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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.

Wednesday, November 24, 2010

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon.

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

Please be seated.

Introduction of Visitors

The Speaker: Hon. members, it's my pleasure today to introduce you to the family members of our Clerk Assistant and director of House services, Louise Kamuchik. All members will know that several days ago I indicated that Mrs. Kamuchik will be leaving us for a retirement plan to begin in mid-December. Today at the Legislative Assembly we held a retirement reception, this morning, in her honour, and there was a very, very important and major turnout. I want to thank all members of the Assembly and other staff for that. Louise's contribution, as I've indicated before, has been invaluable, and she will certainly be missed.

Today her family members are here. If they'd rise, please: Bill Kamuchik, Louise's husband; Lorraine O'Connor, Louise's sister; Blythe Peleskei, Louise's stepdaughter; and Sherry Pleszuk, Louise's daughter-in-law. If you would welcome them all.

Introduction of Guests

The Speaker: The hon. Deputy Premier and Minister of Advanced Education and Technology.

Mr. Horner: Well, thank you very much, Mr. Speaker. It is indeed an honour to rise and introduce to you and through you to all members of the House 84 visitors from St. Albert representing the Muriel Martin school. We have 72 very bright and energetic young students, who I hope can come back and see the magic spot when it is in operation. It was one of the things they missed on their tour today, but I'm sure they'll be back. They're accompanied by their teachers: Mrs. Jody Bialowas, Mlle Danielle Jean, Mlle Janelle Longpré, Mrs. Rhonda Surmon, and Mlle Britany Giles as well as parent helpers Mrs. Tracy Tiedeman, Mrs. Wendy Taylor, Mrs. Kathy Leachman, Mr. Tyng Ho, Mr. Kevin Huang, Mrs. Michelle Veldhuis, and Mrs. Wendy Grimshaw. I believe that they are seated in both of our galleries. I would ask that our guests please rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Minister of Education.

Mr. Hancock: Thank you, Mr. Speaker. It's indeed a pleasure today for me to rise to introduce to you and through you to all Members of the Legislative Assembly a wonderful group of 15 grade 6 students from the brand new Monsignor William Irwin school located in my constituency of Edmonton-Whitemud. I had the honour of attending the opening of this great school earlier this fall. It's one of the ASAP 1 schools, one of the new P3 schools. It's a beautiful facility, but more importantly it has wonderful children and wonderful teachers. Fifteen of them are here with us today with their teacher, Michael Leskow, along with parent helpers Alan

Simmonds and Gary Leskow, and that, indeed, is Michael Leskow's dad, who's helping him out, which is really wonderful.

When speaking with the students earlier today, we had some interesting questions. I know more questions will come when they invite me to come back to talk with them about government in their classroom. They're seated in the public gallery, and I'd ask them to rise and receive the traditional warm welcome of the Assembly.

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

Mr. Sandhu: Thank you very much, Mr. Speaker. It's my great pleasure to rise today and introduce to you and through you to the members of this Assembly 18 grades 5 and 6 students from Horse Hill elementary school. Horse Hill school is located in the northeast corner of the city just off the Manning freeway. These students are accompanied by their teacher, Ms Karen Fischer, and Mr. Ryan Duggan today. They are seated in the public gallery this afternoon. I would ask them all to rise and receive the traditional warm welcome of this Assembly.

Thank you, Mr. Speaker.

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

Mr. Snelgrove: Thank you, Mr. Speaker. Back in June of '09 an accident at the intersection of highways 16 and 897 claimed the life of Pearl Watt, a long-time Kitscoty resident. Then again this August a tragic accident claimed the life of a young lady named Leasa Headon. At that time two young ladies from our constituency decided that something should be done, and they set out to start a petition to bring awareness about this intersection. In a very short time they raised 7,000 names on this petition, not only bringing attention to the intersection but to the fact of how much they cared about their friend and their community. The petition will be tabled later by the hon. Member for Strathmore-Brooks.

Mr. Speaker, I can assure you that even the President of the Treasury Board needs to occasionally lobby our Minister of Transportation for intersections that make our highways safer, and I will continue to do that in their memory. At this time, though, to you and through you to all members of this Assembly, I'd like to ask these two young ladies, Miss Kylie McLean and Miss Erin O'Neill, to stand up so we can thank them.

The Speaker: The hon. Minister of Employment and Immigration.

Mr. Lukaszuk: Thank you, Mr. Speaker. It's an honour and a pleasure to introduce to you and through you to all members of this Legislature a group of constituents from Edmonton-Castle Downs who also happen to be friends with our colleague from Calgary-East. The first one is Sheikh Ramez Mounzer. He is from the Druze Association of Edmonton. He has been a practising clergyman in our city for over 54 years, definitely serving the Druze community in our province with honour and dignity. He is accompanied today by his wife, Mazina Mounzer, who I have to tell you is a fabulous chef. She drops by my constituency once in a while with fabulous Lebanese cuisine, which I truly enjoy, and it shows. They are also accompanied by a friend, Rabha Ammur. I would like them to rise and receive the welcome of this Assembly.

The Speaker: The hon. Minister of Municipal Affairs.

Mr. Goudreau: Thank you, Mr. Speaker. It gives me great pleasure to rise today to introduce to you and through you to all members of the Assembly the newly appointed managing director of the Alberta

Emergency Management Agency, Mr. Dana Woodworth. Mr. Woodworth brings to the agency an accomplished background with the Canadian armed forces, including an assignment as the commanding officer of the Kandahar Provincial Reconstruction Team from 2007 to 2009. In addition to various leadership positions during his 28-year tenure with the military, Mr. Woodworth also served as director of human resources for the Land Force Western Area and was deputy commander of the Canadian Forces School of Military Engineering. Mr. Woodworth's most recent private-sector business management experience has been with Nuna Logistics Limited.

I'm confident that Mr. Woodworth's vast experience and collaborative leadership style will provide a great benefit to the agency as it continues to lead the co-ordination, collaboration, and co-operation of all organizations involved in prevention, preparedness, and response to disasters and emergencies. I would now ask Mr. Woodworth to please rise and receive the traditional warm welcome of the Assembly.

Thank you.

The Speaker: The hon. Minister of Housing and Urban Affairs.

Mr. Denis: Thank you very much, Mr. Speaker. It's my honour to rise today and introduce to you and through you to all members of the Assembly four great Albertans that I have the privilege of knowing. The government of Alberta has been a proud supporter of Habitat for Humanity projects, including Anderson Gardens located in Edmonton-Beverly-Clareview. Our guests are looking forward to all members of this Assembly attending our MLA build on December 14. These guests are seated in the members' gallery, and I'd ask that they rise as I mention their names: Alfred Nikolai, CEO; Steve Hertzog, COO and a U of S graduate; Susan Green, board chair; and Bill Winter, board member. I'd ask that all members please give the traditional warm welcome to these outstanding Albertans.

1:40

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

Mrs. Sarich: Thank you, Mr. Speaker. It gives me great pleasure indeed to rise today to introduce to you and through you to all members of the House a guest from the constituency of Edmonton-Decore. Jane Chase is an area manager with Alberta Employment and Immigration for the Edmonton east area, which consists of Alberta Works offices in the Edmonton north, located in Edmonton-Decore, Edmonton south, Sherwood Park, Leduc-Parkland, and St. Albert offices. She is an active member of both the senior and regional management teams in the Edmonton region and is the chair of the linkages committee between Employment and Immigration and Children's Services. Jane Chase is also the lead and has been very involved with the families first project in the Edmonton region. I'll shed a little bit more light on the progress of the new office in Edmonton-Decore in a member's statement later on. I would ask that Jane Chase please rise and accept the traditional warm welcome of the Assembly.

Thank you.

The Speaker: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Yes. Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to all members of the Assembly 18 members of the Elder Advocates of Alberta Society. I was pleased to meet with this group last week to discuss the Adult Guardianship and Trusteeship Act and how they feel it strips vulnerable seniors of

their rights. Now, my mom is a senior, and the stories that they have told me tear at my heart. They are here today hoping that the Minister of Seniors and Community Supports will meet with them to discuss this act. Later I will be doing a tabling with literally thousands of names opposed to the Adult Guardianship and Trusteeship Act. I would like them to stand and receive the warm welcome of the Assembly.

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

Mr. Anderson: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to this Assembly the mayor of Crossfield and four councillors who are with him today. This mayor is someone that I've had many a scrap with through my life and thrown many punches with. He happens to be my brother, and I'm very proud of him.

Mr. Boutillier: His Worship.

Mr. Anderson: His Worship. I don't think I could ever call him that, though; that's for sure.

If he could please stand. There's Mayor Nathan Anderson of Crossfield, Deputy Mayor Jo Tennant, Councillor James Ginter, Councillor Jason Harvey, and Councillor Garry Richardson. If we could all give them the warm welcome.

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

Mr. Doerksen: Thank you, Mr. Speaker. I'm honoured to have two introductions to make today. First of all, I'm honoured to introduce to you and through you to all members of the House the group of seven from Strathmore, the group of seven for their impact and significance, not their tenure just yet. Led by Mayor Steve Grajczyk, Deputy Mayor Bob Sobol, councillors Earl Best, Rocky Blokland, Dave Hamilton, and John Rempel, and accompanied today as well by the town manager, Dwight Stanford, I'd ask them all to rise and enjoy the traditional warm welcome of this Assembly.

My second introduction. I'm very pleased to introduce to you and through you to all members of the Assembly the councillors and mayors from the city of Brooks. They're in the public gallery, so I can't see them, but I know they're up there: Mayor Martin Shields, Deputy Mayor Barry Morishita, councillors Kimberley Sharkey, Norm Gerestein, Ron Yewchuk, Noel Moriyama, and Bill Prentice as well as Bill's wife, Shirley Prentice, and accompanied today as well by the city manager, Wanda Mortensen, and by the city clerk, Amanda Peterson. I'd ask you all to stand and enjoy the traditional warm welcome of the Assembly.

Members' Statements

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

Habitat for Humanity Anderson Gardens

Mr. Vandermeer: Thank you, Mr. Speaker. I'm excited to stand here today to announce a Habitat for Humanity development called Anderson Gardens, which will provide 47 new homes for low-income families in the Bergman neighbourhood of northeast Edmonton. As the MLA for this constituency I am overjoyed since these new homes will benefit local families and residents.

On December 18, 2010, the first set of keys will be handed over to deserving families. On this day six of the 47 Edmonton families will see their dreams of affordable home ownership realized. Families who live in these homes will feel a sense of pride and community spirit.

Mr. Speaker, Habitat for Humanity builds more than just houses; it provides families with a better quality of life and a sense of belonging and safety. This is all possible thanks to Habitat for Humanity Edmonton and the many volunteers who donate their time and, of course, the Alberta government for donating \$1.4 million to support this development. Anderson Gardens is the biggest development to date for Habitat for Humanity Edmonton and is also the biggest built green project in Canada. Not only is this an investment in affordable housing but an investment in the futures of the families who live in these homes, good news for Edmonton-Beverly-Clareview, indeed.

Thank you, Mr. Speaker.

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

Health Care Solutions

Mr. Taylor: Thank you, Mr. Speaker. Three weeks ago in my member's statement I suggested that the health care crisis goes beyond partisan politics and that this Assembly should work together to fix the problem. It was a suggestion that was well received from all sides of the House at the time. Around that time we saw a shift in here, with question period often focused for the next several days after that on proposals and ideas about how to fix our ailing health care system and the government seemingly more receptive to opposition ideas.

However, recent events have once again put partisan politics ahead of solutions, I feel, and that, Mr. Speaker, is troublesome, especially in the life-and-death crisis situation that Albertans face in hospital. Members must not at any time forget who we work for – we work for our constituents and for the people of Alberta – and especially not at such a pressing time.

Unfortunately, I feel that in this instance Albertans aren't feeling like all of us are doing our jobs. Albertans are mad about health. Each week they're told there's a new reason for the crisis – acute-care beds, mental health funding, long-term care, home care, assisted living, you name it – but they're not given solutions. They're told instead by both sides, "We're working on it" or "No, you're not" before next week's issue comes forward.

Albertans don't want to hear any more about the problems. They want to hear about solutions, Mr. Speaker. They want transparency. They want reasoning. They want to be able to see what we're doing to solve the problem. Frankly, right now they're not getting that.

I applaud the hon. Member for Edmonton-Meadowlark for realizing the importance of this issue and the need for proposing feasible solutions in an open manner, and I encourage the rest of us to follow suit. I call on all members of the Assembly to stop telling us what's wrong but instead tell us what can be right. To the government, no more saying: we have a plan; we'll release it soon. Release it now for the people of Alberta to hear and evaluate. To those of us on the opposition benches, no more jumping from one problem to the next, finding more issues than solutions, more clubs to bash the government over the head with. To everybody, let's see the plan, give constructive criticism, work together to solve this crisis once and for all.

Thank you.

Northern Student Teacher Bursary

Ms Calahasen: School divisions across this province face some significant workforce planning challenges over the next few years, especially in northern Alberta, where a growing number of teacher retirements, growing student enrolment, and a decreasing supply of specialty teachers is causing great concern. One of the major

challenges is recruiting and keeping teachers in these northern communities.

To address this challenge, government announced last year a northern student teacher bursary for new teachers. More than 150 students applied for the bursary, with 56 successful candidates.

This year Alberta Education and the Northern Alberta Development Council will be providing bursaries to a second group of postsecondary students who are interested in teaching in northern Alberta communities. To qualify, students must be in their last two years of teacher preparation studies at a postsecondary institution in Canada and meet other eligibility criteria. Successful applicants must live and work in the north for three years after graduating.

Many of my colleagues, like you, Mr. Speaker, know northern Alberta communities have a great quality of life to offer. I am pleased that this bursary will provide new teachers with an extra incentive to teach in these communities, and I have no doubt that three years will be more than enough to teach these young teachers to make northern Alberta their new home. More information on the northern student teacher bursary is available on the Northern Alberta Development Council's bursary website at www.benorth.ca.

That's why I'm pleased today to celebrate this exciting bursary and to encourage students to take advantage of all the financial support available to them for postsecondary education and training, so we can continue to grow our own, Mr. Speaker.

1:50

Oral Question Period

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

Alberta Health Services Board

Dr. Swann: Thank you, Mr. Speaker. The person most responsible for the situation we're in right now in health care is the former minister of health, who received a promotion for his bungling and inept health care experiment. The Member for Edmonton-Meadowlark, on the other hand, got expelled from caucus, and the CEO of Alberta Health Services is hanging in the balance for showing frustration at attempting to implement this government's failed health policy. To the Premier: does the Premier appreciate how demoralizing it is to health care workers when he rewards incompetence?

Mr. Stelmach: Mr. Speaker, this government agreed to move to one board for Alberta Health Services. It was a decision made after careful thought, looking at the number of regions that we had, the duplication of administration. There were huge savings in reorganizing. I admit it was a huge merger. It was one of the largest in the country of Canada: a lot of staff, a lot of money. But it was the right decision to be made, and I stand by it.

Dr. Swann: Well, Mr. Speaker, there's no question that Stephen Duckett must go. But does the Premier believe that firing Stephen Duckett will really solve the problem, which is the Alberta Health Services Board that this government has put in place?

Mr. Stelmach: Mr. Speaker, the board will be deliberating in terms of the individual mentioned by the hon. member. That's another example, you know, of always looking for someone to blame. These are Albertans that came forward. It's really almost like a voluntary position because this is serious business, delivering health care in this province. They're working very hard at it and will continue to work with government and work with health care providers to find the best way of delivering health care in Alberta.

Dr. Swann: So the Premier saved dollars. How many lives did that cost? When will the Premier cowboy up and place the blame for the crisis where it properly belongs: on himself and on the former health minister for breaking the system?

Mr. Stelmach: Mr. Speaker, all of the money that was saved in the reorganization went to front-line services. Where does he think that we found the money to pay off all of the preceding deficits of the regional health authorities, to bring them up to what they thought would be the new level of standard to reflect the demands of Albertans? Again, add 6 per cent on top of that in last year's budget and then come forward with a five-year agreement. It all started by reorganizing and making sure that we reduced administration, moved forward with moving those dollars to the front line.

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

Emergency Room Wait Times

Dr. Swann: Thank you, Mr. Speaker. To the Premier: to show his commitment to solving the emergency room crisis, will he support legislating emergency room wait times, which will keep this government accountable? Yes or no?

Mr. Stelmach: Mr. Speaker, it's a bit ironic because I just heard comments from one of the members across the way that that was not the way to go. I guess the bill is up for debate here in the House, and the motion will be made, and it will be debated. But there are other ways of resolving this issue, and that is to work with the 100 health care providers that came together that are moving forward on hiring 500 more nurses and opening 300 net new beds.

Dr. Swann: Well, to the contrary, Mr. Speaker, the United Kingdom has established these and had tremendous results.

To the Premier, again: will the individuals, both in Alberta Health Services and government, responsible for achieving wait time goals be truly held accountable by putting their jobs on the line to ensure these are achieved? Yes or no?

Mr. Stelmach: Well, I don't know who he is referring to, but I hope he's not referring to the people that are providing the service. Protocols have been put in place, there's additional money in place, there are new beds opening up, and of course there are more nurses being hired. So after that if there still is a backlog, we want to know what the reason for it is, and it shouldn't be vested in the board's domain because this is what has been done in the last week and unfortunately overshadowed by a lot of the antics since Friday. But that was a good decision made by 100 or so health care providers.

Dr. Swann: Mr. Speaker, to the health minister: why is the health minister trying to avoid putting his responsibility for achieving wait times into legislation? Is he afraid he can't deliver?

Mr. Zwozdesky: This question in other jurisdictions around the world would show you that in many cases the health system was more involved in the court system than it was in providing health services. So you don't want to go down that path. Secondly, Mr. Speaker, you can't just talk about legislating something in one area of health care. If you're going to talk about legislating it, you better be prepared to legislate everything, all the places that might have wait times, and that just is not possible.

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

Municipal Planning

Dr. Swann: Thank you, Mr. Speaker. This government continues to fail municipalities. This government has failed to institute a long-term funding arrangement, failed to comprehensively review the Municipal Government Act, and failed to make headway on the provincial land-use framework. To the Premier. In 2008 the government committed to complete the development of seven regional plans by this year, 2010. They have failed to do so. Why?

Mr. Stelmach: That statement is absolutely wrong in terms of completing the land-use framework by this time. In fact, we are the only jurisdiction in the world that has built a land-use framework based on the seven watersheds of the province. That, to me, puts a very important resource forward, which is water. The planning is continuing on the lower Athabasca, and to say that this government does not treat municipalities fairly with funding is just purely ridiculous.

Dr. Swann: Well, Mr. Speaker, municipalities need stability, as you well know, having been involved. Will the Premier commit to entrenching a stable long-term funding plan for municipalities?

Mr. Stelmach: To all the municipal leaders here: sorry. Really. We have in place a municipal sustainability initiative. It's \$836 million more money, more money than the traditional programs that we had in this government going to municipalities. It is the best funding model in the country of Canada. Just go to B.C., go to Ontario, go to the Maritimes.

Dr. Swann: Mr. Speaker, will the Premier, once again, this time open a comprehensive review of the Municipal Government Act instead of the piecemeal work that's been done every year, a comprehensive review of the MGA to provide greater autonomy to municipalities?

Mr. Stelmach: Mr. Speaker, unless something has changed recently, municipalities have a lot of autonomy. In fact, that's the reason why we're such good partners in delivering services for the very same taxpayer, the same voter. Just travel around Alberta and look at the improvements in infrastructure, again, municipalities working together where there's first response, buying fire trucks together, doing other municipal work together, building hockey arenas together. We have the mayor of Brooks here. I mean, go to that municipality, and look at the relationship they have with the county and the city. Now, get out of here, and go out and have a look.

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

Alberta Health Services Board (continued)

Mr. Hinman: Thank you, Mr. Speaker. After a week of public outrage, Dr. Duckett's job is on the line. It's obvious to Albertans that this is a case of shooting the messenger, a scapegoat. The superboard is as ill-conceived a concept as was the new royalty framework. Dr. Duckett was hired by the former health minister. It's the Premier's and cabinet's idea that central planning is best. This plan does not work. Dr. Duckett's action last week reflects the attitude of the former health minister and how he deals with the public. Will the Premier admit the obvious, that their superboard is a failure and damaging our health system and it must be dismantled in an orderly way?

Mr. Stelmach: Mr. Speaker, my answer to that question is the same as to the first. It is the very same question as was raised by the opposition leader. We made a decision to reduce the amount of administration in the province of Alberta. We went to one board. We used a lot of those savings to pay down the deficit. We also put more money into the system, and we gave Alberta Health Services a five-year funding plan. There is no jurisdiction that's done that. That gives them a good planning mechanism for future use.

