Deputy Chair: The hon. minister.

Ms Evans: Thank you very much, and thank you for the questions. I'll be as succinct as I can be, and then hopefully we'll be able to supplement later. Let me start on the point that I'm very appreciative to have the former social services critic here. The experience with local government now no doubt is enhancing the view of the

very complex service; namely, ambulance or emergency patient transportation. I'd had that privilege for some time, so I know that it's a complex area.

First of all, we did not increase funding this year although we recognize that the \$55 million did not cover the full costs of the ambulance. But we look forward to the ambulance advisory committee, on which in this city, the capital city, we have a member, Mr. Steve Rapanos, who has been involved in ambulance delivery and responsible for that. So I know that they have been working diligently. In fact, we've put municipal representatives on that committee, and they are the ones that are coming up with a recommendation.

There are two areas that I think the hon. member opposite has cited. First, on how the projects are doing and who is being consulted and the decision-making process, I expect to get a final report from the hon. Member for Medicine Hat, who has been working as chair with the chair of the Peace region, Marvin Moore, to bring forward some recommendations for us to consider. The complaints about the pilot projects have predominantly occurred in Peace River as a community being concerned and not somewhat on stride with the health region of Peace River, and there have been several efforts to try and work and resolve the issues there.

On one hand, if I'm looking at it as a health minister, it would be much more convenient to have everybody in the pilot. However, as a former reeve I also have sentiment for people who want to direct their traffic in the way they see fit. That was one of the initial problems in regional health authorities: assuming that a more coordinating role might mean that they were going to in a manner of speaking take over ambulance delivery. So we've got a lot of work to do there.

I'd just identify that I've had an opportunity on two occasions, as recently as last evening, to speak with Mayor Mandel and this city about ambulance delivery. These identified yet one more problem, and that is the lack of collectibles. Sometimes, I believe, the communities are not able to collect the amount of revenue due them for the ambulance, and he has an uncollectible bill of some \$2 million, which is double what it is in Calgary. I spoke with the mayor of Calgary about that, so he's going to check about it.

Suffice it to say in summary that we will get a report fairly soon and be able to identify what the issues are there and what the progress should be for our government in responding further in their responsibilities to help and support the health delivery through emergency patient transportation.

In terms of the work in this city with the Capital health region and paramedics who often are slowed down in their capacity to do proper work as ambulance support personnel because of staying in the hospital to ensure that the triage is appropriately followed through, there is a report that I'm waiting for, but I know that the health authority has been trying to work to improve and enhance that due diligence.

Finally, in terms of the air ambulance the reduction of \$4 million was a reflection of less funding required in 2005-06 due to lower utilization and fewer air miles. It simply wasn't a service that was used as much. So at this stage it was deemed that it was monies that could be expended in other areas of the health budget. As you'll note, hon. member, we've been trying to cope in a way that's responding and responsible but placing the dollars where they're most significantly needed.

If I could talk a bit about midwifery, I have great empathy for the sentiments expressed by midwives to have more support. We do support the work of the Association for Safe Alternatives in Childbirth, the ASAC group, who'll be celebrating their International Day of the Midwife at the Alberta Legislature Grounds on

May 7. Mr. Chairman, a great part of the opportunity for midwives to become more involved rests in the hands of physicians under the terms of the trilateral agreement. So we have been funding supports for them on a variety of fronts, including some of the educational supports, but we have been hopeful that the primary care networks will take on more of that responsibility. Health regions can fund midwifery services based on their assessment of community needs, but as the hon. member has noted, we have not seen as much support by the regions as we had hoped. Funding, though, for three midwives has been provided to the shared care maternity program in WestView health centre, so there is some hope that things will come forward.

In terms of more support on the baccalaureate, that has been something that I have on the agenda to advance as we work on our workforce strategy.

If I may, on long-term care I'd like to just indicate to the hon. member that the \$83 million is a function of taking \$5 million from accruals not expended in the budget of '04-05. So towards the end of March we took \$5 million there. We had \$10 million in the '05-06 budget that was designated to increase long-term care hours to 3.4 hours, and we advised the regional authorities to support and match that \$10 million from funds within their budgets. So within the amounts of money that were given to each authority, we asked them to supplement that \$10 million with an additional amount to make sure they match that target.

3:50

Many were able to do that and were able to do that by August, but some were not able to do that. So in the third quarter, when we provided \$26 million, \$15 million of which was for the staffing levels, that completed the support that was required to assure that absolutely everybody else was up and running and had fully funded the amount of 3.4 hours on average per-patient care. So you have \$26 million from the care amounts that were also provided for additional support on therapy and \$42 million that was designated in this year's budget. I'm merely saying that since I came into this position last March, we started with that additional \$5 million, then \$10 million, a total of \$83 million if you add the \$42 million. I went over that figure several times thinking that you probably would ask me about it today because I know your concern about long-term care.

Now, on the Auditor General's report we have accomplished many of the initiatives, but we obviously believe that there's more to be done. If we were moving from 3.6 to 4 hours per day in 2007-08, if we were to be able to do that, it would require an additional \$53 million. To the hon. member, I think that the biggest difficulty we've had is getting the number of personal care attendants properly trained and in place to fill those positions. So a great part of our initiative on the workforce strategy will be to do the training and through the year monitor our progress in being able to make the right staff mix in the right place at the right time to deliver long-term care.

The reason the standards document hasn't come out yet is quite simply that I was not satisfied in the first instance, nor was my colleague the Minister of Seniors and Community Supports. We issued two papers last year on long-term care, the definitions for everything from assisted living to ways and processes that we believed would be appropriate. I'm also looking at some of the additional supports beyond the regular staffing mix. I'm just giving you a little heads-up here. I'm looking at other things because my belief is that we should be looking at hydration and nutrition as key elements in those standards.

I'm going to try to see if I can encourage the hon. members on all sides of the House to support some pilots that would enable us to see

how we could do with people that came in with those designated opportunities, much like we have neighbourhood moms properly trained to go in schools to help monitor school programs. If we can get retired nurses or properly trained professionals to help us with the feeding and hydration of people with multiple sclerosis and long-term care needs, maybe we'll have less use of a microwave that's reheating food for somebody because someone hasn't been able to feed them on time. I mean, I think one of the biggest things in long-term care is providing the proper nutritional supports so that they maintain their health, and then their poor little bodies don't break down.

The Health Facilities Review Committee has an increase in funding due to the activity that's anticipated and as a result of the comments by the Auditor General. Clearly, those Health Facilities Review Committee members are entitled to go in without invitation and without notice to make sure that we have the proper types of inspection in place when we have had concerns expressed about long-term care.

