



Province of Alberta

The 27th Legislature
Second Session

Alberta Hansard

Monday, November 2, 2009

Issue 53

The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Second Session

Kowalski, Hon. Ken, Barrhead-Morinville-Westlock, Speaker
Cao, Wayne C.N., Calgary-Fort, Deputy Speaker and Chair of Committees
Mitzel, Len, Cypress-Medicine Hat, Deputy Chair of Committees

Ady, Hon. Cindy, Calgary-Shaw (PC),
Minister of Tourism, Parks and Recreation
Allred, Ken, St. Albert (PC)
Amery, Moe, Calgary-East (PC)
Anderson, Rob, Airdrie-Chestermere (PC)
Benito, Carl, Edmonton-Mill Woods (PC)
Berger, Evan, Livingstone-Macleod (PC),
Parliamentary Assistant, Sustainable Resource Development
Bhardwaj, Naresh, Edmonton-Ellerslie (PC)
Bhullar, Manmeet Singh, Calgary-Montrose (PC),
Parliamentary Assistant, Advanced Education
and Technology
Blackett, Hon. Lindsay, Calgary-North West (PC),
Minister of Culture and Community Spirit
Blakeman, Laurie, Edmonton-Centre (AL),
Deputy Leader of the Official Opposition
Official Opposition House Leader
Boutilier, Guy C., Fort McMurray-Wood Buffalo (Ind)
Brown, Dr. Neil, QC, Calgary-Nose Hill (PC)
Calahasen, Pearl, Lesser Slave Lake (PC)
Campbell, Robin, West Yellowhead (PC),
Deputy Government Whip
Chase, Harry B., Calgary-Varsity (AL),
Official Opposition Whip
Dallas, Cal, Red Deer-South (PC)
Danyluk, Hon. Ray, Lac La Biche-St. Paul (PC),
Minister of Municipal Affairs
DeLong, Alana, Calgary-Bow (PC)
Denis, Jonathan, Calgary-Egmont (PC),
Parliamentary Assistant, Energy
Doerksen, Arno, Strathmore-Brooks (PC)
Drysdale, Wayne, Grande Prairie-Wapiti (PC)
Elniski, Doug, Edmonton-Calder (PC)
Evans, Hon. Iris, Sherwood Park (PC),
Minister of Finance and Enterprise
Fawcett, Kyle, Calgary-North Hill (PC)
Forsyth, Heather, Calgary-Fish Creek (PC)
Fritz, Hon. Yvonne, Calgary-Cross (PC),
Minister of Housing and Urban Affairs
Goudreau, Hon. Hector G., Dunvegan-Central Peace (PC),
Minister of Employment and Immigration,
Deputy Government House Leader
Griffiths, Doug, Battle River-Wainwright (PC),
Parliamentary Assistant, Solicitor General and Public Security
Groeneveld, Hon. George, Highwood (PC),
Minister of Agriculture and Rural Development
Hancock, Hon. Dave, QC, Edmonton-Whitemud (PC),
Minister of Education, Government House Leader
Hayden, Hon. Jack, Drumheller-Stettler (PC),
Minister of Infrastructure
Hehr, Kent, Calgary-Buffalo (AL)
Hinman, Paul, Calgary-Glenmore (WA)
Horne, Fred, Edmonton-Rutherford (PC)
Horner, Hon. Doug, Spruce Grove-Sturgeon-St. Albert (PC),
Minister of Advanced Education and Technology
Jablonski, Hon. Mary Anne, Red Deer-North (PC),
Minister of Seniors and Community Supports
Jacobs, Broyce, Cardston-Taber-Warner (PC),
Parliamentary Assistant, Agriculture and Rural Development
Johnson, Jeff, Athabasca-Redwater (PC)
Johnston, Art, Calgary-Hays (PC)
Kang, Darshan S., Calgary-McCall (AL)
Klimchuk, Hon. Heather, Edmonton-Glenora (PC),
Minister of Service Alberta
Knight, Hon. Mel, Grande Prairie-Smoky (PC),
Minister of Energy
Leskiw, Genia, Bonnyville-Cold Lake (PC)
Liepert, Hon. Ron, Calgary-West (PC),
Minister of Health and Wellness
Lindsay, Hon. Fred, Stony Plain (PC),
Solicitor General and Minister of Public Security
Lukaszuk, Thomas A., Edmonton-Castle Downs (PC),
Parliamentary Assistant, Municipal Affairs
Lund, Ty, Rocky Mountain House (PC)
MacDonald, Hugh, Edmonton-Gold Bar (AL)
Marz, Richard, Olds-Didsbury-Three Hills (PC)
Mason, Brian, Edmonton-Highlands-Norwood (NDP),
Leader of the NDP Opposition
McFarland, Barry, Little Bow (PC)
McQueen, Diana, Drayton Valley-Calmar (PC),
Parliamentary Assistant, Environment
Morton, Hon. F.L., Foothills-Rocky View (PC),
Minister of Sustainable Resource Development
Notley, Rachel, Edmonton-Strathcona (NDP),
Deputy Leader of the NDP Opposition,
NDP Opposition House Leader
Oberle, Frank, Peace River (PC),
Government Whip
Olson, Verlyn, QC, Wetaskiwin-Camrose (PC)
Ouellette, Hon. Luke, Innisfail-Sylvan Lake (PC),
Minister of Transportation
Pastoor, Bridget Brennan, Lethbridge-East (AL),
Deputy Official Opposition Whip
Prins, Ray, Lacombe-Ponoka (PC)
Quest, Dave, Strathcona (PC)
Redford, Hon. Alison M., QC, Calgary-Elbow (PC),
Minister of Justice and Attorney General,
Deputy Government House Leader
Renner, Hon. Rob, Medicine Hat (PC),
Minister of Environment, Deputy Government House Leader
Rodney, Dave, Calgary-Lougheed (PC)
Rogers, George, Leduc-Beaumont-Devon (PC)
Sandhu, Peter, Edmonton-Manning (PC)
Sarich, Janice, Edmonton-Decore (PC),
Parliamentary Assistant, Education
Sherman, Dr. Raj, Edmonton-Meadowlark (PC),
Parliamentary Assistant, Health and Wellness
Snelgrove, Hon. Lloyd, Vermilion-Lloydminster (PC),
President of the Treasury Board
Stelmach, Hon. Ed, Fort Saskatchewan-Vegreville (PC),
Premier, President of Executive Council
Swann, Dr. David, Calgary-Mountain View (AL),
Leader of the Official Opposition
Taft, Dr. Kevin, Edmonton-Riverview (AL)
Tarchuk, Hon. Janis, Banff-Cochrane (PC),
Minister of Children and Youth Services
Taylor, Dave, Calgary-Currie (AL)
VanderBurg, George, Whitecourt-St. Anne (PC)
Vandermeer, Tony, Edmonton-Beverly-Clareview (PC)
Weadick, Greg, Lethbridge-West (PC)
Webber, Len, Calgary-Foothills (PC),
Minister of International and Intergovernmental Relations
Woo-Paw, Teresa, Calgary-Mackay (PC)
Xiao, David H., Edmonton-McClung (PC),
Parliamentary Assistant, Employment and Immigration
Zwozdesky, Hon. Gene, Edmonton-Mill Creek (PC),
Minister of Aboriginal Relations,
Deputy Government House Leader

Officers and Officials of the Legislative Assembly

Clerk	W.J. David McNeil	Senior Parliamentary Counsel	Shannon Dean
Clerk Assistant/ Director of House Services	Louise J. Kamuchik	Sergeant-at-Arms	Brian G. Hodgson
Clerk of <i>Journals</i> /Table Research	Micheline S. Gravel	Assistant Sergeant-at-Arms	J. Ed Richard
Senior Parliamentary Counsel	Robert H. Reynolds, QC	Assistant Sergeant-at-Arms	Gordon H. Munk
		Managing Editor of <i>Alberta Hansard</i>	Liz Sim

Legislative Assembly of Alberta

1:30 p.m.

Monday, November 2, 2009

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon. Welcome back.

Let us pray. Renew us with Your strength. Focus us in our deliberations. Challenge us in our service to the people of this great province. Amen.

Hon. members and to all our special guests, today we will proceed with the singing of our national anthem. We'll be led in the Assembly today by Mr. Paul Lorieau, and I would invite all here to participate in the language of one's choice.

Hon. Members:

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

The Speaker: For the schoolchildren in the Assembly today, yes, that is the same Mr. Lorieau who does the singing at the Edmonton Oilers hockey games.

Please be seated.

Introduction of Guests

The Speaker: The hon. Minister of Aboriginal Relations.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. It's a great pleasure for me to rise and introduce to you and through you to all members of the House here today 43 extraspecial students from the Edmonton-Mill Creek constituency who attend Julia Kiniski elementary school. Today they are accompanied by two outstanding Alberta teachers, Susan Skillings and Dale Mandryk. They're here to learn about the democratic process, and I want to say thank you for having invited me to be there for reading week with you. Please, if you would all rise, we'll thunderously applaud you. Thank you for coming.

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

Mr. Elniski: Thank you, Mr. Speaker. It's my pleasure this afternoon to introduce to you and through you 30 students from l'école St. Angela, who I believe are seated above me in the public gallery, and their teacher, Miss Meghan St. Pierre. An interesting note is that all of the grade 6 classes at l'école St. Angela will be participating in School at the Legislature. I would ask them all now to rise and receive the traditional warm greeting of the Assembly.

The Speaker: The hon. Member for Lacombe-Ponoka.

Mr. Prins: Thank you, Mr. Speaker. It's a real pleasure and an honour for me today to introduce to you and through you to all members of the Assembly 26 grade 9 students from Ponoka composite high school. They are very bright and eager young students. They're here with their two teachers, Mr. Brady Teeling

and Mrs. Lacey Elliott. They're seated above me in the public gallery, and I'd ask them to rise and receive the traditional warm welcome of this Assembly.

Thank you.

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Thank you very much, Mr. Speaker. It's my pleasure to rise and introduce to you and through you to all hon. Members of this Legislative Assembly a group visiting this afternoon from St. Kevin school in the constituency of Edmonton-Gold Bar. They are in the public gallery. I would now ask them to rise as I introduce them. This is a small delegation. It's led by teacher Mrs. Tammy Genge and parent helper Mrs. Laura Tetrault. The students accompanying them this afternoon are Zane Cumby and Rainy Gosselin. If they would now please rise and receive the traditional warm welcome of this Assembly.

Thank you.

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

Mr. Bhardwaj: Thank you very much, Mr. Speaker. It's my honour to rise today and introduce to you and through you three constituents of Edmonton-Ellerslie who are seated in the members' gallery: Otto Wollin; his wife, Traute; and son Harold. On September 10, 2009, Mr. Otto Wollin celebrated his 90th birthday, a celebration I was honoured to be part of. Some interesting facts about the couple: they met in January, got married in May, and moved to Edmonton on October 30, 1949. I want to thank them for 60 years of making Alberta a better place with their presence here. I would now ask my guests to please rise and receive the traditional warm welcome of the Assembly.

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

Mr. Sandhu: Thank you very much, Mr. Speaker. I would like to introduce to you and through you to all members of this Assembly two special guests, dear to me, who are in the public gallery, Mr. Jagan Nath Gupta and Mr. Amit Gupta. Both of these gentlemen are here today to watch question period and see democracy in action. I would like to ask these gentlemen to rise and receive the traditional warm welcome of this Assembly.

Thank you.

Ministerial Statements

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

H1N1 Influenza Immunization

Mr. Liepert: Thank you very much, Mr. Speaker. One week ago I stood in this Assembly and announced the launch of Alberta's H1N1 pandemic flu vaccine program, the largest immunization ever in the history of this province. I urged all Albertans to join in the effort to control this new virus and get vaccinated, and mass clinics started delivering the vaccine last Monday. Now, I announced at that time that our efforts would focus on high-risk groups first, but I also said that we would not turn anyone away. And Albertans heard that message. In fact, the response was so great that clinics in Edmonton and Calgary were quickly overwhelmed. In the first week, thanks to the tireless efforts of this province's health care workers, almost 400,000 Albertans received their flu vaccinations. That's over 10 per cent of Albertans, and no matter what anyone says, that's an amazing accomplishment.

We also found out late last week that the amount of vaccine that was going to be shipped to all provinces was going to be significantly reduced over the next two weeks. Less than expected vaccine shipments from the manufacturer in Quebec and a huge unanticipated demand at mass clinics resulted in a perfect storm. So on Saturday our public health officials made a decision. Under the direction of our chief medical officer of health we suspended our mass immunization clinics. Alberta Health Services officials have spent the last two days refocusing their immunization plan to target only high-risk groups over the next few weeks. A new plan will be rolled out tomorrow. Details will be announced by Alberta Health Services. Priority will be given to children six months to less than five years of age, pregnant women, and, shortly after, people under 65 with chronic health conditions.

Now, I need to assure all members that strict enforcement of this new plan will have to be implemented, and we are working through measures to ensure that we have a reasonable approach to ensure compliance. No one likes to turn away citizens of this province from receiving their vaccination, but unfortunately, with a limited supply, we are left with no choice.

Yes, Mr. Speaker, there will always be Monday morning quarterbacks who will be critical of our program, but the facts speak for themselves: Alberta has vaccinated approximately 10 per cent of our population in just six days, and that will reduce the impact on our health care system.

During the next two weeks we will refocus our efforts on vaccinating only those at high risk, and over the next two months, as our vaccine supply increases, we will fulfill our obligation to vaccinate all Albertans that so choose. Mr. Speaker, that is a commitment that this government has made and it will stand by.

Thank you.

1:40

The Speaker: The hon. Leader of the Official Opposition on behalf of Alberta's Official Opposition.

Dr. Swann: Thank you, Mr. Speaker. The first duty of a responsible government is to protect its citizens. The minister of health's abysmal record over the past 18 months proves that this administration has utterly failed to carry out this sacred responsibility. Tens of thousands of vulnerable Albertans – cancer patients, children and pregnant women, and the chronically ill – are at serious risk thanks to the lack of good leadership and management from the health minister and the Premier. Abruptly shutting down Alberta's immunization clinics when we still have hundreds of thousands of doses of vaccine available shows that this administration is panicking at a time when Albertans can least afford it. It's just the latest bad decision in a long line of them.

For years we and others have warned this administration that their mismanagement has left the health care system with no capacity to cope with a major crisis. Even on routine days our major hospitals are at or over capacity, with not a single bed available. It's become normal for patients to wait in emergency rooms for days.

For the last year and a half this minister has sown discord and chaos throughout the public health care system. He dissolved the regional health authorities and the advisory groups – AADAC, the Alberta Cancer Board – with no transition plan and no evidence to base these decisions on. He oversaw the unexpected termination of three medical officers of health last spring and the chief of the provincial lab early this summer, people who would have been invaluable during this pandemic. He denies our critical nursing shortage despite the evidence. We raised a red flag about the breakdown of management in August this year, when my Health

critic wrote a five-page letter to the Premier with detailed questions and concerns about preparation for H1N1. It took two months for this administration to reply, with little more than an acknowledgment of the letter and a copy of some of the planning documents.

Alberta has been unprepared for any kind of health care crisis for years thanks to Tory mismanagement, and now the chickens have come home to roost. We have no surge capacity in our hospitals. Our system is already struggling to deal with the demands of a growing population and increased numbers of senior citizens. This administration has left the health care system in such a state that our health care professionals no longer have the confidence and the capacity to deal with any large-scale disaster.

Mr. Speaker, I implore this government to provide the necessary resources to immediately inoculate high-risk Albertans as quickly as possible. Open a sufficient number of well-staffed clinics to handle the load. Invite all available health care professionals, including students and retired professionals, to assist. As a physician myself I would be happy to again offer my services for this.

It's all well and good to talk about Monday morning quarterbacking, Mr. Speaker, but when the general manager is on vacation and the coach has no playbook, Albertans are left with little choice but to let their leaders know when they've dropped the ball. No more excuses.

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

Ms Notley: Thank you, Mr. Speaker. I'm seeking the unanimous consent of the House to allow the leader of the third party to respond to the ministerial statement.

The Speaker: Hon. members, there is a request for unanimous consent. That means everybody has to agree. If one person disagrees, consent is denied. I'm just going to ask one question. Anyone who is opposed to allowing the hon. Member for Edmonton-Highlands-Norwood to participate, please say no at this time.

[Unanimous consent granted]

The Speaker: The hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Thank you very much, Mr. Speaker, and thank you to the House.

The ministerial statement we just heard sounded more like a ministerial fairy tale: after a few unavoidable bumps along the road, the H1N1 ogre is defeated by the heroic health minister, and everyone lives happily ever after. I wonder how this fantastic tale will be received by those who have stood for hours and hours in lines and still didn't get vaccinated or those who attended the pointless assessment clinics, standing in line for hours with people already sick with H1N1. As if the virus doesn't spread fast enough on its own, this government designed a program to help it spread faster. I wonder how vulnerable Albertans, those who should have been a priority, feel about this fairy tale as they watch those who are strong enough to stand in line for many hours get the vaccine which they needed.

Mr. Speaker, I received this e-mail from my sister in Calgary on Saturday.

Dear Brian,

I just wanted to tell you to keep hammering away at . . . And she uses his name, but I'll say the Premier.

. . . about this vaccine fiasco. We just went up to the closest clinic at 5:45 a.m. (it opens at 8:30) and clearly people had been there all

night long. The lineup stretched the entire length of the mall and down the street. We couldn't see the end of it. I estimate about 3000 people. This is at 5:50 a.m. for a clinic that opens at 8:30. This is the 6th attempt I have made to get the vaccine and I am considered high risk because I am immuno-suppressed because of the drug . . . that I am taking.

It is unbelievable that the Governments (on all levels) can create this kind of panic and not have the resources to deal with the resulting chaos. They created it because a poll showed that 47% of Canadians weren't going to have the vaccine and so they went to work with their scare-mongering tactics and whipped people up into a frenzy and now they can't handle it.

I think [the Premier and the health minister] are getting off entirely too easy on this.

Your loving sister,
Jo-Ann.

The minister has outlined his plan B, and it looks like what other provinces did from the start; that is, giving priority to those Albertans who are more likely to face a serious illness or death as a result of contracting H1N1. Better late than never, but Albertans will not soon forget the fear, confusion, and chaos of Alberta's H1N1 immunization program. I hope there is a happy ending, Mr. Speaker, but Albertans should not believe the fairy tale they heard from the health minister today.

Thank you.

Members' Statements

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

Devon Energy Steward of Excellence President's Award

Mr. Drysdale: Thank you, Mr. Speaker. I would like to congratulate Devon Energy for its extraordinarily innovative pipelining practices. Devon's pipelining strategies are so effective that the company received the 2009 steward of excellence president's award. The Canadian Association of Petroleum Producers presents the steward of excellence awards every year, acknowledging improvements in environmental, health and safety, and social performance. This award honours Devon Energy's ability to reduce their pipeline footprint on agricultural land. In fact, Devon's new technique, called innovative pipelining strategies, reduces right-of-way impact by approximately 50 per cent. This greatly benefits farmers as well as the environment. This technique helps to ensure that we continue to have responsible resource development, which is one of this government's top priorities.

Mr. Speaker, Devon Energy collaborated with Alberta Environment's partners in resource excellence initiative, which includes producers, contractors, inventors, landowners, and regulators, and it is obvious that these efforts have paid off, since they successfully minimized pipeline disturbance. Hopefully, other companies can learn from Devon's best practices and collaborative partnerships. I look forward to the future because this initiative is only the beginning in Alberta.

Thank you, Mr. Speaker.

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

Calgary Ring Road

Mr. Bhullar: Thank you very much, Mr. Speaker. It's indeed a pleasure to rise in this Assembly to say a few words about the single-largest transportation project in Alberta's history. Several members and I attended the opening for the new Stoney Trail ring road in Calgary this morning. This road represents an investment of over \$1 billion by this government in Alberta's highway network. This new

44-kilometre road is the concrete result of a forward-thinking vision that began over 30 years ago. Today I wish to honour those who had the vision and the ambition all those years ago to start planning the transportation and utility corridors around our two major cities. Their foresight is paying dividends for Albertans today and will continue to benefit Albertans well into the future.

Mr. Speaker, Calgary is a major city in a growing province that needs and deserves a world-class road on which to move its people and goods safely and efficiently. This road will allow Calgarians more time to do what matters most. We are a government committed to enhancing the quality of life of all of our citizens. Whether you live in Monterey Park or Tuscany, Citadel or Applewood, Signal Hill or Marlborough Park, this road allows Calgarians more time to spend doing things that matter most. This road means that Bobby in Citadel can visit family in Marlborough Park more often. My constituent in Monterey Park can get home from work in Tuscany sooner to help his children with homework. A young family in Signal Hill can get to the North East Sportsplex sooner for hockey practice. This road is about government giving Calgarians more of what they value: time.

1:50

Oral Question Period

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

H1N1 Influenza Pandemic Planning

Dr. Swann: Thank you, Mr. Speaker. My first question to the Minister of Health and Wellness: given the complete failure of his ministry in responsibly dealing with pandemic H1N1, something this administration has been planning for for years, will the minister admit that he is ultimately responsible?

Mr. Liepert: Well, absolutely, Mr. Speaker, ultimately responsible, but with responsibility we also have to deal with the facts. As I outlined in my ministerial statement, we have 400,000 Albertans who will not be using our emerg wards at our hospitals. The concern that this member has just been expressing not only in his statement but consistently in this House is that we lack surge capacity. Well, what better way to deal with a so-called lack of surge capacity than to vaccinate? It has been tremendously successful in getting 400,000 Albertans vaccinated.

Dr. Swann: Well, this minister clearly still doesn't get it, that it's the high-risk people that end up taking up the surge capacity, Mr. Minister.

Again, the minister has shown himself to be incapable of managing the system. Will he now do the decent thing, the right thing, and resign?

Mr. Liepert: I guess it would be nice if it were that simple, Mr. Speaker. You know, somehow this particular member seems to be implying that this has only happened in Alberta. Well, I'm here to tell you that all Canadians – all Canadians – have rallied around the necessity to get vaccinated, and all governments are dealing with the same issue. I can tell you what we will do. We will roll out tomorrow a staged approach going forward, and as I said in my statement earlier, high-priority Albertans will now be the priority.

Dr. Swann: My final question. To the Premier: given the disaster this week for your administration will you fire this minister today?

Mr. Stelmach: Mr. Speaker, I have every confidence in my

minister. I also have confidence in our medical officer of health. I met with both this morning plus the Minister of Municipal Affairs and the Solicitor General to ensure that as we move forward on the plan that will be articulated tomorrow by Alberta Health Services, all ministries that have anything to do with providing more comfort, reducing the waiting lines throughout all of the clinics across Alberta put all the resources that we can to ensure that this is done in an orderly manner. Tomorrow there will be further news in terms of availability of the vaccine and how we're going to proceed.

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

Dr. Swann: Thank you, Mr. Speaker. The Premier has a leadership review coming this Saturday. This is a key opportunity to show true leadership. To the Premier: does the Premier accept ultimate responsibility for the failure of Alberta's health care system to cope with this H1N1 pandemic?

Mr. Stelmach: Mr. Speaker, as Premier of the province, of course, all of the issues and responsibility rest in this office. I can tell you that from what information I have and in looking at the news right across the whole nation, this province has vaccinated 400,000 Albertans of all categories – all categories – in terms of high risk and low risk. They did their civic duty. Yes, they stood in line, but you know what? That's 400,000 more people that have a vaccination, that are now at little or no risk because they've received their vaccination, and they'll take the pressure off our emergency wards.

Dr. Swann: With hundreds of thousands of doses of H1N1 available today in the province, why are those most vulnerable to H1N1 sitting on their thumbs waiting for this vaccine when you contacted people this weekend and closed clinics? Why do you not open these clinics today to provide those vaccines to those people?