The Speaker: The hon. member.

Mr. Hinman: Central planning does not work.

Thank you, Mr. Speaker, but Dr. Duckett's expertise is in measuring the cost and effectiveness of a health care system, not in the delivery of that system. It seems like the Premier and his cabinet have no idea of what his specialty is. Before you fire Dr. Duckett and pay him \$700,000, wouldn't it be wiser to retain him to measure the actual cost and effectiveness of our health care system and to dismantle the superboard in an orderly way?

2:00

Mr. Stelmach: I have to correct the hon. member. He has to learn that the board is responsible for the employment of their CEO, and the board will make that decision. It's not a government decision. Then, again, I can tell you that we're not going back to 300 hospital boards. Where are you going to find the money? I just don't know where they're coming from.

Mr. Hinman: Mr. Speaker, the Premier doesn't even know what he's talking about. There never were 300 health care boards. No fearmongering. Get to it. And the Energy minister is a failure.

Not only does this superboard's failure destroy patient lives; it's also destroying careers. On Monday the Member for Edmonton-Meadowlark, one of our emergency room doctors, was kicked out of this government's caucus. On Tuesday Dr. Duckett's job is on the line. We need to refocus Dr. Duckett to dismantle the failed superboard in an orderly way and to do an analysis of the cost-effectiveness of our health care system. The people want their hospitals back. They ask you, the Premier, to dismantle the superboard.

Some Hon. Members: Question.

Mr. Hinman: There is no question. Dismantle the superboard.

The Speaker: I heard there was no question. [interjection] Hon. Member for Fort McMurray-Wood Buffalo, I'll be happy not to recognize you in the question period if you don't want to raise questions.

The hon. Member for Edmonton-Highlands-Norwood.

Alberta Health Services President and CEO

Mr. Mason: Thank you very much, Mr. Speaker. Yesterday outside this Assembly the Premier used what he called pretty strong language to criticize the CEO of Alberta Health Services. Can the Premier explain to this Assembly what his concern with the CEO of Alberta Health Services is?

Mr. Stelmach: Just reflecting what I heard from Albertans and that was clearly communicated to me as the Premier of this province.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, the CEO of Alberta Health Services presided over a disastrous H1N1 immunization program, and this government said nothing. He presided over the closure of hospital beds and the elimination of nursing positions, and this government said nothing. But when he created a distraction from the government's messaging, he became a marked man. My question is to the Premier. Why does this government care more about its propaganda than about fixing the health care system?

Mr. Stelmach: Mr. Speaker, quite frankly, I don't know where the hon. member is coming from, but I think everyone in Alberta watched and saw the offensive comments. I'll just leave it at that.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, when Dr. Duckett presided over an emergency room crisis that left hundreds waiting for hours on end suffering and even dying in emergency rooms, this government didn't issue one word of criticism. But when he embarrassed this government by eating a cookie, his days became numbered. Will the Premier admit that Dr. Duckett was doing the government's dirty work all along, and the reason that he is being fired, potentially, is because he embarrassed the government?

Mr. Stelmach: Mr. Speaker, when the CEO was first hired, there was a completely different scenario. We met with the Alberta Health Services Board to look at how we could bring about savings. Part of that, of course, was to reduce the administration in the system. All of those dollars went to front-line services, and then we also as a government looked at what was needed to deliver some long-term stability to health care in this province. That's why we took money out of other departments. We put it into health, which has a five-year funding model. Again, we're the only jurisdiction to do that.

Support for Policing

Mr. Hehr: Mr. Speaker, the Alberta Urban Municipalities Association has been a strong advocate for urban communities for more than a century and are concerned that Alberta has the second-fewest police officers per 100,000 people. My question is for the Solicitor General. Policing costs for all municipalities have increased at a greater rate than population inflation, but the provincial policing grant has only increased to match population growth. Will the minister commit to finally take action and address this imbalance?

Mr. Oberle: Mr. Speaker, I thank the hon. member for bringing that up. Just as a matter of fact, I sat this morning in a bear-pit session with the AUMA, where not one single member raised any such objection to the work that we're doing in my ministry. We work with the AUMA as partners in delivery of law enforcement, and the funding that the department has brought forward has greatly exceeded the amount of population growth when you consider ALERT or sheriffs and any number of initiatives.

Mr. Hehr: Well, Mr. Speaker, I'm glad the AUMA members are very hospitable during breakfast and kind to the Solicitor General, so I'll ask some real questions here. Given that Alberta ranks 12th out of 13 among the provinces and territories for police officers per capita, in my view, this proves that the government isn't doing enough to protect Albertans. What does the minister say to that?

The Speaker: If this is government policy, go ahead.

Mr. Oberle: Mr. Speaker, I deny the remarks, and I suggest that the hon. member shouldn't lightly brush over the concerns of the AUMA and suggest that they weren't ready for tough questioning at breakfast. It was after breakfast, for starters. Second of all, to the representatives here, we've worked very closely with them, and we're open to all concerns and questions that are brought forward.

The Speaker: The hon. member.

Mr. Hehr: Well, thank you, Mr. Speaker. I was just saying that they're probably very hospitable and very nice people, and they don't always like to bring up things. That's all I'm saying, very hospitable.

Anyway, Mr. Speaker, although recent allocations of a hundred police officers per annum look impressive and make for a good sound bite, they still leave Alberta's urban centres underpoliced. As such, I'd like to know how many additional officers Calgary and Edmonton can expect during the upcoming fiscal year?

Mr. Oberle: Mr. Speaker, it's good of the hon. member to correct himself there because what he first said was that they're incapable of asking good questions. Trust me; they're perfectly capable of asking good and tough questions, much more so than that member is there.

We continue to work with the Alberta municipalities, all of them, in the delivery of policing in this province. The member will know that the statistics are improving. We have a long way to go, but we'll get there by working together, not by lobbing bombs at each other.

The Speaker: The hon. Member for Livingstone-Macleod, followed by the hon. Member for Edmonton-Centre.

Air Quality Monitoring

Mr. Berger: Thank you, Mr. Speaker. Some say Alberta is lagging behind when it comes to air quality monitoring and reporting. Other Canadian jurisdictions have adopted the federal air quality health index, yet Alberta continues to use the provincial air quality index. To the Minister of Environment: when will Alberta adopt the air quality health index, which some are arguing is superior?

Mr. Renner: Well, Mr. Speaker, I've been in the centre of much discussion of late respecting the respective merits of both the provincial air monitoring program and the federal air monitoring program. I want to advise this member in the House that I even directed my officials to sit down with the federal government in a constructive way and develop a process whereby Alberta can adopt the federal program sometime in 2011. There are some system enhancements that need to be made, we believe, to our system and theirs.

The Speaker: The hon. member.

Mr. Berger: Thank you, Mr. Speaker. Back to the same minister. Well, I guess that I'm happy progress is being made, or is said to be being made. The bottom line is that Albertans deserve and expect air quality monitoring and reporting right now. In the interim, how is this minister going to ensure Albertans have strong air quality monitoring, a system that they can rely on?

Mr. Renner: Well, Mr. Speaker, let me be clear. We have an air quality reporting mechanism that's up and operating and has been

for quite some time. There are a lot of people who believe that there is an advantage to the system that we have in Alberta in that we have real-time reporting; the federal system doesn't. We have a greater range of pollutants that are monitored; for example, sulfur dioxide, hydrogen sulfide, and carbon monoxide. What we have to have that will serve the needs of Albertans the best is a hybrid model incorporating the best of the federal . . .

The Speaker: The hon. member. [interjection] The hon. member has the floor.

Mr. Berger: Thank you, Mr. Speaker. That is encouraging.

My second supplemental to the same minister. Last summer we all had a skyline in Alberta that was covered with forest fire smoke from British Columbia. What other measures are in place to help protect and ensure our air quality for Albertans?

Mr. Renner: Well, Mr. Speaker, following the events of last summer, in August of 2010 we established the first-ever initiative in Canada, between the government of Alberta and the government of B.C., that will allow for a forecasting system that will take into account natural events like forest fires. The system will be an online system. It will deliver hour-by-hour forecasts of location and concentrations of smoke up to 48 hours in advance. I think that will be of much improvement over where we were last year.

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

Environmental Impact of Oil Sands

Ms Blakeman: Thank you very much, Mr. Speaker. Proper environmental management of our oil sands is good economics. But instead of using the last two years of slower production as an opportunity to get ahead of the curve, this government has wasted it with international PR campaigns and spin. My question is to the Minister of Environment. Given that both the feds and this government have been throwing money at PR for years and lobbying campaigns with no success – the blows keep coming – will the government take real action and actually protect our assets, action before advertising?

2:10

Mr. Renner: Well, Mr. Speaker, this member should know that all the advertising in the world won't do any good if you can't back it up with real evidence and real progress. Contrary to what this member would have Albertans believe, we have done just that. We have in the last year initiated something called directive 074, a significant advance. We've seen the first tailings pond reduced. We've seen dramatic reductions in the amount of CO₂ emissions that are associated with in situ. The list goes on and on and on. She just chooses to ignore it.

Ms Blakeman: Oh, Mr. Speaker, that's just sad. There is no evidence there.

Back to the same minister: is the minister so trapped in this government's rhetoric that he's unable to see the real environmental downside that our oil industry faces?

Mr. Renner: Well, Mr. Speaker, the message that I have been delivering wherever I go is that there are challenges associated with the development of this resource. There are challenges associated with the development of any resource. But for this member or

anyone to suggest that Alberta is ignoring those challenges, is doing nothing to protect the environment, is in my opinion doing a disservice to thousands upon thousands of people in the industry and in government who are working on this.

Ms Blakeman: Well, there's evidence, and we can all look at it.

My next question is to the Minister of Energy. In seeking wider markets in which to sell our oil, is the minister actively seeking countries with higher environmental standards, or do a country's environmental standards factor into the minister's strategy at all?

Mr. Liepert: Well, Mr. Speaker, I think we've made it very clear that what Alberta has to do is to ensure that we seek new markets because we are very much reliant on one market, and that's the market to the south. But I think what the member is actually asking is that we should somehow in Alberta be discouraging the sale and the production and the development of our resources. I would suggest that maybe they want to take that out as a policy platform in their next election.

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

Health Care Workforce

Mr. Amery: Thank you, Mr. Speaker. My question today is for the hon. Minister of Health and Wellness. For many years now we have been hearing a great deal about the shortage of health care workers in many parts of our province. My constituents of Calgary-East and all Albertans, for that matter, want to know how that shortage is affecting the delivery of health services and how it is affecting the current situations at the ER departments.

Mr. Zwozdesky: Well, Mr. Speaker, I think the shortage that we have of health workers in certain parts of the province is in other parts of the hospital, not necessarily in emergency rooms per se. That's one reason why for other parts of the hospital system we are increasing the number of nurses who are going into positions. Our target over the next year and a bit will be about 1,900 more nurses. We're also adding additional LPNs. In the last couple of years, the last two years in particular, the LPN workforce has grown by more than 17 per cent, and similar statistics are available about doctors that are being recruited and hired.

The Speaker: The hon. member.

Mr. Amery: Thank you, Mr. Speaker. Could the minister inform Albertans if the staff shortage is delaying the opening of new beds in our health facilities?

Mr. Zwozdesky: Mr. Speaker, we're opening more beds at a faster rate than in the history of the province. We're keeping up with demand, and I can tell you that in terms of training spaces we are training more doctors right now. First-year spaces in Alberta's two medical schools increased by more than 60 per cent just in the last few years, and this year the first-year intake is still going to be 50 per cent higher than a few years ago. We're moving in the right directions to fill those gaps where they exist in the province.

The Speaker: The hon. member.

Mr. Amery: Thank you, Mr. Speaker. Could the minister inform Albertans as to what concrete action he is taking to recruit the health

workforce we need in order to meet the current and future health care needs for Albertans?

Mr. Zwozdesky: Mr. Speaker, the short answer is that Alberta Health Services is very aggressively helping to recruit more doctors, more specialists. In that vein I have to tell you that we are leading Canada today in recruiting physicians and in recruiting specialists. In the last few years our physician workforce grew by 23 per cent, which is far ahead of any other province. Similarly, under the new three-year nursing agreement Alberta Health Services will be hiring at least 70 per cent of all the nursing graduates on a per annual basis. That's more than 1,100 new nurses. It's tremendous news.

The Speaker: The hon. Member for Lethbridge-East, followed by the hon. Member for Olds-Didsbury-Three Hills.

Labour Protection for Paid Farm Workers

Ms Pastoor: Thank you, Mr. Speaker. Finally, a full year since the farm safety record report was completed, its release yesterday came with an announcement of yet another round of consultations but no action to give paid farm workers rights under the Occupational Health and Safety Act or to provide paid farm workers with mandatory WCB coverage. To the minister of agriculture: why does the minister continue to allow paid farm workers to be refused the same rights as other workers in Alberta, and has he spoken to his colleague the Minister of Employment and Immigration?

The Speaker: The hon. Minister of Agriculture and Rural Development.

Mr. Hayden: Well, thank you, Mr. Speaker. In fact, what's happened with this report's release is that it's pointed out what the industry itself has asked for. The industry itself has asked for a farm safety council so that they can determine their own future, which I think is important. This government is interested in saving lives, not complicating them like members on the opposite side.

The Speaker: The hon. member.

Ms Pastoor: Thank you. I will direct my next question to the Minister of Employment and Immigration. Given that Alberta could easily be faced with condemnation from the United Nations International Labour Organization for breaking international law, as Ontario was last week, will the minister amend the Occupational Health and Safety Act to include paid farm workers?

Mr. Lukaszuk: Mr. Speaker, quite to the contrary. Alberta is encouraging, actually, our federal government to become a signatory to the international convention because we are so confident that our standards are not only adequate to meet the international criteria, but we by far exceed them. So we want to partake in that. I have to tell you that the best solutions will come always from the industry, that is aware of what they're doing, and that is why I believe the minister of agriculture is doing the right thing, asking farmers what is good for farmers.

Ms Pastoor: To the same minister: when the minister publicly stated that more substance needs to be added to the government's safety strategy for all workers, why does the minister continue to refuse to include paid farm workers?

Mr. Lukaszuk: Mr. Speaker, all Albertans know that the majority of farms in Alberta, even though incorporated, are still family farms.

By virtue of that, they are very unique workplaces because they're not only workplaces, but they're also places where people live and enjoy their lives. The fact is that the protocol that has been put in place will be consulting with farmers, those who actually live and produce. They will make sure that they are safe on farms, and they will tell us how to achieve that.

The Speaker: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Edmonton-Strathcona.

Levy on Beef and Beef Products

Mr. Marz: Well, thank you, Mr. Speaker. At the request of the Alberta Beef Producers and the Alberta Cattle Feeders' Association the Minister of Agriculture and Rural Development recently announced that he would be making the \$1 national levy a mandatory, nonrefundable component of the beef cattle check-off. My question is to the Minister of Agriculture and Rural Development. Why is this change being made now, when we just got rid of this check-off as part of the \$3 check-off not that long ago?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. The industry itself realized, I believe, the mistake that had been made earlier in that those groups that had lobbied for that found that it's very important that we put money into the Canadian Beef Cattle Research, Market Development and Promotion Agency. The \$1 national check-off puts us on a level playing field with the rest of the nation and puts in place things that make the same things available to us as a country that other countries have.

Mr. Marz: Again to the same minister, Mr. Speaker: could the minister explain just how important these changes are to the beef industry, and will this be applied to imported cattle?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. Absolutely. This now allows us to charge a levy on cattle that are imported into Canada, which is what we have to do when our cattle are imported into the United States. When we export into the United States, we pay a levy. That levy will amount to approximately a million dollars a year that will go towards market development and research to increase the possibilities for our business.

2:20

The Speaker: The hon. member.

Mr. Marz: Thanks, Mr. Speaker. Again to the same minister: when can the industry expect these changes to be implemented?

Mr. Hayden: Mr. Speaker, we've been moving it through the process as quickly as we can, and while this is maybe a best-case scenario and a best-guess scenario, I expect the changes to be implemented at the very latest by the end of this week.

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

Federal Support for Expo 2017 Bid

Ms Notley: Thank you, Mr. Speaker. It's been a bad-news week for Edmonton and all Alberta as the federal Conservatives have rejected

support for the popular campaign to bring Expo to Alberta's capital. Albertans are furious with being treated like this by a party that claimed they would give Albertans a seat at the national table while, instead, taking us for granted at every turn. But there is blame to go around. My question is to the minister of federal and intergovernmental affairs. Can she describe what direct efforts she and members of this cabinet have made to persuade their federal cousins to support Alberta's Expo bid?

Ms Evans: Mr. Speaker, we have a member of our caucus and cabinet that actually sits on the committee. We've had numerous meetings, both individually and collectively, with members of the committee. We have spoken with our federal counterparts. Our minister of tourism has been extremely active on this file at every turn, even in the visits with Shanghai, talking to the federal officials. There isn't one person at this table, including the Deputy Premier, that hasn't made considerable efforts with the MPs and with the Prime Minister's office.

Ms Notley: Well, Mr. Speaker, given that, in fact, several Alberta cabinet ministers have justified luxurious junkets to foreign places as being part of supporting the Expo bid, will the minister tell this House why they have not been equally keen to get on a routine, early-morning flight to Ottawa to express as often as necessary to their federal Tory cousins that Expo would more than repay itself in the prosperity that it would generate in Edmonton, all Alberta, and Canada?

Ms Evans: Mr. Speaker, not only have we lobbied, but we have put our money where our mouth is in support of this bid. Up to \$3 million was spent, taxpayers' money, to support the Expo bid. There hasn't been anybody that hasn't, on their trips when they visit with the people in Ottawa, mentioned this. I recall last summer at the Stampede there were numerous overtures made to MPs when they were here in Alberta, not costing dollars to travel elsewhere. We've made a number of efforts on this file and many other files to try and support our province.

Ms Notley: Well, Mr. Speaker, given that it has taken Alberta's lone NDP MP to raise the federal Tories' abandonment of Alberta in the House of Commons and given that there is not one word on the public record of our Premier or any of this cabinet publicly urging the federal Conservative government to join the campaign, will the minister agree at this late point to finally get moving and publicly call on her federal Tory friends to reconsider their abandonment of Alberta? Will she do that today?

Ms Evans: Mr. Speaker, there has been no attempt to be private about this. This has been very public, including texts of the Premier's speeches, in fact, asking for just exactly that. There has been nobody that's made an overture stronger than this Premier to that government.

May I also point out one other thing, Mr. Speaker. If we were on the floor of the House in Ottawa, we'd be doing exactly what the hon. member from the NDP caucus is doing and lobbying on behalf of Alberta.

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

Electricity Costs

Mr. MacDonald: Thank you, Mr. Speaker. This government's electricity deregulation policy is like its health care policy, another

mess that they're incapable of trying to fix. This government's flawed electricity policy drives up prices when temperatures go down. Yesterday the daily average pool price for power was over 20 cents a kilowatt, when the temperature was well below minus 20. My first question is to the Minister of Energy. Given that consumers won't see these high prices on their already high bills until after Christmas, how much will the price spike cost them?

Mr. Liepert: Well, Mr. Speaker, the easy answer to that question is that power prices in this province today on an annual basis are less than they were five years ago. You can take one particular example at one particular time of the day and make the comment that the member raised, but what he should do is look at it over the annual basis, and he'd come up with a different result.

Mr. MacDonald: This minister is responsible for driving up power prices in this province, and he knows it. Consumers know it every time they open their monthly bill.

Given that yesterday evening at 6 o'clock we were consuming here in Alberta over 10,000 megawatts of power, can this government guarantee that we now have enough power at a reasonable price to meet our demands on a winter day?

Mr. Liepert: Well, what we don't have, Mr. Speaker, is adequate transmission. That's why we brought in Bill 50, so maybe you want to think about whether you support Bill 50 or not.

Mr. MacDonald: You messed that up, too, and we don't have enough operating reserve either. We do not have that, and you know it.

Now, what operating reserve is adequate when we have a 10,000 megawatt demand for our electricity at supertime on one of the coldest days of the year? Is it 5 per cent, 7 per cent, 9 per cent?

Mr. Liepert: Mr. Speaker, if you want to see a messed-up electricity system, go to Ontario, where the price is increasing by 15 per cent. It'll double in the next 10 years. That's a Liberal government in Ontario.

The Speaker: The hon. Member for Calgary-Montrose, followed by the hon. Member for Airdrie-Chestermere.