Standardizing our staffing levels and regulating the PCAs are things that you have mentioned that I hope we'll be able to demonstrate in short order here when we get those standards in front of Albertans. We have been working with health authorities, alerting them to the standards that are coming. We know that many of them are attempting to put them in place before they are out there because we've done a lot of work with not only the nonprofits but the for-profit groups that have been talking about that. I'm going to ask that our staff follow up on your question on studies on the 3.6 level. I think that's an important element that we should respond to.

In terms of the Aon report on long-term care, I have absolutely no intent of using that document as anything more than a source of advice about the expected increases in pressures on long-term and continuing care and in terms of encouraging people to take advantage of that themselves in the future. I think it will speak for itself as Albertans become aware of the number of pressures on long-term care and the need to find the right and suitable accommodation for themselves. So at this stage that would not be something that I would be personally inclined to move forward on. I'm much more focused right now on how we deal with the rising costs of drugs, and that will be my area of emphasis from the Aon report because not only in the bulk buying but in some of the other areas of improving our pharmacare delivery I think it's important.

Mr. Chairman, in my opening remarks I did comment that we have 14 networks for primary care, and we will be expanding to 29, with an expected 900 physicians. I mentioned that previously. Perhaps the hon. member didn't catch that. My role in the placement of those: I am not involved politically, but I am anticipating that the regional health authorities are working with their physicians to make sure that that happens. One of the delays I found is that they're all busy trying to find new ways to do the same things that were done in other areas, so this is a period of inventing things, and that's putting some of the difficulties in place. In other words, if you and I were to negotiate a primary care network, two other people in another community might say: well, those aren't the standards and things we want. So that's partly what takes some time, but by year-end we should have 29 in place, and I think that that will be extremely positive.

Mr. Chairman, there was another question, I suspect, about the timeliness of putting primary care in place and making sure that it's working well for people. I'm quite proud of the fact that at least 14 networks were in place by year-end. We've had some discussions about the use of staff. Frankly, if I could express a hope for the future, it would be that these primary care networks would absorb additional personnel.

Chiropractors, for example, have identified the hope that they would be embraced in the circle of a primary care network, and I support them on that. Why not? I support the use of other alternative professionals. We had an excellent presentation on the third way from a young acupuncturist that said that he suspected that many of the alternative therapies that could be delivered in a primary care network by well-trained and certificated and accredited acupuncturists would also provide support. Thus far it hasn't been embraced, but these are the kinds of things, when we look to the future, that I think we will see that will enable us to advance on some of these fronts.

So, Mr. Chairman, I think with that and with the thought that some of the thoughts that were expressed by the member opposite may not have been answered, I will sit down and allow the member to continue.

The Deputy Chair: Hon. members, before I recognize the next speaker, I just want to remind everyone that this weekend we will be having some mock parliament happening in the Assembly, and there was a request from the Sergeant-at-Arms that everybody clear their desks, particularly your laptops. I'm just reminding you to do that before we adjourn for the evening.

The hon. Member for Edmonton-Highlands-Norwood.

4:00

Mr. Mason: Thank you very much, Mr. Chairman, and I thank the hon. Member for Edmonton-Centre for her detailed questions, many of which the minister answered, and I thank the minister for those answers. I want to ask about a number of things.

First of all, Mr. Chairman, during the travels of the NDP caucus around the province dealing with health care, one issue that's repeatedly come up is a lack of coverage for physiotherapy. We've heard from physiotherapists, and we've also heard from patients in the province about this issue and the cuts that have been made which don't allow proper rehabilitation of patients and just the difficulty that physiotherapists have faced in trying to plan an actually effective treatment plan for people given that they may need a number of visits and they're limited and restricted in the things that they can do and the number of times that they can see people and the costs that that then passes on to the health care system when people aren't properly treated and rehabilitated. I'd like the minister to address what the department has done and plans to do with respect to funding for physiotherapy and whether or not she sees that as something that can be an investment so that longer term costs for the health care system are limited.

Another area that I'd like to ask about is the question of rural health care and the retention of physicians in rural areas and in small-town Alberta. That's another area we've heard quite a bit about. The rural physician action plan, which has a \$6 million estimate, has no increase this year, and I wonder what the minister can tell us about that particular decision and what plans the ministry may have to allow smaller centres in this province to attract and retain doctors. What sort of health care facilities are most appropriate, and what other types of health care professionals do we need to attract – for example, nurse practitioners – and how can those services best be provided in rural areas and in smaller centres?

The hon. Member for Edmonton-Centre has dealt in part with the municipal ambulance issue, and the minister has provided some response on that. I'm trying to find my notes. Well, I'll come back to that one, Mr. Chairman.

I want to talk a little bit about aboriginal health strategies. This is another area in the department that has a fairly significant cut. I think there's a 23 per cent reduction in aboriginal health strategies.

Can the minister explain how that decision was made and what the challenges are among aboriginals, both urban aboriginals and those who are not, and what the government's plans are with respect to that?

I want to talk a little bit about the Alberta tobacco reduction strategy, which is pretty much static. The Premier has talked on a number of occasions about wanting to cure cancer, and I think that that's an extremely noble goal, Mr. Chairman, but not one that I think is going to be accomplished by one province regardless of how much financial resources they are prepared to put towards it. That's a world-wide effort and has to be shared around the world. I'd just like to know what the impacts on the funding for cancer prevention programs are expected to be and what longer term plans the government has with respect to that. I do want to raise a question of smoking in connection with cancer reduction. I see that there's a dramatic increase among young people smoking in the province, and I would be very much interested to know what the government is planning to do about that.

The minister talked a lot about how individuals need to take personal responsibility and not always ask the government to do it. I guess I would put to the minister the question: if the government doesn't get involved in something like youth smoking and says, "It's simply up to the individual, and we're washing our hands of it," to take the argument to its extreme, that "that's a personal choice and not anything to do with the government; it's not our responsibility," then what in the long run is the impact on the health of people and on provincial health care budgets? Surely prevention and government involvement in prevention programs have got to be a very high priority if we do want to get control over health care costs. This, Mr. Chairman, is very, very central to our view that the government does need to be engaged with its citizens in encouraging healthy behaviour. The language around people taking personal responsibility I think needs to be clarified because it certainly could be seen to imply that the government is not going to be engaged with its citizens in terms of encouraging that sort of thing.

I want to talk about the wait time experiment. I think it's an area where the government deserves a great deal of credit around the joint replacement program. I know that the minister has talked about extending that beyond hip and knee replacements and introducing the same process for breast cancer, MRI and CT scans, and other preventative and early detection measures. In our view, Mr. Chairman, this shows that innovation within the public system is the key to meeting the financial challenges in the future. Now, obviously, this is a wait time issue rather than a direct financial issue, but ultimately the more efficiently we can use our existing health resources, the more we can resist pressures to spend more money into the future.

