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The 27th Legislature
Third Session

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The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Third Session

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Legislative Assembly of Alberta

1:30 p.m.

Thursday, November 18, 2010

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon and welcome.

Let us pray. As we conclude for this week our work in this Assembly, we renew our energies with thanks so that we may continue our work with the people in the constituencies we represent this weekend. Amen.

Please be seated.

Introduction of Visitors

The Speaker: The hon. Member for St. Albert.

Mr. Allred: Thank you very much, Mr. Speaker. For several years this Legislature has been the host site for the regional Historica Fair. In 2007 the Legislative Assembly Office initiated an award to recognize Historica Fair participants who demonstrate outstanding achievement in celebrating an aspect of Canadian parliamentary democracy, governance, or political history with a specific focus on Alberta. It's my pleasure to introduce this year's award winner.

Wendy Dyjur was a grade 6 student at the Vital Grandin school in St. Albert last spring when she created an excellent presentation on the role of the Members of the Legislative Assembly of Alberta, an interesting topic, indeed. It turns out that Wendy's grandfather, who I'm sure is not very well known in this House, Dr. Steve West, formerly sat in this Chamber as a member and as a cabinet minister. She tells us that she learned a great deal from interviewing him for her project. I'm sure she did. Wendy is accompanied by her father, Duane Dyjur, her grandfather, Dr. Steve West, and her brother and sister, Raeah and Morgan Dyjur. I would ask them all to please rise and receive the warm welcome of the Assembly.

Introduction of Guests

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

Mr. Elniski: Thank you, Mr. Speaker. It's my pleasure to rise today to introduce to you and through you to all members of this Assembly eight students from the Yellowhead school, accompanied by their teachers, Brian Gizzie and I'm not sure if the next one is Janet Green or Lynn Howard. Nonetheless, I appreciate them always anyway. The Yellowhead school has a great motto. That motto, which is certainly suitable for us here, is Make Good Decisions. I would ask the group to please now rise and receive the traditional warm greeting of the Assembly.

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

Mr. MacDonald: Yes. Thank you very much, Mr. Speaker. It's a pleasure to rise and introduce to you and through you to all hon. Members of the Legislative Assembly a group of 35 visitors from the Suzuki charter school in the constituency of Edmonton-Gold Bar. The Suzuki charter school is planning a grand opening of their new school in our community, the former Capilano elementary school, which was forced into closure by the Edmonton public school board this past spring. I hope the Suzuki charter school has many years of providing excellent education to students at this new location. The group is led today by teachers Miss Shannon Eremen-

ko and also Miss Ashley Lloyd. I would ask the bright and polite grade 6 students to now please rise and receive the warm and traditional welcome of this Assembly.

Thank you.

The Speaker: The hon. the Premier.

Mr. Stelmach: Well, thank you, Mr. Speaker. It's a pleasure to introduce to you and through you to all members of the Legislature 15 very special guests from the Public Affairs Bureau. They are seated in the members' gallery, and they are Mr. John Dolphin, Mr. Jag Sandhu, Mrs. Jolayne Manning, Ms Alexandra Bain, Miss Sarah Lysakowski, Miss Marriam Apdujan, Mrs. Candice Smith, Ms Karen Johnston, Ms Carrie Sencartier, Miss Lisa Glover, Mr. Ryan O'Byrne, Miss Wickens, Miss Jenna Turner, Mr. Scott Sehested, and Mr. Patrick Mears. I would ask them to all rise and receive the traditional warm welcome of the Assembly.

Thank you.

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

Mr. Rogers: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to all members of this Assembly a constituent of mine. Krysteen Fitzgerald is a young police officer from my constituency who was diagnosed with relapsing/remitting multiple sclerosis in 2008. Unable to obtain traditional relief, Krysteen travelled to Mexico, where she had the CCSVI procedure concluded with great results. She is joined today by her mother, Carole, and they're here today as a testimonial for their hope that this procedure will be available here in Canada and in Alberta in the near future. I would ask that they rise and receive the warm welcome of this Assembly.

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

Mrs. Sarich: Thank you, Mr. Speaker. It gives me great pleasure to rise today to introduce to you and through you to all members of the House visitors from my constituency of Edmonton-Decore. They are five representatives from Archbishop O'Leary Catholic high school, which is celebrating their 50th anniversary this year as a school. I will speak more about that milestone celebration in a member's statement this afternoon.

As I mention their names, I would ask them to kindly rise, beginning with Mary Lou Forest, who has been the principal for four years at Archbishop O'Leary school, who is also going through some treatment for cancer at this time. Best wishes to Mary Lou Forest. The whole community is behind you on that, and our prayers are with you and your family. Tim Cusack is the acting principal. Leo Normandeau is a teacher at the school and has been a teacher since 1985. Line Savard is also at the school as head secretary since 2001. Ron Kutney, a former student who graduated from Archbishop O'Leary high school in 1964, has been a teacher at the school since 1987. Congratulations, and thank you for your service. I would ask all members of the Assembly to please give them the traditional warm welcome.

Thank you.

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

Mr. Chase: Thank you, Mr. Speaker. I would like to introduce to you and through you to all members of this Assembly members of the child well-being initiative, CWBI, who are here today in an effort to shed light on the catastrophic issues of child poverty in

Alberta. This is a multidominational group who have provided each member with a symbolic doll bearing messages calling on the government to draft and execute a plan within a year toward eliminating child poverty. Would the members of the group please stand to receive the traditional warm welcome of this Assembly.

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

Dr. Taft: Well, thank you, Mr. Speaker. It's a pleasure today to introduce to you and to all members of the Assembly Dr. PearlAnn Reichwein, a professor who specializes in conservation, parks, and tourism history in Alberta. She has joined us today to express her concerns over Bill 29 and, frankly, her opposition to it. I would ask her, please, to rise. She has risen, actually, in the public gallery. Please, everybody, give her a traditional warm welcome.

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

Mr. Taylor: Thank you very much, Mr. Speaker. It is my pleasure to introduce to you and through you to all members of the House today Daniel Larson. Daniel is a fourth-year anthropology student at the U of A and has a focus in Levantine archeology. On campus he serves as the co-president of the Edmonton Hillel Jewish Students' Association, the umbrella representative body which advocates on behalf of Jewish students in the city, in addition to organizing Jewish educational, cultural, and social programming for the broader student population. Daniel has a keen interest in politics and wanted to accompany his friend, my legislative assistant, Jacque Lycka, on a trip to watch the question period and watch us in action here in the Legislature. If they would rise, please. They are in the members' gallery. Please, everyone, give them the traditional warm welcome of the House.

1:40

Members' Statements

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

Archbishop O'Leary High School Anniversary

Mrs. Sarich: Thank you, Mr. Speaker. I rose earlier to introduce representatives from Archbishop O'Leary Catholic high school and congratulate them on their milestone anniversary of 50 years. It was my honour and privilege to be part of this very special milestone celebration on November 6 along with staff, students, and community members from the past and present. The celebration included an open house and anniversary mass where all former and current students, staff, friends, and many, many family members were welcome to participate in these special festivities. The football team, the Spartans, also hosted a special spirit day and alumni football game on October 21.

Mr. Speaker this high school has become an anchor in the north Edmonton community, opening its doors for the first time in 1960. All students who attended Archbishop O'Leary high school have experienced a long-standing tradition of academic and athletic excellence while continuing to receive an education that emphasizes strong Catholic values and a special sense of community amongst all students. As a parent of children who have attended this school, including members of my husband's family, I can honestly say that they received an education that is second to none. Students also have an opportunity to specialize their program at Archbishop O'Leary high school, which has always strived to tailor programs for all students to suit their interests.

The motto of Archbishop O'Leary high school is *Viam Veritatis Elegi*, we will seek the truth. I know that the students and staff both past and present have continued to live by this particular statement.

This school has played and will continue to play an integral role in the Catholic education system in north Edmonton.

I'd like to thank all students, staff, and families who have supported this particular school and the community. Thank you, Mr. Speaker.

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

Child Poverty

Dr. Swann: Thank you, Mr. Speaker. Today each member of this Assembly was presented with a small, colourful, handmade doll symbolizing children in poverty. I'd like to thank the United Church Women for reaching out to members of this Assembly and touching the heart, the heart of the matter. This child well-being initiative reminds us that child poverty remains a terrible reality, causing misery, disability, and untold loss of human creativity and potential. This travesty of leadership in Alberta, despite unparalleled wealth and resources, has grown in severity as evidenced in our food banks and our housing relief programs.

It's an issue that the Official Opposition has addressed many times in the Legislature. One of our long-standing policies calls for the creation of a child nutrition program to end hunger in children. For about \$2 per student per day we could provide a healthy lunch for all the children at risk of malnutrition in Alberta. Could there be any better investment?

Substantial cuts to family support programs since the 1990s continue to contribute to illness, injury, and preventable problems in our health, education, and justice systems. All of us know that adequate food and shelter are the key elements of a stable family, employment, health, and achievement.

An Alberta Liberal administration would do much more, beginning with a comprehensive plan addressing contributors to child poverty with concrete targets and timelines to ensure progress on eliminating this scourge. We would also appoint an independent child and youth advocate reporting directly to the Legislature.

I hope that the child well-being initiative will help convince lawmakers and leaders that real action is needed now to combat child poverty. We live in a society prosperous enough to ensure that no child need live in poverty. What we lack is the determination to put our prosperity to good use. Children indeed are innocent victims. Let's all commit today to changing that.

Thank you, Mr. Speaker.

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

Children's Vision Initiative

Dr. Sherman: Thank you, Mr. Speaker. Eighty per cent of a young child's learning experience is based on their vision. Our children learn through their eyes. This is why it's so important for all young children to have full eye examinations before they enter our school system. Alberta has recognized the importance of vision care in our children.

I'm pleased to rise again today to acknowledge the innovative Eye See, Eye Learn program. Eye See, Eye Learn is a program from the Alberta Association of Optometrists, funded by the government of Alberta, that educates parents on the importance of early eye examinations and that will provide a free pair of eyeglasses to every kindergarten student who requires them in most of Alberta's school districts.

Mr. Speaker, approximately 10 per cent of children start school with a vision problem, and this percentage doubles by the time they reach high school. The Eye See, Eye Learn program encourages all

parents to have their child's eyes examined by an optometrist before they enter the school system so that they are able to reach their full potential right from the start.

Part of our province's commitment to ensuring that all of Alberta's children have the best chance to succeed is ensuring that all parents have access to the terrific resource. This is why the Eye See, Eye Learn program has reached out to our new immigrant populations by working with the Alberta Association of Optometrists and the Multicultural Health Brokers Co-op to provide information sheets in 12 languages, including English, French, Arabic, Farsi, Korean, Spanish, traditional Chinese, Hindi, Vietnamese, Filipino, Tagalog, Punjabi, and Somali.

Mr. Speaker, all Albertans deserve an equal opportunity to thrive in our education system. I therefore would encourage all parents and guardians to take full advantage of the Eye See, Eye Learn program. Parents can visit www.optometrists.ab.ca for more information on this program or to find an optometrist near them. You don't need a referral to visit an optometrist in Alberta, and parents should be aware that eye examinations are covered by the province for all children below the age of 19.

Mr. Speaker, I applaud our government's vision in funding the Eye See, Eye Learn program and encourage all Albertans to take their eye health seriously. It's never too early or too late to have your eyes examined by an optometrist.

Thank you.

The Speaker: The hon. Member for Strathcona.

Elder Abuse Strategy

Mr. Quest: Thank you, Mr. Speaker. I rise today to speak to you about an issue that concerns me very much: elder abuse. I think everyone here would agree that seniors are vital members of our province and that, like all Albertans, seniors deserve to be treated with respect and with dignity. Seniors continue to give so much to Albertans, to our great province; they're our neighbours, our parents, our grandparents, our employers, our volunteers.

That's why it's an unacceptable statistic that up to 10 per cent of all seniors in our province are victims of elder abuse. Sadly, that number doesn't even reflect the numerous other cases that go unreported. Elder abuse knows no gender, ethnicity, income, or education level. It can take many different forms, from financial and physical to medication, sexual, emotional, and neglect. We know elder abuse happens, and that's why this government has worked to raise awareness and to foster prevention through efforts such as legislation like the Protection Against Family Violence Act and the Adult Guardianship and Trusteeship Act, supporting World Elder Abuse Awareness Day every year in June, funding shelters for seniors escaping from abusive situations, and involvement in partnerships such as the Alberta Elder Abuse Awareness Network.

I'm here today to tell you that we've taken a big step forward. On Tuesday the hon. Minister of Seniors and Community Supports released a strategy that aims to prevent and address elder abuse. It's titled Addressing Elder Abuse in Alberta: A Strategy for Collective Action. It focuses on collaborating with community partners and all Albertans to work together to eliminate this devastating issue. We all have a role to play in preventing abuse, and the strategy speaks to the important part that communities and municipal and provincial governments must play.

Through my work as chair of the Seniors Advisory Council for Alberta we'll continue to raise awareness of elder abuse. The strategy takes a comprehensive approach to addressing this complex

issue. By working together with communities and governments, all Albertans will be able to assist.

Thank you, Mr. Speaker.

Oral Question Period

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

Emergency Medical Services

Dr. Swann: Thank you very much, Mr. Speaker. Not only has the Premier lost the confidence of Albertans, but now he has lost the confidence of a respected member of his own caucus. To the Premier. Let's start with the basics: will the Premier accept that he is the one who bears responsibility for the mess in our hospital system?

Mr. Stelmach: Mr. Speaker, once again we're referring to the ER wait times. This is, as I said, a problem in the province of Alberta, that I'm frustrated with, but also one across the country of Canada. There are solutions to it, and that is what Alberta Health Services has been directed to do; that is that to ensure to reduce emergency wait times, we have to find opportunities for people to access health through different means other than just the emergency response and also have more continuing care beds and a good community-based mental health program.

Dr. Swann: It was the Premier and the current Minister of Energy who created a health care bureaucracy clearly unable to fix these problems. Will the Premier acknowledge that creating Alberta Health Services has been a failure?

1:50

Mr. Stelmach: Mr. Speaker, by going to one board, we now have one CEO as opposed to 12 or 13, I believe, at one time. We also have reduced the number of accounting and payroll systems, all of those, to bring it down and take all of those savings and put them into the delivery of health care services. I believe at one time the estimate was around \$800 million.

Dr. Swann: Well, how is it working, Mr. Premier? That's the question Albertans are asking, not: how many do you have?

Mr. Stelmach: It's actually working quite well because those savings have gone in. We will continue to find any efficiencies on the bureaucratic side of the delivery and put every penny we can into the direct, front-line services because that's where that money belongs.

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

Dr. Swann: Thank you, Mr. Speaker. The government caucus is deeply divided over health care. One of its own members has now publicly stated that the Premier broke the written promise he made to doctors and to the people of Alberta in a letter of February 23, 2008. That member is right, as anyone who reads the letter will see. To the Premier: why did you break the written promise you made in February of 2008?

Mr. Stelmach: Mr. Speaker, the member is referring to a response to the emergency doctors during, I believe, the campaign, that made commitments to increase the number of nurses in the province, to

put more money into health care delivery. Since then we continue to be the only jurisdiction in Canada that has a five-year funding plan in place, increased funding. Nobody has been able to make that commitment, and that allows our Alberta Health Services Board to build better plans for Alberta.

Dr. Swann: Mr. Speaker, that same member, an emergency physician, has written a warning to Albertans: “[I] do not feel comforted that healthcare will be any better with AHS’ inadequate plan to deal with the crisis . . . that we will be facing in the 4 winter months ahead.” If the Premier’s own caucus members are this worried and concerned about Alberta Health Services’ plan, how can Albertans have any confidence in what you’re doing?

Mr. Stelmach: Mr. Speaker, let’s be clear. There are two elements in reducing ER pressures. The first, of course, is moving people as quickly as possible through ERs and making sure that there is appropriate accommodation for them in acute-care beds, a more permanent solution to the issue that they may be facing. The second is to make sure that we are reducing the number of people who access health care through the emergency wards throughout this province, and that is more community-based programs and more primary care networks. We’re up to 38 and growing. About 2 million Albertans now belong to a primary care network.

Dr. Swann: Well, one has to wonder how long this Premier is going to continue to stand up here and say the same things over and over again with no change in the front lines. Your own parliamentary assistant, an ER doctor, has lost trust. Will the Premier appoint a special nonpartisan crisis task force, which includes this parliamentary assistant with other health care experts, to fix this ER problem that Alberta Health Services has failed?

Mr. Stelmach: Mr. Speaker, once again, the opposition is always looking at some other way of spending money in terms of looking to how we can best solve a situation. I have confidence in my caucus, I have confidence in my minister, I have confidence in my parliamentary assistant to make the best decisions. We are a family on this side of the House and will continue to be that family.

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

Dr. Swann: Well, I’m so glad to hear, Mr. Speaker, that they’re feeling like one big family. It’s so visible.

There were three suggestions from Dr. Soibelman, president of the AMA’s emergency medicine section, in the paper today. Your government has consistently ignored the wisdom and experience of front-line professionals, which is why medical staff are so low in morale presently in the health system. What action is the government taking in response to Dr. Soibelman’s advice? To the Premier.

Mr. Stelmach: As I said before, in order to remove emergency wait times, we have to find more permanent solutions, meaning opening up more beds. Tomorrow the Alberta Health Services will be meeting with the emergency docs to discuss the proposal before they make it public on the Monday, I believe, of next week. They’re thinking of making it public once they discuss it with all of the health care providers.

The other is to increase home-care funding. They put in over \$4 million in new dollars, about a thousand more homes, but there’ll be more to come in the very near future.

Dr. Swann: Mr. Speaker, will the government accept the recommendation for diagnostic imaging services, at least, to be available 24/7 to get results quickly and get people in and out quickly?

