



Province of Alberta

The 27th Legislature
Third Session

Alberta Hansard

Wednesday evening, November 24, 2010

Issue 47 – Revised

The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Third Session

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

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

Officers and Officials of the Legislative Assembly

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

Party standings:

Progressive Conservative: 67

Alberta Liberal: 8

Wildrose Alliance: 4

New Democrat: 2

Independent: 2

Executive Council

Ed Stelmach	Premier, President of Executive Council, Chair of Agenda and Priorities Committee, Vice-chair of Treasury Board
Doug Horner	Deputy Premier, Minister of Advanced Education and Technology, Minister Liaison to the Canadian Armed Forces
Ted Morton	Minister of Finance and Enterprise
David Hancock	Minister of Education, Political Minister for Edmonton
Lloyd Snelgrove	President of the Treasury Board
Iris Evans	Minister of International and Intergovernmental Relations
Ron Liepert	Minister of Energy
Luke Ouellette	Minister of Transportation
Mel Knight	Minister of Sustainable Resource Development
Alison Redford	Minister of Justice and Attorney General, Political Minister for Calgary
Rob Renner	Minister of Environment
Gene Zwozdesky	Minister of Health and Wellness
Yvonne Fritz	Minister of Children and Youth Services
Jack Hayden	Minister of Agriculture and Rural Development
Ray Danyluk	Minister of Infrastructure
Mary Anne Jablonski	Minister of Seniors and Community Supports
Lindsay Blackett	Minister of Culture and Community Spirit
Heather Klimchuk	Minister of Service Alberta
Cindy Ady	Minister of Tourism, Parks and Recreation
Hector Goudreau	Minister of Municipal Affairs
Frank Oberle	Solicitor General and Minister of Public Security
Len Webber	Minister of Aboriginal Relations
Jonathan Denis	Minister of Housing and Urban Affairs
Thomas Lukaszuk	Minister of Employment and Immigration

Parliamentary Assistants

Evan Berger	Sustainable Resource Development
Manmeet Singh Bhullar	Municipal Affairs
Cal Dallas	Environment
Doug Griffiths	Finance and Enterprise
Fred Horne	Health and Wellness
	Seniors and Community Supports
Broyce Jacobs	Agriculture and Rural Development
Jeff Johnson	Treasury Board
Diana McQueen	Energy
Janice Sarich	Education
Greg Weadick	Advanced Education and Technology
Teresa Woo-Paw	Employment and Immigration

STANDING AND SPECIAL COMMITTEES OF THE LEGISLATIVE ASSEMBLY OF ALBERTA

Standing Committee on the Alberta Heritage Savings Trust Fund

Chair: Ms Tarchuk
 Deputy Chair: Mr. Elniski
 Blakeman
 DeLong
 Forsyth
 Groeneveld
 Johnston
 MacDonald
 Quest

Standing Committee on Community Services

Chair: Mr. Doerksen
 Deputy Chair: Mr. Hehr
 Allred
 Anderson
 Benito
 Bhullar
 Chase
 Johnston
 Notley
 Rodney
 Sarich
 Taylor

Standing Committee on the Economy

Chair: Mr. Bhardwaj
 Deputy Chair: Mr. Chase
 Amery
 Fawcett
 Griffiths
 Hinman
 Lund
 Marz
 Taft
 Taylor
 Weadick
 Woo-Paw

Standing Committee on Health

Chair: Mr. McFarland
 Deputy Chair: Ms Pastoor
 Forsyth
 Groeneveld
 Horne
 Lindsay
 Notley
 Olson
 Quest
 Sherman
 Taft
 Vandermeer

Standing Committee on Legislative Offices

Chair: Mr. Mitzel
 Deputy Chair: Mr. Lund
 Bhullar
 Blakeman
 Campbell
 Hinman
 Lindsay
 MacDonald
 Marz
 Notley
 Quest
 Rogers

Special Standing Committee on Members' Services

Chair: Mr. Kowalski
 Deputy Chair: Mr. Campbell
 Anderson
 Elniski
 Hehr
 Leskiw
 Mason
 Oberle
 Pastoor
 Rogers
 VanderBurg
 Weadick

Standing Committee on Private Bills

Chair: Dr. Brown
 Deputy Chair: Ms Woo-Paw
 Allred Jacobs
 Amery Kang
 Benito Lindsay
 Bhardwaj McQueen
 Boutilier Olson
 Calahasen Sandhu
 Dallas Sarich
 Doerksen Taft
 Drysdale Xiao
 Hinman

Standing Committee on Privileges and Elections, Standing Orders and Printing

Chair: Mr. Prins
 Deputy Chair: Mr. Hancock
 Amery Lindsay
 Berger McFarland
 Calahasen Mitzel
 DeLong Notley
 Doerksen Pastoor
 Forsyth Quest
 Groeneveld Sherman
 Hinman Tarchuk
 Jacobs Taylor
 Leskiw

Standing Committee on Public Accounts

Chair: Mr. MacDonald
 Deputy Chair: Mr. Rodney
 Anderson Groeneveld
 Benito Kang
 Calahasen Mason
 Chase Olson
 Dallas Sandhu
 Elniski Vandermeer
 Fawcett Xiao
 Griffiths

Standing Committee on Public Safety and Services

Chair: Mr. Drysdale
 Deputy Chair: Mr. Kang
 Boutilier
 Brown
 Calahasen
 Cao
 Forsyth
 Johnson
 MacDonald
 Rogers
 Sandhu
 Xiao

Standing Committee on Resources and Environment

Chair: Mr. Prins
 Deputy Chair: Ms Blakeman
 Anderson
 Berger
 Boutilier
 Dallas
 Hehr
 Jacobs
 Mason
 McQueen
 Mitzel
 VanderBurg

Legislative Assembly of Alberta

7:30 p.m.

Wednesday, November 24, 2010

[Mr. Mitzel in the chair]

Government Bills and Orders Committee of the Whole

The Deputy Chair: Hon. members, I would like to call the committee to order.

Bill 17 Alberta Health Act

The Deputy Chair: I would like to recognize the hon. Government House Leader.

Mr. Hancock: I would move that we adjourn debate.

[Motion to adjourn debate carried]

The Deputy Chair: Hon. Member for Calgary-Glenmore, you had a question?

Mr. Hinman: A point of clarification. I thought that I was speaking and that when we adjourned to come back, I'd be able to continue speaking.

The Deputy Chair: We're in committee, and we're going back and forth. I'm sure that you'll have ample time to speak.

Bill 28 Electoral Divisions Act

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill? We are speaking to amendment A1 as proposed by the hon. Member for Calgary-Currie. The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. As we were last engaged in this debate, the hon. Member for Calgary-Currie moved amendment A1. That amendment was with respect to the naming of an electoral division. It was to change the name of the electoral division currently named Dunvegan-Central Peace to Dunvegan-Notley. I would like to move a subamendment to that amendment, and that subamendment would be that the amendment to Bill 28, Electoral Divisions Act, be amended by striking out "Dunvegan-Notley" and substituting "Dunvegan-Central Peace-Notley."

The Deputy Chair: Thank you. Hon. members, we'll wait till the amendment is passed out.

Hon. Government House Leader, do you wish to speak?

Mr. Hancock: Thank you, Mr. Chairman. The amendment was put forward the other night specifically to recognize the former Leader of the Official Opposition, who died in a plane crash while a Member of the Legislative Assembly.

While there have been a number of concerns raised about naming ridings after political figures, it's quite rightly been pointed out that there isn't a naming policy in place. It's hard to refute the comments put forward. I have spoken to the Member for Dunvegan-Central Peace. There were in this case a number of recommendations, as was pointed out, made to the commission. There's probably good

rationale to say that we should not move forward with the amendment, but it's a difficult situation to deal with without a naming policy in place.

In any event, I believe I have the support of the Member for Dunvegan-Central Peace and would ask for support of the others to put Central Peace back into the name. The rationale for this is that, actually, Mr. Notley represented the riding of Spirit River-Fairview. Later the name was changed to Dunvegan. Dunvegan was not particularly descriptive of location, so it was confusing to people as to where the Dunvegan riding was.

Those of us who grew up in the Peace Country know all about Dunvegan and the Dunvegan bridge, but others were not so familiar with that. In previous redistributions the name Central Peace was added, so instead of Spirit River-Fairview or Dunvegan it became Dunvegan-Central Peace. That lets people know where the constituency is. That name is very important in the opinion, I think, of the member, but in many people's opinions it's important to have location in there.

In an urban riding it's one thing to say Edmonton-McClung or Edmonton with the name added to it, but in a rural area you need the descriptive. While I can appreciate the hon. member's reasons for bringing forward the name Notley, we do need the name Central Peace in there.

My subamendment is to put it back into the name so that it's Dunvegan-Central Peace-Notley. I would ask members of the House to support it.

The Deputy Chair: The hon. Member for Calgary-Currie.

Mr. Taylor: Thank you very much, Mr. Chair. I'm pleased to rise and speak to the Government House Leader's subamendment to my amendment to Bill 28. I fully accept the Government House Leader's explanation for his amendment and the rationale for it and am pleased to support it.

The Deputy Chair: Any other members wish to speak? The hon. Minister of Housing and Urban Affairs.

Mr. Denis: Thank you very much. I just wanted to get on the record, Mr. Chairman, that I support this subamendment. The original amendment as well is well intentioned. Clearly, we have an individual who as a former member of this House has made a significant contribution to this province. He died tragically in 1984, and ironically I actually had the chance to be taught political science by his former chief of staff.

This is something that we should do in honour of Mr. Notley's memory, and I encourage all members to support this subamendment.

The Deputy Chair: The hon. Member for Lethbridge-East.

Ms Pastoor: Yes. Thank you, Mr. Chair. Delighted to be able to stand up and support this subamendment. I guess I would have liked to have dropped the Dunvegan and just had the two names. However, we'll take what we get.

I certainly was fortunate enough to actually have met Mr. Notley, and I sat right up there in the very first row right in the middle, looking down. It was a number of years ago. I wasn't quite as young as I'd like to let you believe I was. It was a thrill to watch him in action. He certainly was a class act. I did have the opportunity to meet him later at a little bit of a party.

I'm delighted with this. I think that perhaps in time all of our ridings would be named for Albertans that deserve that recognition.

With that, thank you very much.

The Deputy Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Yeah. Thank you very much, Mr. Chairman. I will say that the amendment that's put forward is something that this Member for Fort McMurray-Wood Buffalo can support without question. I am very proud to sit in front of the member behind me, who, of course, is the daughter of the member named in the proposed amendment. From everything I have heard in my over 12 years on that side of the House and eight as a cabinet minister and the last year as an independent and now as a member of the Wildrose, I have never heard anyone across Alberta speak in any way, shape, or form in a negative way about the member that this amendment is intending to honour. Obviously, what took place was clearly a tragedy.

I will say that as I drive across the High Level Bridge on occasion, there is a park that the city of Edmonton had recognized in his honour. On this amendment, I believe it is another reflection of the people of Edmonton in terms of the role that Mr. Notley played in this province. I rise tonight to say that I without question can support this amendment, and not only that, even more appropriately, I congratulate the city of Edmonton and the council for their vision way back when they decided to take the initiative to name a park after him, Notley park, which you may be aware is just opposite, on the right-hand side, going across the High Level Bridge.

7:40

This amendment will, again, honour someone that was without question viewed as a statesman, a gentleman that was viewed as an honourable MLA and, most importantly on this amendment, was recognized as a wonderful Albertan. No matter what political party or stripe that we all represent, I can only say that the respect that Albertans have for what is intended in this amendment, I think, is unquestionable. Therefore, tonight I say that this amendment is one that I can support, and I look forward to continuing on speaking about this.

