



Province of Alberta

The 27th Legislature  
Third Session

# Alberta Hansard

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The Honourable Kenneth R. Kowalski, Speaker

## Legislative Assembly of Alberta

### The 27th Legislature

#### Third Session

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Wildrose Alliance: 4

New Democrat: 2

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 Forsyth  
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 Johnston  
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**Standing Committee on Community Services**

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## Legislative Assembly of Alberta

1:30 p.m.

Tuesday, November 16, 2010

[The Speaker in the chair]

### Prayers

**The Speaker:** Good afternoon. Welcome.

Let us pray. As Canadians and as Albertans we give thanks for the precious gifts of freedom and peace which we enjoy. We further give thanks for the gifts of culture and heritage which we share. As Members of this Legislative Assembly we rededicate ourselves to the valued traditions of parliamentary democracy as a means of serving our province and our country. Amen.

Please be seated.

### Introduction of Guests

**The Speaker:** The hon. Member for Edmonton-Riverview.

**Dr. Taft:** Thank you very much, Mr. Speaker. I have a couple of introductions today. The first is of two classes from an exceptional school in Edmonton-Riverview called Stratford, which has a number of special programs in it. I can tell you that I've gone there a number of times, and Stratford routinely produces some of the brightest students in this province. There's a total of 52 both in the public gallery and in the members' gallery. They are accompanied by two group leaders Mrs. Rhonda Tarapacki and Mrs. Deb Sitter. I would ask them all to please rise and receive the warm welcome of all members.

Mr. Speaker, I have one other introduction. I think these guests may be here. They are two members from the Alberta Federation of Labour visiting today as part of a campaign: Joanne O'Hair and Trudy Grebenstein. They are here speaking about things like pension issues and government finances. If they are in their seats, I would ask them to please rise and receive our welcome.

Thank you, Mr. Speaker.

**The Speaker:** The hon. Member for Airdrie-Chestermere.

**Mr. Anderson:** Thank you, Mr. Speaker. I have three introductions to make today, and I'd ask each individual to rise as their name is called. First, I'm pleased to introduce my friend and Airdrie's newly elected mayor, His Worship Mayor Peter Brown. He should be sitting in the Speaker's gallery. Mayor Brown is a long-time Airdrie resident who has made a name for himself as one of our community's most active and generous volunteers. He can also put on one of the funniest stand-up comedy acts that you'll ever see. In my view, he will do a wonderful job leading a community with so many unique needs and challenges. I ask him to rise and receive the warm welcome of this Assembly.

A second introduction. It is my pleasure to introduce Airdrie's elected school trustees, Mr. Don Thomas and Ms Sylvia Eggerer, as they are also here to advocate for new schools on Airdrie's behalf. They were also my principal and vice-principal at the same time while I was a student at George McDougall, and I spent many an hour in their office trying to explain to them why I had a problem following certain rules, something I know that you can identify with, Mr. Speaker. The patience and dedication of these two individuals has made a huge, positive difference in my life and the lives of hundreds in my community, and I thank them from the bottom of my heart. I now ask them to rise and receive the warm welcome of this Assembly.

Finally, Mr. Speaker, I would like to introduce through you to this House – and I hope that they're in the public gallery – an exceptional group of Airdrie parents, teachers, and students who are here to advocate for schools in our community. This includes members of the Airdrie Council of School Councils, in particular Donna Pearce and Stephen Goodall, who organized the Airdrie rally for schools last week and have done a wonderful job advocating for our community; as well as Mike De Bokx, a great citizen and president of the Airdrie Chamber of Commerce; Ron Chapman, a newly elected alderman; Al Jones, a dear friend and amazing community volunteer; and, of course, grade 8 student Leah Moore, who aside from being a straight-A student found time to put together a petition of 3,300 Albertans asking the government to build more schools in Airdrie, which I'll present later on. Also, Leah's family and many other Airdrie parents, teachers, and students are here to advocate on our community's behalf. I ask them to please rise and receive the warm welcome of this Assembly.

**The Speaker:** The hon. Minister of Service Alberta.

**Mrs. Klimchuk:** Thank you, Mr. Speaker. It gives me great pleasure to rise and introduce to you and through you to all members of the Assembly Mr. Terry Alston and Mrs. Pam Wilson, who braved the winter storm to come to question period today. Terry is the president of the Association of Alberta Registry Agents. In addition, he is also the vice-president and managing director of Crowfoot Plates Registry Inc. He's a very positive individual with great enthusiasm for the future of Alberta's registry agent network. Pam is the new CEO with the Association of Alberta Registry Agents. I'm pleased to welcome her and look forward to working with her. I would now like to ask Terry and Pam to stand and receive the warm welcome of the Assembly.

**The Speaker:** The hon. Minister of Education.

**Mr. Hancock:** Thank you, Mr. Speaker. Today it's my pleasure to rise and introduce to you and through you to members of the Assembly a constituent of mine from Edmonton-Whitemud, Mr. Aaron Thompson. Aaron has been living with multiple sclerosis for most of his adult life and is here today to show his support for and to advocate for the timely approval of chronic cerebrospinal venous insufficiency, CCSVI, the research treatment. He received this treatment this past October in California. Mr. Thompson is seated in the members' gallery, and I'd ask that he wave and receive the traditional warm welcome of the Assembly.

**The Speaker:** The hon. Member for Battle River-Wainwright.

**Mr. Griffiths:** Thank you, Mr. Speaker. I had a surprise guest today, and I'm very honoured to introduce Jerry Iwanus. He's a dear friend of mine, and he's the former mayor of Bawlf. I'd ask him to rise. This is one man who has always dedicated himself to growing our rural communities. He's taught me that the sacrifices we make for something larger than us are the greatest gifts we can give back to Albertans. I thank him for attending today and ask the Assembly to give him the traditional warm welcome.

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

**Mr. Olson:** Thank you, Mr. Speaker. As deputy chair of the Premier's Council on the Status of Persons with Disabilities I'm pleased to introduce to you and through you to all members of the Assembly today 12 colleagues and fellow council members as well

as individuals who assist and support the council. They are council chair Marlin Styner from Red Deer, council members Dan Bojarski from St. Brides, Bryce Clarke from Ardrossan, Mike Hambly from Calgary, Dr. John Latter from Calgary, Austin Mardon from Edmonton, Diane Ridley from Thorsby, Brad Robertson from Calgary, Amber Skoog from Picture Butte, Kuen Tang from Edmonton, Pam Wagner from Medicine Hat, and Carmen Wyton from St. Albert.

The staff who support the Premier's council are Helen Stacey, Louise Butler, Diane Bergeron, Bonnie Edwards, and Audrey Walton. Also accompanying the council members today are Diane Gramlich, Sandy Tancowney, Bill Taylor, and my assistant, Lindsay Cooke. They are seated in both of the galleries, and I'd ask that they now stand, as they are able, or wave and receive the traditional warm welcome of the Assembly.

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

**Mr. Mason:** Thank you, Mr. Speaker. I'm pleased to rise today to introduce to you and through you to all Members of the Legislative Assembly representatives from the Alberta Federation of Labour and the Canadian Labour Congress. They are here as part of the campaign for improved pension benefits. These guests as well as other labour leaders and activists participated in meetings today with MLAs to discuss the pension crisis and Alberta's role in solving it. The joint AFL-CLC efforts are aimed at encouraging the Alberta government to back CPP expansion when Canada's finance ministers gather to discuss the issue in December.

Mr. Speaker, I want to welcome my guests, who are seated in the members' gallery, and I ask them now to rise as I call their names: Sherry McKibben, who is a member of the Health Sciences Association of Alberta; Christina Doktor, who is a member of the United Nurses of Alberta; Kevin Galley, president of the Canadian Union of Public Employees local 37; Trevor Alway from the Canadian Auto Workers' union; and Kevin Partridge from the Canadian Auto Workers' union. I would ask that they now receive the warm welcome of this Assembly.

#### 1:40 Members' Statements

**The Speaker:** The hon. Member for Lesser Slave Lake.

#### Louis Riel

**Ms Calahasen:** Thank you. This is a revision of a speech given by president Poitras.

The historic origins of the Métis people in Canada began during the fur trade. They were connected through the highly mobile fur trade network, extensive kinship connections, a common culture, and language. As our population grew, so did our ethnic awareness of who we were. Métis leaders rose from within our own nation who saw this commonality and sought to promote and defend our identity and our existence.

The man whose sacrificial death we honour and commemorate today was such a leader: Louis Riel. He was born in 1844 at Red River Settlement in Manitoba. In 1870 he relocated to the U.S. as a result of his exile from the Canadian government. From 1873 to 1874 he was elected three times to the Canadian parliament but was never able to take his seat.

Even in exile Louis Riel believed in the Métis saying, "Pray that God may preserve the little Métis nation and cause it to grow and remain faithful to its mission; during five years that I must pass in exile, I have only this to say to the Métis: remain Métis, become more Métis than ever."

In June 1884 Louis was asked to come back to Canada to lead the Métis people. He returned to defend the interests of Métis, believing in a people having self-government with their rights, land, and culture preserved. In March of 1885 shots were fired at Duck Lake. The battle with the Canadian army had begun. In May 1885 the battle continued in Batoche, with Louis Riel leading the charge. The battle lasted a mere four days. On May 12, 1885, the last shots echoed through the Saskatchewan valley, and Métis soldiers lay wounded and dying on the battlefield. Louis Riel gave himself up. He was found guilty of treason and sentenced to hang 125 years ago this very day.

The Métis as a distinct aboriginal people helped shape Canada's expansion westward through their ongoing assertion of their collective identity and rights. From the Red River resistance to the battle of Batoche to other notable collective actions undertaken throughout the Métis nation homeland, the history and identity of the Métis people will forever be a part of Canada's existence. Louis Riel was a man of great vision. He did not waver from his belief of a future for Métis people.

**The Speaker:** The hon. Member for Airdrie-Chestermere.

#### School Services in Airdrie

**Mr. Anderson:** Thank you, Mr. Speaker. Last week hundreds of parents, teachers, and students held a rally in Airdrie calling on this government to immediately address our city's school shortage. Many of them are with us here today. The number of public students in Airdrie has increased by roughly 1,500 in the last five years, yet in that time not one new school has been announced. However, during that same five-year period six new schools were announced for Edmonton public despite their enrolment decreasing by roughly 1,000 students. How is this discrepancy explained? How are 10 schools supposed to satisfy the needs of 6,500 public students in Airdrie, yet Medicine Hat has 20 public schools to satisfy the same number of public students? How did 32 schools get announced just prior to the 2008 election, yet not one ended up in Airdrie?

Here are some numbers from this government's last budget: \$2 billion dollars budgeted for grants to Alberta's largest corporations to pump CO<sub>2</sub> into the ground, an amount that could build 133 new schools; \$200 million dollars budgeted for subsidies to businesses, enough to build 13 new schools.

You see, it's not about spending more taxpayer money. It's about spending the money we have wisely. It's about putting needs before wants and priorities before pet projects that government has no business being a part of. It's about making decisions objectively, based on the needs of Albertans, rather than making political decisions based on favours owed to politicians.

Mr. Speaker, my community is tired of these excuses. We just want enough schools for our kids. This minister and this Premier have a chance to correct the mistakes of the past and begin the process of winning back the trust of Airdrie voters. Please, Mr. Premier, the ball is in your court. Please don't play politics with our kids.

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

#### Premier's Council on the Status of Persons with Disabilities

**Mr. Olson:** Thank you, Mr. Speaker. As deputy chair of the Premier's Council on the Status of Persons with Disabilities I am proud today to say a few words about the good work that the council

does for Albertans with disabilities. It works to improve the lives of Albertans by advising, reporting, and making recommendations to government and other stakeholders on issues, including accessibility and the removal of barriers to employment. My council colleagues are great Albertans. They're active participants in their communities, where they engage and connect with local Albertans.

Later I'll be tabling the council's 2009-2010 annual report, that outlines the activities undertaken by the council during the last fiscal period. I am proud to say that we have met all of our targets, and we've stayed within our resources. One of our goals is to promote universal design, and to this end we've pulled together a stakeholder group to do just that. We've also completed our first internal evaluation, identifying strategies to help us to be even more effective resources to our communities and to our government.

Every December 3 the council sponsors International Day of Persons with Disabilities, a chance to honour people with disabilities and those who support them. On this day we also present the Premier's council awards, which encourage and celebrate the support and commitment of individuals, organizations, and governments for persons with disabilities. Last year the number of award nominees doubled.

The council is also available as a resource to our government, and just this past year we contributed to the consultation of the advisory committee on health and also to the government of Alberta's response on the ratification of the United Nations convention on the rights of persons with disabilities. In my role as deputy chair I feel privileged to be part of the discussions and initiatives that this council is involved in, and I look forward to our plans for the coming year.

Thank you.

**The Speaker:** The hon. Member for Calgary-Buffalo.

### Pension Reform

**Mr. Hehr:** Thank you, Mr. Speaker. The Alberta Federation of Labour understands that Canadians, and Albertans in particular, face a very serious issue, that being the need for pension reform. They understand that society is a lot better off when seniors have enough funds to live with dignity. No one wants to see seniors suffering through what should be their golden years. That's why the AFL was been promoting the need for pension reform.

Albertans place dead last in Canada when it comes to retirement savings. Less than a third of workers have private pension plans and half have no retirement savings at all. Of course, almost all Canadians will enjoy the CPP benefits when they retire, but those funds simply aren't enough to live on. This paints a dark picture for seniors. Clearly, some kind of pension reform is needed. The AFL suggests that reform should begin by expanding the Canada pension plan.

Later this year Canada's finance ministers will meet in Kananaskis to decide the future of pension reform. A huge majority of Canadians and most of Canada's finance ministers approve of the simple, low-cost solution promoted by the AFL, double CPP benefits by slightly increasing premiums today. Your paycheque today will take a slightly larger hit, but your benefits as a senior will double, a significant step toward a dignified retirement. Unfortunately, Alberta's finance minister doesn't see the simple wisdom of reforming CPP. He is one of only two holdouts blocking this needed reform. I hope he'll change his mind before the conference in Kananaskis because Canadians, most especially Albertans, need pension reform.

Here in Alberta we like to pay a lot of lip service to seniors: how

important they are, how much they've contributed, how they deserve our support. Well, here's a chance to do something real for seniors, to provide a solution that will make a difference in their quality of life. Do the right thing, hon. minister. Support pension reform.

**The Speaker:** The hon. Member for Strathmore-Brooks.

### National Day of Remembrance for Road Crash Victims

**Mr. Doerksen:** Thank you, Mr. Speaker. In Canada November 17 has been designated as a National Day of Remembrance for Road Crash Victims. On November 17 Canadians are asked to remember those killed or seriously injured on Canadian roads and those left to deal with the sudden and unexpected loss of people they love. Nearly 2,800 Canadians are killed each year on Canada's 900,000 kilometres of roads and highways. This means eight avoidable deaths every day. That's one every three hours. In Alberta 351 people died and more than 19,000 were injured in collisions in 2009. The tragedy is that most of these injuries and deaths on our roads are preventable.

Here in Alberta we've developed a comprehensive traffic safety plan that focuses on education, enforcement, communications, engineering, community engagement, and legislation to help make our roads safer. From 2007 to 2009 traffic fatalities in Alberta dropped 23 per cent and injuries dropped 22 per cent, which indicates that this co-ordinated approach is helping to save lives and reduce injuries.

Our efforts are making a difference, but while these reductions are encouraging, we must be vigilant. We can and must do better. This is about all of us, every Albertan, and the role we play in making our roads safer. On November 17 let's take a moment to remember those killed or injured in traffic collisions and encourage everyone we know to make a commitment to becoming a safer driver.

Thank you, Mr. Speaker.

### Oral Question Period

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

### Long-term Care Beds

**Dr. Swann:** Thank you very much, Mr. Speaker. Well, the health care bumbling of this government continues to cause preventable suffering and loss of life. The litany of failure continues in mental illness as it does in clogged emergency rooms due to the long-standing deficit of long-term care beds. The government's inventory of major projects published just last month shows that an expansion of the Norwood Glenrose long-term care facility, planned between 2008 and 2010, was cancelled. To the Premier: how many additional long-term care beds would the Norwood Glenrose have created?

1:50

**Mr. Stelmach:** Mr. Speaker, we've already added 800 new beds this year, and our goal is 1,300 by the end of this year. So there will be 1,300 by the end of this fiscal period.

**Dr. Swann:** Well, it's unfortunate the Premier is misleading Albertans with comments about solving bed problems with continuing care. We're talking about long-term care. The Premier said yesterday, "We need more long-term care beds." He's got that right. We need more long-term care, not supportive living. Does the

Premier deny that the continuing care strategy has contributed to the ER crowding?

**Mr. Stelmach:** Mr. Speaker, I believe the time has come in this province to start paying attention to the needs of our seniors and not talk about long-term care beds. We're talking about continuing care, giving our seniors choice and not splitting up married couples after 50 or 60 years of marriage because the system says so. It's about time we take their needs into account.

**The Speaker:** The hon. leader. And there was a point of order as well. Go ahead.

**Dr. Swann:** How is it working for you, Mr. Premier? How is it working?

**Mr. Stelmach:** It's actually working quite well. In fact, we're showing leadership right across the country. We're looking at the needs of our seniors, and rather than putting seniors into facilities that perhaps may have, you know, four people to a ward, we're giving them individual rooms. We're giving them choice in terms of whether they want to cook their own meals or not or live in a more communitylike setting. There has been a tremendous amount of improvement in this province. One just has to travel to small communities to see the number of beds that have been opened.

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

#### Oil Sands Tailings Pond Containment

**Dr. Swann:** Thank you, Mr. Speaker. We continue to see the buck being passed from minister to minister but receive no clear answers regarding recent reports of unsecured tailings ponds. Meanwhile, Environment Canada is arriving at the Horizon tailings pond because, frankly, they don't believe this government either. To the Premier. The government claims there is no water flowing in or out of the pond. The ERCB says there's a stream which flows into the tailings pond. Which is it, Mr. Premier?

**Mr. Stelmach:** Mr. Speaker, clearly, the information that was given out – one of the news organizations in this province didn't do its due diligence. There are no tailings ponds that are leaking, especially this one that is the subject of this question. The three ministers – SRD, Energy, and Environment – met today with the ERCB. In the next question the Minister of Environment may give further detail.

**Dr. Swann:** Well, again back to the Premier. Does the Premier understand that if toxic tailings are in fact leaking into surrounding waterways, the federal government won't care if the pond is in compliance with our guidelines or not?

**The Speaker:** The hon. minister.

**Mr. Renner:** Thank you, Mr. Speaker. I want to reiterate the answer that I gave yesterday. There is no water that is entering this site. The water has been diverted around this industrial site. There is runoff. It rains otop of this area just like it rains anywhere else, so there is some runoff that will originate. It is on a hill. It's running into the river.

As for the involvement of the federal government, Mr. Speaker, this was a joint approval that was based upon a joint hearing in 2004. The federal government has the responsibility, the same as the provincial government, to ensure that their regulations are being met.

**Dr. Swann:** Well, Mr. Speaker, first the federal government created a water panel, and now they're checking on our tailings ponds. Is the Premier trying to manipulate this crisis so that he can stand up for Alberta against big, bad Ottawa?

**Mr. Stelmach:** No. Actually, as Premier and leader of this government our duty here is to protect the environment not only for today but well into the future, and we have a good record.

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

#### Parks and Protected Areas

**Dr. Swann:** Thank you, Mr. Speaker. For over 30 years the importance of untouched wilderness areas in our province has been reflected by the fact that they are protected by law. Today Albertans are deeply alarmed. This government plans to open up some of our most cherished parts of the province to inappropriate activities, including clear-cutting, motorized recreation, and industrial exploitation. To the Premier. In a recent survey by the parks minister 70 per cent of Albertans said that their top priority was setting aside more land in an undisturbed state. Why is the government ignoring the wishes of Albertans?

**Mr. Stelmach:** Mr. Speaker, we're not ignoring Albertans in terms of the need for more recreational space, more protection of Alberta's pristine environment. We're doing that. We're doing that in consultation with Albertans. The minister has held a number of consultations across the province. Legislation is before the House, and it'll be debated over the next few days.

**Dr. Swann:** Well, I guess the question for the Premier is: which Albertans are influencing? Which is he listening to?

This government's own Plan for Parks, released just last year, says, "Albertans want more involvement in decisions about parks." Why is the government trying to do exactly the opposite by shutting the public out of decisions about parks in favour of special interests?

**Mr. Stelmach:** Mr. Speaker, just simply not true. You know, we have consulted. We'll continue to consult. It's kind of ironic because sometimes the opposition accuses us of consulting too much, and then today they're saying: not enough. Sometime maybe they'll find their own balance.