Mr. Stelmach: Mr. Speaker, throughout most of the province we do have diagnostic imaging, you know, 24/7. I know in rural Alberta we have the capacity to call people back to the hospital to do the imaging. But we will do whatever we can to reduce the waiting lists and also to make sure that the doctors have the most up-to-date health information through imaging as quickly as possible so that they can make the diagnosis quickly.

Dr. Swann: Blah, blah, blah.

Mr. Speaker, we had a man commit suicide last week in the emergency department. We had a child die with a burst appendix in emergency in Edmonton these past few weeks. What is it going to take for this government to move on this critical issue in the health care system?

Mr. Stelmach: Mr. Speaker, I know that a number of families have experienced tragic events in terms of loss of life, and our thoughts and prayers are with them.

With respect to the question raised by the member, I believe I clearly outlined what the Alberta Health Services board is doing and will continue to do. I know that the best way to see the survey, rather than looking at some numbers, is the satisfaction of Albertans as they see progress being made in this area.

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

Mr. Hinman: Well, thank you, Mr. Speaker. As much as this government tries to deny the ER crisis, it isn’t going away. Every day more and more emergency room doctors are speaking out. The Wildrose caucus knows there are far too many cases of patients who have been released by their ER doctors but are unable to leave the hospital because the funding for follow-up care is not allowed. To the Premier: will you please verify that approximately 150 patients at the Peter Lougheed hospital have been released by their ER doctor but can’t leave the hospital because the funding for care doesn’t follow the patient home?

Mr. Stelmach: Mr. Speaker, as I said yesterday, I believe, over 4.3 million, 4.7 million new dollars are going into home care. That’s an additional 1,000 Albertans that can receive home care in their home. We’ll continue to put more resources into that area, but we also have to train more people at the same time. So that’s a continual effort of training more people in various health care capacities to provide the care that people need in their own homes or perhaps in a continuing care facility or in a mental health institution.

Mr. Hinman: Mr. Speaker, our system is penny-wise and pound-foolish. We’ll pay for a respiratory therapist or drugs in the hospital but not if they go home. To the Premier again: are you aware that the funding is not allowed for the patients; therefore, they are kept in ER hospital beds for seven to 10 days because a respiratory therapist or drugs cannot follow that patient home? It’s a very simple thing to switch and allow it, and we’d save hundreds of thousands of dollars.

Mr. Stelmach: Actually, Mr. Speaker, we have a better system in place, that’s growing throughout the province, and that’s the primary care networks. Most of them do have respiratory therapists, so if

you're an asthmatic sufferer and you have some issue with respect to your respiratory tract, you can go directly to the primary care network. You don't have to go through a physician, but you can access that service in the 38 primary care networks, most of them in Edmonton and Calgary but also quite a number of them throughout rural Alberta.

Mr. Hinman: Mr. Speaker, the transitional nurses are not allowed to let someone leave the hospital unless there's proper care there. They don't have a respiratory therapist, they don't have drugs that follow them home; therefore, they're stuck for seven to 10 days in our emergency rooms. Will the Premier not designate a chief operating officer who has the authority to ensure that the funding follows the patient to wherever their designated home is?

Mr. Stelmach: Mr. Speaker, I know that the opposition has, you know, a number of solutions to the ER issue. I outlined what we are doing as a government, but I can certainly understand the opposition's desire, especially that party, to use this issue as a means to take Alberta down the path of a two-tiered European health care system. I can tell you that we are not taking Albertans down that path.

2:00

Mr. Mason: Well, it's not for want of trying, Mr. Speaker. I'll tell you that.

Mr. Speaker, Albertans should be able to trust the word of their Premier, but this Premier's term so far is littered with broken promises. It's not just the NDP that's saying that. His own parliamentary assistant for Health and Wellness said this:

The Premier made a promise to the ER doctors in writing and has broken his promise not only to the ER doctors, but also to the seniors, the 1.8 million Albertans who present for emergency care and their 2 million family members, and to all frontline healthcare professionals.

My question is to the Premier. Why did you break your promise two years ago to ER doctors?

Mr. Stelmach: Mr. Speaker, as I answered in the earlier question, I made a commitment to increase the number of nurses being trained in this province, to build the necessary infrastructure. Part of the way of resolving some of the ER situations is to have more continuing care beds. We will have our thousandth bed open this coming January. We're over 800 now. Our target is 1,300. So that is a good gain in continuing care. But we also have to remember that every month we see 2,000 seniors added to our demographics in the province.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, I got the e-mail from the hon. Member for Edmonton-Meadowlark and parliamentary assistant for Health and Wellness, and he says, and I repeat it again: "The premier made a promise to the ER doctors in writing and has broken his promise." My question to the Premier: is the Member for Edmonton-Meadowlark right or wrong?

Mr. Stelmach: Mr. Speaker, all I can say is that I maintain my commitment to the emergency doctors. I said very early in the campaign of March 2008 that we're going to get everybody together to work towards one common goal, set aside our personal goals, set aside our differences. I can tell you that one good example is to have the United Nurses of Alberta come forward. They agreed to a zero, zero, and 2 per cent increase over the next three years. That's

going to really help us out over the next year to meet many of the challenges we have in health care.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, I invite the Premier to step out of his message box and actually answer a question for once. The question is: is the Member for Edmonton-Meadowlark right or wrong when he says that the Premier made a promise to the ER doctors in writing and has broken his promise? Is he right or wrong, Mr. Premier? Please answer that question.

Mr. Stelmach: Mr. Speaker, the hon. member also has my reply, and he can see in that reply that what we wrote to the docs is increasing the number of people that are providing care in the hospitals and also to ensure that we maintain the infrastructure and build new infrastructure. I know we're going to take a lot of the pressure off in cancer treatment by adding three additional radiation vaults in Grande Prairie and Lethbridge and Red Deer so that people don't have to drive hundreds of miles to Edmonton or Calgary for treatment. Those are the things that we're going to see, these big changes in Alberta that will improve our quality of life.

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

Mr. Taylor: Well, thank you very much, Mr. Speaker. I wasn't going to ask about health care, but listening to the questions and the answers that have gone back and forth so far today, I am, and I'm going to ask my questions to the Premier. To the Premier: if primary care networks in this province are working so well, then why are so many sick Albertans falling through the cracks?

Mr. Stelmach: Mr. Speaker, they are working well, but the demand continues to grow for health care in this province. It's a matter of demographics, a matter of us doing more: more heart transplants, more heart surgeries, bone and joint replacements, many things that we're doing in larger number than we did before. I do know that primary care health networks are working because in just talking to those that are involved, the patients especially, the people who access services are very satisfied with the service they're receiving.

The Speaker: The hon. member.

Mr. Taylor: Thank you, Mr. Speaker. Well, again to the Premier: if things are working so well except for this minor little annoyance that our demographics are changing and the demand is outstripping supply, if he can give us that answer today, why can't he and his government get ahead of this curve?

Mr. Stelmach: Mr. Speaker, I don't know why we want to point fingers at the seniors population and say: well, it's a minor issue. It's not a minor issue. We're all living longer. We're enjoying a good quality of life in the province, so let's not blame one demographic. We know that we're going to be living longer, of course, and we have to make those changes. As I said, 1,300 new beds added just this year alone with another thousand being added next year. That's 2,300 new beds paid for by the taxpayers of the province.

Mr. Taylor: Thank you, Mr. Speaker. Let's be clear. I wasn't blaming the province's seniors; I was blaming the Premier.

How much longer does the Premier expect Albertans of any age and stage in life to wait until things get better on the health care file? How much longer?

Mr. Stelmach: Mr. Speaker, there are improvements every day notwithstanding what you hear from some of the opposition members, but especially with the issues being raised here, yet calls from people that have had good access, have been dealt with with huge satisfaction levels, especially those that have been surprised with a diagnosis of cancer and have worked through therapy, radiation and are now here, healthy, to tell us the good parts of what we have accomplished.

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

Civil Forfeiture Program

Mr. Olson: Thank you, Mr. Speaker. In 2008 this Assembly passed the Victim Restitution and Compensation Payment Act, and as you know, it enables the provincial government to ask the court for a civil order forfeiting to the province property either acquired by illegal means or used as an instrument of illegal activity. There's been quite a bit of comment recently about this program, and that's also prompted some questions in my constituency, the question being: so what are you doing with the money? What's happening with the money? I'd like to ask that question to the Minister of Justice and Attorney General.

The Speaker: The hon. minister.

Ms Redford: Well, thank you, Mr. Speaker. Through the successful seizure of property and the sale of property by court order we've been able to establish the civil forfeiture fund. We've recently announced, just on Tuesday in fact, a \$150,000 grant to the Alberta Council of Women's Shelters to develop pilot projects and added shelters in rural Alberta to deal directly with victims of domestic violence.

Mr. Olson: My first and only supplemental will be for the Solicitor General. It's good that we've got programs that are supporting survivors of domestic violence. My question is because of some recent concerns I've had from constituents, chilling stories about family violence, and they don't have confidence that the justice system can protect them from future violence. My question for the Solicitor General is if something more can't be done to intervene ahead of time rather than after the fact.

The Speaker: The hon. minister.

Mr. Oberle: Thank you, Mr. Speaker. The hon. member is right. There are some chilling stories out there, and sometimes the system can't respond quick enough to help people. That is why we established the ITRAC unit that operates under ALERT. It's a group integrated between RCMP, municipal police, and sheriffs, a multidisciplinary group that's very well trained and very well experienced, that provides threat assessments and risk management reports in cases of domestic violence and stalking situations. We've already assisted more than 400 people, provided 117, I think, formal threat assessments.

The Speaker: Is there an additional question?

Mr. Olson: No.

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

Child Poverty

Mr. Chase: Thank you, Mr. Speaker. The child well-being initiative was launched three years ago in reaction to a dramatic increase in the number of children accessing food banks and housing programs. Sadly, this government's refusal to make child poverty reduction a priority has meant that the situation is no better today for the 78,000 Alberta children living in poverty. Affordable housing, a living wage, food security, and quality child care are essential pieces to achieve a reduction in poverty rates. To the Minister of Children and Youth Services: will the minister commit to implementing a tangible plan to reduce child poverty within the year?

The Speaker: The hon. minister.

Mrs. Fritz: Well, thank you, Mr. Speaker, for this question. I appreciate the question, but I'd like to begin by thanking the guests that were introduced earlier for these precious dolls. I understand that 315 were made to create awareness of the reason why we need a poverty reduction strategy. Also, they were created with a prayer. I know I will cherish this gift, and I do look forward to meeting with this group later.

In answer to the question, as the member indicated, children are not poor; it's their families that are. We need to work together with all the ministries here that are involved in government in increasing the stability . . .

The Speaker: The hon. member.

Mr. Chase: Mr. Speaker, I pledge my support to the minister of children's services in terms of trying to come together with a solution. I'll be glad to work with you.

To the Minister of Education: given that children have the right to achieve their full potential regardless of economic circumstances and that one of the most gnawing consequences of poverty is hunger, will the minister commit to implementing a school nutrition program so that no child goes to school in Alberta hungry?

2:10

Mr. Hancock: Mr. Speaker, there is much good work happening across the province in the area of children's nutrition in schools. For example, in the Northland school division all of the schools that I've been to have kitchens and have programs in those schools. In many other schools there's a Breakfast for Learning program. So rather than building a big, province-wide bureaucratic breakfast program or child nutrition program that puts lunches in every school, I think the good work that happens in our communities needs to be supported. I do support it, both personally and as a department.

Mr. Chase: There is no doubt, Mr. Speaker, about the good work being done by volunteer programs. It needs the co-ordination and the support of the Ministry of Education.

To the minister of health: given that poverty is the number one determinant of health, will the minister take the lead in ensuring the physical and mental well-being of Alberta's children?

Mr. Zwozdesky: Mr. Speaker, I have a number of initiatives in that respect, and I'm working very closely with the Minister of Education as well as I am with other ministers because we recognize the importance of this area. In fact, it is one of the central planks of our first-ever wellness forum, that I'll be hosting on December 1, 2, and 3. We're bringing together educators, people from the municipal levels, obviously from the medical community care workers, and others to talk about a team-based approach that will help us achieve even greater results than we're already seeing today.

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

International Trade Strategy

Mr. Quest: Thank you, Mr. Speaker. On Tuesday the Minister of International and Intergovernmental Relations tabled the province's new international strategy. I looked over the document, and it looks nice, but I'm more interested in the substance. To the minister: can she tell us what in this 40-page strategy is different or new?

The Speaker: The hon. minister.

Ms Evans: Thank you, Mr. Speaker. We continue to be an export-based economy, and this strategy outlines the kinds of things we're going to do, like engaging Albertans that live in other places to get involved in advocacy for the province, forming an internal network to make sure that we're not at cross-purposes between various departments in working together, and working with Alberta businesses abroad. We've had some great successes thus far, and expanding on this advocacy piece will be an important part.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. First supplemental to the same minister: can the minister please outline how Albertans and how Alberta businesses were involved in shaping this strategy?

Ms Evans: Well, for one thing, Mr. Speaker, we now have a website, albertacanada.com, that gives us an opportunity for people to have input. The universities, the colleges, the cities, the regional economic development authorities, and the Chamber of Commerce were part of the discussion that helped us put together the materials that are in the report.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. Second supplemental to the same minister. The report says that the province should expand the international offices when economically feasible. To the minister: when might that be, and where would these new offices open?

The Speaker: The hon. minister.

Ms Evans: Thank you very much, Mr. Speaker. I was asked that question today by the media, and the response I'll give him is the same I have now: until we are back in the black, until our province is seeing that we can grow programs, growing a program like our international offices, which might be very valuable to do and I thoroughly believe in, we'll have to delay until we have the resources. We have got Brazil, the Middle East, and India, where the Premier just was, that are very important trading nations. Opportunities for the future will simply have to wait until we have more resources.

The Speaker: The hon. Member for Edmonton-Riverview, followed by the hon. Member for Red Deer-South.

Health System Acute-care Beds

Dr. Taft: Thanks, Mr. Speaker. The Minister of Health and Wellness has stood in this Legislature day after day to read lists of new hospital beds and programs that he claims to have been opened. The problem is that there's growing concern that what the minister is really doing is opening beds in one area by closing them in another, like rearranging the deck chairs on the *Titanic*. Total capacity isn't growing at anywhere near the rate the minister claims. So to the Minister of Health and Wellness: how many of these supposedly expanded services are really just reallocations of existing staff and beds?

Mr. Zwozdesky: Mr. Speaker, I think the hon. member would remember that one of the first acts that I did back in January or February was to ensure that 150 acute-care beds would not be closed in Calgary and approximately 150 or 160 acute-care beds in Edmonton would not be closed. Since then we've asked for more, in fact, to be opened. That's why I keep giving out these numbers, because they're not getting them.

Now, there are a few cases where some beds have been closed, and a commensurate same number might have been opened. The Peter Lougheed Centre is one such example. They closed 120 or 130 beds, somewhere in that neighbourhood, and they opened a brand new wing with the same amount. So there are certain circumstances . . .

Dr. Taft: The minister of health always seems to have this list of new beds to read from when he's cornered, but people are feeling he's played that game too long, and frankly nobody, not even his caucus, trusts him anymore. Will the minister of health quit playing his games and table the total list of acute-care beds by hospital so that we can see whether he's telling the truth or not?

Mr. Zwozdesky: Mr. Speaker, let's be clear. The number of new transition beds that have opened are the numbers that I've been rolling out. The number of new hospice beds are the numbers I've been rolling out. There will be some detox beds. There are 21 brand new medical assessment unit beds, that were just announced last week, at the Royal Alex. Those are brand new beds. They also have six observational unit beds. Those are brand new beds. I don't know how much clearer you might want that to be. I could try and give you other numbers if time would permit.

Dr. Taft: Well, those brand new beds are being created because they're closing similar numbers somewhere else in the same facilities. Albertans put their lives on the line when they go to our hospitals, so will the minister put his job on the line? If the medical assessment units that have been opened at various hospitals are just reallocations of existing staff and beds instead of real expansions of total capacity, will he resign for misleading this Assembly?

Mr. Zwozdesky: Mr. Speaker, you know, the member is so far off base. These are net new beds in most cases. That is additional capacity that's being added. In fact, with respect to the 250 new beds that were announced back on October 20, that results in 230 new full-time equivalents having to be hired. That's new people. I don't know why he's continuing to mislead folks with the information, that is clearly false, which he's giving out. It's just not right.

The Speaker: The hon. Member for Red Deer-South, followed by the hon. Member for Fort McMurray-Wood Buffalo.

Michener Hill Village

Mr. Dallas: Thank you, Mr. Speaker. I continue to hear from constituents and their family members who are concerned about stories they are hearing regarding care services at Michener Hill Village during this transition period. They want assurance that appropriate and adequate care is being provided. To the Minister of Health and Wellness: what actions have you taken to assure families and the people of Red Deer that the safety and care of residents is absolutely secure at this facility?

Mr. Zwozdesky: Mr. Speaker, the folks at Alberta Health Services, in fact, were asked to complete a site visit of the Extencicare Michener Hill centre. They did that yesterday, hon. member. They toured this brand new 280-bed facility. As part of that they went in there to look at the standards of care that were being provided and to see where improvements might need to be made. However, as with any major move such as this you have to allow a little bit of time to address some of the challenges that inevitably arise, and that is being done.

Mr. Dallas: Mr. Speaker, my first supplemental is to the same minister. These concerns have been ongoing since Michener Hill Village opened in September of this year. How can we assure residents and their families that any concerns going forward will be addressed promptly and to their satisfaction?