Teacher Evaluation Process

Mr. Bhullar: Thank you very much, Mr. Speaker. Having the highest quality teachers is a fundamental pillar of a high-performing education system. Our education system is ranked amongst the best in the world, and to maintain that position, we must ensure we have excellence in teaching. To the Minister of Education: what policies are in place to annually review the performance of teachers?

The Speaker: The hon. minister.

Mr. Hancock: Well, thank you, Mr. Speaker. The hon. member is exactly right. If we want to have the best education system in the world, we have to have excellence in teaching. That's fundamental. We have a very good track record in that regard, and we have some excellent teachers in the province. Most of our teachers, I would say, are responsible for helping us to be among the top five in the world. We have a teaching quality standard that outlines the knowledge, skills, and attributes that teachers are expected to demonstrate. When there's a formal complaint with respect to that, there's a process to handle that.

The Speaker: The hon. member.

Mr. Bhullar: Thank you, Mr. Speaker. To the same minister: what policies do we have in place to potentially remove teachers that may not be providing the best education to our students?

Mr. Hancock: Well, Mr. Speaker, that would be the practice review of teachers regulation, which outlines the appropriate process to review a complaint. Principals can utilize that process. Parents can utilize that process in the case of complaints about teachers in public and separate schools. In the public school system those go to a review process, which has been delegated to the ATA to administer. With respect to complaints about teachers in private or charter schools those go to a similar process but through the department.

Mr. Bhullar: Mr. Speaker, my last question to the same minister: does the concept of tenure apply in our public education system, and does that potentially create barriers that may not be in the best interests of our students?

Mr. Hancock: The short answer, Mr. Speaker, is no. There's no tenure for teachers in Alberta. Teachers are hired by school boards as contract employees, and if they're not performing up to the terms of the contract, the teaching quality standards, their performance can be reviewed, and their employment can be terminated. They are professionals, so there's a process for professional complaint if they are not practising to a professional level. So the old concept that teachers are there forever is not true. The new concept is that we have excellent teachers in this province, and we're going to continue to ensure that they are excellent.

Alberta Health Services Board

(continued)

Mr. Anderson: Today the Premier did what he does whenever he finds a public policy disaster on his hands: he finds a scapegoat. When the new royalty framework was exposed as a job killer, he blamed oil and gas entrepreneurs. When the budget crashed to unprecedented deficit levels, he fired his finance minister. And when his health superboard experiment turned into a bureaucratic centralized nightmare, guess what? He fired his parliamentary assistant and will likely axe the CEO. To the health minister: when is this government going to take responsibility for its actions, admit that they were wrong, and disband the failed . . .

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

Mr. Zwozdesky: Thank you, Mr. Speaker. There's no question that there have been some wonderful efficiencies brought about as a result of amalgamating the nine regions under one centralized administrative authority. I've indicated this before, but in case the member missed it, let me just repeat that we have reduced significantly the number of CEOs in the system, we have reduced significantly the number of VPs in the system, we have centralized the payroll, and also we've gotten into bulk buying or common procurement, which together with other things has saved us about \$500 million to \$600 million annually, and it's all going right back into health care to help in other areas.

Mr. Anderson: An 18 per cent increase in the health budget this year: that's efficiency. Congratulations.

This health minister isn't listening. The CEO and the doctor from Edmonton-Meadowlark are not your problems. Your flawed policy

is. The superboard experiment has failed. It's over. The emperor has no clothes. Will this minister do the right thing and disband the superboard and put in place a plan to immediately decentralize control of health care back to front-line doctors and nurses in local communities? Decentralize.

2:30

Mr. Zwozdesky: Mr. Speaker, it's unfortunate that the member would take liberty with some of these numbers without explaining that out of that 15 per cent increase \$1.3 billion was to get rid of deficits that in some parts were the creations of some of the former health regions, not all but some. That's a very important part of the equation we have to remember. Secondly, let's remember that in order to provide the best, predictable, stable planning, we brought in a five-year assured-funding plan for the first time in the history of this country, and we're going to stick to it.

Mr. Anderson: You're wrong, Minister. The superboard is a disaster, and anyone with a shred of credibility knows it. Not only has the superboard experiment failed; it has resulted in unneeded suffering and many deaths of Albertans. If you are going to stand behind this superboard, will you make this one promise? If your wait-time targets for the ER aren't being met over 95 per cent of the time within the next three months, will you resign your position? Will you do it, sir?

Mr. Zwozdesky: Mr. Speaker, what this province-wide Alberta Health Services Board has done is that they've just increased the number of acute-care hospital beds by 360, they've just increased the number of continuing care beds across this province by over 1,400, and they've just ensured that an additional 500 RNs will be hired to staff the acute-care beds. If time were to allow it, I could go on at some length about some of the accomplishments. Have there been some problems along the way? Yes, there have. Have they been owned up to? Yes, they have. Are they being fixed? You're darn right.

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

Civil Forfeiture Program

Mr. Quest: Thank you, Mr. Speaker. Last week we heard about how the proceeds of criminal activity seized through the Victims Restitution and Compensation Payment Act are being directed towards victims' groups and crime prevention projects throughout the province. My first question to the Minister of Justice: can the minister tell me how seized profits of crime and gang activity are being used to help vulnerable Albertans?

The Speaker: The hon. Minister of Justice and Attorney General.

Ms Redford: Thank you, Mr. Speaker. When we introduced this legislation two years ago, we made it very clear that there were two purposes to the legislation. The first was to directly impact street level crime and to give police the opportunity to intervene and to stop that crime. The other was to compensate victims. Through the last year and a half we've been able to seize almost \$20 million worth of property and have now developed a civil forfeiture fund, which is funding community-based projects that deal with both prevention, dealing with the roots of crime, and also the protection of victims.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. My first supplementary to the same minister: why were these particular projects selected to be recipients of this funding?

The Speaker: The hon. minister.

Ms Redford: Thank you, Mr. Speaker. The civil forfeiture fund will now be used to ensure that people who are impacted by crime at a community level working on projects in partnership with volunteers are able to develop both preventative programs and also support for victims. We've been able to support rural women's shelters across this province. We've also funded nine projects that are dealing with youth at risk to ensure that they have mentoring opportunities so that they make choices that aren't going to lead them to lives of crime.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. Second supplementary to the same minister. It's been two years now since this has been implemented. Is there any indication that this legislation is actually making our communities safer?

Ms Redford: Well, Mr. Speaker, as I said at the beginning, there were two objectives. The first was to actually cut down on criminal activity, and what we have seen and what we have had reported in statistics from the police is that we are seeing much more seizure of marijuana grow ops. We're seeing the seizure of vehicles that are used in dial-a-dope operations to the point where in some cases, as ridiculous as it sounds, people that used to use vehicles to sell drugs are now walking because they're too afraid their vehicles are going to be seized. I know this has been a tremendous success in Edmonton, in particular. We've seized over 20 houses in Calgary. It is very effective.

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

Affordable Accessible Housing

Mr. Kang: Thank you, Mr. Speaker. In Alberta the number of affordable housing units for those with disabilities is extremely low. For the few available spaces there are often long waiting lists, and few units provide in-house services. Those that cannot find housing often end up in seniors' long-term care facilities. To the Minister of Housing and Urban Affairs: does the minister agree that it is inappropriate to house a healthy 25-year-old in a long-term care facility with mostly seniors?

The Speaker: The hon. minister.

Mr. Denis: Thank you very much, Mr. Speaker. This member has a good question about accessible living and affordable housing. I've had the privilege of opening up and visiting many affordable housing projects that we've spearheaded through the entire province, not just in urban Alberta. It's actually our goal to have about 10 per cent of new affordable housing projects being fully accessible to people with mobility issues.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. Given that housing is essential for independence, why has this minister forgotten about these Albertans in his 10-year housing plan?

Mr. Denis: Well, Mr. Speaker, I have to with respect reiterate my earlier answer. We have not forgotten about people who have affordable housing needs and who also have mobility issues. Again, about 10 per cent of the new affordable housing that we have is designated as accessible living. This is something that I'm very proud of as a minister.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. Will the minister immediately provide policy direction to increase the number of adaptive and wheelchair accessible units to 5 per cent, which is needed right now? I know you've been talking about 10 per cent.

Mr. Denis: Well, Mr. Speaker, I have to say that, no, I will not immediately increase it to 5 per cent because, in fact, we're already doing 10 per cent. This is something that doesn't cost the taxpayer much more but at the same time has a big impact on the lives of people who require affordable housing and who may have mobility issues.

The Speaker: The hon. Member for Edmonton-Ellerslie, followed by the hon. Member for Lacombe-Ponoka.

Grey Cup

Mr. Bhardwaj: Thank you very much, Mr. Speaker. With the teams now determined and the playing field at Commonwealth Stadium being prepared for the 98th Grey Cup, my questions are to the Minister of Culture and Community Spirit. With an early ticket sellout for the game and significant corporate sponsorship and fan interest why is the government of Alberta involved financially in the Grey Cup?

Mr. Blackett: Well, Mr. Speaker, it's one of those things. All of that success was predicated on a couple of different things, the early organization by the excellent Edmonton Grey Cup Festival Committee, but also, because we committed our money early this spring, the Edmonton Grey Cup Festival Committee was able to secure the corporate sponsors, they were able to go to the market with tickets, and they were able to sell out the Grey Cup prior to this season. Also, we did it because, like the Olympics, it was an opportunity for us to host the world, to host our federal counterparts. We have a large contingent of members . . .

The Speaker: The hon. member.

Mr. Bhardwaj: Thank you very much, Mr. Speaker. My first supplemental to the same minister. There is a lot of media attention and questions being put forth by my constituents regarding Huddle Town and the Grey Cup festival. Can the minister advise my constituents exactly what the government's role is in the Grey Cup festival?

Mr. Blackett: Just to finish off, Mr. Speaker, part of the reason that we did that is that, as I said before, because we have all these people from around the country, with a focus on Alberta a large contingent of our MLAs are going to be able to work with our federal counterparts to lobby on a wide range of issues, something the opposition members asked us to do, something that we continue to do.

As for the request about Huddle Town, it's an opportunity, through \$300,000 from our department, to support Alberta artists, put them on a stage, showcase the great talent that we have, and

make a venue that's available not just to those football participants but also those families in this province.

The Speaker: The hon. member.

Mr. Bhardwaj: Thank you very much, Mr. Speaker. My final supplemental is to the Minister of Tourism, Parks, and Recreation. What are the tourism and economic impacts of hosting the Grey Cup game for the province of Alberta?

Mrs. Ady: Well, Mr. Speaker, as a Stampeders fan I'm a little sad, but as the tourism minister I am delighted because we're seeing the hotels and the motels fill up, and the restaurants and the bars. I think there's going to be a run on watermelons in this province. When we look back to Calgary last year, Calgary Tourism estimated \$61 million in economic impact for the city and another \$20 million for the rest of Alberta. Also, we showcase this great province. We can throw a great festival, and we're going to see Edmonton do that in the next few days.

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

Farm Safety

Mr. Prins: Thank you, Mr. Speaker. The safety of Alberta farmers continues to be an important topic of discussion for many of my constituents. Yesterday the Minister of Agriculture and Rural Development announced the creation of a farm safety advisory council. I wonder if the minister can tell us why he created this council and what he hopes to achieve.

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. Through this council we're going to be able to work together with industry and labour organizations to pave the way for an enhanced safety system for agriculture. Stakeholders are going to be part of the solution. The council will be co-chaired by someone from my department and people from the industry, and its membership will include people from all parts of the agriculture industry to reduce farm injuries and fatalities.

2:40

Mr. Prins: Again to the same minister, Mr. Speaker. The minister talks about working with industry in the formation of the council. What kind of input did the farming industry actually have in the work that went on prior to the announcement of this council?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. Actually, the industry were the only people involved in the development of the recommendations that have come forward from Employment and Immigration. The consultation took place with 20 different agricultural groups that represented over 50,000 primary agriculture people. The message was very clear. There were 10 main recommendations, and we are acting on some of the recommendations already. One of the main recommendations was to establish this council so that people whose lives are at risk for injury or loss are the people that are putting together the plan for these safety programs that we need.

The Speaker: The hon. member.

Mr. Prins: Thank you again, Mr. Speaker. Again to the same minister: when is this council going to be formed, and what tasks will be assigned to the council?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. We are going to announce early in the process the names of the people who will be on the council. I want the council's work to begin and be under way early in the new year. We'll be working with that group to set the agenda for the type of issues that they want to see addressed, and we're going to work very closely with them to achieve that.

The Speaker: Hon. members, that concludes the question-and-answer period for today. Nineteen members were recognized. There were 113 questions and responses.

Before we move on to the Routine, there's a matter I want to raise with the Assembly when the maximum number of members are here.

Speaker's Ruling

Cellphone Cameras in the Chamber

The Speaker: This morning when I arrived at my office, because I could not join members until 1:35 or 2 o'clock this morning because you were in committee, a number of members brought to my attention a very serious violation of our rules and ethics which occurred in this House at approximately 1:30 in the morning.

The transgression goes to the very heart of the integrity of this Assembly and the right of members to do their work and the security and the privacy of members in this Assembly. Cameras and the taking of pictures is strictly prohibited in this Assembly, and at least several members – that is, more than two – identified one particular member who was undertaking such an activity.

This chair has made mention of this for going on nearly 14 years, so it's not the first time it's been raised. It's raised in a letter that's sent to all members prior to the commencement of a session.

No member rose last night on a point of privilege. That would have been the right of a member, to rise on a point of privilege. The member in question who committed this unethical transgression has been talked to by the Sergeant-at-Arms, has admitted it, and has apologized. I want to assure all members that if such an unethical transgression repeats itself in this Assembly, it is your responsibility and duty as a member of this Assembly to rise on a point of privilege, and we will deal with it in the Assembly on the subsequent day.

Members in this Assembly are elected to have all the freedom and all the rights of privacy and privilege when they work in this Assembly, and they are not to be interfered with by anyone, intimidated by anyone under the guise of whatever it is. It is not a joking matter in the eyes and the mind of this chair, this Speaker. You have every right – every right. I'll tell you why. I'll give you an example of why intimidation is so important. In 1933 in another country in this world, in the national Assembly of the Reichstag in Germany, storm troopers came into the Assembly and stood beside members who did not want to vote for the Nazi Party and intimidated the living daylights out of them to vote themselves out of existence.

It is a fundamental right for members to be in this Assembly and to have every right without harassment, intimidation, interference from any other member to do their particular duties. I raise that, but if members are aware of this, they must bring it to the attention of other members, and they must deal with it.

Thirty seconds from now we'll continue.

Members' Statements

(continued)

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

Calgary-Mackay School Achievements

Ms Woo-Paw: Thank you, Mr. Speaker. I'm pleased to rise today to bring some exciting updates from the constituency of Calgary-Mackay, a community with about 10,500 young people attending K to 12 schools. Panorama Hills elementary now has its beautiful playground in place due to the tremendous efforts of the parents, who worked on the playground on a windy and snowy day but with warm support from numerous local businesses as well as the excited, watchful eyes of the students. The playground is well used by students during recess, gym class, and after school.

John G. Diefenbaker high school, a feeder school for students from Calgary-Mackay, is proud to report that \$700,000 in scholarships was granted at the fall awards program while Crescent Heights high school handed out over \$350,000 for postsecondary scholarships.

Notre Dame high school, the only high school located within the Calgary-Mackay constituency, started the school year with the addition of the prestigious international baccalaureate designation. Additionally, the number of students that earned the Rutherford scholarship doubled this year to 122 students. In the athletics area the school's senior football team has repeated as the city of Calgary division 1 champions. The junior football team is also the division 1 champion.

Mr. Speaker, Mr. Kevin deSouza, the school's principal, told me that they cannot remember the last time a school won both senior and junior division 1 championships in the same year. More yet, this school's senior girls soccer team won its third consecutive silver medal in division 1, and the senior boys volleyball team is entering into the division 2 championship.

Mr. Speaker, I must say that I am very proud of the achievements of these students, and I'd like to applaud the efforts and supports from the teachers, school personnel, and the parents of these young people.

Thank you.

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

North Edmonton Alberta Works Office

Mrs. Sarich: Thank you, Mr. Speaker. On May 21, 2010, I was so pleased to help cut the ceremonial ribbon at the opening of the new north Edmonton Alberta Works office in Northgate Centre, located in my constituency of Edmonton-Decore. I was pleased to be joined by my colleagues the hon. members for Edmonton-Beverly-Clareview and St. Albert and the Minister of Employment and Immigration to witness this exciting event.

Alberta Works offices are an important and integral part of our communities throughout the province. Our government strongly believes in the importance of equipping our workforce, both present and future, with all of the necessary resources for them to succeed. Mr. Speaker, this can only be accomplished through the wonderful and well-informed, competent staff at the Alberta Works offices. They offer career and employment programs and services to help Albertans prepare for employment opportunities. They also provide support for training and temporary employment programs.

Alberta Works offices offer four special categories of services for their clientele: employment and training services, income support, health benefits, and child support services. I am very proud to say that the new Alberta Works office at Northgate Centre is the sixth centre in Edmonton and the 11th in the capital region, which is indicative of the level of support our government offers to help Albertans, from those looking for their first job to others who wish to make career changes but don't know where to begin.

This new office provides Edmontonians with more convenient choices when seeking career services. Also, not only is the location itself very convenient for those who live in the area; it is very accessible by using the light rapid transit system. There is ample free parking. I am assured that it's going to help Edmontonians and Albertans to reach their goals.

The Alberta Works office is a great addition to north Edmonton, and I look forward to hearing the success stories.

Government Accountability

Mr. Hinman: Today the Wildrose caucus released our democracy and accountability policy. The political atmosphere of Alberta has been reduced to an undemocratic, aristocratic attitude. This government does not understand the importance of open and honest debate. They meet behind closed doors and use blind loyalty to support plans they know are failing. They follow along the theme that if you tell a big enough lie and repeat it often enough, the people will believe. The idea to bury ER reports for two and a half years is unacceptable. To force people to wait in hallways because they refuse to open closed units is wrong. They say, "People first," but their actions scream: not so.

2:50

They gag our health care workers with the threat of their jobs and then claim it's a misunderstanding. Their MLAs love the gag orders. It's blanket coverage for their bad decisions. They can come out and tell their constituents, "I voted against it in caucus" but that they lost the vote and must respect the majority of caucus. They truly believe that if you bury it deep enough and deny it long enough, people will believe. Oh, they have free votes. It's simple: you are free to leave. There are very few who have the intestinal fortitude to stand against, let alone speak out against, what they know is wrong: the new royalty framework, \$15 billion in untendered and unneeded power lines, and the centralization of our health board, to name a few.

What has happened to transparency and accountability in government? The bills and regulations being passed make it more and more difficult for everyday Albertans to try and access information and carry on business here in the province. The first action of this new government was to give cabinet massive raises and sign gold-plated contracts with their friends and supporters. The next major act was to centralize our health care and sign new contracts with bonuses that are unexplained and seem only to be related to the time they remain on the job.

All decision-making processes should be done in the best interests and wishes of the people, not elected officials but the people. You say the right things, but your actions speak louder than your words.

Presenting Petitions

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

Mr. Doerksen: Thank you, Mr. Speaker. I'm pleased to rise today and present a petition on behalf of the President of the Treasury Board, the hon. Member for Vermilion-Lloydminster. This petition contains approximately 7,000 signatures, as was indicated earlier today, and urges the government of Alberta to make changes to the intersection of highway 16 and highway 897 near Kitscoty. The signatures include constituents from Vermilion-Lloydminster along with many other Albertans that travel the highway and are concerned with the safety of that intersection.

Thank you, Mr. Speaker.

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

Mr. MacDonald: Thank you very much, Mr. Speaker. I, too, have a petition to present, and it reads:

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

Thank you.

Notices of Motions

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I rise to give notice today of a motion.

Be it resolved that the Assembly waive Standing Order 3(4)(b) and extend the fall sitting as provided for under Standing Order 3(9).

Tabling Returns and Reports

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

Mr. Mason: Thank you very much, Mr. Speaker. I'd like to table the appropriate number of copies of an article written on August 12, 2008, by Danielle Smith, who is now the leader of the Wildrose Alliance Party. In the column that she wrote, it says that the former health minister was not planning to "tear the health system down brick by brick . . . Not by a longshot." She says, "He wants to make important changes, to be sure, but the system is in no danger."

The Speaker: I was so proud of you yesterday, hon. member, for standing up, identifying a document, and sitting down. Now today you want to have a debate. Table the document. Let's move on because we have to come to Calgary-Varsity yet, and we're running out of time.

Mr. Mason: But, Mr. Speaker, I'm doing God's work here.

The Speaker: I know.

Mr. Mason: Okay. Mr. Speaker, I will just table this document. It says, "There is nothing [the former health minister] is contemplating that is the least bit scary. In fact, he's off to a pretty good start."