But in this particular case we're continuing to consult with Albertans. It is an important issue for Albertans. As more people move to the province, some of these spaces will be cramped, and we want to protect a very pristine environment for future generations.

**The Speaker:** The hon. leader.

**Dr. Swann:** Thank you, Mr. Speaker. This government's catalogue of failures grows by the day: hours in emergency departments, dangerous tailings ponds, botched flood relief efforts in southern Alberta. What do Albertans have to do to make the Premier understand that they don't want their parks and protected areas added to the list?

**Mr. Stelmach:** Mr. Speaker, notwithstanding all of the dire consequences that the opposition brings forward, especially during question period, we're continuing to see people net migrate from Ontario, from British Columbia to this great province. They see

opportunity. They see opportunities for jobs, to raise their families, educate their children, and live in one of the best places in the world.

### School Services in Airdrie

**Mr. Anderson:** Mr. Speaker, as I explained in my member's statement, Airdrie is in desperate need of new schools to cope with the explosion of growth in our school-age population. We have fewer schools per school-age child than any city in the province by a mile. Every school is at or above 100 per cent capacity. Libraries are being turned into classrooms, we have elementary classes approaching 50 students, and school cores cannot adequately accommodate more portables. To the Premier: will you commit today to immediately address Airdrie's school shortage by announcing funding for at least three critically needed schools?

**Mr. Stelmach:** Mr. Speaker, first of all, my appreciation to the grade 8 student who initiated a petition, got her community interested in this very, very important area. Even though there were about 2,400 new spaces added over the last five years, we have a lot more to do, and we'll continue to do that. I'll be meeting with the mayor later this week as well.

I just wanted to correct one misinformation. In the member's statement the hon. member talked about \$2 billion this year allocated to carbon capture and storage. That's simply not true. That \$2 billion will probably bring us about \$25 billion in enhanced oil recovery for the next number of years.

**Mr. Anderson:** This government has budgeted \$2 billion over several years in grants for companies to pump CO<sub>2</sub> into the ground. I did not say this year. That amount of money could build 133 new schools. Airdrie is not asking for 133 new schools. We're asking for three, sir. To the Premier: will you retask a fraction of that \$2 billion for CO<sub>2</sub> and instead spend it on Airdrie's kids, whose education, one would think, would be a higher priority for taxpayer dollars than pumping CO<sub>2</sub> into the ground? Yes or no, sir?

**Mr. Stelmach:** Mr. Speaker, the request from Airdrie is a priority, and we're working through the capital plan. But I'm not going to back off the investment in carbon capture and storage. It is a good investment. I can't turn down the possibility of \$25 billion in new royalties over the next number of years.

**Mr. Anderson:** Well, let's put it this way, then. Given that prior to the 2008 election funding for 32 new schools across Alberta was announced and given that placements of many of those schools were based on political considerations rather than objective need, as admitted to me by multiple government officials when I was still with that PC government, will this Premier commit to instructing his Education minister to publicly release his ministry's priority list of school projects and the criteria used to arrive at them?

**Mr. Hancock:** Mr. Speaker, there's simply no question that Airdrie is on top of our priority list. I'm not sure why he needs a released list to hear what we've said publicly in this House before. That hon. member, however, should in his commentary remind the House what he said when the budget came out last year, and that is: we could balance the budget if we stretched out our capital spending over another few years, if we reduced the capital bill from \$7 billion this year to \$4.6 billion this year.

Schools in Airdrie, Rocky View, Fort McMurray, and other places in this province are a priority for this government.

**The Speaker:** The hon. Member for Edmonton-Strathcona. [interjections] Well, we have recognized the hon. Member for Edmonton-Strathcona. I'd like to hear her.

2:00

### Mental Health Services

**Ms Notley:** Mr. Speaker, this week's numbers show that once again some hospitals, including the Royal Alex, are unable to meet wait time standards even a third of the time, yet at the same hospital the government has permanently closed an eight-bed, quick access mental health section. Several mentally ill patients waiting for any attention have committed suicide in hospitals across Alberta in the last few years. To the Premier: will he reverse this shameful closure and direct his minister of health to start fixing the crisis in Alberta's mental health care system now?

**Mr. Stelmach:** Mr. Speaker, the hon. member raises a good question with respect to mental illness and the programs offered in the province. Even though we're investing \$500 million this year in mental health, there's a lot more that can be done. That is why I'm so positive in looking at the number of primary care networks that have been opened, 38, most of which have some psychologists. They're the people who can intervene at the right time. It's a symptom, obviously, of the number of people that are waiting in emergency rooms, and personal care networks will deal with some of it.

**Ms Notley:** Well, Mr. Speaker, given that Alberta has less than half of the mental health beds per capita than the Canadian average and given that experts say that mental health cases are the primary source of ER delay in many hospitals across the province, why are the Premier and his health minister continuing to ignore the crisis in mental health, that, among other things, is so clearly linked to their failure to fix the ER crisis for years and years and years?

**Mr. Stelmach:** Mr. Speaker, we're continuing to increase the number of community-based mental health programs. As more people move to the province and as more people require additional help with respect to mental illness, we'll do whatever we can. I do know that personal care networks are a start. They're part, of course, of opening up more beds by moving more people that require continuing care. All of these things are in process, and we will see results soon.

**Ms Notley:** Well, Mr. Speaker, we've seen no new mental health care beds. Indeed, last year the plan was to get rid of a bunch. Now, mental health patients suffer when they're stuck waiting in the ER without treatment, families suffer when they can't get help so desperately needed for their loved ones, and our health care system suffers when these Albertans can't get the help they need. Again to the Premier: why do you refuse to act? Why will you not invest in more beds now?

**Mr. Stelmach:** Mr. Speaker, we are. There are over a thousand health projects, construction projects, in the province as I speak. I believe it's over \$5 billion of infrastructure spending in health. It's adding more acute-care beds, it's adding more continuing care beds, and of course in other areas, as I mentioned yesterday, some new cancer treatment, radiation vaults, in Grande Prairie and Red Deer and Lethbridge. That's, you know, moving in the right direction. Unfortunately, I just can't build them overnight.

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

### **Oil Sands Tailings Pond Containment**

*(continued)*

**Ms Blakeman:** Thank you very much, Mr. Speaker. The government's response to new reports of an unsecured tailings pond is that everything is in compliance. This government just doesn't get it. When the rules allow for tailings ponds with missing walls or without barriers or removal of vegetation to prevent wildlife access, this government's rules are too weak, literally full of holes. To the Minister of Environment: given that over 50 per cent of the reported incidents from this particular tailings pond had impacts on water, why hasn't the government done anything to improve the standards?

**Mr. Renner:** Mr. Speaker, let's be clear. This is an industrial site. The site is completely isolated from all of the natural water bodies and watercourses in the area. There are pipelines on this site. There are fluids on this site that from time to time are released. They are not released off the site; they are contained within the industrial site. These are the instances that this member refers to.

**The Speaker:** The hon. member.

**Ms Blakeman:** Thank you. Uncontrolled release of settling pond water above approval limits, treated water particle counts and turbidity, missed readings, a storm that caused the pond to overflow because there was too much water: I mean, come on. These are the incidents. They reported them. So why do you keep insisting that there's no problem with the water? What exactly is holding the government back from doing a better job here?

**Mr. Renner:** Mr. Speaker, again, there is movement of water within the industrial footprint of this operation. When there is a release, there is a requirement that there be an appropriate cleanup and appropriate reporting. These are not releases of water into the environment; these are releases of water that cause issues within and on the industrial footprint of the operation itself.

**Ms Blakeman:** Well, there are 69 of them.

Okay. The next question, then, goes to the Minister of Energy, responsible for the ERCB. Given that the CNRL Horizon application under directive 074 states, and I quote, that Canadian Natural is unable to achieve the fines capture required by directive 074 and the phase-in schedule is not achievable, why was this plan approved? They couldn't do it.

**Mr. Liepert:** Mr. Speaker, as I mentioned in the answer to the member's question yesterday when she said the CNRL plan had been approved, it's my understanding that it has not yet been approved. It is one of the two that I mentioned yesterday that are still under review.

**The Speaker:** The hon. Member for Wetaskiwin-Camrose, followed by the hon. Member for Calgary-Varsity.

### **Arts Funding**

**Mr. Olson:** Thank you, Mr. Speaker. I think we all agree that the arts enrich our lives and give us a quality of life here in Alberta. We overlook the fact sometimes that it's also an important economic driver. The recent funding reductions have brought some of that into question and are hampering arts organizations, and I hear regularly on this from my constituents who want a reassurance that we

continue to hold the arts as an important priority. Can the minister offer that assurance and tell us specifically what he's doing to support the arts?

**The Speaker:** The hon. minister.

**Mr. Blackett:** Well, thank you, Mr. Speaker. I'd like to share with the hon. member and everyone else in this House that the government of Alberta is entirely committed to supporting the arts in Alberta. Over the last six years we've increased arts funding by 55 per cent. Last year because of the economic circumstances we had a reduction. We're meeting with the arts community on a semi-annual basis. I'm in the midst of going through eight different cities, and we're looking at ways that we can resolve through dialogue some of the problems that they incur. [interjections]

**The Speaker:** The hon. member.

**Mr. Olson:** Thank you. We should expect Alberta to be a leader in the arts in this country. That's certainly my expectation, but there is a concern that we're falling behind. Can the minister tell us how we're comparing with other jurisdictions?

**Mr. Blackett:** Well, Mr. Speaker, contrary to the barking on the other side of the House over there, Alberta's funding of the arts is number three in the country, second only to Ontario and Quebec. We have provided \$29.2 million this past year. If you look at other jurisdictions, the B.C. Arts Council's budget is \$9.4 million, and the Saskatchewan arts council's is \$13.6 million. We are very proud of the commitment that we've made. Irrespective of what the person on the other side says, we have lived up to our commitment. We have a cultural policy, and we will continue to support the arts in this province.

**Mr. Olson:** Arts organizations in my constituency are starting to budget for the coming year, and they're looking for some guidance because they feel that there might not be a long-range plan. Can the minister tell us anything about planning for the future in terms of budgeting?

**Mr. Blackett:** Well, Mr. Speaker, the hon. member will know, as the opposition members should know, that we are in tough economic times. Our Premier has mentioned repeatedly that we are going to maintain our spending and control our spending. Right now as I see it, there is no reason for anybody in the arts and cultural community to worry about funding decreases for the next fiscal year.

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

2:10

### **Parks and Protected Areas**

*(continued)*

**Mr. Chase:** Thank you, Mr. Speaker. All powerful, all knowing, ever present, omnipotent, omniscient, omnipresent are attributes not normally associated with mere mortals, including Alberta's Premier and his appointed cabinet ministers. Moving from legislation to regulation assumes such ministerial infallibility. Does the minister of parks believe that online workbooks, private meetings, and an appointed advisory council are democratically acceptable replacements for public hearings and legislative debate?

**Mrs. Ady:** Mr. Speaker, I have to take exception to what the hon. member just said. This department has spent a considerable amount

of time doing extensive consultation with all Albertans, and we will continue. That is our practice, and that is what we will continue to do.

**The Speaker:** The hon. member.

**Mr. Chase:** Thank you, Mr. Speaker. Without qualifying legislation, what is to prevent either an undebatable order in council or ministerial whim from permitting further industrial or inappropriate recreational intrusion into our existing parks and protected areas?

**Mrs. Ady:** Well, Mr. Speaker, we have a policy in this government that we do not make moves in parks until we have consulted. We always consult. If you look at the plan for parks that we've generated over the last few years, I think that what we do is very telling. We always consult. We do not make moves in parks without checking.

**Mr. Chase:** The government's pattern, Mr. Speaker, is consult, first; insult, second; ignore, third. Would the minister please explain how moving from the checks and balances of debatable legislation to unilateral ministerial discretion is in Albertans' best interests?

**Mrs. Ady:** Well, Mr. Speaker, I think the hon. member is referring to legislation that will be on the floor of this Assembly, and I think that's when we should have this debate.

**The Speaker:** The hon. Member for Calgary-Montrose, followed by the hon. Member for Edmonton-Gold Bar.

#### Emergency Room Wait Times

**Mr. Bhullar:** Thank you, Mr. Speaker. We've been hearing a lot about emergency department wait times recently. Media reports said that Alberta Health Services had aimed to admit seriously ill patients within eight hours of their arrival at hospital 48 per cent of the time but has now changed it to 45 per cent. It was also reported that the goal of four hours to treat and discharge patients who don't need admission was 80 per cent but has now been changed to 70 per cent. My questions are to the Minister of Health and Wellness. Why were these wait times reduced?

**Mr. Zwozdesky:** Well, Mr. Speaker, unfortunately, some of the percentages that were reported by the media were neither targets nor were they performance measures. Some were, indeed, actual results from a year or two ago. Secondly, some of the numbers that were reported were for all emergency rooms in the province whereas others were only for the 15 busiest acute-care hospital sites in Alberta.

**The Speaker:** The hon. member.

**Mr. Bhullar:** Thank you, Mr. Speaker. Again to the same minister: well, then, what are the wait time targets?

**Mr. Zwozdesky:** Mr. Speaker, for the larger hospitals, including those in Edmonton and Calgary, they are supposed to be admitting people for overnight stay at the 45 percentile. In other words, 45 per cent of the people should be in and admitted within eight hours by the end of this year. Secondly, they are also to be discharging 70 per cent of the people who do not require an overnight stay within four hours. Both of these targets, it's important to note, will actually be increases from actual results.

**Mr. Bhullar:** Mr. Speaker, my final question is to the same minister. When we talk about four hours or eight hours in the emergency department, does that mean patients do not get any help for that period of time?

**Mr. Zwozdesky:** No, Mr. Speaker. The point here is that emergency department length of stay for the eight-hour period is defined as the total time spent by a patient in the emergency department. They are indeed seen and helped during that time. Emergency department length of stay includes everything from the moment of triage to diagnosis to treatment to bed placement.

**The Speaker:** The hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Strathcona.

#### Injured Worker Claim Duration Rates

**Mr. MacDonald:** Thank you, Mr. Speaker. According to the annual report of the WCB in 2008 an injured worker spent an average of 32 days off work. A report from the Employment and Immigration department for the same year states that on average an injured worker was off the job for 41 days. This claim duration difference is nine days. To the Minister of Employment and Immigration: who are injured workers and their employers to believe regarding claim duration rates, the department or the WCB?

**Mr. Lukaszuk:** Well, the person to ask how long he's staying off work would be the person who actually is off work. That will give you the most accurate answer. But the fact is that our department gathers all information, Mr. Speaker, from the Workers' Compensation Board. They are the collectors of data. Any data published by this department stems from the Workers' Compensation Board. So if this member, again, much like yesterday, wants to get accurate information relevant to WCB, I would strongly encourage him to contact the board of directors of WCB, and they will gladly share that information with him.

**Mr. MacDonald:** Again, Mr. Speaker, to the same minister. I would urge him not only to read his own information that he proudly posts on the Internet but also, hopefully, read the WCB annual report. Why is there a nine-day difference in claim duration between the statistics that you produce and those that the Workers' Compensation Board produces?

**Mr. Lukaszuk:** Mr. Speaker, to reiterate, we do not produce statistics. We simply publish them for public consumption. We want to make sure that Albertans have access to any pertinent information relevant to injury rates and types of injuries, and we will be publishing more and more information. Where there are inaccuracies, indeed, if there is a difference between rates published by the WCB and what we made available, I'll look into this. But at the end of the day all information comes from the Workers' Compensation Board.

**The Speaker:** The hon. member.

**Mr. MacDonald:** Thank you, Mr. Speaker. Again to the same minister. Given that the hon. minister has time to look at Lady Gaga, I would suggest that he needs to look after injured workers in this province a lot better. Now, are you telling this House that the statistics that you so proudly posted on the Internet are inaccurate, and they're wrong, and employers and injured workers can't rely on those numbers?

**Mr. Lukaszuk:** Well, Mr. Speaker, any Little Monster would have understood it by now. If he wants accurate, relevant, and timely information from the Workers' Compensation Board, he should contact the Workers' Compensation Board. But if there is, indeed, a discrepancy between the information the WCB publishes on this one particular item and that published by this department, I will look into it and see why the difference occurs.

**The Speaker:** The hon. Member for Strathcona, followed by the hon. Member for Calgary-Glenmore.

#### **Elder Abuse Strategy**

**Mr. Quest:** Thank you, Mr. Speaker. Up to 10 per cent of Albertan seniors have experienced some form of elder abuse, and in many cases elder abuse goes unreported. My questions are to the Minister of Seniors and Community Supports. We have the knowledge, we have the facts, we have the statistics, but what is your ministry actually doing to protect our seniors?

**Mrs. Jablonski:** Mr. Speaker, seniors, like all Albertans, deserve to live in dignity and be respected. We work to prevent elder abuse through collaboration with other government and community partners and through key pieces of legislation like the Adult Guardianship and Trusteeship Act and the Protection for Persons in Care Act. But we need to do more. That's why today I released Addressing Elder Abuse in Alberta, a strategy that calls for governments, community partners, and all Albertans to work together to prevent and address all forms of elder abuse.

**The Speaker:** The hon. member.

**Mr. Quest:** Thank you, Mr. Speaker. My first supplementary question is to the same minister. With the work that we're already doing, why do we need this new strategy, and what do you hope this strategy is going to accomplish?

**Mrs. Jablonski:** Mr. Speaker, the strategy builds on the work that we're already doing. Addressing Elder Abuse in Alberta outlines four specific goals. One is improved awareness of the abuse, two is to have knowledgeable and skilled service providers, three is to have co-ordinated community responses, and the fourth is to have protective laws and policies. The strategy also outlines the roles and responsibilities of all sectors of society and builds on all the successful relationships that we now have in our communities.

**Mr. Quest:** Final question to the same minister: you're speaking about these partners and relationships, but can you elaborate on who these partners are?

**Mrs. Jablonski:** Mr. Speaker, as I said, preventing and addressing elder abuse is a shared responsibility. Government cannot do it alone. We definitely have a role in supporting and facilitating the work, but we need the help of front-line staff, we need the help of our communities and community members, the people that know our seniors, and we also need the help of municipal governments, family members, and friends. We all need to work together to help prevent elder abuse.

**The Speaker:** The hon. Member for Calgary-Glenmore, followed by the hon. Member for Lethbridge-East.

2:20

#### **Emergency Medical Services**

**Mr. Hinman:** Thank you, Mr. Speaker. The emergency room crisis continues as this government fails to respond to the challenge in a meaningful way. The minister talks in years and percentage reduction times while our facilities and staff are not being fully utilized. Hospital administrators must be able to override perceived system limitations in order to move patients and respond to ER overcrowding. To the health minister. Our ERs continue to burst at the seams with patients to care for while beds are closed in those facilities. Can you tell us how many beds are currently closed in Calgary and Edmonton?

**Mr. Zwozdesky:** Mr. Speaker, let's talk about the number of beds that are open and the number that we'll still be opening and the successes of that plan, which is a wonderful plan now that we have five years of funding. I can tell you that in September in Calgary Alberta Health Services opened 52 additional transition beds at the Rockyview and at the Peter Lougheed Centre. By November 5 they had opened 12 more transition beds at the Foothills, and just last week they opened an additional number of beds at the Rockyview, 12 more transition beds later this month. By the end of the month 20 more will open at the Peter Lougheed.

**Mr. Hinman:** Mr. Speaker, that answer was pathetic.

We've been told by some AUPE members that there is at least one ward with 26 beds closed in a Calgary facility. Again to the same minister: will you immediately conduct an audit province-wide of all hospitals so we know how many beds there are that are currently closed that could be opened in those facilities and report to this Assembly by Thursday?

**Mr. Zwozdesky:** Mr. Speaker, in total 70 new beds have been opened or will be opened before December 15 in Calgary – 70. That includes beds in acute hospitals, and that would include transition beds, hospice beds, and the like. Similarly in Edmonton we have about 71 more beds that will be opened in acute-care facilities. That doesn't include 1,300 new beds in the community. There is so much good stuff happening right now. It's wonderful.

**Mr. Hinman:** Mr. Speaker, that answer as put out there was insulting.

There's no consultation. We need an audit province-wide to know how many current facility beds are closed that could be opened if we empower chief administrative officers to do that. We want an audit in the next 48 hours. How many current facility beds are closed in the province?

**Mr. Zwozdesky:** Mr. Speaker, I don't know why they continue to dwell in the past. They keep talking about taking money out of the system, and now he's talking about putting probably more money into the system. A few months ago they were talking about cutting \$1.5 billion or thereabouts out of health care, out of education. I wonder how they would intend to open any of those beds that might have been replaced if they pursued that strategy. Unbelievable.