Mr. Stelmach: Well, misinformation: there are not hundreds of thousands of doses available.

I'll ask the minister to respond to the latter part of the question.

Mr. Liepert: Well, Mr. Speaker, one of the things that we will deal with in rolling out tomorrow is the fact that we need to ensure that we go in a staged approach going forward because we don't want to get in the situation of stopping and starting. If we were to listen to the opposition, we would have had multiple clinics open throughout the province on days 1 and 2, and our vaccine would have expired. Albertans would have been showing up, and there wouldn't have been vaccine. We want to ensure that going forward we have a consistent approach to vaccination.

Dr. Swann: Health care professionals are now calling and are not receiving H1N1 when it's available even though they're the ones that are facing the people with H1N1 in emergency departments and in the hospitals. What do you say to these health professionals, Mr. Premier, with doses of vaccine sitting available?

Mr. Stelmach: Mr. Speaker, it's ironic how the position of the Leader of the Opposition has changed over a matter of days. Early last week he was supporting all Albertans to go and receive the vaccine, and I guess that on November 1, yesterday, and into today, November 2, he has now changed his position. At the beginning of the week he encouraged everybody to go to clinics and get their vaccine, and as of yesterday, well, they should have prioritized the high risk. You know what? Everybody can predict the past, even the Leader of the Opposition.

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

H1N1 Influenza Immunization

Dr. Swann: Thank you, Mr. Speaker. This Premier needs to take immediate action to repair the damage that this minister of health has already done to our health care system. Again to the Premier: will the Premier immediately contact retired doctors and nurses and students to assist in administering this vaccine as soon as possible?

Mr. Stelmach: Mr. Speaker, those are decisions made by the medical officer of health. I know that last week the minister signed a ministerial order allowing more health care professionals to administer the vaccine. Again, I have full confidence and trust in Dr. Corriveau and Dr. Predy, and they are doing a good job given the limited supply of vaccine that's available to every province. We will make the best decisions based on the medical evidence that's presented by the doctors.

Dr. Swann: Interesting that the Premier is now interested in evidence when we've been ignoring evidence for the last couple of months.

Every Albertan knows that the hospitals have no spare beds and no extra staff. Will the Premier commit to staffing our hospitals properly for this pandemic?

Mr. Stelmach: Mr. Speaker, last week I mentioned that we'll make every resource available to ensure that we get through the vaccination program and deal with any other circumstances that might avail themselves in the province, but once again I want to reiterate that it's not an issue of not having enough medical professionals to administer the vaccine. The issue is that there is a shortage of the vaccine made available by the only one supplier in Canada, and that shortage is experienced by all provinces in the country of Canada.

Dr. Swann: Finally to the Premier: when the immunization clinics open later this week, will the Premier ensure that these clinics have the capacity to not keep the most vulnerable people waiting for four hours for their injection? Will you guarantee that?

Mr. Stelmach: The plan will be unveiled, and certainly what we have learned from the past week will be taken into consideration. As well, there will be very clear communication. I just urge all Albertans to listen very closely to what we unveil tomorrow so that they can access in those high-risk groups, children and also pregnant women. There'll be clear indication where the clinics will be and at what times the vaccine will be made available.

The Speaker: The hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Member for Cypress-Medicine Hat.

H1N1 Influenza Immunization for High-risk Albertans

Mr. Mason: Thanks, Mr. Speaker. Day after day Albertans waited in line for hours at flu clinics, camping overnight, missing work, and risking infection from others, only to be turned away again and again. This government has created fear, confused people with contradictory messages, and did not ensure that high-risk populations were vaccinated first. My question is to the Premier. Mr. Premier, can you explain to Albertans how you have failed in handling the largest public health crisis our province has ever seen?

2:00

Mr. Stelmach: Mr. Speaker, in reply to the question from the leader, there were a number of doses of vaccine that were said to be

available to the province in the earlier stages of planning. That changed significantly towards the end of last week. We have to make changes in the way the vaccine will be now administered, especially to those high-risk groups that I had mentioned: children six months to five years and also pregnant women. As I said, the plan will be unveiled tomorrow as to when the clinics will restart, where the clinics will be. We also want to make sure that where the vaccine will be administered, it's as comfortable as possible for Albertans.

The Speaker: The hon. member.

Mr. Mason: Thanks very much. Opening just a handful of urban clinics to serve 3 million people was a terrible mistake. Failing to target high-risk groups, forcing those least able to line up and camp overnight in the dark and in the cold is unforgivable. Creating assessment centres where the sick are crowded together with the uninfected is not only stupid; it's irresponsible. Why won't the Premier admit that his government has made mistake after mistake after mistake?

Mr. Stelmach: Mr. Speaker, the advice in terms of how the vaccine should be administered comes directly from the medical officers of health, and quite frankly I do have confidence in them. They have the experience, the education. They know the evidence behind it. We listen to their advice, and then we incorporate whatever decisions based on the evidence brought forward by the physicians.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. First the government scared people so that tens of thousands descended on clinics that couldn't handle the load. Massive lineups meant that only the strong and healthy could get the vaccine while the vulnerable people who needed it most had to return home, sometimes in tears. Albertans want to know who is accountable for this mess. Who is ultimately responsible, Mr. Premier? Is it Dr. Corriveau, is it the Minister of Health and Wellness, or is it you?

Mr. Liepert: Mr. Speaker, I think that we have to put some things in perspective here. Last week in question period this particular member was asking us what we're doing about the homeless. Well, let me tell you what we did about the homeless. The homeless have been vaccinated. Last week we heard about our aboriginal population, another very high-risk group. I can tell you that our aboriginal population has been vaccinated. Another high-risk group is our health care workers. Every health care worker in this province who wanted to get vaccinated has been vaccinated. Let's talk about the success of this program, not continue to dwell on the fears of this particular member.

The Speaker: The hon. Member for Cypress-Medicine Hat, followed by the hon. Member for Edmonton-Riverview.

H1N1 Influenza Immunization (continued)

Mr. Mitzel: Thank you, Mr. Speaker. Over the weekend the mass H1N1 vaccination clinics were temporarily closed. Most of the focus has been on lineups in the cities, but the people in my area have great concerns there isn't a plan for rural and remote communities. Planned clinics in Cypress-Medicine Hat were advertised on the government website and then cancelled. To the Minister of

Health and Wellness: what are you doing to ensure the pandemic plan includes Albertans in rural areas just as much as those living in cities?

Mr. Liepert: Well, Mr. Speaker, that's a very good question, unlike what we've just heard. That particular plan will also be part of what Alberta Health Services will be announcing and communicating tomorrow. I should say that there's no question that our intention in some of the smaller communities around the province was to try and get the vaccine to physicians and pharmacists as quickly as we could. The tremendous take-up of the mass clinics derailed that particular effort. There probably are some areas of the province that did get neglected, and that's what we have to deal with going forward.

The Speaker: The hon. member.

Mr. Mitzel: Thank you, Mr. Speaker. For the past few days my office has taken calls related to the mass immunization clinics set up for the H1N1 vaccine. Many never did get the vaccine after waiting in long lines, and they would like some answers. To the Minister of Health and Wellness: what is the plan for school-age children that cannot wait in line for the H1N1 vaccine?

Mr. Liepert: Well, again, I don't want to preannounce what Alberta Health Services is going to be announcing tomorrow, Mr. Speaker. That will be dealt with.

Keep in mind that school-age children, unless they have underlying medical conditions, are not the high priority. I know I've had some members ask me about vaccinating in schools. Again, as the Premier has indicated, the chief medical officer of health is the quarterback of this planning process, and he will adjust as we need. Right now school-age children are not the highest priority.

The Speaker: The hon. member.

Mr. Mitzel: Thank you, Mr. Speaker. Again to the Minister of Health and Wellness. Seniors in my area lit my phone lines off the hook last week and this weekend with complaints about the long lines either inside or outside in the cold. With the clinics temporarily closed this week will vaccinations for seniors also be reviewed?

Mr. Liepert: Well, there will be some review, Mr. Speaker. Again, unless seniors have underlying medical conditions, they are not in the highest priority category. As we've heard here today, with a lot of yipping across the way, we want to ensure that the highest priority, those at highest risk in the province, are dealt with, and that's what we will be announcing tomorrow.

The Speaker: The hon. Member for Edmonton-Riverview, followed by the hon. Member for Calgary-Egmont.

Medical Tent at Stollery Children's Hospital

Dr. Taft: Thanks, Mr. Speaker. The Minister of Health and Wellness threw Alberta's health system into confusion and crisis when he dissolved the health regions and the Alberta Cancer Board. We've been receiving increasingly panicked calls from cancer patients who urgently need the H1N1 vaccine. Because of chemotherapy some of them literally cannot wait until tomorrow, and they cannot stand in line for hours. My question is to the Minister of Health and Wellness. Does he understand that dissolving the

Alberta Cancer Board created a leadership vacuum in which nobody considered the high-risk needs of cancer patients?

Mr. Liepert: Mr. Speaker, the Alberta Health Services Board has a mandate to provide equitable health care across this province; it doesn't matter where you live. That will be the same policy and priority that will take place with the H1N1 vaccination program. The member should listen attentively tomorrow when Alberta Health Services rolls out its plan.

Dr. Taft: Well, in a bizarre example of how one hand doesn't know what the other hand is doing in the department of health, because this minister created total chaos, the pandemic tent at the Stollery children's hospital, having been set up 18 months ago, was taken down last week just as the pandemic hit. To the Minister of Health and Wellness: how does he explain leaving up the pandemic tent at the Stollery for 18 months when there was no pandemic and then taking it down the first week the pandemic hits?

Mr. Liepert: Well, as a matter of fact, Mr. Speaker, it was the day that I visited the University emergency, last Wednesday, when the head of emerg at the University was proudly showing me the fact that the tent was gone and construction was going to start the next day. If the member is going to suggest here that he doesn't like that idea, well, then, I suggest he should say so because it's in his constituency, and there are a lot of constituencies around this province that would gladly have health care construction tomorrow.

Dr. Taft: Mr. Speaker, the physicians from that department who were talking to me are saying, quote: it is beyond stupidity to take down a pandemic tent that has been set up for 18 months the first week the pandemic hits. Will this Minister of Health and Wellness take steps to ensure that that pandemic tent is set up somewhere else, where it can be used for the purposes it was paid for?

Mr. Liepert: Well, Mr. Speaker, this just shows that this member doesn't even know what's going on in his own constituency because the tent was never set up for pandemic purposes. The tent was set up for emergency services at the Stollery children's hospital. Now, with the announcement that this government is going to proceed with the construction of the emergency services at Stollery hospital, is this member suggesting that we should stop just because we have a vaccination program going? I suggest he should stand up and say so if that's what his view is.

The Speaker: The hon. Member for Calgary-Egmont, followed by the hon. Member for Edmonton-Centre.

Calgary Ring Road

Mr. Denis: Thank you very much, Mr. Speaker. This morning I had the privilege of joining the Minister of Transportation and several other members of this Assembly at the opening of the northeast and northwest Calgary ring roads. Obviously, people in Calgary are very excited to be able to use these new sections of the ring road. I know this project has been in the works for a number of years, and it's great to see it come to fruition, but I do have some questions. To the Minister of Transportation: can the minister tell this Assembly what has led up to this opening and the timeline behind it, please?

2:10

Mr. Ouellette: Well, Mr. Speaker, this vision began 30 years ago, and today it became a reality. That foresight is paying dividends for Albertans today and will continue to benefit Albertans in the future.

Thinking big and planning for the future and being innovative is what Alberta is all about.

Today we opened 44 kilometres of world-class ring road that will benefit the residents of Calgary and our entire provincial highway network, Mr. Speaker. This new road will help move people and goods safely and efficiently in and around Calgary. It is such a good road that I hope the hon. member will make sure he obeys the speed limit in his new blue van.

The Speaker: The hon. member.

Mr. Denis: Thank you, Mr. Speaker. Again to the same minister. We're all concerned about money these days. How much did this program cost, and how can we ensure that Albertans got good value for their money?

Mr. Ouellette: Well, Mr. Speaker, it's the single-largest transportation project dollarwise in Alberta's history, an investment of over \$1 billion by this government: Stoney Trail northwest, \$460 million; Stoney Trail northeast, \$650 million, in 2007 dollars. The northeast was built as a P3 project. In fact, when the Premier was Minister of Transportation, he knew we could do things better. We have now successfully used the P3 model on both Calgary and Edmonton ring roads. P3s are only considered when a thorough business case. . .

The Speaker: The hon. member. [interjection] The hon. member has the floor. If he doesn't want it, he doesn't have to take it.

Mr. Denis: Well, Mr. Speaker, one more question to the same minister. Now that the northern sections of the Calgary ring road are open, when can I expect to drive my blue van on the southeast leg?

Mr. Ouellette: Mr. Speaker, the southeast section is out for tender right now, and we expect to start construction in the spring of 2010 and open the road to traffic in the fall of 2013.

As far as the southwest section we all know that the Tsuu T'ina Nation voted against the agreement in July. We respect that decision. We are moving forward, and we're committed to completing the ring road. We're now working with the city of Calgary to find an effective transportation solution that will meet the immediate traffic issues in Calgary and support this province's long-term plans. This work is going well and moving ahead. There have been no decisions made. I have to admit that we probably will have a tough time meeting our 2015 guideline on that southwest now, Mr. Speaker.

The Speaker: The hon. Member for Edmonton-Centre, followed by the hon. Member for Calgary-Lougheed.

Climate Change

Ms Blakeman: Thank you very much, Mr. Speaker. While the Premier is fearmongering on climate change, the rest of the world is taking action. A report came out last week stating that Albertans can enjoy continued growth and prosperity while reducing greenhouse gas emissions. That message is clearly lost to this government. To the Minister of Environment: given that Shell is asking for stricter greenhouse gas targets and regulations to stay internationally competitive, when will the minister protect our energy industry's assets and reputation by implementing absolute targets and meaningful regulations?

Mr. Renner: Mr. Speaker, I want to remind this member that

Alberta still is the only jurisdiction in Canada that actually has legislation in place that mandates reductions in CO₂. That being said, Alberta has been more than open in working with our partners not only at the Canadian national level but internationally, with particular emphasis on our neighbours to the south, and has been engaged very actively in discussing a balanced approach on a go-forward basis so that we can achieve that very target that the member is alluding to.

The Speaker: The hon. member.

Ms Blakeman: Thank you, Mr. Speaker. Back to the same minister. A prominent Calgary-based solar energy firm is moving to Ontario. Why will this government not invest in renewable energy and stop the wealth transfer and the loss of jobs?

Mr. Renner: Mr. Speaker, because this government believes that it's not the role of the government to invest in energy. It's the role of the private sector, and we'll do everything we can to assist them.

Ms Blakeman: No wonder they're leaving.

Again to the same minister. According to a government of Alberta report, if energy efficiency measures had been instituted in 1990, we would be emitting 60 per cent less emissions and enjoying an annual \$2.2 billion return. Will the minister tell us: what was the business case for doing nothing?

Mr. Renner: Mr. Speaker, that is just a gross exaggeration of reality. Nothing could be further from the truth. Again I remind this member that this government is the first jurisdiction in all of Canada to bring forward legislation that requires reductions in CO₂, and that has led to some very direct results. In addition to the fact that we have \$120 million in a technology fund, the bonus, as far as I'm concerned, is that there have been a great deal of savings that have accrued through industry working very diligently on that very energy efficiency file that she talks about.

The Speaker: The hon. Member for Calgary-Lougheed, followed by the hon. Member for Calgary-McCall.

Tourism Marketing

Mr. Rodney: Thank you, Mr. Speaker. Virtually every industry is feeling the impact of the global economic downturn, and experience teaches us that, sad as it is, tourism is often one of the first sectors negatively affected in a recession, for obvious reasons. My first question is to the Minister of Tourism, Parks and Recreation. How extensively was Alberta's important tourism industry negatively affected this past summer season?

The Speaker: The hon. minister.

Mrs. Ady: Well, thank you, Mr. Speaker. The hon. member is right. We have heard from tourism operators, and there was a decrease in our international visitors in this province. But the silver lining in this is that the Travel Alberta corporation ran the Stay campaign for the last two years, and Albertans have really taken that to heart. Our campgrounds, our RV units, and our attractions saw a major increase this summer, just Albertans using the Alberta product. So they were busy, and this helped go a long way to offset the decrease in the international market.

The Speaker: The hon. member.

Mr. Rodney: Thank you, Mr. Speaker. My only supplemental is to the same minister. With all the information that she has access to, can she tell us when the industry is expected to recover and also what the province is doing to help speed up that process?

Mrs. Ady: Well, Mr. Speaker, it's difficult to predict how quickly we'll see a rebound in the tourism market, but we know that it's resilient and that it's weathered tough times before. We're doing things like investing in major high-profile events like seven World Cups coming to Alberta and the 2010 Winter Games to generate awareness. Those World Cups alone will generate some 41,000 30-second commercials that will go right back into those European markets and remind them why this is a great place to come visit.

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

Commercial Vehicle Driver Safety

Mr. Kang: Thank you, Mr. Speaker. The Auditor General's report contained many concerning investigations. One was this government's commercial vehicle safety programs. My questions are to the Minister of Transportation. Why has the government failed to make driver training mandatory for the operation of commercial vehicles?

Mr. Ouellette: Mr. Speaker, there is driver training available for any level of driver in Alberta. If they want to go take class 1 training, Red Deer College has a great program for that. We do make sure that we test those drivers so that they're safe on the street, but I don't think I have to tell them who has to teach them how to drive. We just have to make sure that they're capable and they're safe when they're out there.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. We are talking about making it mandatory, not just leaving it up to the person to have the safety training or not.

The Auditor General points out that there are some commercial vehicle carriers who operate indefinitely despite identified safety issues. To the minister again: what measures is the minister going to put in place to ensure that carriers cannot repeatedly fail safety tests and continue operating?

Mr. Ouellette: Mr. Speaker, all of the different companies that are in the business are on a point system, and at some point in time they do lose their running rights. I can't off the top of my head recall exactly how that system is in place, but I do know that the system is in place to make sure that our roads are safe.

2:20

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. To the minister again: when will the system be in place to monitor commercial vehicle drivers and carriers so that our roads are made safer?

Mr. Ouellette: Mr. Speaker, there are a number of different systems in place to make sure of everything he's talking about. PIC, our partners in compliance program, is one of the highest rated programs across Canada. If you rate high enough to belong to partners in compliance – there are automatic readers now on the highway, if you've seen them, right by our scale houses. They allow people to miss the scales because their compliance is so high with our

regulations. We do have random checks even on them to make sure that they comply. We are continually working on our traffic safety plan, and we are continually trying to make sure that our roads are safer for you and everyone else to get home to their families in the evening.

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

H1N1 Influenza Immunization for High-risk Albertans (continued)

Ms Notley: Thank you, Mr. Speaker. While Alberta's most remote Métis settlements are hoping to get their H1N1 immunizations sometime this week, there is no word about whether they will have enough vaccines for every member of their community. Last week in Fishing Lake they ran out of vaccine after only 100 of the 700 people living there got their shots, and they still don't know when they can expect their next batch. My question is to the minister of health. Why did the health minister not plan ahead enough to ensure that these most highly vulnerable Albertans had enough vaccine for their entire population before inviting healthy Albertans to line up at mass clinics?

Mr. Liepert: Mr. Speaker, we have made it very clear and I restated in my statement today that over the course of approximately the next two months we will ensure that every Albertan has the right to be vaccinated if they so choose. Now, the population that the member is referring to is part of our high-risk group. That will be exactly what Alberta Health Services will be detailing tomorrow.

Ms Notley: Well, Mr. Speaker, in Alberta there are roughly 40,000 pregnant women, and there are around 200,000 kids between the ages of six months and under five years. After hours and even days waiting in lineups, many of these Albertans were turned away because of this government's first-come, first-served policy. Can the minister tell us how many pregnant women and how many young children are still waiting for their vaccine because of this government's hapless invitation to low-risk Albertans?

Mr. Liepert: Well, Mr. Speaker, I have no idea because I haven't asked every woman who got vaccinated whether she was pregnant or not, and we are not going to do that. What we are going to do is lay out a plan tomorrow that will deal with women who are pregnant and with young children. I would suggest that the member wait, and we'll have the details tomorrow.

Ms Notley: Well, Mr. Speaker, in most other provinces people aren't waiting. In almost every other province in the country they had a solid plan ready to go that ensured that high-risk people got the vaccine first, unlike here. In contrast, yesterday the minister was quoted as saying that he had no idea how many Albertans even fall into that category. How can Albertans possibly trust that this minister has the capacity to care for their health when he doesn't even know the basic information needed to put an effective pandemic plan in place?

Mr. Liepert: Well, Mr. Speaker, the chief medical officer of health was asked yesterday how many Albertans fell into what was deemed to be the high-risk category. It was his best estimate that it could be as high as 30 per cent. I would suggest that the member take the advice of the chief medical officer of health, and we will assure her that those will be the next group that we will deal with.

The Speaker: The hon. Member for St. Albert, followed by the hon. Member for Edmonton-Gold Bar.

Edmonton Ring Road

Mr. Allred: Thank you, Mr. Speaker. My questions are for the Minister of Transportation. The contract for the northwest leg of the Anthony Henday ring road was let a little over a year ago, and I continue to be amazed at the progress they're making in the vicinity of St. Albert. The roadway is taking shape, and several overpasses appear to be nearing completion. In fact, they even put the first lift of asphalt down in several sections. If this pace of construction is occurring throughout the northwest leg of the Anthony Henday, does the contractor anticipate that this project will be completed ahead of the fall 2011 completion date?

Mr. Ouellette: Mr. Speaker, the province of Alberta is making a major investment in highway infrastructure at a cost of \$1.42 billion to construct the northwest Anthony Henday. Again I'd like to stress the vision of this great government 30 years ago. I understand that possibly 30 years ago today's Speaker was the deputy minister of transportation with that great vision.

But I'd better get back to answering the question here. I'm pleased to say that the project is on schedule and on budget. Construction has been progressing very well on the 21-kilometre roadway, and the complete project is on schedule to open in the fall of 2011.

The Speaker: It's not my fault, Mr. Minister, that it took 30 years. The hon. member.

Mr. Allred: Thank you, Mr. Speaker. It's interesting to learn these little historical anecdotes all the time. I appreciate them.

My first supplemental is to the same minister: can we anticipate that the Anthony Henday and Stony Plain Road interchange will be completed at the same time as the northwest sector of the Anthony Henday ring road?

Mr. Ouellette: Mr. Speaker, I have to answer yes. The province is investing \$169 million to construct a major interchange at Stony Plain Road, and that interchange is scheduled to open in the fall of 2011 alongside the northwest leg of the Henday. In addition, the province is investing \$45 million to construct the Lessard Road interchange and the Callingwood Road interchange, and both of those interchanges will also open in the fall of 2011. This means that by 2011 motorists will have no traffic lights from Lessard Road in the south to the Manning Drive freeway in the north.

The Speaker: The hon. member.

Mr. Allred: Thank you, Mr. Speaker. That is indeed good news. To the same minister: why did the province not include the paving of the ramp at the 137th Avenue flyover as part of the current construction work?

Mr. Ouellette: Mr. Speaker, there will ultimately be a full interchange at Anthony Henday Drive and 137th Avenue. The current stage 1 construction of a flyover will meet today's current traffic volumes. I think that hon. member knows that. Most importantly, the flyover will keep a free flow movement of traffic on both 137th Avenue and the Henday, and there will be no traffic lights. When development proceeds in the area and when there's a need to pave the interchange ramps, the province will of course be looking at the

developers and the two cities, which I've explained to the hon. member. I've talked to both mayors, and everybody is onside for that.