Mr. Zwozdesky: Mr. Speaker, that, too, is in fact occurring. Alberta Health Services is continuously monitoring all of the sites, including this one. With respect to Extencicare Michener Hill, in fact, they have asked their patient concerns officer to become even more directly involved to ensure that the standards of care are being met so that the safety, security, and quality of service being provided is at the utmost. That is part of this advocate's role.

Mr. Dallas: My second supplemental is to the Minister of Seniors and Community Supports. What are you and your department doing to actively support the Michener Hill Village residents? Where are the details?

Mrs. Jablonski: Mr. Speaker, I want to make it perfectly clear that the safety and well-being of all seniors in care is a priority for me and for this government. I understand that there are concerns, and these concerns are taken seriously. Michener Hill was inspected by my department when it opened, was in compliance, and will be inspected again very soon. I have visited Michener Hill several times and spoken to staff, residents, and their families, and many of them are very excited about their new home. I want them to know that my department will continue to monitor this facility.

The Speaker: The hon. Member for Fort McMurray-Wood Buffalo, followed by the hon. Member for Edmonton-Gold Bar.

2:20 Emergency Medical Services (continued)

Mr. Boutilier: Thank you very much, Mr. Speaker. The Member for Edmonton-Meadowlark, an ER doctor who I'd trust my son's life with and also the parliamentary secretary to the minister of health, made a comment and quite simply said that the Premier has broken his promise. My question is to the minister of health. I want to

know: since the Premier has broken his promise, will you validate the very extreme and sincere comments by the faithful member in your caucus?

Mr. Zwozdesky: Mr. Speaker, I don't think the Premier broke any promise. In fact, which other Premier has had the courage to stand up and say that we're going to give health services in this province a five-year funding commitment? Which other province has done that? None, to my knowledge. Which other Premier has said we're going to have a five-year action plan to accompany that and aggressive performance measures, which are still to be coming forward? That's what's different today than a few years ago. Dealing in the past isn't going to solve today's problems. Let's deal with today.

Mr. Boutilier: I asked him if what the Member for Edmonton-Meadowlark had said was true or not. You're basically saying it's not true, if I understand you correctly. Will you answer the question? What the member wrote was correct, and will you indicate in this House to the people of Alberta that what he wrote was correct? I will wait here until hell freezes over for an answer, and then I'll fight you on the ice.

Mr. Zwozdesky: Mr. Speaker, it's so unfortunate when a person who has been elected to this Assembly is so desperate that they have to jump so low into the gutter to try and make a point. You know, it's just so unfortunate. I don't know what the hon. member might have written. I don't have that information whatsoever. What I do know is that there are some overcrowding issues in emergency rooms in some cases, and we're addressing those. There is a plan, and there will be even more progress between now and Christmas.

Mr. Boutilier: Mr. Speaker, I will table that, given what the minister has just said. The Member for Edmonton-Meadowlark copied you on the e-mail, and you're saying you don't know what he wrote. Is what you just said in this House true?

Mr. Zwozdesky: Mr. Speaker, when this member gets so emotional, you never know what memo he's referring to or what exact e-mail he might be referring to. I get about 300 e-mails per day, and there are occasions when I'm a few days behind. That's just the reality of being in this office. However, if he wants to send me something over so that I can have a look at what it is that he's confusing himself about, I'll be happy to clarify it.

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

Termination Benefits for Former Health Managers

Mr. MacDonald: Thank you, Mr. Speaker. In the last two years this lavish government set aside \$45 million from the health budget to gold-plate the extra pensions of the 119 very lucky Health Services managers. Jack Davis was one of them, and he now receives a \$22,000 pension for life from this government – \$22,000 a month. To the minister of health: is he your friend? Why was this \$45 million spent on pension top-ups when the needs of patients in emergency rooms were ignored and those needs were so urgent?

Mr. Zwozdesky: Mr. Speaker, I don't know the details of the contract that he's talking about, but when a contract gets signed, then the ensuing administration has to honour it. If the numbers are

correct – and I don't know if they are or not. That goes back to a previous era. I'd have to have a look at it.

Mr. MacDonald: Mr. Speaker, it's not a previous era. This minister signed off on the Alberta Health and Wellness annual report, and it's in that report. I would suggest you read it, sir.

Now, again, published reports reveal that in 1995 there was one hospital bed for every 400 Albertans, and now there is one hospital bed for every 515 Albertans. Why did this government fork over \$45 million for gold-plated pensions and not for urgently needed hospital beds?

Mr. Zwozdesky: Mr. Speaker, as of March 31, 2009, my records show there were approximately 7,700 acute-care beds, and as of March 31, 2010, that was increased by 100, up to 7,800 beds. Clearly, the numbers are moving in the right direction. But that's not the only part of it. There are all of these other beds. There are a number of brand new long-term care beds, designated assisted living beds, mental health beds, addiction beds, continuing care beds, palliative, and hospice. There are so many beds out there.

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. The reality is that in the last 15 years as we've spent more money lavishly, we have less hospital beds for sick Albertans. Now, again to the minister: why was \$45 million forked over in the last two years for gold-plated pension top-ups when the Norwood Glenrose long-term care facility, which is urgently needed here in Edmonton, was put on hold because there was no money left? You squandered it all.

Mr. Zwozdesky: Mr. Speaker, let's be very clear that the Health Services budget has received a very significant increase this past year. We've also taken over responsibility for \$1.3 billion of a deficit that they had, and we've assured them of a five-year funding plan. It works like this: 2 per cent to account for inflation growth, 2.5 per cent that will account for population growth and the aging population factor, and 1.5 per cent more for innovation, new procedures, new techniques, new equipment, new pharmaceuticals. That's the stability and predictability that we need and want.

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

Competitiveness Review

Mr. Fawcett: Thank you, Mr. Speaker. Over the last several months I have spoken to many business owners and stakeholders in my constituency in Calgary and across the province. Many have identified taxation and regulatory burden imposed at the municipal level as their biggest barrier to competitiveness. My question is to the Minister of Finance and Enterprise. As we go through reviewing the competitiveness of key industries in our province, are we looking at total tax and regulatory burden imposed on business, including those at the municipal level?

Dr. Morton: Mr. Speaker, the answer is definitively yes. We are partnering with industry in the competitiveness initiative to look at tax and regulatory factors that do affect the competitiveness of Alberta's businesses in the global market. I expect that there will be a benchmark report released by the Competitiveness Council in the coming month that will show where we stand on tax and fiscal issues and regulatory issues relative to comparable jurisdictions. That will serve as a benchmark for where we go from here.

The Speaker: The hon. member.

Mr. Fawcett: Thank you, Mr. Speaker. My first supplemental to the same minister: once this report is produced, how is the government going to reduce the regulatory and tax burden on businesses?

Dr. Morton: Mr. Speaker, the same four task teams dealing in the areas of agriculture, grains, and oil seeds; petrochemicals; manufacturing; and financial services will give final reports in June of 2011, next year, with specific recommendations to deal with regulatory issues. Also, we have had, of course – this is not something new to the government of Alberta – the Regulatory Review Secretariat since 1999. It's been very successful in reducing the number of regulations in the past and more recently has undertaken to identify cost of regulation as one of the factors that needs to meet approval.

The Speaker: The hon. member.

Mr. Fawcett: Thank you, Mr. Speaker. My final supplemental is to the Minister of Municipal Affairs. Can the minister tell this House what he's doing to ensure that municipalities are doing their part in making our province the best place to invest, operate a business, and create jobs?

Mr. Goudreau: Mr. Speaker, we are working with municipalities to ensure that Alberta's property taxes stay generally lower than other jurisdictions, other neighbouring provinces. The present financial support that we give to municipalities allows them to do that. Unlike other jurisdictions, Alberta restricts the ability of municipalities to tax property by different classes. In Alberta businesses with major infrastructure must be taxed the same way and at the same rates as some smaller local merchants. We will continue to work with industry and municipalities to make sure that they remain competitive and provide a competitive environment.

The Speaker: The hon. Member for Edmonton-Centre, followed by the hon. Member for Whitecourt-Ste. Anne.

Long-term Care Beds

Ms Blakeman: Thanks very much, Mr. Speaker. This government's response to a dire shortage of long-term care beds in this province is to pretend that people don't really need long-term care and to push private-sector assisted or supportive living beds instead, but I have had reports that 30 per cent of beds or more at the Sturgeon hospital and as many as 200 beds a day at the Royal Alex are taken up with patients waiting for long-term care beds. To the minister of health: since hospitals can only move a person from acute or subacute care to a long-term care bed, why is the minister only funding new assisted living care beds? Isn't the government the bed blocker?

2:30

Mr. Zwozdesky: Mr. Speaker, that's partly true, but in fact people who are in acute care can also be moved to a transition bed, and that's why we have moved some people into transition beds. That's why in Edmonton, for example, we have about 71 more beds in acute-care hospitals that are comprised of transition beds or medical assessment unit beds or some other types of beds such as the medical observation unit beds, so as to take some pressures off emergency.

The Speaker: The hon. member.

Ms Blakeman: Thank you very much. Transition beds are limited time, and you've got those transition beds by closing something else.

Now, wait times for ER in Red Deer are the highest in the province for regional hospitals. Will the minister order that the Valley Park Manor long-term care facility remain open to help seniors get off long-term care wait lists and open up hospital beds in Red Deer?

Mr. Zwozdesky: Mr. Speaker, the staff working at the Red Deer regional hospital are doing a fantastic job in emergency and elsewhere. We were just in touch with them through my office a few days ago, and I have to tell you that on certain days this month they got it well settled. There were zero emergency in-patients on a day or two of those past several days, and they're moving in the very right direction with the way that they're providing care there.

The Speaker: The hon. member.

Ms Blakeman: Thank you. Again to the same minister: given that the minister of health's continuing care strategy, page 12, states that the province will propose incentives for outside partnerships for construction of supportive living accommodations and therefore won't create any new, additional long-term care beds, why is the minister pretending that he is creating long-term care beds when he is not?

Mr. Zwozdesky: Mr. Speaker, in fact, we are. Just to follow through, Extencicare Michener in Red Deer just created 280 beds, new beds. That's an additional capacity of about 60 beds, and many of those 280 beds are new long-term care beds.

The Speaker: The hon. Member for Whitecourt-Ste. Anne, followed by the hon. Member for Calgary-Buffalo.

Commercial Vehicle Weight Regulation

Mr. VanderBurg: Thank you, Mr. Speaker. Within Whitecourt-Ste. Anne hundreds of log haul contractors have millions of dollars of investments in their equipment. These folks are the wealth generators in this province. There seems to be a movement within Transportation to make these log contractors and their equipment obsolete, especially their log trailers that have track width less than 2.9 metres and were built prior to 2001. My questions are all to the Minister of Transportation. What's driving this ludicrous change?

Mr. Ouellette: Well, Mr. Speaker, I can tell this hon. member that safety is very, very important to this ministry, and that just about drives everything we do within the ministry. Occupational health and safety had concerns about winter weight loads being hauled on trailers with narrower tracks, so a study was done that showed that the wider-tracked trailers were more stable for these heavier winter weights. The changes are being phased in over a 15-year period of time.

Mr. VanderBurg: Well, here we go: another study. Boy.

Given that these trailers are meeting the safety standards and are very expensive to replace, will you find a way for this equipment to remain in service?

Mr. Ouellette: Well, Mr. Speaker, the member brings up a very good point in that narrow-track trailers can be operated very safely within winter weights, but it's a simple matter that these wider-track trailers are even quite a bit more stable. That's one of the reasons that I agreed to extend the original 10-year phase-in until the spring of 2016. This will give industry some extra time to either replace those trailers or retrofit the axles that are on them. This is about finding a balance between safety . . .

The Speaker: The hon. member. [interjection] The hon. member, please.

Mr. VanderBurg: Well, thank you, Mr. Speaker. I accept that probably a good way to resolve this issue is giving them that extension.

Are there any new rules or regulations that you're considering that'll cause undue harm to this industry? I need to know that before I go home this weekend.

Mr. Ouellette: Well, Mr. Speaker, I want to tell this member – I want this member to know – that there's no bigger supporter of this industry than this government. I'd like to point out that it's just the winter weights on narrow trailers that are being phased out, not the trailers themselves. The industry does have a choice and can continue using the narrow trailers after 2016 if they're just hauling the standard weights. We consulted extensively – and I know you want me to sit down now.

Hate Crimes

Mr. Hehr: Mr. Speaker, yesterday the Minister of Children and Youth Services questioned my motivation for raising the concerns of the Devine family in this Assembly. I can assure her that my only motivation is that I'm trying to do my job, and it's time for the minister to start doing hers. Yesterday in this House the minister stated that her employees are doing good work, but in simple conversation with the Devine family this contradicts that statement. I'd ask: does the minister know what's going on in her department, or does she just not care about the facts?

The Speaker: The hon. minister.

Mrs. Fritz: Thank you, Mr. Speaker. I can assure you that my department, my staff are firmly focused on the best interests of children. I can also assure you I know that that is my job, that that is their job. I really think it's too bad that this member cannot make that same claim.

Mr. Hehr: Well, Mr. Speaker, to the same minister. I have a sworn statement here that shows that after the Devines were victims of a vicious home invasion, your staff tried to bully the Devine family, alleging that their social activism detrimentally affected their abilities as parents. I call that victimizing the family, but you seem to think that's a job well done. How about finally admitting your mistake and apologizing to them?

Mrs. Fritz: Mr. Speaker, this member is asking me to take him seriously in bringing whatever it is that he's bringing to the floor of the Assembly in the way that he does. Yesterday in *Hansard* – and it was the day, as you know, that we were recognizing the rights of the child – this member called the situation that he just described now “absurd and, frankly,” that he finds it “a little bit comical.” I can tell you that there's absolutely nothing comical about this situation. Also, I can tell you the information that you have is inaccurate.

Mr. Hehr: Well, what I'd said was that the minister's response to me was absurd and comical, and I'll say that again. Her response today is absurd and comical as well. It's not dealing with this situation.

Instead of being able to help the police with their investigation or to comfort their battered family, the Devine family became the

victim of a witch hunt by Children and Youth Services because of their beliefs. I want to know what the minister's justification is for violating Mr. and Mrs. Devine's fundamental freedoms, contained in section 2 of the Charter.

Mrs. Fritz: Well, Mr. Speaker, I go back to this, and I said this earlier, and you know this as well. Even for how you're bringing this to the floor of the Assembly, you were very clear about this. There was absolutely nothing that was in place or a process, policy, procedure that was violated in any way through this ministry. In fact, what you're bringing here is absurd.

I can tell you as well, Mr. Speaker, that my obligations are clearly spelled out in the Child, Youth and Family Enhancement Act and in FOIP legislation. It says that the minister

shall preserve confidentiality with respect to personal information that comes to the Minister's . . . attention . . . and shall not disclose or communicate that information except in accordance with the Freedom of Information and Protection of Privacy Act.

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

Wintertime Highway Maintenance

Mr. Rogers: Thank you, Mr. Speaker. With the first snowfall there's always a lot of adjustment needed by drivers to adapt to the road conditions, but the experience on highway 2 in the last two days begs some questions to the Minister of Transportation. Mr. Minister, has your department reduced winter maintenance standards on Alberta's busiest highway?

Mr. Ouellette: Mr. Speaker, absolutely not. In fact, our contractors have increased the number of plows and operators on Alberta's major routes in recent years. Thankfully, we had some advance warning of last night's storms, and our contractors were out there creating the best road conditions possible given the weather. Our methods and standards are so good that other provinces and countries have adopted them.

The Speaker: The hon. member.

Mr. Rogers: Well, thank you, Mr. Speaker. Mr. Minister, many of my constituents travel highway 2 on a daily basis and are very concerned about the amount of drifting on the highway and want to know why more isn't being done. Does your department have a policy on using snow fences or other methods to combat drifting?

Mr. Ouellette: Yes, Mr. Speaker, we do use snow fencing in certain areas where drifting is quite common. The area that this member refers to is not traditionally that high a drift area, but when we get winds from unusual directions, such as what occurred last night by Leduc, we will get drifting there. My department and its contractors use a number of different tools in places where they will do the most good.

2:40

The Speaker: The hon. member.

Mr. Rogers: Well, thank you, Mr. Speaker. Again to the minister: what can be done, Mr. Minister, to ensure that plows respond earlier in a snowfall and don't wait until significant accumulations before they get out on the highways?

Mr. Ouellette: Well, Mr. Speaker, as we know, there's a lot more technology that we have today. Our contractors use a lot of this advanced technology to help them respond proactively to weather

conditions. We have over 75 road weather information stations on our highways that our contractors can access to help them better predict where and when the snow and ice will build up the most or likely be. In addition to the advanced technology, our contractors are out on those roads while the rest of us are sleeping. They get out there, and they check road conditions and get ready to deal with those conditions.

As I mentioned earlier, in my first answer, Mr. Speaker, there are more plows out today than there have been in the past.

The Speaker: Hon. members, 18 members were recognized today. There were 106 questions and responses.

I'd just like to advise hon. members that on Monday international recording artist Gord Bamford will be in the Assembly to lead us in the singing of our national anthem.

In a few seconds from now we'll return to our Routine, in about 15 seconds. We have a very tight 18 minutes ahead of us.

Members' Statements

(continued)

The Speaker: The hon. Member for Calgary-North Hill.

Calgary-North Hill Constituency Round-table

Mr. Fawcett: Thank you very much, Mr. Speaker. As all hon. members know, the most important aspect of our job is to listen to our constituents. Lately there has been a lot of talk about how social media can make this an easier proposition, and in many respects that sentiment is true. However, I have found that nothing replaces face-to-face contact. Beyond the requirement to listen, it is also important for hon. members to facilitate and engage their constituents in important policy matters and discussions.