That brings me to the question of drug costs. I know that the minister has just said that focusing on drug costs as a driver of health care costs is going to be a great priority of hers. I certainly applaud that. I think that that is clearly one of the areas that needs to be looked at, and I wonder if the minister is willing to look again at the proposal that we made in a private member's bill, that was defeated at second reading, to establish bulk buying of pharmaceuticals. We believe, based on the experience in New Zealand, that we could save \$75 million a year on drug costs in the first year alone if that kind of approach was done just in Alberta.

I know that there have been some national discussions about doing it nationally. It would be preferable to do it nationally, but when I did meet with the minister about that issue, I was disappointed to learn that there really wasn't a lot of progress nationally about establishing pharmaceutical bulk purchasing across the country, that a great deal of work needs to be done, that other provinces and the

federal government may not be particularly interested in pursuing that to a rapid conclusion. I guess that my question to the minister is: if there's an indication that there may not be a speedy conclusion to federal and provincial negotiations around this issue that produces a practical and meaningful result in a reasonable period of time, will the government be prepared to go it alone and establish a model or pilot project on bulk purchasing of pharmaceuticals right here in Alberta and thereby provide the leadership that may be necessary across the country to do that?

Now, I want to ask a little bit about health care premiums. I think that we've had some mixed messages from the government on health care premiums as to whether or not they're actually something that are helpful in terms of reminding people of the costs of health care. That's what the Premier has said. As a whole they pretty much look like a tax to us, Mr. Chairman, because they are not dedicated for health care, and there's no relationship between your use or need for health care and how much you pay. It's not based on your income. It's a fixed amount. The government's move towards eliminating health care premiums for seniors and lower income people is laudable, but can we in fact expect the government to move towards eliminating health care premiums altogether?

4:10

The minister said in answer to one of my questions I think this week that any surpluses in health care premium revenue is in fact dedicated to the health budget. I'm just wondering if she could elaborate on that: how long that's been around and how much money since it's been introduced in each year has gone into health care and where into the health care budget exactly it goes.

I want to talk a little bit about the Aon report, Mr. Chairman. I thought that the Aon report was interesting in that it indicated that private insurance may well not be the answer, and that was a bit of a surprise to us, quite frankly. What did concern us about the Aon report was its projections of costs for the health care system into the future, and that's really something that we have a great deal of concern about because it's been this unsustainability argument that has underpinned repeated attempts to move into the area of private health care.

Of course, the experts will tell us that private health care will increase your costs and not reduce them, so when we see the kinds of projections that Aon has come up with, we are very, very concerned. For example, projecting an annual increase out for 25 years of 10 per cent doesn't seem to us to be a reasonable assumption at all. If you measure back before the cuts in the mid-90s to today, increases in health care spending have actually averaged about under 6 per cent, not 10. But if you measure from the depth of the cuts in the mid-90s, the slope of the line is much higher, and that's how they got their 10 per cent. That's unreasonable. Increases in health care costs have been overestimated, and provincial growth and provincial revenues have been underestimated, so of course you get a very, very large gap over time.

I would just like to know if the minister is open to alternate information with respect to sustainability. We believe that innovation in the public system is the key to controlling costs.

I guess, Mr. Chairman, that in conclusion I want to say a few words about the third way and the process that we've gone through. I know that the minister said the other day that she feels a bit like George Chuvalo, and I promised her a helmet. I want to assure the minister that we have a strong passion for public health care. There has certainly never been anything intended personally at all with respect to this.

I want to say for the record, Mr. Chairman, that I've been surprised a number of times about the minister's honesty with

respect to certain things that have come up in the issue. She at no time tried to hide what the government was planning, and she did not hide the results of her consultations or attempt to change the data that was there. She was, I think, at all times quite honest with Albertans about what the government was doing and what the response of Albertans to that was. Although we believe that she was certainly going in a direction we didn't support, we felt that she did so with honesty and integrity. I just wanted to say that to the minister.

We're going to continue to do whatever we think we need to do to fight for public health care. We also believe that we need to innovate with the system, and we need to grapple with the challenges of growing costs. We think that there's a better way to do that, and we're going to be committed to continuing to participate in that debate.

Mr. Chairman, that concludes my comments. Thank you.

The Deputy Chair: The hon. minister.

Ms Evans: Thank you very much, particularly to the hon. member for that last comment. I'd just indicate that for some years now, in fact I believe it's for about five or six years, physiotherapy services have been at the discretion of the regional health authorities. They haven't been funded by the department.

Mr. Chairman, at the time that we came through all of the regions last June and asked them about the success of many of the ways they were delivering care, a physiotherapist came forward. She has been very involved in the PEP program, supporting parents who have needed additional supports because of children on drugs. She operates a clinic, and she said that at the time that we made the move to transfer the responsibility to health authorities and health authorities encouraged physiotherapists to become more entrepreneurial, they thought that the sky was falling. Now she'd have it no other way. She said: we have been better able to address efficiencies and patient care; we've been able to get some latitude in how we deal with patients and billing and so on. She was much more positive about it.

While in some communities there may have been suggestions by physiotherapists that they have not got the umbrella of support from the department, the regional health authorities have been doing a great deal of work to determine what treatment and duration is required, and they have varied. Capital health led the way, and Calgary has moved in that capacity. Others have moved in other ways to manage it. It may not be ideal, but as one of the allied services, one of the services we fund that is not required by the Canada Health Act, we have looked at local decision-making to account for priorities for some of the ways that dollars are expended, and some have made that choice.

In terms of the rural doctor shortage this is going to have to be a part of our workforce plan, and I'm just speaking to the hon. member opposite. Some of the things that have been so unfortunate this past year have been rural physicians with personal crises that have kept them from fulfilling the mission that they originally set out to do. Without divulging sad personal situations, it has certainly compromised the effectiveness for a seamless delivery in some of the isolated and remote communities. We're looking at some things that are akin to respite so that when rural physicians are absent from the job or where lapse of service could occur, we have other health authorities to go in to plug in that support.

Now, the hon. member has noted that there are no additional dollars there for the rural physicians, but we have added to our alternate physician planning. The ARPs have gone up from \$35 million to \$70 million in this year's budget just like the primary care

networks have been funded, last year \$35 million up to \$70 million. So there's more funding for what we hope we'll be able to develop for some of the rural authorities, which is more support for the retention of rural physicians.

We found one other thing that the hon. member might be very interested in. We found that frequently some of the rural and outlying regions were targeting the same physician, so they might in fact attempt to recruit from three different authorities one physician located, for example, in Germany. They would have a recruiter from all three authorities over romancing one doctor. We have got to change it so that there's a more collaborative framework in the romancing of required physicians.