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

Provincial Marketing Costs

Mr. MacDonald: Thank you, Mr. Speaker. The Premier didn't think it was important enough to address Albertans when the recession hit or when tens of thousands of Albertans were losing their jobs or whenever we went \$7 billion into deficit. Only when the Premier's own job is on the line does it suddenly become urgent to address Albertans on television at the taxpayers' expense, of course. My first question is to the President of the Treasury Board: how can the President of the Treasury Board justify spending over \$134,000 of taxpayers' money just weeks before the PC leadership review?

Mr. Snelgrove: I guess the hon. member could try and make the connection. The fact, Mr. Speaker, is that Albertans need to hear a lot of what's important without the filter of media or some of the spin that could be put on by the opposition. The simple fact is that \$134,000 to a budget of roughly \$36 billion or \$37 billion is probably the least amount percentagewise that any corporation would ever spend to get the go-forward to the people that they're working for. It's not our money; we're very aware of that on this side. It's Albertans' money. It was a very careful, conscious choice to let Albertans know the way this government is going forward.

2:30

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. Again to the same minister. Good governance should sell itself. If it has to be glossed up through expensive marketing campaigns, then there's something wrong with the government. How much of the \$134,000 spent on the Premier's address was for marketing and advertising in advance of the speech itself?

Mr. Snelgrove: Let's just back up and say why it's important that Albertans understand. The hon. member made a statement there: "What happened there? What about the \$7 billion deficit?" Mr. Speaker, the projected deficit after second quarter last year was \$7.8 billion, \$8.5 billion. That never happened. They can't seem to get it out of their minds that that's what would have happened if oil had stayed where it was, our surpluses. Our deficits are projected on best information at each quarter, and if the hon. member stays tuned to the end of the second-quarter update, we'll see what the numbers are then. We don't make these numbers up, Mr. Speaker. We use very real projections from real companies to give Albertans a best indicator of where our financial situation is.

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. Again to the same minister: you were certainly making up those numbers when the budget was tabled here last April.

Now, again, on top of the \$25 million branding campaign and the millions spent through the Public Affairs Bureau, this government has spent an additional \$24 million in contracts with the marketing firm DDB Canada over the past three years. Why is this government spending millions of dollars marketing itself when it could be

directing the money towards public health care or public education, for an example?

Mr. Snelgrove: Selling what we have in Alberta is a big job, and the millions that he – Mr. Speaker, we're talking about billions that we're saving on behalf of Albertans: \$25 billion that we've saved in the last five years, \$17 billion in the bank, \$8 billion in endowments, \$20 billion put into infrastructure, \$17 billion in a savings account. No other province in Canada, no state can even consider it. They're worried about whether we take the opportunity and the time to tell Albertans what the real financial picture is. Maybe they ought to take a look at the real financial picture.

The Speaker: The hon. Member for Leduc-Beaumont-Devon, followed by the hon. Member for Calgary-Varsity.

Temporary Foreign Worker Wages

Mr. Rogers: Thank you, Mr. Speaker. It's been brought to my attention that the food service and hospitality sector is being forced to pay wages that in many cases are not reflective of the marketplace that they're operating in. My question is to the Minister of Employment and Immigration. Why is the Alberta hotel industry forced to pay temporary foreign workers wages higher than Alberta workers doing the same job?

Mr. Goudreau: Mr. Speaker, my colleague is certainly referring to the temporary foreign worker program operated solely by the federal government. Human Resources and Skills Development Canada assigns a prevailing wage rate for each occupation and each region. If an employer wants to hire a new temporary foreign worker, they must pay this rate, and because the rates are assigned by geographic regions, some employers have received a labour market opinion with wages that are higher than in their community. For example, communities that are near high-cost communities are affected. My department is aware of this particular issue and will be working with our federal counterparts to address this issue.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker. My first supplemental, then, to the minister: Mr. Minister, will you immediately seek a meeting with your federal counterpart to address this issue on behalf of Alberta's employers?

Mr. Goudreau: Mr. Speaker, I can assure the member that I will be sending a letter to my federal counterpart as Minister of Human Resources and Skills Development shortly to outline our continuing concerns. This has been an ongoing issue for quite some time. We need to reopen our dialogue with our counterparts in Ottawa, and hopefully this will resolve the issues being addressed.

The Speaker: The hon. member.

Mr. Rogers: Well, thank you, Mr. Speaker. Mr. Minister, in your answer you acknowledged that this is not a new issue. Wage disparities within the temporary foreign worker program are an ongoing problem for Alberta's employers. Do you have a plan of action to solve this problem once and for all?

Mr. Goudreau: Mr. Speaker, as I've said, the temporary foreign worker program is the responsibility of the federal government, and generally employer complaints are referred to them. However, we've had occasion where we act on behalf of employers, and this

is when we see significant disparities in the wage rates between communities within a region. Our goal still remains to hire Albertans first, then Canadians. We have staff and resources to help employers address their labour needs. Employers in the capital region, for instance, have access to labour market information centres or job boards, the employer connection events as well as designated business and industry liaison services.

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

Postsecondary Tuition Fees

Mr. Chase: Thank you, Mr. Speaker. The global economic downturn is hitting university and college students and their faculties hard. The University of Alberta is facing a \$59 million shortfall in its next budget, the University of Calgary has begun to lay off 200 of its employees, and the universities of Lethbridge, Mount Royal, and Grant MacEwan are similarly experiencing funding shortfalls. It is imperative that institutions scrambling for lost dollars do not download unfair burdens onto the backs of our students. My questions are to the minister of advanced education. Is the minister in discussions that will allow postsecondary institutions to raise base tuition rates beyond the government's own tuition caps?

Mr. Horner: Mr. Speaker, several months ago we brought in a budget in this House which indicated to our postsecondaries that the 6 per cent increase that they got this year in their budgets brought their total base operating grant increases over the last five years to more than 40 per cent. That's unprecedented in North America and certainly in this climate right now, where you have places like the University of California, Berkeley, cutting 20 per cent across the board on their faculty on their entire campuses. I think it's important that we recognize that we're not immune to that economic situation. So we have put it out to all of our postsecondary institutions that we're open to their ideas, to the things that they can do to make our system more accessible, more efficient. We're going to continue.

The Speaker: The hon. member.

Mr. Chase: Thank you. Will the minister of advanced education commit to keeping the mandatory cap limiting tuition increases to the consumer price index, and will he make sure that institutions aren't allowed to wiggle around the caps to increase costs to students?

Mr. Horner: Well, Mr. Speaker, I think it's fair to say that what I have suggested to the postsecondaries is that I'm open to any and all ideas that they can bring to us. We're not actively engaged with them in those discussions, but if they bring forward some proposals that are fair and equitable to the students, that are fair and equitable to the taxpayers of this province, and that are fair and equitable as it relates to the economy and this society, we will look at those.

The Speaker: The hon. member.

Mr. Chase: Thank you, Mr. Speaker. Postsecondary institutions are going to be making painful cuts to programs and staffing levels to avoid going into the red. How will the ministry monitor those decisions to ensure that students do not end up paying more for less when it comes to the quality of their education?

Mr. Horner: Well, Mr. Speaker, I'm sure the hon. member has been

aware of the Campus Alberta approach that we have built over the last 18 months in this province, that is the envy of many jurisdictions in the world, really. We've had a number of other jurisdictions coming to talk to us. Within that Campus Alberta context we sit down with all of the postsecondaries, all of the chairs of the boards of governance, and all of the presidents, and we talk about best practices within the system. It's all for three clients. It's for the student, it's for the taxpayer, and it's for the economy and society. It isn't about the institution. It's about those three clients.

The Speaker: The hon. Member for Calgary-Mackay, followed by the hon. Member for Calgary-Buffalo.

English as a Second Language Programs

Ms Woo-Paw: Thank you, Mr. Speaker. Having a knowledgeable and skilled workforce is key in meeting the future needs of our economy. Between 1988 and 2008 the number of identified English as a second language students in Alberta has tripled from about 15,000 to 50,000, yet those students in Alberta are faced with one of the highest dropout rates in our province. In a recent study by the Coalition for Equal Access to Education students and parents have expressed concerns that the schools allocate less than five hours per week to ESL instruction and that schools stop teaching ESL to students when students are considered at the levels . . .

The Speaker: I'm afraid we're going to have to move to the answer now. I don't know who the question is to, though. The hon. Minister of Education.

Mr. Hancock: Thank you, Mr. Speaker. First of all, I want to clarify that the dropout rate for ESL students is not one of the highest in the province. In fact, at 4.4 per cent it's actually lower than the provincial average of 4.8 per cent. Neither are acceptable. But ESL is not higher; it's in fact lower.

We have developed tools and resources to provide clearer direction on intake and assessment of ESL students. We have curriculum – for example, the K to 12 ESL proficiency benchmarks, teaching resources, second language guide to implementation for kindergarten to grade 9, and a senior high school program of studies for ESL, assessment resources; there's a list of assessment resources for English as a second language – and, of course, professional development. So we are working with the system to provide that kind of education.

2:40

The Speaker: The hon. member.

Ms Woo-Paw: Thank you. What specific policy and requirements does the ministry have in place to ensure that schools are accountable for ESL funding they receive from the school boards?

Mr. Hancock: Well, Mr. Speaker, funding is provided to school boards for students who have insufficient fluency in English to achieve grade level expectations; in fact, \$1,155 per eligible funded child or student up to a maximum of seven years. Additionally, enhanced ESL funding is available to assist boards in providing support services for immigrant students who have little or no formal schooling. But we don't tell school boards how to allocate their monies or what to do with their monies. We give them the money based on their student population, and we hold them accountable for the results.

The Speaker: The hon. member.

Ms Woo-Paw: Thank you. What performance measures does your ministry have in place to ensure that schools in Alberta systematically address cultural diversity and competence in all aspects of school structures and functions?

Mr. Hancock: Well, Mr. Speaker, one of the measures that we do utilize is comparing the results of the ESL students to the results of students overall. This enables jurisdictions and schools to assess how well ESL students are doing and to develop strategies to improve their results. An example of this would be the diploma examinations, where 77.1 per cent of the ESL students achieve the acceptable standard compared to 84.4 per cent of students overall. We measure overall accountabilities, and we're able to differentiate between ESL students and other students to determine whether they're achieving at the same level as other students. Then school boards can put in place processes and systems to ensure that ESL students have that ability to get to the same level as other students.

The Speaker: Hon. members, that was 94 questions and responses today. In light of the time and our standing order rules we're going to proceed back to the Routine with Members' Statements.

Members' Statements

(continued)

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

H1N1 Influenza Immunization

Mr. Chase: Thank you, Mr. Speaker. There's a hole in your Duckett, dear Premier, dear Premier. There are several holes in our health care, unclear Premier, unclear Premier. The fear-filled flu fiasco that unfolded last week saw first nine, then 10 primarily outdoor only accessible clinics struggling to provide indiscriminate inoculations for a meagre fraction of the 2 million-plus people yet to be served in Calgary and Edmonton. The doctors and nurses, the sheriffs and peace officers, the mall security guards, the merchants who, despite having their store entrances blocked, brought out refreshments and allowed those standing for hours to use their facilities are to be congratulated for their support of the thousands of Alberta health care refugees.

It is unfortunate that these people who lined up in the cold and dark in order to secure a spot, a shot for themselves or a vulnerable family member, won't have the opportunity to line up and cast their vote in the Premier's leadership review this Saturday in Red Deer. Prior to this past week it seemed that no graphic images could symbolize poor health planning more than the implosion of Calgary's general hospital. However, this superbord-supporting government has now surpassed that save a buck now, pay several later gang with its latest short-sighted scenario.

Ralph's plan for the SARS pandemic was to simply stockpile surgical face masks. Our current Premier's plan appears to be to create chaos and confusion for his Survivor Albertan show. In this Darwinian dash children under five and pregnant women are pitted against able-bodied men in the struggle for the serum. The last one standing before the line is cut off gets to play another day. In this week's episode tension builds as the clinics close, leading up to the leadership review. Will the Premier survive this weekend's confidence vote? Will Albertans survive this government's health care . . .

The Speaker: Alas, we must move on.

The hon. Member for Edmonton-Castle Downs.

Glenrose Rehabilitation Hospital Fundraiser

Mr. Lukaszuk: Thank you, Mr. Speaker. Last week on October 27 the Edmonton Glenrose hospital foundation was a beneficiary of a fabulous fundraiser, and this really needs to be highlighted. Edmonton's Chinese community decided to put together a fundraiser dinner, not for themselves, not for the benefit of the Chinese community only, but for the benefit of all Albertans. They raised hundreds of thousands of dollars for the Glenrose rehabilitation hospital.

The honorary chair, Mr. Speaker, for the Glenrose Rehabilitation Hospital Foundation happens to be our Premier's better half, Mrs. Stelmach, who spearheaded this fundraiser. Our Minister of Employment and Immigration and my colleague from Edmonton-Meadowlark and myself had the pleasure of participating in this dinner. I would like to extend my sincere thank you to all members of Edmonton's Chinese community for having the citizenship, duty, and obligation of raising money for such a fabulous cause.

Thank you very much.

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

Adoption Awareness Month

Mr. Rogers: Thank you, Mr. Speaker. I'm pleased to rise today in recognition of Adoption Awareness Month. Every November we celebrate the tremendous contributions adoptive families make in the lives of children and youth who dream of having a loving family to call their own, something that most of us take for granted. At any given time Alberta has about 200 children and youth ready and waiting to be adopted by families who will help ensure these kids have the love and support they need to achieve their full potential.

Alberta's adoption program is considered by many to be one of the best in the country, exemplary in its aggressive, proactive approach to recruiting families for children and youth who need loving, nurturing homes. Just last month, Mr. Speaker, recruitment efforts were enhanced by the launch of a new grassroots strategy that reaches out to Albertans across the province. A Child's Hope is designed to get people talking about the many benefits of fostering, providing kinship care, adopting, or mentoring a child or youth who needs our help and support. Families who have adopted say that at the time they decided to reach out and give a child or youth a loving, stable home, they had no idea how much of a positive difference the experience would make in their own lives.

Mr. Speaker, there is no better time or better place to adopt a child than right now, right here in the province of Alberta. Every kid deserves to grow up in the kind of caring environment that they can call their own. I encourage all families interested in adopting to first consider kids in our province and visit the adoption website at www.child.alberta.ca to find out more about the amazing children and youth ready and waiting to be matched with you to bring love, joy, and fulfillment into your home.

Thank you, Mr. Speaker.

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

Anniversary of the Birth of Guru Nanak

Mr. Sandhu: Thank you, Mr. Speaker. I am pleased to rise today and talk a little about a very important day to the Sikh religion. Today, November 2, marks the 540th birthday of Sri Guru Nanak Dev Ji, founder of Sikhism. Every year Sikhs around the world celebrate Sri Guru Nanak Dev's birthday with an Akhand Path, or reading the holy scriptures, Sri Guru Granth Sahib, from start to

finish. This reading takes about 48 hours and concludes in the early morning of the guru's birth.

Mr. Speaker, the Sikh community is doing a lot to mark this special day. The Sikh community of Edmonton and the Punjabi Media Association of Alberta have joined together for the third annual food and fundraising event. This time there is \$50,000 plus three tonnes of food. Every year near Sri Guru Nanak Dev's birthday the members of the Sikh community join together and raise food and money to help support the Edmonton food bank. I would like to give special thanks to Desh Punjab Radio and Radio Sursangam for their radiothon, which fund raised a lot of money. The fundraising portrays Guru Nanak's concept of Langar, or the community kitchen. The Sikh community raised \$2.5 million for the Mazankowski Heart Institute's Guru Nanak Dev Healing Garden.

I am proud of the hard work of these organizations, proud of the positive impact they are having on our community. Thank you, Mr. Speaker.

Presenting Petitions

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

Mr. Denis: Thank you very much, Mr. Speaker. I rise today to present a petition signed by 113 Albertans that reads:

We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the government of Alberta to:

- Grandfather the rights and status of all currently-practicing Registered Massage Therapists . . . in Alberta in a manner that they may continue their practice undisturbed and, when necessary, gradually upgrade to newly-proclaimed standards of training, so as not to force current therapists to lose their ongoing income whilst upgrading and so to ensure that clients of said therapists will be able to use their insurance coverage in order to pay for massage services from current therapists.

These signatures are mostly from Calgary.

2:50

Notices of Motions

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

Ms Notley: Thank you, Mr. Speaker. In accordance with Standing Order 30 I wish to give notice that at the appropriate time I intend to move that the ordinary business of the Assembly be adjourned to discuss a matter of urgent public importance; namely, the government's inadequate preparations for the pandemic H1N1 influenza program.

Thank you.

The Speaker: The hon. member will be doing this?

Ms Notley: I'm giving notice on behalf of the hon. member.

The Speaker: Okay. But the hon. member said that she would be rising to do certain things. Is she doing this on behalf of the hon. Member for Edmonton-Highlands-Norwood?

Ms Notley: I'm giving notice on behalf of the hon. Member for Edmonton-Highlands-Norwood. Yes.

The Speaker: Okay.

Introduction of Bills

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

Bill 59

Mental Health Amendment Act, 2009

Dr. Sherman: Thank you, Mr. Speaker. I'm pleased to rise and request leave to introduce first reading of Bill 59, the Mental Health Amendment Act, 2009.

This bill supports the implementation of community treatment orders by clarifying, firstly, the role of psychiatrists in issuing and overseeing community treatment orders; secondly, the criteria that will be considered by mental health review panels when reviewing community treatment orders; and the Mental Health Patient Advocate's legal authority to access records and information for investigations involving community treatment orders. Mr. Speaker, these community treatment orders will enable individuals to maintain their mental health treatment in the community. These orders will be introduced when the remaining sections of the Mental Health Amendment Act, 2007, are proclaimed, which is expected to occur early next year.

I ask all members to support this bill and to move this bill to the next stage. I move first reading of Bill 59.

Thank you, Mr. Speaker.

[Motion carried; Bill 59 read a first time]

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I move that Bill 59 be moved onto the Order Paper under Government Bills and Orders.

[Motion carried]

The Speaker: The hon. Member for Edmonton-Castle Downs.

Bill 61

Provincial Offences Procedure Amendment Act, 2009

Mr. Lukaszuk: Thank you again, Mr. Speaker. It is my pleasure to move first reading of the Provincial Offences Procedure Amendment Act, 2009, otherwise known as Bill 61.

Mr. Speaker, this bill is designed to not only simplify and unclog our currently busy court system, but it also aims at making sure that more police officers spend their time actually on the streets, doing the work that they want to do, and not in busy courthouses. Among many other clauses in the bill it will allow for the filing of evidence by police officers by way of affidavit as opposed to having to appear in person. The details of the bill will be unveiled in second reading.

Thank you.

[Motion carried; Bill 61 read a first time]

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I would move that Bill 61 be moved onto the Order Paper under Government Bills and Orders.

[Motion carried]

Tabling Returns and Reports

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much, Mr. Speaker. I have two tablings today. The first is a letter written by Faith Paul, and I

certainly have permission to table this letter. It is her letter to me dated October 27, 2009, and it outlines reasons that we should consider keeping Alberta Hospital open.

The second tabling I have is a document from the Friends of Medicare. It's titled Stop the Cuts, a rally November 7, 11:30 a.m., with march and rally to PC Party convention at 12, at the Kinsmen community hall in Red Deer. Reserve your seat on a free bus from Edmonton and Calgary. Contact friendsofmedicare.org.

Thank you.

Emergency Debate

The Speaker: Hon. members, we do have a matter of business to deal with, and that's an application under Standing Order 30. I'm going to listen attentively to the arguments, but I'm also going to limit the number of speakers with respect to the application for the motion as there is a process in the standing orders to deal with this. I'll invite the hon. Member for Edmonton-Highlands-Norwood to make a brief statement with respect to the urgency of this matter, and we'll recognize one spokesperson from each of the other two caucuses in the House. Then we'll make a decision.

H1N1 Influenza Pandemic Preparedness

Mr. Mason: Thank you very much, Mr. Speaker. As required under Standing Order 30(1) I gave written notice to yourself at least two hours prior to today's sitting. My colleague from Edmonton-Strathcona gave oral notice of this motion during today's Routine, and copies of the motion have been distributed to members of the House.

I believe, Mr. Speaker, that this motion meets the urgency requirement under Standing Order 30. Each day for the past week we have seen Albertans reacting with frustration and confusion to the government's pandemic H1N1 influenza program. The H1N1 virus is a significant threat to the health of Albertans. We have seen over the last week that there is extremely high public interest in protection against the virus, but we have also seen the government send out very mixed messages about when individuals should seek to get immunized. The government has now been forced to change its plan, which adds to public concern about the spread of the virus and raises questions about whether the government had properly prepared for the second wave of the virus. I believe the government's most recent decision to stop mass vaccinations while a new plan is developed to immunize only high-risk populations underlies the urgent need for this House to discuss the government's plan for minimizing the spread of H1N1.

We know that over the past week many Albertans in high-risk categories stood in line for hours without being able to get vaccinated while others with lower risk received a vaccination. Others in the high-risk categories were unable to get to a clinic and stand in a long lineup because of their health problems. We also know that other provinces were able to deliver the vaccine to people at higher risk first. Albertans need to hear why this did not happen in our province.

Beauchesne's 387 says that a debate under this standing order "must deal with a matter within the administrative competence of the Government and there must be no other reasonable opportunity for debate." Mr. Speaker, the H1N1 vaccine program is clearly within the responsibility of this government, and I know of no other motions or other such opportunities which would allow this House to have a full discussion of the issue. This is a most urgent question, very much on the minds of Albertans throughout the province, and it seems to me that this motion would give opportunity for this Assembly to discuss this most urgent question. So I submit that

clearly this motion meets the urgency requirements under Standing Order 30.

Thank you, Mr. Speaker.

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. While it would have been, I think, preferable if this motion had been worded in a more appropriate way, I don't think there can be any question that the issue of the H1N1 virus and the preparation by government and by the health authority to make sure that Albertans get vaccinated is a very, very clear issue on the minds of Albertans. I think it is quite appropriate for us in this House to address that kind of an issue in this open forum so that Albertans can know and understand clearly the amount of preparation that has gone into pandemic preparation and the way in which this government and the Health Services authority have been able to make sure that as many as Albertans as possible get vaccinated as quickly as possible. So while I cannot agree with the wording of the motion in terms of inadequate preparation, I certainly do agree and would urge all members of the House to support the concept that we adjourn the normal business of the day and speak to the preparation for the H1N1 pandemic influenza program.

The Speaker: The hon. Opposition House Leader.

Ms Blakeman: Thank you very much, Mr. Speaker. As always with Standing Order 30 there are two categories of tests: one is that the genuine emergency that exists must be proven and, secondly, that there is no other opportunity for a debate to have taken place on the particular issue. In this case I will argue the second category first, that there has been no other opportunity for us to have any substantial debate; therefore, following the words of the Government House Leader, it would be appropriate to do that this afternoon.

3:00

It is within the administrative competence of the government. There's no government bill on the Order Paper. There's nothing on notice on the Order Paper, nor has the Government House Leader indicated to me in our pre-session meeting that there would likely be a bill coming forward specific to the H1N1 implementation. There's no private member's bill, public bill, or private bill. Of course, there's no budget, and again there's no indication that there would be a supplementary supply budget that would open up for debate on this. There are no government motions. Oral Question Period allows us a very, very brief time: 35 seconds to ask the question, 35 to answer. A number of mentions, including *Beauchesne* 408(1)(e) and (f) and 408(2) and 410(7), all speak to brevity, which is not a debate on the issue.