For these reasons I put considerable effort into periodically hosting round-table discussions. A week ago Wednesday I hosted the sixth round-table discussion since being elected to this House as the Member for Calgary-North Hill. Last Wednesday's topic was education. More specifically, we discussed ideas put forth in the inspiring action on education framework and future potential changes to the current School Act. Other topics have ranged from discussions on energy, the environment, the economy, provincial budgets, health care, even urban inner-city community challenges. These discussions are purposely focused and have provided me, the representative, with some very broad and specific knowledge about topics from the constituents that I serve.

In total approximately 50 community volunteers, opinion leaders, advocates, and activists in the Calgary-North Hill constituency have participated in one or more of these discussions. These individuals range from seniors, community association board members, high school students, small-business owners, school and parent council volunteers, locally elected representatives, and average citizens with extraordinary passions.

Mr. Speaker, as you are quite aware along with many hon. members of this House, no matter how hard we try, it's impossible to talk to each and every citizen in our constituency. However, utilizing a format such as a round-table discussion that includes a good cross-section of participants is a great opportunity to get feedback on important issues. I want to thank all of those that have participated not only for their time but their passion and dedication in making our province and the communities in Calgary-North Hill the best places to live, work, invest, and raise a family.

Thank you, Mr. Speaker.

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

Cheremosh Ukrainian Dance Company

Mr. Mason: Thanks very much, Mr. Speaker. Albertans are proud of the outstanding accomplishments of the Cheremosh Ukrainian Dance Company over the past 40 years. Many of us have enjoyed watching one or more of their exciting performances. Founded in 1969 by Chester and Luba Kuc, the Cheremosh Ukrainian Dance Company began with 19 dancers. The company has grown to include four performing groups, a dance school, and over 100 dancers at various levels.

Based in Edmonton, the company is a leader of Ukrainian dance in Canada. Cheremosh still passionately pursues the goals of its first artistic director, modernizing Ukrainian folk dance and conveying the history and values of Ukrainian people dramatically and effectively through dance. They entertain audiences and further the growth of the rich Ukrainian culture in Canada.

Since 1984 Cheremosh School of Dance has been hosting an annual festival. Every year more than 3,000 Ukrainian dancers gather to perform and share their passion for dance. The Cheremosh festival is one of the largest of its kind in North America. It is a rewarding, constructive, and enjoyable event highly anticipated by Ukrainian dancers of all ages. Through discipline, determination, and hard work Cheremosh has earned phenomenal local, national, and international success. The organization, mostly driven by volunteers, many of them former dancers, continues to grow and foster excellence in the richly intense energy and spirit of Ukrainian dance.

For over four decades Cheremosh has not only trained hundreds of dancers to perform; it has strengthened and satisfied their desire to understand and celebrate Ukrainian heritage and has nurtured a connection with roots steeped in stories and bright colours. Cheremosh has provided dancers, volunteers, and tens of thousands of Canadians who witness the unforgettable cultural entertainment experiences a glimpse of the rich mosaic of Canadian and Ukrainian culture.

We in the NDP caucus celebrate the Cheremosh Ukrainian Dance Company's milestone 40th anniversary. We look forward to Cheremosh continuing to thrive and inspire Albertans for decades to come.

Thank you, Mr. Speaker.

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

National Philanthropy Week

Mr. Rogers: Thank you, Mr. Speaker. Every year in November during National Philanthropy Week Albertans take time to recognize the contributions volunteers, donors, and philanthropists make to our province. While one can measure the amount of money donated or time given, it is those intangible effects of generosity and support that are so important to our communities. Whether it is through Alberta's enhanced charitable tax credit, the highest in Canada, or formally recognizing Albertans here in this Assembly, our government understands that at the heart of a healthy, vibrant province are the men, women, and youth who continually put community before self. The last Statistics Canada summary on charitable donations noted that Albertans made a \$1.4 billion contribution in charitable donations in 2007, so it is apparent that Albertans are some of the most generous, giving people anywhere.

But in an ever-changing social and economic landscape charitable and nonprofit organizations are not without struggles. A group can only go so far with monetary support alone. I'm very proud that our government, through a series of ongoing consultations and dialogue with charitable groups across the province, has shown that in order

to improve things, we must listen and work together. It will be through innovation and thinking outside the box that we will create a thriving charitable and nonprofit sector. A recent *Globe and Mail* article spoke about businesses forgoing typical cheque-writing to support charities. Instead, they're using their business know-how to create efficiency; have measurable, attainable goals; and leave a sustainable, lasting legacy to help those groups to thrive.

Mr. Speaker, my call to action for the members of this House and for all Albertans is to continue to give, continue to encourage youth to volunteer, and continue to help those in need. It is that spirit of generosity that builds and sustains healthy and vibrant Alberta communities.

Thank you, Mr. Speaker.

Notices of Motions

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

Ms Blakeman: Thank you very much, Mr. Speaker. At this point I would like to give notice that at the appropriate time I will ask that the ordinary business of the Legislative Assembly be adjourned to discuss a matter of urgent public importance, namely the imminent risk to the health and safety of Albertans due to the state of emergency medical services in this province.

Thank you, Mr. Speaker.

The Speaker: The hon. Deputy Government House Leader.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I rise pursuant to Standing Order 34(3.1) to advise the House that on Monday, November 22, 2010, motions for return 14 and 15 will be dealt with.

2:50 Tabling Returns and Reports

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I would like to table the requisite number of copies of the following annual reports: the 2009 annual report from the College of Alberta Denturists, the 2009 annual report from the Alberta College of Medical Laboratory Technologists, and the 2009 annual report of the Alberta College of Optometrists.

Thank you.

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

Dr. Sherman: Thank you, Mr. Speaker. I'd like to table the appropriate number of copies to the Legislative Assembly of a proposed petition to be presented. It's a request that the Assembly "use the present conditions in the lives of Alberta's children as the lens to view and revise its policies to eliminate child poverty and its many manifestations in Alberta."

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

Mr. Chase: Thank you, Mr. Speaker. I am tabling, as you directed, a sampling of the hundreds of e-mails I continue to receive from citizens opposed to Bill 29: from Athabasca Jennifer Luckay, Kate Neigel; from Banff Leslie de Bie, Gary and Shirley Truscott; from Black Diamond Peter Oxtoby; from Bon Accord Pamela Stuart; from Bragg Creek Sharon Bayer; from Calgary Ryan Ancelin, Alan MacKeigan, Gerry Richardson, Heather Hood, Carmen Gustafson, Alistair Des Moulins, Josee Archambault, Greg Fredeen, Polly Lee

Knowlton Cockett, Alla Guelber, Sonia Gonsalves, Christina Pickles, Gord James, Sarah Elmeligi, Marijke van Wijk, Lisa Oldridge, Dirk van Wyk, Philip Sarsons, Shannon Curry, Aspen Uzelman, David Crowe, Neal Sanche, Robert Johnston, Bryon Benn, Elspeth Wilman, Jackie Blair, Paul Ruchlewicz, Sheila Tyminski, Thomas Chau, Sarah Makson, James Potter, Scott McKay, Tys von Gaza, Sheila Brown-Eckersley, Chris Hooymans, Gerry Drotar, Libby Hancock, Payman Janbakhsh, Cameron Ansorger, Gord Percival, Diane Roylance, Graciela Pelayo, Lana Stone, Wendy Iredale, Richard Campbell, David Watt, Eileen March, Jonathan Lytton, Gregor Brandt, Jacqueline Louie, Rob Davidson, Ken Schmaltz, Tammy Duncan, Marg Meisner, Meagan Abbott, Patrick Kelly, Julia Pulwiczki, Samantha Weyers; from Canmore Chris Turner, Eric Langshaw, Alex Mowat, Alan and Heather MacFadyen, Karen Halkier, Shauna Morey, Patrick Delaney, Geoff Hill, Jen Olson, Adam Burrell, Joanne Hill; from Caroline Dennis Traverse; from Cochrane Pamela Banting, Linda Mackay; from Coleman Richard Cooke; from Cowley Jillian Lynn Lawson; from Dalemead Corinne Dahm; from Devon Richard Cairney; from Edmonton Chris Buyze, Hannah Milne, Franki Harrogate, Ted Donald Campbell, Leah Girhiny, Brian Stephens, Bill Pearce, Michael Hunter, Karen Wall, Linelle Henderson, Kamren Farr, Bernhard Brinkmann, Erin Pollock, Brian Ladd, David Poetker, Craig Dockrill, Brad Jones, Tannis Fong, Josefine Singh, Michael T. Roeder, Chris Vallee, Pamela Wight, Marianne Kennedy, Mike Dickey, Bali Symenuk, Adrian Thyssse, Clay Ellis, David Roberts, Marshall Boyd, Bridget Linder, Joshua Krabbe, Amy Fung, Noelle Hajjar, Dan Archambault, Don McCabe, Ken Collett, Jenny Meers, Kristy Lerch, Ben Cates, Jason Harcus; from Exshaw Sue Arlidge; from Fort McMurray Melissa Grogan; from Fort Saskatchewan Jeff Zukiwsky; from Grande Prairie Carley Termeer, Nicole Martens; from Granum Melanee Thomas; from Jasper Carol Doering; from Lethbridge Barbara Dickinon, Annie Martin; from Priddis Bob Toothill; from Red Deer Mrs. B.J. Denhaan; from Sherwood Park Ryan Melnichuk, Jeff Manchak, Chris Bordato; from Stony Plain Heather Plaizier; from Strathmore Lori Downey; from Three Hills Brianne Lovstrom; from Vegreville Kurt Klingbeil; from Vancouver, B.C., Patrick Thompson, Peter Gumplinger, Joanna Bernat; from Nelson, B.C., Shaun King; from Quathiaski Cove, B.C., Don McEachern; from Gold River, B.C., Joanne Folkins; from Victoria, B.C., James Ramsay; from Quesnel, B.C., Tim Landon; from Kelowna, B.C., Joan Uzelman; from West Vancouver, B.C., Wilfrid Lamb; from Salt Spring Island, B.C., Karen Clark; from Sooke, B.C., Linda Hughes; from Squamish, B.C., Theodora Carroll; from Sussex, New Brunswick, Gart Bishop; from Toronto, Ontario, Mandy Newby, Stephanie Forder, Benjamin Liadsky, Stephanie Wood; from Ottawa, Ontario, Frithjof Lutscher, Celeste Côté, Erin Hope, Sara Whitteker; from Goderich, Ontario, Rian Allen; from Montreal, Quebec, Leni Parker; from Saint-Laurent Doris Potter; from Gatineau Estelle Hjertaas, Meredith James; from Saskatoon, Saskatchewan, Andrew Johnson, Gretchen Peterson, Andrew McKinlay; from Regina Jennifer Doucette; from Newfoundland Lois Bateman. [interjections] I will save the others, Mr. Speaker, for another day.

The Speaker: Hon. member, you're going through the tablings. If you have their names, continue and get the tabling out of the way.

Mr. Chase: Okay. It's quick. Thank you, Mr. Speaker, for your permission to do so. From St. John's, Newfoundland, John Jacobs; from Hammonds Plains, Nova Scotia, Michael Slusar; from the U.S. Leslie Waters, Christine Lynch, Lisa Jensen, Russell Schumann; and Andrea Pfeuti.

Thank you, Mr. Speaker.

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

Mr. Hehr: Thank you, Mr. Speaker. I have a tabling today. It's an affidavit of Mr. Jason Devine that goes through in detail the incident that happened at his house and then his interactions with child services after.

Thank you very much.

Projected Government Business

The Speaker: The Official Opposition House Leader.

Ms Blakeman: Thank you very much, Mr. Speaker. At this point under Standing Order 7(6) could I ask the Government House Leader to please share with the Assembly the projected government business for the week beginning November 22 and the government business beginning that evening.

Thank you.

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. On Monday, November 22, in the evening we would anticipate dealing with second reading on bills 21, 22, and 29 and then in committee bills 17, 24, 26, and 27 and as per the Order Paper.

On the 23rd in the afternoon in Committee of the Whole we would anticipate spending time on Bill 17, Alberta Health Act, and, time permitting, Bill 20, the Class Proceedings Amendment Act, 2010, and Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, 2010, and as per the Order Paper. In the evening in Committee of the Whole bills 21, 22, 28, 29, 17, and 26 and as per the Order Paper.

On Wednesday, November 24, we would anticipate spending the afternoon on Bill 17, the Alberta Health Act, but as per the Order Paper. In the evening Committee of the Whole on Bill 17 and third readings of bills 20, 21, 22, 26, and 28, depending on earlier progress and as per the Order Paper.

On Thursday, November 25, in the afternoon third reading on bills 24, 26, 28, 29, depending on progress and as per the Order Paper.

The Speaker: Hon. members, in about a minute and a half we're going to have an interesting question. The chair has ruled in the past that if he had to deal with a point of order or point of privilege and if it started before the 3 o'clock provision with respect to Standing Order 7, we would continue beyond that. In no other circumstances have we ever continued beyond 3 o'clock unless there has been a request made to continue to deal with the business identified in the Routine. We do have an application from the hon. Member for Edmonton-Centre under Standing Order 30. We will go beyond 3 o'clock. I must recognize now that I guess in less than a minute I'd have to get up and advise all members if I'm going to permit this to go on. This is the first time we've had this that I can recall. So I'm going to sit down and see if anybody is going to present any motion basically saying that we can go beyond 3 o'clock with a complete Routine.

Ms Blakeman: I would ask the support and permission of the House to waive the standing order referred to by the Speaker in order to proceed with the Standing Order 30 that I had given notice of earlier.

Thank you.

The Speaker: The hon. Member for Edmonton-Centre has rightfully given notice for a Standing Order 30 application. Standing Order

7(7) says, "At 3 p.m. the items in the ordinary daily routine will be deemed to be concluded and the Speaker shall notify the Assembly." The Speaker has notified the Assembly, and a member has asked for unanimous consent to go beyond 3 o'clock to conclude this business. So I will ask the question. I will ask the question, only one question. Is any member opposed to us continuing the Routine beyond 3 o'clock? If so, say no.

[Unanimous consent granted]

The Speaker: Hon. Member for Edmonton-Centre, please proceed.

3:00

Emergency Debate

Emergency Medical Services

Ms Blakeman: Thank you, and thank you for the support of the House to allow me to continue. I appreciate that. The text of the motion has been circulated to everyone, but to put it on the record, I'm asking under Standing Order 30 of our standing orders here that the ordinary business of the [House] be adjourned to discuss a matter of urgent public importance, namely the imminent risk to the health and safety of Albertans due to the state of emergency medical services in this province.

Mr. Speaker, a similar Standing Order 30 request was brought to suspend the regular business of this House some three weeks ago, and since then we've been unable to find many improvements. Mostly there's been only further decay in the system. Indeed, doctors that I've consulted say that there are periodic improvements, but those are relatively transient and complicated often by other factors like training and availability of home care. I'm conscious of the citations available under *Beauchesne* and the *House of Commons*, that I am arguing the urgency of the matter, but the issue of a crisis in emergency care across Alberta is compounding itself, with the urgency of the situation continuing and exacerbating.

For example, Mr. Speaker, we have had a hanging in an emergency room, and this absolutely should not happen. Aside from what has happened to the individual and their family, this person was in a care facility. There was not capacity to adequately supervise that individual, so we have someone who was in obvious distress and in a moment of vulnerability was able to hang himself in an emergency department. Aside from what happened to that individual, just imagine being the staffperson who eventually found him.

We've had another miscarriage in a waiting room in Calgary. Now, that was brought to the attention of the government in the July 2008 memo from the ER doctors, and there has been no improvement and no change there. We've had a child dying in emergency with a ruptured appendix shortly after their arrival, and that reflects a failure to respond with full capacity. They did not have the adequate resources.

None of the 322 cases detailed by the ER docs recently are condemning in and of themselves, but the totality is that the system is not working. Other problems persist, like the number of doctors available, a lack of general long-term beds to discharge people to, and the lack of fulfillment of a mental health strategy.

I looked under the *House of Commons* 689 to 698 around urgent and important and requiring urgent consideration. While there was some consideration possible under the previously published projected government business, under the House leaders' business published today and circulated to everyone in the opposition and to members of the government caucus, that bill is not up for debate today. So under *House of Commons* on page 693 we are talking that

the matter is related to a genuine emergency, and the importance and specificity of the issue is important. While we talk often about problems throughout the care system, we are dealing specifically here with a failure of resources, trained staff available, and ways of addressing the wait-list times in the ERs. That is immediately relevant and of attention and concern through the nation, which fulfills that part of the *House of Commons* requirements.

When I go to *Beauchesne* 387 and 389, indicating the primary concern and specifically whether there's opportunity for debate elsewhere, I have a long list that I usually run through for the Speaker, but I will note here that it's not before the courts, the ER issue was not specifically mentioned in the throne speech, there's no press release that I've seen, nor is there a budget that is going to deal with this imminently, no notification of a supplementary supply budget. Under opportunities for debate the Speaker himself often asks us to understand that Oral Question Period is not a place for debate. Under a government bill on the Order Paper we do have Bill 17. As I said, it's not on the House leaders' agreement of business today, and that bill specifically leaves all program details to regulations, so we have no idea how the government would respond specifically to this.

I also looked under *Beauchesne* 659 around second readings – and the second reading we've had earlier this week – specifically saying that this is about the whole principle; it is not regular to discuss in detail the clauses of the bill. When I look at section of 689, on Committee of the Whole, it indicates that there can be motions brought forward, but it is not on the Order Paper until next week, and we are not willing to let the intervening five days pass without the opportunity for more detailed debate on this specific issue. Based on the numbers that we are seeing for the last period of time, we essentially have a flatline in what's happening in our emergency. Even though the government has had this detailed since 2008, these lines are flat. So not enough is happening there.