The bigger thing, I think, is the initiative we've started with the \$3.4 million to have an influx a second time in the year, not just the fall influx of doctors into the universities but the \$3.4 million that's going to allow us to support international medical graduates, which, in fact, could be our own grads returning home because we don't distinguish international medical graduates coming to Alberta. That's an interesting thing. People think we're robbing from someplace, but if you graduate from an international school someplace, in Dublin, Ireland, or in Australia, you are as much an IMG candidate as somebody who might be from that country themselves. So that \$3.4 million that we put in in March will enable us to hire, depending on the speciality, about 14 to come in and serve in a residency program and become qualified as doctors.

4:20

We are looking now at a program that will enable us to bring forward all of our grads; in fact, invite everybody that's gone away from Alberta to take training in other countries to come back and have a second entry point in Alberta in the springtime so that they can take advantage of some of those times when residents may have more opportunity for placement with co-operating physicians in the educational institutions. We're looking at places like Grande Prairie and Lethbridge and Medicine Hat and Red Deer, other outlying centres where we might find qualified, willing doctors to give them this support in their internship and their residency.

Last night at the Canadian Medical Hall of Fame dinner I spoke with the president of the Canadian Medical Association and contemplated some of the programs we should look to. One that I'm favouring right now is the removal of the responsibility of residents to pay back their tuition until they've completed their residency requirements.

The second would be that we look at sponsoring med students by relieving them of a portion of their paybacks on student loans if they serve for an equivalent period of time. Let's say one year of student loans for one year of service in psychiatric medicine, for example, right here in the province, provided they stay here.

So some alternative approaches to getting physicians and getting them into rural communities and not just in Medicine Hat but in places like Hanna and in places like Brooks and Strathmore because those are the places where so much more support is needed. That's where I'm hoping we can not only bring them back to live and also to work here but that we not beggar our neighbours in other countries or in other provinces but legitimately bring Albertans back to Alberta.

I've been given several figures. I know that the hon. member for south Calgary – I'm sorry; it escapes me now, but her son is a physician. She said that she believes there are 300 Albertans out there that are taking training elsewhere that she would hope we would be able to track back. Across Canada I believe there are some 600 physicians that are being educated offshore that we could bring back to Alberta and into rural communities. I note that that would

be a very positive way of ensuring that people who were very comfortable in this environment would be able to be retained and work here.

Just talking a minute about the aboriginal programs, we did reduce the grants that were being provided over and above the monies that are provided to regional health authorities for aboriginal programs with the thought that we would go after in a tenacious way the federal government because we've been funding grants where they have not. The most incredibly difficult thing has been to keep backstopping programs when the regional health authorities are trying to do some of that and when we're trying to get them more involved in the programs.

The reduction was really in some of the funding that was on, I would say, an ad hoc basis in grants. It wasn't a large amount of money, but we're going to work more on the federal government to make them ante up to the plate, where they belong. It sickens me to think that there are reserves in Alberta where women are working in shelters, bringing food from their families' tables to feed the people that are on reserves and denying themselves the salaries they should have because they are not being given sufficient monies in transfers to support them. I'm going to be very tenacious on that because those people don't deserve it and it's disgusting. I'm sorry to get caught up on that, but I feel very strongly about it.

In terms of the tobacco and what the government does. It's interesting that in those stats that came out the other day for the 15- to 19-year-olds, we're doing less well. We're doing better with the 15-, 16-, and 17-year-olds, but with the 18- to 19-year-olds no question we need to start finding ways to target them again. We had that as part of our advertising program. People at the time noted last year that the federal government was doing more with tobacco ads. They stopped those wonderful tobacco ads at some point in the middle of the year, and all of a sudden we were flat. Those figures that were on the Alberta ads of people melting before your eyes were pretty effective. I personally like the one that has that woman that dissolves from being sort of a hottie to something with fangs and a tail and horns and the rest of it. That would stop me from smoking. But we have to get smarter and do more due diligence on that, and that will be a thrust of what we're doing.

In this past year a lot of our efforts in AADAC have been on residential treatment.

I do like the NDP program relative to bulk buying of drugs. I don't know if we'll ever get it with other areas, but I think the work we've done to put all of our own ministries together will start gleaning some support. We just recently, yesterday in fact, released the Aon report to the drug manufacturers so that they could tell us how they would see us justifying those rising costs and what we should be doing about those rising costs. I'm looking forward to innovative approaches that they will bring forward to see how we can more responsibly deal with drug issues and the rising costs of drugs and technologies. During the third-way discussions it was intriguing to have them come forward and tell us on at least two occasions that we could probably save other areas of our budget funding if we spent more on drugs. So I'm going to be interested to learn exactly how that can be done so that it is responsible.

Because of my own natural aversion, having alternative therapies of vitamin E and Vitalux and lutein for my eyes in my cupboard, I don't have all the other products that most other people might be considering part of a proper storehouse, and fortunately I haven't needed more drugs. But we have to find ways to curb our costs, and I think you've hit on something that is going to be a thrust of our work. I will mention it when we have the meeting with the B.C. cabinet because it's part of my concern.

Now, with the health care premiums normally any surpluses

arising out of premiums would go to the general revenue fund. I mean, that's where they go. But then Health has been permitted the argument that – for example, in 2005-06 we had about \$28 million that were surplus in health premiums. If we have a need for those health premiums as we did in the long-term care, we can argue that this is an ideal place to look at that funding to be utilized. These are one-time funds though, so we have to be careful because these funds have to be used for certain initiatives. Wait time backlogs is another example which could be used. But it's not so much a policy as it's been more of a practice where that argument can be made because of additional funds.

We noted that in this past year we've had significant wait times, pressures in high-growth places like Fort McMurray. Some of those health care insurance premiums have come because of more Albertans coming forward. So we looked at the revenue, we asked for some consideration, and when we tabled the supplementary estimates, we asked for the consideration of government for use of those revenues to help us this year with access and wait times.

Now, in terms of the Aon report and other alternatives and innovation, other revenues that work in that category – as you note, the resource revenues weren't shown to rise. Other revenues were shown to rise. Other kinds of costs were shown to rise. I wouldn't say that we would get a clean bill of health from Alberta Finance about that, because in showing the reduction of revenues on the resource side, it may well be that those are not predictions that our government is willing to make, but those are predictions that Aon made. In questioning them myself, they said that regardless of what Alberta Finance or our own government would wish to make, they did a lot of work on it, international work and comparisons, and believed it was really a responsible reflection.