**The Speaker:** The hon. Member for Lethbridge-East, followed by the hon. Member for St. Albert.

#### **Food Bank Use**

**Ms Pastoor:** Thank you, Mr. Speaker. The 2010 HungerCount was released this morning, and food bank usage in Alberta is up 10 per cent. Unemployment remains at double the prerecession rates, and

the lowest income group earns less than they did 30 years ago. Glaringly clear is that our most vulnerable populations are being left behind. To the Minister of Children and Youth Services. Food security is an essential piece for keeping families together, but 43 per cent of those accessing food banks in Alberta are children.

**The Speaker:** The hon. minister. [interjection] The hon. minister has the floor.

**Mrs. Fritz:** Thank you, Mr. Speaker. The member is correct. This is a national report, and that report did indicate that food bank usage is up for all provinces across Canada. I believe that poverty is one of the underlying factors of that. The way that we assist with this ministry in breaking the cycle of poverty is through the many good programs, supports, and services that we have. For example, we assist our families through child care subsidies, and we also have 46 parent link centres that we refer parents to in our local communities, that thousands of parents access, where they learn about nutrition and they learn cost-effective ways in which to prepare their food.

**The Speaker:** The hon. member.

**Mrs. Fritz:** Thank you, Mr. Speaker.

**The Speaker:** The hon. member, please.

**Ms Pastoor:** Thank you, Mr. Speaker. My next questions will be to the Minister of Seniors and Community Supports. Given that 16 per cent of those accessing food banks also depend on disability-related income supports, it's clear that support to vulnerable people isn't keeping pace with the costs of the times. Why not?

**Mrs. Jablonski:** Mr. Speaker, we remain committed to supporting Albertans with disabilities, especially those most in need. This includes support through our AISH program, which provides a comprehensive list of health-related benefits in addition to a monthly income of \$1,188 per month. There have been five increases in the AISH program since 2005. AISH financial, health-related, and supplementary assistance provides one of the highest combined benefits to persons with disabilities in this country.

**Ms Pastoor:** Ah, an excellent segue. Thank you. Will you commit to indexing AISH payments, as MLA salaries are, to ensure that the vulnerable are not left behind?

**Mrs. Jablonski:** Mr. Speaker, I would repeat my answer that I just gave, and that is that we have one of the highest benefit packages for people with disabilities in the country. We have increased the AISH benefits five times since 2005. We continue to monitor and review the income benefit.

**The Speaker:** The hon. Member for St. Albert, followed by the hon. Member for Calgary-McCall.

### Pension Reform

**Mr. Allred:** Thank you, Mr. Speaker. The Canadian Labour Congress and Alberta Federation of Labour released a poll that seems to indicate that Albertans favour an expansion of the Canada pension plan. These two organizations have come out today calling for Alberta to stop "acting as a spoiler and standing in the way of real reform." My question is to the Minister of Finance and Enterprise. Why is Alberta opposed to reforming the retirement income and pension system?

**Dr. Morton:** Mr. Speaker, let the record be very clear about this. Alberta is not opposing pension reform; we started the pension reform movement. Three years ago Alberta and British Columbia undertook a comprehensive review of the adequacy of retirement income security. It was the feds that got on board only a year ago and now have come up with sort of a quick fix across the board that simply won't work. We want a solution, but we want reforms that work, and across-the-board CPP reforms do not help those who need help.

**The Speaker:** The hon. member.

**Mr. Allred:** Well, thank you, Mr. Speaker, and thank you, Mr. Minister, for that clarification. My first supplemental is to the same minister. Why doesn't this government support the federal move to expand the CPP?

**Dr. Morton:** Mr. Speaker, the Canadian retirement income system is not broken. Three weeks ago one of the leading pension institutes in the world, the Mercer Institute in Melbourne, Australia, ranked Canada in the top five, the top five in the world. There is not a crisis in the Canadian income retirement system. It's a narrow system. It's not the upper income brackets. It's not the lower income brackets. We have OAS and GIS to look after lower income. It's a certain sector of the middle income, and we need a targeted solution for a targeted problem.

**The Speaker:** The hon. member.

**Mr. Allred:** Thank you. My final question to the same minister: if CPP expansion is not the right solution, then what is?

**Dr. Morton:** Mr. Speaker, Alberta is looking to fix what's broken, and that is ensuring income adequacy both from CPP but also from other types of income support. We value, we think Albertans value freedom of choice and responsibility for choice in planning their retirement income. In doing that, we're looking at private-sector pension plans facilitated by government action that are called smart defined contribution plans, that have voluntary automatic opt-in and reduced administration rates.

**The Speaker:** The hon. Member for Calgary-McCall, followed by the hon. Member for Red Deer-South.

### Residential Construction Review

**Mr. Kang:** Thank you, Mr. Speaker. From home warranties to building codes to condos this government's response to the growing crisis in residential construction has been the same for the last 10 years. First, ignore home and condo owners; second, huddle with industry to water down any real consumer protections. To the Minister of Service Alberta: given that consumer reps on other committees have been ignored in the past, why should Albertans trust that the input of condo owners will be included in the new condo act?

**The Speaker:** The hon. minister.

**Mrs. Klimchuk:** Thank you, Mr. Speaker. With respect to looking at the Condominium Property Act, we do indeed have a working committee that's been working for the last year. We'll be moving into the consultation late spring, and it's really important that we do this. We'll be looking at a number of areas with respect to gover-

nance, how condo boards are run, and anything with respect to the building codes and those issues are with the Minister of Municipal Affairs.

**The Speaker:** The hon. member.

**Mr. Kang:** Thank you, Mr. Speaker. Since the weakest recommendations made by the home warranty review committee four years ago have not been implemented, will the minister admit that even the weakest protections are too strong for this government?

**Mrs. Klimchuk:** Mr. Speaker, one of the huge focuses of this portfolio is consumer protection and consumer information, giving consumers the right tools to make the best decisions. With respect to the Condominium Property Act and the responsibilities that are implicit when you do purchase a condo, those are the things we want to make sure that consumers know they're getting into. The review of the Condominium Property Act will look at that area and many other areas.

**The Speaker:** The hon. member.

**Mr. Kang:** Thank you, Mr. Speaker. Now to the Minister of Municipal Affairs: given that this minister's reviews have also excluded homeowners, why should Albertans have any confidence in proposals he says that he will bring forward next spring?

2:30

**Mr. Goudreau:** Mr. Speaker, my ministry is always working very hard to find solutions to ensure that the integrity of new homes is maintained. You know, there's no doubt that building concerns have been raised for a number of years. We continue to look at the various issues that are being brought forward and have adapted some building code changes and will continue to do so.

#### Online Employer Records

**Mr. Dallas:** Mr. Speaker, it's been just over a month since this government posted the safety records of 140,000 employers in Alberta. Lots of information posted; however, some employers are questioning the accuracy of the records. My question is to the Minister of Employment and Immigration. Given these complaints which have been received, regardless of the source of that information how confident are you that the information posted is actually correct?

**Mr. Lukaszuk:** Well, Mr. Speaker, I'll let the member conclude for himself. We posted information about 140,000 employers that included some 3 million data points of interest or sections that you can search, and 50 or so employers have called with inaccuracies, and most of them were not. The employers simply were not aware of the fact that their employee died some 20 years later as the result of an occupational disease that he perhaps wasn't even aware of.

**The Speaker:** The hon. member.

**Mr. Dallas:** Thank you, Mr. Speaker. To the same minister: wouldn't it have been better to potentially delay the release of this information until you really had a sense of confidence about these records?

**Mr. Lukaszuk:** Mr. Speaker, I'm very confident: out of 140,000 employers and 3 million pieces of information, 50 complaints and

most of them actually resolved. They weren't inaccuracies. Alberta right now is the only province in Canada that releases full information about safety records of all employers, and up to now we've already had about 15,000 hits on that website. It is information that is available to Albertans. I'm proud of it, and I'm glad that we released it as soon as we did.

**The Speaker:** The hon. member.

**Mr. Dallas:** Well, thank you, Mr. Speaker. To the same minister. I've got constituents that are suggesting that posting the information is great but that it doesn't go far enough, that we need more data to be better informed. What does the minister say to that?

**Mr. Lukaszuk:** Mr. Speaker, those are great suggestions. Keep in mind that we're pioneering here, that no other province releases information of this type at all. We have released the first generation, shall we call it, of this website. As we monitor now the usage and see how different groups use this information and for what purposes, we will be updating it, and perhaps more, additional information will be released in the future.

#### Hate Crimes

**Mr. Hehr:** Mr. Speaker, today happens to be the International Day for Tolerance, so I thought the Minister of Children and Youth Services might tolerate another question regarding answers she gave yesterday regarding the Devine family. My question to her is: did Alberta Children and Youth Services tell Mr. Devine's mother not to allow the parents to retrieve the children because the couple's social activism created an unsafe environment for the children?

**Mrs. Fritz:** Mr. Speaker, I'd be pleased to answer questions with this member. I did invite the member yesterday to speak with me after question period, but that didn't occur. If this question was framed in a way in which I could answer it, hon. member, I would. In the way that it's been asked, though, I won't be giving confidential information regarding the family to the Legislature on the floor of the Assembly.

**Mr. Hehr:** Well, I'll keep going with this because I think they're fairly answerable questions. To the same minister. My office spoke with the Devines, and they indicated that a social worker visited his mother's house in order to keep the children away from their parents. Yesterday you said that you were in the business of keeping families together. Doesn't the situation with the Devines prove otherwise?

**The Speaker:** The hon. minister.

**Mrs. Fritz:** Thank you, Mr. Speaker. Whenever our department through our child and family services authorities is involved with families and when it relates to children that are in need, that may require assistance through our department, as I said yesterday, our first priority is to keep families together. We have the Child, Youth and Family Enhancement Act, which, as you know, very much has the basic principle of assisting families with resources so that they can stay together.

**Mr. Hehr:** Well, Mr. Speaker, the Calgary police say that the Devines broke no laws and that there was no clear reason to remove the children. If that's true, why did your staff victimize – and I'd say that: victimize – the family a second time by calling their

parenting abilities into question, and when do you plan on apologizing to the Devines? Can you at least tell this honourable House that you have at least done that?

**Mrs. Fritz:** Well, Mr. Speaker, as I indicated to you yesterday, the statement is highly inaccurate. It's incorrect, and it is inaccurate. I don't know if there's a ruling in the Assembly in regard to situations where somebody brings children to the floor of the Assembly, basing it on the name of a family, with information that is incorrect, but it is, and the person that should be apologizing is this member.

#### Affordable Housing in Calgary

**Dr. Brown:** Mr. Speaker, there's a serious crisis in the city of Calgary in the lack of affordable housing, including persons in my constituency of Calgary-Nose Hill who are unemployed or working for minimum wage. The tendering and funding of a recently opened project, the Louise Station in Calgary, has far exceeded the budgeted amount. My questions are for the Minister of Housing and Urban Affairs. Given the fiscal realities of today and the limited funds available to remedy the problem, how can the minister ensure that taxpayers are getting good value for their dollar?

**The Speaker:** The hon. minister.

**Mr. Denis:** Thank you very much, Mr. Speaker. I want to thank the member for that question because, in particular, my number one priority is to deliver value to both clients and to taxpayers in our affordable housing plan. The municipal block funding plan was announced in 2007. It was \$100 million per year for three years, and it reflected the reality of the time. During the boom time we needed to get as much affordable housing out as possible. I cancelled this program earlier this year because there are better ways to deliver affordable housing during this time. I can confirm the particular item he's talking about: \$136,000 a door.

**Dr. Brown:** Mr. Speaker, the minister continues to promise that the government is going to construct 11,000 affordable housing units across the province by 2012. How many of these units are going to be built in the city of Calgary, and will the minister ensure that the tendering process is going to be competitive with those other projects in the public and private sectors?

**The Speaker:** The hon. minister.

**Mr. Denis:** Thank you very much, Mr. Speaker. I must correct the hon. Member for Calgary-Nose Hill. It's not the government that actually builds these units; it's a partnership that we have with local nonprofits, for-profits, community organizations, and municipalities. The government can't do it all alone. I've seen projects where these local associations have in fact put up 25, even 35 per cent of the money themselves. We're acting in the best interests of the taxpayer and the best interests of the client.

**Dr. Brown:** Given that the municipal block funding program has ended and given that most successful brownfield developments in Canada do not include affordable housing, how does the minister propose to press ahead with plans for badly needed affordable housing in the city of Calgary?

**The Speaker:** The hon. minister.

**Mr. Denis:** Thank you very much. Again, that is a good question because we actually have been mandated in my department to create

11,000 affordable housing units by 2012. We're at about 8,700. Calgary's amount: I don't have a specific number for this member, Mr. Speaker, but we are acting there on a per capita basis. I can tell you that on a go-forward basis we have an RFP process that ensures that these items are not sole sourced. In fact, taxpayers are getting the best value for their dollar. Our cost in the entire province is around \$100,000 per door.

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

#### Nonprofit and Voluntary Sector

**Mr. Bhardwaj:** Thank you very much, Mr. Speaker. Nonprofit organizations in my constituency of Edmonton-Ellerslie and all over the province are feeling the pinch during these tough economic times. My questions are to the Minister of Culture and Community Spirit. I'm sure that you're hearing similar concerns, Mr. Minister, during your regional dialogues as well. What are you doing to ensure the operation of these nonprofit organizations continues to be viable?

**Mr. Blackett:** Well, let me start off, Mr. Speaker, by saying thank you to the many Albertans who give their time, their skills, and their dollars on a regular basis. These are challenging times for everybody in the not-for-profit world, the private sector, and government alike, but we continue in our department to provide \$86 million in grants to these great organizations. We streamlined the programs to reduce duplication and ensure that the available dollars are going to the people that need them. As a ministry and part of our government we're making sure that those dollars go to the most vulnerable.

**The Speaker:** The hon. member.

**Mr. Bhardwaj:** Thank you very much, Mr. Speaker. My first supplemental to the same minister. The ministry's website says that the community spirit program's goal is to "increase individual charitable giving." How will this help the nonprofits struggling to operate?

**Mr. Blackett:** Well, Mr. Speaker, in 2009 our government created the community spirit donor program, and that was \$20 million a year to encourage individuals to give more to our not-for-profit organizations. Over the last two years we've been able to give about \$39 million to 3,200 organizations that help them do the great jobs that they do.

2:40

**The Speaker:** The hon. member.

**Mr. Bhardwaj:** Thank you very much. My final question to the same minister: what kind of tax credits are available to encourage continued growth of nonprofits?

**The Speaker:** The hon. minister.

**Mr. Blackett:** Yes, Mr. Speaker. As it is on our website, we have the community spirit enhanced tax credit, which is unlike any other in the country. It is \$80 million, which allows those individuals who give an amount in excess of \$200 to get a 50 per cent tax receipt. That means 21 per cent comes from the province of Alberta; 29 per cent comes from the federal government. It's a chance to give for Alberta's charitable organizations and take that money from the federal government, which is Albertans' money coming back to work for them.

**The Speaker:** Hon. members, 19 members were recognized today. There were 114 questions and responses. My feeling is that there are a few in the House that are feeling a little bit frisky today or aggressive today or enthusiastic today. We'll stop for 30 seconds, and then we'll continue with the Routine.

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

[Unanimous consent granted]

### Introduction of Guests

*(continued)*

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

**Mr. Mason:** Thank you very much, Mr. Speaker, and thank you to the House. I'm pleased to rise to introduce to you today and through you to all Members of the Legislative Assembly two guests who attended the chronic cerebrospinal venous insufficiency rally on the steps of the Legislature today. The first one is my youngest brother, Don Mason, who lives in Spruce Grove. He's here today in support of efforts to provide a full range of treatment options for every Albertan with multiple sclerosis.

My other guest is Mark Power. Mark was recently diagnosed with MS and also attended the rally today in an effort to increase the awareness of CCSVI treatment as an option for citizens who have MS.

Mr. Speaker, I want to welcome both Don and Mark, who are seated in the public gallery, to the Legislature, and I would now ask them both to rise and receive the traditional warm welcome of this Assembly.

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

**Mr. Bhullar:** Thank you, Mr. Speaker. It's my pleasure to rise today and introduce to you and through to members of the Assembly the South Asian Canadian Association members who are here from Calgary. This association has worked hard for the past two years to provide opportunities for educational, social, and recreational activities that promote the well-being of seniors, particularly in the communities of Pineridge, Monterey Park, Temple, and Whitehorn in Calgary. They've been tremendous assets within east Calgary. I'd like to ask them to rise as I announce their names: Mr. Harmohinder Plaha, Mr. Sam Sahota, Mr. Hardip Sidhu, Mr. Mohinder Singh, Mr. Harbhajan Kalkat, Mrs. Surinder Sidhu, and Mrs. Manjit K. Plaha. I'd ask them to receive the traditional warm welcome of the Assembly.

**The Speaker:** Hon. Member for Airdrie-Chestermere, did you have an introduction?

**Mr. Anderson:** Yes. Thank you, Mr. Speaker. Really quickly, I'd like to introduce to you and through you to the members of this Assembly three very special people that weren't here earlier: Leah Moore, a grade 8 student from Muriel Clayton school, and her parents, Melinda and David. If they could please rise and receive warm welcome of this Assembly.

### Members' Statements

*(continued)*

**The Speaker:** Hon. members, we'll return now to Members' Statements, and I'll call on the hon. Member for Calgary-Montrose.

### International Day for Tolerance

**Mr. Bhullar:** Thank you very much, Mr. Speaker. In 1996 the United Nations General Assembly declared November 16 as the International Day for Tolerance. The purpose of this is to educate, discuss, and bring awareness to issues relating to prejudice and tolerance.

Mr. Speaker, our province is committed to creating a society where people are all welcomed and included in all aspects of the province. The government of Alberta works with other organizations, the community, municipalities, and many other organizations to help implement programs and services to combat discrimination and support the goal of creating welcoming and inclusive communities and workplaces. The Alberta Human Rights Commission works to foster equality and reduce discrimination. It offers resources about rights and responsibilities related to human rights and helps Albertans resolve human rights complaints.

Our province is supporting our communities and taking concrete steps towards being more inclusive in a number of ways. Two examples are the Coalition of Municipalities Against Racism and Discrimination and the multiyear welcoming and inclusive communities partnership between the government, the Alberta Human Rights Commission, and the Alberta Urban Municipalities Association. CMARD aims to have municipalities follow key principles in order to build communities that are respectful, safe, and welcoming. I'm pleased to announce that 10 Alberta municipalities, most recently Wetaskiwin in September of 2010, have joined the Alberta network of CMARD. These initiatives have been made possible in Alberta through funding support from the government's human rights and multiculturalism education fund. These assets help Alberta organizations build inclusive workplaces and communities and promote equality for all people.

Mr. Speaker, as Alberta becomes ever richer in diversity, our government is committed to communities that are inclusive for all Albertans. Thank you.

### Presenting Petitions

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

**Mr. MacDonald:** Thank you very much. I appreciate that, Mr. Speaker. I have a petition to present to the Legislative Assembly, and it reads:

We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the Government of Alberta to immediately abandon plans to increase the role of private insurance in the [public] health care system, and instead, commit to strengthening the single-payer, public system.

Thank you.

**Mr. Anderson:** Mr. Speaker, I'm honoured to rise to present a petition that was delivered to me on the steps of the Legislature this morning – it's a biggie – by elected officials, parents, teachers, students, and Leah Moore, whom I introduced earlier, a determined grade 8 student who joins us in the House today as I present to this Assembly on her behalf a petition urging the government to build more schools in Airdrie. Leah is currently a student at Muriel Clayton middle school and has been personally affected by an overcrowded classroom caused by a critical shortage of schools in Airdrie. After learning that more students in Airdrie were facing the same problem, Leah took action. She collected signatures from across our community, and today I present that petition, which has been signed by over 3,300 Albertans. It's an honour and a privilege to call Leah Moore my constituent and friend, and on behalf of all students, parents, teachers, and citizens in Airdrie I thank her for her dedication.

## Tabling Returns and Reports

**The Speaker:** The hon. Minister of Education.

**Mr. Hancock:** Thank you, Mr. Speaker. It's my pleasure today on behalf of the Minister of International and Intergovernmental Relations to table five copies of a report entitled Alberta's International Strategy: Global Advocacy for Alberta. "Alberta will maintain a strong presence on the world stage, defend our export markets and promote our province and its products to a global market," our Premier said.

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

**Mr. Oberle:** Thank you, Mr. Speaker. I rise today to table five copies of the Victims Services status report for 2009-2010. Last year more than \$9.2 million in grants were provided to programs and organizations that help victims of crime, and \$10.5 million was provided in financial benefits to eligible victims of crime. More than 1,800 victim advocates and board members contributed 177,000 hours of volunteer time in 2009-2010.

Thank you.