Thank you.

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

Mr. Taylor: Thank you very much, Mr. Speaker. I rise to table five copies of a letter from a constituent, Marjorie McIlveen, that was sent to the Premier asking that seniors' benefits that were taken away during the early '90s be fully reinstated. She is particularly angered because seniors do not get the full cost-of-living bonus in Alberta, which other provinces give to their seniors, and because seniors' benefits in this province are, she says, determined by an unfair means test.

Thank you.

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

Ms Pastoor: Thank you, Mr. Speaker. I'm going to have to catch up on the tablings of my letter and donation to the food banks. As per my pledge in the Assembly on April 2, 2007, half my indexed pay raise, \$146.25, is donated monthly to a food bank in southern Alberta to push the fact that AISH should be similarly increased and

indexed, which is only fair. I am tabling five copies of my letters: in March to the Crownsnest Pass food bank; in April it was the Claresholm food bank; and in May it was the Vulcan food bank.

Thank you, Mr. Speaker.

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

Mr. MacDonald: Yes. Thank you very much, Mr. Speaker. I have two tablings today. The first is a letter dated August 4, 2010, and it is a letter I received from the hon. Minister of Energy indicating that “pursuant to Section 50 of the Mines and Minerals Act, Alberta Energy is prohibited from disclosing the names of the producers that have disputed the basis of bitumen royalty valuation.”

The second tabling I have is on behalf of a constituent. I have permission from Vanessa Pierce to table this correspondence. Vanessa Pierce is expressing concern towards the government regarding psychiatric care beds at Alberta Hospital Edmonton.

Thank you.

The Speaker: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Thank you, Mr. Speaker. I would like to table a letter signed by thousands – and I mean thousands – of Albertans who believe that the Adult Guardianship and Trusteeship Act is unjust legislation that violates the rights of vulnerable seniors. It’s shameful, and with the minister recently doing a tabling on seniors abuse, it is my hope that the minister of seniors will meet with them and realize how abusive this legislation is.

Thank you.

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

Ms Blakeman: Thank you very much, Mr. Speaker. I’m tabling with permission an e-mail from a constituent, Charmaine Roux, who wants the government to understand how difficult it is to survive on the current rate of AISH and to encourage changes in the amounts of the AISH benefits. She believes the government pledged in election promises to help the homeless and the disabled and would like to hold them accountable for thus far not doing that.

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

Mr. Chase: Thank you, Mr. Speaker. I’m tabling e-mails from the following people opposed to Bill 29: from Alberta Judy-Anne Wilson, Jill Seaton, Martin Lambert, Andrew Hurly, Alice Easton, Bill Termeer, Kathy Rothwell, Tim Hartley, Kristine Kowalchuck, Lisa Downing, Mike Warren, Robyn Termeer, Julie Desautels, Stephanie Hrehirchuk, William Strean, Kevin Calpas, Bonnie Drozdowski, Shane Drozdowski, Ngaio Hotte, Andrew Higgins, Bob Wieterman, Nancy Rourke, Tanis Eaker, Ross Smith, Wendy Seniuk, Roberta and Daryl Palanuik, Veronica Jordan, Leslie Ann McCloskey, Chuck and Lesley Young, Arthur Powlyk, Barry Ferguson, Cindy Davies, Shantel Koenig, Kerry Donahue, Kyle Cossette, Mike Blennerhassett, Caroline Bees, David Janzen, Renee Krysko, Tony Fricke, Emily Moss, Simon Ham, Hilary Young, Blair Shunk, Bryce Hleucka; from outside of Alberta Brian Kowalski, Bruce Donnell, Blair Jamieson, Ellinor Sandberg, Deanne O'Donnell, Fred Kaarsemaker, Joël Prades, Ben Ruwe, Sandra Deneault, Sarah Richardson, Frances Searle, David Hulsman, Alison Woodley, Bradd Tuck, Pierce Sharelove, Janet Feduszczyk, Sheila Adams, Tom Potter, C. Cummings, Bessie Wapp, Clare Powell, Lindsay Ansell, Barry Carter, David DeBacker, Georg Saure, Katherine Elliot, Jennifer Rae, Ross Powell, Robert Hii, and Oliver Kent.

Thank you, Mr. Speaker.

Tablings to the Clerk

The Clerk: I wish to advise the House that the following document was deposited with the office of the Clerk: on behalf of Mr. McFarland, the hon. Member for Little Bow, a copy of a petition signed by 66 Coaldale and area residents requesting amendments to section 7(1)(c) of the Alberta Human Rights Act.

Orders of the Day

Government Motions

The Speaker: The hon. Government House Leader.

Address to the Legislative Assembly by the Governor General

20. Mr. Hancock moved:

Be it resolved that the Assembly invite Their Excellencies the Right Honourable David Johnston, CC, CMM, COM, CD, Governor General of Canada, and Mrs. Sharon Johnston, CC, to the floor of this Chamber in order to have His Excellency address the Legislative Assembly on Monday, November 29, 2010, and that this address be the first order of business after Prayers, following which the ordinary business of the Assembly will resume notwithstanding the designated times stipulated in Standing Order 7(1). Be it further resolved that His Excellency’s address become part of the permanent record of the Assembly.

Mr. Hancock: Thank you, Mr. Speaker. It’s my pleasure to move Government Motion 20. We have had a new Governor General appointed recently in Canada, as everyone knows. He is making the capital of Alberta one of his first official visits, and it is both prudent and appropriate for us to invite him, while here in Edmonton, to address this Assembly.

The Speaker: This is a debatable motion if anybody wants to participate. If not, I’ll call the question. Shall I call the question?

Hon. Members: Question.

[Government Motion 20 carried]

3:00 Government Bills and Orders Committee of the Whole

[Mr. Cao in the chair]

The Chair: The chair would like to call the committee to order.

Bill 17 Alberta Health Act

The Chair: Any comments or questions on amendment A2? We continue on.

The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Okay. Thank you, Mr. Chair. I think that we’ve debated this amendment long enough. Just to recap very quickly, we want to enshrine in our legislation, in the Alberta patient charter, the principles of the Canada Health Act, meaning that publicly insured services for health care are universal, accessible, portable, and so forth. We put that into the record a hundred times last night. We’ve debated this. So I would hope that we can call the question on this amendment.

The Chair: Any other hon. member wish to speak on amendment A2?

Seeing none, the chair shall now call the question.

[The voice vote indicated that the motion on amendment A2 lost]

[Several members rose calling for a division. The division bell was rung at 3:03 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For the motion:

Anderson	Forsyth	Sherman
Boutilier	Hinman	

Against the motion:

Ady	Goudreau	Pastoor
Allred	Hancock	Prins
Berger	Horner	Renner
Bhullar	Jablonski	Rogers
Blackett	Johnson	Sandhu
Blakeman	Johnston	Sarich
Brown	Klimchuk	Snelgrove
Campbell	Liepert	Tarchuk
Chase	Lukaszuk	VanderBurg
Dallas	MacDonald	Webber
DeLong	Marz	Xiao
Denis	McFarland	Zwozdesky
Drysdale	Oberle	

Totals:	For – 5	Against – 38
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[Motion on amendment A2 lost]

Dr. Sherman: Mr. Chair, I rise to speak on Bill 17, the Alberta Health Act. I have an amendment I would like to distribute and speak to.

The Chair: All right. We'll pause a moment for the pages to distribute the amendment.

Hon. Member for Edmonton-Meadowlark, please continue on the amendment. It's now known as amendment A3.

Dr. Sherman: Thank you, Mr. Chair. I'd like to speak to Bill 17. I think it is a very decent bill with good principles in it. I understand the work that was involved in bringing this together. The public was consulted by the hon. Member for Edmonton-Rutherford.

I think there are some very good principles in this bill. I like the idea that there's going to be a patient charter. I like the idea about principles. Now, some critics may say that that's to insinuate that we didn't have any principles to begin with. I disagree with that assertion. I think that we have had principles, but we're actually legislating them into the act. I think that's a very good, symbolic thing. The reason I think it's a very good thing is because the Canada Health Act is undergoing a review in 2014. The nation is watching to see what this province is doing in health care. I think that not only standing on principles but actually legislating principles is an honourable thing for this province to do, and I'm wholeheartedly in agreement with this.

3:20

Now, the main concern that I have with this. To be honest, I'm not really a policy guy. I'm just a stupid front-line emergency

doctor from an inner-city hospital. I don't really understand policy. I'm a new member of government. I just got elected a couple of years ago. What's most important to me, Mr. Chair, is how policy is actually translated and implemented on the front lines, on the street, how it affects individual people and individual families. The thing that concerns me as a front-line health care professional and all front-line health care professionals and all patients is: what does this really mean for me?

Now, having said that, I think this is a very decent piece of legislation. My amendment is introduced for the purpose of making this a fantastic piece of legislation, something that Albertans can relate to. As you can see, there are four simple guiding principles that the average Albertan, Martha and Henry, can relate to.

Number one, the guiding principle is that we shall have in our system no unnecessary deaths. We shall have no unnecessary harm to patients, no unnecessary delays to care, and no unnecessary waste of resources should occur. And we need to set standards for lengths of stay in the emergency departments of hospitals with the Position Statement on Emergency Department Overcrowding, published by the Canadian Association of Emergency Physicians and dated February 2007.

Mr. Chair, recently you have heard of our crisis in the emergency departments. Dr. Paul Parks, the spokesperson for all of the emergency doctors of this wonderful province, 300-plus ER doctors, has raised a concern, a significant concern for public safety. We've had an emergency debate on this. The concern was that in the upcoming flu season the system may face a potentially catastrophic collapse of emergency services. These are not my words; these are the words of Dr. Paul Parks, who is the spokesperson for all the emergency doctors of this great province. The question is, Mr. Chair: how did we come to this?

Before I go on, I'd like to tell people specifically what this position statement for emergency doctors is. You can go online on your computer right now. Go to www.caep.ca. Look at the 2007 position statement. It means that if you're a minor case that goes to emergency, you need to be upstairs in the hospital or on your way home within four hours of entering the emergency room. If you're a major case, what we call a CTAS I, II, or III, the minors being IV and V, you need to be upstairs in the hospital if you're admitted or on your way home within six hours at the 95th percentile.

Some will argue that this is going to be causing lawsuits and legal challenges and that this is a wait times guarantee to people. It is not a wait times guarantee. The statement is about accountability measures for everyone working within the health system.

Lawsuits can only happen when there is harm that comes to a patient, when there's a duty of care and there's a breach of that duty, and there's a relationship between the breach of that duty and the harm. These are the four conditions that must be met for a successful lawsuit. I can tell you what Dr. Paul Parks' position currently is: thank God that Albertans are wonderful, forgiving, caring people.

As the previous representative of the emergency doctors of this wonderful province I was in Dr. Paul Parks' position. I was quoted in February 2007 as saying: it's a crisis; I have never seen it this bad before.

We are not meeting the basic standards of care as set by the emergency physicians of this province, the standards of care being from when you present to an ER department to getting your painkiller when you have a broken leg or when your child has a broken wrist and they're suffering, from when you present to an emergency department when your grandmother or grandfather is having crushing chest pain, and they're sweating, and they're short of breath to getting their ECG within 10 minutes – you can't get a clot-buster if you don't get the ECG to get the diagnosis, if you wait

for four hours on an ambulance stretcher to off-load. We are missing all the time standards of care, not all the time but many times.

Look at the Health Quality Council report of 2009. From 2007 to 2009 the emergency wait times have gone up the wrong way – these are pre Dr. Duckett wait times – by 30 per cent for admitted patients, the sickest patients in the system.

Mr. Chairman, these are major issues and major concerns that have been raised, the six-hour and four-hour rules at the 95th percentile. This is actually a health care system problem. The health care system is broken, and we broke it. You can't blame anyone else. We can't blame these guys over here, we can't blame these guys over there, and we can't blame those guys over there. We can't blame the nurses, we can't blame the doctors, and we can't blame the patients. We broke it.

Mr. Chair, my own father has had five near-death instances when his care was delayed. When he actually got care, I'll tell you, he got world-class care. We have a fantastic group of health care professionals from the paramedics to the unit clerks to the people who clean the hospitals to the nurses to the nurse practitioners and the LPNs and the nursing aides and doctors and administrators. Once you get into the hands of these wonderful people, you don't have to worry about anything. They care for you and look after you.

The problem, Mr. Chair, is getting in, whether it's for cancer care, whether it's for your prostate surgery, whether it's for your child waiting for that hernia to be done, whether it's for your wife to get her hysterectomy, or whether it's for you to deal with your brain tumour. Fifteen to 20 per cent of Albertans don't have a family doctor, and if you have one, you have to wait – I don't know – a month, two months, to get in. If you get in, it's five minutes for one problem.

The waits to see specialists have gone through the roof. The waits to get surgery have gone the wrong way since I got elected, Mr. Chair. They have gone the wrong way. Yes, we've done some blitzes recently. I think the current minister of health is a fantastic fellow. That guy is the best thing that has happened to health care in modern-day times. He is working his buns off to fix a very broken system, that was broken by the previous minister of health.

How can I say that objectively speaking? Objectively speaking, I must give you objective information. You know what? I actually can't blame that minister either because it's a joint decision made by everybody on that side. I was there, and I accept responsibility for it personally. I didn't say anything. How do I know? Number one, the main system measure is how long admitted people sit in the emergency departments. It is the number one performance measure in the U.K., how long people wait in the emergency room. Every measure in acute-care feeds into that, whether it's your surgery time, your cancer time, from every medical service.

This is not an emergency problem. It is a broken health care system problem that manifests itself in the emergency room. That's the issue, Mr. Chair. We have to make this clear. It is not the runny noses and sore throats causing the problem in the emergency room. This is a rush hour issue. When you leave in rush hour, you know, when you leave the building at work, do you guys ever wonder: what the heck is taking so long getting home? Who's that guy or gal at the beginning of rush hour slowing everything down? Somebody is up there. Well, I'll tell you what the problem is. Health care is an input, throughput, output issue. For everyone who is a businessperson here, they would understand this.

3:30

Acute care cannot function if you can't get out of the hospital. To get out of the hospital, here are the solutions. I don't want to talk

about negative stuff anymore; I want to talk about positive stuff. The solutions are, number one, we have probably one of the most mediocre home care systems in Canada because they're grossly underresourced. That's not any disrespect for the front-line staff at all. In fact, they're fantastic. They're overworked, they're overburdened, and we don't have enough of them. We need to have investments into home care, home care, and home care. When you're a senior, the best home to be in is the home with your own yard and your own flowers and your own spouse and your own family with the smell of your cooking and the smell of your own carpet, their own physical space. You know what happens to seniors when they leave that? They get confused and disoriented at nighttime. That's what happens.

Secondly, we need to invest in subacute care. Subacute care is if you break your pelvis, you don't need an operation, but you can't go home because you can't move. You don't need a doctor and a nurse; you need a couple of big, strong, husky, tough people to pick you up to take you to the washroom and move you around so you don't get a blood clot in your leg, so you actually can get some fresh air and get out and get fed. Your brain is working okay, you can change your own diaper, but you can't physically move. So we need more investments into subacute care, which is actually beyond acute care.

Then there's rehab care. The future is a lot of seniors, a lot of young people with chronic disease, younger people getting sick earlier, seniors living longer, getting sick when they should be getting sick at the age of 80 or 90. They're going to be having strokes, hip replacements, knee replacements, and they're going to fall. When they fall, the best thing is to rehabilitate them to get them back into the best bed, which is that bed with that nice comfortable blanket that they've had for 15 years, with their loving spouse beside them. So home care, subacute care, rehabilitation care.

Lastly, we have a lot of seniors, a lot of people actually, not just seniors, people with malignant illnesses like cancer, and they're dying. Well, you know where they end up dying? There are not enough community palliative care and hospice beds. They actually are brought to the emergency rooms. I've seen first-hand, as have many of you, and all of my colleagues in the emergency front lines will echo, that to lie three days half naked in a cold emergency department hallway with the whole world passing by you in the last few days of your life has got to be probably the most horrific way to exit life.

Then we need long-term care. Today one major reason the emergency department crisis has happened is that we have 800 seniors who are homeless. In fact, it contradicts the policy of this province's government because they're separated from their spouse. Eight hundred of them are all alone in cardiology wards, orthopaedic wards, medical wards, deserted in emergency rooms because they're homeless. They can't stay in their own home, there's not enough home care, so guess what? We're not building any long-term care, and they actually need long-term care.

When they come into emergency, maybe they don't need long-term care right away. But once you spend 10 to 15 days in hospital in a cardiology ward, you get confused at night and disoriented. You don't get up and walk around. All of a sudden you turn into a long-term care patient for the rest of your life probably – I don't know the number – maybe two, three, four weeks into it. You have healthy seniors sitting beside sick people, who have fevers and pneumonia, and then they get sick in hospital. That's on the output side.

On the input side, Mr. Chair, did you know – the data that I have I was given by AHS informally – that 16 per cent of patients are actually readmitted to hospital within seven to 14 days? First, they're discharged. They have no family doctor to go back to, and

sometimes they're discharged too quickly. So we plug up the hospitals with healthy seniors though we are forcing the doctors on the ward to discharge a day or two earlier patients who probably need to stay one or two more days. So they actually end up, one-sixth of the time, back to begin the journey all over again, that I may not tell you about.

What happens is that upstairs is plugged up by long-term care. The emergencies, they get plugged up by sick admitted patients, patients who have been triaged, assessed, treated, stabilized, admitted, and they just never leave. They stay in the emergency room for one day, two days, three days. The record, I heard, was 11 days with the wrong doctor, wrong nurse, wrong hallway, for the wrong period of time. It's not the wait in the emergency room; it's actually the four or five days that the care is delayed, the specialty care upstairs. For every admission through acute care, their care is delayed for anywhere from eight hours to 11 days. So they actually are sicker by the time they get upstairs, which means they actually need to be upstairs in the hospital longer.

A pneumonia should be in the hospital five days on the average. When you spend the first four and a half days in emergency, well, what are they going to do? Kick you out in six hours when you get upstairs? Well, they actually need to be upstairs for an extra four or five days.

So the emergencies are plugged up by admitted patients who don't belong there. When I got elected, during the election in the University of Alberta hospital in a 48-bed emergency department there were 42 admitted patients. We were operating a quaternary care trauma centre out of six beds. There were people dying in the waiting rooms. The Royal Alex had 40 admitted patients. It was a crisis. My own father had an illness where he was triage category 3. He should have been in a bed in 30 minutes. He waited, I think, four to six hours in the waiting room. He was dehydrated. He just needed a bag of water. He was dehydrated from the flu, but due to his bad heart, it failed, and then he had a massive heart attack. He spent five days sucking on a ventilator tube and 10 days in the intensive care unit during the election.

An Hon. Member: Wow.

Dr. Sherman: Yes. They had an emergency doctor in the province who's running for government, and I didn't ask for special care. I have never asked, but I do know that paramedics, nurses, and doctors know that that's my father, and they probably pulled him out of the waiting room two hours earlier. So how about all of your constituents? What hope was there for them during the election?

Dr. Paul Parks recently brought up 322 cases. These cases happened during the election. During the day of the debate the Leader of the Opposition questioned the leader of the party that I ran for, that people are dying in waiting rooms, and our province's leader laughed at him and said: no, they're not. There were at least five deaths. Those 322 cases are just from the University of Alberta hospital at one point in time, and this was happening in every hospital. The doctors had given up, said: we're not going to document this anymore because it doesn't make any difference.

What have I done? Did this happen today? [Dr. Sherman's speaking time expired]

The Deputy Chair: The hon. Minister of Health and Wellness on amendment A3.

Mr. Zwozdesky: Thank you very much. Mr. Chair, I want to begin my comments here by saying that this amendment, unfortunately, is not one that I could support. I'm going to explain why. I realize

that the member who presented it has some expertise in this area, obviously.

Some Hon. Members: Some?

Mr. Zwozdesky: I'm talking about legislation, some expertise with respect to legislation and amendments and so on. I also recognize that he has a lot of expertise specific to emergency rooms and that he's trained a number of people in that field. He has my utmost respect for what he has done to help in that regard.

I want to comment a little bit here about a few things that he said which I, frankly, disagree with. Number one, I cannot agree at all with anyone telling me that the system is broken because the health system is not broken. I acknowledged today in question period that there are some problems. I've acknowledged that before, and I've also said: but we're working very hard to fix those problems.