The Royal Alex has the highest-volume ER in the province. The eight-hour response time over the last week has decreased, Mr. Speaker. According to the weekly emergency department length-of-stay summary, the wait times have increased. There's a percentage change there, and it's not to the good side.

Also, we're coming into the cold and flu season, where ERs are even more pressed dealing with the frail, the elderly, the homeless, and other disadvantaged, particularly the downtown emergencies. So the urgency of this issue continues for the House and for Albertans.

It's so urgent, Mr. Speaker, that a government parliamentary secretary has broken ranks to directly criticize the Premier, the minister, and the government. I can think of no better way to illustrate the seriousness of this issue. If I may quote directly from that member's memo, he says,

please do not feel comforted that healthcare will be any better with AHS' inadequate plan to deal with the crisis [that's the ER crisis] and disasters that we will be facing in the 4 winter months ahead," referring, as I said, to an influx of the cold and flu season.

I ask the Speaker to please rule in favour of this motion and put the question to a vote of the Assembly. Thank you for hearing me today.

The Speaker: Let's really be brief – okay? – because I'm prepared to deal with this matter.

The hon. Minister of Health and Wellness.

Mr. Zwodzesky: Thank you very much, Mr. Speaker. I will be brief. I don't think the system is in a crisis as has been described.

People need to know that there will be emergency care given to them if it's required. Nonetheless, I am prepared to support this motion, and I want to explain, very briefly, why. When a similar motion – and I don't know the exact wording of it – was brought forward on October 25, I knew that we would be bringing the Alberta Health Act into the Assembly and that there would be a chance to debate all of these issues. I was correct in assuming that, because the debate surrounding Bill 17 so far has been very varied, wide ranging, and so on.

Nonetheless, that was then, and this is now, as they say. We won't have another opportunity to meet in this Assembly for about four days as has been just mentioned. We had thought that we might do some additional debate on the bill last night. That was not able to occur because time was consumed with other important bills, and, similarly, it couldn't be scheduled for today. Nonetheless, I will support this motion, Mr. Speaker, for those reasons as well the fact that it would give us the chance to also clarify some of the misconceptions that some people may have. I'm sure there will be some new information brought forward as well.

It will give us a chance to talk in more detail about the plan that is coming forward to address this issue. I'll have a chance during the debate portion to talk about some of the directions that I have given, some of the requests I have given to Alberta Health Services, including things like the hiring of new staff, opening more new beds. We can talk a little bit more about some of the monthly averages, which are starting to come in the right direction. They're not moving fast enough for me to feel comfortable with it, especially with the flu season, which is now here. It wasn't here three weeks ago, but it's certainly here now, and we're seeing some cases. And I'll be able to elaborate a little bit on the discussion I had with the doctors.

So for that reason, Mr. Speaker, I'm going to be very pleased to support this motion for a debate in this Assembly on the overcrowding pressures in some of our emergency rooms in this province.

The Speaker: Hon. members, I'm not going to recognize any other members on this point, please. I'm going to deal with the decision. We have a limited amount of time on Thursday afternoon. It's 10 minutes after 3. I will put the question, "Shall the debate in the urgent matter proceed?" because I've come to my conclusion that the request for leave is in order, but I want to have on the record why. First of all, the Member for Edmonton-Centre did meet the requirement of providing at least two hours' notice to the Speaker's office and the parliamentary authorities on the subject: *Beauchesne* in paragraphs 387 to 390 and pages 689 to 698 of the *House of Commons*.

3:10

I want to just clarify what happened on October 25. Basically, one of the rules says that you cannot deal with the same matter twice in the same session of the Legislature. On October 25 the House determined that the matter would not proceed, so in fact from that semantic thing we did not deal with it on that particular day.

One of the considerations that the chair must take into account with respect to all of this is the general willingness of the House to proceed with this debate. I indicated that I had already made up my mind before even listening to the arguments, despite the merit of the arguments, the background basis for this, including the fact that since we have started to sit this fall, there have been 54 questions in question period with respect to this subject, and there have been 108 supplementaries with respect to it. Clearly, that's 162 questions and responses on this one particular matter, notwithstanding that the

Alberta Health Act has passed second reading and is in committee. There was an opportunity there. But it just seems to be of general willingness and interest because looking at the questions that were raised, they came from all corners of the House.

The situation is very, very simple. I shall ask the question, "Shall the debate on the urgent matter proceed?" after indicating the request for leave is in order. If 15 or more members rise, the debate will proceed. Each member who wishes to speak will have 10 minutes to do so until all who wish to speak have done so or until the normal hour of adjournment. Shall the debate on the urgent matter proceed?

[Several members rose]

The Speaker: Without a count it's very clear in my mind that there are beyond 15, so I will recognize the hon. Member for Edmonton-Centre to proceed with the debate. Then I will recognize the hon. Minister of Health and Wellness.

Ms Blakeman: Sorry, Mr. Speaker. Did you allow me to speak first?

The Speaker: Absolutely. It's your motion. Go forward.

Ms Blakeman: Thank you, Mr. Speaker. I will cede my place to the Leader of the Official Opposition.

Thank you.

The Speaker: Okay. We're dealing with 10 minutes' speaking time, right?

Ms Blakeman: Yes, indeed, for each individual that speaks.

The Speaker: Okay. Please proceed.

Ms Blakeman: Thank you.

Dr. Swann: Thank you very much, Mr. Speaker, for this opportunity. I can't think of anything more urgent that we discuss in our Legislature than this crisis in health care, that has been called close to collapse by a number of most revered professionals in the system.

I want to put a little context around it. I see emergency as the canary in the mine shaft. In that sense we have a whole system that is straining under poor leadership and poor management. The elimination of beds over the last 15 years; the lack of clear, distinct planning for dealing with the increasing pressures on the system; the inappropriate disruptions to the system; major reorganizations on three occasions in 15 years; and the failure of a particular structure now, which was based on no evidence and no world experience, have pushed us over the top in terms of the ability of a system to respond to either the regional or the more major urban issues that we've been dealing with with a growing and aging population, many of the things that we've heard so much about.

To get to the point, emergency room physicians, who are on the front lines of these issues, have said as far back as 2007, but in 2008 322 cases itemized as very poor care, unacceptable care, risky care, and preventable deaths went to the former minister of health, now the Energy minister, and to the Premier with specifics and requests for action. These were not even responded to. The emergency physicians did not get a response from that very serious request with itemized violations of basic medical care.

To bring us up to the present, there is an ongoing strain on the system, that doctors continue to report on, with intermittent deaths,

in the case of a suicide. Indeed, it's my understanding that there were 12 suicides in hospital in these last four years. A recent suicide in the emergency department itself, a child with a burst appendix that did not survive within the emergency department because of lack of capacity to respond in time, and, frankly, the hundreds of cases that are reported by individuals to members about the suboptimal care, the delays, the frustrations in emergency departments for them and for their family members: this is real, human suffering that has not been seen in this province in the last 50 years. There is an urgent need, then, for action.

What is our solution? We have suggested a five-point plan called back to basics. Return to some regional delivery system. We cannot have one board managing a system of 90,000 employees across this province, ranging from prevention programs through early intervention, investigation, treatment, addictions, cancer, and end-of-life care. It is simply impossible to manage this from a single board.

The second recommendation is that we mobilize more family physicians. There are retired physicians. There are foreign-trained medical graduates who are prepared to do work in their communities and nurses who are retired and able to come to the fore.

The third has to do with long-term care beds. We have been at this for several years, and this government, in order to make short-term savings, is compromising the care for long-term individuals.

Home care services. These have been cut over the years, only recently put back on the front plate and being funded. If old people and disabled people are not supported in their communities, in their homes, they are going to end up in hospitals and in doctors' offices unnecessarily.

The fourth element is prevention. A lot of this is about early intervention, identification of problems, rehabilitation of people who shouldn't even be in hospitals and maintaining them as well and productive in the community.

Those, Mr. Speaker, are the essence of what I think would solve the problem. In the most urgent of the cases we believe that a task force is now needed in the short term to move the system and the Health Services Board, that is not able to deal with this, clearly. After two years of flatlining, as we've seen, in emergency wait times, we need a task force made up partly of professionals in the system who see and deal with these issues on the front line. We need an array of experts that will advise this Health Services Board and this minister in the very short term to turn this around.

Christmas season is only going to increase the demands on the system, with possibilities of the flu pandemic, vehicle accidents: all kinds of potential problems that are only going to aggravate the situation. A task force is needed because, clearly, the existing advice and this existing board are not up to the task.

Thank you, Mr. Speaker.

The Speaker: Hon. members, I have received quite a number of notes. We will proceed in the following order for the next four: the hon. Minister of Health and Wellness, followed by the hon. Member for Calgary-Glenmore, followed by the hon. Member for Edmonton-Rutherford, followed by the hon. Member for Highlands-Norwood.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I know this a highly charged and emotional debate, and it's one that I'm going to enjoy listening to and participating in. I want to make a couple of remarks in this regard, specifically with respect to the overcrowding pressures that are occurring in some of our major acute-care centres in Edmonton and Calgary in particular. That is not to say that I'm not aware of some other locations such as Red Deer and so on where pressures also exist.

Nonetheless, I want to start by talking a little bit about the bottlenecks because this was the major subject of the discussion that I had with the head of emergency room doctors in Alberta just three weeks ago or so. Some of those bottlenecks we've already addressed, Mr. Speaker. We know, for example, that people who come into emergency rooms sometimes require overnight stay, what we call admitted patients or emergency in-patients. We also know that when the people then go looking to find a bed for them outside the emergency rooms, the first place they go is normally to the acute-care side of the hospital: where can we send these patients who need overnight accommodations?

However, when they get there, they find out that in many cases the acute-care beds are already full, so that's where some of the bottlenecks start to occur. That's why it's important to know that we have a plan this year to open 1,300 additional spaces in the community called continuing care beds. That's comprised of a different and a more comprehensive list of bed types: DAL, supportive living, long-term care, et cetera. However, we have 1,300 of those beds that are currently being worked on. Eight hundred, Mr. Speaker, have already been opened; 500 more will be opened very soon, before the end of March. That will help.

3:20

Similarly, a number of the statistics that I've already given I'd like to give again, just so people know that this issue is serious, and we're taking it seriously, and so is Alberta Health Services. We are working on it very aggressively. Those figures include the additional transition beds that were already opened at the Royal Alex and are helping. Obviously, there's more that still needs to be done, as our figures would show. We're talking about additional medical assessment unit beds, that I've talked about, that have opened there – 21 more of them have opened – four new transition beds at the University of Alberta hospital, another pressure point in the system; and as of just this week, I believe, 14 more transition beds that were opened at the U of A or will be within a day or two.

We're also talking about additional seniors' mental health beds that are going to be available at Villa Caritas, not just 106 but an additional 44 because that entire site now is going to deal with mental health beds.

In December 12 more detox beds will open in the community here in Edmonton.

Similarly, Mr. Speaker, in Calgary. We know that at the Rockyview in September an additional 20 transition beds were opened, and an additional 32 transition beds were opened at the Peter Lougheed. We know that during the weeks of November 2 and November 9 a combination of 12 more transition beds were opened at the Foothills hospital in Calgary. We know that this week they're on track to open 12 more transition beds at the Rockyview hospital. We also know that by the end of this month 20 more hospice beds will be opened at the Peter Lougheed hospital and that by the Christmas period of December 15 an additional 26 transition beds will open at the Foothills.

There's a lot. I'm not going to read all of the good news, but there is something that is being done here. That's part 1 of the plan, to open up more beds to address what is some of the bottlenecks. Those beds are in the community, and some of those beds are in the acute-care hospitals, where emergencies are dealt with.

Secondly, I also want to talk about the additional staff that are being hired to deal with some of these issues; for example, staffing requirements for 250 beds that were announced on October 20 for Edmonton and Calgary for the period of October to December. We know that approximately 230 FTEs will need to be hired to deal with the additional beds that are being opened. Acute-care beds:

approximately 120 of them, Edmonton and Calgary combined. A total of 164 FTEs need to be added, and that will include RNs, LPNs, health care aides, allied health persons such as physiotherapists, other support staff, and so on.

There are a number of additional people that will be needed for the approximately 130 additional continuing care beds that are opening in that same period in Edmonton and Calgary combined. A total of 65 FTEs will be needed for that, including RNs, LPNs, health care aides, and so on. With 120 acute-care beds coming on, which are a part of the 250 I alluded to, about 164 FTEs will be needed there. I could go on, Mr. Speaker, but I want to move to the next point.

The next point deals with some of the monthly averages. I could tell you, Mr. Speaker, that the gains have not maybe been as great as any of us would like. But since we've looked at the September averages, looking forward to the first 14, 15 days of this month, I could tell you that the averages are starting to come down. They're coming down slowly, and they're not coming down in all cases – let's be clear – but they are starting to show signs of improvement.

My concern, Mr. Speaker, as Minister of Health and Wellness is that we do an even more aggressive job to bring those numbers down to where we really need to see them so that we can be better prepared as a health system to deal with what is sure to come, and that is the flu season. That will hit us. Well, it's already starting to hit us, but it will hit us even more. We're doing a lot to start moving those monthly averages down.

The first part is the beds. More beds in the community and more beds in acute-care hospitals, as I've said, will help.

The second part of this is to deal with other issues such as what's causing people to go to emergency in the first place. Now, there are two basic categories here that the doctors have explained to me, and remember that these are their words. Number one are the people with true emergencies. They have a real emergency need, and they should be going to the hospital, and they will continue to be given the best care possible when they do.

But then there's another group of people who perhaps don't really have emergency room types of situations, and they could be and should be going somewhere else. That's part of this Rubik's cube. They need to go to a doctor in some cases. Perhaps they need to go to an urgent care centre or to a medical clinic or wherever they need to go, but in many cases they can't access that particular system. In some cases in the province there might be doctor shortages, and we're addressing that as well. So it's not just one simple thing.

One thing that is going to help a lot is a third part. The third point is with respect to home care. Now, this came up in the House today, and the fact is that we're increasing home-care funding through AHS by about 7 or 8 per cent this year. It's one of the more significant increases in terms of that aspect of their budget, and there will be over \$400 million that will be going toward home care. Now, that number without some relevance maybe doesn't connect with everybody the way that I would hope it might. What it means, Mr. Speaker, is that people who are in home-care services can expect to have better and more home-care service available for them. That will keep them getting the service they need, perhaps, in their homes versus having to go to emergency.

That doesn't mean that if they have an emergency, they shouldn't come to emergency. Of course they should. That's why we have two pilot projects in this respect. We have one in the Misericordia hospital since January, I believe, and one in Calgary. What it requires is for somebody from home care to be right there in the hospital emergency room doing their own sort of triaging, if you will, to help those people right away and then ensure that the plan is in place so that when they are discharged, they can go straight home and know that the supports are going to be there.

That leads me to my fourth point, and that is with the discharge protocols. We have to talk more with docs to see what kind of help we can get on rearranging our discharge protocols. At the moment it's seldom the case that doctors are discharging on Saturdays and Sundays. I mean, they need a break. They need some time off, too. We have to respect that. But if we could figure out a way to start discharging on Saturdays and Sundays, that would free things up for what is usually the busiest day in emergency, and that is Mondays. In other words, we could open up some beds by looking at discharge protocols that would speed that process along. That's another thing that we're working hard on.

My next point is with respect to the asks and the directions that I asked Alberta Health Services to pursue. I asked them to ensure that the performance measures surrounding people who are nonadmitted patients in emergency – in other words, those who do not require an overnight stay – should not exceed four hours of stay. Now, that's a target, Mr. Speaker, and that might have to have an ebb and a flow depending on certain overcrowding pressures that will occur from time to time. I've asked them to improve their protocols by Christmastime for that four-hour group and also for the targeted group in the eight-hour section. The eight-hour section: that group is people who will need an overnight bed for one or two or more nights.

So there's a lot being done, Mr. Speaker.

The Speaker: Thank you, hon. minister. We have 61 minutes, and the next five speakers will be the following: the hon. Member for Calgary-Fish Creek, followed by the hon. Member for Edmonton-Rutherford, followed by the hon. Member for Edmonton-Highlands-Norwood, then Edmonton-Riverview, then Edmonton-Meadowlark.

The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Thank you, Mr. Speaker. Quite frankly, it saddens me that I have to stand up and once again debate the crisis situation in health care. Albertans are tired of waiting. They are tired of waiting for a family doctor. They are tired of waiting for an MRI. They are tired of waiting for their hip surgery. They are tired of waiting to see a specialist. They are tired of waiting to get seen in an emergency room and having to wait for hours. Quite frankly, Albertans are sick and tired of waiting for the care that they need.

Doctors and nurses and other health care professionals are tired of waiting, too. That's why they're coming to us, the Wildrose, and they're sharing their concerns, and they're sharing their heart-felt stories. They are sick of government promises as patients.

The superboard, quite frankly, Mr. Speaker, has let Albertans down. The government has let Albertans down. The minister has let Albertans down. The PC caucus has let Albertans down, other than one brave MLA from Edmonton-Meadowlark.

3:30

Albertans are saying, Mr. Speaker, that they want this government to pay attention and they want this government to listen to what they have to say. Doctors and nurses, as I indicated, are tired of waiting. Albertans, quite frankly, are saying: show me the beds. No one can seem to give us an accurate count of beds that are available. How many are open? How many have been closed? All we hear is announcement after announcement. The acute-care bed ratio is 1.9 per thousand on average in Canada. In Alberta it is 1.2 currently, serving a population in Calgary of 750,000. We have over 1 million people there. Where are the beds?

Mr. Speaker, having been a minister of the Crown, I know how important accountability is. Albertans expect the buck has to stop somewhere. When there isn't any accountability, Albertans get lost

in the shuffle. What I can tell you and what I've heard over the last many, many months is that Albertans want the department to run efficiently, they want the department to run with clear outcomes, they want the government to clearly assess needs, and they want the government to clearly set out priorities. More importantly, they want the Premier and the minister of health to answer the questions honestly.