When my dad died, I started to reflect on the historical notion of representing and honouring an MLA that tragically, of course, lost his life at such an early age and clearly was at his prime. I mean, who knows? Perhaps this person could have become a Premier of Alberta. The values that that person brought to this Assembly, the respect that he had for others, the commitment he had to his constituents in representing northwestern Alberta are substantial, and I am quite certain that the Member for Dunvegan-Central Peace, clearly, as a minister of the Crown would agree. We may not agree with the politics, but we do agree with the principles that this hon. member had brought to this House at a very exciting time in Alberta.

I might say that this amendment is timely because once again it is a very exciting time in Alberta. There's the smell of change in the air, and that's exciting, very exciting. What that change will mean and what that change will entail in the months and the weeks ahead, only time will tell.

It appears to me that as I look around this Assembly tonight on this amendment, it's also equally important to recognize that a particular table officer actually is getting ready to retire. The relevance is that she sat in this Assembly and would have seen the hon. member that we're planning in this amendment to honour. What an honour for her and an honour for us to say thank you. So to Louise I say: thank you for all of your work and time, and congratulations in seeing so much change across Alberta, especially when Mr. Notley served as the leader of the New Democratic Party in this Assembly.

I was looking at the number of seats that the New Democrats had

historically. I do know that the daughter of the leader is very proud – very proud – and I might say that she is honoured. Of course, being of the stature that she is, she does not want to participate in this amendment so that it's not viewed as a pecuniary interest in light of the fact that it's her dad. I think it provides an opportunity for each and every one of us in this Assembly to speak about her dad in this amendment.

To the Government House Leader, through the chair, I want to say that this amendment is without question a noble one. It is one that I think clearly reflects the spirit of good work by an MLA who was so suddenly taken from us in the '80s. I can support the amendment under Bill 28, Electoral Divisions Act, moving to strike out the name "Dunvegan-Notley" and substitute "Dunvegan-Central Peace-Notley". I think that Dunvegan-Central Peace-Notley really reflects the geography and the spirit of that northwestern part of Alberta.

I know the citizens in that area are, in fact, very proud to have a member in that area today, who – of course, the riding is changing somewhat, but I think that the members in that area have been served well no matter what political party that they represent. Certainly, one of the underlying foundations and principles is that they were men of principle and values that represent the principles and values that they represent. Clearly, they hadn't forgotten who their bosses were. The hon. member who takes that seat today or the majority of that riding, I know, hasn't forgotten that as well, and I recognize that.

This amendment under the Electoral Divisions Act is one that I can support because Dunvegan-Central Peace-Notley is something that I believe is honouring the past, the present, and also the future, the future in terms of recognizing the name of a leader of the New Democrats, recognizing the father of a member who sits in this Assembly today in a different region, but also representing the value of the very bosses and constituents that elect the member that sits in that particular riding and that area and constituency. For that, Mr. Chairman, I believe that this is noble. I think it is something that has been long coming, and it provides an opportunity, to the notice of subamendment.

Now, in fact, my understanding is that this is a subamendment, so this subamendment, I believe, is one that is important and also, I might add, reflective of the change that is taking place around our province. Back then there were just under 2 million people in the province of Alberta. Now, of course, we near 3.5 million people; 1.5 million people have since come to this province. I am one of those people, almost 35 years ago coming to Alberta and to the electoral division that I represent, Fort McMurray-Wood Buffalo, but no different than others who come from far away, from other parts of Canada. This subamendment, clearly, under Bill 28, the Electoral Divisions Act, is something that is important, something that is representative but also, what's even more important, represents the values and the spirit of Mr. Notley, who was then the leader of the New Democratic Party and served the people of all Alberta in a very respectful, statesmanlike, and positive manner.

He also spoke not just as a critic or opposition. It was really an important value. He talked about the future. Being able to talk about the future is where my head is, not criticizing but actually talking about the future, talking about a better Alberta, talking about Alberta being a better place to live and raise a family. As a father with a three-year-old I think it's only natural that you think of the future because it's not only about today; it is about tomorrow and what we do in making Alberta an even better place to live, play, and raise a family.

I believe that the Electoral Divisions Act is one that is appropriate. I believe that the notice of subamendment is reflective of the respect that we have for the leader of the then New Democratic Party, Mr.

Notley. When I sat on the other side and when I sat on the other side as a cabinet minister for almost eight years, I remember some of the more elder statesmen on that side of the House, who had served when Mr. Notley was the leader, spoke very kindly about him. That's from all parties: from the PCs, from the Liberals. That, I think, really is a testament to the person in terms of this name honouring the commitment that he made to Albertans and the commitment that he made to his constituents.

He did not serve just the people of Dunvegan and the Central Peace; he served all Albertans because he was the Official Opposition leader. It was at the time when the New Democrats had just under 20 members in this Assembly. It was certainly a time of change, and I think it's only reflective that that time of change is upon us again.

Mr. Chairman, I can stand today and be able to speak towards that, and I'm quite certain the Member for Calgary-Glenmore is quite prepared to stand and speak on this important subamendment regarding the Electoral Divisions Act. I'll add, of course, comments regarding the Electoral Divisions Act in terms of the number of MLAs and so on and so forth because between that and the subamendment, obviously, there may be some disharmony.

7:50

In terms of the name Dunvegan-Notley and it being substituted with Dunvegan-Central Peace-Notley, it is showing respect to a gentleman and a leader who had committed his time. We are so sorry, of course, for what happened at a point in time in his life that took him away from us in terms of the active debate that he offered and contributed to this Assembly.

With that, Mr. Chairman, I will take my seat and allow other members to speak about this subamendment and the importance of it in honouring a very, very good Albertan in terms of the family and what they have done in contributing to a better Alberta.

Thank you, Mr. Chairman.

The Deputy Chair: Any other members wish to speak? The hon. Member for Calgary-McCall on the subamendment.

Mr. Kang: Thank you, Mr. Chair. It is a pleasure to speak on the subamendment brought forward by the House leader, amending it by striking out "Dunvegan-Notley" and substituting "Dunvegan-Central Peace-Notley." As we all know, Mr. Grant Notley was a great, honourable man, and he made a great contribution to Alberta. His integrity and his commitment for the betterment of Albertans was unquestionable, and he died doing what he loved best, politics. Every time I remember him, you know, tears kind of start to roll down my eyes.

I followed him quite a lot back then. He was one man who was holding the government accountable. It is a great honour for Mr. Notley to keep his memory alive, and all the coming generations will also keep taking guidance from the role he played in Alberta politics and the contribution he made. It shows a great respect for the true Albertan he was.

Mr. Chair, he made a great contribution, as I said. Who knows how our politics might have been if Mr. Notley was around? There was, I think, the best Premier Alberta couldn't have because he left us for a heavenly abode at such a young age.

This will be a great honour. It shows great respect for a gentleman who gave lots to Alberta, and I will be wholeheartedly supporting this amendment, Mr. Chair.

Thank you.

The Deputy Chair: Any other members wish to speak on the subamendment? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Yes. Thank you, Mr. Chair. I would like to speak and address this subamendment to change the Electoral Divisions Act from "Dunvegan-Notley," substituting "Dunvegan-Central Peace-Notley." I'm just trying to do a little bit of quick research here, and I believe one member said that he actually represented the area of Spirit River-Fairview, an area that I'm quite fond of and have actually gone up there many times to visit and one of the ones, I guess, that's blessed to understand what the Dunvegan bridge is and how important that bridge is in that area.

Mr. Goudreau: It's not the bridge; it's the community.

Mr. Hinman: Well, but we still have the Dunvegan bridge, which is left over and, like I say, is very significant for those people who live north of the river. That's their access across, and they've struggled for a long time trying to get a second bridge in there, so I think it's appropriate that we keep the name Dunvegan. Those people who travel north from Grande Prairie and cross the Dunvegan bridge are aware of it and the number of times that it's reduced to one-way traffic and the frustration that it can cause.

Grant Notley certainly was an incredible individual who had the tenacity to work hard in opposition. I think that he was one of those individuals who stood strong against many who were trying to speak against him.

I just want to do a little vignette here. The 20th Legislature, 1982 to 1986, was unique. It had a four-member opposition, two New Democrats and two independents. The two independents joined forces and then vied for Official Opposition status, which brought extra funding and privileges. That still goes on today, Mr. Chair. They tried to reach the four. It's interesting there, you know, that it's that position of official status to bring extra funding. After hearing arguments from both sides, Speaker Gerard Amerongen chose the New Democrats under Grant Notley, and the party remained the Official Opposition until the 1993 election.

I think that he's quite a remarkable individual who definitely worked very hard for the area of Central Peace. I think that it's fitting to put his name on there as we have so many other areas – Edmonton-Manning, to name one – as a former leader of a party. I'm pleased to rise and to recognize the late Grant Notley and the work that he did for the Legislature and the people of the Central Peace area. I think this is quite a fitting area to call after an individual who spent so much of his time and was so dedicated to the democratic process and wanting to see change here in Alberta.

I speak in favour of this subamendment to the amendment. I think, once again, like I say, that we're remembering the historical realities of the different regions of this country, this province, and the great people that were willing to serve. I wanted to look up a little bit more information – and perhaps someone else can comment on this – but I'm just not sure whether he was on official duty when the plane went down, what he was doing. Anyway, it would be interesting to have a little bit more vignette on what happened and what transpired there and a few more of the things that they know from some of the people that knew Mr. Notley personally. I was hoping to hear from some other members. We'll see if they stand up to speak.

With that, I'll sit down in favour of this subamendment.

The Deputy Chair: Any other members wish to speak to the subamendment?

I will call the question.

[Motion on subamendment SA1 carried]

The Deputy Chair: Before we move on, hon. members, may we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests

The Deputy Chair: The hon. Member for Lacombe-Ponoka.

Mr. Prins: Thank you very much, Mr. Chairman. It's really an honour for me to be able to introduce to you and to all members here a number of guests. First of all, my son Wayne Prins – he's from Fort McMurray – is now the prairies director for the Christian Labour Association of Canada. With him are some of his co-workers: Don Geiger, Dan Dykstra, Dennis Perrin, and Nathan Matthews from Vancouver. Seated with them is Renée Reitsma, the legislative assistant for the hon. members from Red Deer-South and Grande Prairie-Wapiti. The Christian Labour Association of Canada now represents probably 50 per cent or more of all the construction workers in the Fort McMurray oil patch. I'd like to have them stand and receive the warm welcome of this Assembly.

Thank you.

Bill 28 Electoral Divisions Act (continued)

The Deputy Chair: Hon. members, we're back to amendment A1 as amended. Does anyone wish to speak to the amendment as amended?

Seeing none, I will call the question.

[Motion on amendment A1 as amended carried]

The Deputy Chair: We are now back to Bill 28 as amended. The hon. Member for St. Albert.

Mr. Allred: Thank you, Mr. Chair. I'd just like to make a few comments with regard to Bill 28, the Electoral Divisions Act. In speaking to it, I'd like to compliment the Electoral Boundaries Commission on something they did that I think was fairly unique. As you will recall, in previous electoral divisions acts there is a very short act with about 40 pages of metes and bounds descriptions. I think this Electoral Boundaries Commission has recognized how cumbersome metes and bounds descriptions are, how archaic they are, how the layman really cannot follow them, and they've come up with an innovative section with a map. I believe the map is on electronic disc. It may even be a first in legislative history. I don't know that, but I'm suspecting it may certainly be a first.

8:00

As we all know, a picture is worth a thousand words, and a map portrays boundaries very well. It can be blown up and provide details to show the intricate locations of the boundaries. Electoral boundaries aren't something that need to be defined by a real fine line. Usually they go down a centre of a road allowance or something of that nature. I really want to compliment the Electoral Boundaries Commission for coming up with something that is a 21st century solution, getting rid of those archaic metes and bounds descriptions, which I'm sure very few people read and even less understand.

Thank you, Mr. Chair.

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

Dr. Taft: Thanks, Mr. Chairman. I haven't had a chance to speak to this piece of legislation yet, and it's fundamental to how we operate in here, so I thought I'd better take the opportunity before it's voted through. I want to get it on the record that I don't believe that we need to increase the number of MLAs. In fact, if I were inclined to lean one way, I'd lean to reducing the number of MLAs. But that's not what's happening in this bill. We're adding four more.