The second category, the genuine emergency. We're seeing a number of issues take place. This caucus heard this morning from a resident at the Royal Alexandra, a few blocks from here, admitting that those residents are admitting people suffering from H1N1 to that hospital and to the emergency ward while the residents themselves have not been inoculated and are not being allowed to be inoculated. That increases their risk as health care providers substantially and, of course, affects their families. As well, it increases the risk that the virus will be passed on by those very same health care providers.

The government has inoculated a little over 10 per cent of the population, but it has not completed or even started in some locations. Again I reference health care providers and a number of those from particularly vulnerable groups. I will focus on cancer patients, as raised by my colleague earlier today, who have very

strict and limited windows, given their cancer treatment, of when they would be able to sustain a vaccination. They are not physically able to stand in lineups, but there have been no provisions made for them that we're aware of. So that's a third group of very vulnerable people who have not been able to be helped. I would argue that they would qualify under the genuine emergency considerations that are before us today.

So I would ask the Speaker to please rule in favour of the Standing Order 30 application. Thank you.

The Speaker: Hon. members, I am prepared to make a decision with respect to this matter. Standing Order 30(2) provides an opportunity for members to speak, allowing as many of them to be in the debate as possible. I've heard the three petitions we've had here with respect to this.

The motion itself certainly arrived at my office in time, met the requirement of two hours' notice. It arrived at 11:27, so it beat it by three minutes.

Secondly, the question here is whether or not there is "a genuine emergency, calling for immediate and urgent consideration." For those members who follow this sort of thing, *Beauchesne's* paragraphs 387 to 390 and Marleau and Montpetit, *House of Commons Procedure and Practice*, 586 to 589, deal with this particular matter.

There are two key points with respect to this and a third one which is quite subjective. In fact, all three are quite subjective, but the third one is important as well. First of all, to meet the requirements of urgency, there must not be another opportunity for members of the Assembly to discuss this matter. Secondly, the matter must relate to a genuine emergency. There's one other that I do take into consideration, and that is the general mood of the House with respect to this as well. The chair certainly has heard spokesmen on behalf of the other caucuses in the House advocating that there might be something to this today.

I am a little concerned about the specific words of the motion itself. Having said that, ordinarily the motion itself, the wording in it, might not necessarily meet all three tests, but the third test – that is, the general mood of the House – is one that I'm considering today. No hesitation on my understanding that there is an element of questioning going on in the province of Alberta with respect to this matter.

I also wish to advise that the Canadian House of Commons will also be proceeding to such a similar debate as this almost immediately now. There's a two-hour time difference between ourselves and the Canadian House of Commons, but the Speaker there ruled a few minutes ago that, in essence, such an opportunity should be afforded to the men and women of the Canadian House of Commons as well.

In essence, I'm going to find that the request for leave is in order. We are going to move to this, but it's your decision as to how we move to this and if we move to this. There are rules with respect to how we move to this. Standing Order 30(3) requires that the question be put to a vote of this Assembly. If there are any objections to the question, then the chair will ask those members who support the motion to rise in their places. So if there are any objections to my question, members then have to move physically in order to endorse and uphold what the Speaker has ruled with respect to this.

I'm going to ask the question. Shall the debate on the urgent matter proceed? All those in favour, say yes.

Hon. Members: Yes.

The Speaker: Those opposed, say no.

Okay. We are now going to proceed, and you can follow the rules in our standing orders with respect to this. I should advise all members that, in essence, you have a 10-minute speaking time with respect to this.

Standing Order 30(6) says, "An emergency debate does not entail any decision of the Assembly," and there are some conditions which the standing orders provide with respect to this emergency debate. Whoever is in the chair this afternoon may have to bring this to the attention of the members participating. A key one is that "not more than one matter may be discussed on the same motion." So we do have a motion. It's very clear what the motion is. There has to be attention to the motion per se under the debate. It also will preclude any further discussion on this matter by way of a Standing Order 30 application on this subject for the remainder of this session if it's a similar concept. So this is the shot.

Hon. Member for Edmonton-Highlands-Norwood, I'll invite you momentarily, but might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests

(continued)

The Speaker: The hon. Member for Bonnyville-Cold Lake.

Mrs. Leskiw: Thank you, Mr. Speaker. It's a privilege to introduce to you and through you to all members of this Assembly a good citizen and friend of mine from my constituency, Denis Ducharme. Denis Ducharme is our former MLA. He served our community extremely well for 11 years. His early retirement and encouragement have allowed me to fill his shoes, which was not an easy task. I would like to now ask Mr. Ducharme to stand so that we can give him the traditional warm welcome of this Assembly.

Emergency Debate

(continued)

H1N1 Influenza Pandemic Preparedness

The Speaker: Hon. members, we are going to proceed. We'll proceed in this order. First of all, I'm going to call on the hon. Member for Edmonton-Highlands-Norwood, then I'm going to recognize the hon. Minister of Health and Wellness, then I will recognize the hon. Member for Edmonton-Riverview, and then we'll try to find a rotation as we go forward. After the hon. Member for Edmonton-Riverview I will recognize the hon. Minister of Aboriginal Relations. They're the next four speakers.

The hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Thank you very much, Mr. Speaker. I appreciate the opportunity to have this debate in the House today. I know that the Government House Leader indicated some disagreement with the suggestion in the wording of the motion that the government's preparations were inadequate, but I assure him that this is about the fourth draft of the motion, and this is by far the most favourable reference to the government that we have.

I want to say that I've never seen a situation yet in this province in the time that I've been elected to this Assembly where there was so much anger on the part of many Albertans towards an action of the government. Each day for the past week we've seen them responding with frustration and confusion to the government's pandemic H1N1 influenza program.

The H1N1 virus is a significant threat to the health of Albertans. We've seen over the past week that there is extremely high public

interest in protection against the virus. Although severe illness due to the virus may be relatively low, the number of people infected could be so large that the disease will put a severe burden on schools, businesses, and public services due to a high rate of absenteeism, not to mention, Mr. Speaker, the surge in emergency rooms and in our health care system generally.

3:10

Albertans got the message that the government was trying to deliver, that H1N1 immunization was an urgent matter which all responsible citizens should take. The minister of health urged in this House last Monday, "Albertans have to roll up their sleeves and help us get the job done." But, Mr. Speaker, the government was not prepared for the very high level of public participation in the vaccination program. The news of the past week has been filled with stories of long lineups at clinics, people waiting for hours and hours to be immunized, only to be turned away.

Earlier, Mr. Speaker, in my response to the minister's statement I read an e-mail from my own sister indicating that even though she's a high priority for immunization, she has made six unsuccessful attempts to get immunized in the city of Calgary. There is, in fact, a very, very serious problem. The government will argue – and I'm sure the minister will when he gets up – that the indicator of success of this program is that 400,000 Albertans have been vaccinated. That is not the real measure of the success of this program. In fact, we heard earlier that according to Dr. Corriveau, up to 30 per cent of Albertans may in fact be considered in the high-risk category. That's just under a million people, Mr. Speaker. Now, we've just expended our first tranche of vaccine of 400,000 doses on people in, essentially, a random way. In fact, I would go further than that; I would say that the way it's been set up, with the requirement that people stand in line for lengthy periods of time, has favored strong and healthy individuals who are most likely not on the list of people who should get the vaccine.

The question is important, Mr. Speaker. Why do we have certain people who are considered vulnerable on a higher priority list? The simple fact of the matter is that these are people who are more likely to have a very severe illness and may more likely die if they are infected with H1N1, and that's why they are a priority. But the government has allowed people to get to the front of the line. In fact, they've set up a system that allows people who are stronger and healthier to get the first dose, to be inoculated ahead of people who actually need the vaccine. That's the problem. That's the core problem with what's happened. Now, we've got another 80,000 doses coming, but that is insufficient to even cover some of the categories of vulnerable priority individuals. That is why this is a fundamentally flawed and, in fact, very badly organized and managed process. There are some secondary things: for example, the fact that people have to line up, that particular target groups weren't targeted.

Mr. Speaker, we've run out for the moment, I guess, of large supplies of the vaccine, and the government has now decided that they're shutting the entire program down. This very day, Mr. Speaker, in Ontario the government announced that they would be doubling the number of clinics. I think that's about 100 additional clinics. Today they're opening another hundred clinics, on the same day that Alberta is shutting down all of its clinics. But the clinics are very different. They're not mass immunization where everyone can come. They're specific; they're small. They're specifically targeted to the key groups that need to be immunized, and if you're not one of those people that qualify at that clinic, you don't get immunized. That's important, Mr. Speaker, because that is what protects the lives of people who are most vulnerable.

Manitoba I think has done a much better job as well. For example, a call was put out in Manitoba last spring to retired health care professionals to work in the vaccination clinics. The recertification necessary for them to inject people with a vaccine was fast-tracked. The result was 600 workers who were ready to help staff the clinics. This allowed Manitoba to set up more clinics than we've seen in Alberta. In Winnipeg, for example, which is a little smaller than Edmonton, 12 clinics were set up compared to only four in Calgary and five in Edmonton. Like Alberta, Manitoba initially made its immunization program available to everyone regardless of their risk factors, but it has now decided to immunize only target populations. Ontario, on the other hand, has only provided the flu shot for these target populations. People in these high-risk groups have been able to make appointments at flu shot clinics with minimal inconvenience. Ontario has now announced, as I mentioned, that they'll double the number of clinics.

In Alberta the experience of the past week has shown that this government failed to properly prepare for the second wave of the H1N1 virus. The government failed to ensure that the most vulnerable Albertans would receive the vaccine quickly. People across the province have spent frustrating hours in lineups at clinics, and now they're closed while the government goes back to the drawing board.

Well, all provincial governments have had to deal with the sudden shortage of vaccine. This is not the provincial governments' fault. This is the federal government's responsibility. I'll put it mildly, I guess. But how we are positioned to react to that is the question, and how soon this government knew about that shortage is a question that I would like to have answered.

Mr. Speaker, I'd like to address the whole question of the pressure that's now going to be put on our health care system by people who are infected with H1N1 influenza, and that's a very serious problem. Because of the minister's health care reform, led by Dr. Duckett from Australia, we are in a process of limiting the number of nurses in the health care system. Now there's a hiring freeze which applies generally, and that's another question of the level of funding. The strategy of Dr. Duckett is to replace nurses as much as possible with other health care professionals and remove the number of nurses that are involved in the health care system, but there's plenty of research that shows that there's a direct relationship between the number of nurses in a health care system and the incidence of mortality and morbidity within the health care system. So taking nurses out of the system makes it less responsive, makes it less able to respond, and there are other cuts that do the same thing.

In general, the changes that have been made to our health care system by this government have thrown it into chaos, and it is unable to respond. I heard the Premier say just the other day: well, you know, give us a break because we're trying to run a health care system, too. It just struck me as someone who didn't understand that a health care system has to have the capacity to deal with things like a pandemic. My last point is that, in fact, the government doesn't seem to get the fact that they've had months and months to prepare for this pandemic yet have failed to do so adequately.

Mr. Speaker, just in closing, I want to say that the government has completely failed Albertans in this respect.

The Speaker: Hon. members, just two housekeeping matters. First of all, because this was a change to the Routine today, there was no opportunity for the chair to say: Orders of the Day. So, yes, you can proceed to have that liquid refreshment, whether it be tea or water or the like. I'll make that very clear. Secondly, there is no Q and A of five minutes awarded to this, so we're moving right along. I've got a long list of speakers at a maximum of 10 minutes each. There are

over 20 now on the list. We're going to proceed in the following order for the next six speakers: the Minister of Health and Wellness, followed by the hon. Member for Edmonton-Riverview, then the Minister of Aboriginal Relations, then the hon. Member for Calgary-Glenmore, then the Minister of Housing and Urban Affairs, and then the Minister of Municipal Affairs.

The hon. Minister of Health and Wellness.

3:20

Mr. Liepert: Well, thank you, Mr. Speaker. It's actually my pleasure to stand here this afternoon and participate in this debate. I'm sorry that we have to participate in a debate where we have the member introduce this particular motion, worded in such a way that it takes away from the incredible good work that our public health officials have done in preparing for this influenza campaign. As I've said on many occasions, this is a plan that has been well thought out, it's a plan that has been put together with other provincial officials and the federal government, and it's a plan that was put together by our chief medical officer of health and public health officials. To say that somehow Alberta was inadequately prepared is to take a direct shot at those hardworking officials within our government.

I find it really quite remarkable because we have this particular member who introduced this motion today introducing it somehow on the basis that he could have predicted what happened last week. I remember that when I made my ministerial statement in the House last week, he did not even respond to it. I would have thought that when he had the opportunity to respond, Mr. Speaker, he would have stood up, and he would have said, "You are inadequately prepared for this pandemic," but he didn't. He sat there. He didn't move. He didn't say one word. So, you know, this member, I've noticed over the years that I've been in this House, has this incredible ability to see miles ahead by looking in the rear-view mirror. He always does that.

Mr. Speaker, this is also a member that, any chance he gets, tells us about how good he is at looking at an individual and assessing whether or not they're in the high-risk category. I remember when the Member for Edmonton-Riverview last week stood up and responded to the ministerial statement. He said that he went to the clinic to get his vaccination shot, and the lineup deterred him. Now, he may very well have been in the high-risk category. I can't tell by looking at him whether he is or isn't, but I'll bet the Member for Edmonton-Highlands-Norwood can tell because he seems to be able to predict that none of our people who took this vaccine were in the high-risk category. Absolutely despicable.

Now, the member just referred to Ontario. I would refer him to last week's *Globe and Mail*. All there was was lineups in Ontario all across the front page of the *Globe and Mail*, so don't try to lead this House, Member, that somehow this isn't happening somewhere else in the country.

Now that I've got that off my chest, Mr. Speaker, let's talk about the most successful week that we have had when it comes to vaccinations in this province. This is the largest in the history of the country. There is no template. Our officials in public health, working with the federal government and the other provinces, had to put together a plan and then launch it. I can remember that I was at a health ministers' conference in Winnipeg in August, and the discussion around that table with the federal minister and the other provincial ministers was the fact of the concern about how Canadians were not going to take up this challenge to get vaccinated. In fact, we were talking about numbers somewhere in the range of 30 per cent.

We had a great deal of concern that aboriginals, for instance, in the high-risk group were not going to get vaccinated, and those

groups that are highly vulnerable were going to put great pressure on our health care system. I am so proud to stand here today, Mr. Speaker – and I know the Minister of Aboriginal Relations is going to speak to this – and say that we've done an incredible job of vaccinating a large percentage of our aboriginals in this province. We've done a very good job in getting to a large majority of the homeless in this province, and I hope that the Minister of Housing and Urban Affairs addresses that as well. We have in our best estimation – because, again, unlike the Member for Edmonton-Highlands-Norwood, I can't look at someone in a line and say whether they're in that high-risk category or not; I trust them that they're in that high-risk category. They're a large portion of that 400,000 that we have vaccinated.

You know, we launched this campaign last Monday, and we had an incredible take-up on Monday. There was no question that as we moved into Tuesday and Wednesday, it was reported that our lineups had dwindled considerably. I know my colleague from Edmonton-Calder sent me a note last week in the House that he had received a note from a constituent that in 15 minutes they went and got their vaccination. But something happened mid-week last week, Mr. Speaker, and it was the unfortunate death of a young boy in Ontario. We could just see things turn. We could see the panic start to set in. Once that started, it was very difficult to turn around. In addition to that, about 24 hours later the federal government issued a release that said that we were going to be running short of vaccine. Those two situations, Mr. Speaker, caused what were eventually, on Friday and Saturday, situations that were no longer acceptable.

The chief medical officer of health called me on Saturday morning. He outlined what he wanted to do. As I have throughout this, I supported his recommendation, and his recommendation was that we stop all of the clinics, that we take a pause, that we bring out a plan that will deal with those that are most vulnerable. Our vaccine supply stands at about 180,000 doses in Alberta right now despite the comments of the Leader of the Opposition, where I think he was quoted today as saying that we have hundreds of thousands of doses of vaccine. That is incorrect, Mr. Speaker. We have somewhere in the range of 180,000.

We are anticipating that this Thursday we will receive about another 50,000 of the regular vaccine plus some for pregnant women, the unadjuvanted, and then we have no guarantee next week what we're going to get. We are in a situation where if we don't ensure that we have a staged rollout of this over the next two weeks, we will clearly run out of vaccine. We'll have to shut everything down again, and that is not what we want to have happen.

I just want to take a couple of minutes here. I'd like to thank all of those who have been involved in rolling out this campaign, everyone from our chief medical officer of health to public health officials to front-line health care workers to all of those who took it seriously and actually stood in lineups. I would just quote. Through the noon hour I was speaking to the head of the Alberta Medical Association. He assured me that he's got a meeting with the Leader of the Opposition tomorrow, and he's going to make sure that he passes on the fact that there is no other way that you can describe 400,000 people being vaccinated in six days as anything but a tremendous success, Mr. Speaker. That's coming from the medical community.

I would just conclude that we will hold to our commitment that all Albertans will be vaccinated by Christmas, all of those that choose to be vaccinated, and I would just ask that we talk about what we can do to ensure that we accomplish that. Laying blame, pointing fingers is going to get us nowhere, Mr. Speaker.

With those few words, I would ask all hon. members to participate in this debate, support our public health system, and not fall for the

member who introduced this particular motion because, quite honestly, for the most part, again, he has no idea how the system operates and is attempting to only score cheap political points, Mr. Speaker.

The Speaker: Hon. members, I have a list of approximately 18 members, and the following six will be recognized immediately: the hon. Member for Edmonton-Riverview, followed by the Minister of Aboriginal Relations, then the hon. Member for Calgary-Glenmore, then the Minister of Housing and Urban Affairs, then the Minister of Municipal Affairs, then the hon. Member for Edmonton-Meadowlark.

The hon. Member for Edmonton-Riverview.

Dr. Taft: Thanks, Mr. Speaker. I'll start just by trying to raise the spirit a little bit here. My initial intention last Monday morning was to actually work with the government and to help advance the public interest in obtaining vaccines, and that's the spirit in which I went to the clinic on Monday morning. I think it's regrettable that the minister of health and other members here are somehow holding that against me. I saw the extensive lineup, and I didn't stay. It was pretty apparent immediately that there were problems. But like everybody, I'll assume, in this Assembly we in the end want this to work out.

I'm going to just cover a few key points here. I'm going to begin with what are for me among the many dozens of e-mails and phone calls I've received on this issue in the last week, some of the most heart-wrenching, and those are coming from cancer patients. I had an e-mail Thursday or Friday in which the subject title read: Please Help My Sister. It came to me from a woman living in a smaller town in Alberta who was pleading on behalf of her sister here in Edmonton who was in cancer treatment, and her immune system was compromised. She was unable to stand in line, and she was unable to get the vaccine because no provisions had been made for cancer patients.

[Mr. Mitzel in the chair]

As things turn out, she's not alone. I have had other people contact me, including people phoning me at home on the weekend yesterday in something of a panic. For example, in one case a constituent of mine scheduled for chemotherapy the day after tomorrow – he's in the midst of a series of chemotherapy treatments – had been told that the only day in which his system would be able to absorb the effects of the vaccine was today. When they announced yesterday that there would be no clinics open today, his family and he were, frankly, frightened. I think it's shocking, and I would urge the minister, please, to pay attention to ensure that special provisions are made for cancer patients so that when their systems are able to accept the vaccine safely, that vaccine is provided.

3:30

It's hard for me to believe that we are at this point, with a supposedly sophisticated health care system, where that kind of provision was never made and those cancer patients were not thought about. I've heard a similar account about a child with leukemia in Lethbridge who is having difficulty getting the vaccine. I just think that we have really, really dropped the ball with cancer patients, so I would plead to the minister and urge the minister to make sure that there are special provisions for cancer patients in the plan that gets rolled out tomorrow.

The second point I would raise is one I raised last week, and that's

the development of an ethics framework for what we hope will never happen but could happen, and that's a situation in which there are not enough resources to look after all people requiring critical care. This kind of situation has come close to occurring in the United States and could occur here if we get into an extreme position. My information is that while there is reference to developing an ethics decision-making framework in the pandemic plan – I've read that – there is, in fact, no ethics framework in place.

Just so people understand how serious this is, imagine a situation in which 10 patients require ventilators and there are only five ventilators. Who gets the treatment, and who doesn't? What's the basis of that decision? These are very real issues. Can you discriminate, for example, Mr. Speaker, in that situation on the basis of age? On the basis of disability? On the basis of ethnic background? Can you discriminate on the basis of survival possibilities? What are the frameworks by which people will make those decisions? Those things need to be laid out. They need to be thought through, finalized, and made public in advance. As controversial and difficult as that is, it has been done elsewhere, and I recommend to all members of this Assembly and, frankly, to all Albertans a document put out by Hamilton Health Sciences in Ontario addressing specifically this. I tabled copies of it last Thursday. So, Mr. Minister, please get your department finalizing that ethics framework, and when it's done, please make it public.

My third point is around surge capacity. I have been warning this government for years that it has created a health care system in which there is no surge capacity. There is literally no capacity for something as serious as a major bus crash or a major plane crash, much less a pandemic. In fact, a couple of weeks ago I was in a meeting with doctors where this topic came up. They were telling a story in which two or three years ago they were put on notice to prepare for the possibility of a huge influx of patients because a passenger jet in the area was in some crisis. Well, luckily the passenger jet landed safely, but the doctors were saying: "There was nothing we could do. We didn't have a bed available. We didn't have the equipment. There was nothing available."

Now, Mr. Speaker, it's important for people here who don't know that historically the ideal operating rate of a hospital is about 85 per cent so that on any given day you would have about 15 per cent spare capacity. That allows for all kinds of absorbing of challenges in the system, but, most importantly, it allows for dealing with a genuine major emergency like a pandemic.

Well, Mr. Speaker, it's been more than a decade since the major hospitals in Alberta had anything close to a 15 per cent surge capacity. In fact, as we've often heard in this Assembly, they routinely operate without a single spare bed. So we need to address that. We can address that through permanent measures like reopening the empty beds at the Peter Lougheed hospital and other hospitals. We can do it through interim measures like a pandemic tent, which potentially could be very helpful. Ultimately, we need a long-term solution to this. We need to rebuild the capacity of our health care system so that it can provide necessary services at times of major emergencies.

The fourth point I'd like to make, Mr. Speaker – and I hope the minister and his officials are paying attention – is that given the situation we've got with lineups, let's at least make the best of what's not a very good situation. What do I mean by that? Well, how about providing chairs for people to sit in? If we have a lineup, and we know there's going to be a long lineup, then, you know, let's dip into the sustainability fund or the emergency fund somewhere and rent some chairs and put them at the clinics so that our women and children and seniors and so on who are expected to stand for hours can actually sit. You know, that would help people. That's a simple gesture that would help people.

How about looking for ways to shelter people from the weather? We've been very lucky. Last week was relatively mild, but this is Alberta, and that could change any given day. Many of these lineups are occurring out of doors. I think it's time that we took some serious consideration to provide some shelter for people.

Those kinds of simple gestures can mean so much. I think this government could probably find it somewhere to find some chairs, maybe put up some urns of coffee, and turn this into something a little bit more humane.

Mr. Speaker, I'd like to conclude my comments by reflecting on what I see as the underlying causes of these problems. As much as we've heard that there are problems in other provinces – and in some provinces there are – there are a number of provinces where this has gone really smoothly, Saskatchewan, Manitoba, and B.C. being three examples. They have proceeded by targeting high-risk groups at the beginning, and they have succeeded extremely well. They've avoided the long lineups. They've had a much higher uptake of high-risk groups. They've targeted aboriginals. They've targeted patients in hospitals. They've targeted health care workers.

So how did we end up in this situation? Well, my belief, Mr. Speaker, is that the problems we have here are a symptom of Alberta Health Services' being in general turmoil, of a situation in which effectively the executive head of this organization was cut off. That was done when the regional health authorities were disbanded, and the cancer board was disbanded, and so on. We have great front-line workers – we'd all agree with that – but the system itself is in chaos.