Then I look at John Lau's comments as the president of Husky, who said that he believes that we will have some constraints because of the lack of being able to attract a workforce up to Fort McMurray. Even if you talk to Ted LeLacheur in this community with his moving and cartage company, he's concerned about the reduction of able and available labour because of the draw for the larger projects, and it may well be that these are indicators that people like Aon are looking at to say: will we be able to sustain and maintain this high growth in the resource sector? You know that today, well, the streets look paved with gold up there or black liquid crude. You think, well, yes, it will happen, but we – at least I – have lived through times when the economy has bust before, so I'm assuming that when they look out 20 years from now and see the reduction there, it may only be in their view, but it really intrigued me.

4:30

I like the increase in other revenues because it's suggestive that we'll get more smart technology here. Only hindsight is 20/20, but when I look at that Aon report, the part that's concerning me most is that figure to 2016 because it is in the foreseeable future. It is something that concerns me, and I just have to look back at the last five years and see the doubling up of our health care costs without really doubling our population. I just reflect on the joys of being on Treasury Board and being reminded about how much we're increasing our budgets on a regular basis and thinking: is there another way to do it?

I'll tell you two things that I think, out of several. I think that there has to be a pan-Canadian strategy that acknowledges sustainability of health. I think it would be absolutely wonderful if health ministers and Premiers across this country and through the territories could actually agree that these were critical issues and these were ways to attack it. I think they've looked at it before in the light of transfer payments, but I don't know if it has been looked

at before in the way that we try and get Canadians to be educated on sustainability.

On the other end of it I think we should look at my belief that no child should have to wait for anything and try and focus on reducing wait times for children. Reducing wait times for everybody for absolutely everything would reduce all of those costs that are attributable to waiting and getting painkillers and getting prodded and poked and diagnosed so frequently and staying in hospital and waiting and waiting and waiting and waiting. I think that if we could evaluate the cost of wait time, it would be huge.

I think it will probably be beyond my term – if I look at this term of office that we have until the next election – before we really are able to achieve that business of no child waiting for everything because behavioural problems and psychological problems and mental health problems for children have been tolerated for so long that we have got a deficit in the number of psychiatrists and psychologists that can properly deal with those issues. The COPE program, that deals with adolescent behaviours and getting adolescents support earlier, is one of the things that gives me hope there, but we have to make a dedicated effort between schools and hospitals and communities to work together and recognize that everybody is responsible.

I'll go back to the time when I was a reeve and a municipal councillor, and I thought that that was the government's problem. Not ours, but the provincial government's problem. I thought that they should have to solve the problems because it would mean that they should give the money. But I think that when we have communities putting in curfews, we recognize that communities are beginning to recognize that a government that's under the dome way over there isn't going to do it at the local community level. So local communities in identification, in help for assessments, in building safe communities have a role to play. Beyond that, we have a role to play in educating.

This comes back to my point on the workforce, some clinical psychologists and psychiatrists to help us with the very real problem of children's mental health. I think that if we could have picked up that Fraser Mustard report and said across this country that we believe that the Mustard McCain report has the elements for making this society a healthier society, a more sustainable society, we'd have been a lot better off. To that end, we're working in this budget on the early childhood development focus along with other ministries, like Children's Services, who are trying to do the same.

Thank you.

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

Ms Blakeman: Thank you very much, Mr. Chairman. I have to observe that spending 135 minutes on a budget that has got over \$10 billion worth of expenses is not enough time.

A couple of cleanup issues I'd like to do. One is to go back to the issue of acute-care beds. I note that there are 2,000 new beds. How many of these new beds are in the city of Edmonton? I'm also wondering if any of these beds have been previously announced. This government is getting into a habit of constantly reannouncing things and adding on one new element. So of these 2,000 new beds, how many are going to Edmonton, and have any of them already been announced as part of any other initiative?

I'm wondering if the minister can outline what efforts both the department and the regional health authorities are taking to address the wait times for the city ambulances in the emergency departments. I had addressed a bit of that before.

[Dr. Brown in the chair]

There's been some work done on acute-care beds in Edmonton and Calgary, and the numbers I'm working with – these came from the regional health authorities, by the way – say that in 1993 in Edmonton there were 2,807 long-term and acute-care beds. Today, Madam Minister, there are 2,084 long-term and acute-care beds. So my question is: how does the department justify decreasing the number of beds in Edmonton over the last 13 years when we've had a fairly significant increase in population, not to mention the other inflationary costs that are involved in that?

I will also note that that same astonishing decrease in acute-care and long-term care beds was not reflected in Calgary. They did have a small decrease but a very small decrease, nothing compared to what I've just outlined for the Edmonton area.

I think there's a lot of work to be done around the primary care networks. Specifically, what direction has the minister given to the primary care networks to offer additional supports to facilitate more efficient discharge from acute-care hospitals? We're better at doing that but not fully. How do the primary health care networks fit into picking up people that are being discharged from those acute-care beds?

The last question – a cleanup again on the emergency – is a notation that if the government had put sufficient resources and supports into place, the Edmonton taxpayers would not be paying the equivalent of four full-time equivalents' worth of staff to sit waiting in emergency. So I continue, with the assistance of my previous colleague, to push the minister on that. It's fairly alarming to watch what's happening both with ambulances and the emergency rooms and, further to that, the acute-care beds.

I want to go back to the primary care networks. I think there's great potential here, but I'm wondering if the minister is considering giving more specific direction to these networks. Part of my frustration in this is that they still seem to be doctor driven. Everybody takes a step back and goes: well, I can't really, you know, direct this. But the government can use the funding that they're giving to these primary care networks to direct policy, to make things happen as an incentive in some cases or as a disincentive in other cases.

When we go back and talk about the midwives, for example, there's nothing that requires those primary care networks to seriously consider putting a midwife in every region. Without clear direction from the government that that's what's expected, nobody's going to pick it up. I mean, they could use all of that money from a primary care network, you know, to hire a couple of nurse practitioners and call that it. So my frustration is starting to grow, that we're not actually seeing those teams integrating. The minister talked about acupuncturists and chiropractors. I'm talking about midwives. All of these are possibilities, but I don't really see it coming into place.

Part of that is: what criteria? I'm looking for what performance measurements have been set in place to measure the effectiveness of these primary care networks. By this time next year they will have been running for at least a year and in some cases much longer than that. How is the ministry going to measure the effectiveness of these specifically and address some of the issues that we've raised here around (a) can we get some of these other care professionals working to their full scope of practice, and (b) getting some of the variety of health care professionals we're looking for into those primary care networks?

4:40

Has the ministry considered any other options for primary care reform aside from the primary care networks? Please give me additional information on that. An example would be increasing the

number of community health centres. The three that I'm thinking of are the Boyle McCauley, the Alexander health centre in Calgary, and the Calgary Urban Project.