2:50

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

**Mr. Zwodzesky:** Thank you very much, Mr. Speaker. I rise to table the requisite number of copies of the following annual reports: the 2009 report from the College of Dental Technologists of Alberta and the 2009 report from the College of Registered Dental Hygienists of Alberta and, finally, the 2008-2009 report from the College and Association of Registered Nurses of Alberta called Expert Caring: RNs Make a Difference. These groups all make a difference, and I thank them very much for their work.

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

**Mr. Olson:** Thank you, Mr. Speaker. As deputy chair of the Premier's Council on the Status of Persons with Disabilities and on behalf of the council's chair, Marlin Styner, I'm pleased to table the appropriate number of copies of our 2009-2010 annual report.

Thank you.

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

**Mr. MacDonald:** Thank you very much, Mr. Speaker. I have three tablings today. The first is a letter that I received from the hon. Minister of Finance and Enterprise regarding questions I had about ATB's financial risk achievement notes, which is another form of management bonuses.

My second tabling this afternoon is a letter from a constituent, Sheila Oliver, which I certainly have permission to table. Sheila Oliver is as concerned, of course, as a lot of people are about the government's plan to use Alberta Hospital Edmonton and their plans with the acute psychiatric care beds there.

My final tabling is also a letter. I have permission to table it in the House. It's from Mervin Prediger from Edmonton-Gold Bar. Mervin is also very concerned about the government's plans regarding the psychiatric care beds at Alberta Hospital Edmonton.

Thank you.

**The Speaker:** The hon. Member for Calgary-Buffalo.

**Mr. Hehr:** Mr. Speaker, it is an honour for me to table numerous letters brought to my attention by Mr. Trevor Alway, the president of the CAW local 4050. These are letters addressed to our hon. finance minister and the hon. Finance minister of Canada. It's calling on the "Minister of Finance for Alberta to support the initiatives laid out in the Canadian Labour Congress 'Retirement for Everyone' campaign which states that the doubling of CPP benefits would be financed through a modest and gradual increase in contributions over seven years." Interestingly, all of these letters were received from Alberta residents, and here are some of the locations: Acme, Airdrie, Alberta Beach, Beiseker, Bowden, Beaumont, Bocket, Calgary, Calmar, Canmore, Carstairs, Chestermere, Cochrane, Coleman, Cowley, Devon, Drumheller, Edmonton, Exshaw, Fort McMurray, Fort Saskatchewan, Hillcrest, Hinton, Langdon, Leduc, Lethbridge, Lundbreck, Millet, Morinville, Pincher Creek, Red Deer, Ryley, St. Albert, Sherwood Park, Spruce Grove, Stony Plain, Thorsby, and Wetaskiwin.

Thank you very much, Mr. Speaker.

**The Speaker:** Calgary-Varsity, please.

**Mr. Chase:** Thank you, Mr. Speaker. I have two categories of tablings. I am tabling five copies of the May-June 2010 edition of English Express, a free literacy learning newspaper for adults that also includes informative information about various communities in Alberta and incorporates actual life experiences and items.

My second tabling is five copies of the English Express teaching notes for the same edition for evaluation of comprehension and retention and improved understanding of Alberta culture and life.

My third tabling is a letter from Patsy Price, who is very concerned about the cancellation of the English Express and explains that special issues and inserts are funded outside of the \$300,000 annual budget of this valuable literary resource.

**The Speaker:** You have more?

**Mr. Chase:** Yes, Mr. Speaker.

**The Speaker:** Well, then, proceed quickly, please.

**Mr. Chase:** I will, Mr. Speaker. I indicated the categories. Thank you.

My first Bill 29 tabling is from Shaun Fluker, a law professor at the University of Calgary, who instructs the first-year law course in drafting legislation, asking to have Bill 29 withdrawn and stating that the bill would have received a failing grade in his class.

My second tabling is an article written by Shaun Fluker for the University of Calgary law blog noting the most significant changes to the existing framework that Bill 29 will make and that the bill will delegate most legal authority over protected areas to cabinet or the minister as the act will contain no rules on allowed or prohibited activities.

My next tabling is a letter from a psychology professor at The King's University College, Heather Looy, who lists a number of goals that should be paramount in the drafting of legislation to achieve sustainable land use, pleading that this act be redrafted and advising that many of her friends and colleagues are also disturbed about Bill 29.

My next tabling is a letter to the Premier from Catherine Shier of Edmonton, who was involved in the recent plan for parks process, indicating how far from the wishes of Albertans consulted Bill 29 is and asking that the legislation be withdrawn and that the public be consulted and listened to.

Next I would like to table a letter to the Minister of Tourism, Parks and Recreation from the Stewards of Alberta's Protected Areas Association, many of whom have worked with parks for years as volunteer stewards, who specify significant failures in the proposed legislation and make many suggestions for changes.

Next is a letter to the minister from the Canadian Parks and Wilderness Society, CPAWS, who represent thousands of Albertans who prioritize the ecological health of Alberta's wilderness and protected areas while recognizing the desire to recreate and feel connected to wilderness areas, providing a thorough analysis of problems with Bill 29.

Finally, I have a sampling of the hundreds of e-mails, none of which are form letters, I keep receiving from citizens disturbed and upset about Bill 29. From Airdrie Aaron Holmes; from Bragg Creek Ken Lukowiak; from Calgary Eric Lloyd, Tony Daffern, Jennifer Weihmann, Reagan Brown, Alison Seekra, Garry Shepherd, Darlene Brown, Ian Berard, Jean Fisher, Kim Parkin, Bob Saunders, U of C professor Dr. Pat Brennan, Siobhan Williams, Dr. David Cebuliak in the U of C Faculty of Medicine, Bruno Steppuhn, Rick Young of the Alberta Hiking Association, representing thousands of hikers, walkers, et cetera, Andrea Battistel, Don Harms, Sara Jordan-McLachlan; from Canmore Rosemary Power, Lin Heidt, Joe Kadi, Tracy Jacobson, Rosemary Langshaw Power, Eric Langshaw Power, Colin Ferguson; from Cochrane Marina Krainer; from Edmonton Sheelah Griffith, Ted Nanninga, Ron Ramsey, Deborah Hobbs, Margaret Fisher, M. Joyce, Peter Chapman, Linda Rosenstroem Chang, Jason Melnychuk, Eva Radford, Jamie Thompson, Niobe Thompson; from Red Deer Jean M. Kline; from Sherwood Park Harold Jacobsen; from Stony Plain Katelyn Kuzio; from Golden, B.C., Maryann Emery and Rob Wilson; from Montreal, Quebec, Danette MacKay; from Nimes, Quebec, Marianne Jarras; from Toronto, Ontario, Jay Macpherson; from Ottawa, Ontario, Laine Johnson; and from Shorewood, Wisconsin, Heather Henrickson.

Thank you, Mr. Speaker.

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

**Ms Notley:** Thank you, Mr. Speaker. Following on the issue identified by the Member for Calgary-Buffalo I would like to table the appropriate number of copies of the results of a public opinion poll by the Environics Research Group taken in October. The poll asked several questions about Canada's pension system and found overwhelming support for expanding CPP benefits.

**The Speaker:** Hon. members, we have a point of order to deal with this afternoon. The hon. Deputy Premier.

#### Point of Order Parliamentary Language

**Mr. Horner:** Thank you, Mr. Speaker. I rise today on a point of order on the hon. Member for Calgary-Mountain View, the Leader of the Official Opposition, with the citation of Standing Order 23(h), (i), and (j) and *Beauchesne's* 489. In the run-up to his question to the Premier this afternoon he clearly stated the phrase: misleading the public. The hon. member well knows that the Premier of this province did not mislead the public, nor does he mislead this House, and that under *Beauchesne's* 489 the phrase is clearly unparliamentary and out of order.

**The Speaker:** The hon. Official Opposition House Leader on this point.

**Ms Blakeman:** Thank you very much, Mr. Speaker. I don't have the benefit of the Blues, but I certainly heard something said.

**The Speaker:** I can help. Would you like me to tell you the phrase?

**Ms Blakeman:** I believe I heard the word, so thank you very much.

**The Speaker:** Okay. You've heard them, then. You don't need them. [interjections]

**Ms Blakeman:** Don't get me in trouble here.

I've looked at the questions. The difficulty that's created here is that there's a specific term that is being used in long-term care and that has a very specific, recognized designation to it. Long-term care is a level of care, Mr. Speaker. It includes a copayment from the individual for room and board and a government copayment for medical care. It includes a designation of staffing ratios. It includes a number of very specific criteria that are tied to that phrase, and it is recognized in legislation. Long-term care means something very particular. That was the phrase that the Leader of the Official Opposition questioned the minister on.

3:00

What we're getting back from the Premier is that he is using, replacing, a different terminology like supportive living, which does not get people out of hospital. It is a higher level of functioning. It has different accommodation. It has a different payment scheme with it. It does not include a government copayment. It has different staffing ratios with it.

I knew there was a point of order coming. I'm sorry; I didn't look at *Beauchesne*, but thank you for the citation. I looked under the *House of Commons Procedure and Practice* page 503, chapter 11, on questions, detailing the criteria for it. We certainly satisfied the urgency, the best possible behaviour. We didn't yell. We didn't throw things. But we were trying to seek information. There was urgency for it. It was under the administrative ability of the person who answered the question. And it was brief; we didn't exceed the time limit.

Now, misleading the public: is that specifically listed in *Beauchesne* as a prohibited phrase? Indeed it is, Mr. Speaker. The Speaker himself is very kind in supplying us before every session with a long list of phrases which have and then later have not been ruled by various Speakers as prohibited language and now allowable language. So although it does appear in 489 under prohibited language, it appears in other lists as acceptable language. I would say that the leader of the Official Opposition should have said "sleight of hand" or "a shell game" or "a switch" or "knowingly replacing one term for another."

Therefore, on behalf of the Leader of the Official Opposition I will withdraw his statement of misleading the public. He should have used other terminology. My apologies to the Premier.

Thank you very much, Mr. Speaker.

**The Speaker:** Okay. That settles that matter.

### Orders of the Day Government Bills and Orders Second Reading

#### Bill 17 Alberta Health Act

[Adjourned debate November 2: Mr. Chase]

**The Speaker:** Hon. Member for Calgary-Varsity, you have a full 15 to go, I believe.

**Mr. Chase:** Thank you very much, Mr. Speaker. If Bill 17, the Alberta Health Act, is the prescription or the solution, we need to look at the problems that preceded this prescription and this solution.

It's important to go back to approximately 1993, when there were very severe cuts taking place not only in health care but also in education, postsecondary as well as public education. Among the most detrimental effects of the cuts that led to Bill 17, the Alberta Health Act, being proffered as a solution was the closure of three hospitals in Calgary. Half our hospitals were gone, and with them 1,500 beds. This compromise occurred in the late 1990s although the instigation of this solution happened much earlier.

Now, in concert with the closing of three of our hospitals, half our Calgary hospitals, the then minister of advanced education also closed down a number of medical training seats at universities throughout Alberta. Nurses were driven out of the province to seek employment. Those who remained were frequently hired only to be fired to be rehired. A number of them basically said, "I can't take this anymore," and went down to the States, where their qualifications were recognized.

Mr. Speaker, what happened was that, basically, our existing health system, particularly in Calgary, was compromised tremendously. The number of specialists who left from what remained – and that was at that point the Foothills, the Peter Lougheed, and the Rockyview, the only hospitals that remained in function along with the much smaller Children's hospital – caused a terrific drain on the individuals who could perform the necessary medical support.

Another function, Mr. Speaker, that Bill 17, the Alberta Health Act, is supposedly attempting to correct is the fact that the red alerts, the burgundy alerts, occurred particularly in Calgary – and I'll move to Edmonton as well – because the distances to emergency centres were increased significantly because the options were reduced. In other words, ambulances, paramedics had to respond and deliver to considerably longer distances, putting patients at risk.

Mr. Speaker, along with the paramedic problem it seemed that one thing occurred on top of another. More recently the former minister of health attempted to standardize ambulance services across the province. The problem that was run into was that – again I'm using the Calgary example – in the case of Calgary the city of Calgary had budgeted to continue the responsibility of maintaining the ambulance systems. However, in other centres such as Medicine Hat and Lethbridge, and specifically in Lethbridge, where paramedics and firemen were one and the same and operated out of the same facility, there was confusion about dispatch and designation.

Basically, Mr. Speaker, since 1993 health care has been in an uproar. In Edmonton in 1993, as opposed to in Calgary, we had a very strong, in fact the strongest in the province's history, Liberal representation. Not to give credit completely to the Liberals, there was also a significant number of New Democratic Party members representing the city of Edmonton. The result of that championship of universal health care was that no hospitals in Edmonton were closed at that time, unlike the circumstance that occurred in Calgary, where with the exception of Gary Dickson waving the flag on behalf of Calgarians, other sitting MLAs basically allowed the closures to occur.

One of the largest monuments to lack of sustainability or long-term thinking was the blowing up of the General hospital, which contained wings that were newer than those currently existing in Foothills.

So this problem that Bill 17, the Alberta Health Act, is attempting to fix has its origins going back a long time. What the government is attempting to do at this time is provide some sort of sustainability to the health care system. The minister of health has indicated that providing secure funding for five years for health will provide the

sort of foundation, the security for moving forward and improving the health care delivery which Bill 17, Alberta Health Act, purports to achieve.

Now, Mr. Speaker, as a teacher I've heard of these five-year promises; for example, the agreement with the Alberta Teachers' Association that wages would be indexed to the weekly earnings and that the funding would continue to occur, yet the government clawed back \$93 million in educational funding. Basically, until they were threatened with . . .

**An Hon. Member:** What? Check your facts.

**Mr. Chase:** Was it \$83 million? The correct figure I'm willing to hear, Minister of Education.

**Mr. Hancock:** About \$53 million.

**Mr. Chase:** Oh, \$53 million. And where did the other \$36 million come from?

3:10

**The Speaker:** Through the chair, please.

**Mr. Chase:** Thank you. Through the chair. I do appreciate the Minister of Education indicating that a significant clawback of funding occurred from numerous school boards as well as lack of funding. This was one of the problems with the medical system. Given the example of what happened and the failure to follow through with the educational system, how can they have the trust that similar promises will be carried out over the five-year period?

Mr. Speaker, what we've seen very recently is Dr. Paul Parks putting out, basically, an emergency cry. He put it out in 2008, but in 2010 he released the personal horror stories of individuals who had not received timely treatment in the emergency departments in hospitals throughout this province.

As a former Alberta chair of Friends of Medicare that believes in universally funded, publicly funded health care – then that takes it back further. Not only publicly funded, but a key point is: publicly delivered and publicly administered. Mr. Speaker, Bill 17, the Alberta Health Act, does not guarantee that health services will be publicly delivered.

We have been given promises of funding for five years, but we have seen, for example, the situation where the Grace hospital was bought out by a private company, HRC, in Calgary and was purported to have delivered more efficient hip and knee surgeries, not of the overnight-stay variety. Any complications, of course, came back into our health system. But somehow that health delivery that was touted as being top-notch was very dramatically cancelled, and Albertans do not know how much, somewhere between \$4 million or \$5 million, was involved in that out-of-court settlement. If that's part of the solution that Bill 17, the Alberta Health Act, is proposing, then we're no farther along than we were before in terms of pursuing the improvement of the public delivery and efficiency of delivery of health care in Alberta.

The beds business, Mr. Speaker, I refer to as musical beds. When the hon. minister of health talks about eight beds here and 12 beds there and future beds here and so on, what we need is the staffing for those beds. I'm very proud of the service the Children's hospital, that is now located in Calgary-Varsity, provides, but that hospital was built with only 12 beds more than its predecessor had when the population of Calgary was a third of what it is. The idea is to service individuals and get them out of hospital as quickly as possible – and I appreciate that – but, especially with vulnerable children, waiting

times of eight hours and more because of a lack of service providers and a lack of overnight bed stays is a concern.

This musical beds, Mr. Speaker. As I began, prior to the closure of the Grace, of the Holy Cross, of the General we had 1,500 more beds in Calgary. There was a priority placed on long-term care beds as opposed to assisted living beds. The former Auditor General, Fred Dunn, in 2005 did a study in terms of the delivery of long-term care in this province, and he found it woefully short. He raised the alarm. The hon. Member for Lacombe-Ponoka, the hon. Member for Calgary-Foothills, and the hon. Member for Lethbridge-East, whom I am extremely grateful was included, toured the province. They heard the long-term care horror stories.

Mr. Speaker, it's 2010. We realize that seniors deserve better care; they deserve publicly funded and publicly supported care as opposed to being nicked and dined for every Depend, for every tube of toothpaste, for every wheeling down to the cafeteria. And if they want the luxury of more than one bath a week in assisted living, that doesn't have the professional support that long-term care has, they're expected to pay for that privilege of having a bath.

The long-term care facilities are trying their best, but when the term "bed blockers" is used to describe seniors who, out of no will of their own, are forced to take up space in acute-care beds because there's no provision for them in long-term care, then we need a solution, which I have not seen provided in Bill 17, the Alberta Health Act.

Since the centralization, since the development of the superboard, that has very few medical professionals on its advisory board, health care has been in a terrible flux within this province. Mr. Speaker, back in 2005, for example, Premier Klein promised a half a billion dollars, \$500 million, for the extension of the Tom Baker cancer centre in Calgary. He promised similar funding for cancer centres in Edmonton. In 2010 with the Alberta Health Act, Bill 17, we don't have a solution for those individuals who are trying to seek treatment for cancer in a timely manner.

With regard to Bill 17, it does not resolve the 75 vice-presidents of health that are currently in the top echelons. [Mr. Chase's speaking time expired]

Thank you, Mr. Speaker.

**The Speaker:** Hon. members, Standing Order 29(2)(a) is available. The hon. Member for Edmonton-Gold Bar under this section.

**Mr. MacDonald:** Yes. Thank you very much, Mr. Speaker. The hon. Member for Calgary-Varsity was just getting to the point in his speech regarding 75 vice-presidents, I believe the hon. member indicated. In the health charter that's proposed in Bill 17, would the hon. member consider supporting the bill if there was a mechanism in that health charter that mandated chief executive officers of, for instance, the Alberta Health Services corporation and all senior management to post their expenses online as an initiative to try to rein in some of this excess spending that seems to be apparent at Alberta Health Services? How do you feel about that?

**Mr. Chase:** Well, thank you very much, hon. Member for Edmonton-Gold Bar. Something that I hope we're all trying to achieve and strive for in every piece of legislation we put forward is transparency and accountability. We have seen the Jack Davis settlements: on top of millions of dollars in bonus he receives \$22,000 a month for the rest of his life. These excesses, unfortunately, are still there in terms of the number of vice-presidents, in terms of the bonuses for meeting targets, Mr. Speaker, targets that keep being lowered. So it's now considerably easier, for example, for Dr. Stephen Duckett to meet his emergency delivery times because they've been reduced.

Mr. Speaker, what we need is a surety. We need sustainability. I'm not saying to throw money at it, because the government threw \$1.3 billion at the superboard to bail it out of its deficit as part of its reorganization. It's not the money; it's stability, and it's efficiency. In order to have that efficiency, we have to have medical representation on the advisory councils as part of the superboard. Doctors know their business. Economists can help, but medicine has to be the primary concern.

3:20

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

**Mr. MacDonald:** Yes, Mr. Speaker. I have another question for the hon. Member for Calgary-Varsity. It relates again to what perhaps should be in the health charter as described in Bill 17. Certainly, in the past the President of the Treasury Board has taken this side of the House's advice and posted online the complete blue books of the Legislative Assembly. It's helpful to taxpayers if they are interested in tracking government spending. Would the hon. Member for Calgary-Varsity like to see Alberta Health Services follow the Alberta government's lead and commit to reporting all grants, expenses, contracts, and payments in the government blue books considering that the budget is in excess of or close to \$9.8 billion in the last fiscal year?

**The Speaker:** The hon. member.

**Mr. Chase:** Thank you very much, Mr. Speaker. As a member of Public Accounts and as deputy chair of the Standing Committee on the Economy accountability and transparency are absolutely essential. The government cannot say that they're spending 40 per cent of our legislative allowances on health care and then not account for where those dollars are being spent.

Now, a website is one way of accounting. Audits are another form of accounting on a regular basis, whether it's our current AG, Merwan Saher, or our former AG, Fred Dunn, both men for whom I have tremendous respect. But the accounting processes have not been resolved, Mr. Speaker. It's not a matter, as they say, of throwing money at the problem; it's a matter of accounting for the money that is being invested in health care. Albertans deserve the best.

**The Speaker:** Others under Standing Order 29(2)(a)?

Then I'll call on the hon. Member for Edmonton-Strathcona, followed by the hon. Member for Calgary-Currie, followed by the hon. Member for Airdrie-Chestermere.