What do Albertans want to see? They want a family doctor. They want cancer treatment in two weeks, not eight. They don't want to wait in pain for months or years to have a necessary procedure. They don't want to have to wait 18 months for a colonoscopy. They want to have a family doctor, and they want to be seen in the emergency sooner.

Let me give you an example of what I mean, Mr. Speaker, as MLA for Calgary-Fish Creek and as the health critic for the Wildrose. The Wildrose plan calls for immediate action of part-time and retired RNs and LPNs to staff ERs; increased administrative support staff for doctors and nurses, freeing up medical professions to focus a hundred per cent on their patients so they're not spending 10 per cent working on their computer as the new directive from Alberta Health Services. Designate a chief medical officer for every Alberta hospital, and empower them with the authority to make the decisions about the hospital units, even if it means usurping Alberta Health Services' directives. Move healthy seniors in hospitals waiting for home care, long-term care, or assisted living spaces along with nurses and support staff into, if we have to, temporary living accommodations until more permanent housing is available; accelerate the building of long-term care and assisted living facilities as well as home care.

Mr. Speaker, I can't praise enough the work being done by our medical professions. Our front-line staff work tirelessly to provide the care Albertans so urgently need day in and day out in this province. We also need to bring in different types of staff to relieve pressure in the system. Nurse practitioners are really underutilized in this province. They are highly experienced and educated professionals. They can take the pressure off our family doctors, and they can speed up access in our emergency rooms.

The minister often talks about needing more time or more progress to see that things are done. He's consulting. He's meeting. He's touring. People have basic questions for the minister: what is timely care? What is reasonable access? The Alberta Health Act bill puts that part in the charter but doesn't answer any of these questions. We've seen what this government has done before, quite frankly, and we've got lessons to learn from that. We've got the Mazankowski report. We've got the Kirby report. We've got the Graydon report. We've got summits. We've got meetings. We've got conferences. We've got committees. Albertans are tired. They want action, and they just want us to fix the system.

Well, Mr. Speaker, I have a few ideas of what will work, taken straight from the great advice this government has so wrongly ignored and what Albertans have told us: Albertans more than anything want choice. Right now they have to just take what they get. If they don't like their doctor and they want to find a different one, they don't have that choice. They can't even find a family doctor, quite frankly. Patients need to get the right care, at the right time, and in the right place.

There are some things that I have sometimes seen with my own mom, and, quite frankly, it's appalling. Hundreds of seniors are in hospital beds when they should be in a home. If funding followed the patient, that would happen. A sick patient would get treatment, not a chair in a hallway. A sustainable system needs the staff to run the system. We need doctors and nurses doing the jobs they've been trained for. We have doctors not being able to work because of

doing manual data entry. We have nurses changing sheets. We need the right staff doing the job that they were trained to do. If we're going to look at sustainability, we must think about our senior population like my mom and, I suppose, many others who have moms. Those who have worked so hard in life need the proper care and the support that they deserve.

The government's records on seniors is dismal, to say the least. They brought out the drug plan, and that was a failure. The shortage of beds is appalling. Seniors' health is in a crisis also. Not only do we have seniors in the wrong bed and not getting the right care; they're now getting nicked-and-dimed to death. Nursing home residents are providing care to other nursing home residents because others are too poor to afford help taking their medication. Medication assistance from an LPN now costs a senior \$260 a month. Bathing, Mr. Speaker, is \$20 a bath. A night check from a PCN costs \$7. Albertans don't want this. Albertans want solutions, and that's what we're hearing. They know how little home care is available. Seniors, as the Premier has gone on and on, want to stay in their own home or they want to stay together. Well, guess what? That's impossible because there's nowhere for them to go.

I have a mother in a seniors' home. I listen to the seniors at her seniors' residence. Seniors come into my constituency office to tell me what they're facing. Seniors are not being properly taken care of together. I'm dealing with a senior right now whose husband is a two-hour bus ride away from her because – guess what? – there's no room for him, and the facility they're currently in cannot take care of him.

Mr. Speaker, I know that there are others that want to speak, and I know time is very valuable. I appreciate the member bringing this emergency debate forward. I hope that the minister is listening, quite frankly. You sometimes need to realize why God gave you two ears and one mouth.

Thank you.

The Speaker: Hon. member, you left 15 seconds on the table; it's 10 minutes maximum.

I have a list of 17 members who want to speak. We have 40 minutes left, so we'll go in the following order for the next four or five speakers. The hon. Member for Edmonton-Rutherford, followed by the hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Member for Edmonton-Riverview, followed by the hon. Member for Edmonton-Meadowlark, followed by the hon. Member for Calgary-Glenmore.

The hon. Member for Edmonton-Rutherford.

Mr. Horne: Thank you very much, Mr. Speaker. I appreciate the opportunity to participate in this debate this afternoon. I have a number of observations to offer, and perhaps the most important one arises as a result of the wording that is presented in this motion. The Member for Edmonton-Centre presented as the rationale for the motion for an emergency debate, "the imminent risk to the health and safety of Albertans due to the state of emergency medical services in the province." Well, Mr. Speaker, at least on my own behalf and on behalf of the members of this caucus I want to make it clear that I do not consider the health and safety of all Albertans to be at risk as a result of the current state of affairs in emergency medical services. [interjections] I think that's a bold allegation for which the members – that's their own wording – quite frankly, should be held to account.

If there is a duty of any of us sitting in this Chamber, Mr. Speaker, it is, first of all, to recognize the tireless effort and dedication of the health professionals that deliver care in this province and all of the people that support them and, secondly, to express at least on our

own behalf that we have confidence in the care that they provide, we have appreciation for their dedication to the people of this province, and we by no means believe that their work is in vain. [interjections]

3:40

The Speaker: Hon. members, we have such a shortage of time. I recognized the hon. Member for Edmonton-Rutherford. He has the floor. Let's listen.

Mr. Horne: Well, thank you, Mr. Speaker, very much. I guess my second observation with the debate so far is that we appear to have a number of us standing here who have some ideas around policy options. There are basically two areas of concern, I believe, that we should be addressing.

The first, with respect specifically to emergency medical services in the province, is the question of how we are managing surge capacity issues in the system in response to some current conditions. Those conditions include a high number of visits to emergency rooms from people who don't have family doctors. They include the high occupancy of acute-care beds at the present time with people who are waiting for continuing care. They include a number of other factors, the resolution of which is directly tied to our ability to manage resources within the system, not the members of this House but the people that are appointed to deliver the care, the board members of Alberta Health Services, to manage those resources on a day-to-day basis in order to provide the surge capacity to ensure that people receive timely and appropriate care.

I believe and I know that members on this side of the House believe that the Minister of Health and Wellness has taken many, many very effective steps, provided the leadership that's necessary to Alberta Health Services to help expand that surge capacity. That's an important point. I won't take the time to go through the list of initiatives that the minister just mentioned, but of note: the addition of continuing care spaces in the province and the fact that we have 265 continuing care beds coming on stream this fall – interestingly, the 1,000th continuing care space to be opened this year will be opened in January – and the allocation of additional funding to increase home-care services that will supply a thousand Albertans this fall with home care, many of whom are people who are at risk of inappropriate admission to an acute-care bed through the emergency department without the availability of that additional home-care support; and many other factors.

Perhaps the most encouraging thing of all, Mr. Speaker, is a meeting that will occur tomorrow at the initiative of the board and management of Alberta Health Services with physicians, with nurses, with other health professionals and care providers to collaboratively examine other strategies that could be put into play to expand surge capacity at this critical time, particularly as we approach flu season. For that, I'm quite happy to leave the management of that issue to the minister and to those who are working under his direction.

The other issue, Mr. Speaker, though – interestingly, many members feel quite free to wax eloquent on questions such as the structure of the health care system, priorities, resource allocation decisions in the long term. I want to make one point, and that is that we've spent a week here focusing on some very specific performance measures introduced by the minister with respect to the time to be seen in an emergency department and the time to be admitted in the case of patients where an admittance decision has been made. Certainly, those are important indicators, but they are not the ultimate indicators of the health and performance of a strong, publicly funded health care system.

For that question – and I know the hon. Leader of the Opposition would agree with this – we have to look to the factors that actually drive emergency room wait times. I would suggest that those three are access to primary care; access to continuing care, leaving the question of the particular model of care aside for a moment; and, thirdly, access to mental health services, particularly for those patients who suffer from chronic mental illness and are endeavouring to live independently in the community. Again, without going through the minister's list of recent initiatives, I as a member of this House see tremendous hope in our progress on all three fronts.

Unfortunately for some members who want to continue to dwell on their perception of the adequacy of the day-to-day management of resources in the system and how we address that first issue of surge capacity, we have to wait a little longer, Mr. Speaker, to see the results of some of these initiatives.

In the area of primary care we're not talking about something the minister announced last week. We're talking about a historic agreement between the Alberta Medical Association, the former regional health authorities, and the government of Alberta in the trilateral agreement of 2003, which gave us primary care networks. For those that may not be aware, Mr. Speaker, a primary care network is a team of health professionals – I met many of them, including physicians but also including other professionals: nurse practitioners, dietitians, pharmacists, psychiatrists in the city of Edmonton, as a matter of fact 21 psychiatrists now providing services in primary care networks – essentially a home within the health care system both for people to access basic care in a community-based setting and also an opportunity for us to link other sectors that have a real impact on the social determinants of health.

My vision and, I know, the vision of many of my colleagues in the future is that we will begin to see housing organizations, vocational training organizations, other organizations that provide services that ultimately determine the health status of not just this generation but the future linked to those primary care networks as we continue to expand them.

If we consider the possibilities, Mr. Speaker, we're standing here today at a point where over 2 million Albertans live in a community that has a primary care network. We have some very important negotiations under way now for the new master agreement between the three parties I just mentioned, some discussions that will determine the future opportunities, I hope, for primary care networks. We can have hope that that very important influencer of ER wait times will be addressed.

The second area is continuing care. I want to say for the record, Mr. Speaker, that I spent the better part of the last spring and summer touring Alberta as part of a consultation exercise. I had the opportunity to talk to people, to visit a number of continuing care facilities. I think what's represented in the report that was tabled as a result of that consultation and the mechanisms in Bill 17 is that we do have an opportunity to move away from a health system that focuses on servicing the needs of institutions and providers and the transfer of funds to a system, particularly in continuing care, that is focused on meeting the needs of individuals and the families that support those individuals.

I am certainly open to a discussion of other potential models of continuing care that are person focused, that are family focused, to support the family that is helping to care for their loved one in that facility. I know that the health professionals across the province are very interested in doing the same.

The third area is the area of mental health. A lot has been said about mental health in this House, Mr. Speaker, during this session. I think we are doing much, much more. As I mentioned, we're

providing more mental health services in the community through primary care networks. I think we need to look at other opportunities, not to fund more beds in institutions but to provide people with the services that they need and support them in managing their conditions and attaining the highest degree of independence that they possibly can in the community. We have all heard stories, and I'm sure many of us have observed first-hand the plight of many who suffer from mental illness in the community, the reliance that many of them place on emergency departments as a place to go, as a place to be recognized, as a place to express their concerns and to have their health needs met. That is a key driver, Mr. Speaker, of emergency room wait times for the future.

In conclusion, Mr. Speaker, I certainly appreciate the opportunity to participate in the debate. Thank you.

The Speaker: Thank you.

The hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Member for Edmonton-Riverview, then Edmonton-Meadowlark, then Lethbridge-East, then Wetaskiwin-Camrose.

Mr. Mason: Thanks very much, Mr. Speaker. I appreciate the opportunity to speak to this. I'm pleased that we finally have our opportunity to have an emergency debate on this issue.

Mr. Speaker, I think that this is a debate that is as much about politics as it is about policy. We've heard the hon. Member for Edmonton-Rutherford talk about all sorts of technical points, surge capacity, and so on, but I think it's important that we recognize some of the political elements in this debate and the history that is relevant to the situation we now find ourselves in. I think the history is very important.

3:50

Mr. Speaker, I don't believe that you can trust the Progressive Conservative government with our health care system. I think it's patently obvious that this is true. If you go back a few years, a number of years, to the Mazankowski report, which was brought forward by the then Premier Klein, it served as a blueprint for a number of things, including things like delisting of existing services, more user fees, and more private health care delivery. Of course, Mr. Mazankowski sits on the board of at least one large insurance company that would stand to benefit substantially.

[The Deputy Speaker in the chair]

I think this is important, that we need to recollect that there are very powerful companies involved in insurance, in drugs, and in the provision of private health care that keep pressure on the government and on governments across Canada to increase the degree of privatization that exists in the health care system. Without understanding this, we can't understand the history of what appears to be a gross mismanagement over a long period of time of our health care system by this Progressive Conservative government.

It was followed by the third way. Of course, Premier Klein in response to me in the leaders debate denied that there was a secret plan to privatize health care, yet within a matter of months of that election we were again going down the road of a privatized, two-tier health system.

In the last election, of course, the Premier said very little about health care, but shortly after that election he unleashed the minister of health at the time, now the Minister of Energy, on our health care system, and the chaos that ensued made it very, very difficult for the health care professionals to continue their work. There was closing of acute-care beds, the suggestion that we should close Alberta

Hospital altogether, and there was a reversal of the government's stated position on long-term care during the election.

The Premier, of course, promised in his letter to Dr. Peter Kwan, president of the section of emergency medicine, of February 23, 2008, and I quote: government response to date has included \$300 million in funding for over 600 new and 200 replacement long-term care beds across Alberta, and more are planned. Yet, Mr. Speaker, the NDP caucus was able to produce a report which is dated May 28, 2009, that says that the continuing care strategy targets a significant reduction in long-term care beds. Obviously, they're telling the doctors one thing, and they're doing something else.

I think it's really very much evident in the chaos that we've seen in our health care system that the elimination of the regional health authorities and its replacement with the Alberta Health Services superboard contributed very much to the problem. We went from trying to address a serious nursing shortage and a shortage of other health care professionals in our system to a couple of years ago all of a sudden deciding that we had too many nurses and we couldn't afford them. Now, my wife is a professor in the nursing faculty at the University of Alberta, and she had an entire fourth-year graduating class that could not get jobs because they had put on a hiring freeze, and in fact they were working very hard to reduce the number of nurses in the system through attrition, hoping to avoid layoffs, but, nevertheless, a reduction in nursing care.

Then came this budget, this budget that we're now working with, and the government again reversed itself with respect to that issue. Now again we're trying to address the nursing shortage, but of course we've lost a class, we've lost a year, and the chaos and the misdirection of this government continues to mount and to create more and more difficulties in the system.

One of the things that we talked about today and we've talked about earlier in the week is the attempts that had been made to create a community health centre in my constituency. We had a rally today at noon outside that facility, and there will be, certainly, more rallies. The objective of that facility was to reduce the pressure on the emergency room at the Royal Alex. While they have maintained and transferred the community health clinic to that building, they have yet to open the urgent care centre. That was designed to transfer or to reduce the number of patients in the emergency room that didn't need serious emergency care but needed urgent care, and 32,000 a year was the projection for that.

We've seen a reduction in long-term care, we've seen a tax on mental health care facilities in our province, we've seen good ideas that have been put forward by regional health authorities frozen by the Alberta Health Services and by this Progressive Conservative government, and it's no wonder that we're not making the progress that we want to see.

I don't want to just respond to the hon. Member for Edmonton-Rutherford, but I really do take exception to his suggestion that people are just playing games and that the problems that exist don't mean that Albertans are at risk. I just want to read some things. In September 2010 Shayne William James Hay, 34, hung himself in the Royal Alexandra emergency room. In February 2010 Shayne Alden Anonson, 44, hung himself in the bathroom at the Rockyview hospital. In January 2009 Nicole Theresa Laramee, 27, at Alberta Hospital strangled herself. In December 2008 Lorraine Adolph, 68, a psychiatric patient in Alberta Hospital went missing; her body was later found on the grounds.

Mr. Speaker, there are many more here on the list. People are in fact dying in our emergency rooms because of this crisis. It's more than government incompetence, but it certainly is that. When Dr. Parks first wrote to the Premier, he outlined I think in very clear terms what the problems were. The Premier responded, and I

thought that the response from the Premier was actually quite good, that they would open acute-care beds and long-term care beds. But what happened was it was mere empty words, and the action that was needed has not actually started until quite recently, when the government was faced with this crisis.

I want to say, Mr. Speaker, that it's got to the point where the hon. Member for Edmonton-Meadowlark, who is the parliamentary assistant for Health and Wellness, has said that the Premier broke his promise to the emergency room physicians made a year and a half ago. I think the fact that a government member who is an emergency room doctor and who is the parliamentary assistant for Health and Wellness would in fact take that action shows just really how serious the rot is in terms of this government and its capacity to solve the problem.

Mr. Speaker, I listened to all of the things that the minister of health was listing off. Some of these things have been offered and promised before and not delivered on. Maybe they'll keep their promise this time or perhaps not. I think the experience has showed us that it's unlikely that they will. I don't believe that this is just a policy debate. I don't believe that the minister is going to solve the problem. I don't believe that this Progressive Conservative government is capable of solving our health care crisis, nor do I accept that we should be dealing with more choice, as the Wildrose Alliance suggests. Mr. Speaker, I think the . . . [Mr. Mason's speaking time expired]

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

Dr. Taft: Thanks, Mr. Speaker. I'm pleased to rise, as all of the other participants have been, because I do believe this is an urgent issue and in far too many cases an issue of human suffering and an issue of life and death.