Still on primary care networks. What criteria did the ministry use in evaluating the applications to become a primary care network and receive funding for it? Also, were any of the applications or letters of intent declined?

Again with the performance measurements and the evaluation of the success of the projects. When could we expect a report that would be dealing with this? Included in that report, how are the primary care networks working in rural areas as compared to urban areas? What is the total cost of maintaining the primary care networks on an annual basis? What are the specific responsibilities for both the patients and the physicians that are participating in primary care networks? What is the code of expectations and responsibilities that is inherent? Are they signing a contract? Is there some laying out of the expectations?

Again, some discussion or acknowledgement from the minister around: we still have doctors as gatekeepers in the system here. Rather than doing what doctors do, we still have them as the central point, the gatekeeper, admitting who gets in and who gets out and who gets funding and who's included in the primary health care networks. Is that appropriate? Are they the most appropriate people to be driving that?

Health workforce. The minister did talk a little bit about that. I'm wondering about succession planning as we look to not only an aging of our population but an aging of our health workforce population. What programs are in place for recruitment of health professionals as part of succession planning for those that are expected to be retiring soon? Could I get some details, please, from the minister about exactly what programs she and the Minister of Advanced Education are working on around efforts to recruit and train health professionals? How many spaces or seats are being put in place or added to the health professional programs? What is the list? Does the ministry know how many health care professionals they will need five years out? Ten years out? What specifically is the goal for bringing in foreign-trained professionals and getting them accredited and certified and out and into our workforce? How many new ones are we looking at adding? The minister talked about potentially bringing in 300 Albertans who are out there at international medical schools, bringing them back in, but what's the number that you're looking at for those trained in other schools?

What was behind the decision to not increase the rural physician action plan? The minister mentioned that there was additional money put into the ARP, the alternate something, something, but what exactly is behind the decision not to increase specifically the rural physician action plan? Is the ministry considering any other programs to ensure that health professionals remain in the public sector?

The minister has talked a little bit about mental health, but I note that even though 1 in 5 Albertans will be affected by mental illness in their life, the government is only providing \$69 million in mental health promotion services and care. Perhaps I've missed something. Is there any other way that mental health services are being funded in the province? Does it come out of any other pot of money or any other ministry, or is that it?

How was the money used to ensure that appropriate supports are in place to transfer people from hospitals into the community? What exactly is the status of the mental health care plan that was announced in July 2005, Getting on with Better Health Care? Does it even exist yet? Is it available? What are the benchmarks that are in place there? What are the performance measurements? What are the anticipated outcomes? What are the dates that are attached to

that? What exactly are the steps involved in integrating mental health services into the overall health care system in the province?

What reports or standards or best practices are the RHAs using to develop local initiatives with the funding that's coming from the mental health innovation fund? How is the success of these initiatives to be measured to ensure that they are in fact improving services for the mentally ill? What plans for long-term funding are in place beyond the three-year, \$25 million mental health innovation fund? Or is that the end of it? That seems to be the case, but I'd like to know exactly what's being anticipated there. Is there funding for preventative mental health services, such as counselling and the development of community networks?

Closely connected to that is the issue of addictions. There's a lot of talk about helping addicts here. The minister talked about children waiting and waiting to get services. Well, especially around mental health services and addiction services, which are closely aligned, there are pitifully few addiction and detox beds to deal with this, and now we've got the new bill in place where children can be committed by their parents to be detoxed. Again, beyond that immediate five-day detox there are no addiction beds available for them. So questions on that.

Pharmaceuticals. The minister has talked about some things that she'd like to look at. She is suggesting that she would be working with the federal government. I mean, all of this is kind of an if, and it's all in the future. What concrete plans is the minister working with right now around pharmaceuticals and getting a national pharmacare program in place or getting an Alberta version of that in place?

We've talked a bit about aboriginal health and the cutbacks, a 23 per cent cut to aboriginal health strategies. I recognize that this is taking away the programs that the minister feels the federal government should be stepping up to the plate for. Will there be any replacement for any of these programs coming from any other department, or is it just: the feds had better pick it up?

Health care premiums. I have to differ with the minister. I heard her say yesterday that, you know, the health care premiums are somehow an insurance program. They're not. They're simply a tax. They have nothing to do with risk. They have nothing to do with actuarial tables. It's not; it's a flat tax. It's charged to everybody. It doesn't even go into a particular budget stream. It goes into general revenues. Again, is the minister considering eliminating what is a tax; that is, the health care premiums? Or am I hearing that those would in fact be increased? According to Aon, I think they were calling it prefunding or a surplus from the health care premiums, and any surplus realized would then be put in a separate pot to somehow offset increased costs in the future. Particularly odd.

Moving on, I was in Fort McMurray a month ago. A number of health issues arising out of that community, particularly around mental health services. Again, a great deal of stress being experienced by that community. There are not enough counsellors available, period. There are some private health ones, but the private health plans won't pay for services outside the area. The Canadian Mental Health Association is fielding over 50 calls a week that they forward to the nurse at the hospital, who refers them to the health line. It's just a terrible situation at the other end. There's such stress.

4:50

I've also heard a number of comments from Fort McMurray about how they really are in a position where they have to provide the infrastructure and the staffing to deal with a huge population, but they're only being funded based on the per capita that is official. So they're actually providing services for all the people in the camps,

but those people don't have a postal code in Fort McMurray. So the regional health authority is not receiving funding for those people, but they have to provide the services for them. What is the minister doing specifically to recognize the unique and unusual circumstances that Fort McMurray, in particular, is into, and what immediate help can they be expecting over the next three years? I think that they're a special case and that they should be treated that way.

The Alberta Alcohol and Drug Abuse Commission budget is increasing by \$19 million, \$14 million being used to implement services for children abusing drugs. That's 20 residential beds. I talked a bit about this before with the addictions. I also note that the Alberta tobacco reduction strategy was reduced. Very frustrating when I hear the minister, you know, talking about people quitting smoking and recognizing the problems with teen smoking, and then we reduce the amount of money for the Alberta tobacco reduction strategy.

Now, I made a 20-minute presentation in here during the debate on the cancer legacy bill around power walls, and I'm asking the minister to make a commitment today to bring forward legislation that would ban power walls in Alberta. That's one very concrete step that we can take to reduce and, I hope, go a long way towards eliminating teenage smoking. If you go back and read my comments from *Hansard* that day, I was working with students from the Nellie McClung school in Oliver in my constituency, and they had done a number of statistical analyses and brought forward, you know, films and work done by others to show that those power walls – that is, that wall of cigarette packages that is at the point of sale, point of purchase – are closely associated in teenagers' and young people's minds with other things that they're allowed to have, which is the candy. They walk up, and below the counter is the candy and the gum, on the counter is the lottery tickets – I can't believe that – and then when they look up at the clerk, it's completely filled with cigarette packs advertising cigarettes. They've done studies to show that kids can name brands. They can name the brands of all the cigarettes. They can name the colours of the packages. And they don't smoke, or they're not supposed to.