There are a number of reasons not to keep adding, the least of which is that there's not enough room in this Chamber to keep adding many more. But, far more importantly, I just think that we sometimes have too many elected officials at the provincial level in Alberta. One of the things that I think happens, especially in a province that's inclined to give governments huge majorities, is that the government ends up creating, as it were, make-work projects for MLAs to keep them busy. I think sometimes that leads to, frankly, too much government or to misguided government. I think we could run this province quite well, probably, with 65 MLAs or something like that. I wanted to get it on the record that I am not pleased that this bill is getting pushed through with 87 MLAs.

I also wanted to get on the record that I do appreciate that my constituency survived this legislation because I think it was a pretty close thing. I argued and I believe fundamentally that Edmonton-Riverview is a coherent, cohesive, sensible constituency and that . . .

Mr. Hancock: Are you talking about the member or the constituency?

Dr. Taft: Well, I'm not so sure the member is all those things, but the constituency at least is.

If you look at the two sides of the river in Edmonton-Riverview, they are mirror images, in effect. You have very wealthy neighbourhoods on each side lining the top of the river valley. You have solid middle-income neighbourhoods on each side of the river valley, all built in the 1950s, and frankly you have some pockets of fairly transient, lower income neighbourhoods on each side of the valley. Those two mirror images, those two halves of that whole, mean that those people have more in common with each other than they do with people who live out further from the centre of the city. The people living on the south side of the river valley along the top of the river bank, for example, have more in common with those who they can see across the river valley than they do with people way out in the suburbs.

I know that there were concerns for the way the boundary was drawn for the Member for Edmonton-McClung, and frankly the way it ended up I can see why he's concerned. It didn't have to end up that way, but that was not my decision. I do want to express the position that I think it's a good thing that Edmonton-Riverview survived as a constituency.

Thank you, Mr. Chairman.

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

Mr. Hinman: Thank you, Mr. Chair. Back to Bill 28, the Electoral Divisions Act, I too would like to stand and voice my thoughts that 87 MLAs were not needed. We've expanded this. Again, it's a cost that's going to be incurred by the taxpayers. But your question is: is the efficiency of this improving? What are we really going to achieve by expanding from 83 to 87 MLAs? I think that this is an area where we really need to take two steps back. This is another case of the government bringing forward a bill that, I think, is poorly thought out and is just looking at a simple solution.

As was mentioned earlier, this building definitely has limited size. I think that the original Parliament did quite well to build this and to

view the first hundred years and to be able to fit in 83 MLAs. Now we're asking them to look for the next hundred years if we're going to keep growing this way and into this new 21st century. I think we had a great opportunity here to look at what the vision is for the next hundred years. What's the democratic process? What are the electoral boundaries actually going to be in the next hundred years? How are we going to do this process?

I think that we should have perhaps struck up a committee that actually would have asked that question and talked to Albertans on how they wanted to go forward. Instead, this government just took the lackadaisical, simple thing that, "Oh, well, we do well in these areas. Let's just put in a few more MLAs and be able to balance it out with our current system," to be able to say: "There. We've addressed the concerns of those individuals that are now representing more people outside of the boundary of the plus or minus 25 per cent of the means in more than five ridings in the province."

Right now, I believe, the number is five; five ridings can be outside the plus or minus 25 per cent of the mean number that's determined, and from there we're going to divide up areas. When they put this together, even on those grounds, did they really think of, you know, the perception on where the growth is coming from in the next 10 years? I even have to question: on those areas where they put in the extra MLAs, did they really address the growth areas, in Fort McMurray, in Airdrie, in south Calgary, in northwest Calgary? Where's the geographical and population growth going to go? Whereabouts are those suburbs that have already been given the go-ahead by the developers? I don't think that there was a lot of thought going forward so much as to: how do we take a snapshot today and realign these boundaries so it meets the current legislation that we have on how to determine these boundaries?

I was also somewhat disappointed with the government's intervention, I'll call it, the presentation that they made afterwards, much like today. Do we have an Alberta Health Services or a health minister that runs the province? The health minister and the Premier were asked this evening – and I'll show the relevance in a minute here because the same process went through for the Electoral Divisions Act, where the Deputy Premier stepped in and made a presentation. But the Premier and the health minister made some fairly strong remarks about our president and CEO of Alberta Health Services, and not 48 hours later this individual has been dismissed.

I think the same thing happened here. The deputy minister went before this supposed committee and made the recommendations, and those recommendations, if people don't realize that – I don't know if the proper word is "intimidating." They just know that: oh, this is coming from the Deputy Premier, which is obviously coming from the Premier's office, so maybe we'd better look at that. It just strikes me, the changes even in Calgary-Glenmore that were revised. Macleod Trail is a very natural geographical boundary, and the problems or, I guess, the struggles on commuting are very different on one side versus the other of wanting the southwest ring road. It seems like there were two communities, Southwood and Lakeview, that the gerrymandering went on to adjust and change the way the communities were functioning as a whole or the cohesive value of those communities.

8:10

I think that, like I say, people that looked at it that live in those areas approached me and said – I don't know; can you use your own name? – "Paul, why did they change these boundaries?" I had to say, "Well, you know, the government is in that position. They appointed the majority of that panel. I think there's a lot of weight in those decisions."

I think this is another case, Mr. Chair, where the government puts out the words and says: "Well, we're putting up this nonpartisan committee. They're going to study it. Here are the parameters that we want you to use." Then they go forward where, really, what it should have done was start off with a committee to say: "You know, we've gone a hundred years; we need another hundred years. Things have changed. We have the electronic world now." It's quite interesting when you're a shareholder of a company how easy it is to vote, and they can tally up those votes and know whether the shareholders agree or disagree with the motions that that board is presenting.

I've talked to a fair number of individuals about democratic reform, asking them, you know: how do you think we could change things so that we have better representation, where people feel that they have actual input, that they can say, "Well, you know, it makes a difference if I vote"? I think I can almost say that the majority of Albertans, when it comes to provincial elections, feel like it doesn't make a difference, and they don't get out and vote. Over the last 20 years we've seen a continual decline in the number of people that have been willing to come out and vote. Some people give one reason, and the other ones give another one. To me the reason that I have found, talking to people at the doors, talking to people that have run in the past, doing those things, they say: you know, it really doesn't make a difference how I vote because it's just an impact that's going to happen, and once you people get in, it's going to be all the same.

An accountability that we released today at the Wildrose caucus talked very much about that, and we talked about such important things as recall, so when someone gets in, they're not just stuck in there for four or five years and there's nothing that the people can do.

I want to go back and talk a little bit more about what we could have done had we struck up a committee to say: let's study the electoral boundaries and see if there's a better way that we can represent Albertans and try to engage them in the democratic process. I want to refer back, as I mentioned, to electronic balloting, that I believe my colleague from Fort McMurray-Wood Buffalo – what was the number of people that you were representing?

The Deputy Chair: The hon. member.

Mr. Hinman: I apologize. I just didn't have time to do all the research. We're limited, as you know, Mr. Chair, on the research money we have in our small little group, so sometimes just to add efficiency we can ask a question and not get too much heckling going.

It's a hundred thousand that this member represented and currently represents in the Fort McMurray-Wood Buffalo area. Having that many people to represent, yet I know there are other people in this – and perhaps the chair would want to enlighten me how many he represents. I know that his is one of the more less dense areas. Maybe I'm incorrect on this, but some of them are as low as 17,000 in the north area, and in the south there are some areas that don't represent that many. Yet we say: oh, no; it's one citizen, one vote, and we're represented the same. There are many people that went to this boundary commission and said: "Well, my MLA actually only has a vote of 1.7," or "Mine has 2.1," or whatever the number the ratio is because of how many people that actually live in his riding. We did very little to actually address that and look at, you know, how many people are there.

Again, we went with the simple solution that we'll just grow the number rather than say: is there a way to redistribute it and at least keep the same number? I, like the hon. Member for Edmonton-

Riverview, believe that we could reduce it greatly. I look at the number of aldermen in Calgary and Edmonton, far fewer representing the city at the local level, which really is the government of those cities, yet they run efficiently and effectively with a much reduced number.

I think that it could even possibly be such that if we were to align the provincial boundaries with the aldermanic boundaries, there could be some efficiencies in representing those same areas, where those concerns would actually double up and be of more value, whereas when it's dissected the way it is, the alderman in my area does not represent all of my area. My area is much smaller, but it's still dissected, so I don't know that we look at the overlapping.

This is another problem as we go forward. Even today the one member mentioned and was upset, you know, with the provincial government and the federal government: did they do enough work to lobby for the world Expo? I think that perhaps the most important thing that we could do as elected representatives is to have a much better working relationship with the three levels of government. We have a lot of people that really struggle: "Well, this is municipal. No, that's provincial. No, it's federal." They really struggle with that. I think everybody in here agrees. They go back and say: well, there's only one taxpayer.

To me it should actually be: there's only one government. It has been divided into three levels of government. Right now we have three levels of government, all competing for one taxpayer. Each one has its little jurisdiction where it can tax and put that tax burden on the people. The next government says: well, I want more, so I'll take it. Then the third level says, "Well, we need more," so they'll increase taxes. We're losing the Alberta advantage because of this competitiveness between governments, taking the tax dollars and then trying to influence areas by redistributing those tax dollars.

We have a lot of interference from the provincial and federal levels in municipal politics. There was a question today saying that we need better, stable funding for the AUMA. I agree with that question. I believe it was the Premier who got up and said: oh, we've got the best funding anywhere. It's very, very partisan in the way that money is distributed to these municipal governments. They're very frustrated with the process that they have to go through to apply for money from the provincial and federal governments. There are some small towns that literally can't afford to hire the PR people to study all of the various programs that the government has and try and apply for money.

It's interesting. I was talking with one mayor, and he said, "Well, you know, Paul, we spend . . ." – and I regret that I can't remember the percentage of his budget, but it was significant – ". . . on applications to get funding at the provincial and federal levels." He said: "You know, it's funny. On average we get between \$30 million and \$33 million a year through our applications."

It would just be so much easier if that was assured and they got rid of all of the applications and looked at the different municipalities and said, "This is how much money you're going to get; these are your areas of responsibility: garbage collection, street paving, snow removal." They would have that money, and then they would know. But when they have to rely on applications, it's very difficult.

This government has talked over and over again about how one of their saving arrows for health care is that, wow, we've come up with this new concept of five years of budgeting for health care. They say: oh, now we can do it. To loop that back to the electoral boundaries act, these individuals do not have that stable funding. With our process that we've put in, they don't. I see the chair's eyebrows raising there, so I guess I need to explain that better. Obviously, his area is getting lots of funding, and that's great. That's what these areas talk about. If they've got good political

connections, there's usually no trouble in the grant applications, and they get it. But if you're an area where there's an opposition member, you might be struggling because they don't have that ear of the minister, and they're not even kept in the loop on the priority list that this government has on where the money is going and how much. It's one of those things that we in opposition have always known, but we haven't been on the inside. I'm grateful for my new colleagues. Now, they can just stand up and say: "Well, no, this is the process. This is where it's at."

8:20

The first time I was elected, I was shocked at how many of these small-town mayors came up and asked: you know, with your \$120,000 that's for you to distribute, where are we on your list? They started lobbying me. I went to the now Minister of SRD, and I said, "Where do I get this?" He said – and the hon. Member for Calgary-Nose Hill is chuckling – "Oh, no, there isn't any for you. This is just for government members. It doesn't exist the way you've been told." I said, "Well, why would all of these individuals come and ask me?" The previous MLA for Cardston-Taber-Warner worked with them and was lobbied and told them: I can get you this and get you that. So we have a disconnect. We don't have a great electoral system that allows for the municipal governments to be connected to the province and know what their funding is. I really think that we made a mistake in just realigning the Electoral Divisions Act when what we should have been doing was realigning the whole process on how we decided we were going to make the new electoral boundaries.