**Ms Notley:** Thank you, Mr. Speaker. I'm pleased to be able to rise and join debate in second reading of Bill 17, Alberta Health Act. This is certainly an interesting proposed piece of legislation but not, unfortunately, one that I can be particularly supportive of. In general I, certainly, and the NDP caucus see this bill in many ways as a big distraction. It's as though it's been crafted by a government which is living in a bubble somewhere thinking: "You know, we have some issues in health care, so we're going to rewrite some legislation and create this framework, for what we don't know exactly but for something, because that's what Albertans are calling for. That's what they're reaching out to government for. That's what they said to us in hearings, that we need more legislation; we need another restatement of our framework." Yet I really think that that's not what Albertans have asked for. I do know at least some of the people that the government met with, although the process for consulting was nowhere nearly as transparent as we would have

liked. Nonetheless, I'm pretty sure that this is not what they asked for.

[The Deputy Speaker in the chair]

Instead, what we have here is a bill which seems to me, too, is essentially divided into two parts. What we're dealing with today, in this session, is part 1 of a two-part process. Part 1 here is the sort of, for the most part, rather meaningless, empty assurance of the government's so-called commitment to health care, that really has no impact on the crises we are facing on the floors of our hospitals in our communities today.

That's what part 1 is. It's an attempt on the part of this government to assure Albertans that, really, the train has not gone off the rails. It's a somewhat hapless attempt, I would suggest, but I think that's what really generated this particular piece of legislation. The difficulty with it, of course, is that it is part 1 of a two-part process. The second part of the process involves eliminating and replacing the current legislative regime which governs the provision of health care in our province. That is the point at which the shoe will drop, as it were, where Albertans will be once again very disturbed to discover that the government is playing with yet more experimentation with their cherished health care system.

Of course, I also expect that we can rest assured that we will not see part 2 until after the next election because the government has a tendency as it gets closer and closer to an election to become much more soft around the edges and lots more sort of stuffed-animal looking and friendly and that everybody can kind of trust them.

Then we get through an election, and things happen. The former health minister is appointed, and he runs around saying things, and I quote: I expect that sooner or later other people are going to have to pay the costs of health care; it won't all be publicly funded. That's the kind of thing that we know is being considered by this government. Of course, even in Alberta the enthusiasm with which that particular minister went about his job – you know, eliminating the regional health boards, threatening the need for more private funding of health care – created a backlash, so of course he had to be removed. We were then presented with the softer, fuzzier version of the Tories and their pre-election self. Ultimately, what we are left with right now, then, is part 1, which I would simply suggest is the preparation for part 2, which we won't see until after the next election.

In this particular act what do we have? Well, we have a preamble that does not commit to maintaining or growing publicly delivered health care services. We have a preamble that commits in theory to the principles of the Canada Health Act although the fact of the matter is that most of those principles are protected through current pieces of legislation, which this particular piece of legislation threatens to displace at some point in the future. We have a charter, which sounds lovely – I mean, we all like charters – except that, you know, it has no legal force and effect. Again, it's just part of this attempt on the part of the government to assuage fears on the part of Albertans that they really are intentionally destroying our public health care system.

You know, it's no big surprise that Albertans would think that because if you look at how our public health system is being managed right now, it's really hard to think that anybody intended the level of chaos that we see right now. It's really hard not to expect, or suspect anyway, that part of the chaos is being allowed to occur in order to build what they hope will be a public appetite for more private services, privately funded as well as privately delivered. I don't think that Albertans will fall for that, but you have to wonder how it is that we've managed to get ourselves into such a

poorly, poorly managed situation within our health care system. It just can't be something that anyone actually planned or intended. It is just too bad for that.

As well, of course, this act talks about having a health care advocate. Well, you know, I just don't know that there is anybody out there begging this government to replicate the dysfunctional model that we see demonstrated day in, day out through reliance on the children's advocate or the utilities advocate, these advocates who are forced to report through the minister about who they are supposed to be reporting, which is the most ridiculously conflicted process. You simply can't expect the person in that role to be able to truly provide transparent accountability or advocacy on the part of Albertans with respect to how that service is provided.

3:30

It's the creation of another little office that the government can put out a few press releases on because, you know, every now and then they run short of the ribbon that they use for all their various announcements for buildings which never actually materialize. If they need something else to announce, well, they can announce that the advocate has done something, but of course that's only after the advocate has consulted fully with the Public Affairs Bureau and the minister's office and yada, yada, yada. Anyway, it's all about creating a certain impression. It's truly not about providing a transparent or meaningful mechanism for Albertans to assert their right to an affordable, high-quality system of public health care.

In addition, the new act will give, as does almost every piece of legislation that this government brings into this House, additional regulation-making authority to the minister. I suspect that if the government keeps up this way, they will just stop sitting altogether. We'll have an election. Oh, I guess they'll have to bring in the budget. Well, we'll wait and see when exactly it is they give themselves the ability to budget through regulation. That probably is an E plus one manoeuvre for next term. Nonetheless, until then we're going to see ourselves having less and less need to come in here as they devolve more and more authority to their cabinet table. That's what's happening again in the regulations in this act.

One example, of course, is that they are giving themselves more authority to play around with the role of the professional colleges that govern the staff who provide health care within our system. I'm a little nervous of this because I know that sometimes the only barrier to drastic cost-cutting efforts within our health care system will be the professional code of ethics of the health care professionals who work within that system. Where a nurse, for instance, is told that she should be able to provide medication to and take blood from 50 patients, there is a point at which she can say: "No. You know, I really can't. My professional code of ethics prohibits me from attempting to do this." The same kind of thing exists with doctors, and it exists with many other professionals within our health care system. So I get a little worried when the government expands its ability to play around with the colleges' role in that regard and to do it all behind closed doors, along with everything else that they do.

There are a few things that we should be worried about, but again, as I say, I think most of this becomes relevant once we see part 2 of this little communications parade here, which I suspect we will not see until after the next election.

What is it that the government is distracting Albertans from? Well, we've had a lot of conversation about that, but ever so briefly, you know, we have emergency room wait times which are just growing, growing, growing every day, and it seems as though the government is completely incapable of addressing the problem. We have people, as a result, dying and suffering in our emergency rooms, the place where you should expect the most comprehensive

care, but that's not happening in our emergency rooms. We have wait times for surgery across all types of surgery. We have gross discrepancies and disparities within our regional provision of health care. We have people in rural areas of the province who have to drive three hours one way once a week to get dialysis because they can't get it in their own communities.

We have, as we talked about today in the House, a shocking and shameful failure to provide anything bordering on comprehensive mental health treatment to the 1 in 5 Albertans who will suffer from a mental illness at some point in their life. A huge portion of the population will suffer from a mental illness, yet we have wait times in every aspect of providing treatment for that concern. We have done nothing to deal with it, and we have fallen well behind the rest of the country in that regard. This government has done nothing about it even though they've known about it for decades.

Then, of course, we have the problem with long-term care and continuing care for our aging seniors population. We had discussion about that again today, and the government steadfastly holds on to its little message box mantra: let's just talk about continuing care, and hopefully no one will notice that we're actually talking about putting people in places that don't actually have health care professionals around, where they don't actually get anything bordering on the kind of care that they need, so we'll just use that cute language, continuing care, and stop telling Albertans that we're not really going to build any more beds that have nurses and LPNs attached to them to give them the kind of medical treatment they require in order to leave the acute-care beds that they are currently occupying. That's a problem that's been going on for a long time.

Of course, again, in their standard process, their standard way of operating, leading up to the last election the government promised to build 600, 800 – I can't remember which – new long-term care beds, and immediately after the election they, quote, reprofiled them and decided to make them into something else. They never built those beds, tried to close some other ones – I think the net situation that we're in right now is a slight decrease from where we were after the last election – and instead want to replace them with privately run multistar hotel type scenarios, where if you need someone to help you to get to where you might try having a meal, you'll need to pay extra. This is the kind of process that the government envisions for our growing seniors population, and this will have profound impacts on our health care system. This is why the government wants to move away from clearly delineating what is health care and what is not and what is publicly funded and what is not, because they think we need to make sure that citizens pay more for their health care out of pocket.

The NDP last fall did do a tour on health care. We spoke to Albertans across the province, and we created a report as a result. I won't get a chance to speak about what our recommendations were in great detail because I see I have about 45 seconds left within which to speak. We spoke to Albertans across the province, and as a result of that we came up with a number of recommendations that would actually see significant improvements to our health care system, some of which could actually have been addressed through legislation but clearly are not in this case. It's really hard to go through them all at this point, but let me just say that were one to go to our website and look for that report, you would see a report that consists of roughly 30 recommendations to substantively improve our public health care system.

**The Deputy Speaker:** Hon. Member for Edmonton-Gold Bar, do you want to speak on the bill?

**Mr. MacDonald:** I would like to ask the hon. member a question, please, Mr. Speaker.

**The Deputy Speaker:** Oh, under 29(2)(a), of course. The hon. Member for Edmonton-Gold Bar.

**Mr. MacDonald:** Yes. Thank you very much. I listened with interest to the hon. Member for Edmonton-Strathcona's speech regarding Bill 17. Certainly, I was very interested to get more details on her opinion on why this bill is a deflection or a diversion from the real issues around health care, particularly with emergency room wait times. We all know that it seems to be getting worse and worse. The government doesn't seem to be able to solve that problem along with many other problems that they themselves have created through their policies and their lack of management and direction towards our public health care system. Mr. Speaker, to the hon. member: given that the Norwood Glenrose long-term care facility, that was supposedly to be up and running and operated by Alberta Health Services, has been on hold – this is a \$68 million facility; it was originally scheduled for between the years 2008 and 2010, as the hon. member correctly mentioned earlier – does the hon. member think that if this facility was built like it was supposed to be built, we would not be facing the emergency room crisis that we're currently facing at this very moment?

3:40

**Ms Notley:** Well, I want to thank the hon. Member for Edmonton-Gold Bar for asking that question because I think, you know, he certainly identifies one of several critical reasons why we have this gross example of mismanagement with respect to our ER wait times and acute-care bed shortages right now. There's no question that, absolutely, what we see right now is that there is a ridiculous number of seniors who are in our acute-care hospitals receiving treatment because they cannot get the treatment that they require in other parts of the community.

You know, every time we raise the issue of continuing care versus long-term care, the Premier falls back on this empty mantra that somehow we're begging for people to be institutionalized, which I actually think is quite insulting. When I've talked to seniors about how that's the Premier's response to the call for long-term care beds, they get very, very angry. They talk about how while they're sitting in their apartment waiting for their home-care nurse, who they only get to see once a week – and they're paying extra for home care to come in there – they can't move around their apartment; they often aren't able to eat adequately; they're often spending hours, days, you know, suffering from incontinence. All these things are happening, and all these things contribute to their repeated trips to the hospital, the circle of trips to the hospital, because they don't have the treatment that they need to keep them out of the hospital.

Why does that happen? Because there are no beds with higher levels of treatment available to them. Why are there no beds? Because the government promised them and then broke their promise and continues to break their promise and, instead, is trying to build hotel rooms where people will buy extra care, and many people simply can't afford that. Certainly, our current seniors cannot afford that.

Instead, they go back to places where they don't have adequate medical care, and they get sick again, and they go back into the hospital, and they take up a bed in an acute-care hospital trying to recover from the illness that arose from the lack of care and the neglect that they suffered as a result of this government's mismanagement of seniors' health care, that has been going on systemically for years and is only going to get worse. The government's own figures show that it's going to get worse because our seniors population is booming, and they have made no plans to increase our home care, to increase long-term care and extended care settings, where people get the medical treatment they require.

Back to the Member for Edmonton-Gold Bar, we would have far fewer problems if the government had kept any of its many promises to provide the care that our seniors need, but since they did not keep those promises, we have the crisis.

**The Deputy Speaker:** The hon. Member for Calgary-Currie on the bill.

**Mr. Taylor:** Thank you very much, Mr. Speaker. It is my pleasure to rise today and join debate on Bill 17, the Alberta Health Act, at second reading. I want to acknowledge the contributions of the Member for Edmonton-Strathcona to the debate. I thought that that was very well argued, and I didn't see anything in there that I would argue too strenuously with.

I do want to try and walk a bit of a fine line here as we debate Bill 17 because out in the real world, Mr. Speaker, one of the realities is that the debate over health care has become so polarized that we're not getting anywhere with this. I think a bill like Bill 17 is one of the results that you see of the reality of the polarized debate on health care. On the one side you have the people who say that the system is broken and it's got to be, you know, reformed, changed, lock, stock, and barrel: throw the baby out with the bathwater, privatize this, change that, and so on and so forth. On the other side you have the people who cleave to the bosom of the status quo. The people of Alberta know that neither approach is going to solve the problems that we face in health care in this province or, frankly, in most of the world. So we can't just stick with same old same old, but we have to stick with the parts of same old same old that work. When we look at the administration of same old same old, that's where we see that there are some real, real problems.

Now, the minister of health, in introducing the bill at second reading, made a comment – and I'm quoting from *Hansard* of November 2 – that “Albertans need to trust their health system and have confidence in how the health system is governed and administered.” So I'll give the minister some marks for that. He at least recognizes the crisis of confidence that exists in this province around the administration of our public health care system. You go out, you talk to most Albertans, and they'll tell you that you can still get excellent care in our acute-care system or in our primary care system if you can just find the magic password, the magic key that actually gets you access to the system.

What we've been talking about primarily in question period since we came back into the House this fall has been the access problem, I think most acutely demonstrated in the ERs of this province right now. But that's a symptom, Mr. Speaker, of what's going on and what's ailing the health system throughout. The access problem is a failure of administration. It's a failure of the bureaucracy around health care in this province.

Mr. Speaker, I went looking for that very famous medical phrase that is a cornerstone of medical ethics, that all medical students are taught in medical school, that is a fundamental principle for emergency medical services in this province, in this country, around the world. It is: first, do no harm. First, do no harm. I was surprised to find out another way to state that. I think that normally we who are not doctors, when we hear that phrase spoken, think that what that means to a medical doctor is: first, don't do anything that's going to make the situation worse. But it actually goes a little deeper than that.

Another way to state it is that given an existing problem, it might be better not to do something or even to do nothing than to risk causing more harm than good. I sort of go: “Whoa. Okay. What does that mean, really?” Well, you think about it, give it a few seconds, and you realize that there is logic in that. The patient

presents, and, you know, this is not the patient presenting in the waiting room at ER at the Rockyview and you promising to see him within the next 24 hours or so. This is when the patient has gotten in front of at least a triage nurse, hopefully a doctor, and there's been some attempt at medical diagnosis here. What it's really saying is that if you don't know for sure what's wrong here but you're pretty sure that there may be something more wrong than what is obvious from the outward symptoms, then maybe you just need to hang on for a bit and not do anything until you can better diagnose the situation.

I think that works in the practice of medicine as it relates from the doctor to the patient, from the medical professional to the patient. I don't think that it should have any place in the administration of health care. When I look at a bill like Bill 17, I'm afraid that this is what we're being given. Well, okay; it might be better to do nothing than risk causing more harm than good. It might be better to do nothing than to do something, because this bill does nothing, absolutely nothing. Well, I won't say “absolutely nothing.” It does a couple of things. It's clear that there was some consultation with Albertans by the governing party, not just by the third party, and congratulations to both of them for doing that. Albertans were consulted, and there's always some merit to that.

**Ms Notley:** The fourth party.

**Mr. Taylor:** Sorry. The fourth party. The member of the fourth party corrected me, which is good.

Guiding principles can serve a function over the long term – there's no question about that – but this bill fails to address any of the imminent issues with Alberta's health care system. However, I'm willing to grant that it may provide a stepping stone to creating a more holistic approach to health care in the long-term future. Unfortunately, that doesn't do anything for the hundreds of people who are stuck today in the waiting room at the Rockyview and the Royal Alex and all the other hospitals of this province that have emergency rooms. They need help now.

3:50

This bill may have a long-term function and a long-term purpose, and that purpose and function may be positive, but it doesn't do anything to deal with the situation as we face it now. Establishing a health charter: well, maybe that's something that Albertans want. Certainly, the report Putting People First argues that they really do want that, that they really heard that.

I know that the fourth party, when they went out and did their consultations, didn't hear from anybody saying: hey, give me a health charter, and I'll be a happy Albertan. They heard, like I hear when I door-knock, like I hear when I talk to constituents, like I hear when I talk to Albertans who are concerned about health care: “I want a family doctor; I can't find one. I want to be able to get timely treatment when I'm sick or when I think I might be sick. I don't want to have to wait for a day or more in emergency to be seen by somebody. If I'm having psychiatric, mental problems, I want to be assured that they will be addressed. If I'm old, I'm sick, and I need long-term care with appropriate medical components to that, I want to know that I can get that. I want to know that my parents can get that. I don't care how fancy the hotel is. I don't want them in a hotel when they need medical care. I want them to be able to get what they need and have it covered by the Canada Health Act.” I think those are fair things to ask.

Okay. Let's assume that the people of Alberta really do want a health charter. You know, frankly, the health charter as it's spelled out in Putting People First is not earth-shattering, but I suppose it

ain't bad for a health charter. But we don't get a health charter out of Bill 17. What we get is a commitment that if Bill 17 passes, the minister will have to go out there and do some more consultations and come up with one. I would have much preferred to see a health charter as part and parcel of this bill. If the health charter is as important as this bill and the public hearings, the public consultations that led to this bill purport to argue that it is, I think it should be in the legislation. I think it should be part of legislation. The big charter in this country, the Charter of Rights and Freedoms, is even beyond legislation. It's constitutional. It is the law to which all other laws must abide and respond and obey. That's good, I guess.

But this charter: I mean, it doesn't exist yet. I'm not really sure how it's going to be brought in or when. There doesn't seem to be any particular deadline to say: we must have a charter by this time. The charter has next to no authority. The health advocate, which is created to ensure that the charter is followed, has the power to make recommendations, has the power to report issues if the health advocate wants to or if the minister asks, and if the minister wants to, the minister can take action or not. I think that to be an effective position, the advocate needs the ability and the requirement to take some action. I understand that Albertans don't want to have to go to court every time they've got a problem with the medical system – that's good – but they need a more concrete, more definitive way of seeing that their complaints are dealt with and dealt with effectively and dealt with in a timely manner.

I think the desire to define the role of those few health authorities we have left is also valuable. For instance, with Alberta Health Services and the Health Quality Council of Alberta kind of tussling right now, trying to find their respective roles and responsibilities after the significant overhaul of the health care system, the ability to inject some clarity would be helpful. But I think this, too, is vaguely worded within the bill, and it doesn't ensure that clarity and co-ordination will be provided. A guaranteed review in order to clarify roles and responsibilities in the health care system would certainly provide more certainty and direction to a system that is on the edge of faltering.

That's what we really come back to, Mr. Speaker, the notion that this health care system of ours, of which most Albertans, most Canadians – I won't say all – are justifiably proud, is in rough shape these days, and the crisis in ER is the most outward, most visible symptom of that. The crisis in ER is caused by an incredibly bad case of constipation in the system. You have beds blocked by seniors who need long-term care, not continuing care but long-term care, and they can't find it. You know, if you move them out of the hospital into a continuing care arrangement, into an assisted living arrangement, they're just going to be back in the hospital in a few weeks or a few days because they're still sick, and they'll be tying up beds again. You've got beds in ER tied up by homeless people, by people with mental health issues, by people with all sorts of issues that our society, our province is not sufficiently addressing.

We have people accessing our health care system, whether that's our emergency rooms in our acute-care system or our primary care networks or whatever they can find, a walk-in clinic in the middle of the night, who are accessing our health care system more than average because of poverty issues, because they didn't have enough to eat as children, because of issues related to their socioeconomic condition that simply render them less healthy than people who are doing better, and this bill in its current form doesn't really seem to address any of that.

I don't know if the Member for Edmonton-Strathcona has got it absolutely right or not that this is part 1 of a two-part conspiracy. I don't know whether this is conspiracy or incompetence or a little bit of both or a milder version of either. Every time this government

tries to do something, no matter how ill-informed or ill-advised that may be, to reform the health care system in this province, I'm not sure that it necessarily follows that they're trying to set us up for privatization.

I think that when we merged the nine health boards and the Cancer Board and AADAC into the superboard, that looks a lot more like something that Moscow would have come up with in the '60s or '70s under Khrushchev or Brezhnev than any kind of setup to privatize the system, quite frankly. It's central planning, central control, bureaucratic control taking the authority of doctors and nurses to make the right kind of front-line judgment calls, because they're there and can see what's going on, away from them and investing it in some bureaucrat parked who knows where. It might as well be on Mars or 40,000 feet over Red Deer for all it matters because they're that remote from the doctor-patient relationship.

I think this bill on the face of it isn't going to do any harm if we pass it. I don't think it's going to do any good either. I don't think that it necessarily sets us up for a part 2 that's going to be any more conclusive than part 1 was because I don't see a lot of conclusiveness. Oh, I see some decisive action from time to time. Certainly, the creation of the Alberta health superboard was decisive action. It was one of the most boneheaded decisions I have ever seen in my life, but it was decisive action.