With respect to the now-infamous Thanksgiving e-mail that was sent to me by Dr. Paul Parks, the current head of the Alberta emergency docs who work in this province, he did not say, that I can remember, that the system was broken. I think what he did was a good job of pointing out that some large potential – and I want to emphasize the word “potential” – problems exist in the system and need to be addressed immediately. Let me rephrase that: some large problems exist that could cause even larger potential problems. I think he used the term “potential collapse” or words to that effect. So let's not forget what was really said there. That is not to say that there aren't some problems. I'm acknowledging that there are, and we're working hard to do that.

3:40

The problem that I see here with respect to this particular amendment, however, is that in order to legislate the standards for lengths of stay in emergency departments and so on, that is something that you've got to be really careful over. I can't support doing it, and I want to explain why.

Number one, when you put something into legislation, as we all know, you are putting something into law, and if you put something into law and someone breaks it, then there are going to have to be some repercussions for that. Now, that's okay. That's called accountability. But what you have to understand, though, is that you can't just put one aspect of health care under that microscope. You would have to put all aspects of health care under that microscope because then others would come in and say: well, what about legislating wait times for cancer care, for access for kidney cancer, for brain cancer, for lung cancer? And the list goes on. Why not put in wait times by law for eye surgery? Why not put into law wait times for access to continuing care or whatever type of care you might have?

Now, while it sounds easy to say that that could be done, it's just not practical because as new improvements are made, what are you going to do? Bring that act in here every few months for changing, for updating, go through the whole rigamarole of yet another debate? Where those kinds of issues belong, Mr. Chairman, is in policy. They belong in policy, and they belong in action plans, and they belong in performance measures. That's what's coming forward. But for a lot of things that have taken us a little off that path that we were on so aggressively a couple of weeks ago, we would've had that all done and announced by now. But, no, we had to stop and take time for some of the other stuff that arose rather unexpectedly. So we've done that.

The danger with having something like this in legislation is to say that the court system would become even more involved than it already is. There's nothing wrong with that to a degree, but in the

health care system it would hold up so many things that need to be done and acted on quickly without coming in for a full debate per se to change an act or words to that effect.

What is important here is to take a look at what we are doing, so I want to talk about a few things that we're doing that will help address exactly what the hon. Member for Edmonton-Meadowlark is talking about. First of all, what are the problems that we see with respect to the wait times in emergency rooms? One of the single largest problems, Mr. Chairman, is the fact that the emergency docs who wish to admit a patient for overnight stay, what they call an EIP, an emergency in-patient, have not enough places to refer them to because other parts of the hospital system are full; they're blocked, as the doctors would say.

Typically, a person who needs an overnight stay has to go to an acute-care bed. Typically. There are other options today, but that's typically what happens. As a result of that, they look to see what availabilities there are in acute care, and in many cases they'll find there is no availability. So you've got to take a look at who's in acute care and can we move some of those people out? That's why we are this year alone building now over 1,400 new continuing care spaces, to unclog the backlog of people who are in acute care that could be, should be, and ought to be in a different care setting. Fourteen hundred beds: that's up from the original target this year of something like 1,100. It's certainly up from 1,300 that was talked about just as early as two weeks ago. So you can see that significant improvements are happening, and that's just on the continuing care piece.

Similarly, there are other options with respect to opening up more beds to unclog that blockage that I was just talking about. We know that in Edmonton and in Calgary, for example, at least 70 more beds have opened or will have opened since September through to Christmastime this year, at least 70 additional beds. They're different types of beds. There are transition beds. There are medical assessment unit beds. There are medical observation beds. In some cases they might be hospice beds, and in other cases they might be detox beds. There's a lot of activity going on with that. So that's one of the solutions to the problems.

Another major issue with respect to what's causing the wait times to stagger back the way that they have been lately in particular is with respect to who is actually going to these emergency departments to begin with. Why are people going to these emergency departments? There are a number of reasons apart from the obvious. A serious, real, complex emergency should always be taken to and dealt with in emergency. Of course it should.

However, there are a number of people who are going to emergency today that perhaps have minor complications that could be dealt with in a medicentre or in a medical clinic or in some cases by a doctor, but perhaps the doctors' offices are full or maybe they're closed or whatever the case might be. People who are in the system, who work in it would tell you – I've talked to hundreds of them, and I know the hon. Member for Edmonton-Meadowlark has as well – that there are simply too many people coming into emergency who may not have a true emergency, but they have no place else to go or they don't know of someplace else that they can go.

That's why it's important to publicize things like the Health Link line. I had a couple of cases this weekend where people called, and they were immediately referred to the Health Link line. There are hundreds of these people, Mr. Chair. I just happen to know of two personally. They got the help that they needed through the Health Link line, and they didn't have to go to emergency. After checking with them today, their problem is under control. It just illustrates one point.

The other related point to that is with respect to physician supply, the number of doctors that we have throughout the system, and the number of nurses that we have throughout the system. That's why I indicated some of the good news on that front as well. Today I talked about the fact that there are more than 8,500 licensed practical nurses in Alberta, for example. That means that our LPN workforce has grown by more than 17 per cent in just the past two years – in just the past two years. This is tremendously good news.

Similarly, we continue to invest in the future of registered nurses and their profession. Over the past few years the number of registered nurses who graduated from training programs in Alberta increased by more than 20 per cent, Mr. Chair. We're also looking at targets for the next year, where we'll be able to bring in about 1,900 new graduates. That will be a total increase of more than 50 per cent in Alberta RN grads over the last five or six or seven years. Very, very good news.

Now, I'm not immune to a point that the opposition has mentioned to me, and that is to take a look at how many nurses are also retiring. I'm taking a look at that with Alberta Health Services because I think it's important to explain to people the difference between more nurses being added versus net new positions being created. We understand that. I'm working on that because I know the public has an appetite for it and so do we, so we're working together on that.

With respect to other areas where we're making significant improvements, through our continuing care strategy we're developing a dementia action plan which is going to be about \$2.5 million, and that's just for the initiative, to create the strategy and implement the plan. That will result in developing guidelines for the care of clients with dementia. It will result in system-wide education and better training plans for all health care workers in that field. It will provide support for the caregivers who are providing that care to clients with dementia, and it will develop some important dementia networks and coalitions with educators, with researchers, with clinicians. I could go on. The point is that there is a major initiative under way in that area as well.

We also have a few other strategies I want to just comment on. One of them is with respect to training more physicians. I talked about one of the issues being that patients don't know who to go to, or maybe they don't have a doctor to go to. Mr. Chair, that's why we're training more doctors. In fact, first-year spaces in Alberta's two medical schools increased by over 60 per cent just in the past few years alone. What that means is that we'll have about a 50 per cent higher intake of year-one students than we've had over the past five years, a 50 per cent increase there alone.

I think I mentioned in question period today, Mr. Chair, that we're leading the country over the last few years in terms of physician recruitment. That's without even getting into the details of the rural physician action plan, which seeks to encourage more doctors to take up positions in rural settings, where they might be remote or where they might have other challenges. Nonetheless, that is an extremely successful program that helps doctors with office start-up costs of approximately \$10,000. It also is a program that allows for additional premiums on top of the regular premium that a doctor in Edmonton or Calgary or elsewhere might get. We're paying those doctors a premium over and above that fee, and we're doing a number of other things to help them out.

3:50

Another area that's really important to take a look at, that is impacting the bigger position here, that is going to talk about what this amendment is all about, is how to shorten lengths of stay, of course, our five-year action plan, which will be coming out very soon. Mr. Chair, what you will see in that particular plan is a lot of

the actions that we're going to take to use most effectively the money provided in the five-year funding plan. The five-year funding plan is the first of its kind ever. We've only had it for about six, seven, eight months now in the province of Alberta since it was passed by this Legislature, and it wasn't easy to get there because other ministries, other parts of the government at this difficult financial time had to give up some of their money so that it could go into front-line care and other forms of improvements in the health system. That five-year action plan and that five-year funding plan will help to address what is in this amendment regarding the lengths of stays in emergency departments.

We're adding 1,430 or so spaces, as I mentioned, in continuing care. We're adding approximately 360 net new positions, or acute-care beds, and 500 net new nursing positions to staff those acute-care beds. That's all happening over the next few months.

As a result, I should probably tell you that we're seeing some good movement, hon. members, with respect to the numbers when it comes to wait times. I can tell you that the monthly averages that we see in the major hospitals in Calgary and the major hospitals in Edmonton are starting to move the right way. The average monthly wait times today are far better in the month of September in Calgary than they were. In Edmonton they're not quite there yet, but they are trending down slowly. There are peaks and valleys and so on, and that's to be expected. I just hope that we can move more quickly, that Alberta Health Services, specifically, can move more quickly with respect to the new protocols that they are bringing in. I'll talk about those protocols in just a minute.

I want to move to another aspect, which is the first item of the amendment, where the member talks about unnecessary deaths. This is a very, very serious part of this, obviously, and I know it took a lot of courage for the hon. member to bring this forward and to talk about it because he lived with it every day of his professional career as a doctor, and on weekends he probably still does. In this respect I think members here know now that when Dr. Parks wrote to me over the Thanksgiving weekend of October 2010, he mentioned a number of cases that had propelled him to in fact write the letter. In response to that and particularly, Mr. Chair, in response to the deaths as referred to in the amendment, I want to tell people that Alberta Health Services has engaged an extremely important process, both within AHS and externally, to look into the deaths or serious incidents that occur within a hospital.

One of these important things that they are doing is with respect to the recent tragic suicide of an Edmonton man at the Royal Alex. I mentioned that I spoke to the family. I expressed my condolences to them. I listened carefully to the father, who explained what had happened and explained what some of the challenges were. One of the most significant problems for people with mental health difficulties – and I'm sure the hon. Member for Edmonton-Meadowlark would agree – is compliance. Are they being compliant with their drugs? So that's being looked at.

But here's the bottom line to this. At the Royal Alex there are couple of processes that are being looked at and implemented, and I think it will impact other hospitals as well. In fact, two quality assurance reviews are being conducted. One is being conducted by the particular hospital, and the other is being conducted by Alberta Health Services' mental health and addictions services branch, the unit that looks after that kind of work. Both of these reviews are ongoing, and they will serve to establish the facts surrounding that particular tragic death of that young man – on September 18, I believe it was – at the Royal Alex. They're also going to review the clinical systems that were in place and see what improvements might be necessary there. Then they're going to make some recommendations, and as appropriate they're going to move forward.

Once those reviews are completed, the results will first, obviously, be shared with the family, and then depending on confidentiality rules and everything else, we'll see where it goes after that. The point here is that we're expecting both of those reviews to be completed fairly soon and to move forward after that.

I want to conclude that part of my comments by saying that the Health Quality Council, whom I spoke with, were involved in providing some advice on how those quality assurance reviews should best be conducted, so there is some of that involvement with respect to the HQCA as well.

I want to turn my attention a little bit, also, to mental health. Why? Because mental health is, in my view, one of the most underserved areas across the whole country of Canada. That's very true. People who know mental health would agree with me. It's important that we acknowledge that, and we have. I have said this publicly, and I'll say it again: we have to work even harder than we've ever worked if we're ever going to stop what I call the revolving-door syndrome.

I'll probably have the bells ring here very soon and will have to stop, but I'll just tell you that with respect to mental health there are about 43,000 patients per year that go into one of our emergency wards looking for help – 43,000 – out of about half a million or so in total. That needs addressing.

So what are we doing? We're looking at mental health teams who would work in emergency departments. For example, there is an ongoing project that has 24/7 mental health team workers working in the Royal Alex hospital, and that is going to be expanded to the University of Alberta hospital within the next few months. We're also increasing access to addictions treatment with funding through the safe communities initiative, which is another pool of monies, and it's yielding good results. We're introducing hospital-based clinical counsellors that will be right there, right on site, to help persons with mental health complications.

We're also enhancing prevention counselling in our school system. We're also introducing mobile or outreach-type services in Edmonton, Calgary, Grande Prairie, Red Deer, Medicine Hat, and Lethbridge to provide services to those individuals with addictions issues who are otherwise hard to reach. Finally, we're expanding services that are available through the provincial family violence treatment program. In addition to that, however, we're also adding more physical capacity. Twelve new detox beds are going to be added at one of our local centres here in Edmonton. That will be very soon. At the same time approximately four to six new crisis beds will be added to another Edmonton residential facility very soon. I think we all know about Villa Caritas and the 150 new beds that are there for seniors with mental health complications. [Mr. Zwodzesky's speaking time expired] I hear the bells.

The Chair: The hon. Member for Airdrie-Chestermere on amendment A3.

Mr. Anderson: Thank you, Mr. Chair. On the amendment. The Wildrose caucus will of course be speaking in favour of this amendment. This is the first time I've had the chance to stand up and really have an opportunity to say just how proud I am of the Member for Edmonton-Meadowlark for standing up for his constituents, for speaking out. Never in a million years did I think he would be tossed for what he did, but I just think that what he did is an amazing example of democratic courage. I hope that his constituents understand how difficult it was to do what he did and to have the courage that he did in support of the sick and, in some cases, the dying. That was really an amazing thing to watch. So I support him in what he is doing.

I will say that, you know, we're talking with some of our colleagues over here: the Liberals, the NDP, and the independent. We've kind of been talking about it and addressing this emergency room issue. It's not a left-right issue. It's an issue of competence. It's an issue of accountability and credibility, but definitely accountability.

4:00

Emergency rooms will always be public because it's just the nature of an emergency room. It's urgent. You need the care right now. Period. No questions asked. It doesn't matter if someone has – I know that in the U.S., and we talked about that yesterday, they have systems where you have to pull out your credit card at the emergency room. That will never be the case in Alberta. We'll never allow it. It's so against everything that we stand for. This really isn't a left/right issue. This is about getting it right and making sure that we get people that are going into the emergency room treated appropriately.

In that spirit I think that we need to look to experts. We need to look to people who know what they're talking about. Look; as politicians our job is to listen to experts and try to make good decisions and judgments. We listen to experts, listen to our constituents, and try to take all of that information and make appropriate decisions. We're not experts. We're not scientists. Most of us aren't doctors. Well, we do have a scientist over there. I do know that.

Most of us aren't scientists or doctors, but we do have one doctor in this House. We have an emergency room doctor, and that emergency room doctor understands more about the issues and more about the need for emergency room reform and change than all of the people in this House put together. He understands what needs to be done. To not support what he is proposing – I mean, it's not like this man has not put a lot of thought into this. It's not like he hasn't talked with literally dozens and dozens of emergency room doctors from across the country and from across Alberta to come up with the proposal that he's putting out here.

It's a very reasonable proposal, this amendment. I mean, I wonder how you can disagree with the amendment. He talks about including in the principles of the health charter that "no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care and no unnecessary waste of resources should occur." Pretty hard to disagree with that. Subsection (d) says that the health charter should set standards for lengths of stay in the emergency departments of hospitals consistent with the "Position Statement on Emergency Department Overcrowding" published by the Canadian Association of Emergency Physicians and dated February 2007.

What that basically says, essentially, is that the amendment would call for maximum emergency room wait times to be six hours for 95 per cent of standard patients and four hours for 95 per cent of more seriously ill or injured patients. Four hours for seriously ill people and six hours for – what do they term it? – standard patients is not unreasonable. That should be absolutely the minimum that our emergency rooms are capable of. If we can't do this, if we can't set a standard and make this happen, then this really is pathetic.

Standards for lengths of stay in the emergency departments of hospitals consistent with the position statement. Read the position statement. It's online. I just went through it. That in a nutshell is what it says: 95 per cent. That's the percentile for four hours and six hours. It's on the website. I looked it up when the member put it out there. That's what it says.

I think that it's an exceptionally important thing that we have accountability. Bill 17 is not worth the paper that it is printed on if it doesn't have any teeth to actually improve care in this province. Right now Bill 17 has absolutely no teeth in it. It is a wishy-washy,

do-nothing, say-nothing document, and that in the middle of an emergency room crisis is not good enough. We have to do better. There are people that are sitting in our emergency rooms right now 12, 24, 36, 48 hours in some cases. There are folks like the hon. Member for Edmonton-Meadowlark's own father that have almost died because of this type of severe waiting that is going on in our emergency rooms. If it's happening to one of us in this House, you know it's happening to a whole bunch more people out there, many more Albertans.

Of course, we know that's happening because we have letters pouring in every day. I know the Liberal caucus has letters on health care every day pouring into their offices. I know the Wildrose caucus does, the ND caucus sure does, and I'm sure that each member of the PC caucus has letters coming into their office on these issues. I mean, just look at it. We have share your health care horror stories with regard to emergency rooms that we put on our website. Every day there are easily a dozen or more new ones. These are not works of fiction. These are real people that are putting their stories online, and some of the things that are being said and reported are terrifying.

We can do better, but you have to have accountability measures. If you don't have accountability, nothing is going to happen. I mean, the minister of health can be as well intentioned and as positive as he wants to be, but just saying, "We're going to do something; we're going to make it happen" is not good enough. Everyone knows this. It's accountability. It's basic. Every organization that is successful has accountability measures in place.

The hon. health minister said earlier: "You know, why do we need to legislate? If we legislate these emergency room targets, it means we're going to have to legislate cancer waiting targets, and then we'll have to legislate targets for hip and knee replacements and for all of the different procedures." You know what? Maybe that's the right thing to do eventually. The reason we're starting with emergency rooms is because we have an emergency room crisis on our hands. That's why we're starting there. I mean, we have to start somewhere, and the emergency rooms have been well documented to be in complete disarray.

It's a catastrophic collapse of our emergency rooms. That's what the doctors are saying. That's what people are saying. Everybody is saying this except for the Premier and the health minister, who are saying: "Oh, it's not that bad. There are a few things we've got to clean up." No. It's a disaster, so let's fix it. But we're never going to fix it if we don't legislate accountability standards. That is absolutely critical as we go forward. Maybe we need to grandfather these standards in, and we can talk about that. Maybe there are some other subamendments that the hon. Member for Edmonton-Meadowlark can talk to our colleagues over on the government side about to, you know, have some sort of transition period. I don't know.

I'll tell you one thing. I trust his opinion far more than I trust any opinion in this House, including anybody sitting on this side of the House or that side of the House, when it comes to emergency rooms because he's an emergency room physician, one of the best ones in the province. He has said over and over and over again that this needs to change. It's not like this guy went into his office last night and googled online "emergency room wait targets" and pulled this out of a hat and said: this is what we need to do. No. He's done more research on the issue, more thinking about the issue, more everything on the issue than everybody else in this room put together.

I don't trust the health bureaucracy or Mr. Cookie Monster or anyone else, for that matter, to know more about what needs to happen in our emergency rooms than the Member for Edmonton-

Meadowlark. I mean, what's the point of our democracy if we're not going to listen to our MLAs and, certainly, if we're not going to listen to the people that actually know what they're talking about? I don't understand it. I do not get it.

Now, look; we're going to have a lot of time to talk about this tonight and today, no doubt, and we should talk about it a lot. But maybe over this period of time, however long we're here – one day, two days, four days, a week, whatever – as we talk about the health act and as we talk specifically about this amendment, I hope that the government members will have the time to talk to caucus about it and make the right decision on it. We need these legislated wait times. It's that simple. We cannot continue to defer this issue any longer. It's not right. Albertans need us to act. The hon. Member for Edmonton-Meadowlark has put this amendment forward and these solutions forward. Obviously, it's not the whole solution, but it certainly is part of the solution.

4:10

If we can just take this one step and if we can free up the front-line hospitals to individually have the authority to manage their hospitals on the ground and not from AHS – I believe if you combined the accountability measures with what we've been talking about and other opposition parties have been talking about, the decentralization of health care and control of hospitals back to local physicians and health administrators on the ground in the hospitals, if we do that, those two combinations, we will see this occur. We will see these standards being met. But we can't do it if we're not willing to have accountability because if there's no accountability, nothing gets done. If there's accountability, there's healthy fear, and with that healthy fear of not meeting those targets comes action and pragmatism and making sure things get done.

This is not a left/right issue. This is not a Conservative/Liberal issue. This is just about right and wrong and about competence and ineptitude. We've got to put aside all of the things that have been done in the past by past health ministers and concentrate on the here and now if we want to go forward. I think the right thing to do as we go forward is to listen to the only expert that is in this House, who has done more consulting on this issue than anyone else. Listen to the man. Let's put this amendment in there, let's do the right thing, and then let's put together an action plan to make that happen. That is absolutely critical.

With that, Mr. Chair, those are my comments on this. I look forward to hearing from the other opposition parties, the government, and, of course, more than anyone else the hon. Member for Edmonton-Meadowlark on how we move forward on this issue.

The Chair: I have a list of hon. members to speak. I just want to read it: the hon. members for Edmonton-Gold Bar, St. Albert, Edmonton-Strathcona, Calgary-Varsity, Edmonton-Meadowlark, Calgary-Currie. Any others?