The biggest and most important question should have been: how many MLAs do we need? What should we be going to in the next election? You know, should it be 83? Should it be 63? I want to talk about what some of the people that I visited with on this said. Again, going back to the electronic voting that we have in corporations and in many other areas, if we were to take an area – and let's just say Calgary – and reduce it to 12 MLAs, then I would roughly be like my hon. Member for Fort McMurray-Wood Buffalo and might have 80,000 or 90,000 constituents there, and I think that that's doable in these cities. They can represent that.

I know in the rural area it's a real struggle to get around to seven and nine small towns and to represent them. We need to look at: how do we balance that off? Do we continue to have small numbers so that rural areas don't have to keep expanding their boundaries and making it tougher and tougher for the MLA to get around and to allow the MLA to represent so many small towns and jurisdictions? They're already stretched and running off their feet in trying to run around and do all those things. I mean, imagine the first time that you have the 11th of November Remembrance Day come around, and seven towns ask you: would you please be there for our ceremonies? It's not doable, but in the cities it's very doable. We can have multiple representatives there.

How are we going to fix this problem of an MLA with not too many people but a huge area and many towns and villages that want them there for their different functions and those in a big area? I believe that the area that we should be pursuing and looking at is electronic voting. If we were to actually represent – I'm talking electronic voting for MLAs, not for the electorate. Like I say, I might represent Calgary-Lougheed, and Calgary-Glenmore would be combined into one. There are 80,000 people there. Let's say that 50 per cent came out and that 40,000 people actually voted in that election. That could be one way that the MLAs in here represent the number of people that actually voted in their jurisdiction. You take Lethbridge-East. Perhaps 27,000 would come out and vote there, a very high percentage in turnout because they're so impressed with

their MLA and the dedication and the hard work that she does, and they want to support her.

More importantly, if we were actually to do that, then people would say: "You know what? I need to go out and vote because I want my MLA to have a strong vote."

The Deputy Chair: On the bill as amended, the hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you very much, Mr. Chair. On Bill 28, the Electoral Divisions Act, one thing about this party on this bill is that we may not always agree because we believe in free votes. Not only do we believe; we practise. Talk is cheap; action is more accountable.

With that, I want to say tonight that, as the hon. Member for Calgary-Glenmore had indicated earlier, for the last 14 years almost I have represented our population. At one point our population, the electorate, was just actually around 50,000, which I think was just slightly above what the average was. As we all know and as we've heard in this House, my constituency of Fort McMurray-Wood Buffalo is the oil sands capital of the world, which I will never apologize for because I'm very, very proud of the contribution that my constituency makes to this very province. I'm quite certain the minister of finance and the Treasury Board president would clearly recognize the dollars that they receive from my community in the royalties that are paid as contributing to the wealth of that. [A timer sounded] I don't know what that was, but I don't think that was your bell, was it, Mr. Chairman?

The Deputy Chair: That was wrong. Carry on.

Mr. Boutilier: Okay. Thank you. I thought someone was wanting me to sit down, and I know you love to hear me speak.

With that, I want to just say, Mr. Chairman, that my community has grown from when I had the honour and privilege of being mayor, where it was just over 55,000. It grew over the next five years after the generic fiscal regime under the electoral boundaries, where it grew to then 70,000. That in itself was a small city, just larger than Fort Saskatchewan, that was added to my constituency. I continued to serve them as their MLA and actually was very proud of the fact that I won every poll in the 77 polls that were in that constituency, and it remains an honour and a privilege to serve all of those polls.

Then we went after the generic fiscal regime, which saw a development where we expected \$20 billion of investment in oil sands over the next 20 years. Well, for those of you that sat in this House during that time, the \$20 billion, in fact, went from \$20 billion to almost \$120 billion. In my electoral division of Fort McMurray-Wood Buffalo that \$120 billion of investment had an impact of people pertaining to the electoral boundaries, going from then 50,000 to 70,000 to 75,000 to 80,000 to 85,000 to 90,000, from 90,000 to 100,000. Presently, according to city council and the mayor, we are now at 104,000 people.

It is the largest geographical constituency of the entire electoral boundaries in Alberta. I don't know if you knew that, Mr. Chair. In actual fact, my riding spans 68,000 square kilometres. I'm very proud to have played an important role, as the first mayor of Wood Buffalo, to amalgamate 13 communities into one. The purpose behind that was that as the oil sands were growing and more people were coming to the electoral division that I had . . . [interjection] The hon. member obviously doesn't know that I have the floor at this time, so maybe we can wait for his imparted wisdom at another time.

Mr. Chair, I was somewhat distracted, but I'll continue on with the important points and the important notes that I have. [interjections] I want to say that I think it's really important that tomorrow I go and get a haircut. You know, every once in a while everyone should get a haircut.

Having said that, Mr. Chair, I want to say that the fact that we've gone from 50,000 to 55,000 to 60,000 to 65,000 to 70,000 to 75,000 to 80,000 to 85,000 to 90,000 in the electoral division – here we remain at 104,000 people. Now, that's a large number for some to understand, but that's what it is. Per citizen those 104,000 contribute more to this Assembly than anywhere else, based on the royalties that are collected in the oil sands capital of the world. You know, the hon. member can roll his eyes, which he is choosing to do, but he might pay attention to the fact that apparently his Premier actually enjoys the oil sands and defending them. Yet, unfortunately, Mr. Chairman, for my citizens in the electoral district he threw the oil sands under the bus a few weeks ago with some dead ducks. Unfortunately, you know, the only person that didn't – I can't believe it – was the Minister of Energy, but the Premier and the Minister of Environment did, which is really ironic. The irony of that is absolutely incredible: purporting to support the oil sands but throwing it under the bus because we want to get the answers.

8:30

Mr. Chairman, for the 103,000 people that I represent, this Electoral Divisions Act really plays an important role for our future. Let me say that under Bill 28 I have mixed feelings relative to the issue of splitting the riding into two. I have already decided in terms of if this Assembly passes the two ridings, which on average would be 51,000 each, which I think is still above the average for what an electoral district would represent – I guess it basically means that for the last 14 years I've been doing the job of two MLAs and very proud of doing that.

Clearly, it's been an honour and a privilege to be rewarded on four occasions during elections and every time with the popular support going up. I know the hon. Speaker from Barrhead-Morinville-Westlock, I understand, continues to increase his majority when it comes to votes, and I'm proud to say that following in that way is something that I think speaks to the approval rating of your public. I've never forgotten who my bosses are. My bosses are not some person who has a fancy title such as honourable or minister or Premier. It actually is the people that give me my job. They're my bosses, and I have never forgotten that. [interjection] I see that the minister of finance has woken up, Mr. Chair, the hon. professor, as he was once called.

I find it interesting that the 103,000 people in my electoral district – the minister of finance should be smiling because per capita, per citizen, my citizens contribute more to the royalties of this province, that the minister of finance is supposed to steward. Rather than being a fiscal hawk, that I considered supporting as the potential leader and Premier of this province, he ended up to be a mallard. So I'll have to determine what that means.

Mr. Chair, we understand that there are many who want to move on to Bill 17, but before we do, I just want to conclude. In terms of concluding, I want to say that I'm proud to represent, hopefully, God willing – with my family I'm looking forward to reoffering in the next election. This seat now will be split, as proposed, from one into two. It's been an honour to serve 103,000 people. I never thought of it ever as work because when you do something you love, it is truly an honour and a privilege.

Therefore, Mr. Chairman, the oil sands capital of the world will continue to have as its slogan, you know, We Have the Energy, capturing the spirit of who we are, what we do, and how we do it.

Mr. Chair, at this point, it's so important to move on to Bill 17. Therefore, I would move that we adjourn debate. Thank you.

[The voice vote indicated that the motion to adjourn debate carried]

[Several members rose calling for a division. The division bell was rung at 8:35 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Mitzel in the chair]

For the motion:

Anderson	Hinman	Pastoor
Boutilier	Kang	Sherman
Forsyth	Mason	Taft

Against the motion:

Ady	Drysdale	Morton
Allred	Goudreau	Sandhu
Benito	Hayden	Sarich
Bhullar	Johnson	Snelgrove
Brown	Johnston	Tarchuk
Dallas	Klimchuk	Webber
Denis	Lukaszuk	Woo-Paw
Doerksen	Marz	

Totals:	For – 9	Against – 23
---------	---------	--------------

[Motion to adjourn debate lost]

The Deputy Chair: We are back to Bill 28, Electoral Divisions Act, as amended. Does any member wish to speak? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair. I'm thrilled to be able to get up and to continue talking about that. I couldn't believe how fast 20 minutes went by last time. I look forward to the hon. members across the floor who obviously want to participate in this debate as they all stood up. They even went to a division to let us know how badly they want to speak about this Electoral Divisions Act. That is exciting to me. It's going to be a fun night. We're going to talk about electoral divisions and we're going to have a committee here tonight to discuss how we could possibly change the Electoral Divisions Act. Maybe tonight, in the next 12 hours, we can look at that and realize that there are a lot of great ideas. I'm invigorated to think that there are so many government members that want to talk on this bill that they did not want to adjourn. That's exciting.

I want to continue from where I left off, talking about electronic voting of MLAs and how we could represent more people more efficiently and better if we were to switch to a process like that. To continue, Mr. Chair, what we need to do and look at and discuss – and like I say, I'm excited tonight that we get to do that. If we were to elect some individual, and let's say Calgary-Glenmore was to merge with Calgary-Lougheed and we had 20,000 houses with maybe 80,000 individuals and 50 per cent came out and voted and we had 41,000 individuals who voted, then what we could do is spend some of that billion dollars that they spent on IT for health care and upgrade in here.

So I as a member would vote on a bill, and there was 41,000 people who voted in Calgary-Glenmore, and pushed that. The hon. Member for Fort McMurray-Wood Buffalo had 102,000; a 50 per cent turnout was 51,000. What we would actually have is an

electronic vote representing the number of people that actually voted in those areas. The tally could be such – and it would be far more democratic in the process. Something like that would be exciting, if we would have had the Electoral Boundaries Commission actually look at it. How can we change these boundaries? How can we be more efficient? How can we reduce the number of MLAs and be more effective? That's the key. Can we actually reduce the number of MLAs and be more effective? I believe we can.

8:50

Then if we wanted, we can go to the next whole level and look at: is there something else that we could do? Let's have a full discussion. We're going to have lots of time tonight. I'm more than happy, though, to let government members talk on this, to hear their thoughts. Looking forward to that. What we could actually do is look at those electronic votes, and we could go to the next level. One of the things that I actually brought to Members' Services back in 2005 was to change the way that we actually fund opposition parties.

An Hon. Member: Relevance.

Mr. Hinman: No. This is very relevant to the electoral boundaries act and how we change things. We have an opportunity here, if we defeat this bill, to go back and say: "You know what? We've got time. Let's look at what we're going to do for a new electoral boundaries act."

Mr. Chair, this is critical in my mind. It's a great opportunity. It's the 21st century. I don't know what could be more relevant about the electoral boundaries act than how we want to revise and represent Albertans better and more efficiently. If we were to actually engage – what we want to try and accomplish here is to have Albertans actually feel like: if I vote, I make a difference.

The federal parties actually give a contribution to the party if people get out and vote. I don't particularly like that, but what I do like is if the opposition parties and the government actually received \$5 for every vote they received to do their research. This would be a way of kicking in a mechanism and saying: "You know what? I want to vote for the ND Party." The vote goes from 90,000 to a hundred thousand Albertans; their research funding would go up. [interjections] They don't even run candidates there.

Mr. Mason: I grew up there.

Mr. Hinman: Yes. I met your sister. It was a wonderful conversation we had.

Mr. Mason: Did she vote for you?

Mr. Hinman: I don't know. She wouldn't let me put my sign up, but I have to say that there were two or three ND people that took their signs down and put up Wildrose signs. I was quite pleased. We talked about how we want to ensure that people were represented and the wonderful ideas that we had for people that were suffering or needed some social assistance.