Thank you.

The Acting Speaker: The hon. Minister of Aboriginal Relations, followed by the hon. Member for Calgary-Glenmore.

Mr. Zwozdesky: Thank you very much, Mr. Speaker, and thank you to all members for allowing this debate to proceed. I want to make some comments primarily from the standpoint of being the Minister of Aboriginal Relations. I believe the minister of health has covered a number of issues that pertain to Albertans in general, so I will try as much as possible to reflect what I believe is happening and is of importance to our aboriginal clientele in Alberta.

I want to begin, first of all, by saying that while I support the gist of the motion, I am a little disappointed with some of the inflammatory wording in it. To suggest that the government of Alberta was inadequately prepared for the pandemic is to somehow suggest that we had some crystal ball in knowing exactly what this strain was supposed to be all about and that we could somehow persuade the provider, GlaxoSmithKline, the people who are making the vaccine, that we had some way of impacting how much of it to make, when and where, and so on, and that's simply not the case.

3:40

I believe that what we're doing here today, Mr. Speaker, is of a positive nature nonetheless. I say that because while we wait for additional vaccine to be provided to this province, as every province is waiting, there are some things that we could focus on in the interim to help stop the spread of it and to help stop the fearmongering that sometimes accompanies things like this. I'm not suggesting for a moment that this is intended to diminish the importance of the issue; it certainly is in fact intended to elevate the importance of it. But it's important that we not panic at this time and that we send out messages of things being addressed as quickly as possible given the circumstances that confront us today. There is little purpose in pointing fingers at anybody or in accusing anyone with blame. Rather, I think we need to focus on the fact that as vaccine comes available, it's going to be distributed as quickly as possible, just like

it was last week, to the rest of the province so that everybody who wants this vaccination can have direct access to it. That includes the aboriginal population.

Mr. Speaker, in that respect my ministry is an integral part of a very intensive rollout and a co-ordinated effort to monitor this situation closely and to help ensure that aboriginal people in Alberta, regardless of where they live – on reserve, on settlement, or off reserve, off settlement in our communities – receive the information, the care, the supplies, and the services that they want. We identified that First Nations, Métis, and Inuit people in the province of Alberta are important populations to focus on, and we base that decision on the experience that we had with the first wave of H1N1 back in the spring.

Alberta's plan for pandemic influenza is for all Albertans – let's be clear – and that includes First Nations, Métis, and Inuit populations living here. The aboriginal communities pandemic influenza liaison committee has been established. It meets weekly. This is essentially a subgroup that's been established to provide a forum for discussing the specifics for Métis people, for example, living in Alberta. I should stress that given that 50 per cent of Alberta's aboriginal population is less than 24 years of age, of additional concern is the number of very serious cases appearing in young people in both the previously healthy and in those with pre-existing medical conditions.

Planning for H1N1 influenza pandemic involves many partners to complete the planning. We've worked very closely with Alberta Health and Wellness, with Alberta Health Services, with the Public Health Agency of Canada, with Health Canada officials to ensure as smooth a rollout and as smooth a provision of vaccines as could possibly be undertaken. We've worked with the chief medical officers of health. We've worked with the lead responders within their staff branches to ensure that the positive messaging on what to do to prevent this further spread while we wait for vaccinations has occurred.

As part of that comprehensive and multisector, multiplanning structure Alberta Health Services and Alberta Health and Wellness have created a specific forum to address more specifically the needs of aboriginal people in Alberta through the committee that I just mentioned and through other strategies to mitigate risks and to minimize any further complications. In fact, the recently released federal immunization priority list identified aboriginal populations as a priority group. I can assure you, Mr. Speaker, that when the minister rolls out his plan with the medical health officers tomorrow, the new plan, we will see some very concrete ideas on how they're going to go about dealing with the completion of the phenomenally successful program of last week.

You know, Mr. Speaker, when I was the associate minister of health in 1999, 2000, and 2001, I can recall going to provincial, federal, and territorial ministers meetings when we talked about the next pandemic. I'll confess to you that it was a little bit confusing at the time to hear people in 1999 planning for a pandemic that they had no idea what it was going to be about or what the strain was going to look like or what the virus was going to be like, but that it was going to happen within five years. That was a little bit confusing. But let's make no mistake about it. The fact is that you don't know what the strain is going to be. All you know is that on average about every five years there is some type of pandemic or a pandemic scare.

That's precisely where we are today: 1999 to 2004, 2004 to 2009. As we're solving this particular dilemma that's before us today, we're already, I am sure, in health circles across the country looking at what the pandemic will be five years down the line. But you cannot – you cannot – prepare enough vaccine that far in advance.

You don't know what the strain of the virus is going to be. You don't know, as a result, what the shelf life of that medicine is going to be. You don't know how quickly you're going to reproduce it. You don't know how it's going to ramify and how it's going to affect different population groups and different population ages. Those factors are simply unknowns. I want to congratulate the people at GlaxoSmithKline for having done a pretty incredible job of providing as much vaccine as quickly as possible and for helping us in Alberta get it a week earlier than we were anticipating. That's good news.

To the people who have been standing in line, I want to express our sincere apology once again. I'm truly sorry that that happened, that there were long lineups and there were long waiting lists. That is unfortunate. I'm also sorry that a number of people were not able to get in at all after having waited a long time. But that's not specific to Alberta. If you take a look at what's happening elsewhere, you will find that these lineups are occurring in those provinces as well. I say that because I was having some informal chats with other ministers last week when I was in Toronto for the meeting of federal-provincial-territorial and aboriginal ministers and/or leaders when we met to talk about a number of issues pertaining to the aboriginal community. There was no one that was immune to the lineups to some degree.

I want to applaud the medical experts, the people who have designed the program and had the successes that they had last week. I know they will recognize that things could have gone better, obviously. Hindsight is so perfect all the time. This is a national vaccine shortage. That's what this is.

Last week I assured First Nations on reserve that we were working hard on their behalf to ensure they had adequate supplies. I'm happy that all 47 First Nations in this province received the vaccine, and they rolled out as quickly as they could as much of it as possible. I'm happy that there's a specific plan in place, which now, obviously, will be modified tomorrow, to help Métis settlements. The Elizabeth Métis settlement had a clinic on October 27. The Fishing Lake Métis settlement had a clinic that started on October 28. The Buffalo Lake Métis settlement had one that started on October 29. The plan was for the remaining settlements to start as early as Thursday or Friday of this week and continue on next week. That would be the Kikino Métis settlement, the Paddle Prairie Métis settlement, the Gift Lake Métis settlement, the Peavine Métis settlement, and the East Prairie Métis settlement. So those plans were in place. I know they will now need to be modified because of the quick take-up of the vaccine that was provided to us.

I don't want people to leave their listening and watching of the day to feel insecure or to feel in some way threatened. That is not to undermine anything that's been said to date in terms of the critical importance. I do want people to have a sense that we are doing the very best we can but that we're reliant on the supply. We're totally reliant on the supply. We have people in place. We have locations in place. I could list you 15 or 20 different locations in the north half of the province just within about a 150- to 200-mile radius where this is happening and will occur.

So thank you, and please let's be patient and work our way through this as positively as we can.

The Acting Speaker: The hon. Member for Calgary-Glenmore, followed by the Minister of Housing and Urban Affairs.

Mr. Hinman: Thank you, Mr. Speaker. I do feel that it's very important that we take the time today to have a little more debate on this subject of the H1N1 pandemic. It's been very discouraging for the people that have been calling me in my constituency. I heard

from some seniors on the weekend that, again, they opened up a new clinic, and the accessibility was unbelievable, how far they had to park and walk in order to get there.

I want to back up here and talk about all the planning that has gone on. It hasn't been in depth enough to really look at the whole situation. Again, probably the most concerning thing, that has been brought up by the good Member for Edmonton-Riverview as well as all the others, is the fact that so many people are having to stand outside and wait. The number of people that are having to stand outside is not acceptable, and I hope that is going to be addressed tomorrow. We need to look at different facilities and where we're going to have these people come in. This is Alberta, and it is critical that they are in areas that enable people to come in, whether it's school gyms, whether it's such places as conference centres, downtown exhibition grounds. We need to really address this going in there.

3:50

The other thing that I'm concerned about, that we seem to be missing in the debate, is a prioritization. We've heard of the first three, but what are we going to do after the young children have been vaccinated, those people with health risks? What's next on the list? Albertans need to be informed in realizing that. Some of the concerns that I've heard: I've had teachers that are teaching elementary school and are not able to get out to receive their vaccination because they're at work and they can't get there. I think we need to really focus on that area of young children and who they're exposed to in the areas they're at and to realize how we get that vaccination there. It would just be prudent, I think, for a health person, especially out in some of the smaller areas, to be able to go to these different schools and ensure that the teachers are vaccinated so that they're not exposed because we can't afford to have our teachers go down along with the students and be in there. I think that we need to realize those things. Daycare workers: have they been contacted? Is there a situation ready to touch the daycare workers?

Most important of all, though, is there a plan in place, and are they ready to mobilize into a hotbed where the pandemic could reach an unparalleled level, where they can't reach them? Are they ready? They need to start informing Albertans. I believe also, again from Edmonton-Riverview, that a very important part is the ethics framework. It hasn't been addressed. It needs to be addressed, and Albertans need to know and understand these things. We need to make it public. It's incredibly important that the public is informed.

Another one of the things that's very frustrating – and I think that Alberta Health Services needs to do a better job – is to really let people know because of the rumours now when someone passes away: oh, it was H1N1. It's immediately put onto this area that “Oh, this has happened” only to find out three or four days later that it wasn't so. I think they need to be on top and in front of information on what's happening during this pandemic so that the fear doesn't spread and get out of control.

There are many areas that we need to be concerned. I think that they need to publicize. It was good to hear from the minister, and maybe I've just missed it with all of the news, that we have 180,000 doses – how are those going to be broken up and spread around the province? – and to realize there are 50,000 more coming in. I think this is important information that needs to be presented to Albertans so they understand the situation. Then when we understand, the frustration level isn't so high.

There are just so many areas, Mr. Speaker, where we need to a better job of prioritizing, we need to do a better job of planning, and then we need to do a better job of educating and informing in those

areas so that people do understand the ethics and the decisions that are being made and why they're going forward. I think it's most important that it needs to be raised to a nonpartisan level. We don't need the hits back and forth attacking individuals or this or that. Let's look at the problems, let's address them clearly, and let's have some solutions rather than the nitpicking and pointing out that this has gone wrong or that's gone wrong. It has happened. There's been incompetence on many levels, it seems like. Like I say, even such things as realizing where people can park to be covered from the weather because that's going to be our next major problem. The weather is going to change. Have we planned to look at moving into better facilities that will enable people in a more comfortable way to receive it?

Another area that also hasn't been addressed – maybe it will be going forward – is when you go into an emergency and you have the triage nurse that lines people up. I don't understand for the life of me why they haven't taken people out and moved them ahead and formed two lines, just like in emergency, or three lines, and said, you know, "Here's young people, here's pregnant mothers, here's people at health risk," and actually know that. So when people arrive there, they can realize that these two lines are going first, this is the third line, and if, in fact, they hit those high-risk people first, then we'll be able to be touched. There were so many people that showed up that weren't high risk standing in line and forcing those who were high risk to not get there. Just how can you be there giving those shots, realizing how many people have come through that haven't been asked? Ask the people.

I don't expect the member, or any member, to be there doing the triage, but there are some simple screening questions that could be asked, and then people could move quickly along and get through. It might be as simple as the fact that, you know: "I need to get mine done because my children are coming home at 4 o'clock. I've got to be there in order for them to have someone at home when they arrive." There are multiple questions. We need to do a proper assessment. We need to do better planning. Like I say, we need to be looking at better facilities where people can go. What's the access? Can they use public transportation? Do they have to walk a kilometre to get there? Is it going to be outside if the weather turns?

All of these areas need to be addressed, need to be made public and the people of Alberta told why they're making these decisions, to not just seem haphazardly to be thrown out and each week changing, looking back with 20/20 hindsight as the minister talks about. Well, maybe we do need to be using some 20/20 hindsight because the best way to predict the future is by looking at the past. They fail to be looking at the past and seem to be giving excuses, saying, "Oh, we couldn't plan for this; we couldn't plan for that" although many things could and should have been planned for. Let's make sure we have it right going forward.

I'll step down at this time and listen to the other good members for their ideas on how to set this forth to treat the people of Alberta.

The Acting Speaker: The hon. Minister of Housing and Urban Affairs, followed by the Leader of the Official Opposition, followed by the Minister of Municipal Affairs, followed by the Member for Edmonton-Centre.

Mrs. Fritz: Thank you, Mr. Speaker. I'm pleased to enter this important debate and advise the House of the actions of my ministry. As I said last week, homeless shelters do face special challenges as they work to minimize the spread of the H1N1 virus. As members may know, Alberta has 30 shelters located across the province in all of our major cities and in many of our smaller cities. These shelters

are home to some of our most vulnerable people, people who don't fit into any one demographic but have one thing in common: they have nowhere permanent to stay, so they live on the street.

Homeless people come from all walks of life, Mr. Speaker. Many have jobs, some haven't worked in years, some are addicts, some have debilitating mental illness, many have multiple and serious health conditions and often are chronically ill. All are extremely vulnerable to disease. They sleep in very close quarters at the shelter, and when they do fall ill, they typically become much sicker than healthy people do. So you can see why it's so critical to prevent this virus from getting a serious hold on one of our most vulnerable populations.

I want to speak to the absolute nonsense that I heard in this Assembly last week, and it was from the opposition, Mr. Speaker. That nonsense was all about that we had no plan to protect the homeless or to protect some of our most vulnerable people. In speaking to that, I hope that you listen carefully because there was a lot of work done to assist people that are homeless and people that need protection. That good work was done by our shelter advisers, our shelter operators, working closely with Alberta Health and Wellness and working closely with Alberta Health Services. That considerable work began over the past several months to prepare for the second wave of H1N1, that we knew was coming this fall.

Mr. Speaker, through that work an H1N1 planning guide, the operational planning guide, was developed. Importantly, there was a specific portion of that that dealt with vulnerable populations, and that meant our homeless population as well was included in that. This planning guide was reviewed. It was revised with shelter operators last month. It was created in a way that allowed shelter operators to use their experience, their knowledge, their skills, and their resources for managing contagious disease. They have incredible knowledge. I can tell you from the shelters that I have visited over the past week, which have been a number, that people felt by the debate that was occurring that people were second-guessing the knowledge that they had at the shelters and the experience in how they would be handling the H1N1 virus. That experience, as they shared with me, included managing TB, the Norwalk virus. I mean, the drop-in centre said they had 185 people that contracted the Norwalk virus. They kept them at the shelter, handled it very well as with other communicable diseases.

They do this on a regular basis, Mr. Speaker, in caring for people at shelters that have been ill. So the provincial pandemic guide for vulnerable populations built on this experience, and it identified the critical issues that we needed to plan for this virus. They developed a communications distribution plan for service providers, and they ensured that they had access to appropriate educational materials and procedures. Most importantly, as I said, my ministry worked with Alberta Health Services to develop a strategy for the immunization of both the sheltered and the unsheltered homeless populations and the staff from homeless-serving agencies.

4:00

Alberta Health Services officials met with the organizations. They ensured that their site plans were accurate and that they would meet the need that they saw coming into each shelter because each shelter in each municipality is completely different. That included how to treat the homeless at the shelters, that it was going to be appropriate and that it was going to be effective. They also met to ensure that a sufficient supply of medical supplies was in place at each shelter. These meetings were extremely productive. In fact, one outcome was agreement between the shelters to work cooperatively to leverage the services and the supports among the shelters.

When I said about it being appropriate, I mean, everyone here as well has talked about handwashing, ensuring that people are washing their hands on a continual basis. I can tell you that at the shelters, when you enter a shelter, that's a resource that they're using.

Yes, they're sharing the pamphlet information, et cetera, with people that are homeless, but you can imagine how extremely difficult it is to have people that are entering the shelter follow through with just a generic pandemic planning guide, which is why the homeless were included in this guide. I know the tremendous work that's been done, and I'm going to ask that people here in this Assembly actually thank the shelter operators and thank the shelter advisers for the good work that they've done in protecting our most vulnerable people.

Flu clinics. We had a question about that last week as well, that there weren't any clinics that were being held at shelters. I can tell you that they've been held across the province over the past week. They've been held in Edmonton, Calgary, High Level, Fort McMurray, Medicine Hat, Lethbridge. A clinic was held just recently at the Hope Mission here in Edmonton on Friday, the Calgary drop-in centre. It's very orderly. As I said, the various shelters are protecting our most vulnerable people.

Having said that, Mr. Speaker, tomorrow when they roll out the new plan in protecting the vulnerable people that they've identified, as they move forward with this, I'm hoping that people will support that plan, that they'll recognize, just as the Minister of Health and Wellness said, you know, that we're pausing and looking at how we move in the future. It really does have to do with the resources that are available. That resource, of course, is the vaccine and how it can be distributed as we move forward. I know that that will include the clinics and our shelters as well continuing to operate along with that rollout.

Thank you, Mr. Speaker.

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

Dr. Swann: Thank you very much, Mr. Speaker. I'm pleased to rise on the emergency debate on pandemic influenza. There are three key issues that I have with the way this plan has rolled out, and I've been raising them in the House and out. They revolve around communication, resources, and ensuring that hospitals are capable of managing the extra demands.

On the issue of communications what is needed, clearly, is to reduce the level of fear by having a communicated plan and demonstrating on the ground that you can deliver on the plan. Neither of those were, unfortunately, provided to the public, so we did indeed have consistent anxiety and overreaction to the offer of vaccination. That plan has to be based on good science and ethical guidelines, which have been part of the pandemic plan for as long as I've ever been involved in it, which is over a decade. It focuses first on those at risk. There's no question about that. Other provinces followed that. For some reason we didn't.

The second key issue, then, is ensuring that we have the resources to deliver the vaccine in an efficient and effective way by professionals. Again, we tried to save money and go cheap on this program and had only five in Edmonton and four in Calgary when we could have had many more settings to provide the service, especially if we'd called on retired and student resources that should have been called on until we had the several hundred thousand high-risk people that need it first.

The third has to do with hospitals and having the capacity to respond to the extra demands in emergency departments, in waiting areas, in beds, and in intensive care units. We have cut the service to the bone, and it's clear that there is no capacity for dealing with

the extra demands that are coming with this pandemic. In spite of lots of warning, lots of heads-up, this government chose to continue its freeze and cost-cutting measures at the expense of our most vulnerable populations.

The statement I issued early on in the pandemic indicated that the target of all vaccination programs is to get at least 80 per cent of the population vaccinated. There's no question that the cut-off when people start to be protected and the transmission of an infectious agent starts to go down is when we get over 80 per cent of the population covered. That does not negate the priority that high-risk individuals should take in any vaccination program, and to confuse the two from my statement on pandemic is really unfortunate.

I also have three letters here from citizens who wanted to be known in the public by their letters of concern. John Jessiman from Calgary writes:

At 10:15 AM . . . I was turned away from the old [Alberta Children's hospital], as were countless others, by a couple of stressed [emergency medical technicians] (their ambulance idling by the door) in an attempt to line up for the H1N1 vaccination for my daughter, Kathleen, since she is advised by her family physician to get the shot,

before having to enter hospital December 4.

At that time, I was informed by the paramedics doing "door duty" that there would be a nine hour delay for me if I were allowed [at all] inside. All the other clinics in Calgary are similarly oversubscribed and closed today as of sometime before I was turned away. There are reports that people with [serious] symptoms . . . were made to wait outside the other side to the old [Children's hospital] until . . . 8:00 AM . . . while perfectly well people were allowed to wait inside . . .

I have to ask, what if all these people were actually ill with [this] mutated . . . virus. Do the . . . conservatives have enough coffins on order? This is a gong show, from this man's point of view.

I woke up the other day with the thought that the current government of Alberta is extremely reminiscent of the So-cred's when my family moved here in 1966: imperious, detached, and oblivious.

They should resign in embarrassment; they've transported us to the third world.

I hope some of this will be helpful to hammer these . . . bums. A second one from Monika Rieger, also from Calgary.

I thought you should be aware of a situation here in Calgary . . .

The groups allowed to go to the clinic at the Oval are: pregnant women, young children, seniors and family members accompanying anyone in those groups.

Notice that disabled people are specifically NOT included in those groups. And yet, there are many who are not seniors but have equal difficulty standing/waiting in the long lineups . . . I am such a person. As well, I am in the high risk group (because of lung illnesses) who should be getting the vaccine as soon as possible.

I have tried to contact my MLA and Alberta Health Services and have had no response from either one. At the moment, the Deputy Medical Officer's staff is trying to get an answer for me as to why

I was excluded.

Please email or phone me if you would like more information [and] . . . use my case in the Legislature or anywhere else to put pressure on the government and/or Alberta Health Services about this issue.

The third one is from Karen Bose.

I'm sure I am not the only unsatisfied Albertan with the way Alberta Health Services has conducted the . . . clinics. It is a glaring example of mismanagement, inefficiency, and short sightedness. I am an asthmatic, and all three of my young children are severely asthmatic. We are the definition of high risk. We have not been

able to get near a vaccination clinic because of the horrendous lineups. These clinics should have been designed to target just the high risk populations first. Why was this not done?

And she goes on.

I guess the final question that all Albertans are asking is: why, with hundreds of thousands of doses still available, have we shut down clinics when we have vulnerable people remaining and health care workers that still could benefit from this and are being exposed today, as they were yesterday, as they will be tomorrow, because of delays in getting the essential service that is there, and people are willing to give it, but this government has stopped the clinics for some unknown reason?

Thank you, Mr. Speaker.

The Acting Speaker: The hon. Minister of Municipal Affairs, followed by the hon. Member for Edmonton-Centre.

4:10

Mr. Danyluk: Well, thank you very much, Mr. Speaker. You know, the comments that have just been raised by the hon. Leader of the Opposition definitely bring me, if I can say, the energy to speak.

Mr. Speaker, whether it's the government or whether it's the opposition, we have some responsibility. This is not a House that should be spreading fear. This should be a House of reason. This is not the avenue for scare tactics and political advantage. Our government is guided by a pandemic plan which is flexible and scalable. The Alberta Emergency Management Agency is currently supporting Alberta Health and Wellness as it takes action under the pandemic plan. This plan was not developed today. We have been working on this plan for three years. We've been working on this plan as a cross-ministry, with many ministries involved. This needs to be adaptable. Why? Because every situation is different.

We are providing updated and timely information to our partners, whether it's municipalities, First Nations, Métis settlements, and other government ministries. Mr. Speaker, we are prepared to coordinate and support a response to this pandemic, whether it remains mild, as it is now, or whether it becomes more serious. The safety and security of Albertans is an essential priority of this government and our Premier.

Shortly after our Premier became Premier, he created the Alberta Emergency Management Agency. The agency's mandate is to support communities and industry before, during, and after emergencies. When any emergency occurs, be it a pandemic, a flood, or a fire, agency staff are there to assist and inform. The agency collects and shares timely information. This helps us all to work together and share resources to respond to emergency events. Mr. Speaker, let me repeat: this helps us all to work together. This House should be working together. Everything we do as a government focuses on co-operation and collaboration. This philosophy shapes my ministry in everything we do. Together we will continue to build safe and strong communities that our families, our friends, our neighbours, and our sisters would want and deserve.

I want to thank the front-line health workers for their tireless efforts in administering the H1N1 vaccine to Albertans. As has been described many times today, 400,000 Albertans have been vaccinated so far. There is no doubt that that is due to the efforts of dedicated public servants. I applaud their professionalism and dedication in ensuring that Albertans are safe.

Thank you very much.