All right. The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much, Mr. Chairman. I certainly appreciate the opportunity to speak on the amendment that has been suggested by the hon. Member for Edmonton-Meadowlark. At this time I would like to note that the hon. member has certainly been very active and has a knowledge that this House should appreciate, a knowledge regarding emergency rooms not only in this city but across the province and how they work or do not work. This Assembly would be at a loss not to take the advice of the hon. Member for Edmonton-Meadowlark.

Now, certainly I and many other members of the House have received significant correspondence, whether it's via e-mail or by

telephone call, regarding the expulsion or whatever you want to call it of the hon. Member for Edmonton-Meadowlark from the government caucus. When we speak about the Alberta Health Act, this proposed Bill 17, and this amendment A3 as proposed by the Member for Edmonton-Meadowlark, we have to recognize first that he is an expert on this issue, and we need to take his advice in this direction.

I have a lot to say regarding this amendment, but first I would like to read into the record, Mr. Chairman, an electronic note that I received. I'm going to keep their names private. I'm not going to be like some government members across the way who, regardless of whether or not FOIP applies, willy-nilly release some information. I will keep their names confidential. It's regarding the hon. Member for Edmonton-Meadowlark, and they start with this: we wish to express our appreciation to you for speaking the truth and saying it as it is; at the same time, we are deeply sorry that you have been unfairly treated by being suspended from caucus for speaking out for Albertans. They go on at length, but that's an expression of gratitude from some individuals living in southern Alberta regarding the efforts that have been made to fix the problem with our public health care system, in particular the emergency room crisis that we're in at the moment.

Now, when we look at amendment A3, certainly, no one in this House should have any objection to including as guiding principles that "no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care and no unnecessary waste of resources should occur." There have been examples where – well, we had an individual who unfortunately committed suicide. We have had too many examples of hallway medicine as it is promoted by this government. We've had countless examples of delays in care, and we know that resources have been wasted by this government when they without any cost-benefit analysis went to the consolidated health board, the Alberta Health Services Board. There was no rhyme or reason for just eliminating the regional health authorities.

I've spoken in the past about the Capital health authority and how well respected it was across this country and across this continent. The managers there seemed to be quite competent. They weren't the ones, as the Premier suggested in question period today, that were running up big deficits. Uh-uh. We know and particularly the hon. Minister of Energy would know who they were and they are, and they weren't employed by the Capital health authority.

Now, the emergency room budget. We know that for emergency and outpatient services the budget is a little over \$1.1 billion, and as I said last night, it's gone up in the last four years by close to \$270 million, but the problems persist. That's why we should follow the suggestion of the hon. Member for Edmonton-Meadowlark and support this amendment. The idea that we can set standards for lengths of stay in the emergency departments consistent with a position statement on emergency department overcrowding published by the Canadian Association of Emergency Physicians and dated a little over three years ago: what would be the harm in that?

I've heard the current minister of health say on a number of occasions: oh, this would just start a legal nightmare. Well, this is the same government that set up a legal nightmare when they consolidated the nine regions and the Alberta Mental Health Board and the Cancer Board. There was no issue at all about the millions of dollars in legal costs that were needed to facilitate the transition from these regions into the one superboard. They didn't care about those legal costs but now are hanging on that as an excuse to try to defeat this amendment.

In fact, I can't find the legal costs for the consolidation of the health board in the financial statements. How much money was spent? Who got that money? Which legal firms? Did legal firms

compete with one another to get that work done? How much did it cost per hour? What was the total cost? With this secretive government we'll never find that out. For this minister of health to get behind the spin, the lame spin, that, oh, no, if we accept this issue of putting a standard of time where people will be seen and looked after in an emergency room, if it's not met, we'll have a legal nightmare – that's so untrue. There was no issue whatsoever with writing a blank cheque to who knows how many law firms in Calgary to facilitate the transition from nine health regions to one.

4:20

Now, when we look, Mr. Chairman, at the measures that perhaps we should introduce, we have to look at what Alberta Health Services has now. Some of this information is older. It's over a year, but it's obvious that Alberta Health Services is tracking emergency wait times. Now, why couldn't we set standards? Well, I know the hon. Member for Calgary-Varsity is going to say that we can't set standards because they'd just lower them anyway. That's what this minister was caught doing. He tried to say: oh, no, he had no part of that. But I'll give the hon. minister of health credit. He would look at files. He would certainly read files, and I would be surprised if he was unaware that there was some lowering of the bar with the existing wait times and the standards.

The hon. Member for Edmonton-Meadowlark talked about his experiences at, I believe, a neighbourhood in the central area of Edmonton. We have to recognize – and this is something the government hasn't done – the workload that occurs at emergency departments. Now, the emergency departments, as we know, in this city are very, very busy. The top emergency department sites in terms of high patient volume, annual visits greater than 40,000 – and this is going back, unfortunately, three years, Mr. Chairman – have been identified in the city of Edmonton.

Now, what impresses me about the hon. Member for Edmonton-Meadowlark is that he's backing up his actions. Certainly, there were a lot of Conservative MLAs elected in Edmonton in the last election, and they were all going to be at the table, and they were going to stand up for the city. I heard this on the street corner the other day: "Where are they? The only one that is really speaking up is this individual from Meadowlark." The citizens appreciated that.

When the Capital health authority was disbanded, I never heard a word. When all the restricted and unrestricted funds that the Capital health authority held – and they had them for specific purposes for the city – were used to pay for someone else's mistakes, I never heard a word publicly. We brought this up. The hon. Member for Edmonton-Centre brought this up. Did the hon. member get any support from those individuals? Not that I'm aware of. Certainly not that I'm aware of. Where are they now?

If you look at the emergency departments – the U of A, the Misericordia, the Royal Alex, the Grey Nuns, the Sturgeon, the Northeast community health centre in Edmonton – these are all the high volume emergency departments. They're the highest across the province, yet silence. That's not, Mr. Chairman, representing the people, in my view, who were kind enough to vote for you.

Now, we look at the annual report for Health and Wellness. Certainly, the authors of this report, individuals who work in Health and Wellness – it was signed off by the minister, and there's a nice cheerful photograph of the hon. gentleman in the front here on page 5. Certainly, he signed off on this. We hear about management's responsibility, vision, mission, and core businesses, but it is interesting to note the public rating of access to emergency departments. Amendment A3 as proposed by the hon. member would certainly help, if it was adopted, this government meet this performance measure. I don't have much faith in this government's

performance measures because whenever they're not working out, they change them or they eliminate them so the public does not know, Mr. Chairman.

I'm going to quote directly:

In 2009, Alberta Health Services established the Emergency Department Integration Team which has developed provincial standards for delivery of emergency department care including addressing the issue of overcrowding and long patient wait times in emergency departments.

This has gone on and on and on from previous health ministers. Last night we counted four. It's a growth industry in the PC caucus. Four health ministers. Four, Mr. Chairman. But, regardless, the problem is always there. They can't solve the problem. They don't know how. Now, there are people that say they're incapable. Others will say that they're incompetent. Could be a bit of both. Certainly, this problem of emergency room overcrowding and long patient wait times has gone on and on and on, way past the term of the current Minister of Education, the current Minister of International and Intergovernmental Relations. They had a try, a noble try, at solving the problems. It hasn't worked.

Certainly, the hon. Member for Edmonton-Meadowlark is making an extraordinary effort to help this government finally come to grips with . . .

Mr. Liepert: He sure is.

Mr. MacDonald: Hon. Minister of Energy, you bet he sure is. Perhaps if you had taken his advice two years ago, we wouldn't be in this mess we're in. I have the memorandum of understanding, the original one that you signed – that you signed – to create this monster, this Alberta Health Services superboard, which is gobbling up financial resources and not improving service to citizens of this province who need it. When they need health care, what happens? What happens?

Mr. Liepert: They get it.

Mr. MacDonald: Forget it? No, I won't forget it.

Mr. Liepert: They get it.

Mr. MacDonald: They get it. Not in a timely fashion. Not in some cases without having to wait a long, long time. Some people can't even get a family physician. Some people are waiting a long time for hip and knee surgery. Some people cannot get psychiatric care. For you to say that they get it is totally wrong. It's totally wrong, Mr. Chairman.

Now, when the government talks about having a public rating of access to emergency department services, the target for this year with this annual report is 60 per cent: 60 per cent of the time the percentage rating ease of actually obtaining emergency department services needed for self as easy. The rating is "easy."

Well, if we adopted and forced – I think it's not too strong a word, Mr. Chairman – this government to make a commitment and meet a standard, perhaps that's what we need. This amendment certainly would force this government. Some hon. members have suggested to make them accountable. Well, I would agree with that. Do they need to be accountable? Yes. Are they accountable? No, they certainly are not. The current Minister of Energy knows fully well that this government is taking the support that citizens have given them for granted. You've forgotten that you can be voted out. You're not the New York Yankees of the political world. You're just not. You may think you are, but you're not. I think you're

going to be judged on your actions, and that judgment may be a little bit more difficult for you to accept than you think. Now, we look at the annual report, we look at other documents from Alberta Health Services, and this initiative to force this government to finally act is a sound one.

4:30

I would, in conclusion, Mr. Chairman, urge all hon. members to please consider supporting amendment A3 as proposed by the hon. Member for Edmonton-Meadowlark. Certainly, there are principles in here that I think would improve emergency room access for many Albertans, and the standards, the lengths of stay in emergency departments would put the interests of sick and injured Albertans first, not some ideology that this government decided would work in 2008.

Now, we look at some of the consultants that have been hired by this government, and McKinsey & Company comes to mind. They have invoiced a significant amount of money through to the government. They have made some sound recommendations. But I'm quite surprised, Mr. Chairman, that a lot of those recommendations for whatever reason – I don't know whether it's chaos, confusion, mismanagement by this government; I have no idea – it's apparent, have been ignored. I don't know how or why this government would be so willing to hire these consultants and then let the information that they provide rest on a shelf.

Thank you.

The Chair: The chair will now recognize, according to my list I read before, the hon. Member for St. Albert, followed by the hon. Member for Edmonton-Strathcona.

I just want to remind hon. members about movement in our Chamber during committee. Only the speaking member can stand. If anybody else has a conversation, please take a seat rather than stand. Thank you.

The hon. Member for St. Albert.

Mr. Allred: Thank you, Mr. Chair. I've listened very closely to the comments of the hon. Member for Edmonton-Meadowlark, the hon. Minister of Health and Wellness as well as the hon. members for Airdrie-Chestermere and Edmonton-Highlands-Norwood. Above all, I've listened to my constituents, not just in the last week but for the last two and a half years. I recently wrote quite a lengthy letter to the Minister of Health and Wellness even before the emergency crisis erupted in the papers, and I expressed to him a number of concerns. A couple of years ago we were told that the problem with the wait times in emergency was because the acute-care beds were taken up by long-term care patients.

Mr. Liepert: Point of order. Mr. Chairman, I think you just had a ruling. Would you rule on the Member for Airdrie-Chestermere, who is just not observing the ruling that you just made? He either sits down or in his own chair. [interjections]

The Chair: Hon. members, just to get the process going, if you want to have a conversation, please, there is a hallway outside, or take a seat close to the member and then talk. Thank you.

Please continue, hon. member.

Mr. Allred: Well, thank you again. If I can find where I left off here . . . [interjections]

The Chair: Hon. members, the hon. Member for St. Albert has the floor.

Please continue.

Mr. Allred: I believe, Mr. Chair, I was saying that a few weeks ago I sent a letter to the hon. Minister of Health and Wellness expressing some concerns. We were all told in this House that the problem with emergency was that there were too many acute-care beds being taken up by long-term care patients. We've added a lot of long-term care beds, but the problem continues. We were told that we were going to change the ambulance system to get the paramedics back on the streets, where they belong, instead of lining up at the hospitals, yet still today they're lined up in front of the emergency room, waiting to get care for their patients.

Not quite a year ago we paid off all of the deficits of Alberta Health Services and gave very generous funding for five years. I believe that funding was at their request, and we matched the request. Yet we continue to see deterioration of the system. There is no question in my mind that we're in a crisis situation. It's been brewing for many, many months. I'm certainly inclined to support this amendment because we need some accountability in the system. This amendment, Mr. Chair, may not be perfect, but I think it's a good first step.

Now, I heard the hon. minister express some concerns that by putting this amendment in, we would be creating potential legal liability. Well, Mr. Chair, I look at Bill 17, and this is an amendment of section 2. Section 2(1) says, "The Minister shall establish a Health Charter to guide the actions" – to guide the actions – "of regional health authorities." It goes on to say, "But the Health Charter must not be used to limit access to health services." This amendment says: "include as guiding principles." Guiding principles. Those words in both the bill and the amendment I'm sure are very carefully chosen words to avoid any liability. So based on my understanding of what is intended by both the bill and the amendment, I do not see a concern for liability.

I know that in some of the discussion on the health charter and some of the consultations last summer there was concern that by putting in a health charter, we would tie our hands. I know that in speaking to the hon. Member for Edmonton-Rutherford, there was a very careful attempt to draft the legislation so it wouldn't tie our hands and wouldn't put us in a legal liability situation.

Mr. Chair, I guess that is the extent of my remarks. I know we've all had a lot of concerns expressed by our constituents, particularly over the last week. I must say that despite the crisis that we seem to have been put into in the last week, I think perhaps it's good. We've got to look at this very seriously now and make some changes to our health care system to make sure we can correct the problems that we have found. Get those long-term care patients out of the acute-care beds, get the paramedics back where they belong, on the streets, and get the system working.

Thank you, Mr. Chair.

The Chair: I have a list here. Referring to my list, the hon. Member for Edmonton-Strathcona, followed by the hon. Member for Calgary-Varsity.

Ms Notley: Thank you, Mr. Chair. I'm pleased to be able to get up to join debate on this particular amendment to Bill 17. I'd like to start, of course, by congratulating the Member for St. Albert for speaking the truth that not only members on the opposition side of this House are aware of – it is fully the truth – but that I think almost all members of this House are aware of, that there is, in fact, a problem with our health care system. To suggest otherwise is to mislead Albertans, and more importantly it is to ensure that we don't address the problem, that we don't focus on the solutions. So I do congratulate the member for saying what I think all members on both sides of the House are aware of.

4:40

Now, the minister of health rose to speak against this amendment, and one of the reasons that he gave for speaking against this amendment was that it was his view that most of the work is already being done. "We're already on the way to fixing all the problems. Just, you know, hold tight. It'll all be there." In fact, he said that if we hadn't had this little bit of a "but for," but for some of the unanticipated activity of the last week or two, we'd all be there. All the problems would be fixed, and we'd be on the road.

I have to say that I'm not assured by that statement. This is the same minister who very dramatically held a press conference to announce a bunch of important performance measures that he was going to direct Alberta Health Services to put in place, only for us to discover that, in fact, those were performance measures that had been in place for eight or nine months already, and they had been missed. Then after dramatically holding that press conference and announcing that he was going to take action and put those performance measures in place, you know, the ones that had been there for the previous eight months already, he then acknowledged that he was probably going to have to water down those performance measures a little bit, play around with them, because it probably wasn't the case that they were really that realistic.

In fact, after all the drama and all this assertive action-taking was finished, what really happened was that we backed down from the assurances that this government had tried to give Albertans within the last year. So I get concerned about those kinds of statements. Of course, the minister said: you know, we've already announced lots of plans to make things better. I have to say that this, again, does not give me assurances because what we do know is that this government does like to announce things. It's very good at announcing. They must have a whole building stuck aside somewhere that holds the rolls and rolls and rolls of ribbon that they keep aside for their various and sundry ribbon-cutting events. I suspect that every building must presumably come with at least 10 separate events, so you've got to have quite a lot of ribbon stuck aside there.

They announce things. I can't even begin to imagine how many announcements there have been, say, for instance, in Grande Prairie for the hospital that is yet to be built. Announcing really does not make me feel a lot better. Before the last election it was announced that we were going to build 600 or 800 new long-term care beds, yet in fact what we've done is that we've taken long-term care beds out of the system.

This minister's assurance that, "Well, we announced the plan" really rings hollow, and I think it rings hollow for many Albertans, and that is why we are having this growing sense on the part of Albertans that the crisis is not going anywhere. They've just reached their limit in terms of how much comfort they can gain from a ribbon-cutting ceremony, particularly when the ribbon cutting is for a building that, even once it's actually built, still sits empty for weeks and months and years because suddenly one of the things that wasn't mentioned in one of the nine or 10 ribbon-cutting events around that building was that it was always going to be a phased-in project and that we had to reprofile the phasing-in of the project and that kind of thing.

I have to say that the language used by this government is disturbing and distressing, and it does not engender trust on the part of regular Albertans, who are trying to figure out what the heck the government's plans are with respect to health care. Of course, that's all relevant to this amendment because this amendment is about trying to actually inject some modicum of a trackable, accountable performance measure. That's what we don't have right now.

Now, the minister also went on to say, "You know, all of this stuff has to be managed through policy," and policy is part of that trust-us-

kind of thing that the government has been doing for years: just trust us; we'll manage it through policy. But policy can change. With this government we know that it can change. We know, for instance, that the government can delist services without touching the legislation, and we know that delisting is another form of privatization. We know that the government can reprofile and restage the opening of a health care centre that they had promised would address the very issue that is driving so many of Albertans' concerns right now, that being the issue of emergency room overflow and the unopened health centre in northern Edmonton.

So policy can change, and with this government it does change. It changes repeatedly. It changes over and over. Every day there's a new direction. The wind changes, and so does this government's plan with respect to health care. The Member for St. Albert expressed frustration because he said: "Well, we were told the problem in ER was long-term care beds. We opened a bunch of long-term care beds, so why is there still a problem?" Well, I will say to the Member for St. Albert that the problem is that we actually haven't opened a bunch of new long-term care beds. What we've opened are other types of beds, other types of beds with much lower levels of care.

I have been in those centres, and I have talked to people from across the province who work in those centres. What they describe is not having the medical staff available to deal with the medical crises of the people who are moved into those centres because there's no other place to go. What do they do? They program their phones to the ER and to the ambulances, and it's a rotating, revolving door between these understaffed centres, that are not designed to provide the long-term care that the government originally promised, and the ERs because there is not adequate medical care in these continuing care centres.

It's been said repeatedly in this House, but it obviously bears repeating: long-term care is not continuing care. Every time we ask the minister, "When are you going to follow through on even a portion of the promises that were made in the last election with respect to long-term care?" the minister comes back and talks about continuing care. We know that continuing care looks very, very different than long-term care. You know, this is not that complex. I'm sure that many MLAs in this building have visited these centres and talked to the people that work in these centres and talked to the families whose relatives are in these centres and understand that most of these centres do not or are unable to provide the level of care that often these people require.

Then, of course, we say: "Well, let's get home care. Let's get some home care. We can ramp up home care and have home care come into these moderately assistive living facilities." Well, that's a great idea if you have enough home care, but in fact this government had a line item for home care which was inadequate to begin with but also which they didn't even spend. They had unexpended home care dollars in the last budget. So not only did they not increase the budget for home care, as is needed to provide a comprehensive home care system, but they didn't even spend the money they have on home care. Yet they repeatedly trot out these speaking points: "Oh, you know, we've got more continuing care beds. We're going to max out home care. Yada, yada, yada." But that's not what you're doing.

It is frustrating, and it's frustrating to hear this minister get up and assure us that what we need to do is simply rely on their exercise of policy and their use of policy to fix the system when in fact what we've got is a strong history of policy being changed repeatedly, objectives not being met, standards changing over and over and over again . . . [interjection] There we go. Thank you. . . . standards not being met over and over again, that kind of problem with policy. So why would we trust it?

The Member for Edmonton-Gold Bar has just brought to my attention that, in fact, the consolidated accounting statements of Alberta Health Services, ended March 31, 2010, show that they spent \$10 million less on home care this year. So, in fact, they're spending less on home care even while this government is getting up in the Legislature and saying: we're going to ramp up home care to deal with the fact that we've broken our promise and decided not to build the long-term care beds because we're just going to have everybody stay in these assisted living hotels, that are mostly privately built and operated, and then we'll deal with the medical needs by bringing up and ramping up more home care. Yet we're actually spending less on home care. So it really doesn't make a lot of sense.

4:50

The problem is that we see the real-life consequences of this failure to take ownership for what you promise you will do, what you say will get done, and making sure that it actually happens. This disconnect between the press release and the ribbon-cutting event and what actually happens once all the media packs up their cameras and drives away and goes home – there is a profound disconnect in this government, so Albertans don't trust it anymore. We need to have clearer measures of accountability built into our system.