This bill doesn't do anything. I don't know, as we get into committee, whether we're going to be able to amend this bill, propose amendments that will in some way add some meat to the bones of this bill, in some way bring it down to a point where it intersects with where people live their lives, but I hope we can do something about that.

Thank you, Mr. Speaker.

**The Deputy Speaker:** Hon. member, 29(2)(a)? Five minutes.

**Mr. Chase:** Thank you, Mr. Speaker. The hon. Member for Calgary-Currie has been a champion in this Assembly for pharmaceutical treatment, particularly in the case of rare forms of cancer. We know that the rapidly rising costs of pharmaceuticals are one of the biggest concerns faced in this province.

Also, Mr. Speaker, there has been a recent case of a woman in Edmonton who, again, has a rare form of cancer and whose pharmaceuticals and treatments are not covered by the Alberta health plan. My question to the hon. Member for Calgary-Currie would be if he has thoughts about drug coverage and the possibility of either a national pharmacare program or at least a regional Saskatchewan-B.C.-Alberta pharmaceutical program that could potentially buy in bulk and reduce drug costs.

**The Deputy Speaker:** The hon. Member for Calgary-Currie.

**Mr. Taylor:** Thank you, Mr. Speaker, and thank you to the Member for Calgary-Varsity for that question. I think it's a good one. Yeah, Member, I can't keep running to the health minister asking for coverage of this drug and that drug and the next drug for rare forms of cancer when those drugs are very expensive and expect that we're actually making the system better with each one of these one-offs.

4:00

I'll give the nod to Bill 17 for trying to take, at least in broad principle and broad theory, a holistic approach to health care reform and health care delivery in this province. We do need to take a holistic approach to it, and a national pharmacare program, ideally, or certainly at minimum a regional pharmacare program is, I think, a fundamental part of that. I absolutely support that idea. National

would be better, in my view, than regional simply because if there are savings to be had by buying in bulk on behalf of four provinces, then there are greater savings to be had by buying in bulk on behalf of 10 provinces and three territories. It's the old volume discount approach that many furniture dealers have yelled at us about over the radio time after time after time in commercials. It's a good idea. It's an essential idea.

We know that the cost of pharmaceuticals is one of the fastest, if not the fastest, drivers of health care cost escalation. In part, what we're seeing happen here is that health care and our ability to diagnose and treat very complex conditions with very sophisticated medicine and very sophisticated treatments of various sorts has massively outpaced what the architects of public health care in this country envisioned 50, 60 years ago when they came up with the concept. Tommy Douglas did not know when he came up with the idea for medicare that it would ever be possible to perform heart transplants. He did not know that there would be drugs like Abilify and the one that was in the news today – I forget the name of it – that would perform the miracles that they seem to perform in some cases yet would be as costly as they are.

Yes, I come back to this notion that we can't just keep going back with one-offs and saying: "Okay. Now we need to improve this drug. Now we need to absorb the costs of that drug." We have to take a more holistic approach to it. It makes sense to team up with the other provinces and territories and try to do this on a national basis, I think.

**The Deputy Speaker:** Hon. members, 29(2)(a). The hon. Member for Calgary-Varsity.

**Mr. Chase:** Thank you very much. Again, through the Speaker, I'm wondering if the hon. Member for Calgary-Currie would support the notion that if a particular health service delivery, for example gastroparesis, that is currently not treatable in Alberta – should Alberta pay the bill if that treatment could be delivered in another province of Canada? Failing that, if our system lacks the expertise, do you think that the cost of treatment should be provided for, say, travelling down to the Mayo Clinic, if that's what it takes? Obviously, first, I'd like to see the expertise encouraged through both secondary training and the hiring of physicians in Alberta. Failing that, would he consider accounting for patients' services? [Mr. Chase's speaking time expired]

**The Deputy Speaker:** The chair shall now recognize the hon. Leader of the Official Opposition.

**Dr. Swann:** Well, thank you very much, Mr. Speaker. It's a pleasure to rise for my first occasion on Bill 17, the Alberta Health Act, an important act, to be sure, one that emphasizes a key element that Albertans have come to expect and pay for in our current province, in our country, and one with a long and proud tradition in Canada, unique perhaps in North America in its basic principles, the five principles that many people still champion and some across the floor are less sure about but that we on this side of the House continue to endorse and support: comprehensiveness, universality, public administration, portability, and accessibility. These five principles are really so ingrained in the Canadian ethic that all attempts to try to subvert these and undermine the principles of public funding and public delivery have failed in Alberta, and this particular government has tried on numerous occasions to do so to their shame and to their failure.

This legislation I think does in a practical way bring together some loose and somewhat connected health acts, which is perhaps helpful

from an administrative point of view. But I think most Albertans are wondering: why now, and how is this going to really improve the most fundamental questions around access and quality and cost-effective spending? Alberta is renowned in the country for spending more money per capita than any other jurisdiction. "What are we getting for it?" I guess people are asking. How is it that we can spend so much money and get so little in terms of improved wait times, in terms of the quality that both professionals can be proud of and patients can appreciate? There's a reassurance that the dollars spent are actually maximizing the opportunities on investment both in terms of prevention of conditions and education around some of the issues that really are preventable.

Much of the illness in our society is preventable. In terms of treatment are we getting the best bang for the buck? In terms of evidence-based treatment programs and in terms of long-term care and rehabilitation how do our investments here in these key areas, including palliative care as the end point in life, compare to others, the best in the world? Are we actually looking at the best in the world and learning from the best in the world as opposed to simply experimenting in our health care system and, in the case of the last health minister, the current Energy minister, blowing up the old system and starting with a totally new experiment that pushes us, in fact, to the edge of a precipice?

Indeed, we're right over the precipice now, seeing tremendous stress and strain and suffering and preventable deaths in our emergency departments because of the basic incompetence and arrogance that led to one man basically deciding on the basis of his own experience, what experience we don't know, that we were going to make a grand experiment in Canada and unify all nine health regions into one and somehow manage this largest merger in Canadian history – if one were looking at other mergers that have happened, this actually, as I understand it, is the largest merger in Canadian history – without any evidence, without any plan, with no transition plan, and without a clear sense of how we were going to spend the money more wisely and get better results at the end of the day.

That's the past. We have to go forward. We have to make things work. I'm sure the other side is tired of our ranting and railing against what we see as gross incompetence and arrogance and the huge price, not only a material price but a human price, that we're hearing about every day not only from my colleagues in the medical and nursing and paramedical professions but also from patients who see family members suffering for lengthy, lengthy periods in emergency departments or languishing on wards where they don't have sufficient staff or hanging out in hallways, waiting for testing, waiting for appropriate therapy.

So that's the backdrop, I guess, to thinking about a bill that is ostensibly about improving our health care system. Indeed, it does bring together the Alberta Health Care Insurance Act, the Hospitals Act, the Health Care Protection Act, the Nursing Homes Act, and the Health Insurance Premiums Act. There is some logic and some efficiency in doing so. There is also some interesting work done in relation to a health charter, which basically sets out what every individual and their family members could expect from a health care system today and what they must demand if it's not provided.

The irony, of course, is that you can demand all you want. The system is incapable of providing some of the basic services in this province now. We have gone back 30, 40 years, even before medicare, as a result of some of the changes we've seen today. In terms of health outcomes, in terms of access, and in terms of cost benefit we have lost ground significantly in Alberta. Understandably, many people look with some skepticism at this new health act and ask the questions: why now, and how is this going to improve

access, quality, and cost effectiveness? It certainly remains to be seen.

#### 4:10

Under this new act the minister will also have the authority to order all the bodies mentioned above to create and adopt the health charter. The Alberta Health Act does not contain a draft health charter; that still is in the works.

The idea of a health advocate is a good one. Who doesn't want someone to speak up for them and to challenge a system that's not working. I guess the question is: what power will that individual have, and what recourse do people have when the advocate and their voices go unheard and unheeded?

The Alberta Health Act will also allow the minister to collect information on the health service, the hospital and clinic operators, the health providers, the professional colleges, and that is certainly going to improve efficiency in terms of a database and the ability to monitor the activities and the outcomes of the various players in the health care system. But we're a long way off from seeing that pay dividends in terms of the three priorities: access, quality, and cost-effective spending.

I will say that one of the most distressing parts of the changes we've witnessed in the health care system these last few years has been the cuts to prevention programs. It seems to have been lost on the former health minister, not so much on the current minister, that prevention actually costs something, and it actually returns on the investment significantly. When you deal with children in poverty and you get their bellies full and you get them into school and you deal with any emotional and learning problems, when you help single mothers who are struggling to create the conditions for a healthy environment, when you help that individual and others with disabling conditions or those with mental illness or addictions, when you actually help these people to move beyond that condition to a place where they feel a sense of clarity and purpose and satisfaction in their life and start giving back to society, that's when you start to see returns on investment.

Unfortunately, this mean-spirited government has decided in its wisdom to cut the kind of services that would bring people to a level of capacity and satisfaction and contribution that would give them a level of health that would cost us nothing. It's an investment in people; it's not an expense. Unfortunately, what I witnessed in the last six years of my time in the Legislature is a government that's bent on cutting costs, not recognizing that people are an investment that will return three, four, sevenfold in terms of the investment.

The Perry preschool project out of the U.S. back in the '70s followed the poorest children in a community for 25 years. Those poorest children were broken into two groups: a group that was given enhanced support, nutrition, opportunity to learn, early intervention into problems; and the other group, where no extra supports were given. The cost for the principle was \$1 per child to improve this, and the return on investment in terms of educational success, less criminal activity, employment, and lower mental illness rates was a return of \$7 per that \$1 investment. That was the seminal study out of the U.S. that showed the importance of investing in early childhood, investing in poverty reduction, investing in families.

Those fundamentals around health seem to be lost on this government, who has invested so heavily and so inappropriately in high-tech medicine and fails to understand that we need to get back to basics. We have abandoned prevention. We have all but abandoned home care. We have all but abandoned seniors and active-living programs to keep them well. We have not supported people in terms of their optimal learning environments, and we are

paying a deep price for that. As a result, we are seeing the highest rates of family violence, depression, anxiety, addiction, including alcoholism, and suicide in some age groups. So very short-term thinking, Mr. Speaker, that many, many Albertans are fed up with and certainly frustrated that there's a lack of willingness to use evidence to make decisions in this government.

While this bill brings together some wonderful principles and values, where the rubber hits the road is the question.

**Mr. MacDonald:** Where does the rubber hit the road?

**Dr. Swann:** The rubber hits the road on extended wait times in emergency, frustrated professionals, some of whom are leaving the province, some of whom are retiring early – certainly, they're leaving work as soon as they can get out of the place to reduce their own stress levels – greater rates of illness and absenteeism among our professionals, and a growing chorus of patients who are saying: "This is not good enough. This is not what we pay for. This is not acceptable in 2010 Alberta."

Certainly, we on this side of the House will be looking at this bill very closely for very practical ways in which we are supporting people in reaching their own health and then providing the necessary services to intervene early when something breaks down and then following up with those who have a chronic illness or disability, to make sure that they are maximizing their physical and mental and spiritual capabilities, to keep them well, to keep them satisfied and contributing members of our society.

There's a real recognition across the health literature today that the Perry preschool program, which looked at the whole array of supports for people, relates to what's called the social determinants of health. Again, it is incumbent on a government that says it's acting in the public interest to learn about the social determinants and invest in the social determinants, that include recognition of special challenges, economic supports where needed, the importance of early childhood experiences, both the physical and mental environment for children, the critical nature of employment and fair wage with employment to ensure that people have a dignified standard of living, and of course the issues of gender and culture and how those impact in specific cultures in specific parts of the province, how those may impact people's health practices, their beliefs, their values, and their need for different kinds of support.

Essentially, it's looking for a health system that looks beyond the fix, looks beyond the treatment after the breakdown but looks at the conditions in which people live and the degree to which communities are encouraged to develop the skills themselves to support each other, to identify environmental threats to health, to identify social and economic barriers for people's well-being, and to address those in a systematic way that recognizes that we are saving money in the long term, saving lives, and saving the quality of people's lives and their productive ability in our economic system if we address some of these determinants of health.

We've not seen that. Instead, what we've seen in this government is a cut of almost 50 per cent to the prevention services available to people in this province. And with the loss of family physicians and the cuts in home care services this is a triple whammy that leaves people too often vulnerable, seeking help in emergency departments and going to the wrong place for the wrong conditions instead of allowing for the basic primary care, what we call getting back to basics, to ensure that people have an early recourse and early intervention before something becomes a serious problem.

I had a colleague, in fact, a medical colleague, who because of the strains on the system was not able to get in to see a heart specialist at a time when he started having symptoms. Three weeks later,

when he finally got in, he of course had some heart damage from a blockage in his coronary artery. And this is a physician. That illustrates to me that when someone who has as easy access to the health care system as a physician can't get in because of barriers that this government has basically created, we are in serious trouble. The average person on the street, the average worker, the average mom has a tremendous set of hurdles to jump through to get appropriate or timely care. If he had gotten in within a day or two, this damage to his heart would not have happened. He would have had a stent put into his coronary artery, and the damage would have been averted. That story is all too common in this province.

4:20

Another friend had progressive gallbladder problems and tried repeatedly – went to emergency, was put on the wait-list, waited six weeks to get in for his gallbladder surgery. It had started to leak and rupture at that time and ended up infecting his whole abdomen. He spent, I think, roughly six weeks in hospital on intravenous antibiotics, developed complications from the antibiotics, and could have died. Fortunately, the medications and the care pulled him through, but that's another example of where if things are not working, we compound the cost, the suffering, and the risk to people's health.

I have very little else to say about the Alberta Health Act except that it follows, for the most part, the principles and values of the Canada Health Act. At the same time, we recognize that privatization of this health system goes on apace. We saw recently with the Health Resource Centre out of Calgary, a private deal, private assurances that they'd have all the surgery they wanted. Suddenly the rug was pulled out from under them, and they ended up in bankruptcy, an illustration of a government that doesn't know where it's going in health care, that is dabbling with a number of different private providers at the same time as saying that it honours the principles of the Canada Health Act and basically snubs its nose at Albertans and the federal government in doing so.

I suppose the principle here is that if you mismanage the public system badly enough, people will accept private delivery of health care services. That's certainly what I've witnessed in the last 10 years I've been involved in health care: a growing trend to privatization because the public system is not working. And it's not working because we have incompetent management of our health care system: 11 different deputy ministers over 10 years, three major disruptions in the system in 15 years. Just when teams and lines of authority and communications plans and work plans were set in place, this government has blown up the system again and created the kind of chaos that is severely undermining the morale of professionals in the system.

Regardless of what we do and the merits of some of this bill, Albertans in the main and certainly the professionals that I talk to are asking these fundamental questions: will this improve the efficiency of flow of patients and the quality of care? Will we spend money more wisely after this bill is passed? I can't reassure them that that would be the case.

The Alberta Liberal caucus has consistently argued that the health advocate should be independent of the government, and that's one of the areas of concern that, clearly, we will be raising and suggesting for amendment. We've seen evidence that the children's advocate reporting to the minister has failed to address the best interests of Albertans, and that's certainly an area where we think there should be change in the Alberta Health Act to ensure independence and reporting to the Legislature so that people can have confidence in both the role and the actual functioning of that individual.

The section on roles and responsibilities for the organizations that are already extant and reiterated in this bill are already there under existing legislation and certainly do appear to be entirely redundant.

The last issue that we have with the bill is the exemptions that the minister can make to having public input on proposed legislation. If the government truly wanted transparency in the way the health care system is governed, then they would not have the possible loopholes to public input. Surely, if there's anything this government has learned, it is that people are pretty cynical about public consultations that don't result in change. In response the government will most likely state that if a regulation is created without public input, then the minister must post notice of the decision. But in the end what good is posting after the decision has been made?

The political cynicism has to be part and parcel of what we deal with today in Alberta politics, and a government that's been in place for 39 years clearly has lost a sense of connection to key issues that Albertans care about. I think that's the message that more and more Albertans are giving us on this side of the House, that the nominal approach to consultation has not been appreciated. It's been seen as window dressing and lacking any meaning or not translating into real decisions in the public interest. There's a strong sense that people don't see a vision in this province not only for health care but for an economic, environmental, or social future. I guess what we're hearing in terms of Albertans is a very passionate plea for a longer term commitment to the public interest, that includes most fundamentally the basic services of health care, public education, and supports for people who can't support themselves.

Again, the underlying theme here is the recognition that this government has stopped doing its work, stopped listening to evidence, stopped listening to the professionals and the science, gone ahead without even following the most basic of business principles, which would put in place a plan that could be reviewed and debated, a set of monitoring benchmarks to which it could be held accountable and an oversight mechanism that says whether we're meeting those benchmarks or not and what the consequences of not meeting those benchmarks would be.

Mr. Speaker, Bill 17 has lots of good phrases, lots of good principles. It reiterates a lot of issues that are already covered in some of the other acts. It recognizes the need for a patient charter and a patient advocate. Who could argue with that? But what I think most of us, including Albertans and the professionals involved in the health care system, want to know is: how is that going to change the reality on the ground? That's where people fail to get attention when they need it, where they need it. They fail to get access to the testing facilities appropriately and in a cost-effective way. The treatments often come late, with significant cost and complications because of the failure to understand the complexity of the system and the interconnections of the prevention, the primary care, the diagnostic, the treatment, and the rehabilitation parts of the system, that all have to work together. They have to communicate, and the different parts of the province need to be able to make some of the choices around provision of services and investigations and treatment programs and support in the community that are appropriate to those regions.

My final comments, I guess, would relate to the re-disorganization that has been foisted upon us and the attempts by a single health services board to manage a massive organization with many, many variables, many unique needs in different parts of the province and fundamentally approach it as a cost-cutting exercise, without recognizing the extreme complexity, the importance of teamwork, good planning, and timely action where changes are needed, not action that comes a month late through a single health board that is reviewing too many issues and trying to micromanage, and a failure,

really, of acknowledging the broad roots of health and our need to invest in health as opposed to a sickness care system, that has now itself become sick and is creating as much illness as it is solving.

So I have great reservations about the bill. I think it's important that we have some of these debates here, and I hope the government is listening not only to us on the opposition side but to the many, many citizens in this province who are saying: not good enough.

Thank you, Mr. Speaker.

**The Deputy Speaker:** We have 29(2)(a). The hon. Member for Calgary-Glenmore.

**Mr. Hinman:** Yes. I'd like to thank the hon. Leader of the Opposition for his many words of input there. I have one question. You made comments on the problems with the centralized health board and the importance of local community. Would you agree with the Wildrose that the superboard doesn't function and that we need to disband that and go back to a more local system? What are your thoughts? We see that as one of the major problems, the centralization, the bureaucracy, the decision-making, just absolutely bringing everything to a stop. Even good ideas can't come forward because they don't want to allow that. Whereas if the different regions had that – what are your thoughts on the superboard and where we should go with that?

4:30

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

**Dr. Swann:** Thank you for the question. It's a critical question at this time, particularly since there's so much chaos still in the system. I guess I would have to say that I disagree with the Wildrose on this issue not only because we've had such major disruptions in the system to this point and it has created such chaos and such adjustment problems and pain and suffering and we need to stay stable – stability is what the system needs at this time – but also because there are efficiencies to be gained from a single Health Services Board: a single set of standards; a database; a single point of managing human resources and salaries; a monitoring system, if it's consistent across the province; and presumably an enforcement system that would get out to hospitals or communities that weren't meeting a standard, saying: you're not meeting the standard. So from a database and human personnel management point of view it's possible to do this from a centre.

However, delivery of services is a totally different issue. There needs to be much more autonomy in the delivery of the service at regional or zonal levels so that individuals can make decisions in a timely way; they can recognize the teams that are there and use them and organize them in a way that's most appropriate for that setting; they can deploy resources; they can make changes to procedures that suit that area; and they can focus their resources on, for example, more seniors in an area as opposed to an area where it's all young professionals or young workers like the Athabasca region, for example, where a different mix of health services is clearly needed.

There are strengths and there are definite weaknesses to the Health Services Board. Blowing up the system again would be terrible for the professionals, and it would create much more suffering for the individuals in the system. We need stability now, we need to make the system work, and the Health Services Board has to devolve some authority and some responsibility to the zones of the province.

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

**Mr. Chase:** Thank you very much. I would like to know from the

hon. Leader of the Opposition how important the environment is in terms of proactive and preventative health. Are the ideas of a healthy economy and a healthy parks system or a healthy environment mutually exclusive?

**Dr. Swann:** Well, that is often the way it's portrayed, unfortunately, in the political debates that we see: environment versus economy. Of course, they're both sides of the same coin. We have to make the economy work, and we have to have an environment that will sustain the economy.