Anyway, I think that this would be a great way to engage Albertans. If they believed in the philosophies of whichever party it was, they would realize, "If I go out and vote, that's going to increase the research funding for each of those parties." It's nonpartisan. You don't have a Members' Services Committee that's dominated by one party and can easily decide how they're going to distribute the research money. That's what we want to do. We want to try and be as nonpartisan as possible. How do we actually divide

the electoral areas? Can we reduce the number of MLAs yet increase the actual representation of the people? I think that, Mr. Chair, that's very much what the boundary act was about. They said: "You know, there's not equal representation. We have some MLAs that are only representing 17,000 people. We have other MLAs that are representing a hundred thousand people, and it just isn't right."

The commission was struck, and this government gave them the parameters on what they wanted to do. They said: we want to expand the number of MLAs because we don't want to have to increase the rural ridings anymore. It's already a challenge, I might say, to represent these large rural areas, so we want to go back. I will continue to say that it's important that we have democracy. There are many people that, you know, have pushed a lot on representative democracy. That was not discussed on this. They didn't look at changing any of those things. They didn't look at first past the post, and that's fine. But what areas could we and should we look at in order to improve the democratic representation here in Alberta?

This is what it was all about. The current legislation said that the ridings had to be within plus or minus 25 per cent with the exception of five ridings. We had breached that, so we needed to strike an Electoral Boundaries Commission to see how we are going to address that. This is the proposal that they brought forward, and I would argue, Mr. Chair, that this proposal does not really level the playing field where it's one Albertan, one vote.

If we were to change and, like I say, have electronic voting for the MLAs that represented large areas and those that had small areas, that would be an incentive. But there are two things that we could do also so that those people in those areas would realize: "Man, I want my MLA to have as many votes as possible. I'm going to go out and vote. I want Calgary to be well represented." So they go out and vote. Hopefully, that would be one more little thing that would help to get people to come out and vote. They'd say: I want my MLA to be representing as many people as possible. I think that that's important, Mr. Chair. How do we engage Albertans?

Like I say, there are two ways of engaging them. The other one is to realize that if they vote for the Wildrose, if they vote for the Liberals, if they vote for the NDs, they're actually going to get research funding. Basically, from 2004 to 2008 it was very close to that \$5 per vote, and I actually approached the members from Edmonton-Highlands-Norwood.

Mr. Boutilier: Oh, we get chicken.

Mr. Hinman: Thank you. A big bucket. There are a lot of us here. Two buckets.

The Deputy Chair: The hon. member.

Mr. Hinman: Sorry. Trying to be efficient.

Chair's Ruling Relevance

The Deputy Chair: Hon. member, the purpose of Committee of the Whole is to go through the text of the bill and, if there's anything wrong with it, to propose amendments and discuss those and vote on those amendments. It's not to be changing the whole intent of what is here now. That was in second reading. If you would continue in that vein, then we can move on.

Mr. Hinman: Where are you quoting on that? *Beauchesne* what?

The Deputy Chair: *Beauchesne* 688.

Mr. Hinman: *Beauchesne* 688. Let me write that down so I'm aware of these things in the future. I'll go to that reference after I'm finished.

The Deputy Chair: Hon. member, I'm telling you what Committee of the Whole is for, and I'm just asking you to try and stay relevant and stay with the context of what the bill is here. If you have concerns with the bill, then propose amendments to make those changes.

Mr. Anderson: Word by word. Go over clause by clause.

Mr. Hinman: Well, I'm going to start off with the number, Bill 28. Have to wonder why this government brought forward the other 27. There were many of them that seemed like they were just a frivolous thing, that they're using up time. I don't know if they have researchers or what it is, but to think that it was Bill 28. If this is such a serious thing, why wasn't this Bill 4 or Bill 5? They were outside the actual . . .

The Deputy Chair: Hon. member, we are on Bill 28. Yes.

Mr. Hinman: Yes. That's what I'm talking to. The question is: why is it Bill 28?

The Deputy Chair: Where have you been?

Mr. Hinman: Oh, I've been in a lot of places in this world. Do you want me to spend 15 minutes telling you where I've travelled?

Chair's Ruling Decorum

The Deputy Chair: Hon. member, there's a bit of decorum required in this House. You know the rules. You've been here long enough. Now, sit down. There is a bit of decorum required in here. You know how the Committee of the Whole works. I want you to conduct yourselves in a parliamentary manner, and we can move on with this and not have any of the frivolity that is going on at the moment. When someone mentions something about word for word, you took one point out of there, and now you're going to go through word for word in the entire bill. Look at the whole paragraph in context, and then from there you can go with it.

Mr. Anderson: Point of order.

The Deputy Chair: Sit down. I ask you to conduct yourselves in a civil manner, and we'll move ahead with this, or we're going to have quite a night.

Mr. Anderson: Can I make a point of order now?

The Deputy Chair: What is your point of order?

Point of Order Explanation of Chair's Ruling

Mr. Anderson: I'm going to quote from *Beauchesne* 688. I would remind the chair—I would hope that the chair would understand that his job is to be an impartial arbiter of the rules of this House and not favouring one side over the other. That's what I'd like to know.

Beauchesne 688 says, "The function of a committee on a bill is to go through the text of the bill clause by clause and, if necessary,

word by word, with a view to making such amendments in it as may seem likely to render it more generally acceptable.” So we can go through it word by word as much as we want today, Mr. Chair. This is parliamentary democracy. This has been done a thousand times. I’m sorry if they’re uncomfortable with the filibuster. That’s not our problem. We are going to do that. It’s part of our rights as MLAs to do it, and until the other side invokes closure, we’re going to keep on going. That’s just the way it’s going to be. So it’s up to them when this ends tonight. That’s my point of order.

9:00

The Deputy Chair: Okay. Hon. member, it is not a point of order because you’ve also left out the fact: with a view of making such amendments as would seem necessary to render it more generally acceptable. If you have an amendment, fine. Then we’ll move with that.

Hon. Member for Calgary-Glenmore, you can proceed.

Mr. Hinman: Thank you very much for that clarification. My first comment is . . .

Mr. Mason: I wanted to speak to that point of order.

The Deputy Chair: I’ve already ruled on it.

Mr. Mason: Well, you’re being arbitrary, sir, and unfair. You should show that you have the respect of the Assembly in doing your job fairly and equitably. You just can’t cut off debate any time you feel like it, sir, with all due respect.

The Deputy Chair: Hon. Member for Calgary-Glenmore, you have the floor.

Debate Continued

Mr. Hinman: Thank you, Mr. Chair. Not that I want to challenge the chair or anything else on the point of order, but we are filibustering. This government has brought forward a slew of bills that are unacceptable to the people of Alberta, and in my understanding as an elected representative that’s one of the last things an opposition party can do. We’re going to continue talking about the bill and going forward. It’s very parliamentary. I believe that filibustering has been going on from the very start.

I’m even going to go back to where I spoke on the amendment for a minute and talk about the Speaker and what went on back in 1982, when the Speaker ruled on who the opposition party was.

The custom of selecting a Speaker as official parliamentary spokesman dates back to the British Parliament of the 14th century. Early Speakers were messengers who conveyed the monarch’s wishes to Parliament and Parliament’s to the monarch. In the beginning they were the monarch’s servants, but during that long power struggle between Parliament and the monarchy the role of the Speaker changed dramatically. In 1642 a conflict between Charles I and Parliament redefined the Speaker’s role. Charles barged into the House to arrest five members who opposed him, but Speaker William Lenthall refused to turn them over, saying he was the House servant and he would follow only its directions.

Historically, the Speaker’s job could be hazardous, and our Speaker has talked about that. Nine Speakers lost their lives, many of them beheaded for bringing bad news from Parliament to the monarch. The new Speakers often had to be forced, and that’s why they carried them in with two hands. They actually had to be forced to accept the new position.

Today newly elected Speakers commemorate this part of the history by pretending to struggle as they are led to the Speaker’s chair. Physical danger does not stop modern Speakers although they are still all the centre of debate between opposing sides. Today they are referees whose primary role is to enforce the role of parliamentary procedure and oversee parliamentary administration. Speakers are also defenders of the parliamentary privilege.

The Deputy Chair: Hon. member, can you relate this to Bill 28?

Mr. Hinman: Yes.

The Deputy Chair: Please do.

Mr. Hinman: This is filibustering. The Speaker is to . . .

The Deputy Chair: Please do, to Bill 28.

Mr. Hinman: Okay. We’ll go back to Bill 28. Thank you very much, Mr. Chair. The table of contents, electoral divisions. What are the electoral divisions? If we switch over here to page 3, names of the electoral divisions, we have Dunvegan-Central Peace, Lesser Slave Lake, Calgary-Acadia, Calgary-Bow, Calgary-Buffalo, Calgary-Cross, Calgary-Currie, Calgary-East, Calgary-Elbow, Calgary-Fish Creek, Calgary-Foothills, Calgary-Fort, Calgary-Glenmore. Oh, I should be going: 13, Calgary-Glenmore; 14, Calgary-Greenway, a new name that we’ve amended; 15, Calgary-Hawkwood, a new riding that’s been developed in a city that has multiple MLAs already; 16, Calgary-Hays; 17, Calgary-Klein, another one where we’re recognizing the service of a previous Premier and have renamed it right along with 18, Calgary-Lougheed, another Tory Premier; 19, Calgary-Mackay-Nose Hill; 20, Calgary-McCall; 21, Calgary-Mountain View; 22, Calgary-North West; 23, Calgary-Northern Hills; 24, Calgary-Shaw; 25, Calgary-South East; 26, Calgary-Varsity; and, finally, 27, Calgary-West.

We have 27 minus the first two: 1, Dunvegan-Central Peace-Notley now, which is not here, but it’s been amended; 2, Lesser Slave Lake. We have 25 – 25 – electoral boundaries for the city of Calgary. How many aldermen do we have? Half of that and a mayor. What are the jobs of the elected MLAs? We need to ask that question. Not only do we need to ask that question, we need to ask the question: is 25 enough? Obviously, this government felt that it needed more MLAs, and I would have to humbly disagree with that.

Then we move on to Edmonton. Edmonton-Beverly-Clareview, 28; 29, Edmonton-Calder; 30, Edmonton-Castle Downs; 31, Edmonton-Centre; 32, Edmonton-Decore, again named after another individual who has passed on but served our province well; Edmonton-Ellerslie; Edmonton-Glenora, 34; 35, Edmonton-Gold Bar; 36, Edmonton-Highlands-Norwood; 37, Edmonton-Manning; 38, Edmonton-McClung; 39, Edmonton-Meadowlark; 40, Edmonton-Mill Creek; 41, Edmonton-Mill Woods; 42, Edmonton-Riverview. We’ll turn the page to page 4, and what we have here is 43, Edmonton-Rutherford. For some reason we have an asterisk on that one on this bill. I’m not sure why; maybe because of his newly appointed parliamentary assistance to the health minister. Number 44, Edmonton-South West; 45, Edmonton-Strathcona; 46, Edmonton-Whitemud.

Again, numerous MLAs in a city that does not have nearly as many aldermen that are representing that area. Why would we give the Electoral Boundaries Commission the go-ahead and say, “Let’s do more of the same – more of the same – you know, we’ve had it this way; let’s keep doing it”?

There’s been much speculation on that. I hear over and over

again; it's because we need to make sure we have enough rural votes that we can carry it. Again, that was part of the question that was given to the commission.

Number 47, hon. colleague from Airdrie, no longer Airdrie-Chestermere. Again, another one that you look at. This is truly the definition of gerrymandering when you look at the convoluted map that they were talking about.