Another example. The minister talked about physicians, and he talked about health care professionals. Well, that's yet another – it's like a comedy, like some Greek comedy or something. You watch this government, you know. One minister gets up and passionately defends the need to increase our health care professionals and to increase the number of people entering health care as a profession, and you actually increase some of the spaces for that. But then at the same time, once we've injected all this money into – well, not all this money but a small amount of money into increasing the number of human resources in the health care sector, we then lay them off and have a hiring freeze, and all of these fabulous new nurses that have graduated actually go to other parts of the country because we couldn't be bothered to hire them. What was that? That was the most ridiculous backflip.

You could expect it if this government had been elected a mere six months ago and they were still, you know, wet behind the ears and trying to get used to being in this position. But, really, there is no excuse for a government that has been in power for 40 years to make these kinds of amateur mistakes. It really is quite surprising to see.

I found it interesting that the minister talked about how the LPNs that we have in the province have gone up by 17 per cent. I suspect those may in part consist of the foreign nurses who came in, who were then unable to find work in that setting, so they became LPNs. Oh, but he doesn't say that we have 20 per cent more RNs working in the system. Oh, no. No, no. He says that we have 20 per cent more RNs graduated. Well, indeed, we do because we did put money into ensuring that we had more RNs graduate. Of course, those are the RNs that then left the province because at the same time they were doing this, the right hand, that wasn't aware of what the left hand was doing, had decided to stop hiring those very nurses. So that's a concern.

We have empty assurances with respect to mental health. We have the minister saying – and it's not a direct quote, but it's close – that the area of mental health is one of the most underserved areas of health care throughout Canada. I will give him that. That is a very true statement. But what, of course, he didn't say is that by most measures Alberta is at the very bottom of that list, where across Canada none of us do what we need to do and are sufficiently aware of the investment that needs to go towards providing comprehensive mental health care, but at the same time in Alberta we ranked the

lowest in almost every measure with respect to what we do with mental health care.

I recall that about a year and a half ago we released a leaked document that talked about the number of beds in Alberta and how that related to the shortage of mental health beds across the country. At the time I spoke to the former health minister, now the current Minister of Energy, about why there's such a profound shortage of mental health beds. He pointed me to a joint project that was being orchestrated, with many ribbon cuttings, through the ministry of the Attorney General, where there were a few new health care or rehab beds being opened as part of diversion projects through that ministry.

In effect, what he was saying was: yeah, we're opening new beds for health care, and for anybody that's about to be charged with, you know, break and enter or robbery or some kind of property theft, we might actually be able to divert them from the court system into these mental health beds. Of course, I think it's fairly clear on the face of it that that being the planned path of access to mental health services is probably not the best way to go. I find it amazing that that was even put out as a possible explanation for how we might possibly deal with the issue of mental health services.

I am quite distressed, actually, in the documentation that we received from Alberta Health Services around what they are spending Albertans' money on. We pretty much lost any kind of direct explanation for how much we can observe them spending on mental health services. That's pretty much gone. Not only do we not have the performance measures that the Member for Edmonton-Meadowlark would like to see in this bill; we don't even have the basic ability to review the Alberta Health Services budget, line item by line item, the way we would if it was a direct service provided by the ministry because Alberta Health Services has decided not to break out mental health services in any kind of fashion that allows Albertans who are interested in the issue to track it. So we have no performance measures. In fact, we even look at: well, what are they spending on it? Let's just assume that there is some type of ever so amorphous relationship between the money that is spent on mental health and the outcomes in terms of the services provided to Albertans. But we can't even do that, so that's a problem.

You know, the minister is very proud of the changes that have been made at the Royal Alexandra hospital by having the 24-hour mental health team there. What he doesn't talk about is the fact that that represents a significant step back from what was previously there in terms of the beds that were there before. There are so many ways in which this government fails daily and continuously on the health care file. There are so few ways in which Albertans can transparently keep track of that. What this amendment is about is simply trying to inject more accountability into this process.

I have to say that I'm very, very disappointed that at least the short-term response on the part of this government is: "No, no. We need to carry on. Steady as she goes. Just trust us. Cross your fingers, close your eyes, and trust that we'll write a policy that will help with this and trust that we won't change our mind on that policy within six to 12 months and trust that after we've cut five or six ribbons in front of any particular health care service, there's a 50-50 chance that we'll actually go through with what it was that we announced we were going to do."

As I say, not only do Albertans not trust that; Albertans see what this means to their families in our emergency rooms, in the provision of mental health care, with what happens on our streets and in our communities in terms of the ability of people to seek treatment and what's happening to our seniors, what's happening to them as they are at home waiting for the nurse, who can only come once a week as opposed to the once a day she should be coming, not getting the

medical care they need and hoping that the ambulance will come fast enough to get them to the ER when the predictable results of that lack of care once again force them back into the system at the most difficult place.

All that being said, I think that members of this House should at least consider what it is that this amendment is trying to do and should consider supporting this amendment.

Thank you.

The Chair: The hon. Member for Calgary-Varsity, followed by the hon. Member for Edmonton-Meadowlark.

Mr. Chase: Thank you, Mr. Chair. In speaking to amendment A3, I want to thank all members who have participated in this very important discussion. I want to particularly recognize the hon. Member for St. Albert, who spoke in terms of his concerns. He spoke of a letter that he had written to the minister of health, I believe, expressing his concerns over the system. For that, I am very appreciative because lately it seems that if you're a member of the Conservative caucus and you speak out, there is potential for punishment.

5:00

Now, I have no trouble with the position of this amendment. I must admit that as a former teacher who marked numerous essays, I had a little bit of trouble with the wording in terms of the double negatives. What I did to get past that retentive nature of myself was I basically rewrote it in the positive. I substituted "unnecessary" for "avoidable" for my own self, but I think it might be helpful to other members: include as guiding principles that avoidable deaths, avoidable harm to patients, avoidable delays in care, and avoidable waste of resources should not occur. That made it easier for me to speak to.

The Chair: Hon. member, may I interrupt?

Hon. Member for Calgary-Fish Creek, please take a seat.

Mrs. Forsyth: Sorry, Mr. Chair.

The Chair: Hon. Member for Calgary-Varsity, please continue.

Mr. Chase: Thank you. I also appreciated the comments from the Member for St. Albert with regard to the liability that was apparently a concern of the minister of health. Now, it talks about guiding principles, for example. It talks about: "resources should." It doesn't say: resources must. In other words, if somebody dies in emergency, it doesn't mean that it's an automatic, done-deal lawsuit that the family can put forward. I think that's a bit of a specious argument.

Now, what the amendment is all about regardless of whether you change the wording so that you understand it better is: do no harm. Of course, do no harm is the Hippocratic oath, and it's the oath that the hon. Member for Edmonton-Meadowlark swore. What has happened is that the hon. member has been compromised. He has had to deal with an internal question of conscience, and he's had to make choices. The hon. Member for Edmonton-Meadowlark as an emergency physician witnessed the shortcomings of the system with regard to his father's own care. He had sworn the oath to do no harm. He had a duty to himself. He had a duty to his family. He had a duty to his constituents. That brought him into a conflict with the former health minister, and in calling out the former health minister for the decisions he'd made with regard to the structuring of the superboard and the way he dealt with health care professionals, he basically by extension called out the Premier.

Because there is no whistle-blower legislation in this province,

whether you're an orderly or an emergency room physician, he was punished. To his credit, despite the amount of pressure that he's experiencing due to the number of strokes and potential critical events that his father has gone through, he sacrificed his own well-being, his own health, but he did not give up his position as the representative for his constituents.

Now, there is a tremendous amount of stress that the hon. Member for Edmonton-Meadowlark is undergoing, but I firmly believe in what I consider a guiding philosophy. That comes out of the play *Hamlet*, and it was Polonius' advice to Laertes: to thine own self be true, and thence it follows, as night the day, thou canst not be false to any man. If we cannot look into ourselves and live with ourselves, then how can we be any good to anyone else? I compliment the hon. member for sticking to what he believed in and continues to uphold and suffers a great amount of stress, but there is comfort in knowing that you did everything in your power to make things right.

Now, the hon. member, in discussing amendment A3, talked about the right type of care at the right time in the right place. He talked about the importance of home care. He talked about the quality of seniors' lives and what happens when they become disoriented when they're taken out of that circumstance.

With home care, if you look at it, the health minister is rightly concerned about expenses, but expenses versus people's lives: it has to be put into a balance. The hon. Member for Edmonton-Meadowlark talked about home care. Home care, depending on the level of home care, regardless of whether it's professionals coming in or nursing aides or the Victorian Order of Nurses or whether it's a doctor doing a home visit, is considerably less expensive than treatment that takes place in a hospital. A hospital bed basically comes with a \$2,000 bill per day. Yes, it's paid by our health insurance, our public insurance, but it's the wrong place for the wrong types of care, particularly for seniors or people who are younger and need to convalesce at home as opposed to taking up a hospital bed.

Now, in terms of the right place at the right time and the right level of care there's the other concern that the member brought up, about taking pressure off emergency rooms. One of the ways that happens, obviously, would be the family doctor. The family doctor would be the gatekeeper for the type of care you needed, and as you needed more professional specialized help, the family doctor could then refer you to the specialist.

Also, the member referenced the need for primary care networks, the need for a balance between urgent care centres and emergencies. The more people we can keep from having to take emergency services, obviously, the easier it's going to be within the emergency.

Now, in terms of getting the right mix of individuals, when it comes to triaging, what would be very helpful, in my limited medical understanding, would be the equivalent of nurse practitioners so that they could very quickly go throughout and provide the triaging, obviously in a private location so that people would feel that their privacy was respected.

Another combination of individuals we need in the emergency arena are social workers. When you get a senior coming in suffering from a degree of dementia or just stress, having someone to talk to is as important and as healing at least as a first step. I know, having coached wrestling for 25 years and gone to emergency with some big brutes of boys and some pretty significant wrestling girls when they had broken collarbones or broken arms, that just the act of holding their hand, whether it was a big hunk of a boy or not, provided a degree of support and helped relieve the stress until the individual could be seen by the attending doctor. There are a variety of people that can help within that emergency milieu before, actually, the person is seen. A lot of it is support.

I don't want to put orderlies out of a job, but unless we have more orderlies – one of the biggest problems that I've seen when going into a hospital with my wife or other family members is that when they're very weak or very sick, try to find a wheelchair. If you had more orderlies or even hospital volunteers, the equivalent of candy strippers, to do the running around to make sure that a person had a wheelchair at least so that they didn't faint, that would be terrifically helpful.

5:10

In terms of the right care in the right place the hon. Member for Edmonton-Meadowlark talked about where a person should be in terms of the care necessary. My mother suffered a stroke while she was in Cedars Villa. She was 86 years old at the time, and we knew how in crisis the emergency wards were. We were very fortunate that Dr. Gladman was willing to visit the facility, and he talked to us about where my mother could get the care she needed. It turned out that she could get the type of care that she needed right within the Cedars Villa seniors' home. She could get the oxygen. As the pain increased, she could get the morphine. There was a registered nurse available.

Rather than have my mom take up a hospital bed that could potentially save someone else's life, we made the decision to keep my mother as comfortable as she could be as long as she could with oxygen and with pain control. My mother, being a very strong person, a very stubborn person – guess where I get it from? – lasted almost three days after her initial stroke. The care that was provided in that home was sufficient as opposed to transporting her to the hospital. Again, being proactive and preventative, I spent 15 hours with a paramedic on a paramedic's shift, and I wrote an article, an op-ed, afterwards detailing my experience, called Angels of the Night. It was a minus 30 degree night a couple of years ago in Calgary, and for whatever reason there weren't a lot of calls coming in to the paramedic facility, which was also twinned with a fire hall just down by Stampede Park. Anyway, what we did when we weren't on call was drive around the streets, and very quickly we found a woman lying on the sidewalk. It turned out that her problem was inebriation, but had we not been there, she could very well have frozen to death or, at the very least, suffered frostbite.

Now, the paramedics would go along the river, they would go to the haunts of the homeless who, even in the most severe weather conditions, refused to go into the shelters, and they did those good things. With the woman who was picked up inebriated, instead of taking her to jail or to a hospital, they took her to a facility called Alpha House, and while it was a fairly minor type of treatment, there was at least a mat on a cement floor with 24-hour governance or watching out. The woman was able to sleep off her circumstance. She would awake in the morning with a headache but alive. So the combination is important.

[Dr. Brown in the chair]

Something else that would be very helpful is using our facilities to the best extent; for example, posting emergency waiting times. In the Calgary area we've got hospitals in High River, we've got hospitals in Okotoks. Further down we've got hospitals in Canmore. My experience has been that the emergency waiting times in rural centres are considerably reduced. Yes, they have limitations in terms of some of the critical care that they can provide, but that's where the air ambulances come in to transport them to the appropriate care.

The story that I found interesting was the story of a fellow who initially went to Rockyview because he had broken his arm. After

waiting three hours in Rockyview, he had his wife drive him to Canmore. He got his arm casted. Then just out of interest, wondering how the health care system in Calgary had failed him, he went back to Rockyview. It was another four hours before he was seen. They asked: well, why are you here? He said: well, I was checking out the times involved.

Having posted waiting times and being able to transport people who aren't in a life-threatening circumstance to regional hospitals is part of the solution, in my mind.

We need to be able to provide in-home care. People should be able to have the choice of palliative care, whether it be in a facility such as beside the Grace hospital – the name of the facility I forget. It's a wonderful facility. If you have very few options left in life, there is a terrific amount of care that is provided at that facility.

Now, I've recently lost my brother-in-law because of a whole series of failures, not failures in the Alberta system, but I see parallels in what happened to him in Ottawa. While he had a colonoscopy, that wasn't the test that he required. His own GP did not realize the anemic nature and state. Even though he came to his GP in a very jaundiced condition, the physician did not recommend that he go directly to emergency. The following day when his wife drove him to emergency, he fainted in the parking lot and was rushed to the emergency ward, where he languished for eight hours before he got the service. He made the choice with his wife to seek palliative care at home, and that was hope that he would have a degree of comfort and be around his computer and have a little bit of normalcy in his life, but there were restrictions. The government would only fund so many TPN procedures, total parenteral nutrition programs. In other words, he was hooked up to an intravenous feeding tube. Because he was released from hospital and couldn't have a TPN, he died considerably faster than he might have if he'd remained in hospital. We need to realize the right . . .

The Acting Chair: Hon. member, can I interrupt you for a moment, please?

Hon. Member for Calgary-Fish Creek, you're not allowed to move chairs in the Chamber, so could you return to your position, please?

Member, you can continue.

Mr. Chase: Thank you very much. Mr. Chair, I don't believe there is a whole lot to be gained in just simply jumping on the government without offering alternatives, but the Member for Edmonton-Meadowlark, not only in his amendment A3 but in his participation in the emergency debate, offered several solutions. One of those solutions is having the right combination of professional people. We need to have knowledgeable medical individuals. We need to have management expertise. Getting that right balance is extremely important. Right now the members of the superboard don't have that balance.

Thank you, Mr. Chair.

The Acting Chair: The hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Mr. Chairman, thank you so much. It's an honour for me to stand and speak again. I started off my political career in this House by quoting Martin Luther King in my response to the Speech from the Throne. The quote that I live my life by is: life begins to end the day we become silent about things that matter. We're going to show the people of Alberta what democracy truly is about, talking about something that matters, is so near and dear to their very hearts.

5:20

I just ask one favour of my friends on the other side, who I still consider my colleagues and dear friends. I ask you to respect

democracy and not invoke closure. You are able to invoke closure today, tomorrow, whenever. I ask you to allow this debate to continue until we can't debate this anymore. I humbly ask you to do that on behalf of Albertans who care about this very important issue. My office has received thousands of e-mails. This issue is so near and dear to Albertans. There has been an overwhelming outpouring of support for the likes of Dr. Paul Parks and those front-line health care workers who brave each and every day. Any effort, in my mind, to actually stop us from talking would actually be to disrespect Albertans, disrespect them on the most important issue. So I humbly ask all of my colleagues, whether it's on the left or the right or the middle left or the middle right: let's keep talking about this, my good friends. I promise to stay in this Chamber until I can't talk anymore, until I can't stand anymore, until my eyes can't stay open and my lips can't move.

Now, let's carry on. I would like to just pick up where I left off. I don't have the Blues, so I'll just summarize where we were. So we have people dying in the emergency departments. That's happened. We have people suffering, and we're missing every standard of care in the area that I'm an expert in. Mr. Chairman, I have supported everything of my colleagues for the last 2.8 years, whether I agreed with it or disagreed with it. To be honest, I really didn't know much about it, but the rules of parliamentary democracy are such that when you walk out of this House, you stand as a team. I have supported each and every thing. To be honest, I didn't really like the idea of Bill 44, and my constituents didn't really like it. But you know what? I understand that many people in this province did appreciate it and did like it. For many of my colleagues in rural Alberta it was the right thing, and I supported it despite the fact that my constituents didn't agree with it.

There's only one thing, Mr. Chairman, that I'm really good at. There's only one thing I know. The deepest, innermost fabric of my body has been – it's in my blood. You know why? My great-grandfather Basant Ram Pathak was a captain and surgeon in the Indian army. His best friend was Lala Lajpat Rai. He risked his profession, his honour, and his life in 1928 when the Simon Commission in India – they got beaten with sticks. You know what his friend said? He said: each blow aimed at me is a nail in the coffin of British imperialism. These were men above all men. They freed a nation from an empire to make the biggest democracy on this planet. That was my mother's grandfather. His children were all doctors. Their children are all doctors.

My father's side. His father came here in 1906, as a 17-year-old, to seek opportunity elsewhere. He talked about exclusionary laws in Canada in 1907. They had the head tax. I want to tell you how this links into health care because you have to understand why we're going to talk about this. You need to understand my family's connection to democracy and health care and caring for the most vulnerable. I'm just building context. My dad's father came in 1906 as a 17-year-old to seek opportunity in a strange land called Canada.

In 1914 my great-grandmother's brother, my grandfather's future wife's mom's brother, was on a ship, the *Komagata Maru*. The ship was not allowed to dock in Canada. For two months they were denied the basic necessities of life, and my father's father swam food to them late at night. The ship was turned back to India, and half the people were massacred. He financed India's freedom movement. This is the blood that courses in my veins.

His dream – I just visited India, because my father is not well – is to bring back his father's belongings and memoirs, his cane and the last writings of his father. My dad's sister, the only surviving member from his original family in India said that dad – dad being my grandfather – always wanted a doctor in the family. In my father's family I am the only doctor. In my mother's family, I am one of hundreds of doctors.

I ran because I wanted to make a difference. I wanted to change the world that I live in. I ran because I saw people suffering just metres from care. The hon. minister is a fantastic fellow. He's my *veerji bhaji*; *bhaji* means brother. I have the utmost respect for this man. He said a lot of things that I agree with.

I want to built context on this emergency issue. When I was in Dr. Paul Parks' position, there was a letter written to the minister prior to this minister, prior to that minister, prior to that minister, the hon. Member for Sherwood Park. In 2006, when I was the Dr. Paul Parks, I wrote a letter to her during the leadership race, and they made a commitment that there were long-term care beds coming and this and that and whatnot.

Here's a picture of me in February 2007. I am quoted as saying: "We face a severe challenge right now. 'I believe the problem is worse than it's ever been,' said Sherman, also head of the Emergency Physicians of Alberta. 'I've been working for 15 years and we've never had it this bad.'" We were told that things were going to get done.

So we worked with the minister at the time, the hon. Member for Edmonton-Whitemud. I was shocked. He actually listened. He actually listened to all of us doctors. He mentioned my name in this hallowed Chamber, and we helped implement short-term measures called the overcapacity protocols. It was a temporary measure to put people from the hallways upstairs. We actually increased the burden on all the nurses in every ward in every hospital. We actually reduced emergency wait times significantly while longer term solutions were supposed to come online from the previous minister, such as family doctors, more nurses, more home care, more long-term care.

We thought: fantastic. I respected that minister so much, and I told this Premier: I didn't vote for this government or this party in the last couple of elections because you wrecked health care in the '90s, but I like you and I trust you and I'm actually quite impressed by the fact that you care and you listen. I realized that despite the fact that you read in the newspapers that the Conservatives are made out to be some big, bad bullies, I thought: "You know what? These are actually human beings like anyone else. They are actually pretty decent people, and they're like me and like my friends." I realized everyone in this Chamber is that way.

I sacrificed my career, and I ran. I was quite vocal at that time. Since then I thought I'd try to change the system from within. Here's a commitment by the Premier, who I staked my career on in June of 2007, when everyone said, "It's Harry Strom. The party is over; he's not going to win." My good Liberal friends were supposed to form government at that time. I staked my career at that time when nobody wanted to run for him, at least in my area of Edmonton-Meadowlark. I door-knocked for 10 months, 5 hours a day, 5 days a week, until I wore the cartilage in my knees and I couldn't walk anymore, because he made a commitment to the seniors.