So there's one simple thing that the minister could be doing, and I'd like to get a concrete answer from the minister about whether she will consider bringing forward legislation on eliminating power walls. That has been done in some of the other provinces very successfully. They can show the improvement rates. I encourage the minister to do that. Saskatchewan, Manitoba, Nunavut, Quebec, Ontario, the Northwest Territories, and P.E.I. have all passed legislation to prohibit power walls. So I encourage you to follow that.

A few other financial questions. What accounted for the \$101.9 million increase to the support programs? What was included in that? Why the dramatic funding increase? Could we get a breakdown of the Standing Policy Committee on Health and Community Living? They received \$112,000. This is the committee that the opposition members are not allowed to attend. It appears to me that this is just a monster big lunch and dinner budget and should not be paid for from the provincial budget. It should be paid for from the caucus budget seeing as only Tory caucus members are allowed to attend. That's appearing as vote 1.0.12.

Thank you, Mr. Chairman.

Ms Evans: Mr. Chairman, the hon. member opposite has asked more questions than Carter has pills. I don't know if I'll be able to cover much more than two or three, but I'd like to give two or three answers and then refer the rest. I think that particularly on bed capacity I have a lot of responses that I could give here. She's asked

for some very useful and detailed information, and I'd like to make sure that we don't short-sell that.

[Mr. Shariff in the chair]

I cannot promise that the bed capacity announced last year, when we talked about an additional \$1.4 billion for health, hadn't been announced before because functional studies and planning for beds had been announced, and to that extent announcements had been made for some of the planning. I think that's been the difficulty. I know that thanks to Madam Treasurer and her initiative to try and make sure that we fund things in a way that acknowledges both capital and operating expense and that we don't announce things and keep doing it over and over again, we'll see changes in the policies that will be delivered as program ministries become more and more responsible.

The projects that were announced on October 14, 2005, an estimated 665 acute care beds and 85 long-term care beds, will be built. The capital projects in the Capital health region will deliver 459 additional acute care beds and 100 additional long-term care beds. In short, we can give a detailed breakdown on that, but I think that a better way to do that, because of the long-range view that has been acknowledged by the hon. member, is to reach back, to look some years back – and we'll get the Blues – and record just exactly what happened to show that difference over a period of time.

I would like to comment on the remarks about the Alberta health care insurance program because although the hon. member has referenced it as a tax, when you talk to actuaries, they say that it is a public insurance program. It has all the earmarks of accountability on deductibility, on delinquent accounts and collections. It is unique in that the premiums collected, obviously, do not cover all the costs attributable to the program like other insurance programs do, and Albertans are all entitled to receive the supports and are not denied services on their inability to pay, but premiums collected in Alberta are a contribution against health care costs.

A public insurance program of any kind is still defined as some form of insurance program because of the way it's managed. It is not managed, as many taxes are, on the supports for a given number or an expanded number of service deliveries. That was my reference yesterday, and I was sure that sooner or later somebody was going to ask me about that because people do like to think of it as a tax and not necessarily as an insurance plan. But for our legislative purposes and for the way it's used, it is considered and collected very much like an insurance plan.

I'd like to just talk a little bit about the primary care networks and offer to the hon. member that we will get more criteria relative to how these are formed. They are very much a negotiated circumstance, but I do tend to agree with your observation that in many respects they are doctor driven because the doctors are still part of the lead role in managing and executing those agreements. That is why to a large extent our policy on a patient-centred, patient-delivered, and patient-focused approach was the number one policy in our health policy framework, Mr. Chair. We believe that that emphasis would de-emphasize the tendency to operate the health care system in support of doctors without due regard for the patient-centred approach that we hope will be a part of the way the future of our system will look.

There were many questions that I'm going to reference about the use of paramedics in the delivery of patients to emergencies and the overlap when there was not sufficient staff to triage those patients. There have been unique circumstances in that intensive flu season that, I agree, saw the management challenged, particularly when more than one set of paramedics were accompanying patients in a

hospital. Capital health, when I spoke with them, advised me that they had been looking at and hoping to implement the use of paramedics who were there for the purposes of delivering a patient and, if another team arrived, to use if possible just one set of paramedics and release the other ambulance, or other two ambulances in some instances, so that there was not a situation where there were several people tied up accompanying several ambulances.

5:00

We have had challenges in both Calgary and Edmonton with the code burgundies and code reds, and we will be looking at the deployment of the emergency services staff within those hospitals in conjunction with how the regional health authorities bring back their management strategies on this. But if I may, Mr. Chairman, there are such differences in the way ambulance providers, contract providers or staff providers, have conducted themselves that it has been partly that that has contributed to the long-term review by the ambulance advisory committee and how most successfully to do it. Different labour agreements in this city, for example, have been extremely different than some of the regional providers in the area. So we've got a lot of work to do to see whether we can do that in a way that can be complementary to the needs of the municipalities as well.

Several questions on the mentally ill. Several questions on addictions. I would just point out that in the Getting On with Better Health Care document, released last July, many of these strategies that related to some of the other questions of the member, including work on the aboriginal focus, were contained.

I will get more detailed information on Fort McMurray. Last fall, I believe November and December, we were hearing that the Northern Lights board would run out of money. That did not happen. They did not run out of money before Christmas. We did have some opportunity to provide them some supplementary funding with the in-year budgets of the Health and Wellness department. We note that if we challenge people to deal with their initiatives, they can often come up with very innovative solutions. I'm very optimistic about the new CEO that has taken charge in Northern Lights, for example. You may have read recently that that CEO compelled six physicians who were late with their charting to get on with getting those charts in place and did in effect suspend privileges until they were caught up with their charts. Four have now caught them up. What I really like is that in terms of patient safety there is a lot of due diligence that's going on there that we should applaud and encourage because we can do better with it.

I'm also going to advise the hon. member opposite that three regions have had efficiency audits that we have done. Now those efficiency audits are in the hands of those boards and CEOs, and I think we'll see some work that will enable us to determine how the regions have been accountable on some of these initiatives and, hopefully, improve.

Mr. Chairman, all of the other questions on how we help with integrating mental health programs in the future I think I'll leave to written responses so that there's some opportunity for the hon. members opposite to continue their questions in the time we have left.