The Deputy Chair: The hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Thank you very much, Mr. Chair. I'm pleased to stand up and speak to this. I want to make just a couple of comments with respect to proceedings tonight, if I may, before we get under way, just to indicate that I would like to participate in the discussion but am not intending to participate in any all-night filibuster tonight. I do, however, think that it's important to protect the rights of members to do that because it's a long-established tradition. In my view it's not necessary with respect to this legislation. I do want to just make a few points on each bill, and I do have a few amendments tonight that I'd like to make, if I can stay awake that long.

9:10

With respect to the Electoral Divisions Act I'd like to make a few comments. I'd like to begin by thanking the hon. members for passing the amendment to rename the riding as Dunvegan-Central Peace-Notley. I appreciate that. I knew Grant Notley as a student, and he got me involved in the New Democratic Party at that time. I admired him very much. He was a person who was very much at home in this Assembly, who was skilled and knowledgeable on a broad range of issues and always tried to put forward the best possible solutions. He is still very much admired in the province, particularly in his former constituency, which was known as Spirit River-Fairview at the time. His untimely death was a tragedy both for our party but I think also for the province as a whole, and I really do appreciate the hon. members for recognizing that. I very much appreciate it, and I can't thank the members on all sides of the House enough for making that recommendation. So thank you for that.

With respect to the issues raised in the legislation, I think that there are some good parts to the bill and some parts that are not as good. I just want to indicate that I think we need to do a better job in reducing the disparity in populations between the ridings. I will recognize that the Electoral Boundaries Commission this time did make an effort to reduce it. The Supreme Court, in respect to a case brought from Alberta, did set boundaries of plus or minus 25 per cent with respect to population of the ridings. In fact, before that in Alberta they often exceeded that. There were urban ridings that had 25,000 to 35,000 people, and one in particular at that time, my recollection is the riding of Cardston, had only about 8,000 people. So it got all the way to the Supreme Court, who directed that, in fairness, it couldn't be more than plus or minus 25 per cent.

Now, the commission made efforts to reduce that to try and hit the target of plus or minus 10 per cent, but they were unable to completely bring all of the constituencies within those ranges. It is a question of disproportionate representation for rural parts of Alberta, and I think that that is something that needs to be addressed. I don't think that Alberta as a very urban province, an increasingly urbanized province, that we can continue to do that indefinitely. I think we have to find more opportunities for equity.

I'd like to speak a little bit about the electoral system, if I can. The first past the post system which we have also creates disproportion in terms of the representation in our Legislature. This is common to all constituency-based or riding-based systems where it's

on a first past the post basis. The argument, of course, is that it gives more stable government. I recollect that a couple of elections ago the Progressive Conservative Party earned less than half of the votes in the province – I think that was the 2004 election – yet they still had 75 to 80 per cent of the seats in the Legislature. Had there been seats allocated on the basis of the popular vote, we would have had a minority government. I know that that thought may make some government members a little nervous, but I think it would have been a very healthy situation for Alberta democracy. Even today, although the Progressive Conservative Party won a majority of votes, they still have a disproportionately massive majority which isn't indicated by their level of actual public support in the province among those who vote.

Which brings me to the next question, which is the whole question of voting turnout in the province, which I think is partly connected to the same first past the post problem because it gives a more predictable result. Many people interpret that as an inevitable result and decline to vote because they don't believe the vote is going to change anything. Now, that's not a problem for the government. I mean, I'm sure that it's, you know, perhaps even welcomed by some. But I think that on balance it's not a healthy situation, and I would like to see a significant increase in voter turnout in our province.

I know that some members have in the past suggested we even make voting mandatory, and I certainly think that it's one of the solutions that could be debated. I would like to see the Chief Electoral Officer involved in trying to encourage voting. There have been some good advertising campaigns. I think one in Ontario had people sitting at a restaurant getting ready to order their dinner and somebody comes along just when the waiter arrives and orders for them. Then the voice-over says: don't let other people make your decisions for you. I think that kind of brings it home. So there has been some effective advertising, and I think that our electoral office could do some of that. I think that we need to think about more ways to improve voter turnout. Certainly, I think the first past the post system has been abandoned in most democracies, and we should consider doing that as well.

In terms of public financing or financing for elections, which the hon. Member for Calgary-Glenmore was talking about, I have some thoughts on that as well. We have made some progress in this province in terms of how we handle that, certainly with donation limits and mandatory disclosure. That is certainly some progress that we've made with respect to that issue, but I think we could go further. In the United States, for example, they have donations to political parties in real time, so as soon as a donation is received and processed, it has to be posted so that you can see during the election itself who is giving money to which candidate and to which party, instead of finding out months after the election has already been decided. So that's certainly something that I think is very worth pursuing.

In terms of eliminating the financing of elections from corporations and unions, our party was the first to take that position based on what the NDP government in Manitoba did. That was followed by the Liberal government of Jean Chrétien federally. I think it's an important step to take. It's the citizen who is the core of democracy. He or she is the basic unit of democracy, and they are what democracy is about. It's not about special interests with money. It's not about a corporation or another organization that's prepared to use vast resources to attempt to influence electoral results.

You might say that then you wouldn't be able to afford to run the campaigns, and there would certainly be less money to do that. So some discussion needs to take place about whether or not you offset that with some public financing of elections, which has been done

federally, so each vote is worth 75 cents. Now, I don't know about the research money that the hon. Member for Calgary-Glenmore was talking about, but this is campaign money that's paid directly to the parties to offset the loss of corporation and union funding. I think that that is something that needs to be considered as well.

Mr. Chairman, with respect to the rest I have already expressed concern with regard to some of the decisions that were made in the second report of the Electoral Boundaries Commission. In the first one I thought that they took a real unbiased run at it and made some good decisions. I think that subsequently, after hearing from the political parties, particularly the Progressive Conservative Party's submission was followed in some cases when it shouldn't have been. Certainly, taking a look at – and I mentioned this before – Calder and Glenora, the boundaries were quite rational, following the Yellowhead Trail. Before and afterwards they were changed so that there was all kinds of, you know – a piece here and a piece taken out there and so on, and it's obvious that it's been done in order to create favourable conditions for one or another candidate. And the word for that is gerrymandering.

9:20

Similarly in the two ridings up in Grande Prairie. They were going to follow what I think is a model used in Medicine Hat, where the majority of the city forms a single urban riding, and the remainder is then attached to a surrounding rural area. They tried that in Grande Prairie, but this wasn't to the satisfaction of the existing MLAs. There was a lot of lobbying that went on to change it back, so now Grande Prairie remains split in two and attached to two surrounding rural areas. So instead of having one solid urban riding, you have these two rural-urban amalgamations, which I don't think is what was wanted. When I had conversations with the Electoral Boundaries Commission, we did talk about that, and I strongly urged them, and I thought that they were inclined to try and create all-urban ridings where that was possible. We lost that as well, so I'm disappointed.

I think there was some retrograde movement between the first report of the Electoral Boundaries Commission and the second one. I don't think we made as much progress in terms of rationalizing the boundaries or the populations of the various constituencies as we could have, and I'm disappointed with respect to that.

I just want to indicate, Mr. Chairman, that I have very mixed feelings with respect to this. I think I'll probably vote for it. What swung me over, I guess, is the decision of the members to rename the riding. There was considerable community support for that name change. It didn't just pop out of the blue, and I am greatly pleased. I have warm feelings for the other side for the first time in a long time over that, and I very much appreciate it.

Thank you.

The Deputy Chair: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Well, thank you very much, Mr. Chairman. It's a pleasure for me to rise tonight to speak and add my comments on Bill 28, the Electoral Divisions Act this evening. I'd like to thank the last speaker, the hon. Member for Edmonton-Highlands-Norwood, before I get into my comments for his comments and for putting in my mind the former hon. Grant Notley. It was my pleasure as I was a municipal councillor to have met the gentleman on a couple of occasions before his tragic death, and he impressed me as a fine gentleman who was very dedicated to the well-being of Alberta. He was a fine Albertan.

I also feel very fortunate that I represent in my riding many of his

relatives by the same name and that I had the pleasure of presenting him with a 100-year homestead farm award. They've been in the area that long. One of Grant's cousins, Wayne, also served on the David Thompson health authority, and he worked very hard for the province of Alberta in that respect. I consider him a good friend. So I certainly support the addition of the name "Notley" to Dunvegan-Central Peace. I think it's well deserved, well earned, and I'm sure many of my constituents will be pleased with that.

Although I have some trepidation about lengthening the names of constituencies, Mr. Chairman, in sympathy to you and Mr. Speaker and the Deputy Speaker of the House because you have to remember all these long names of every constituency, my own constituency of Olds-Didsbury-Three Hills is a relatively long name. I can't help but think that even the hon. members of this House oftentimes refer to it as Olds-Three Hills or Olds-Didsbury but hardly ever Olds-Didsbury-Three Hills. It does become onerous on many of us in here. But I can also understand the reasons, the descriptive reasons and the honorary reasons, for including these names, and it's become a tradition in this province. So I would certainly support that aspect of the addition of that amendment.

Mr. Chairman, I'd specifically like to speak about section 1, the electoral divisions and the addition of four seats, from 83 to 87. Much has been spoken of that, and I'd like to add my comments to that, too. I currently have nine urban centres in my riding as it stands, before any proposed changes, two rural municipalities, three school boards, several community associations, a college, ag societies, legions. I am fortunate that I have a very good working relationship with all my municipalities. I meet with them frequently, whenever they wish. We always arrange a time to discuss their issues, how we can work together for the benefit of all Albertans within the confines of the available dollars that the province has to assist them in their priorities. That works very well, and we have a very good working relationship.

With the new proposed boundaries for my riding, even though we've included four extra seats, I'm going to be going to 12 urban municipalities from nine, three rural municipalities, another school board, and more legions, community associations, and that sort of thing. All would like to see their MLA, and they've grown accustomed to kind of a hands-on meeting scenario.

I guess I'd have to confess, Mr. Chairman, that I'm a bit old school when it comes to electronic communications. I find it impersonal. I find that people feel they almost have a licence to be rude by communicating through that. It's quickly done. It's poorly spelled. The grammar is terrible. It tends to have a little sharper tone to it. I don't know if any other members notice that or not, but I don't think face-to-face conversations can ever be replaced by electronic media totally, to get an understanding of how we meet. If we could do that, we wouldn't need any more chairs in here. We could simply sit at home and do it electronically from a computer at home. Perhaps some members would even entertain that idea. The hon. minister of housing seems to be of that bent, but then he's much younger and more in tune with electronic media.

Being hands on myself and having been accustomed to people in my riding – it's a rural riding, and people are used to communicating face to face; they seem to be comfortable with that – I would have to say that it's going to be more difficult with the new proposed ridings, even by adding four, than it was before to spread yourself around.

I can tell you – and you can check the invitations at my office – that when I'm not up here and have a free day, I tend to have about three invitations for every open space of time in the day. If I say yes to one, I have to say no to at least two and sometimes even more than that. I've been booked 13 months in advance to get to a Remembrance Day function.

I would like to be able to go to all of them. We keep track, and we try to spread ourselves around and try to make at least two. Legally, we can usually make two without attracting the attention of the sheriffs, and I like to keep it that way. We do try to spread it around, and people are understanding of that, but I certainly don't think they'd appreciate me showing up electronically on a television set at their Remembrance Day ceremony just to make myself available.

I think I'd like to at this point commend the Electoral Boundaries Commission for adopting the recommendation of 87 electoral divisions to try to minimize that. There's a huge difference between a rural riding and an urban riding in getting across it. Some of our members in here only have one school board to deal with, only have one council to deal with rather than multiple ones. They may be larger jurisdictions, but as far as the number of meetings, that's minimized. Often in cases you have more than one MLA in those larger urban jurisdictions. That can spread that load out. We don't have the luxury of that in rural Alberta. It's not just a simple matter of driving 20 minutes to half an hour across the city. Sometimes you can drive, depending on the weather, an hour or more in some of these larger ridings.

9:30

Of some of the larger ridings up north, the Minister of Agriculture and Rural Development, who's a neighbour, has a much larger riding than mine, huge distances to get across. In some of the northern ridings you can't even get there by car. So there are huge challenges. I think the commission recognized that in their recommendations, and I certainly support that.