5:30

Dr. Peter Kwan, the section president of the emergency doctors after me, got a letter written to him February 23, 2008, during the election. It was signed by the hon. Premier of our province, Ed Stelmach. There were deaths and near-deaths during the election; those are the 322 cases at the one hospital alone. The ER doctors were going crazy. They were feeding all the political parties what was happening. Dr. Kevin Taft during the election on the day of the debate challenged the Premier and said that people are dying in the emergency departments.

Some Hon. Members: Names. Names.

Dr. Sherman: Oh. Forgive me. Sorry. I apologize, Mr. Chair.

The hon. Member for Edmonton-Riverview challenged our Premier. I asked the emergency doctors: "Please do not say a word. Do not interfere in the outcome of the election because I've been told that if you bother the Conservatives, they will beat the heck out of you if they get lots of seats, if they get a majority government." They said no word. Four days after the election a FOIPable e-mail was sent – this isn't government stuff I'm telling you; this is the doctors' stuff – to myself, to the hon. Member for Edmonton-Rutherford, who was the hon. minister's assistant at the time, to the hon. Minister of Health and Wellness at the time, Edmonton-Whitemud, to the deputy minister at the time, and as well to the Premier. All these cases were sent at that time.

A Health Quality Council review was not done. The Ethics Commissioner of this province knew about all these cases, as did the previous CEO of Capital health services. This happened under Capital health. This is prior to AHS. Here is a commitment in writing.

I sent a famous e-mail recently, for which I apologized to the Premier. It was a factual e-mail. Emergency doctors were supposed to be engaged on a panel to fix this problem. That meeting just happened on Friday. This is dated February 23, 2008. Perhaps I was incorrect. Perhaps the Premier didn't break a promise. He did keep it two and a half years later.

The real issue is that this problem is caused by lack of long-term care and community care and home care in addition to primary care and prevention and wellness. Now, the Health Quality Council did a review of what's going on with long-term care. Here it is.

Dr. John Cowell, October 25, 2010

Gents, as the ED situation continues to be debated and in particular focused on "bed blockers" I thought you might like to see some real data. Raj called me tonight and we discussed some measures and targets for ED performance. I will think about this some more but happened to have this data at hand and believe you should see it.

There are some slides. What you see on the first slide is the proportion of Alberta acute in-patient beds used by patients waiting for an alternate level of patient care, otherwise ALC days, from 2006 to 2009. It went from 5 to 5.3 per cent in 2006-07, to 7.1 in 2007-08, to 8.4 in 2008-09. It's going up, not doing down.

Slide number 2, median ALC days per acute care discharge for patients waiting for ALC days. In 2006 it's 11 days; in 2007-08, 16 days; in 2008-09, 16 days. This is factual data.

Proportion of beds used by patients waiting for alternate level of care, acute hospitals only: in Edmonton and Calgary in 2002-03 3.6 per cent of beds were plugged up, and in 2008-09 it's 5.5 per cent; in Edmonton it was 7.2 per cent in 2003 and 7.9 in 2008-09. All going up. As they went up, the emergency department waits went up, and as they went up, people suffered and died in waiting rooms.

The previous Minister of Health and Wellness: much of the information he reiterated on what they were doing is correct. The reason I know that is because I'm the one who advised him and the deputy minister to do what they're doing. You're talking to the guy that actually listened to somebody who actually understands the one thing in this province that we talk about.

A couple of things I do want to take exception with. The system is broken. Well, if Dr. Paul Parks says that it's on the verge of a catastrophic collapse, if that isn't broken, I don't know what is. People are suffering and dying to get into emergency rooms.

Number 2, to legislate all aspects. To be honest, to achieve that wait time for admitted patients, the only way to achieve it is to actually get your hips and your knees and your cataract surgery and your primary care. Every measure feeds into that. I appreciate the minister. He's a wonderful man. The problem is that he's not a

doctor, and he's not a health care professional. In principle, he makes some good points, but he doesn't understand what this measure is all about. You can't achieve this measure without actually fixing every bottleneck in the system.

Number 3, policy and action plan performance measures. The reason I'm asking for it to be legislated: I was going to bring up a private member's bill. The hon. Member for Calgary-West, who was the minister, said: "Don't do that. We'll make a performance measure." When Dr. Duckett came, I thought he was a saviour because by 2012 the performance measure was supposed to be eight hours at the 90th percentile. Somebody moved the goal posts. They moved the goal posts and made it 2015 and lowered it to 60 per cent by 2012, and then they lumped in the 15 busiest sites to average all the data out so that nothing would change.

Mr. Hinman: Was that the Member for Calgary-West?

Dr. Sherman: Well, I don't know. He wasn't the minister at the time it was changed. It was actually changed under this minister, but it was AHS and the bureaucracy that brought these performance measures. I never saw these. I never had any input into these. I was supposed to until I got turfed out.

It's going the wrong way, my friends. Usually the ministers come in just after the election. They wreck health care. Just before the election they fix it up with speeches, and that's what happened. The hon. Member for Sherwood Park: it got wrecked under her. The hon. Member for Edmonton-Whitemud before the election fixed it up. The hon. Member for Calgary-West wrecked it after the election.

[Mr. Cao in the chair]

This hon. member is communicating the bejesus out of it, trying to salvage it, and God knows what's going to happen after the next election if there is a majority government over there. God bless us all. No amount of communication will solve this problem. All they had on Friday was a meeting. There was just a meeting. The front-line staff don't even know anything about it yet.

Today I called the emergency departments. There's one available bed in Edmonton. One resuscitation bed in all of Edmonton. Every ER department is on yellow alert, and the flu hasn't yet hit.

Danger. What's the danger of passing this? It's actually dangerous if we don't pass this legislation and put teeth to very good principles. I really like the principles in this act, but this is about teeth and accountability, the strongest measures in the nation as the nation watches.

Mr. MacDonald: Tell us about the resuscitation beds.

Dr. Sherman: The resuscitation beds are where the sickest patients go. Today, if there was a multicase incident in Edmonton or northern Alberta and a tractor trailer hit a busload of school kids or an airplane crashed, we are not prepared for a multicase incident. Other members may disagree, but to be honest, if they did, they wouldn't know what the heck they were talking about. This is the one issue that I really know a lot about, that we have debated in this House for years. On this thing – I'm sorry, guys – I know what I'm talking about.

Physician supply. Yes, we have increased physicians. That's fantastic. The problem is that they're all specialists. We don't need any more. They can't find jobs. They're leaving to the U.S. anyway. What we need is family doctors. We've got to stop creating so many specialists. We're training them, but they're

leaving. RNs: yes, we're hiring them. That's fantastic, but we're putting them on acute care. Stop spending money on acute care. It's downstream and upstream. [Dr. Sherman's speaking time expired]

Thank you, and I'll be speaking again on this.

The Chair: According to the list I have, the hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Centre.

5:40

Mr. Taylor: Thank you very much, Mr. Chairman. It's my pleasure to rise and speak to this amendment to the Alberta Health Act. You know what? I'm not going to drag this out very long. I know there are other people who want to speak to it as well. I just want to say that I fully endorse this amendment. I think that this is an amendment that this House should pass. I think that this amendment speaks to precisely what we need to do to give Bill 17 some teeth, some clout, some ability to actually make some changes. As it stands right now unamended, the bill is very much an act that approaches health care from the 40,000-foot level.

While I can understand some rationale for doing that and for needing that as an overarching piece of legislation, we also need to give some indication that we know how to get health care legislation down from the 40,000-foot level to ground level, where people live and where people get sick and where people end up in the hospital and where people end up blocking beds in acute-care hospitals because they're waiting for long-term beds, where people end up not being able to get the kind of care they need because of all sorts of blockages and shortages and crises in the health care system. I think, Mr. Chair, that it is really important.

Certainly, this is what I'm hearing from my constituents, what I'm hearing from Albertans. They want solutions to our health care crisis. They don't just want nice, well-meaning words and platitudes that say: you know, this is what it should be. They don't particularly care whether they get a charter right now or not. If it's a matter of choosing between getting a charter or getting a doctor or getting a doctor to look at them, they'd far rather have the doc look at them, quite frankly. I think it is really, really important that we turn this legislation from this 40,000-foot statement of principles that it is into something that actually on behalf of the people of Alberta makes a difference to the state of health care in this province right now.

I will be voting in favour of this amendment, and I urge everybody else in the House to do the same. Thank you.

The Chair: Hon. Member for Edmonton-Centre, it's your turn, followed by the hon. Member for Calgary-Glenmore.

Ms Blakeman: Okay. Thanks very much, Mr. Chair. I guess I want to start out by talking to the principle of the amendment that's in front of us. What I really see encompassed in this is the public's frustration over what they see as a lack of accountability. The whole concept of a wait-list, while it may be arbitrary, might be even a somewhat false accounting – and I'm sure there are people that can argue that – it is something that the public can grasp, look at, compare, and make their own decision on.

Based on what has gone on in this province over the last couple of weeks, the reaction I'm getting from my constituents and from others – and I don't know why I get them from others, but I do; I think because I used to be the health critic, and I'm still on people's Rolodex – is that they're really frustrated and bewildered at what is actually going on. What is the real status of stuff? Is it as bad as people say . . .

Dr. Brown: No.

Ms Blakeman: . . . or is that rhetoric? Well, the hon. Member for Calgary-Nose Hill says no, but then someone on the other side of me is going to say yes. For the public, who are sitting in the middle of all of this, they're just saying: what the heck is going on? They don't trust us anymore, quite frankly, and they don't believe us. They want a measurement by which they can decide whether they think the system is doing well or not. Remember that most people are not in the health care system and, hopefully, never will be, and I hope that on their behalf, too.

I've just read through a stream of blog postings that roll on, and printed out it was – I don't know – 10 pages or something of people commenting on this. There's mostly – I don't want to say ignorance because that sounds mean – a lack of information about how the system actually works. Occasionally there are a few people who kick in there and say: "No, no, no. They use a system called triage, and here's how it works. For anybody who appears in the emergency room, you know, not breathing, bleeding, not conscious, or with chest pains, then they're in." Then you hear from the people who go: "Yes. That's what happened to me. I was in. I had great care. No problem." Car accidents: front of the line; you're in. But then there ends up being this whole long discussion about how intoxicated people who've been let out of the shelters at 8 o'clock in the morning come in to get a bed to sleep off their drunkenness, and somehow they're getting ahead of other people in the line, and you think: really, I find that very hard to believe. But people swear that it's happening.

This is the kind of discussion that's happening out there. There's a lot of – well, in the theatre biz you call it rhubarb. That's what the crowds do because you don't actually want to hear what an extra is saying in the back, so they do the old: peas and carrots, peas and carrots, rhubarb, rhubarb, rhubarb. That kind of gives a mumble of dialogue that you can't actually catch hold of. That's what people are experiencing when they look at our health care system and go: what is going on here?

What's being offered in the amendment put forward by the Member for Edmonton-Meadowlark, certainly, in the (d) section is:

Standards for lengths of stay in the emergency departments of hospitals consistent with the "Position Statement on Emergency Department Overcrowding" published by the Canadian Association of Emergency Physicians and dated February 2007.

Very, very specific. Measurable. I think that's what folks are looking for right now: something that's measurable, that's a clear target, that they personally can monitor and report on and, I suppose, would look to the government to enforce.

You know, today we have another example. We've got Dr. Duckett, who was the one everyone loved to hate. The government could point fingers and say: well, you know, the government didn't do that; Dr. Duckett decided to do that. He'd point fingers back. Well, now, Dr. Duckett has been terminated. Fine. So he's out. Now, what does that tell people about whether the system actually worked or not? It creates more chaos, which I was trying to lessen in the system. To be fair, I think the cookie thing was just too far, and people will not accept it. He's lost the credibility of the staff and the front-line workers and the administration in the system and of the public. He can't rebuild that.

I think that's why people are so interested in those wait lists. I note that Alberta never submitted their wait list times to the national program, so when they do the national announcement and we hear how wait times are getting better or worse, then they have to say, "Alberta is not in this" because we never gave our numbers to them. That also puzzles people. If we're doing so great here and we've got such a great made-in-Alberta system, why can't we put our numbers up against the national numbers?

The other thing that really shocked me was watching Alberta Health Services lowering the targets from where they started. The minister says: the target is 95 per cent on this. But if you watch Alberta Health Services, it starts to come down: 85 per cent, 70 per cent, and it's now come down to something really odd like 55 per cent or 40 per cent. Someone will correct me there. So I think that particularly this second section of this amendment is very good and speaks to what people are trying to grasp onto.

I'm interested in writing legislation. I spend a lot of time reading stuff like this, and I take the government's point that you've got to be careful about what you put in legislation because what is done in the Legislature must be undone in the Legislature, or it can only be changed in the Legislature. If you say that your wait time target is X and it's for eight hours and it has to be – let me make some numbers up here – 80 per cent for people discharged on the eight-hour mark and 70 per cent discharged on the four-hour mark, if you want to change that, even to lift it because you're doing so well, the bill has to come back in front of the Legislature. If you're not in the Legislature, then it gets more complicated. So I understand what the government is trying to say about, you know: don't load too much stuff into legislation.

On the other hand, this government loads nothing into legislation. Everything is by regulation. We have had shell bills as long as I've been elected here, and we have very few decisions that are made on this floor.

5:50

Mr. MacDonald: Shell bills: give me an example of one.

Ms Blakeman: Oh, just about everything that's come in here. The bills are two pages long or three pages long, and essentially they say: and the minister can decide what to do in the following circumstances. There's a long list, and then it says: and they can make regulations. That's empowered to the Lieutenant Governor in Council or to the minister. That's it. There's very little that's outlined by the bill itself, including the new Alberta Health Act as another example of a shell bill.

I'm struggling a bit, and I will look to the Member for Edmonton-Meadowlark to explain this one to me. The (c) section of this talks about including as guiding principles that "no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care and no unnecessary waste of resources should occur." I'm not understanding what the measurement is there. How am I as a citizen supposed to figure out what an unnecessary death is? Is it any death? Is it a death that happens within a specified period of time? Is a suicide an unnecessary death? That could be interpreted as a moral overlay rather than a physical overlay, so I'm struggling, to be honest, with the first paragraph because I can't figure out what the measurables are there.

What are the targets? How do I measure that as a citizen when I look at, hopefully, numbers that are published by the ER? What do you mean, unnecessary harm to a patient? I'll tell you. You talk to my mother. Sometimes you just get that close to her, you know, like kind of a quarter-inch away from her skin, and she is so unnerved by that that she is really uncomfortable. You think: okay; did I cause her unnecessary pain there by almost touching her? Hmm. I'm really struggling with the lack of definition around the first clause.

You know, unnecessary delays: what the heck is that? If there is a fire alarm and everybody leaves the building and something didn't happen, was that a necessary or an unnecessary delay? I even might want to recommend to the member that he look at severing these two so they could be voted on separately. At the very least, if he would be so kind as to provide me with some measurables on that first paragraph.

A number of other people have spoken very well about all the other things that could be done in the health care system, and I don't need to repeat them. I will talk very briefly about what my seniors most want, and that is very reliable home care that will keep them independent. The subacute is terrific. Everybody talks about great subacute home care. Wonderful. As soon as you're out of the hospital and at home, they'll come and do your bandages and stuff like that. Everybody thinks that's great.

The home care that is provided to seniors or people that are frail or need long-term assistance in their homes to stay independent: not so good. To me, that is an economics question, and I still argue and I think all the backup tells me and others that putting money into home care saves you money with people in hospital.

All the arguments about long-term care beds, real long-term care beds with the meaning of long-term care beds. Half of them are a medical portion. The government pays part of it. There's a certain staff ratio for RNs there and all the rest of that. We need those to continue to be provided by the government as compared to private providers. The government funnelling everyone towards assisted or supported living is just not the same thing, and I'm irritated that the government pretends that it is.

We need to look at palliative care, end-of-life care. It may well be that people would leave hospital if they knew they could go to a palliative care unit. Right now that's darn hard to do, and there are not very many of them.

Again, where are we with training and creating new school spaces for the medical professionals that we do?

The last thing is that the government is very fond, every time somebody says that everybody should have a family doctor, of saying that primary care networks are the fix. No. Primary care networks do not create doctors. It just takes the doctors that we already have and groups them together in one office clinic. So stop using that as an excuse, and deal with the issues around why people won't become GPs, and I think we'd be a little farther ahead there.

Those are the issues that I've heard from my constituents and my reaction, too. In principle I do support the amendment. I certainly have some real serious questions about the first, which is included here as section (c). I know the member plans on speaking again, so I'll read *Hansard* or listen to him about how he can answer that for me about what the measurables are.

Thank you very much, Mr. Chair.

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

Mr. Hinman: Thank you, Mr. Chair. It's a real honour to rise and to speak to amendment A3 on Bill 17. I find it quite amazing that the government has written Bill 17. We've asked for some amendments such as in section 10 to be accountable, and this amendment is about legislating accountability because that's the problem that we're suffering with. The whole reason why Bill 17 was written, in my opinion and that of many people that I talk to, is because of the debacle that our emergency system is in. This government continues to think that if we put out a nice, wordy document and make a bunch of promises, that will please people, and we'll be able to carry on with this failed system, this failing system.

I kind of compare this to an application on a credit report for a mortgage. If you don't have good credit, you have to have collateral. Let's say that if there was a trust report to have to come out on this government's record and its promises and all of the reports, the ER reports for two and a half years that they buried, this government has lost the trust of people.

The former health minister, the Member for Calgary-West, did a great job of undermining, as the MLA for Edmonton-Meadowlark

has put out several times, saying that this minister came in and wrecked the system. It's amazing to me that tonight another scapegoat has been shot. They brought in an expert from Australia that, to me, reflected the minister's attitude and the way he dealt with people at the time. They just said: you know, if we're in charge, we can do it. I remember the former minister from Calgary-West saying: "You know, what's failed in the past with our health care reforms is that we discussed it with the people. We're just going to ram it through" or words something like that. You know, we're not going to discuss it; we're going to do it.

They did it, and boy, did they ever do it. They rammed it so far through that we're now at the breaking point. We have emergency doctors after two and a half years being told: "If you speak out, you wait and see what we can do to you. Don't speak out." They passed the superboard, made them sign papers saying that health care workers are not to speak out, with their jobs at risk. Then they say: "Oh, no, no. That's a misunderstanding. It's fine to speak out." I'm sorry. That's like the army in some of these Third World countries saying: "Go ahead and speak out. The last two times someone got

shot, it was merely an accident. Don't worry. Go ahead and speak out."

No. The morale in our health care system is undermined because of the former minister, because of Alberta Health Services and the dictates that they put out that said: "You do this or else. If you don't do this, you watch what we can do to your system. We can fire a thousand nurses. We can shut down the amount of doctors that are coming in." They've been doing that, Mr. Chair.

The reason why the MLA for Edmonton-Meadowlark wants this legislated is because this government has no trust report anymore. When you get to that point, you don't do a deal on a handshake. You don't do a deal on a wonderful, wordy piece of paper saying: oh, I promise all these things now. No. You have to actually have a contract. You actually have to have legislation.

The Chair: Hon. member, it's 6 o'clock. Pursuant to Standing Order 4(4) the Committee of the Whole is recessed until 7:30 p.m.

[The committee adjourned at 6 p.m.]

Table of Contents

Introduction of Visitors	1467
Introduction of Guests	1467
Members' Statements	
Habitat for Humanity Anderson Gardens	1468
Health Care Solutions	1469
Northern Student Teacher Bursary	1469
Calgary-Mackay School Achievements	1478
North Edmonton Alberta Works Office	1478
Government Accountability	1479
Oral Question Period	
Alberta Health Services Board	1469, 1470, 1475
Emergency Room Wait Times	1470
Municipal Planning	1470
Alberta Health Services President and CEO	1471
Support for Policing	1471
Air Quality Monitoring	1472
Environmental Impact of Oil Sands	1472
Health Care Workforce	1473
Labour Protection for Paid Farm Workers	1473
Levy on Beef and Beef Products	1474
Federal Support for Expo 2017 Bid	1474
Electricity Costs	1474
Teacher Evaluation Process	1475
Civil Forfeiture Program	1476
Affordable Accessible Housing	1476
Grey Cup	1477
Farm Safety	1477
Presenting Petitions	1479
Notices of Motions	1479
Tabling Returns and Reports	1479
Tablings to the Clerk	1480
Government Motions	
Address to the Legislative Assembly by the Governor General	1480
Government Bills and Orders	
Committee of the Whole	
Bill 17 Alberta Health Act	1480

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