The Acting Speaker: The hon. Member for Edmonton-Centre, followed by the hon. Member for Edmonton-Meadowlark.

Ms Blakeman: Thank you very much, Mr. Speaker, for the opportunity to add some of my comments to this debate flowing from Standing Order 30 requesting an emergency debate on the government's preparation for H1N1. This is of great interest to me because, as some members of the House may know, I spent the greater part of September going out and making presentations on the work that I've done as their member to all of the seniors' residences and activity centres in my constituency.

Of course, one of the things that I made sure to talk about – I actually did up a special brochure – was preparation for H1N1. I was primarily concentrating on the fact that in Alberta we have not had a major crisis, in memory, where people might be ill in their homes and others couldn't reach them or couldn't reach them for a period of time. There could be some additional problems. The way I was explaining it was, you know, in Quebec they had the ice storm; in Ontario they had SARS. There are places in Canada that are a little better prepared to deal with this on a sort of personal basis.

I was urging my seniors and, indeed, my constituents to take reasonable precautions, the whole thing about the handwashing and the use of the sanitizers, that sort of thing, but also to not panic but do plan on how they could prepare their home, make sure they had food supplies and supplies for their pets and that they had some additional things that may be helpful, masks and gloves and water and things like that in their home, in case they were sick for a period of time and there was possibly a lag in others being able to come and assist them. I was trying to get people to kind of use their common sense, not to panic but to make arrangements so that they could be as comfortable as possible.

I actually didn't talk at all about, you know, whether they'd be first in line or last in line for an inoculation for a vaccine because I didn't know. So I actually didn't talk about that part.

If I may offer my advice to members of the House as well, please don't panic, but please do plan, and I think we'll all be a little farther ahead.

The second thing I did was that I phoned around to some of my contacts in the federal government and anybody else I could find that might have been working on pandemic planning because I wasn't getting a sense from the government of what was going on. I've got to say here, folks: you guys are becoming so hypersensitive about security and any information leaking out that you're doing yourself a disservice in this area and in a number of other ones. I couldn't readily get a good feel for where the government was in its pandemic planning, so I asked around, and the response I got was: well, they're doing not too badly. I mean, it's not a flat-out disaster, and I was glad to hear that.

The two exceptions were that there were problems in the system because of the chaos created by the constant restructuring in the health system and that that was having some fallout, and the second area that I was advised to look for was surge capacity. I would argue that that continues to be a critical area where I'm not getting a sense from the government that that is well under control. When I use my common sense and look at, you know, the news reports, when I look at the number of code reds, I look at what people are saying in the media, I look at what people are saying that work in the hospitals, we don't have a lot of surge capacity, and I don't know how big our need for that surge capacity may be. I mean, at one point they were talking about 15 per cent of the people that got H1N1 would die when the average is more like 6 per cent. I don't have a sense of that. But I also don't have a really clear sense of where this government is on that surge capacity.

I'm noticing that in this debate there is a reluctance from – and maybe there's a reason for that. Maybe government members are feeling a little defensive about what's been coming at them around this. To be fair, I don't think that reflecting on what people have

said to us should be taken as a personal attack by members of the government, but it is reflective of how the public is feeling or at least how certain people in the public are feeling. So when this debate started, I went out and phoned my office and said: please bring over a couple of the e-mails that we've received that we can verify are from constituents of Edmonton-Centre. I still get ones from across Alberta, and I'm sure you'd like to deal with your own people, and I'm happy to send those back to you. But these are from Edmonton-Centre, and I will table these at the appropriate time tomorrow.

One woman, Ann Campbell, notes, "Why [were] the at-risk people not handled on a priority basis?" Well, my friends, that's a question that's been asked by an awful lot of people. The government made a choice to open it up and say: please be considerate; at-risk people should go to the front of the line, but we're not going to police it. It was a choice they made. People are interested in why that choice was made. Indeed, Ann is asking that question. She also asks:

Why is vaccine not being made available through the primary care networks where many of those with chronic disease are registered and attend?

And, I would add, attend regularly.

Why are the clinics that have been established under staffed? How many dollars have been spent on pandemic planning?

All of those, I think, are pretty reasonable questions and should be aired and asked, especially in a forum like this.

4:20

I also have a question from Victoria Stevens. She says that there's a

sheer terror that the media and our government has been feeding them. Yesterday, the clinics were shut down due to a shortage of the vaccine, this after the government assured Albertans that there would be enough for everyone.

So there is confusion out there, and it would be helpful if the government could be more open in sharing some of that information for people because I think they're genuinely seeking it. She also asks:

Why did the government change their minds? Why did the government decide that allowing the masses to take over is better than making sure our most vulnerable are taken care of? And why is the government pushing this vaccine so forcefully on all Canadians?

I'm assuming she's asking why there's been such a campaign to get the uptake on H1N1, but then clearly she prefers that people should be in a priority lineup, and she names them: "pregnant women, children under . . . five, aboriginal peoples, and people with underlying severe health problems."

The other thing that I will say just by way of a hopeful statement is that one of the schools in my constituency was one of the ones that had an outbreak in the first round of H1N1, an absolutely devastating thing to happen to a school, as you can imagine. They had to close the school. They had to admit that they had a child in the school who had tested positive. They had to clean the school. If you can imagine if they said to us here today: "Sorry, but if there's H1N1 in this building, everybody get out your rubber gloves. Here are the bleach wipes. Go to it. Scrub down the walls, every door, every telephone, every armrest on every chair." That's what that staff had to go through at that school. They did it with great good humour.

Here they are six months later, and they have had no further outbreaks in that school. They went to an extraordinary length to be able to deal with it, and they really pulled together to do it. That school is Grandin school, and I am so proud of that school. It's a small school, but boy do they have spirit. They're led by a fabulous principal, Reny, and he and his staff really did a marvellous job with that. So there is life after H1N1 as they well show to us, and by pulling together, they got through all of that.

The last thing I want to mention and to recognize is, in fact, the work that has been done by many of the front-line workers. Again, as part of coming into session, I had gone out and met with a number of the not-for-profit groups that work in Edmonton-Centre. As you know, we have a lot of them because there's a lot of service provision through that sector delivering either contracted work for the government or charitable work.

You know, all the shelters are in downtown Edmonton in my riding, a lot of the missions, the church groups that offer support, the soup kitchens, and groups like that but also organizations like the Boyle Street Co-op. They were certainly watching this and waiting and planning. They were worried, and they were looking for information at the same time, but of course they're going to do a good job. They're looking after people who are extremely vulnerable, and the staff there know it. Again, they were trying to get out ahead of this and get as much information as they could ahead of this so they could prepare as much as possible for the protection of their own staff but also the protection of the clients and people that come to them.

Thank you very much, Mr. Speaker.

The Acting Speaker: The hon. Member for Edmonton-Meadowlark, followed by the hon. Member for Calgary-Buffalo.

Dr. Sherman: Thank you, Mr. Speaker. I'd like to thank the hon. Member for Edmonton-Highlands-Norwood for asking leave to have this very important conversation. While I may not necessarily agree with all the wording, I would agree with the intent, that this is a very important issue that affects all of us in our society. Now, I'd also like to thank all of my colleagues in this Legislature for their unanimity in agreement with the hon. member to have this discussion.

I'd just like to talk to you just to explain to everybody about pandemics and H1N1. Now, to put everything into perspective, years ago we had the SARS that had hit the world, and that caused a lot of fear across the world. That's when all these pandemic plans were implemented. The planning began all across the nation in all the hospitals and all the health regions and provinces. Then there was H5N1. H5N1 was this scary bug that we all worried about because it truly has anywhere between 10 to 20 per cent death rate.

H1N1. We didn't know much about this when it first struck. You'd watch CNN and see Dr. Sanjay Gupta running through stairwells of hotels. We didn't know what was happening. As we gained more evidence and more data, this is what we do know about H1N1, to put it into perspective not only for my friends here in the Legislative Assembly but also for all Albertans.

Regularly every year we expect about 4,000 to 5,000 Canadians to die from the regular influenza flu, and that's tragic. Those people are usually the very young and the very old. With H1N1, from the Australian experience we've learned – we have the fortune of having our winter after theirs – that assuming nobody was vaccinated in this province, we would expect about 875,000 Albertans to contract the H1N1 influenza. The challenge there is that nobody has immunity at this point in time unless you were born before 1918. Of those, we expect 400 deaths – 400 deaths – assuming nobody was vaccinated in this province. We will have a large number of people who will get quite sick and require hospitalizations. So 875,000 are expected to get the flu. A few thousand are expected to get sick and have to be hospitalized. Of those, 400 are expected not to survive.

Now, what we really need to concentrate on is, number one, prevention: the importance of handwashing and maintaining your distance from people who are sick and, if you are sick, to stay home and to decrease transmission of the virus.

Number two, the vaccination programs. This is the largest mass vaccination program in this nation. I do have to apologize to all those folks who waited for so many hours and weren't able to get the vaccine. I am, however, very happy that we were able to roll out 400,000 vaccinations in a very short period of time very efficiently. Now, the challenge is that our supply of vaccine is not fully there as we had expected.

Now, of those 400 deaths there are a number of people who are identified as high risk: those between the ages of six months and five years; pregnant mothers; those with chronic medical conditions, who have diabetes, heart disease, lung disease, neurological disease, who are on immunosuppressant drugs; many members of our remote aboriginal communities; and many members of our society who have morbid obesity. I am aware that right now today we have 16 confirmed cases in intensive care units on ventilators. I'm also aware that there are a few 23- and 26-year-olds and 50-year-olds who have no risk factors who also are on ventilators.

We still have 3.2 million people to vaccinate, Mr. Speaker. We're very early in this. I'm glad this is an emergency debate. As an emergency doctor when these things happen, we always ask for calm. We all need to just calm down a little bit. We have a lot of work to do. We have a long way to go. We have 3.2 million people, I'd like to repeat, still to vaccinate. For any vaccination program to be successful, there is something that we call herd immunity. My neighbour here may not be at high risk, but they may have a family member at home who is high risk. To get herd immunity we need 60 per cent of the members of our society to get vaccinated. I'm thankful to the members of the opposition that they agree with the vaccination program because there are many people out there who don't agree with vaccinations.

Now, the peak of the flu is expected in about six weeks' time, and we'll have another wave in January or February. Today is not the peak of the flu season.

On the vaccination program there is something called an adjuvant. An adjuvant is really an oily substance that they place in your arm. It helps to maintain the vaccine in that location for a longer time so we get a better immune response, and we only need to use one-quarter of the vaccine. You're getting a better response with one-quarter of the vaccine. We've been able with the adjuvant to stretch our vaccine supply fourfold. The challenge recently with the supply is that because of the uncertainty and concern over pregnant women, they're designing a special dose just for pregnant mothers, and they've had to put production of the vaccine on hold.

4:30

So I ask all Albertans, number one, to wash your hands before you eat, to wash them regularly, and if you're sick, to stay home. Now, of those patients who do get sick, if you're a high-risk Albertan, you need to see your health care provider. We have a treatment for the flu. You need to get that treatment, preferably within 48 hours. We can stretch it to 72 but preferably within 48.

Secondly, of those Albertans who get very sick, the initial symptoms will be sore muscles, aches and pains, cough, loss of appetite, fatigue – that's normal when you get the flu – but if you've got chest pain, shortness of breath, or signs of significant dehydration, if you're feeling faint or just really sick, you need to see a health care worker because, one, we need to get you some fluids, some rehydration, we need to assess your vitals, and we need to get you this medicine for treatment if you do get very sick from H1N1.

For the vast majority of Albertans – I don't have the exact number, but it's in the 90 per cent range and then some – most patients will be absolutely fine. They will be sick from the flu. They will have fever and chills. I ask that they stay home and get

lots of rest, drink lots of fluids, and don't transmit the virus to members of your family or members of your community.

The challenge we face on the front lines is that because of all this fear that you hear in the media, everyone is so scared, and they're showing up at the emergency departments. Yes, they have the flu, but they're not that sick. Then we have a number of people who actually probably need to go to the emergency department because they're in the high-risk group or they are very sick. What that's doing is placing an undue burden on the front-line staff. They're working tremendously hard, Mr. Speaker. You have to give them credit. I still work every Sunday alongside many of the health care workers in this province. They're working very hard to provide care to Albertans. I want to remind everybody that H1N1 is not the only medical issue out there. What this does is place a challenge on delivering health care to everyone else. This is a national issue. It's not a made-in-Alberta issue. It's not a made-in-Canada issue. It's an international issue as well.

Mr. Speaker, despite the fact that this is not SARS, that this is not H5N1, we still need to deal with this issue. We have a health care system to run, and we need to run this together. I have had the opportunity to visit the emergency departments in Edmonton and Calgary. I just phoned my colleague at the pediatric emergency department. They're open for business. They're very busy with a lot of people showing up with suspected H1N1. All of the admitted patients have been moved out of their wards so they can deal with all the sick children showing up at the Stollery emergency for northern Alberta.

We have these flu assessment clinics. One opened up yesterday in Duggan in Edmonton. They saw 311 patients quickly, rapidly, and they relieved a lot of the burden on the front lines in the emergency departments.

There is a stage zero to stage 4 plan that they have for the intensive care units. I met with ICU docs. We're at stage 1. There's a long way to go. There are plans in place to deal with this if it ever gets that bad.

Mr. Speaker, I just ask all members of this Assembly to unite to work together on this issue and for the solidarity to support front-line staff, and I ask all Albertans to be patient and to allow those who are high risk to get the vaccination program first. If you fit in that high-risk category and you're sick, please get treatment early.

Thank you.

The Acting Speaker: The hon. Member for Calgary-Buffalo, followed by the hon. Member for Edmonton-Strathcona.

Mr. Hehr: Well, thank you very much, Mr. Speaker. It's a privilege to be able to speak at this emergency debate regarding the Alberta government's preparedness on the H1N1 pandemic. I guess that before I get into playing a little bit of Monday morning quarterback, I would like to begin by thanking all of the front-line health care workers who have been out there, who have been administering the vaccines at the various locations and trying to do their best to ensure that Albertans are safe and free from illness.

The second thing I'd like to sort of talk about just quickly is a little bit on quarterbacks in general. If we look at yesterday, we had the venerable Brett Favre go back into Green Bay, and he had a game plan. He went there – they actually won the game – and threw four touchdown passes. No doubt this morning in Minnesota people in coffee shops, people around town are analyzing his play and analyzing the plan he put into place and analyzing what he did. Today, obviously, people are saying: "Brett you did pretty good. You threw four touchdowns yesterday. You led us to victory."

I guess Brett Favre, unlike our minister of health, has been known

for a long time. He's been a quarterback prize since he's been 10 years old. On occasion on Sunday afternoon when you go out there and light it up and you play great and the plan you devised was followed through and executed and you delivered, people are going to talk well about you because you followed through and executed your plan. If you don't deliver on a plan or if you don't play well or you don't produce, that is when people are going to look at it and talk about it. It may not be as glorious as you want, but that's why you're the quarterback. That's why you get paid the big bucks. That's why sometimes you get to go in the parade and all that stuff. I guess that now is a little bit of that opportunity for us to do it, and I don't think it is a bad thing that some of that Monday morning quarterbacking is possibly going on in this House.

If we look at what has happened, I don't disagree with the health minister when he says that some three months ago they were looking at numbers where great fear was placed on whether people were even going to get the health care vaccination, whether people were going to go and get the H1N1 vaccine. I can see this as highly concerning both to him and to other health ministers across the nation, so they did start probably beating the drum a little bit, letting people know to get out there and letting more people know than possibly the ones who were most likely to get the H1N1 virus, hence our decision to open up our lines to everyone. Every man, woman, and child regardless of ability, disability, need, or vulnerability would be accepted at our lines last Monday morning when the clinics opened. That was a conscious decision made by this minister and, I'm assuming, some other ministers around the country, that led to exceedingly long lines almost the first day or at least the second day, when people came out and started coming.

Now, the health minister is right also when he says that when the gentleman out east, the poor young boy who fell victim to H1N1, passed away as a result of this pandemic or this flu, that caused a great many more people to take this seriously, to go out and get their inoculation shot, and to a certain extent mobilized a population that wasn't necessarily going to get immunized. It drove them to the tents to get vaccines in numbers not expected.

However, when we look at that, when that was happening, probably a decision had to be made at that time to be more forceful about limiting those who were in healthier or healthy conditions from going and getting their vaccines, by no means an easy feat but one that could have been done and could have been enforced, and I believe that therein lies sort of essentially what happened here.

4:40

We weren't as bold as we should have been earlier last week to come out and say: healthy Albertans, you're not going to get the shot. That would have been a difficult thing to do. We'd already called out to mobilize the masses to go, but there had to be a decision made earlier to say no, to say: "No. We're going to get this to the people who need it, the people who are vulnerable, the people who are more likely to succumb to this illness and more likely to die." I believe that could have been done earlier, and I believe it should have been done earlier. That's my Monday morning quarterbacking for you.

A little bit on the numbers. We have inoculated 10 per cent of the population. Of the 10 per cent that's inoculated, I guess that if you look at that at its face value and don't dig any deeper, it is a reasonable number. But if we look down and dig deeper, because we didn't go back earlier in the week and say, "No; healthy men and women who are ages 20 to 60 are not going to get this vaccine regardless unless you're in certain circumstances," with that 10 per cent – and I'm just estimating; I'm no expert on these things – I would say that probably you missed, you know, a large portion of

the target population. As the estimate by one of the health minister's right-hand men was that 30 per cent of Albertans are vulnerable or should be on a priority list for this vaccine, maybe 3 per cent of those actually got the vaccine because the lineups, the way they were situated, made it more easy for those who were stronger, less infirm, less vulnerable to get the shot. That was, I think, a valid concern and legitimate for us people calling into the phone lines to judge the quarterback's play. A legitimate complaint, and I will stand by that.

Going forward – I guess it was mentioned earlier – I'd like to hope that we sort of now have a plan in place that outlines how to get the most vulnerable the shots they need. I would like to add – and this just came in from a constituent today – what I think is a very valid issue: to look at teachers possibly being added to this list of people who should receive the vaccine. [interjection] I didn't quite hear.

Mr. Liepert: I said: we've got a shortage.

Mr. Hehr: I know, but even with the shortage possibly teachers could be added to the list of people. I'm not sure. Again, that is why the minister of health will have to prioritize. I'm saying that if there's any possibility to have teachers on that list, he should prioritize. If he can't, I understand. There are a great many people on the list who are in vulnerable situations.

Nonetheless, those are my comments, and I thank you for giving me the opportunity to speak to this. I was also happy about Mr. Favre throwing four touchdowns yesterday afternoon.

Thank you very much.

The Acting Speaker: The hon. Member for Edmonton-Strathcona, followed by the Solicitor General and Minister of Public Security, followed by the Member for Leduc-Beaumont-Devon, followed by the Member for Calgary-Nose Hill.

Ms. Notley: Thank you, Mr. Speaker. It's a pleasure to be able to join in this debate about a very, very important issue, that issue being in particular the government's inadequate preparations for the pandemic H1N1 influenza program. I will stick to the inclusion of that word "inadequate" notwithstanding that I appreciate that some members opposite get a little prickly at it, but I'm afraid that that is the situation that we are faced with here in Alberta.

I want to say that that is the case notwithstanding our acceptance of the fact that there are some situations, some factors that impact governments across the country to which we were no more subject than anybody else, so I understand that there are some issues that are out of our control.

One of those issues was the unpredictable uptake, absolutely. I understand. Public health officials typically spend their time trying to talk people into vaccination, and they probably had underestimated the degree to which the press coverage of H1N1 over the last several months had created a desire on the part of all Canadians to be inoculated. That's fine, and I appreciate that that was an issue that spread across the country. I also appreciate that the shortage of the vaccine is not something that is in the control of this government but that, rather, is something that is in the bailiwick of the federal government and the relationship that they do or do not have with the vaccine producer.

Having said that, though, notwithstanding those challenges that faced all governments similarly across the country, I believe that in Alberta we managed to take those challenges and multiply them and create a problem that was much bigger – much bigger – than it needed to be. That exists, basically, in two ways: first of all, in the distribution of the vaccine and, secondly, in what is to come, which is going to be the treatment of Albertans when some do ultimately succumb to the flu and need enhanced treatment.

Let's just talk a little bit about the distribution of the vaccine. There's been much backslapping across the way about the fact that they were able to get 400,000 Albertans vaccinated. But, of course, as I think a number of members in this Assembly have already noted, public health experts across the county agree that the success of a vaccination program rests in part on how quickly you vaccinate those most at risk and those most likely to be subject to the spread of the particular flu or pandemic in question, the virus in question. So the number, 400,000, is not really particularly relevant if that actual number advertises over and over and over again how we managed to misplace our resources in such a grand way. What we did in Alberta, unlike most other provinces, is that we failed to prioritize the distribution of that vaccine. We did that in part by sending very, very confused messages throughout the province. We didn't do that just through our public health officials, but we started by doing that right here in this Legislative Assembly.

For instance, in question period on Tuesday, October 27, before news had spread widely about the fatality out east, the minister of health said, "We do recognize, however, that the crest of this flu will probably happen sometime in November, and that's why it's important over the next two or three weeks for people to get vaccinated." That is not a message saying: let's just have the priority people – the vulnerable people, the kids under five, the pregnant mothers, and those in remote communities – get vaccinated. No, no, no. That's a message designed to get everybody out, and it's not one that's consistent with what the government has since suggested is their approach.

Two days later the Premier himself says, "But, again, I stress the fact: please, I know, longer lineups, et cetera, but get the vaccine." That's what the Premier was saying to Albertans last week. Interestingly, though, at that point apparently the minister of health was starting to get a little bit worried because in the very same question period the minister of health said, "We need to ensure that the right patients are receiving the vaccine appropriately." So they started to be moving along that line, but of course they gave no clear indication to Albertans that if you're not part of the at-risk group, don't go anywhere near the clinics. They didn't say that. They just kind of hedged their bets, and that created the kind of chaos that we have now.

On the weekend I heard from a woman who is an elementary school teacher who is six and a half months pregnant who waited in line for four hours at a clinic outside of Edmonton, in Spruce Grove I believe it was, and was unable to get the vaccine and then did it again the next day and was unable to get the vaccine and has still been unable to get the vaccine.

The other thing about how the government has managed this that is very problematic, though, is where we're at now. Now we have the minister of health saying: well, we're just going to trust that the high-risk people show up to get the vaccine; we're not going to ask them if they're pregnant; we're not going to ask them if they have a chronic problem; we have no idea how many of those 400,000 people that were vaccinated actually are part of the high-risk group that we need to focus on now. To me that's just awe inspiring.

4:50

Presumably now that we've finally seen the light and we've decided to administer this in the way every other province has, we are not going to let the general population in on this game until we have fully vaccinated the targeted group that we should have been focusing on last week. But how can we decide when to change the rules of the game if we don't know when the targeted group is vaccinated, if we haven't kept track of who amongst those targeted

people were vaccinated within that 400,000 group? It's shocking to me that this is the information we're getting back from the minister: I have no idea; we're just going to trust them. Wow. Who is running this show?

Then we hear the government talk about how, well, we have all these problems and all these challenges across the country, and we're doing no better or no worse than other provinces. In fact, I would suggest that that's not the case. Several times the minister responsible for aboriginal affairs and the minister of health have made statements like: all the First Nations communities have received the vaccine. Now, I'm going to take them at their word, and I'm going to believe that's the case. But what, of course, is the critical point is that the First Nations groups received the vaccine because that was a federal government responsibility, and they started working on that very early on. Back when we all knew it was a problem, they decided to work on it.

Meanwhile, the Métis settlements, which are under the jurisdiction and are the responsibility of this government, we heard today have not for the most part been fully vaccinated. It sounds as though the majority of the communities haven't received any vaccine, and we know that some of the communities that were mentioned by the minister today as having received them, although the vaccine was there and there were clinics, ran out of vaccine before they were able to fully vaccinate them.