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

Ms Blakeman: Thank you. A few follow-up questions. I'm wondering: the minister has talked quite a bit about holding consultations but without getting sort of specific. The more cynical side of my brain is thinking: oh, yeah, I've seen this one before. The government announces it'll do consultations and then does them

over the summer when nobody's available. They don't give enough time for people to alert their membership to come out. So I'd like to get some sort of firm commitment from the minister as to what her timetable on consultation is. Will she advertise it publicly well in advance, so groups can get prepared? Will they be open to the public or just to an invited group? I'd encourage it to be public and, of course, to consider doing it outside of the summer months, when people are more available.

The hip and knee project that was done here in Alberta that we all are so impressed with, the times. I've heard that there's been some request to the minister that she allow this project to continue but as a half public, half private scenario. I'd like to get some assurances from her that that would not be how that project would proceed but also that the other projects that are being considered – we're now referring to the mammographies and a number of other areas that would be modelled in the same way – would not be modelled in anything other than in a public system.

The electronic health records. I'm aware that there was set-up money that was given to the doctors' offices to help them move onto this system. I'm wondering whether this seed money to help establish it will become ongoing operational money for these doctors, or is there a cut-off for it? I think there was a cut-off date, and the doctors are now saying that they're either not ready or now need a different kind of computer or a bigger computer. I also continue to be concerned with the minister allowing development of different kinds of operating systems for the electronic health networks. So I'd like some comment on that, please.

I'm wondering if there has been any discussion or any proposals or considerations for off-budget spending that's happened thus far. The minister is looking at me strangely, Mr. Chairman, but honestly we have heard other ministers discussing off-budget spending, and we haven't even passed the budget. So I'm putting that one on the record for an answer.

I'm wondering whether the minister has done any work with her colleague from Environment around health and water issues. We've got more and more calls every day coming from people worried about the quality of their water, the effect of some of our natural resource development and production on water sources. We still don't know how much water we've got under the ground although we know how much above ground. What plans are happening there? I think there needs to be a stronger tie between health and how that could be affected, which would include adopting something like the Liberal proposal for the health impact assessment so that we wouldn't get any legislation coming forward unless we'd already considered how it might impact the short- and long-term health of the people in the province.

The workforce planning. We haven't tracked our workers to date, so we don't really know where they are now. What is being anticipated or being put in place now to track where our workers are? What can be done? Edmonton has done the health tracking for the overall population. Is that being done across all of the regions with the support of the ministry?

I'm hoping I can give a few minutes more to my other colleague. [interjection] Oh, he's waiting. Okay. Excellent. Thank you.

I'm going back to the numbers that the minister gave me on the long-term care. So the \$83 million that she laid out, I'm understanding, is \$5 million from 2004, \$10 million from 2005-06, \$26 million that was put in in '05-06, giving us \$41 million, and then the \$42 million that's in this year's budget. That accounts. So we're going all the way back to 2004 to pull that \$5 million from there. I find that a little odd.

Just an observation. I hear the minister say one thing, but then she seems to be proposing things that run counter to that. You know, an awful lot of her opening remarks were spent on how unsustainable

the system is. That's mirroring what was coming forward in the Aon report, but frankly the Aon report figures are not believable. I mean, they've got the heritage trust fund disappearing out of existence, I think, within six years. It's just not realistic. And natural resource revenue would go down from \$12 billion to \$6 billion. We haven't seen that yet in history. Our resource revenue continues to go up, so what would make them all of a sudden decide it was going down? Then they've got the costs increasing by extraordinary amounts. It doesn't seem to take into consideration any attempts at prevention or wellness or any successes in any of that at all. So a lot of attention being spent on how unsustainable the system is.

Then she talks about things like how important mental health is, but we can't get the actual connection where the funding is transferred into those areas to support the successful transition of people from institutions or from programs and into the community. We know how to do this. It's out there. There are lots of best practices we could be adopting, but we're not doing it. We're not transferring the funds.

The Deputy Chair: I hesitate to interrupt the hon. Member for Edmonton-Centre, but pursuant to Standing Order 58(5), which provides for the Committee of Supply to rise and report no later than 5:15 p.m. on Tuesday, Wednesday, or Thursday afternoons, I must now put the question after considering the business plan and proposed estimates for the Department of Health and Wellness for the fiscal year ending March 31, 2007.

Ms Blakeman: Mr. Chairman, I'm sorry. Could you just explain? You said that we didn't start this until 5:15.

The Deputy Chair: We finish at 5:12 on Tuesday, Wednesday, and Thursday. We have to report back to the Assembly by 5:15. That's the Standing Order.

Are you ready for the vote?

Hon. Members: Agreed.

Agreed to:	
Expense and Equipment/Inventory Purchases	\$10,289,506,000
Capital Investment	\$32,056,000

The Deputy Chair: Shall the vote be reported? Are you agreed?

Hon. Members: Agreed.

The Deputy Chair: Opposed? Carried.

[The voice vote indicated that the motion to report the vote carried]

[Several members rose calling for a division. The division bell was rung at 5:13 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Shariff in the chair]

For the motion:		
Brown	Goudreau	McClellan
Calahasen	Graydon	Melchin
Cao	Haley	Prins
Cardinal	Hancock	Renner
Coutts	Jablonski	Rogers
Danyluk	Johnston	Stelmach
DeLong	Knight	Tarchuk

Doerksen
 Ducharme
 Evans
 Forsyth

Liepert
 Lukaszuk
 Mar

VanderBurg
 Webber
 Zwozdesky

Against the motion:
 Blakeman
 Mason

Mather

Miller, R.

Totals:

For – 31

Against – 4

[Motion to report the vote carried]

The Deputy Chair: The hon. Government House Leader.

Mr. Zwozdesky: Thank you, Mr. Chairman. I would move that the committee rise and report the estimates for the Ministry of Alberta Health and Wellness.

[Motion carried]

[Mr. Shariff in the chair]

Dr. Brown: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions, reports as follows, and requests leave to sit again.

Resolved that a sum not exceeding the following be granted to Her Majesty for the fiscal year ending March 31, 2007, for the following department.

Health and Wellness: expense and equipment/inventory purchases, \$10,289,506,000; capital investment, \$32,056,000.

The Acting Speaker: Does the Assembly concur in the report?

Hon. Members: Agreed.

The Acting Speaker: Opposed? So ordered.

The hon. Government House Leader.

Mr. Zwozdesky: Thank you, Mr. Speaker. It's been an incredible week of great progress. On that note, I would therefore move that we call it 5:30 and adjourn until Monday at 1:30.

[Motion carried; at 5:28 p.m. the Assembly adjourned to Monday at 1:30 p.m.]