Having said that, the economy and the environment are critical factors in health. If you have income, if you have a steady job, if you have some stability in your life, your mental health and your well-being are going to stay high. If we sacrifice one on the back of the other, then not only is there going to be a sacrifice to health, but there's going to be a sacrifice to the social well-being in the community, and that's going to come back to bite people.

In terms of the environment – the indoor environment and the outdoor environment, the work environment, the wonderful wildlands and parks that we enjoy here – all of these are critical for ensuring that we have the kind of healthy activity, the healthy opportunities that create the conditions for what we all want in our lives: happiness and well-being and community growth.

So critical interdependence here. I think that part of what has been missing in some of the policy is a recognition that everything we do impacts our health. If we're not thinking long term as opposed to short term, if we're making short-term economic decisions – for example, allowing industrial development in our eastern slopes, where it's going to affect our water supply for the future, at the same time as climate change is cutting down our water flow from the eastern slopes – we are maybe gaining in the short term, but we are sacrificing hugely in the long term.

**The Deputy Speaker:** On my list here, the hon. Member for Airdrie-Chestermere on the bill.

**Mr. Anderson:** Yeah. Thank you, Mr. Speaker. You know, I feel like we're back at the first day of spring session. It's almost like déjà vu with this bill. Back then the government finally came to the conclusion that everyone else in Alberta had already come to, the conclusion that we as a province had fallen behind the rest of the country in the area of competitiveness. Our investment climate, of course, had taken a big hit thanks to the ill-conceived royalty fiasco, our businesses were being hammered with overregulation, and the cost of doing business was going up and becoming uncompetitive with other provinces. Alberta was and still is losing its competitive edge.

Then I look and I remember that this government's response to this problem was not to lower taxes or to implement stricter spending rules or to cut wasteful and ineffective government programs; they just made a new law. They even called it the Competitiveness Act, hoping that Albertans would mistake it for real, effective action on the issue of competitiveness in Alberta or the lack thereof.

**Mr. Hinman:** Bill 1.

**Mr. Anderson:** Bill 1. Albertans did not buy it.

The Competitiveness Act was rightly panned as a do-nothing piece of legislation intended more as a PR exercise than a serious attempt at fixing a major and real issue. In many ways it typified this government's statist approach to governing this province. There is no issue that more laws and more government cannot fix, which brings me to Bill 17.

Everybody knows, Mr. Speaker, that Alberta health care is in crisis right now. During the first week of fall session the Wildrose caucus released hundreds of emergency room horror stories, the details of which painted a graphic and disturbing picture of the sorry state of health care in this province: broken bones being treated in hallways; pregnant women getting cervical exams in open triage units; patients vomiting blood in the middle of emergency rooms while waiting hours and hours for care; people dying in hospitals before even seeing a doctor; a young man leaving hospital in a desperate and suicidal state only to commit the tragic act soon after not being able to receive care. As our caucus leader, Danielle Smith, often says, these are the types of stories that you would expect to hear in a Third World country. You would not expect them to happen in this province, in Alberta.

In the days and weeks that followed we heard from more and more doctors and other health care professionals about just how deep the entrenched issues in health care have become. The government promised more beds, but the Alberta Health superboard said that there wasn't enough money to staff them and operate them. The government announced new ER wait times, but doctors said it would take a Christmas miracle to meet them. The government claimed the centralized superboard is working, but the Auditor General found nearly a billion dollars misallocated and criticized the superboard for building facilities with no funding agreements in place. They said we'd have more beds, they said we'd have more health care, but what we got was a bunch of empty buildings and no staff to staff the beds so desperately needed.

So the government is doing what it always does when confronted with an issue of monumental concern to all Albertans: it makes a new law. The Alberta Health Act has all the hallmarks of a PC government bill designed to try to persuade people, to try to convince Albertans to believe that they are actually doing something to fix the problem. It's even got "health" right there in the title, just like the Competitiveness Act. But even a cursory read of the bill reveals that it has very little, if anything, to do with actual health care delivery and it will do little, if anything, to help our health care system.

The centrepiece of the legislation appears to be this so-called patient charter. The health minister has twisted himself into a pretzel over the last couple of weeks trying to explain what this patient charter would actually mean for patients. Albertans were probably pleased when they first heard of the idea of a charter – I know I was: "Oh, good, a charter; this ought to help" – an entrenched document that would guarantee them rights when it comes to health care delivery and legal recourse should those rights be violated. After you scratch the surface of this bill a little bit, you discover that this so-called charter is not legally binding in any way. It doesn't entrench any rights, it doesn't guarantee any level of care, and it doesn't give Albertans legal recourse for anything. It's a deliberate attempt by this government to fool Albertans, and it's a pretty poor attempt. All it will end up doing is shielding the minister from the real issues that Albertans are facing in their health care system.

#### 4:40

Then there's the health advocate. Again, it sounds like a pretty decent idea on the surface, somebody whose job it is to act as a voice to government on behalf of patients who experience difficulties in the system. But it didn't take long for the gloss to come off that promise. We soon found out that this advocate isn't accountable to Albertans through the Legislature; it's accountable to the minister who appoints him or her. Given how this government treats those who have dared to shine light on the incompetence and mistakes this

government has performed in the past – the recent dismissals of the Utilities Consumer Advocate and the Chief Electoral Officer, to name two examples – it's hard to believe that this so-called advocate will have any real impact whatsoever on patient care.

It's kind of ironic, then, that the report this act is based on is called *Putting People First*. I think it would be most appropriately titled *Putting the Minister First* or maybe even *Putting Headlines First* because it clearly has nothing to do with putting Albertans first or certainly will not accomplish that goal. Beyond protecting and empowering the minister and giving the appearance of taking action, I'm at a loss to describe what this bill accomplishes for anybody.

Fortunately, there is a party in this province that is actually endeavouring to come up with a plan for reform of this health care system, this tired and outdated health care system that we keep clinging to as if it's going to one day work if we just pump more money into it. There's one party that is actually going to propose some ideas that will reform the system into one that works and one that will fix health care or, at the very least, improve it greatly from where it is right now. Unlike this government, which can't seem to do anything beyond commissioning reports that they put on shelves and let collect dust and task forces and studies that do nothing, we are putting forth real ideas.

First of all, there absolutely needs to be more patient choice and competition in the health care system. We have some already. Our doctors are private. They compete with one another for patients. So we do have some competition in our health care system, but we need a lot more. We've seen what this government does to private facilities that perform procedures faster, better, and cheaper than public hospitals do. They put them out of business.

That's what happened at the HRC. Some of our best doctors at our highest performing health care facility surgical centre in the province for hip and knee replacements were told one thing by the government. They relied on that representation and acted on it. The rug was pulled out from underneath them once they did so, and they found themselves insolvent. An absolute disgraceful performance and something that is causing even longer waits for people with hip and knee surgeries: we just shut down our most efficient and effective hip and knee replacement centre. It is absolutely nonsensical.

It is no wonder that we've seen ERs that are bursting at the seams, that we see waiting lists continue to increase. This government is actively shutting down health care providers and funneling everybody into an already overcrowded system. One of the examples of this is the McCaig centre, where they opened up was it two surgical rooms. Well, they just shut down six at the Grace hospital under HRC. How does that help anybody? It doesn't.

This type of mismanagement is simply not sustainable. The system itself is not sustainable. The massive hikes in health care spending over the last few years prove it. Eighteen per cent last year. Think about that: 18 per cent. How on earth can we justify spending that much money in year-over-year increases? Are we going to fix the system or not? It's not about plowing billions and billions and billions more into health care; it's about making sure that the billions that we're already spending are spent prudently and properly, that people are competing for those dollars, putting patients first, getting the patients to come to them, and trying to offer the government the lowest price possible for completing those services.

What this government and the other opposition parties, for that matter, fail to realize is that Albertans don't care how their health care is delivered as long as it's safe, it's timely, and they don't have to take out their credit card to pay for it. They don't care who delivers it. They just want good health care. I don't know why we devolve every time into this stagnant debate and start fearmongering,

throwing out that we want to privatize everything, that we want a two-tier system. That's not what we're talking about. We're talking about what doctors across this country are talking about, what the Liberal MP just put out. What was the Liberal MP's name in Ottawa, the former Reform MP?

**An Hon. Member:** Keith Martin.

**Mr. Anderson:** MP Keith Martin.

We've got to put these tired arguments away. There are some people in all parties, Keith Martin being one of them, Danielle Smith in this party being another, in this debate. We've got to put it behind us, this idea that we can't change, that we've got to stick to the old-style, monolithic way of delivering health care. It's not working, guys, and people are suffering because of it. So let's put that old argument away because it's not doing anyone any good.

Now, that's exactly what our party and our caucus are proposing. We would open up the system to greater competition to allow for more patient choice within the five key principles of the Canada Health Act. That's the only way our health care system will deliver the care Albertans need at a cost to the taxpayer that is both reasonable and sustainable.

We will also dismantle the health care superboard and gradually return delivery of health care to local decision-makers. There is no doubt that you can create some efficiencies for purchasing prescription drugs, for example, on a bulk basis. We can definitely have that as an option for regionally run hospitals to use. However, that doesn't mean you need a massive superboard to run everything. You pick the parts where it makes sense to have, you know, a more centralized decision-maker or centralized entity helping out, but you don't put it all under the centralized decision-making when so much of it would be much better run locally.

Alberta Health Services was ushered in to replace health regions two and a half years ago with promises of streamlined delivery, less administration, and lower costs. It is absolutely beyond refute – there's no argument – that it has not worked. It has not resulted in those things. They may have cut bonuses somewhere or the number of executives they've had with certain titles, but the cost of health care went up 18 per cent last year, and there were no positive improvements in the system. How is that more efficient? It's not. Centralizing delivery of essential goods and services doesn't work. It never has; it never will. We don't allow the state to dispense food or clothing for the precise reasons we see in our hospitals today: long lines, high prices, and shortages of supply.

The Wildrose will end the health care monopoly in Alberta by decentralizing decision-making and entrenching patient choice as the cornerstone of our health care system. A Wildrose government would redirect more of the health budget to expand home-care services, make it easier to build and operate assisted living and long-term care facilities, and introduce a kinship palliative care program that would compensate family members for giving end-of-life care to loved ones in their homes. We would track and publicly disclose waiting lists and costs for all procedures as well as the treatment outcomes for all health facilities openly and transparently. Empowering patients with this information will allow them to make better choices and will provide incentive for doctors, surgical centres, and hospital administrators to provide better service. These are just a few of our ideas, and they will draw a stark contrast between the Wildrose and what this government does if it continues to act in this way, in this do-nothing way.

We will be putting forward several amendments to Bill 17 later on, and I certainly look forward to debating them in this House, but I have to make myself as clear as possible for my constituents and

for Albertans. If we do not start getting this right, we are going to continue to see Albertans unnecessarily suffer and unnecessarily die in some tragic cases. It's happening. This is not some kind of alarmist view. It's being documented everywhere. We need to fix it, Mr. Speaker.

4:50

**The Deputy Speaker:** Standing Order 29(2)(a) allows for five minutes of comments or questions. The hon. Member for Calgary-Varsity.

**Mr. Chase:** Thank you. I have a question. This government was withheld federal transfer payments when doctors were extra billing, so I would like to know from the Wildrose representative where he stands on extra billing, the idea of a voucher system, and competition, private health care delivery as opposed to the tenets of medicare, which talk about publicly funded, publicly delivered, publicly administered.

**Mr. Anderson:** Well, as the hon. member knows, that's not what the Canada Health Act says. It says: publicly administered. It does not say: publicly delivered. There's a big difference.

But I will say that we're not talking about a two-tier system here. That's the big scare card that goes out. That's not what we're talking about. We're talking about: the money goes in from the taxpayer to the government. Okay? Then people, when they get sick, have to make choices about where they want to get their health care done. They would go to the place of their choice, and the money would follow them to that hospital or surgical centre or doctor or whatever.

It's all public money, so we're not talking about skimming and two-tier, where somebody can bypass the queue. It's all the same queue. People all have to line up in the same queue. We're just talking about making sure that there are more options on the end of health care, delivery options, so that people can make their choices, so that private deliverers and nonprofit deliverers can come into the system with their money and invest it in the system. I mean, look at the Health Resource Centre: tens of millions of dollars invested from private money making a piece of infrastructure that was doing fantastic work.

**Ms Blakeman:** Only when subsidized.

**Mr. Anderson:** That's not true, hon. member. The building was not subsidized. It was the Grace hospital, but it was changed and altered and renovated by private money, and that's a fact. You can sit down with Dr. Miller and talk to him about how it went. The fact is that they were delivering those services for 40 per cent cheaper and 40 per cent faster than the public system. Now, in every case is that going to happen? Is private delivery always going to be more efficient to the government than public delivery? No. There'll be some cases where that's not the case, clearly, but the point is that you let them compete. The government says: "We've got 5,000 hip and knee surgeries, replacements that we need done. Public hospital, public surgical centre, private surgical centre, nonprofit surgical centre, compete. What can you do? Who can deliver this at the lowest cost and still do it most effectively?" Let them compete for the business.

You'll find that although there is a profit margin in private delivery of sometimes 5, 10 per cent, depending on what you're talking about, there's a massive waste margin in the public system. That's 30 per cent or 40 per cent, as we see with the HRC example. There's waste. There are margins everywhere. Sometimes it's

waste margins; sometimes it's profit margins. The point is: make them compete. Make them compete for the public dollars. That makes the deliverers of health care accountable. It makes public managers of health care accountable. It makes doctors, nurses, and everybody involved in the system accountable.

I respect very much the hon. Leader of the Opposition and what he said earlier. This is the big difference. They think, the Liberals and the PCs, that you just need to get a better central planner, a central manager, that you just need to manage it better, and it would all work out. But on what planet? Where is that the case? Look at Europe. Is that what they do in Europe? No, it's not. They don't have one monolithic public deliverer of health care. They don't. They have multiple, competitive delivery, and it works for them. It's still universal health care, but it works for them because they have competitive delivery.

We're one of the most monolithic systems in the world – certainly, in the developed world we are – and we have some of the worst health outcomes and waiting lists. That has to change, but it's not going to change if we continue to go down this path of, you know, fearmongering and “privatization is going to kill the whole system” and agendas. No one wants to see the ridiculousness that is going on south of the border. No one wants that health care system. It's a joke. No one wants to see people dying because they can't afford to pay for it. That's not what we're talking about. We're talking about making positive changes.

**The Deputy Speaker:** Any other hon. member wish to speak on the bill?

**Mr. Anderson:** I'd like to adjourn the debate, Mr. Speaker.

**The Deputy Speaker:** You cannot. You have already finished speaking.

Any other hon. member wish to speak on the bill? The hon. Member for Strathmore-Brooks.

**Mr. Doerksen:** Thank you, Mr. Speaker. I would move to adjourn debate on Bill 17. Thank you.

[Motion to adjourn debate carried]

### Government Bills and Orders Committee of the Whole

[Mr. Cao in the chair]

**The Chair:** The chair would like to call the Committee of the Whole to order.

#### Bill 25

#### Freehold Mineral Rights Tax Amendment Act, 2010

**The Chair:** The hon. Member for Edmonton-Gold Bar on the bill.

**Mr. MacDonald:** Yes. Thank you very much, Mr. Chairman. It's a pleasure to get this opportunity to rise and say a few words regarding Bill 25. Certainly, we're looking at some changes to administrative rules. This bill, as I understand it, specifies the appeals process in that times and procedures for that process are to be changed, and the bill changes the punitive structures in nonpayment, increasing potential fines. From what I can understand from talking to members of the community who are lucky enough to have a few freehold mineral rights, they seem to think that this is a good bill.

I had an opportunity late last spring to attend an event in Red Deer. Actually, it was slightly west of Red Deer. There were, Mr. Chairman, over 500 freeholders in attendance, and they heard from various political parties, starting certainly with the Progressive Conservatives, who were very well represented by the hon. Member for Whitecourt-Ste. Anne.

**Mr. Johnston:** I thought you said freeloaders.

**Mr. MacDonald:** No, no. Freeholders, hon. member. Don't get that confused. There are a lot of freeloaders in that Progressive Conservative Party – there's no doubt about that – but certainly not at that meeting.

Now, from the freeholders' association, as I said, there were close to 500 or maybe more in attendance. We had a nice lunch, and then we got down to business. The Wildrose Alliance was represented. I think the hon. members over there were calling them the fourth party, but the New Democrats were represented as well. The government caucus was very well represented. There was one member speaking, of course, on this panel. I was representing our caucus, too. I counted at one point nine Progressive Conservative MLAs in attendance. Nine. [interjections] It wasn't the free lunch. No, it certainly wasn't.

I don't know whether the MLAs from the government caucus were reluctant to have lunch because of what they might hear from the citizens, but there were nine, and then there were eight because one hon. member left, as they would say in the movies, in a bit of a snit because that individual didn't appreciate that the freeholders . . .

5:00

**Ms Blakeman:** What did you say?

**Mr. MacDonald:** It wasn't me. It was the freeholders who suggested to this individual that they needed to respect their interests. I think in a small sort of way Bill 25 is a reflection of the direction that the hon. Member for Whitecourt-Ste. Anne got that Saturday afternoon in the church west of Red Deer because many of the freeholders want the same rates for the product, in this case energy, that they own under their properties.

If you look at how freeholders in the past have been treated in this province, I'm not saying necessarily by the government but certainly by the energy industry, the industry, hon. Member for Calgary-Hayes, could in this case be the freeholders because they are the ones that are getting the royalties for significantly less than what they pay south of the border in the lower 48 states. If you look at freehold mineral rights and rates in any jurisdiction south of the border, whether it be Texas, Pennsylvania, New York, Louisiana, the royalty rates in some cases would be double – double – if not triple what some of these freehold owners are getting here in Alberta.

So, Mr. Chairman, it was a very interesting Saturday afternoon in Red Deer, and this bill certainly, I think, would be appreciated by the freeholders. I hope it is. The ones that I have had contact with have thought that as a result of their efforts and the work they have done advocating for themselves, this is a baby step in the right direction towards meeting their needs and concerns. Many of us may forget that there's a lot of land in this province that is owned by individuals who had this land handed down to them from their pioneering grandfathers and grandmothers and in some cases their pioneering great-grandmothers and great-grandfathers.

The energy industry is changing. Some people would think it's coal-bed methane that would be of significant interest, Mr. Chairman, but it is interesting to note that we may get a second chance.

All of us may get a second chance in this province, all of us maybe deserve a second chance every now and then, but in this case it would be around tight oil. Alberta has a lot of oil in place in mature fields that have been in production in some cases for 50 to 60 years. There's a lot of that tight oil remaining, and with the new technology involved with fractionation, or fracking, that oil can now be produced. In many of the mature fields, whether they're Pembina, Swan Hills, Bonnie Glen, certainly Leduc, all the areas around central Alberta where some freeholders would have the rights, they should watch this unfold very carefully because there could be an additional amount, 1.5 billion barrels, to be lifted from those wells, or produced, I should say. [interjection] I'm sorry hon. member?

**Mr. Snelgrove:** I think that's CO<sub>2</sub> enhancement.

**Mr. MacDonald:** Well, CO<sub>2</sub> enhancement is part of it. Certainly, Mr. Chairman, at some point – and I know I don't want to be distracted by Treasury Board – we're going to have to have a rather robust debate in this Assembly on what sort of royalty should be collected either by the citizens of the province or by the freeholders on this second-chance oil if the experts are right and there are 1.5 billion barrels of oil that now can be recovered from these mature existing fields in the central part of the province, where the infrastructure is already in place, whether it's power to run the oil fields, whether it's the roads to service them, or whether it's the pipelines to collect and distribute the production.

We have a lot of issues here, but the freeholders, I'm sure, are going to pay attention to this. They're going to get on the Internet before they sign the deal with the land person and see what the same company is willing to pay in Texas or New York state or Pennsylvania or Louisiana for royalties. In Texas it's 25 per cent. So we will see what happens with this, Mr. Chairman.

**Ms Blakeman:** Say that again.

**Mr. MacDonald:** In Texas the royalty rate on freeholders, or private property, is in some cases 25 or it could be as high as 27 per cent. Now, I met freeholders in Red Deer that certainly were not getting that.

When we look at the chance we're going to get in Alberta, the marginal oil pools of yesterday have become very attractive. They're the jewels of the future development in western Canada. We can thank technology for this. Of the 98 billion barrels of discovered oil in place in the western Canada sedimentary basin only about 20 per cent has been discovered to date, leaving 77 billion barrels of already discovered oil trapped in tighter reservoirs that can now be unlocked with this technology that I talked about before.