What we have, then, are two examples of how government can work. One is how it worked with the First Nations communities; they got their vaccine. One is how it's working with the Métis settlements; they're a little bit behind the eight ball: maybe this week although we might have to meet with them and reconfigure the distribution because we're a little short now, so we don't know for sure. It's not rolling out for them the same way it is for other communities, and the difference is the provincial government versus the federal government. So that's a problem.

Basically, the other thing I wanted to just lay out very quickly, though. There's been a lot of suggestion that in being concerned about the distribution of the vaccination, somehow we are attacking front-line workers. I want to just put it on the record that that could not be farther from the truth. Quite the contrary. We hear constantly from the front-line workers who are trying to distribute this vaccine, or who were trying to distribute this vaccine, that they're desperately short-staffed, that there aren't enough of them, that they're being pulled from their other jobs because we don't have enough staff.

Interestingly, I was in B.C. this weekend and had an opportunity to chat about these issues with a number of senior public health officials there. They jokingly referred to Alberta as the new South Africa because they've been so successful at hiring Alberta nursing students over the course of the last several months. The fact of the matter is that we have a shortage because of the clear decisions made not by any front-line workers, not by any public health officials, not by Dr. Corriveau, but by this government and this cabinet. So that issue needs to be addressed and accepted by them.

Finally – I just have a few seconds left – I want to make the point that last week we asked this government about how they were going to deal with the situation if the worst-case scenario arises and 35 per cent of Albertans experience symptoms with the flu. We asked them to tell us what would happen about the fact that we have one of the few employment standards codes that does not protect people's jobs if they are away from work sick. We did not get a satisfactory response. We got a response that referred them to collective agreements, which is lovely, but I don't expect them to amend the labour code any time soon. That's something we need to hear back from the government on.

The Acting Speaker: The hon. Solicitor General and Minister of Public Security.

Mr. Lindsay: Well, thank you, Mr. Speaker. It's certainly a pleasure to rise to debate the government's pandemic H1N1 vaccination program. It's interesting that the mover of the motion made reference to a fairy tale in a negative way during question period today in regard to the H1N1 vaccination program. Four hundred thousand Albertans were vaccinated during week one, including the homeless, health care workers, aboriginal Albertans, children, pregnant women, Albertans under 65 with underlying health conditions, and many Albertans not considered high risk. That's the stuff that fairy tales are made of. It's a good-news story.

However, because of projected reduced shipments of vaccine and the risk of people being exposed to the virus while in long lineups, the program will be revised to ensure that those deemed to be at high risk will be vaccinated first. Children from six months to five years will be the first priority, Mr. Speaker. I am confident that the new direction will be supported by Albertans, including peace officers, who will be at the next level to receive vaccines – and I repeat – after all those who are identified as high priority have received or have been given the opportunity to receive the vaccine. Police are not at a high risk of developing serious health issues if they become infected; however, their absence from work could be a public safety concern.

There has also been some question as to when inmates should receive this vaccine. I believe they should be vaccinated at the same time the vaccine is available to the general public, not before.

Mr. Speaker, Alberta's plan from the start was to focus on those at the greatest risk, focus on them first. All Albertans will receive the vaccine or access to it, and I believe the majority support how this program has been rolled out and will be rolled out.

In closing, Mr. Speaker, let's applaud those dedicated staff who are working long hours to ensure that Albertans receive the vaccine in an orderly fashion. Thank you.

The Acting Speaker: The hon. Member for Leduc-Beaumont-Devon, followed by the hon. Member for Calgary-Nose Hill, followed by the hon. Member for Calgary-Varsity, followed by the hon. Member for Peace River.

Mr. Rogers: Thank you, Mr. Speaker. I am very pleased to join this debate on this very important topic. While I don't agree with the members opposite in terms of their assessment of the situation, it is certainly important that this House have a good discussion on the methods applied to date.

I, too, want to start off by commending Dr. Corriveau and his team. When we look at the fact that this province, the province of Alberta, has vaccinated over 400,000 individuals, something that's probably maybe not quite but close to half of the population of the province of Saskatchewan, I think we have to feel very proud of our team, Mr. Speaker, the team of individuals that are carrying out this work, and as a province for the job that we have done so far.

What we have seen is a very large and significant vaccination of a large portion of our population in the face of a situation where we have what I would call a very frightened public. I would encourage the members opposite to contain themselves, to stop the fearmongering, because I do fear that a lot of what has driven the lineups that we saw last week and the uncertainty that has been created is because of a lot of the rhetoric that we have heard.

I would say that this has been a great success, even with the lineups that we saw and even the disappointments by some who were unable to get the vaccine. Let's remember that it was clearly

stated – it was stated by the minister of health, it was stated by Dr. Corriveau, and it was stated by everyone who is looking after this very important file – that those at greatest risk were the ones who were encouraged to be first in line, Mr. Speaker. Now, while there was a decision made not to turn anyone away, there was a lot left up to the discretion of individuals, clear-thinking people, that if they were not in the high-risk category, they should not have come out.

Mr. Hehr: Were you here last week?

Mr. Rogers: I believe you were as well, sir. I believe that, again, the rhetoric that we hear, through the chair – I thank you, Mr. Speaker, and I'm sorry for the distraction from elsewhere.

Mr. Marz: Calgary-Buffalo.

5:00

Mr. Rogers: I wasn't going to name the member.

Mr. Speaker, it has been made very clear from the outset that the supply of this vital vaccine would be a major factor in how this program would be rolled out. As we know, this is a vaccine that has been developed in a very short span of time, and I want to commend all the researchers and everyone that has been involved in researching and producing this vaccine in a very short time. But then we have the reality that it has to be manufactured, and there is a lot to manufacturing a very technical product like this. We know that last week it was found out that there was a need to manufacture a special batch of this product for pregnant women, and that slowed down some of the production and distribution of the vaccine.

I just want to say that I believe that Alberta is very well served by Dr. Corriveau and his team, and I would encourage all the wannabe quarterbacks to let the professionals do their job. We can second-guess in here all we want, Mr. Speaker, but I think it's important that the people that have the expertise, that have been tasked with delivering and carrying out this very, very crucial program on behalf of Albertans, be allowed to do their job and that we give them our full support.

Thank you very much.

The Acting Speaker: The hon. Member for Calgary-Nose Hill, followed by the hon. Member for Calgary-Varsity.

Dr. Brown: Well, thank you, Mr. Speaker. I would like to make a few remarks regarding this debate about the H1N1 virus and about the plan to respond to the influenza outbreak. I'm not going to partake in ascribing blame to this or that individual, whether they be elected officials, public health managers or officials, or workers in the health care system. I'll leave that criticism to members of opposition parties or to the political pundits. At best blaming others is a nonproductive pursuit; at worst it's political opportunism. Nor will I indulge in scaremongering; instead, I'd like to try to put the present pandemic into some sort of perspective.

Pandemic is a scary word, but according to the shorter *Oxford* dictionary, it simply means a disease that's prevalent throughout a country, a continent, or the world. Diseases can be, as we know, serious, or they can be less serious. Historians will tell us that the influenza pandemic of 1917 was one of those that was very serious. It was responsible for millions of deaths throughout the world, and medical science had no real answers to that pandemic. People lived in dread from the disease as those around them succumbed to serious symptoms and often to death. In fact, at that time we didn't even know what the structure of viruses was. We didn't have things like

genetic decoding in those days. We didn't know the structure of viruses by electron microscopes.

Mr. Speaker, we are truly fortunate to live in a country like Canada in this present day and age, a developed country, and even more so to live in Alberta, where we have one of the finest health care systems in the world, although by the criticism of some of the opposition in this House on an ongoing basis, one would wonder whether we had such a great health care system.

Our health care system is one where every citizen has access to first-class, free, public-funded care. We lead the world in many areas of treatment, and unlike in 1917, it's a modern system, where we have tools at our disposal to look at the structure and the genetic code of viruses to learn about how they mutate and change and about how the human body responds symptomatically to those different strains. But, Mr. Speaker, expectations must be tempered by the knowledge of what is possible given the timelines and the resources available.

In North America, Mr. Speaker, influenza usually affects people in the November to April period. We know that influenzas can be serious for certain people in our population vulnerable to one strain or another, and not everyone is vulnerable to the same type of strain. As we become exposed to them, we develop immunities to similar strains. But to put things in perspective, every year in Canada seasonal flu causes anywhere from 2,000 to 8,000 deaths – every year, just to put it in perspective.

Now, recognizing that it can be serious for some, for a number of years health care providers and governments in Alberta and across Canada have instituted programs to vaccinate anyone who wants to receive seasonal influenza vaccine. The strains are targeted. Usually they include the three most common strains that are prevalent in the spring, and then they get to work and produce a vaccine for the fall. By taking the vaccine, our immune response is triggered, and our bodies generate specific antibodies. This is not an exact science, however. Because viruses mutate, they change their composition, and the antibodies produced inside our bodies become ineffective or less effective in attacking the viruses, which brings me to the H1N1.

The H1N1 strain of influenza was first reported in March or, according to some other authorities, as late as April of this year. Yes, March 2009. That's not even eight months ago. In April 2009 Canada launched a public awareness campaign about the H1N1 virus, and the government of Canada got to work on a response. It should be remembered, Mr. Speaker, that for most of us in the population H1N1 will only bring on mild symptoms. However, it was recognized that H1N1 was one of the most widespread strains of influenza, and on June 11 the World Health Organization declared the outbreak to be a pandemic.

Knowing Canada's scientists and technicians and industry, they were already at work on a response to those threats. They rolled up their sleeves, and working with colleagues around the world, they developed a vaccine which is effective, and most importantly it's safe. These developments and the testing protocols don't happen overnight. Testing, clinical trials, et cetera, take time, and it wasn't until about 10 days ago, in fact October 21, that Health Canada declared version 1 of the H1N1 vaccine to be safe and effective – October 21.

In planning for the use of vaccine doses, public health officials believed that given the limited resources available and given the fact that we had supplies of the vaccine in stock and that the approval had not yet been given, the best way to plan the uptake of the vaccine was to concentrate the resources in a few large clinics, where assembly line techniques could be utilized to move people through the process as quickly as possible. To that end, individual

staff could distribute information sheets for completion by the patients. They could counsel and inform the patients so that they would have informed consent to the vaccinations. This was a reasonable way to proceed given the fact that there were vaccine doses in stock and more were expected. This will be, as the minister has said, the largest program of vaccination in the history of Alberta.

Let's look at what was accomplished in the first week of the availability of the H1N1 vaccine after approval by Health Canada: 400,000 people vaccinated, an amazing accomplishment. That's about 1 in every 8 Albertans. Not only will those people be protected, but they will not be transmitters of the virus to others in the population, and despite what some people have said in the House, we don't have to get to 80 per cent before we get some protection. It depends on who you're in contact with. If you're in contact with some of those people that have already been vaccinated, you'll be protected as well by the fact that those other people have been vaccinated.

Having several hundred thousand doses awaiting approval for Health Canada to deploy, it was a reasonable assumption that the best way to proceed would be to vaccinate as many people as possible in the shortest period of time. But what happened to upset the original plan for vaccination were two things. One, the response was much greater than expected. Why? People listened, first of all, to the advice of the medical community to get the vaccination, to be sure, but beyond that a few notorious but extremely rare cases where robust and healthy persons succumbed suddenly to the virus were widely reported on the front pages of our newspapers and our television and radio news. Secondly, the deliveries of the vaccine doses were not as quickly made available as originally contemplated. In view of these two facts, unplanned limitations of supply and much-increased uptake, the plan began to bog down.

5:10

Mr. Speaker, let's calm down, put the matter into perspective. The plan as it was originally rolled out was a judgment made in the best interests of Albertans based on the best predictions of response of Albertans and based on the expected supply from the manufacturer of the vaccine. It was a plan to maximize the speed with which the vaccine could be made available and utilized as soon as it was approved by Health Canada. As I mentioned, that was only October 21 when the vaccine was declared to be safe and effective.

In view of the evolving facts as we know them, our public health officials have changed their plans to prioritize the high-risk population, those with chronic conditions – such as asthma, diabetes, heart disease – pregnant women, or those with weakened immune systems. But let's remember, Mr. Speaker, that for most of us the H1N1 influenza will only produce mild symptoms. What will happen now is that the higher risk people will go to the front of the line. Let's realize that it takes time to get things right.

The Acting Speaker: The hon. Member for Calgary-Varsity, followed by the hon. Member for Peace River.

Mr. Chase: Thank you very much, Mr. Speaker. I want to begin by thanking the hon. Member for Edmonton-Highlands-Norwood for bringing forward to this House Standing Order 30. I also want to thank the House leaders of the two parties for consenting and contributing to the discussion. I'd also like to thank the Speaker for agreeing to have this most important discussion take place.

There's a bit of a joke out there that suggests: I went to a fight and a hockey game broke out. Albertans don't really want to see us dropping our gloves and beating on each other while the puck remains at centre ice and nobody seems interested in getting that

puck to the goal. That said, it's important that we learn from our past mistakes and go forward.

In my member's statement today I said with a degree of tongue in cheek: will Albertans survive this government's health care deorganization? What was at the base of that conclusion to today's member's statement is that Albertans don't know anymore who's in charge. The antidotes to ignorance and fear are education and assurance. What we've seen recently is a very quick redesign of our health care system. Albertans are obviously supportive of health care professionals such as Dr. Predy and Dr. Corriveau, who are doing the best they can given the marching orders that they've been provided by this government.

Now, what we have is a great degree of, as I say, ignorance and confusion, and it's up to us as members to try to shed some light on the topic. In terms of light-shedding, I want to thank the hon. Member for Edmonton-Meadowlark, an emergency physician, who provided a very good summary of what the actual risk is and who the people are that should be on that priority list for receiving their inoculations. I also want to thank the Member for Calgary-Nose Hill for providing a little bit of biological background information.

What Albertans are looking for is leadership, and within that leadership they're looking for information. Some of you may have heard while driving up to Edmonton yesterday CBC's *Cross Country Checkup*, hosted by Rex Murphy. On that particular program in terms of information the head of the national Canadian health association, who is in charge of pandemic plans, was providing a great deal of information. For example, he talked about, as did the hon. Member for Calgary-Nose Hill and the hon. Member for Edmonton-Meadowlark, how this H1N1 flu is so vastly different and that our world conditions and modern technology are so vastly improved from the Spanish flu epidemic of 1918.

Now, my name, Harry, comes from my grandfather, Harry Cooper, who barely survived that 1918 flu epidemic. However, as has been pointed out, in terms of getting the information out, people like myself, who were born before 1955 and don't have contributing health difficulties, should obviously be at the very end of the line if they're in that lineup at all. But when it comes to vulnerable individuals such as children under age five, we have to ensure that they're being looked after very early on in the process. I would suggest, as the hon. Member for Edmonton-Riverview mentioned, that these ethical decisions as to who's at the front of the line, who's second, third, fourth, and who's at the end, need to be discussed.

Well, obviously, the absolute first to be inoculated have to be our health care professionals because they're the ones whom the rest of our population is reliant on. We have to protect them first so that they can do their job. But I would suggest that along the lines of who's next, please, let the children under five be the next in the line.

Here is an e-mail that a number of MLAs, I am sure, have received similar comments on from constituents.

We just returned from the Avenida Clinic where we stood in line with two small grandchildren, ages 1 and 3, from 8:00 a.m. till 1:00 p.m., only to be told at that time along with hundreds of others that we should come back tomorrow or another day because there were too many people in line.

Here are the things the grandfather had issues with.

Why is there no effort to take in little children who are at most risk, instead of the mixed message the politicians are giving out about everyone getting the vaccine? Why are there not sufficient clinics to disperse the workload? Why are local doctors not given the vaccine so that they can deal with their patients?

These are legitimate questions which, hopefully, the minister of health in his announcements tomorrow will clarify so that we know who's next and so that we know which clinics are providing the help for various individuals.

Now, the hon. Member for Calgary-Glenmore and the hon. Member for Calgary-Buffalo both talked about: where in the lineup do teachers fit? I'd like to offer a little bit of a suggestion. I think that teachers probably fit in the line somewhere after the children under age five, who are at risk, they probably fit somewhere in the line after the people with immune deficiencies, and they're probably in that line standing beside policemen, firefighters, and other emergency services.

5:20

Now, in terms of emergency individuals, just think what would happen if the majority of teachers in a particular school came down with the virus. That means that the majority of the children in those schools would have to be sent home, which means that the majority of the parents of those children would have to be at home looking after them. You see the ripple effect.

If we're going to continue to go forward and be productive and proactive and, in this case, H1N1 preventative, then these orders and priorities have to be given considerable thought. We are in a pandemic situation, but it doesn't have to be a pandemic pandemonium. As the hon. Member for Edmonton-Meadowlark pointed out, we've had three months of learning experience from those down under, who have already gone through their flu season. We can learn from their experience. We've had the SARS pandemic come through. We've had emergency circumstances where emergency measures took place. I'm talking about the ice storm that took out power and left a number of individuals in isolated communities.

We have gymnasiums. We have auditoriums. We have arenas where we can keep people at least seated and in the case of ice arenas, obviously, not nearly as warm. We've got the two Jubilee auditoriums, for example, in Edmonton and Calgary. We can during the day, when these arenas are potentially available, solve part of our problem.

The Acting Speaker: The hon. Member for Peace River, followed by the hon. Minister of Service Alberta.

Mr. Oberle: Thank you, Mr. Speaker. It's my pleasure to rise today and join the debate on this important issue. I think it's fairly important here that we make some effort to separate reality from political theatre if we're really going to add something to the debate here. Out there there is a reality. There is an international pandemic going on, and there are a lot of people working very hard to do something about that, to plan and address the situation. In here there's a lot of political theatre going on that I don't know adds to the debate.

I'll give you an example. Since I've stood in this House, every minister of health, including this one and the previous ones, has been accused of not accepting the advice of health care professionals, of ignoring the advice of health care professionals. We've been criticized for cutbacks, which, incidentally, have never happened in the time that I've stood in this House. Nonetheless, we're accused constantly of cutbacks and that we don't heed the advice of our health care professionals. We're accused of privatizing the health care system, which is so far from the truth it's ridiculous. There's no minister in the country that's more supportive of public health care, certainly more so than Liberal governments in B.C. and Quebec. But we're accused of it and that the minister won't listen to his health care professionals.

So here we are today, accused of ignoring the advice of health care professionals in a situation where, very clearly, without dispute the minister has been following the advice of his health care professionals. Today, Mr. Speaker, the Leader of the Official

Opposition and the leader of the third party stand and call for the minister's resignation. The Leader of the Opposition stands and calls for the minister's resignation, and we are supposed to believe in this House or out there that that member, if he was still a public officer of health, would today be criticizing the minister for following the advice of health care professionals. We don't believe that. That's absolute balderdash. That is just political theatre. He's scoring political points.

Today the hon. Member for Edmonton-Centre, in arguing that this debate should happen, addressed the issue that there's no other place where we could have a debate. How curious, Mr. Speaker, that that party never used all of their members' statements to talk about H1N1. That member used her question in question period to question the Environment minister about carbon. There's lots of opportunity. But here we are having the debate, and that's great because there are a few points that should be gotten out.

Perhaps the biggest criticism that we hear from over there – it came from the third party, the New Democrats – is that we're creating panic, that we're fearmongering. This minister has been the calmest voice in Alberta. There's where the fearmongering is coming from. I'll give you an example. Today in giving an example to his concern that we don't have an ethical framework, which isn't true, by the way, Mr. Speaker, the Member for Edmonton-Riverview used the example: "What if we had 10 people needing ventilators and only five available ventilators? How would the government make that decision?" He could have mentioned that (a) the situation does not exist and that (b) the health minister or this government doesn't make that decision; health care professionals do. That's fearmongering, and it's irresponsible.

It's ridiculousness, Mr. Speaker. The leader of the third party, the Member for Edmonton-Highlands-Norwood, pleads that we should prioritize at-risk populations. Everybody else: sorry; it's at-risk populations. He would have us believe that he would stand by while we turned away seniors who are not at risk from vaccination clinics. Never in a million years, and everybody knows it. It's political theatre.

From the Liberal Party: we should target at-risk people except, well, teachers and then police officers right after them, Mr. Speaker. And they're accusing us? They're not following the advice of health care professionals, pure and simple. Thank goodness we have health care professionals making decisions. They don't even understand that at-risk doesn't relate to whether or not we're at risk to catch H1N1. We all are. It's at risk of getting serious complications from H1N1. No teacher or no police officer, unless they have an underlying health condition, is any more at risk than I am in this House.

Because of some supposed failure that the minister has committed, Mr. Speaker, now they're calling for his resignation despite evidence to the contrary. We have rolled out a vaccination plan early. It just boggles the mind. We're following the advice of the federal Health minister and Canada's chief medical officer of health, but somehow there's a failure. It just boggles the mind. Today, while the NDPs stand and argue that the health minister should resign, the NDP in Saskatchewan argue that maybe the Saskatchewan government should follow Alberta's example and vaccinate a few people. It just boggles the mind, absolutely boggles the mind.

We should talk about a little bit of reality here. Today, Mr. Speaker, there are people out there catching H1N1 or at risk of catching H1N1, and there are public health officials out there planning and adjusting plans to deal with it. There are health care providers out there, thousands of them, providing care to Albertans, saving lives. It's because of people like them that people like me can sleep at night, and I want to offer my heartfelt thanks to all of

them for the excellent work they're doing and will continue to do through this crisis.

So let's just overlap for just a moment, Mr. Speaker, where reality meets political theatre. This debate was so important to all of the opposition parties. Of the 13 chairs I see over there, there are four occupied. For a good part of the afternoon there were three occupied. That's the importance of this debate to those parties.

Ms Blakeman: Point of order.

Point of Order Speakers List

Ms Blakeman: I'm sorry. We tried to get people on that list, as you well know, Mr. Speaker, and you've told us that there are not enough on the list. So to say that we were not here and we're not participating: you've taken up the list. They won't even let us on.

The Acting Speaker: The hon. member has called a point of order on this. The hon. Member for Edmonton-Centre said that she tried to get people on the list and could not get them on the list. That is not correct. As the Speaker advised me when he left here, they were on the list as they showed up. I accommodated a couple of these, and now there's one last one that has come in, and we have – what? – three or four speakers left, three if they go 10 minutes. So it is not a point of order.

Hon. Member for Peace River, are you done?

Mr. Oberle: I'm done, Mr. Speaker, and I thank you for the time in this House and for the opportunity to participate in this debate and recognize our health care workers across this province.

The Acting Speaker: The hon. Minister of Service Alberta, followed by the hon. Member for Calgary-Egmont.

5:30

Mrs. Klimchuk: Thank you, Mr. Speaker. I just first of all want to say thank you to all the front-line workers all over Alberta. They are the calming influence when individuals come in for a vaccination or a checkup. I also have the privilege of having one of the immunization clinics in my constituency of Edmonton-Glenora, and that is Westmount, at which the Minister of Health and Wellness was able to drop by. I am very aware of the long lineups in the cold and appreciate the tenacity and patience of Albertans.

I want to speak about the power of the spoken word. I believe it is our job as elected officials to ensure that the right information gets out. Previous ministers have spoken about the multifaceted approach to pandemic planning that began three years ago. This government's H1N1 pandemic plan is responsive, and that is key, especially with the challenge of the vaccine supply. So it is ironic that some view the vaccination of 400,000 Albertans as a negative. We are responsive, and that is indicated by the flu assessment clinics that are operating. This is all about working with all of the stakeholders to stay calm and be effective and flexible in the days ahead.