4:00

Over recent weeks I've had many, many reasons to be concerned about this urgent emergency in our emergency rooms. I've had a significant number of doctors contact me directly. These are not doctors, necessarily, who I've ever known before but doctors who are so exasperated that they pick up the phone and phone me or e-mail me or otherwise contact me as the health critic to express their deep, deep anger and concern about what's happening in emergency rooms.

We also can read some of the statistics that are published and see how our emergency rooms are performing: Red Deer, dismal – and it's not just the statistics; I actually get correspondence on this, which I have passed on to the MLAs from Red Deer in that particular example – the Royal Alex; the University of Alberta hospital, which is in my constituency, bursting at the seams; the Sturgeon in St. Albert; the Foothills in Calgary; and on and on it goes. The major urban and regional hospitals from Grande Prairie to the south are strained beyond the limits. It's well acknowledged that it's common in Alberta for hospitals to be functioning at over a hundred per cent capacity, so there is no surge capacity, to use the term that the Member for Edmonton-Rutherford referred to. Where does it spill over? Into the hallways or the emergency rooms.

[The Speaker in the chair]

Sadly, I have to believe that all MLAs have had the kind of correspondence I've had from patients and family members of patients who have suffered badly in emergency rooms and who aren't going to take it anymore. Of course, as has been cited before, there have been quite a tragic number of deaths because of problems in emergency rooms.

The Member for Edmonton-Meadowlark raised a concern in his e-mail that was circulated last evening about the upcoming flu season, and that's pending right now. That will add to the problem, and that's why we need to address this urgently.

As well, of course, if there's any kind of disaster – a bus crash or a plane crash or something like that, an explosion – we don't have the capacity in our emergency rooms to deal with it. We used to, but the long-term, grinding policies of this government have taken that ability away.

The outcome of this isn't just the suffering of the people in emergency rooms and the frustration of the staff. It's a loss of public and professional trust in this minister and in this government. As the public loses confidence, the nerves of this government get frayed, and that's showing in the responses we've seen in recent days. So much of this comes back to problems that could be addressed. There are solutions out there. The longer we delay them, the more difficult they become to implement. But there are solutions out there.

I mean, the Premier himself in a letter addressed to emergency room doctors during the last provincial campaign, February 2008, spelled out some of those solutions. He talked about expanding the number of health professionals. He talked about international recruiting of nurses, for example, and about expanding programs and facilities, but we've seen reversal and abandonment of those policies, which has fuelled anger and confusion.

I'll just give you, you know, a couple of examples for the record, Mr. Speaker. On the confusion around recruiting nurses, I'm reading from some notes here from about 18 months ago. We had been told by government agencies that there was a shortage of 1,400 nurses, and then suddenly, like that, the CEO of Alberta Health Services says: "No, there's no shortage of nurses at all. In fact, we have so many nurses, we're going to start terminating their positions." In a matter of weeks there was this huge U-turn taken on recruiting nurses. Well, are people confused? You bet they are. Are people jaded? Yes, they are. Well over \$20 million was paid to buy out existing nurses.

Just as damaging, CARNA, the College and Association of Registered Nurses of Alberta, reported that 633 internationally trained nurses were eligible for short-term permits. They'd been identified, they were ready to go, and none of them were able to take positions. Now that is reversed, and suddenly we're in this mad dash to recruit more. It's because, frankly, I think this government just doesn't know what they're doing.

The pattern continues. It continues with capital expenditures. This minister promised in March to have the capital plans out for Edmonton and Calgary. Well, we're still waiting. It's soon going to be December. I need to put this to the minister. From page 12 of the continuing care strategy from 2008 this is an exact quote: "The number of long-term care beds would remain at the current number of 14,500 for the next several years." Now, there are semantic games that get played, and it's easy to get confused: long-term care, continuing care, supportive care, assisted living. The fact is that we are not seeing the investment in long-term care, what used to be called auxiliary hospitals and nursing homes, that is needed. Where are those people ending up? They're ending up in our acute-care hospitals.

These are all fuelling the problems. I really wish I had more time, but I'm going to just quickly wrap up by saying to this minister that it feels like every day in question period he's dancing, and I won't make that any more personal than that. He's avoiding the issues. Over and over he talks about the new beds that are opening without talking about the fact that in many cases those are just replacement beds. Villa Caritas: well, sure it's wonderful, except you know

what? It's mostly replacing beds that are being closed. And it goes on like that. Likewise, all these new hires. Are we into net zero hiring? How many of those hires, Mr. Minister, are simply replacements of people who have left or retired or otherwise are out of the system?

Mr. Speaker, we have life-and-death issues in the system. There are solutions. I would ask the minister and I would ask the Member for Edmonton-Rutherford, who has some sway in this, and the Member for Edmonton-Meadowlark and indeed all the government members to cut through the confusion, to take a courageous stand, to listen to the emergency room doctors, who are blowing the alarm as loudly as they can, and if necessary call to account the Alberta Health Services Board and CEO for failing the people of Alberta on this issue.

Mr. Speaker, I would like to put a particular question to you before I have to sit down. Many, many people, as you yourself have said, have indicated they'd like to speak to this. We are scheduled to run out of time in 20 minutes. I know it would take unanimous consent to waive Standing Order 30(5)(b), which would allow us, then, to continue this emergency debate until after 4:30. So I would ask you in my last moments up here if you would be prepared to ask the Assembly for unanimous consent to waive the time limit that stops us at 4:30.

Thank you, Mr. Speaker.

The Speaker: Such a request, hon. members, will need two questions. One will deal with, if you look at your standing orders, 30(5)(a) and (b). The debate will conclude

- (a) when all Members who wish to take part have spoken, or
- (b) at the normal hour of adjournment in the afternoon on that day, whichever is first.

That's one of two standing orders that would have to be dealt with.

The other standing order that would have to be dealt with would be 4(2), which says:

When there is no evening sitting, at 6 p.m. on Monday, Tuesday and Wednesday or at 4:30 p.m. on Thursday, the Speaker adjourns the Assembly until the next sitting day.

There are two of them. One may be approved; the other one may be rejected. The one that would take precedence with respect to this would be the one dealing with it very clearly in the order, "The Speaker adjourns the Assembly until the next sitting day," which is 4(2).

4:10

The hon. Member for Edmonton-Riverview has asked that the Assembly deal with the unanimous request provisions that would have to be waived if we are to continue, I presume, until all members who wish to take part have spoken. I have 16 now on the list, and you can determine in your head what the time frame of that would be. Shall I proceed with asking such questions?

Mr. Zwozdesky: Mr. Speaker, I appreciate where the member is coming from. I just want to make it clear that I'm sure there are people who have commitments that they must be at tonight. I know some people have airplanes to catch. I know that the weather is not good and that some people have difficult roads to navigate. As sympathetic as I am to the request – and I really am – I would hope that . . .

The Speaker: Thank you. I'm sure there are a thousand considerations with respect to this. It just requires unanimous consent if the members are in favour of waiving Standing Order 30(5)(b), which says, "At the normal hour of adjournment in the afternoon on that

day." If any member is opposed to waiving that – that is, that we would waive the 4:30 rule in this case – just simply say no.

[Unanimous consent denied]

The Speaker: Well, that ends that one.

The Speaker adjourns the Assembly until the next sitting day at 4:30. I presume that that one would be rejected as well. That the Speaker should not do that: that would be the question. Anybody opposed to the Speaker moving that, please say no.

[Unanimous consent denied]

The Speaker: Same thing. We're on until 4:30 p.m.

The next person that I'm recognizing, the hon. Member for Edmonton-Meadowlark, followed by Lethbridge-East, followed by Wetaskiwin-Camrose, followed by Calgary-Glenmore.

Mr. Anderson: Point of order.

The Speaker: Absolutely. What's the point of order?

**Point of Order
Clarification**

Mr. Anderson: Mr. Speaker, just a point of clarification under Standing Order 13(2) on your reasons. If we're worried about the planes and the roads and so forth, can we not, then, extend the time, or do so when we get back, past the normal Routine on Monday?

The Speaker: The rules are very, very clear, hon. member. The standing orders are very clear, particularly 4(2).

I've recognized the hon. Member for Edmonton-Meadowlark.

Debate Continued

Dr. Sherman: Thank you, Mr. Speaker. It's truly an honour for me to join you and speak on this very important issue. I'd like to start off with a quote from Martin Luther King. "Our life begins to end the day we become silent about things that matter." I've spoken up – I think the whole world knows it now – on something that's really important and matters a lot to society. It matters a lot to me.

This issue is a nonpartisan issue. This has nothing to do with politics. Mr. Speaker, I'm in a unique position. I'm an elected representative of this government. I'm also an emergency physician. As a physician some politicians could think I'm conflicted because those can't mix. To be honest, I think politicians and doctors and health care professionals have the same goals in mind. As a physician I took an oath, the Hippocratic oath. "I will come for the benefit of the sick." I have a moral and ethical duty and responsibility to society as a physician and as an elected member of government to be honest to the public.

I'd just like to tell you a little story about my father. He was admitted a few weeks ago for four days to the emergency department at the U of A. He never saw an in-patient bed for four days. Definitive care was delayed because he never got to the specialists upstairs. Then he got sent home, and within 30 hours, on the day I was supposed to go to India, at 3 in the morning my mother called an ambulance. He had a heart attack. Thanks to Dr. Paul Parks and them clanging the bells, the emergency departments were decanted partially. He survived the heart attack, and he's back home now. He's had five near-death situations this year alone due to waits in the emergency room.

In 2007, when I was in Dr. Paul Parks' position, I called it a crisis on February 2. We had people dying in the emergency departments.

We had five deaths and about a hundred near deaths in the Calgary health region. We met with the Calgary health region, they called in the Health Quality Council, and they sucked blood from stone.

In the Capital health region on January 14, 2008, we clanged the bells through the Capital health region. We predicted an imminent death within 24 hours of this letter, and subsequently we had five to seven deaths and about 200 near deaths in the Edmonton region in one hospital alone or at least delays in care. Those are the 322 cases that were documented at the request of Sheila Weatherill and passed on to upper administration by the ER docs. They were documented at my request when I was the representative of the emergency physicians.

I won't get into problems because I don't have much time, so I'm only going to talk about solutions. The number one solution is simple. We must understand the problem. What I found out is that in health care, in the policy shop and the delivery shop, there are a lot of well-meaning individuals, hard-working individuals in management and front-line staff that are working hard each and every day to give it their absolute best. What I've also found out is that some people at the upper levels – to be honest, I don't know much about the oil industry, and I don't know much about agriculture, but I know a heck of a lot about my industry. Many people designing policy in health care really don't have a health care background, many people on the board have no health care background, and that's part of the problem. I'm just going to give you a few quick solutions immediately on this problem, not the whole system problem.

One, immediately we must convene the experts, which is Alberta Health Services and the board, the ER docs, the Alberta Medical Association leaders, the nursing leaders, and politicians from all parties. We must all put our political beliefs aside at this moment in time. Dr. Paul Parks is absolutely correct in his assertions.

Two, we must call in the Health Quality Council. Dr. John Cowell did a Health Quality Council report for the Calgary health region in 2007, and there are many good recommendations in that report that can be immediately implemented.

Three, we need to call in the SWAT team. The SWAT team would be made up of Dr. Chris Eagle, who was the Calgary health region's COO; Dr. Ken Gardener, who now is on the College of Physicians and Surgeons; Dr. Grant Innes from Calgary; Dr. Tom Noseworthy; Dr. Chip Doig; Dr. P.J. White from the AMA; and I think Janet Davidson would be a good mix. She runs a top hospital in Canada, in Ontario, the Trillium Health Centre. I'd be happy to work along with them.

It is a crisis. The problem is that many of my political colleagues are not physicians. They're not front-line health care workers. They get speaking notes from bureaucrats who have no health care background, and they really don't know. You can't blame them, actually. It's not their fault. The first thing I would do is do a partial implementation of a disaster plan in that we need to redeploy resources. We have God knows how many hundred RNs on Health Link. Let's get them off the call centres and get them in front of patients. Let's redeploy them into primary care networks, home care, and long-term care facilities.

We need to immediately decant the seniors from acute care ASAP. We have beds. We have long-term care beds. At one point in time a decision was made, when there wasn't much money for AHS. That problem has been solved by this minister and this Premier and this government. We have given lots of money and funding to AHS. I dug a shovel at the Villa Caritas in my area, at the Misericordia hospital. That should be used as a long-term care facility. I believe it's built; it should be used immediately.

Secondly, at the Royal Alex hospital, the women's pavilion, we

have 150 empty beds. Since the Lois Hole hospital is open, they can be used as a transition unit immediately, but my understanding is that there is some legislation that needs tweaking and fixing. That should be used as a transition unit for DAL, assisted living. My understanding is that under legislation you have to have the regular staff. We need to immediately look at that and fix that.

Thirdly, home care. Home care, home care, home care is the real solution. There's a lack of good home care. There are a lot of good, hard-working people, but they're grossly underresourced. We have one of the worst home care systems in the country. Ontario and Nova Scotia have the best because the Red Cross and the Victorian Order of Nurses are involved. We need world-class home care. This is actually the solution.

Next, there were 1,000 Filipino nurses recruited. We couldn't afford to pay them. We have the money. Let's bring them in and redeploy them into this home care and into the beds.

4:20

Number eight, the primary care networks. We need to call in the AMA, Alberta Health Services, Alberta Health and Wellness and redeploy the primary care networks into acute care. I'm doing a review, and to be honest, in principle it's good, but it's all wrong. The people that need to be rostered onto those primary care networks as a first priority are those patients who are discharged from acute care. They have no family doctor to follow up with. Therefore, we have a 16 per cent readmission rate. One out of six people end up back in hospital to begin that same darn journey again.

Two, elderly patients who don't have a GP need to be rostered second, right after these people, because they'll get sick, and they're going to be admitted.

Three, chronic disease patients who require care who will probably require hospitalization need to be on there.

Lastly, the healthy families. Don't put the healthy families in there first and the sick patients last. The biggest problem in acute care is that we've got too many sick people. It ain't the runny noses and sore throats causing the problem.

Number nine, prevention. Let's contact our school boards and workplaces and make sure everybody gets vaccinated this flu season. The fewer people that get sick, the fewer admissions in acute care.

Now, after that's done, we need to reassess and debrief, and we need to ensure that our medical system never ever faces this issue again, Mr. Speaker. This thing has been done every year by the emergency doctors for 10 years because this crisis happens every winter, and people die. To be honest, my poor government members have no idea because they're not doctors, and the regions have been covering this up for years.

Then we need accountability measures after this, accountability measures where those who administrate health care must be held accountable. I have the CAEP guidelines here. This needs to be the main accountability measure, the number one performance measure of this system. This happened in the U.K. They had hundreds of deaths, and the ER wait time for admitted people is the number one accountability measure for the whole health system in the U.K. Every other health service feeds into that wait time for admitted patients in the ED. It's not an emergency problem; it's a system problem.

One very important thing that the member here mentioned, mental health. The problem in mental health is that we have a lot of people whom we can't discharge to the street from Alberta Hospital Edmonton. Let's just rent a darn hotel and get them out and then build something for these poor people who are stuck in Alberta Hospital and can't get out.

Now, I'm going to be brutally honest here, Mr. Speaker. Some people may not like this. How did we get here? We got here because of a couple of knucklehead decisions: a knucklehead decision that cancelled Christmas dinner last year, a knucklehead decision to fire God's representative from the Royal Alex hospital, a knucklehead decision to disband the health ethics network and close Alberta Hospital.

The Speaker: I'm sorry, hon. member. I'm sorry. The time has elapsed for your participation under the rules we have. Thank you.

The hon. Member for Lethbridge-East, followed by the hon. Member for Wetaskiwin-Camrose and the hon. Member for Calgary-Glenmore.

Ms Pastoor: Thank you, Mr. Speaker. It is beyond an honour to be able to stand up in this House and talk about this issue. It's also an honour to be able to follow someone who has – and I will use a polite term here – the backbone to stand up and be counted. That's what elected people are supposed to be doing, and no one in this House wants to stay past 4:30. "No. Why would we discuss something of any merit past 4:30? My God, we have to look after ourselves so we can be comfortable." I am ashamed of this House that they won't stay and argue this.

I could stand here for the next however many minutes it's going to be and go through all of the problems because every single one of you have got these examples of people dying and suffering that are in your constituency offices, and don't tell me that you don't because I know you do. Some of them come to my office when, in fact, you haven't done your job. This is not about all these examples. This is about following the lead of someone who has absolutely shown leadership for once in this House.

In fairness to this present government – in fairness – all of this mess was created with the previous government, but my disappointment is that this government knew it, denied that Bill 11 and the third way were absolutely the wrong way to go. Albertans did not want it; they made it very clear. They went ahead and did it anyway. My disappointment is that this government didn't have the backbone, that one of their members has just shown, to clean up the mess. This mess has been there – I did the MLA task force six years ago. It's the same mess. Don't tell me you didn't know about it.

The Alberta health bill is a good one, but it's a vision. How many times are we going to have visions? Visions are no good anymore. We have to have action. We cannot have people dying.

Long-term care beds. My hon. colleague from away has talked about transition beds and the legislation that would have to go with it, the type of people that would have to be trained to look after them. My mother has now passed, but I wouldn't want the cleaning

lady looking after her. If she needed medical attention, I would want a trained RN that is there 24 hours a day, that can make the assessment that will keep her out of the hospital. Out of the hospital.

For people in our nursing homes, not in long-term care but some of the lodges and some of the designated assisted living, when somebody falls on the floor, there's no one to assess them. What do they do? They call 911. What is that costing the system?

Okay. I'm sorry, but I'm energized by an example of what a good elected person looks like. Although I know I've kind of ranted and raved, I didn't probably have the facts behind me that the hon. member has had.

Mr. Liepert: Good theatre.