I'd also like to commend the Electoral Boundaries Commission, if I may, Mr. Chair, for their openness and willingness during the consultation process. I made a presentation the first go-round, and I also made a presentation the second go-round. I reviewed my presentation with several of my municipal partners, whoever wanted to see it. I posted on my website the proposal I made and invited people to look at it, to provide input to me before I made the presentation. I met with all the municipalities that wanted to meet with me that had concerns, including new ones that were proposed to be part of my riding that aren't currently there, and they certainly seemed to appreciate that opportunity. I made a presentation myself and invited anybody else, if they wanted to make a presentation, whether it supported mine or not, to certainly do so because that's their opportunity to do that, and I certainly believe in that open consultative process.

Credit to the commission; they made some substantive changes that weren't really appreciated the first time around. People didn't think some of the proposals the first time around fit where communities were being split. That was a big concern for communities that worked together for years. Just the other day we met with the Solicitor General with a couple of communities making a proposal for regional policing to save money. They're going to be growing into that 5,000 category, where they're going to have to pay for policing and have to provide for their extra policing costs and actually a police station with cells and everything.

Well, if you've got two communities side by side facing the same issue, it does make sense to propose that we can work together, have one major infrastructure and maybe a storefront police station in the community. I think that's a great idea, and it's exactly what I think this government has been trying to promote for years. The municipalities came forward with their proposal to us. They thought this was something they wanted to try in their community. I certainly embraced the idea, and I believe the minister did, too. That will certainly help in that area.

Those concerns were brought to the commission. We wanted these communities to stay together instead of being in two different electoral divisions, and those ideas that were proposed to the commission were very carefully considered by all members of the commission. I don't know who was appointed by whom, but I think all parties had some input into the makeup of that board. [interjection] Well, I don't think they were all Conservatives, hon. member.

Certainly, they looked at the proposals, and they all commended me for my presentation in Red Deer and said that they'd carefully consider them. I have to say that I'm very pleased by what they brought back as it relates to my riding, which is the proposal to increase it to roughly 41,000 people from 36,000. We'll just be slightly under 7,000 square kilometres to get around. It's quite the distance between some of the communities; others are closer. I'm not complaining about the challenge, but certainly I can recognize that some people in this room here have much greater challenges than I do in servicing some of the huge constituencies we have in the northern part of the province.

With the task they had at hand, I would like to say, Mr. Chairman, that the Electoral Boundaries Commission I think did a very good job in the recommendations, which culminated in Bill 28. With that, I would have to say that I'll be supporting this bill and encourage other members of this Assembly to do the same.

Thank you very much.

The Deputy Chair: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Thank you, Mr. Chair, for the opportunity to speak to Bill 28, the Electoral Divisions Act. We're all here in this House because we all want what is best for Alberta. I think we all have more in common than out of sync because politics has a way of exaggerating differences. However, I'd like to talk about some of the differences that I believe set me apart from the government on this bill.

As I travel the province, I hear concerns from Albertans. Being in public office allows me a great opportunity to meet many people from all walks of life. One thing they all mention is how out of touch they feel the government is with regular, everyday Albertans. I'm someone that believes I was given two ears and one mouth for a reason, and that's to listen. When I meet Albertans, I always ask for their solutions because I don't believe I personally have all the answers. The one solution that is never brought up is more elected members. Albertans – and I dare anyone to take a poll – think there are enough politicians out there, and, quite frankly, why do we need more?

Bill 28 will add four electoral divisions in Alberta: one in Edmonton, two in Calgary, and the fourth will be in Fort McMurray. While the Election Act mandates reviews on a regular basis, it doesn't require revision. There is nothing in the Election Act that says that you have to change the boundaries or add members to the Legislature. My concern is that the government is doing something to look busy, especially on a subject of such importance, and that's democracy.

Why does the government feel that they need to look busy? The people of my riding, Calgary-Fish Creek, like all Albertans, just want good government. They want a government that makes sound decisions on the issues that matter to them, like health care and education. From my experience when someone is trying to look busy, it's because they're not getting the job done.

Now, coming back to the four new ridings that will be added by this bill, I ask: does more mean better? I've always believed in quality, not quantity. It's hard to believe that by adding four more MLAs to the House, the frustrations felt by Albertans would be

addressed. People across the province feel ignored by their government, and increasing the number of MLAs by 5 per cent won't fix anything. What is going to happen is that we will have a government pat itself on the back because it thinks it's doing such a great job, when it hasn't really addressed any of the underlying issues.

I have questions about costs. Democracy has a price, but so does a waste of money. There is a balance between sound investment and, quite frankly, throwing away money. Legislative and constituency offices have significant costs associated with them, especially staff. Now, I want to say this, and I want to get it on the record, Mr. Chair. My staff is excellent, and quite frankly they're worth every penny. The Wildrose caucus, in fact, is doing without a leader's allowance and limited dollars. Staff isn't the only obvious cost. The MLAs themselves with their salaries and their allowances are an issue, too. Albertans are upset enough with the raises this government gave its cabinet and the rest of caucus at a time when Albertans are still recovering from the economic recession, and it's hard to believe that spending millions on a few more members of this House is a sound investment.

Another question posed to me quite often when I travel the province is: why do we need more MLAs when most of them now don't stand up and do their jobs? In all honesty, I wonder the same thing. Why won't this government let its caucus do the job it was sent here to do? Every one of us here is in this House to represent the people of their riding. It seems strange that we're adding to this House when we're not using what we have. It seems a lot like the health system in this province right now. Beds aren't being used in the hospitals that aren't open yet. A lot of money is being spent on new capacity that isn't going to be used. This is just another example of how this party governs Alberta. They try to look impressive, like they're making progress, but really, when you step back, everyone asks: "What's going on here? What is the government thinking?"

9:40

My concern as we debate Bill 28 is about democracy, that we're losing the bigger picture. As my colleague from Fort McMurray-Wood Buffalo says, the people of this province are our bosses. We need to look at what they want and what they deserve. In my mind, it's terrible when a government blatantly ignores the will of the people, and the will of the people has never indicated that they want more MLAs.

Mr. Chair, I have to say, though – and I want to say it on the record – that I support the amendments and the name change to Dunvegan-Central Peace-Notley. I never had the opportunity to meet Mr. Notley, but I've heard a great deal of nice things about the man. I even like the proposed name of Calgary-Klein. I had the opportunity of serving under that Premier from 1993 until he left in 2006, and I can quite frankly say that I've never met anyone that I have more respect for or more deeply admire for what he did for this province.

There have been issues on the table about: how dare we name someone when they haven't passed away? Well, I can tell you that the last time I checked, Premier Lougheed was still here. My mother-in-law happens to sell his wife shoes, and she said that he was quite healthy, to be honest with you.

The previous member talked about . . . [interjections]

The Deputy Chair: Hon. members, the Member for Calgary-Fish Creek has the floor.

Go ahead. You have the floor. I'm just quieting everybody down.

Mrs. Forsyth: You know what, Mr. Chair? I don't listen to them

anyhow when I'm speaking, so it's okay. Thank you. They're just rude.

The previous member talked about the differences between rural and urban, and I found that quite interesting when you listened to him because it's something that we've discussed in the Legislature on numerous occasions. I'm an urban MLA, and I know that some of the members around this House are rural MLAs. I challenged one of my colleagues several years ago in regard to the population and the differences between a rural and an urban MLA. The challenge at that time from the hon. member was: "All right, Member for Calgary-Fish Creek, I'll make you this little bet. You spend a week with me in my rural riding, and then I'll spend a week with you in your urban riding."

I'm not a farm girl by any means, but I certainly got an education in regard to the workings of a rural riding. The member talked about the driving, and I found that interesting. Then I reciprocated, and I had my rural friend come and spend a week with me in an urban setting, where we're dealing with twice as many people in some of the populations. They were quite taken aback at the work that an urban MLA has to do, especially when you have an urban MLA from Calgary or, for that matter, Edmonton – it could be Red Deer or Lethbridge – and the amount of events that that particular individual has to attend. It could be one in a thousand. I mean, Mr. Chair, I know that you probably get as many invitations as I do on a normal day, trying to accommodate some of the things that people want you to attend, if it's this function or that function. I think it was probably a rude awakening for both of us because of that dispute between rural and urban.

What I particularly found fascinating from the member is in regard to his comments about electronics and technology. I'm finding that at my age – and I've struggled with it – we're going into an electronic and technological world. I'm one of these people that has struggled and, with the incredible help from my colleague from Airdrie-Chestermere, launched my web page and really started getting into Twitter, trying to communicate with people on that aspect. It's been fascinating, absolutely fascinating, the people you can connect with. Even if you're not face to face, hon. member, you're still connecting with them. You have an opportunity to connect with people. I have been incredibly blessed and surprised at the number of hits that I'm getting on my web page and the number of people that are visiting my web page and the number of people that are commenting on my website, which takes a process to go onto my web page. There's a contact for me, and they have to fill out their names and addresses and things like that. But they're doing that because they truly, truly care about what's happening.

Electronics and the phone and e-mails and Twitter are fascinating processes. I think that in the last two days – you know yourself, Chair, the hours that we've been putting in at the Legislature late into the night. I think on Thursday and Friday of last week we had received something like 326 or 356 e-mails on the Alberta Parks Act. On Monday and Tuesday I think we received another 400. That's just on one act.

You take the Alberta Health Act. Hundreds and hundreds of phone calls and e-mails have come in, to the point where – we've always responded personally to our e-mails – our staff at this particular time in Calgary are a little overwhelmed with trying to answer all of the people that are so upset in regard to what's happening on our health care and with the booting out of the Member for Edmonton-Meadowlark. We're trying diligently to respond to them all personally. You know, you do have that touch. They do appreciate the response back because we get them responding back saying: thank you very much.

Mr. Chair, I've been honoured to be in this Legislature since 1993.

I can tell you in all honesty that not one single person that I've ever talked to, whether they're happy with me or angry with me, in all the years that I've campaigned and all the years I door-knocked – and I door-knock every spring, from May till October – has said that we need more MLAs. Never has anyone ever said to me: we need more MLAs. In fact, if anything they've said: there are too many of you. Then they point to other provinces which have a higher population and fewer MLAs.

When the boundaries commission came out, they were somewhat taken aback. The constituents of Calgary-Fish Creek are a very vocal group. They're not a one-issue constituency. They're highly educated. They're well versed on the issues. We try and keep in touch with them in the monthly community newsletter that we write in. I always write an article on my web page called What's on Your Mind? We tally all of the votes or the phone calls, the e-mails, the tweets we get, the one-on-one contact of people coming into the office, the people that stop me in the grocery store. You know yourself, Mr. Chair, that there is not a lot of privacy for an MLA. Then we collate them all. Up pop the issues on the graph in regard to what the issues are.

I can tell you that when this discussion started on the electoral boundaries, that was a hot issue. The people that converse with us at no time said that they wanted Bill 28 to have an increase in MLAs. So it was important for me on behalf of the constituents of Calgary-Fish Creek to get on the record that I do not support increasing the number of MLAs. I was fortunate in my riding to not see a lot of changes in my boundaries other than to pick up some more people in my riding, which, of course, like everybody else, is new introductions of yourself, new door-knocking, and introducing people. We'll do that, and we'll continue to connect with the people that we consider are in our new boundaries.

Not only that, Mr. Chair. Of course, for me there's the new challenge of campaigning in the last several elections as a PC candidate and now campaigning as the Wildrose Alliance candidate, which I'm truly looking forward to at the doors. We spent a lot of time this year door-knocking and had a very, very warm reception. The people of Calgary-Fish Creek, quite frankly, when I did cross the floor, somewhat took me aback and surprised me by the overwhelming response that I got on making that decision. But elections can change very, very dramatically. As I said at the press conference on the 4th of January, when the Member for Airdrie-Chestermere and I were in front of national media, we would live with the consequences of our decision. We would also hope that if this was what it would take to get democracy back into the system, we were okay with that.