Hopefully, if we were to get this, even if it was a billion barrels of additional production – and the hon. President of the Treasury Board is correct in stating that some of this would come from enhanced oil recovery from CO<sub>2</sub> sequestration. That's going on, as he knows, in central Alberta in a pilot project and down in Estevan in southeastern Saskatchewan. This fracking technology, hopefully, is going to be put to use, and many of the companies that have picked up some of these sort of assets at a very modest price from some of the big players because they thought they were worthless – these are leases where there's an environmental liability to them and nothing else, so we're going to sell them to the junior players. Well, the junior players may be really on to something here, and they're going to have to in some cases approach the freeholders.

In conclusion, Mr. Chairman, Bill 25, the Freehold Mineral Rights Tax Amendment Act, will in the future benefit the freeholders, who have fair and square legal title and legal right to the energy under

their land in all forms. Hopefully, this bill is a step in the right direction and is what they want completely.

Thank you.

**The Chair:** Any other hon. members who wish to speak on the bill?

Seeing none, the chair shall now call the question. Are you ready for the question on Bill 25, Freehold Mineral Rights Tax Amendment Act, 2010?

**Hon. Members:** Question.

[The clauses of Bill 25 agreed to]

[Title and preamble agreed to]

**The Chair:** Shall the bill be reported? Are you agreed?

**Hon. Members:** Agreed.

**The Chair:** Opposed? Carried.

5:10

### Bill 19 Fuel Tax Amendment Act, 2010

**The Chair:** Any hon. member wishing to speak on the bill? The hon. Member for Battle River-Wainwright.

**Mr. Griffiths:** Thank you, Mr. Chairman. I'm very pleased today to stand in Committee of the Whole to speak to the Fuel Tax Amendment Act, 2010. Before getting to the bill itself, I would like to acknowledge the yeomanship of the Member for Red Deer-South for his assistance in bringing forward this bill through second reading. He did an excellent job, and I appreciate his assistance.

Now, the amendments to this bill, Mr. Chairman, will help ensure that Alberta's renewable fuels producers are on a level playing field for fuel tax purposes, and it will support the upcoming renewable fuel standard that will be implemented.

Second reading, Mr. Chairman, provided for interesting discussion and debate, notably on the topic of the renewable fuel standard and biofuels in general. I'd like to thank the hon. members for their comments and discussion, but one question did come up that needs to be addressed promptly that I would like to address now.

The hon. Member for Edmonton-Gold Bar asked if the Treasury lost any money as a result of the past practices that are corrected with this amendment. This is a critical question, Mr. Chairman, because it would be important to understand if we had forgone revenue because of some irregularities or some changes that needed to be made in regulations. The short answer to the Member for Edmonton-Gold Bar is: no, the Treasury did not lose one single dime as a result of the past practices of the previous regulations that are now going to be corrected by this legislation. I'd also like to add that this bill is revenue neutral, and it's not aimed at correcting any loss of revenue.

Mr. Chairman, renewable fuel producers outside Alberta currently are exempt from charging tax in some circumstances when they sell fuel to a full direct remitter. A full direct remitter is any entity that refines fuels or transacts large volumes of fuel in Alberta while Alberta's renewable fuel producers are not exempt from charging the tax.

Now, section 3 of Bill 19 amends section 4 of the Fuel Tax Act to allow Alberta's renewable fuel producers the same tax exemption as fuel producers outside of the province. By providing the same treatment for both Alberta and non-Alberta producers, it ensures

consistency and fairness. In essence, it levels the playing field for tax purposes, and it removes the disadvantages that our own domestic fuel producers were faced with when competing against outside-the-province fuel producers. It will also ease the administrative burden for both industry and government, Mr. Chairman, by ensuring that there is not a mixture of taxed and untaxed fuel at a refinery or at a terminal, which could be difficult to track and monitor.

The next measure, of course, Mr. Chairman, involves information sharing. Section 7 of the bill authorizes Alberta Finance and Enterprise to share information with Alberta Energy for the purposes of both tax administration and administration of the renewable fuels standard. Since many entities will report similar information to both ministries, this will allow each to use the information collected, which helps ease some of the administrative burden and helps to ensure that both programs are being monitored and reviewed equally. It reduces the duplication of reporting burden of ministries to each other and the private sector to two different ministries. This section also authorizes both ministries to collect and use the information for public policy formulation, which is a critical step. This brings the Fuel Tax Amendment Act in line with all of the other commodity tax statutes that the province currently has, so these changes do support the efficient administration of both the fuel tax and the renewable fuels program.

Finally, Mr. Chairman, there are a number of minor technical amendments to remove references in the Fuel Tax Act to blend stocks. Currently the term “blend stock” in the act refers to a nontaxable fuel; however, there are no blend stocks in Alberta, so the term has no real effect. Further, the term “blending,” which is also used in the act, is commonly used by industry to describe the mixing of traditional fuel with renewable fuel, an entirely different meaning than the meaning of the term that’s used in the act. Thus, sections 2, 4, 5, 6, and 8 of the bill remove the references in the Fuel Tax Act to blend stock and some of the instances of blending. However, the term “blending” will not be completely removed from certain sections. In those sections the term can refer to blending in the renewable fuels context standard and will still have application.

In closing, Mr. Chairman, I ask all colleagues to support this bill. Thank you.

**The Chair:** The hon. Member for Calgary-Varsity on the bill.

**Mr. Chase:** Yes. Just a question for the hon. mover of the bill. Do you believe it’s a good idea to basically require a certain amount of blended fuels through government legislation in order to subsidize renewable fuels? My second question is: are the actions in terms of sort of putting Alberta on a level playing field consistent with our Bill 18, Government Organization Amendment Act, 2010, with British Columbia fuel producers and, obviously, with Saskatchewan now included? So, first, should we be requiring a certain percentage of blended fuels, and secondly, are Bill 18 and Bill 19 working together to create not only a level playing field for Alberta, but by creating a more level field for Alberta, are we subject to any argument from either B.C. or Saskatchewan that we’re potentially tilting the table?

**The Chair:** Any other hon. member? The hon. Member for Edmonton-Gold Bar.

**Mr. MacDonald:** Yes. Thank you very much, Mr. Chairman. I would just like at this point in committee to express my appreciation to the hon. Member for Battle River-Wainwright for getting that information. I appreciate it.

Thank you.

**The Chair:** Any other hon. member wishing to speak on the bill? Seeing none, the chair shall now call the question on the bill.

[The clauses of Bill 19 agreed to]

[Title and preamble agreed to]

**The Chair:** Shall the bill be reported? Are you agreed?

**Hon. Members:** Agreed.

**The Chair:** Opposed? Carried.

The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Chairman. I’d move that the committee rise and report bills 25 and 19.

[Motion carried]

[The Deputy Speaker in the chair]

**Dr. Brown:** Mr. Speaker, the Committee of the Whole has had under consideration certain bills. The committee reports the following bills: Bill 25, Bill 19.

**The Deputy Speaker:** Does the Assembly concur in the report?

**Hon. Members:** Concur.

**The Deputy Speaker:** Opposed? So ordered.

5:20

## Government Bills and Orders Third Reading

### Bill 18

#### Government Organization Amendment Act, 2010

**The Deputy Speaker:** The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Speaker. I would move Bill 18, the Government Organization Amendment Act, 2010, for third reading.

The bill itself has had good discussion, but just to recap, it’s a bill which allows us to move forward with the New West Partnership. It’s a bill which recognizes the advantages that have been received by Alberta in engaging beyond our borders with our neighbouring provinces to really enhance the work of the internal trade agreement but to move it forward at a faster pace so that it reflects the strength of the western Canadian economy and the strength that we can have in an Alberta economy in Albertan society when we partner.

**The Deputy Speaker:** The hon. Member for Edmonton-Gold Bar on the bill.

**Mr. MacDonald:** Yes, certainly, Mr. Speaker, Bill 18. I listened to the hon. Government House Leader. I’m not going to say that it was glib, but it was certainly a sales presentation on this bill that I’m not convinced is in the best interests of Albertans.

I would like to know why, before we proceed any further with this, it is necessary that we have the provision to grandfather this legislation going back to April 1, 2007, as I understand it. I certainly would like to know why it’s in our interest to go back over three years with this amendment to the Government Organization Act. In some cases here with this legislation there doesn’t appear to be a

legal recourse. I would like to know through the course of debate how and why this is necessary.

Certainly, some of my other colleagues talked about this earlier in debate, but who has the government consulted with regarding these amendments? In the past we heard from various organizations that they were unhappy with TILMA because it didn't lift provincial standards; it reduced them to the lowest level. In this case, trade certification, many different labour unions had expressed concern about that end of TILMA. Some professional associations also expressed concern about that reduction or diminishing of standards.

I know we need to have closer trade ties. I see the importance of having significant co-operation between the western Canadian provinces. I can understand that, but I'm not convinced as of yet of all the merits that have been proposed by the original TILMA legislation or this amendment to the Government Organization Act.

Now, Mr. Speaker, I would like to bring to the attention of the House 4.4(a), and that is the ability of the respective minister, in this case the International and Intergovernmental Relations minister, to make regulations "defining words or expressions used but not defined in sections 2 to 4.3." There is considerable language that could be, in my view, a lot more specific in sections 2 through 4.3. This is another reason why I certainly would have concern with this.

Reading *Hansard*, there was a discussion earlier about the Arbitration Act and why the Arbitration Act does not apply to a domestic trade agreement. I guess I have to accept that as it was discussed, or at least my interpretation of that.

Certainly, Mr. Speaker, with those comments I will cede the floor to another hon. member of this House. I'm not convinced that the government has talked to the organizations that have had previous concerns regarding our internal trade agreements, and if they have consulted with these groups that I identified earlier, I sure would like to know what those discussions were about and what issues were talked about, what issues were addressed, if any.

Thank you.

**The Deputy Speaker:** The hon. President of the Treasury Board.

**Mr. Snelgrove:** Thank you, Mr. Speaker. I want to thank the hon. members for their questions and the discussion from the discussions we had in committee. There were some questions, and I would like to respond on behalf of the hon. minister to some of them and some of the comments.

The hon. Member for Edmonton-Centre had questions on tax implications under the agreement and, in particular, the new harmonized sales tax in B.C. We said we would look into that, and we have, Mr. Speaker. We can tell you and all hon. members that there in no way will be any tax implications under the New West Partnership trade agreement. Taxation is specifically excluded. Provinces are free to pursue tax policies that are determined to be in the best interest of their province.

In addition, the hon. members also raised concerns regarding the consultation process with Albertans prior to the signing of TILMA. Mr. Speaker, it's no secret that this government recognizes that co-operation, collaboration, and communication are key to any successful agreement, certainly interprovincially, and Albertans were indeed consulted through a variety of methods, which included website updates, news releases as well as consultations with various groups and organizations.

This government met with more than 200 representatives from the MASH sector and countless labour groups and businesses. In fact, the president of AUMA was quoted in a news release from June 25 of last year saying, "The Alberta Urban Municipalities Association

is now satisfied that municipal concerns which the Association raised on behalf of its members have been addressed in the negotiation process regarding the MASH provisions."

The hon. Member for Calgary-*Buffalo* also raised an interesting point during Committee of the Whole. The hon. member asked if this bill would have anything to do with foreign investments such as the current discussion over Potash Corporation in Saskatchewan. In fact, this bill deals strictly with domestic trade and investment. It has nothing to do with foreign investment.

Mr. Speaker, we have had a productive debate in this House, and I hope I have clarified some of the concerns the opposition had raised. There's no question that this bill will improve interprovincial trade.

As someone who represents Canada's only border city, I can tell you that this approach of our three western provinces is going to be absolutely essential if we're going to compete not only with our near neighbours to the south but with our global competitors around the world. In fact, we have over the past few years allowed so many different regulatory differences to creep in between our provinces that sometimes you would think we are different countries: little things such as harmonizing standards for trucks and the movement of goods and services that are essential to build our economy and the little differences that happen from the ports in B.C. into Winnipeg.

5:30

Mr. Speaker, the importance of this agreement can not only be measured by what it's going to do for our three provinces but by how the other provinces approach it. I think we've already seen across Canada other provinces indicating that they, too, want to talk to the importance of removing trade barriers. This is very critical. We don't have to start with all of the provinces agreeing on everything, but when the three western provinces can put to work such an incredibly good opportunity, that we all have here with the resources and the people we've got, it won't be long until our neighbouring provinces of Manitoba, Ontario, and, indeed, the Maritimes will be looking to those kinds of agreements to enhance their opportunities for their people, too.

Mr. Speaker, it's been a privilege to address Bill 18, and I would hope the House would support it.

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

**Mr. Chase:** Thank you very much. In terms of a little bit of lightheartedness, I'm just wondering if the hon. member, the President of the Treasury Board, who lives in the border city which bears his name, has divided loyalties or feels conflicted at times with his location.

But on a more serious set of questions, I'm wondering also, more seriously, if Bill 18 has the potential, because of our agreement with British Columbia, of reducing the price we pay for imported hydroelectricity. My feeling is that I'm extremely grateful that we have got hundreds and hundreds of years of coal ahead of us, but I'd like to see that coal liquefied as opposed to our coal-fired generation, which we currently have, which, unfortunately, has large, belching smoke stacks, that do not contribute to Albertans' health. While it's a less expensive form of electricity, I'm hoping that Bill 18 might see us getting better prices on electricity.

The other problem is that when one of our large coal-fired plants goes down, we're paying a premium price for the electricity we get out of B.C. I'm hoping that the damage done on their river systems, the dams and the hydro, can potentially through Bill 18 be turned to our advantage.

Also, in terms of sort of reciprocal agreements I'm hoping that the Prince Rupert . . .

**The Deputy Speaker:** Hon. member, we have five minutes for comments or questions. Are you using the five minutes?

**Mr. Chase:** Here's my last question, and I would look forward to an answer. Thank you.

Through Bill 18 have we come to a stronger agreement with our container ports and our co-operation with Prince Rupert?

**Mr. Snelgrove:** Mr. Speaker, the utilities agreements between the two provinces are not part of or changed by the TILMA agreement as to the opportunity to strengthen our opportunities for the container ports. Any time that you have governments agreeing on a common purpose in trade, it strengthens your opportunities. I think that what the hon. member would be suggesting is the fact that it's essential for so many of the goods that we produce in Alberta to have that west coast market outlet. I would hope it does. I cannot tell you unequivocally that this agreement changes that, but it certainly enhances the opportunities to do it.

**The Deputy Speaker:** Standing Order 29(2)(a) still allows two minutes and 10 seconds. Any hon. member wish to use that time?

Seeing none, the chair shall now recognize hon. members to speak on the bill.

Seeing none, the chair shall now put the question.

[Motion carried; Bill 18 read a third time]

### Bill 23

#### Post-secondary Learning Amendment Act, 2010

**The Deputy Speaker:** The hon. Member for Lethbridge-West.

**Mr. Weadick:** Thank you, Mr. Speaker. It's my pleasure to rise today and move third reading of Bill 23, the Post-secondary Learning Amendment Act, 2010.

The bill clarifies the authority of postsecondary institutions to create parking bylaws and impose and collect penalties for parking violations.

Thank you, Mr. Speaker.

**The Deputy Speaker:** The hon. Member for Calgary-Varsity on the bill.

**Mr. Chase:** Thank you. Without going into echoing or repeating what I previously said, I support this bill. It is the sort of lowest level of support for advanced education and technology going, and I'm hoping that this is maybe signalling a new move in this province in terms of valuing advanced education, innovation, and technology and that instead of just forgiving parking fines, we'll actually get into investing in postsecondary institutions.

Thank you.

**The Deputy Speaker:** Any other hon. member wish to speak on the bill?

Seeing none, the chair shall now call the question.

[Motion carried; Bill 23 read a third time]

### Government Bills and Orders Committee of the Whole

[Mr. Cao in the chair]

**The Chair:** The chair shall now call the Committee of the Whole to order.

### Bill 16

#### Traffic Safety (Distracted Driving) Amendment Act, 2010

**The Chair:** Are there any comments or questions? The hon. Member for Calgary-Varsity.

**Mr. Chase:** Thank you very much, Mr. Chair. With regard to Bill 16, just for the record and in summation, I would like to have it noted that both the hon. Member for Calgary-Currie and myself had matching subamendments encouraging the province to go a step farther with distracted driving legislation, and that would be to follow the recommendations of numerous physicians in this province of regulating hands-free as well as the hand-held cellular phones. Unfortunately – and I say: unfortunately – the majority of government members felt that this was not the direction to go.

My colleague from Calgary-McCall attempted to provide a sort of bridge amendment which would suggest that we do our due diligence, study the potential effects of collisions, accidents associated with hands-free, do this over a three-year period, report back to this Assembly with the potential of further strengthening the distracted driving legislation by including hands-free as part of the regulation and enforcement. Again, I consider it unfortunate, Mr. Chair, that this sort of backup compromise position was rejected. I do realize that the government is going to be collecting these statistics as it relates to collisions involved with hands-free, and for that I am grateful. I just wish that we had put a timeline on when this legislation would be updated to include a ban on hands-free.

5:40

Companies throughout this province have taken the lead in terms of numerous fleets requiring that their workers pull over when it's safe to do so to carry on any kind of conversation. Bill 16 has already allowed exemptions, rightfully so, for a variety of transports, taxis, et cetera, which would basically kill their business if these exemptions weren't allowed. But it is my hope, Mr. Chair, that at some time we take the lead.

We had an opportunity in this province to lead the world with a ban of hands-free cellular phones, and I'm sorry that we didn't take that opportunity. At least, Mr. Chair, I am hoping that there will be some commitment over the next three years, as my hon. colleague from Calgary-McCall suggested, that in reviewing the scientific evidence, if there is sufficient direction that the distraction is more of a mental nature than a physical nature, this bill will be amended.

I want to make sure it's firmly on the record that I do support the steps that have been taken in terms of distracted driving. I understand the need to go simply beyond the hand-held cellphone to recognize other distractions, some of which are impossible to prevent. I do believe that we need more children in this province, especially of the quality of my two grandsons, so we cannot ban children from riding in vehicles. I suggested earlier that I would like to ban back-seat drivers, but I know that's not possible. So I will be supporting the legislation. I would like to have seen it take a bolder step forward, but I'm definitely in support.

I very much appreciate the hon. mover of the motion, who has had that front-line experience and wants to continue to be proactive and preventative. Therefore, I thank the mover of the bill, the MLA for Calgary-Hays.

Thank you very much. I would think that this will be universally accepted.

**The Chair:** The hon. Member for Edmonton-McClung.

**Mr. Xiao:** Thank you, Mr. Chairman. I just want to take this opportunity to express my support for this bill. First of all, I would

like to thank my colleague the hon. Member for Calgary-Hays for bringing this bill forward. To many people this bill might not be perfect. I got a lot of e-mails, I got some phone calls, and I had a lot of my constituents talk to me about this bill. Some people feel this is long overdue, and some people feel we haven't gone far enough, that we should ban all electronic devices completely.

I think this bill is not perfect. There's no such thing as, quote, perfect. But I would like to see this as a very significant first step in the right direction. I would also like to acknowledge the fact that this is the first bill in Canada. Basically, you know, it's such inclusive legislation: not just the hand cell, the mobile phones that I'm talking about, but it also includes many other distractions. I feel as an individual that we cannot rely on legislation completely because there's no such thing as legislating human behaviour. As citizens we all have to take the responsibility for our own lives, for the lives of others.

So no matter what we do, in this case driving, we've got to concentrate on the road, and we shouldn't do anything else in the cockpit. That's why I feel it is very important to have this bill passed. This would send a strong signal to all the people who are driving, who are on the road. You know, we have to follow the rules and also drive carefully and responsibly. When we talk about distractions, I realize, as many members have already mentioned, that raises many other issues. Given today's technology we have a lot of gadgets in the vehicles. We have a navigation system. We have an entertainment system. We have many other things. I think we cannot just rely on the legislation to eliminate the possibility of causing traffic accidents by distractions. I want to put this on the record.

I'm very happy to see the hon. Member for Calgary-Hays bring this bill forward. As a member of the Public Safety and Services Committee I feel very proud of the fact that the minister and the members of the committee are supporting this bill. I encourage all

my colleagues to support the bill. I definitely will vote to support the bill.

Thank you, Mr. Chairman. I would also like to move to adjourn debate on this bill.

[Motion to adjourn debate carried]

**The Chair:** The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Chairman. I'd move that the committee rise and report – I would say progress, but . . .

[Motion carried]

[The Deputy Speaker in the chair]

**The Deputy Speaker:** The hon. Member for Calgary-Hays.

**Mr. Johnston:** Thank you, Mr. Speaker. The Committee of the Whole has had under consideration certain bills. The committee reports progress on the following bill: Bill 16.

**The Deputy Speaker:** Those hon. members who concur with the report, please say aye.

**Hon. Members:** Aye.

**The Deputy Speaker:** Opposed, please say no. So ordered.  
The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Speaker. I would move that we adjourn until 7:30 p.m.

[Motion carried; the Assembly adjourned at 5:50 p.m.]

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