Ms Pastoor: Absolutely. If there's anybody that does good theatre, it's the Minister of Energy, but because he doesn't use his outside voice, we can't hear what he's saying. Too bad.

We need to have backbone. We need to care. We need to do exactly what was suggested. This is not a partisan issue. I don't want to play two-bit politics. I want to be allowed to govern. And you know what? So do you guys. You were elected to govern, and you all know it – you all know it – deep in your hearts. Because you are all good people, you know you want to govern. You don't want to play two-bit politics, especially with people's lives. In my maiden speech I said that I hope that no one's parents in this House would ever become a commodity on a bottom line. Six years later, damn it, they are commodities on a bottom line, and it's your relatives that are there.

Thank you.

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

Mr. Olson: Well, it looks like I have the enviable position of saying the last maybe final few words. There's lots I would like say, but I'm going to have to abbreviate my comments, Mr. Speaker.

I want to acknowledge the passion of all of the members of the House for this subject. I want to acknowledge the opposition members and their passion, but I also want to make the point that there's passion on this side, too. We care about the same issues . . .

The Speaker: I'm sorry, hon. member, but according to our standing orders 30(5)(b) and 4(2) we will now stand adjourned until 1:30 Monday next.

[The Assembly adjourned at 4:30 p.m. to Monday, November 22, at 1:30 p.m.]

Bill Status Report for the 27th Legislature - 3rd Session (2010)

Activity to November 18, 2010

The Bill sponsor's name is in brackets following the Bill title. If it is a money Bill, (\$) will appear between the title and the sponsor's name. Numbers following each Reading refer to Hansard pages where the text of debates is found; dates for each Reading are in brackets following the page numbers. Bills numbered 200 or higher are Private Members' Public Bills. Bills with lower numbers are Government Bills. Bills numbered Pr1, etc., are Private Bills.

*An asterisk beside a Bill number indicates an amendment was passed to that Bill; the Committee line shows the precise date of the amendment.

The date a Bill comes into force is indicated in square brackets after the date of Royal Assent. If it comes into force "on proclamation," "with exceptions," or "on various dates," please contact Legislative Counsel for details at (780) 427-2217. The chapter number assigned to the Bill is entered immediately following the date the Bill comes into force. SA indicates Statutes of Alberta; this is followed by the year in which it is included in the statutes, and its chapter number. Please note, Private Bills are not assigned a chapter number until the conclusion of the fall sittings.

1 Alberta Competitiveness Act (Stelmach)

First Reading -- 4 (Feb. 4 aft., passed)

Second Reading -- 123-24 (Feb. 16 aft.), 135-37 (Feb. 16 aft.), 137-42 (Feb. 16 aft.), 257-67 (Feb. 23 aft.), 286-98 (Feb. 24 aft.), 317-20 (Feb. 25 aft.), 403-09 (Mar. 10 aft.), 414-15 (Mar. 10 aft.), 434-40 (Mar. 11 aft.), 487-89 (Mar. 16 aft., passed)

Committee of the Whole -- 519-27 (Mar. 17 aft.), 556-61 (Mar. 18 aft., passed)

Third Reading -- 660-61 (Mar. 24 aft., passed)

Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force on proclamation; SA 2010 cA-14.9]

2* Professional Statutes Amendment Act, 2010 (Woo-Paw)

First Reading -- 64 (Feb. 10 aft., passed)

Second Reading -- 124-25 (Feb. 16 aft.), 430-34 (Mar. 11 aft., passed)

Committee of the Whole -- 489-92 (Mar. 16 aft., passed with amendments)

Third Reading -- 678 (Mar. 25 aft., passed)

Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010; SA 2010 c7]

3 Fatal Accidents Amendment Act, 2010 (Weadick)

First Reading -- 64 (Feb. 10 aft., passed)

Second Reading -- 125 (Feb. 16 aft.), 137 (Feb. 16 aft.), 317 (Feb. 25 aft., passed)

Committee of the Whole -- 413-14 (Mar. 10 aft., passed)

Third Reading -- 492 (Mar. 16 aft., passed)

Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010; SA 2010 c6]

4 Dangerous Goods Transportation and Handling Amendment Act, 2010 (Olson)

First Reading -- 188-89 (Feb. 18 aft., passed)

Second Reading -- 280 (Feb. 24 aft.), 410-12 (Mar. 10 aft.), 489 (Mar. 16 aft., passed)

Committee of the Whole -- 529-32 (Mar. 17 aft., passed)

Third Reading -- 678-79 (Mar. 25 aft., passed)

Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010; SA 2010 c4]

5 Appropriation (Supplementary Supply) Act, 2010 (\$) (Snelgrove)

First Reading -- 213 (Feb. 22 aft., passed)

Second Reading -- 247-49 (Feb. 23 aft., passed)

Committee of the Whole -- 280-86 (Feb. 24 aft., passed)

Third Reading -- 312-17 (Feb. 25 aft., passed)

Royal Assent -- (Mar. 1 outside of House sitting) [Comes into force March 1, 2010; SA 2010 c1]

6 Emergency Management Amendment Act, 2010 (Bhullar)

First Reading -- 213 (Feb. 22 aft., passed)

Second Reading -- 280 (Feb. 24 aft.), 412-13 (Mar. 10 aft.), 489 (Mar. 16 aft., passed)

Committee of the Whole -- 527-29 (Mar. 17 aft., passed)

Third Reading -- 679-80 (Mar. 25 aft., passed)

Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010; SA 2010 c5]

- 7*** **Election Statutes Amendment Act, 2010 (Redford)**
First Reading -- 311 (Feb. 25 aft., passed)
Second Reading -- 402-03 (Mar. 10 aft.), 492-503 (Mar. 16 aft., passed)
Committee of the Whole -- 533-37 (Mar. 17 aft.), 561-62 (Mar. 18 aft.), 769-82 (Apr. 14 aft.), 850-62 (Apr. 20 aft.), 869-76 (Apr. 20 eve., passed with amendments)
Third Reading -- 878-84 (Apr. 20 eve., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on various dates; SA 2010 c8]
- 8** **Alberta Corporate Tax Amendment Act, 2010 (Griffiths)**
First Reading -- 334 (Mar. 8 aft., passed)
Second Reading -- 429-30 (Mar. 11 aft.), 503 (Mar. 16 aft., passed)
Committee of the Whole -- 532--33 (Mar. 17 aft., passed)
Third Reading -- 680-81 (Mar. 25 aft., passed)
Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010, with exceptions; SA 2010 c2]
- 9** **Local Authorities Election Statutes Amendment Act, 2010 (Johnson)**
First Reading -- 576 (Mar. 22 aft., passed)
Second Reading -- 615-16 (Mar. 23 aft.), 735-43 (Apr. 13 aft., passed)
Committee of the Whole -- 798-804 (Apr. 15 aft.), 868 (Apr. 20 eve., passed)
Third Reading -- 878 (Apr. 20 eve., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force April 22, 2010; SA 2010 c9]
- 10** **Victims Restitution and Compensation Payment Amendment Act, 2010 (\$) (Redford)**
First Reading -- 486 (Mar. 16 aft., passed)
Second Reading -- 518 (Mar. 17 aft.), 618-20 (Mar. 23 aft., passed)
Committee of the Whole -- 682-83 (Mar. 25 aft., passed)
Third Reading -- 876-77 (Apr. 20 eve., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force April 22, 2010; SA 2010 c12]
- 11** **Witness Security Act (Drysdale)**
First Reading -- 486 (Mar. 16 aft., passed)
Second Reading -- 518 (Mar. 17 aft.), 620-24 (Mar. 23 aft., passed)
Committee of the Whole -- 683 (Mar. 25 aft., passed)
Third Reading -- 877 (Apr. 20 eve., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on proclamation; SA 2010 cW-12.5]
- 12** **Body Armour Control Act (Quest)**
First Reading -- 486-87 (Mar. 16 aft., passed)
Second Reading -- 518-19 (Mar. 17 aft.), 624-28 (Mar. 23 aft.), 743-49 (Apr. 13 aft., passed)
Committee of the Whole -- 862-65 (Apr. 20 eve., passed)
Third Reading -- 885-87 (Apr. 20 aft., passed on division)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on proclamation; SA 2010 cB-4.8]
- 13** **Securities Amendment Act, 2010 (Morton)**
First Reading -- 552 (Mar. 18 aft., passed)
Second Reading -- 616-17 (Mar. 23 aft.), 681-82 (Mar. 25 aft., passed)
Committee of the Whole -- 865-67 (Apr. 20 eve., passed)
Third Reading -- 877 (Apr. 20 eve., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on proclamation, with exceptions; SA 2010 c10]
- 14** **Traffic Safety Amendment Act, 2010 (Ouellette)**
First Reading -- 552 (Mar. 18 aft., passed)
Second Reading -- 617-18 (Mar. 23 aft.), 682 (Mar. 25 aft., passed)
Committee of the Whole -- 867 (Apr. 20 eve., passed)
Third Reading -- 877-78 (Apr. 20 aft., passed)
Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force April 22, 2010; SA 2010 c11]
- 15** **Appropriation Act, 2010 (\$) (Snelgrove)**
First Reading -- 576 (Mar. 22 aft., passed)
Second Reading -- 608-15 (Mar. 23 aft.), 627-28 (Mar. 23 aft., passed)
Committee of the Whole -- 643-60 (Mar. 24 aft., passed on division)
Third Reading -- 675-78 (Mar. 25 aft.), 684 (Mar. 25 aft., passed)
Royal Assent -- (Mar. 25 outside of House sitting) [Comes into force March 25, 2010; SA 2010 c3]

- 16*** **Traffic Safety (Distracted Driving) Amendment Act, 2010 (Johnston)**
First Reading -- 763 (Apr. 14 aft., passed)
Second Reading -- 956-67 (Oct. 26 aft.), 980-81 (Oct. 27 aft., passed)
Committee of the Whole -- 991-98 (Oct. 27 aft.), 1013-20 (Oct. 28 aft.), 1113-17 (Nov. 3 aft.), 1135-42 (Nov. 4 aft.), 1191-96 (Nov. 15 eve.), 1227-28 (Nov. 16 aft.), 1247-52 (Nov. 16 eve., passed with amendments)
Third Reading -- 1283-84 (Nov. 17 aft., passed)
- 17** **Alberta Health Act (Zwozdesky)**
First Reading -- 1010-11 (Oct. 28 aft., passed)
Second Reading -- 1072-85 (Nov. 2 aft.), 1210-23 (Nov. 16 aft.), 1236-47 (Nov. 16 eve., passed)
Committee of the Whole -- 1274-83 (Nov. 17 aft., adjourned)
- 18** **Government Organization Amendment Act, 2010 (Evans)**
First Reading -- 916 (Oct. 25 aft., passed)
Second Reading -- 984-90 (Oct. 27 aft., passed)
Committee of the Whole -- 1107-11 (Nov. 3 aft., passed)
Third Reading -- 1225-27 (Nov. 16 aft., passed)
- 19** **Fuel Tax Amendment Act, 2010 (Griffiths)**
First Reading -- 916 (Oct. 25 aft., passed)
Second Reading -- 981-84 (Oct. 27 aft., passed)
Committee of the Whole -- 1224-25 (Nov. 16 aft., passed)
Third Reading -- 1304-05 (Nov. 17 eve., passed)
- 20** **Class Proceedings Amendment Act, 2010 (Drysdale)**
First Reading -- 1032 (Nov. 1 aft., passed)
Second Reading -- 1065-66 (Nov. 2 aft.), 1100-01 (Nov. 3 aft.), 1229 (Nov. 16 eve., passed)
- 21** **Wills and Succession Act (Olson)**
First Reading -- 1033 (Nov. 1 aft., passed)
Second Reading -- 1066-67 (Nov. 2 aft.), 1101-03 (Nov. 3 aft.), 1229 (Nov. 16 eve., adjourned)
- 22** **Family Law Statutes Amendment Act, 2010 (Redford)**
First Reading -- 1033 (Nov. 1 aft., passed)
Second Reading -- 1067-70 (Nov. 2 aft.), 1103-06 (Nov. 3 aft.), 1229-30 (Nov. 16 eve., adjourned)
- 23*** **Post-secondary Learning Amendment Act, 2010 (Weadick)**
First Reading -- 1012 (Oct. 28 aft., passed)
Second Reading -- 1070-72 (Nov. 2 aft., passed)
Committee of the Whole -- 1111-13 (Nov. 3 aft., passed with amendments)
Third Reading -- 1227 (Nov. 16 aft., passed)
- 24** **Carbon Capture and Storage Statutes Amendment Act, 2010 (\$) (Liepert)**
First Reading -- 1033 (Nov. 1 aft., passed)
Second Reading -- 1099-1100 (Nov. 3 aft.), 1180-91 (Nov. 15 eve.), 1268-70 (Nov. 17 aft., passed)
- 25** **Freehold Mineral Rights Tax Amendment Act, 2010 (Liepert)**
First Reading -- 1033 (Nov. 1 aft., passed)
Second Reading -- 1100 (Nov. 3 aft.), 1175 (Nov. 15 eve., passed)
Committee of the Whole -- 1223-24 (Nov. 16 aft., passed)
Third Reading -- 1303-04 (Nov. 17 eve., passed)
- 26** **Mines and Minerals (Coalbed Methane) Amendment Act, 2010 (Liepert)**
First Reading -- 980 (Oct. 27 aft., passed)
Second Reading -- 1012-13 (Oct. 28 aft.), 1106-07 (Nov. 3 aft.), 1175-80 (Nov. 15 eve., passed)
- 27** **Police Amendment Act, 2010 (Oberle)**
First Reading -- 1098 (Nov. 3 aft., passed)
Second Reading -- 1133-34 (Nov. 4 aft.), 1230-33 (Nov. 16 eve.), 1266-68 (Nov. 17 aft., passed)
- 28** **Electoral Divisions Act (Redford)**
First Reading -- 1098 (Nov. 3 aft., passed)
Second Reading -- 1134 (Nov. 4 aft.), 1233-36 (Nov. 16 eve.), 1270-74 (Nov. 17 aft., passed)

- 29 Alberta Parks Act (\$) (Ady)**
 First Reading -- 1131-32 (Nov. 4 aft., passed)
 Second Reading -- 1265-66 (Nov. 17 aft.), 1285-1303 (Nov. 17 eve., adjourned)
- 201 Workers' Compensation (Firefighters) Amendment Act, 2010 (Rogers)**
 First Reading -- 154 (Feb. 17 aft., passed)
 Second Reading -- 213-27 (Feb. 22 aft., passed)
 Committee of the Whole -- 577-85 (Mar. 22 aft., passed)
 Third Reading -- 709 (Apr. 12 aft., passed)
 Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on proclamation; SA 2010 c13]
- 202* Mandatory Reporting of Child Pornography Act (Forsyth)**
 First Reading -- 154 (Feb. 17 aft., passed)
 Second Reading -- 336-48 (Mar. 8 aft., passed)
 Committee of the Whole -- 586-89 (Mar. 22 aft.), 698-704 (Apr. 12 aft.), 705-09 (Apr. 12 aft., passed with amendments)
 Third Reading -- 819-25 (Apr. 19 aft., passed)
 Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force on proclamation; SA 2010 cM-3.3]
- 203 Municipal Government (Local Access and Franchise Fees) Amendment Act, 2010 (Fawcett)**
 First Reading -- 311-12 (Feb. 25 aft., passed)
 Second Reading -- 709-10 (Apr. 12 aft.), 825-32 (Apr. 19 aft.), 836-37 (Apr. 19 aft., referred to Standing Committee on Community Services), (Oct. 27 aft., reported to Assembly, not proceeded with)
- 204 Fiscal Responsibility (Spending Limit) Amendment Act, 2010 (Anderson)**
 First Reading -- 271 (Feb. 24 aft., passed)
 Second Reading -- 922-28 (Oct. 25 aft.), 1036-44 (Nov. 1 aft., defeated on division)
- 205 Scrap Metal Dealers and Recyclers Act (Quest)**
 First Reading -- 916 (Oct. 25 aft., passed)
 Second Reading -- 1044-46 (Nov. 1 aft.), 1155-63 (Nov. 15 aft., passed)
- 206 Utilities Consumer Advocate Act (Kang)**
 First Reading -- 1012 (Oct. 28 aft., passed)
 Second Reading -- 1163-69 (Nov. 15 aft., adjourned)
- 208 Recall Act (Hinman)**
 First Reading -- 1033-34 (Nov. 1 aft., passed)
- Pr1 Community Foundation of Lethbridge and Southwestern Alberta Act (Weadick)**
 First Reading -- 366 (Mar. 9 aft., passed)
 Second Reading -- 732-33 (Apr. 13 aft., passed)
 Committee of the Whole -- 749 (Apr. 13 aft., passed)
 Third Reading -- 804 (Apr. 15 aft., passed)
 Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force April 22, 2010]
- Pr2* Canada Olympic Park Property Tax Exemption Amendment Act, 2010 (DeLong)**
 First Reading -- 366 (Mar. 9 aft., passed)
 Second Reading -- 733-35 (Apr. 13 aft., passed)
 Committee of the Whole -- 749-50 (Apr. 13 aft.), 768 (Apr. 14 aft., passed with amendments)
 Third Reading -- 804 (Apr. 15 aft., passed)
 Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force December 31, 2009]
- Pr3* Lamont Health Care Centre Act (Horne)**
 First Reading -- 366 (Mar. 9 aft., passed)
 Second Reading -- 735 (Apr. 13 aft., passed)
 Committee of the Whole -- 768-69 (Apr. 14 aft., passed with amendments)
 Third Reading -- 804 (Apr. 15 aft., passed)
 Royal Assent -- (Apr. 22 outside of House sitting) [Comes into force April 22, 2010]

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