As a parent of teenagers I am very well aware of the talk at their school and the unfortunate panic that can set in. It is a challenging time for principals and teachers, and we need to ensure that our children know exactly what is happening. I encourage my constituents and all Albertans to stay informed, be prepared, and look after themselves and their families.

The Acting Speaker: The hon. member for Calgary-Egmont, followed by the hon. Member for Edmonton-Castle Downs.

Mr. Denis: Thank you very much, Mr. Speaker. I don't have a lot to add to this debate as we've heard a lot from both sides, but there are just a couple of items that I did want to mention to this House. I'm not a medical doctor. I'm also not a health care professional. But I do understand process. I look at the number of people and at the categories of people that are at risk, and I see, number one, pregnant women. Well, you don't necessarily know that somebody is pregnant when you look at them, so you would have to have an individual going through the lineup and saying: "Are you at risk? Are you a pregnant woman? Are you a person under 65 with chronic health conditions?" You would have to be asking people for their children's age, 6 months to 5 years. You'd be asking people: where is your domicile? I don't see lawyers on this list, I guess, so they couldn't have asked me anything. I wouldn't have been on the list.

All kidding aside, Mr. Speaker, the other thing I did want to mention is the hon. Leader of the Opposition today. I listened to his speech. He's a doctor. He's a trained doctor, and I'll tell you this: he is quite an intelligent man. But I have to say that I really question whether or not the Leader of the Opposition understands the gravity of engaging in the type of political rhetoric that he did today. Here we have potentially the largest immunization program probably in my 34 years, and all I hear from him, his biggest issue, is removing somebody from his job, namely the hon. Minister of Health and Wellness. This type of rhetoric is counterproductive to what we're discussing here.

These are my comments. Thank you.

The Acting Speaker: The hon. Member for Edmonton-Castle Downs, followed by the hon. Member for Calgary-North Hill, followed by the hon. Member for Lethbridge-East.

Mr. Lukaszuk: Well, thank you, Mr. Speaker. It's a pleasure to engage in this debate. Much like in the words of my colleague from Peace River I would like to start by thanking all of the health care workers who have been working in clinics throughout the province and sometimes under conditions that they are not normally accustomed to, with volumes of patients that they're not normally accustomed to. We are dealing with a very unusual situation, and they are responding to it in a way that I think Albertans can be proud of in all parts of Alberta. Just to put it in perspective, they have been inoculating some 50,000 people per day. That's almost the population of Red Deer, frankly, the population of St. Albert, every single person in St. Albert every day. Those numbers are astonishing. So I think they deserve our gratitude and all Albertans' gratitude for the fine work that they're doing.

Going further with putting things in perspective and avoiding this theatre – Mr. Speaker, I don't mind talking to empty chairs; sometimes they're more receptive to information than the people that actually sit in them – this is only the eighth day of inoculating Canadians. Out there in all of Canada there are some 6 million vaccinations being circulated among clinics; however, up to now 1,046,000 have actually been administered. In all of Canada 1,046,000 have been applied, and of that, 400,000 have been in Alberta, which means that Alberta has inoculated almost 50 per cent of the entire population. So I think that any and all provinces can be looking at us and saying: wow, this province has actually managed to inoculate 400,000 people when the rest of Canada only inoculated 600,000 people among all provinces and territories. Again, this speaks, Mr. Speaker, to both things: (a) our health care workers really stepping up to the challenge, and (b) Albertans are very responsible.

Imagine the alternative. Imagine if we had an epidemic of this

nature world-wide and government announced to Albertans and asked them to get inoculated and they scoffed at the message and said: "Nah. Not important. They're overreacting. I'm not going to get this. I'm not going to get sick." Imagine if that was the alternative, and nobody showed up; here we are with 400,000 vials of vaccine and no one lining up to take this. I think the alternative, actually, is quite good, and we are victims of our own success. The communication worked very well. The public health care workers worked very well, and Albertans are very receptive to this important message.

Mr. Speaker, another thing that needs to be highlighted: all First Nations and all members of Métis settlements and bands who wanted to be inoculated by now are inoculated. There is not one province or territory in this country that can claim that. Homeless people in shelters: whoever wanted to be inoculated has been inoculated. There isn't one province or territory in this country that can say that. Now we will be addressing emergency responders because we do believe that they are the next most important group to be inoculated if they are to be helping others in the event that their help is requested. Again, no other province can say that.

Now, this rhetoric coming from the other side of this Chamber, Mr. Speaker, has nothing to do with helping Albertans. It has nothing to do with preventing the spread of illness. All it has to do with is scoring very, very cheap political points. There's almost something despicable about using an epidemic, an epidemic from which some individuals have already died and some more may die, to score cheap political points. If they were sincere, if this was really important for the reasons that they state it is, other than political reasons, we would see much more engagement over here in this Chamber. I don't see any of that. This was an exercise in putting a motion before this Legislature and suspending all important debate that could have taken place in this Chamber just to show Albertans that they are active, that they are doing something about it.

But really – really – it means nothing because this minister of health and our medical advisors, who are micromanaging this process, are doing everything that can possibly be done. Nobody's holding back anything, Mr. Speaker. The fact of the matter is that we're dealing with a moving target. New scientific evidence and information comes flying at us daily, which causes us to shift our plan. Imagine if we didn't shift our plan, if we sort of predetermined that we were going to do it one way, and new evidence was becoming available contradicting our way of doing things, but we said: "No. We already made a plan. We're not changing our mind. We're sticking with the initial plan." What would the opposition then be saying? "You're not listening to evidence. You're not adjusting accordingly."

Mr. Speaker, sadly, this is all about politics. There were times, I understand, not during my political career, when if the country or the province was in a serious situation, actually all political parties would set aside their partisan biases, their hopes of scoring political points, and work together, not talk about purchasing caskets. Having a medical doctor talking about coffins, in my opinion, is not becoming of a practitioner, of a physician. This is not a way of supporting Albertans. This is not a way for us to work together to benefit Albertans. This is a way to try to capitalize on a situation where they think they may score one or two political points, and that's nothing but shameful.

Thank you.

The Acting Speaker: The hon. Member for Calgary-North Hill, followed by the hon. Member for Lethbridge-East.

Mr. Fawcett: Thank you, Mr. Speaker. I appreciate the opportunity to enter into this debate on the motion put forward by the Member for Edmonton-Highlands-Norwood. Obviously, this is a very important issue to all of our constituents, no matter what sort of segment of the population or demographic they comprise. This is something that a lot of the members of our communities have seen and read in the newspapers and in the media, and they have some real concerns.

5:40

I do want to get into some discussion on this whole analogy of quarterbacking. There's been lots of talk about the concept of a Monday morning quarterback, but that's not the only type of quarterback that's out there. I do say this as someone who is an ardent fan of the game of football. There's also this idea of an armchair quarterback, the one who has never been out on the field, who sits there in their armchair, in their La-Z-Boy, and drinks beer and eats peanuts while they watch the game. Mr. Speaker, these types of people don't have to go through the decision-making on the field.

Unfortunately, for whatever reason the Leader of the Official Opposition has decided to be the Monday morning quarterback, who can always second-guess after the game is over, and he also takes the persona of the armchair quarterback, someone who is able to say something, puts statements out there without having to be held accountable for putting those into action on the ground with our health officials and with the general population. In fact, it's actually a sad state because in our democratic system the notion is that the Official Opposition is the government-in-waiting. If that's the case, you would hope that the leader of that particular party would see himself more as the backup quarterback rather than the armchair quarterback. So, Mr. Speaker, I do want to make that comment.

I make that comment with this caveat as I continue on. As said by many, I am not a health care professional. In fact, I probably know very little about the complex nature of not only the H1N1 virus but the ins and outs of public health plans and pandemic planning. In fact, there are probably some of my constituents who know a lot more than I do, Mr. Speaker. I say that because I think what is a shame is that we have a number of members, particularly those in the opposition, who want to stand up in this Legislature and make all sorts of suggestions about what we should or should not be doing, who should be getting the immunizations and who should not be getting the immunizations, should we have chairs in the facilities, what facilities we should be doing them in, how many of the facilities we should be doing them in. Those, quite frankly, are decisions that need to be made by our public health officials.

I believe our minister of health has done a great job of listening to their advice in the interests of making sure that we take this very unfortunate and very unique circumstance and deal with it in a way that's measured, balanced, and appropriate.

I also think that it's important, as we get into this discussion, to realize what the role of the opposition is and the role of the media. I do recognize that the role of the opposition and of the media at times is to question the government in its direction, particularly from a policy standpoint. What I don't believe the role of the opposition and the media is is to create fear within the public. In fact, they should be teaming up with the government to try to provide accurate communications to individuals and our constituents so that they feel comfortable and they know what is going on.

I believe one of the challenges that we have, Mr. Speaker, is that we have always indicated that we are focusing on this initial tranche of vaccinations on those that are at risk. We did tell people that they would not be turned away if they did go to a clinic. What has

happened is that in a very short period of time I think people's perceptions have changed as to who is at risk. We have seen a 13-year-old boy in Ontario fall to this particular H1N1 virus, a very healthy 13-year-old boy in all respects who loved to go and play hockey and who participated in lots of different extracurricular activities. I think that scared a lot of people. A lot of people who are for the most part healthy then make their decision based on their own reasoning that they are now at risk, okay? There is no way that any sort of public health or pandemic plan can account for those quick changes in public perception.

I will go back to my football analogy, Mr. Speaker, and that is that any good football team plans for success. They don't plan for failure. I believe that our health officials have planned and put a plan in place that they believed would be successful. But much like in a football game, you have to make adjustments. You get injuries. The wind changes. The opposition does something that you didn't think they would do. What do you have to do? You have to go in at halftime and make adjustments. In fact, the most successful teams are the ones that make the adjustments.

I believe that's what our health minister and our public health officials have done. Over the weekend they have seen the landscape change. Maybe it is that they take a time out, Mr. Speaker. That quite often happens in football as well. The quarterback gets up there, and he sees that it isn't exactly the current situation that they planned for when they were going to call that play, so they call a time out, go back to the sidelines, and talk about that.

Mr. Speaker, it's with that that I very much look forward to the minister's announcement tomorrow on how we're going to move forward, knowing that the landscape has changed around the idea of the volume of vaccines that we're going to have as well as the perceptions that people have out there as to who is and is not at risk. Part of that is that I'm hoping that our communications will be much clearer for people, my constituents as well as everybody else's constituents in this Assembly, as to how they move forward. I just ask for the citizens of Alberta and right across this country to be patient. This is something that we all need to work at together because there are very challenging circumstances. I wish it was just as easy as saying that we already have the 3 and a half million vaccinations that we need in this province and that we can disseminate those.

My final point is this. Even though there are decisions made and there's a plan put in place, some of those decisions in that plan don't necessarily paint a rosy picture. Sometimes there are checks and balances that have to be put in place. One decision might mean that we might take a hit in another area. I do know that when it comes to the immunization of the province, we've talked about thresholds of 60 per cent or 80 per cent or getting those that are the most at risk up first. Sometimes when you have a limited number of vaccines, like we have right now, you would like to do all of it all at once, but you can't. There's a check there that says: okay, we need to do this first and not this.

I think that we would do ourselves a huge disservice if we completely ignored trying to get as many people vaccinated just for the groups that are at risk because, as we've seen, this is a very, very unpredictable virus. It's important for our communities to understand that they do have access to be protected from this, and if that's what makes them feel comfortable, if they're willing to go stand in line for five hours, which I think is a huge sacrifice, then we as a government need to be able to step up and provide that for them.

With that, Mr. Speaker, I think I will end my time speaking by just thanking all the health care professionals and all our public health officials for stepping up to the plate at a time that's very challenging for them. I know that a lot of them are being second-guessed right

now, and I just wanted to offer my personal support on behalf of myself and my constituents for taking interest in their well-being.

Thank you very much, Mr. Speaker.

The Acting Speaker: The hon. Member for Lethbridge-East, followed by the hon. Member for Strathmore-Brooks.

Ms Pastoor: Thank you very much, Mr. Speaker. I do appreciate having the opportunity and appreciate your reviewing, perhaps, your original decision. [interjections] Oh. Okay. Well, however this happened, I'm appreciative to the House. Thank you.

5:50

I have a couple of questions. I'm going off on, perhaps, a different tangent to what I've been listening to over the last number of hours. I guess my question is: how did we exactly get into the situation that we're in now? I know that the WHO probably has a definition – I don't have it – and I'm sure that perhaps Canada Health has it as well, which Alberta Health, I'm sure, would follow. What exactly is the definition of a pandemic? What is the percentage of the population that must be affected that would actually create a pandemic, and how do we know they're affected if we don't test? This is the word that has put the fear of God into everyone not only in this province but across the country. How do we know that this is really H1N1 and not the flu?

I listened to one of my legislative colleagues speak this afternoon who, like myself, is a medical professional. He was speaking of going forward. He was speaking of the things that we need to do in a very calm, orderly, medical fashion. I'm seeing an attempt at having this happen, that now we have identified high risk, and they will get the numbers of vaccinations that we have and that sort of thing. But how did we get to this situation? I really think that we have to start doing more testing because I don't want to see this mess next year. I really want to know how many of us really have had H1N1 or how many have just had the ordinary flu.

In time will H1N1 become just one of those ordinary flus that come through every year? People get vaccinated for the flu every year – well, not everybody but a lot – and they get vaccinated for the flu that came through last year, not the one they think is coming. So I just find that a lot of this is nebulous information. Yes, the media was involved in getting the information out, and unfortunately as time went on, the information changed. People got to the point where: who do they trust? Who are they really listening to? What is the data that is backing up the conversations that the media ran with? People listened to their friends, and they did listen to their doctors, that said: go and get the vaccination. Now my understanding is that the doctors will be able to do it in their offices. Fine, but they couldn't do it before. So the message changed on the vaccination.

One of my big concerns is the planning, and I really do think that there is nothing wrong with planning. I don't think that it's fearmongering by saying: this is what we should be doing in case of. I've brought up the instance of what-if in the seniors' facilities in this province. That is not fearmongering. That is asking the question: what do we have planned? I don't care if we ever use the plan, but the plan is there in case of. The fact that we would have the possibility of H1N1 in any seniors' facility, and anyone who has – I'm sure many people in this House have parents or loved ones in seniors' facilities and realize how quickly something can spread through a seniors' facility, particularly when they all eat communally.

Where is the plan to be able to say: please keep these seniors in these facilities. Do not put them in the ambulances. Do not put

them in the emergency wards. Do not put them in acute-care beds. It's not where they belong, and they don't have to be there. Even if they have H1N1, an RN, who could be on a temporary basis assigned to a facility, gets on the phone, gets the order from the doctor, and has it delivered accordingly. There is no need for those seniors to leave their home, which is exceptionally disrupting to them. Often, particularly for the older ones that may have a touch of dementia or Alzheimer's, it is so upsetting to them that some of them come back and they're never really quite the same. Keep them where they belong. Have a good RN in there that has a connection with a doctor who understands what's going on – most of them do – can give them, perhaps, the order for Tamiflu or one of the other drugs that help this sort of thing, and keep it contained within that facility.

Also, one of the other things that they would have to do is isolation. When you isolate someone, it's extra laundry, it's extra dishes. They may be fed in their room. There are any number of things that can happen, but the point is good planning. Hopefully, it will never be used, but a good plan is a sure plan, and better safe than sorry. Those are some of my comments.

One of the other questions would be on the exact numbers of who actually will be requiring the vaccinations and how they would be distributed. Certainly, I don't believe that any seniors that are in any facilities should have to go someplace. Those vaccinations should be taken to them. I realize that they are low risk. Most people over the age of 65 have probably been exposed to this, but that's not the point. The point is that should it happen, then those vaccinations should be brought to them.

With that, Mr. Speaker, I will take my seat. Thank you very much.

Mr. Doerksen: Mr. Speaker, I realize that the time is getting late this afternoon, but I can make my comments in a very few minutes, and I thank you for the opportunity to engage in this debate this afternoon. I've found a number of the presentations that have been made very interesting with regard to this situation. We have a very broad range of professional experience represented by members of this House, and I think that's a very positive thing for us. Personally, I have had a little bit of experience with a former situation that involved a zoonotic disease.

What we're really facing here today and I think many people here have spoken about is the challenge that we have in terms of accurate communication and appropriate response for Albertans and, really, all Canadians. I think that one of the things that is important for us to do is pull together in the interest of good communication. I found it particularly appalling earlier this afternoon following a good announcement by the minister of health in making a minister's statement and then observing subsequent messages that really exchanged good professional information for political rhetoric in response to that. Really listening to a lot of what has happened and been spoken about in the news in terms of variance of opinion addresses that challenge.

We're at a time where we need to communicate accurately with Albertans. We need to pull together to do that. We need to use good information, and I think there has been some good information presented here this afternoon. I refer particularly to the analysis of the Member for Calgary-Nose Hill with regard to the situation that we're in. I would call on us all to use our influence and our professional experience to help deliver the accurate message to Albertans because I certainly appreciate the challenge that people have across this province and across this country to understand what the situation is and what the appropriate response is.

I would also like to join those who have thanked our medical

professionals across this province and across this country who have worked hard to address this situation. I think we've done a good job to this point in Alberta. I only hope and pray that we get the appropriate response and get ahead of this, as I know all members of this House do, but in the context of that also call on everyone, both sides of this House, to engage in accurate and thoughtful communication with Albertans so that at the end of the day we're delivering the message that they need to get.

I want to express a particular compliment to the minister of health, who has, I think, done an excellent job of communicating with Albertans with regard to the H1N1, and to our medical officer of

health, who has continued to communicate the situation as it is and what the appropriate response is.

With that, Mr. Speaker, I will end my comments and repeat the call for everyone to engage in accurate communication with regard to this situation in the interests of all Albertans.

The Acting Speaker: Do any other members wish to speak?

Hon. members, the time is 6 o'clock. The House stands adjourned until 1:30 tomorrow afternoon.

[The Assembly adjourned at 6 p.m. to Tuesday at 1:30 p.m.]

Table of Contents

Introduction of Guests	1655, 1668
Ministerial Statements	
H1N1 Influenza Immunization	1655
Members' Statements	
Devon Energy Steward of Excellence President's Award	1657
Calgary Ring Road	1657
H1N1 Influenza Immunization	1665
Glenrose Rehabilitation Hospital Fundraiser	1665
Adoption Awareness Month	1665
Anniversary of the Birth of Guru Nanak	1665
Oral Question Period	
H1N1 Influenza Pandemic Planning	1657
H1N1 Influenza Immunization	1658, 1659
H1N1 Influenza Immunization for High-risk Albertans	1658, 1662
Medical Tent at Stollery Children's Hospital	1659
Calgary Ring Road	1660
Climate Change	1660
Tourism Marketing	1661
Commercial Vehicle Driver Safety	1661
Edmonton Ring Road	1662
Provincial Marketing Costs	1663
Temporary Foreign Worker Wages	1663
Postsecondary Tuition Fees	1664
English as a Second Language Programs	1664
Presenting Petitions	1666
Notices of Motions	1666
Introduction of Bills	
Bill 59 Mental Health Amendment Act, 2009	1666
Bill 61 Provincial Offences Procedure Amendment Act, 2009	1666
Tabling Returns and Reports	1666
Emergency Debate	
H1N1 Influenza Pandemic Preparedness	1667, 1668

STANDING AND SPECIAL COMMITTEES OF THE LEGISLATIVE ASSEMBLY OF ALBERTA

Select Special Chief Electoral Officer Search Committee

Chair: Mr. Mitzel
 Deputy Chair: Mr. Lund
 Bhullar
 Blakeman
 Campbell
 Horne
 Lukaszuk
 MacDonald
 Marz
 Notley
 Vacant

Standing Committee on the Alberta Heritage Savings Trust Fund

Chair: Mrs. Forsyth
 Deputy Chair: Mr. Elniski
 Blakeman
 Campbell
 DeLong
 Denis
 Johnston
 Kang
 MacDonald

Standing Committee on Community Services

Chair: Mr. Doerksen
 Deputy Chair: Mr. Hehr
 Benito
 Bhardwaj
 Chase
 Johnson
 Johnston
 Lukaszuk
 Notley
 Rodney
 Sarich

Standing Committee on the Economy

Chair: Mr. Campbell
 Deputy Chair: Mr. Taylor
 Allred
 Amery
 Bhullar
 Marz
 McFarland
 Taft
 Weadick
 Xiao
 Vacant

Standing Committee on Health

Chair: Mr. Horne
 Deputy Chair: Ms Pastoor
 Dallas
 Denis
 Fawcett
 Notley
 Olson
 Quest
 Sherman
 Taft
 Vandermeer

Standing Committee on Legislative Offices

Chair: Mr. Mitzel
 Deputy Chair: Mr. Lund
 Bhullar
 Blakeman
 Campbell
 Horne
 Lukaszuk
 MacDonald
 Marz
 Notley
 Vacant

Special Standing Committee on Members' Services

Chair: Mr. Kowalski
 Deputy Chair: Mr. Oberle
 Elniski
 Fawcett
 Hehr
 Leskiw
 Mason
 Rogers
 Taylor
 VanderBurg
 Weadick

Standing Committee on Private Bills

Chair: Dr. Brown
 Deputy Chair: Ms Woo-Paw
 Allred Jacobs
 Amery MacDonald
 Anderson McQueen
 Benito Olson
 Bhardwaj Quest
 Boutilier Rodney
 Calahasen Sandhu
 Dallas Sarich
 Doerksen Taft
 Forsyth

Standing Committee on Privileges and Elections, Standing Orders and Printing

Chair: Mr. Prins
 Deputy Chair: Mr. Hancock
 Amery Mitzel
 Berger Notley
 Calahasen Oberle
 DeLong Pastoor
 Doerksen Rogers
 Forsyth Sherman
 Johnson Taylor
 Leskiw Zwozdesky
 Liepert Vacant
 McFarland

Standing Committee on Public Accounts

Chair: Mr. MacDonald
 Deputy Chair: Mr. Quest
 Benito Johnson
 Bhardwaj Kang
 Chase Mason
 Dallas Olson
 Denis Sandhu
 Drysdale Vandermeer
 Fawcett Woo-Paw
 Jacobs

Standing Committee on Public Safety and Services

Chair: Mr. VanderBurg
 Deputy Chair: Mr. Kang
 Anderson
 Brown
 Calahasen
 Cao
 Jacobs
 MacDonald
 Sandhu
 Woo-Paw
 Vacant

Standing Committee on Resources and Environment

Chair: Mr. Prins
 Deputy Chair: Ms Blakeman
 Berger
 Boutilier
 Drysdale
 Griffiths
 Hehr
 Mason
 McQueen
 Oberle
 Vacant

If your address is incorrect, please clip on the dotted line, make any changes, and return to the address listed below. To facilitate the update, please attach the last mailing label along with your account number.

Subscriptions
Legislative Assembly Office
1001 Legislature Annex
9718 - 107 Street
EDMONTON AB T5K 1E4

Last mailing label:

Account # _____

New information:

Name _____

Address _____

Subscription information:

Annual subscriptions to the paper copy of *Alberta Hansard* (including annual index) are \$127.50 including GST if mailed once a week or \$94.92 including GST if picked up at the subscription address below or if mailed through the provincial government interdepartmental mail system. Bound volumes are \$121.70 including GST if mailed. Cheques should be made payable to the Minister of Finance.

Price per issue is \$0.75 including GST.

On-line access to *Alberta Hansard* is available through the Internet at www.assembly.ab.ca

Address subscription inquiries to Subscriptions, Legislative Assembly Office, 1001 Legislature Annex, 9718 - 107 St., EDMONTON AB T5K 1E4, telephone 780.427.1302.

Address other inquiries to Managing Editor, *Alberta Hansard*, 1001 Legislature Annex, 9718 - 107 St., EDMONTON AB T5K 1E4, telephone 780.427.1875.