9:50

Incredibly privileged to be able to have the honour to have my buddy from Airdrie-Chestermere beside me in this process. We found it interesting, to say the least, probably a lot more interesting than what our fellow Member for Fort McMurray-Wood Buffalo or what the poor guy from Edmonton-Meadowlark is going through right now, to be, both of them, kicked out of a caucus that – you know what, Mr. Chair? – quite frankly has lost its way. I can't say it any more.

In my mind there is absolutely no need – absolutely no need – for more MLAs in this province. It's unfortunate that the decision was made to do that. I think that the commission, with what they were tasked to do, did a good job on the boundaries. As I indicated earlier, my boundaries weren't affected.

I think we're going to have to start getting into this century in regard to what's happening electronically, what's happening, again, with e-mails, Twitter. I can tell you that I spent a great deal of my

time on committee work on the phone when we went through the FOIP legislation. In fact, I'd probably say that 90 per cent of the committee work that I have done has been on the phone, and I've found it very useful. I found it less expensive, quite frankly, than for me to drive down here, claim the mileage for the gas, claim the night for us to do it. I felt that I was being included by everyone who was attending the meeting or that was physically here. I think it's something that we're going to look at and have to do more of when we have all of the responsibilities that we do as MLAs.

What's interesting to me, Mr. Chair, is that when I went home last weekend, a couple of my constituents commented to me that they hadn't seen me around over the last several days. They also indicated that I was looking a little tired. So I can hardly wait to go home this weekend to see what they have to say about me. Their comments were to me that they didn't even know that we were in session. I can guarantee you that probably – I don't know. It would be interesting to take a poll of what percentage of Albertans even know that we're sitting in the Legislature till all hours of the evening.

While I think that's an incredible part of democracy, to be able to have the opportunity to debate legislation and, quite frankly, Mr. Chair, to debate legislation as long as it takes, getting everything on the record, whether we go for days on end or anything – it's an important part of the democratic process for us to have the opportunity to speak.

It's also an opportunity for Albertans to get their feedback through their individual MLAs. I can tell you that last time I counted, I think I've got – and this is just from today – 60 e-mails that people wanted us to read into the record when we're debating the Parks Act. I can't even remember; I think it's Bill 29. Yes. Each of us has been given probably anywhere from 60 to 80 e-mails. People have requested to get their voice heard.

It goes back to what's happening currently in the Health Act and what has happened, actually, to the Member for Edmonton-Meadowlark. People want to voice their opinions in regard to what they consider the democratic process.

I am going to end, Mr. Chair, on the fact that, again, I think it's important to reiterate that the constituents of Calgary-Fish Creek and the MLA representing the constituents of Calgary-Fish Creek and as one of the four members of the Wildrose we want it on the record that we do not support the increase of MLAs in this province and never have, that our voices as MLAs are to listen to the people that have elected us, and they've clearly, clearly articulated that they do not want more MLAs.

I also want it on the record that I appreciate very much the Member for Calgary-Currie bringing forward the amendment in regard to honouring Mr. Notley. I think that's a wonderful thing for the Legislature to do. As I indicated earlier I have . . . [Mrs. Forsyth's speaking time expired]

The Deputy Chair: The hon. Member for Lethbridge-East.

Ms Pastoor: Thank you, Mr. Chairman. I will be brief because most of the points that I wanted to make have already been made over the last hour probably. However, I did want to get on the record one more time to really express my opposition and objection to this bill for a number of reasons.

I don't believe that a mandate should have been given to this committee, to the Electoral Boundaries Commission, to say: yes, you need four more. They are the ones that should have done the work to actually determine if we needed four. I also believe that we are very, very overgoverned at all three levels, not only in this province but certainly in our country. I understand having to drive large

distances, et cetera, but sometimes distance versus the number of the people that you have to look after is an issue. I understand.

I also believe that we are in the 21st century, and there is some technology that can be used to help eliminate some of those things. I agree with my hon. colleague from across the floor who said that, yes, there will be nothing that beats face to-face, and that is very true, very true. But I think that some of the answers that we can give back to those people could be done through technology, and the answers don't necessarily have to be given face to face. There are many ways to do it that it could remain personal.

The other thing that could well be considered at some point in time is that we could look at ridings that would be rural and urban. We could take part of cities and have part of the riding urban, and then it would branch off into the rural. Those that were, I think, lucky enough to get that type of a constituency certainly would be able to have a much better view of this urban versus rural that we sometimes come across because two-thirds of our citizens, actually, are urban residents.

Mr. Chair, with that I will take my seat. I am opposed to that because I believe that the increase of four seats was never proven. It was just something that was pulled out of the air. I also believe that we are very much overgoverned.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you. Thank you very much, Mr. Chair. I'm still waiting on that answer.

I want to talk today about: in this bill we have 87 constituencies listed in the schedule, and of course there used to be 83. I may propose an amendment on this, but I would like to see us remain at 83 constituencies, and I'm going to tell you why.

Ms Pastoor: We can go way down.

Mr. Anderson: We can go way down. You know what? That's not a bad idea. Holy smokes. Especially with some of the seat fillers.

I think we need to at least remain at 83 if not go lower, and I'll tell you why.

10:00

I think that the role of the MLA – and it's the same way in Parliament – we have a chance here in Alberta, and I think you're seeing it. You're seeing it in this House tonight. You're seeing what's going on in our democracy. There's almost like a renaissance going on. You know what? It's a little bit like – it's cross-partisan, so it's different from what's going on down in the States right now. In the States it's more just one side that's really activated. There's that Tea Party movement, and they're really pumped. They're sick of big government and so forth and all that sort of thing, and they're sick of the lack of democracy and people not representing the people and all that. It's generally just on the right side of the spectrum. Of course, we saw that it's very powerful. It shifted the entire United States Congress. It was a powerful, powerful movement.

But I think this is a little bit different in Alberta. I actually think this is happening right across the spectrum. It's happening whether you're a Liberal, whether you're a Conservative, left, right, centre. I think that people right now are rising up. There's a wave of change growing. You saw this in the Calgary mayor's race. There are many different issues out there. There's health care, there's finance, there's education, budget deficits, all these different things that

people are concerned about. But there's kind of this underlying unease that underpins all of these things, and I think it attaches itself to all of these things. People are frustrated with the issues, but they're starting to realize what the root cause of those problems is. It's all the same.

The root cause is that there is absolutely a total lack of democracy in not just our system in Alberta but across Canada and across the United States. In parliamentary democracies and republics like the U.S. people have forgotten – definitely in parliamentary democracies, especially in this country, we have forgotten what the role of the local representative is. So I think, you know, 87 MLAs – why do we need 87 MLAs if those MLAs are nothing more than the government spokespersons to their constituency and to their constituents?

Mr. Kang: Like you were at one time?

Mr. Anderson: Absolutely. Well, I never played by the rules, and that's why I'm over here.

Nonetheless, I think that's what governments and what people in power in our parliamentary democracies think the role of an MLA is. Now, MLAs over there know full well that they do deal with issues. On a lot of the issues that they say they do, they work with their constituents. They help them to get through the bureaucracy on certain things, and they help them to access certain programs. Absolutely. That is one of the roles of an MLA.

Mr. Chair, you're one of them. I know of your reputation for helping people in your constituency in accessing government programs that they need when they need them. You have a reputation of returning your phone calls, and that's good. That is one of the roles of an MLA. I know the hon. Member for Calgary-Hays is the same way. I think there are many others like that. Some don't. Some don't return their calls at all. I won't get personal tonight, but there are some MLAs in this House with horrible reputations about not getting back to their constituents.

Ms Pastoor: You got that right, because they phone us.

Mr. Anderson: That's right. They blow them off.

Generally speaking, I think most of the MLAs in here really legitimately try to serve their constituents and help them access the programs. Okay? So that's one part of the job of an MLA. Generally, I think, that part's fine. It's like the ombudsman role of an MLA. I think we still do a reasonably good job of that in our parliamentary democracy in Alberta.

Of course, another one is that you want to represent the state, and it's kind of a figurehead role, kind of like the Governor General type of role, where you represent the government in your community at a graduation, at a grand opening for an event or some kind of school, or something like that. Okay? So there's kind of that representing the province role, and then there's the ombudsman role, and I think those two are fine.

But there's a third one, and this one is the most important role of an MLA in my view. It supersedes all else. That is the role that an MLA has to be the voice of their constituents in government. MLAs are not responsible to a party. They're not. There's nothing in our constitution, not a shred of anything in our constitution that says that an MLA is somehow loyal or accountable to their party. That is fiction. It is something that has been bred into our political culture over many years. Now you're seeing the logical extension of that progression, where now we have a situation where with almost everything we do, if you're a government MLA, with regard to bills and things in the Legislature, this House has become a facade. This

is just the Premier and his agenda and his bureaucrats' agenda, and then he gets all of you guys to sit here and push that agenda through.

Mr. Hinman: Oh, no. Many of those guys will agree with that, too.

Mr. Anderson: Some do agree, but many don't.

The point is that it's a facade, and the reason is that we have this mistaken loyalty as MLAs. We think we're loyal to the party, but we're not loyal to parties. We shouldn't be loyal to parties. That's not what we're here for. We shouldn't be loyal to donors. You know what? With regard to when we make legislation and when we vote on legislation, we shouldn't even be loyal to our friends. You know, when we're talking about voting on bills or not voting on bills, not even our friends should hold sway in that. They shouldn't. The people who hold sway when we vote on things should be the people that we represent, the voters, the people who go into that ballot booth and mark their X next to the name of a community member who they are entrusting to represent their interests and the interests of their family in the Legislative Assembly or in Parliament or wherever.

That's really the crux of what an MLA should be. Never should we vote along party line. That should never be a reason to vote. Too often in our political culture that's what it's become, and it's wrong. It's absolutely wrong. You know, with the exception of maybe one hon. member – and I think he's sitting right in front of me – I think every single one of us has voted the party line at one point or another for whatever reason even though we haven't agreed with something, I would think. Maybe not. [interjection] I know. It was easy for him because he was a party of one, so it's easy to not do that, but now that's not the issue.

Dr. Taft: You're going to have to crack the whip on him.

Mr. Anderson: He can crack the whip on himself.

The point is that I think we've all done it, so I'm not trying to point fingers here. I'll tell you one thing. Since I have crossed the floor to the Wildrose, not once – not once – have I voted on a bill that I did not agree with. Not once. On cellphones, for example, we had a caucus that was divided on that. We had two members, the Member for Fort McMurray-Wood Buffalo and the Member for Calgary-Fish Creek, who voted for Bill 16. They voted for it. Myself and the Member for Calgary-Glenmore voted against the bill. I know that our leader felt a certain way about it. I'll let her speak for herself. But it was a divided caucus on that. People asked us about it. I remember that there were a couple of reporters who asked and said: oh, so you have a divided caucus on it? And we're like: absolutely we have a divided caucus on it; we have free votes.

There are many votes where we do feel the same about something. Obviously, we have a small caucus, so it's a little bit easier to agree on some things than it is in a larger caucus. The point is that we have decided as a party, as a caucus that we are not going to go forward. The precedent has gone too far. We are way over the line. Parliamentary democracy has taken on a kind of a different almost bastardized version of democracy, and it's not right. We have to examine the rules. We can't just do things for tradition's sake.

I mean, these folks over here call themselves Progressive Conservatives. Well, progressivism used to mean that you're not stuck in the old ways of doing things, that you're willing to progress and to think about new ways of doing things. That's what I would ask those members over there. Liberalism as well, liberal democracies, liberalism: looking at what's innovative, what's going to build society for the better good, you know, moving forward.

[Dr. Brown in the chair]

Ms Pastoor: Progressive.

Mr. Anderson: Progressive. It's kind of the same: progressive, liberalism.

That's what it used to mean, and I think it's still what it means. But in some ways, I'll tell you, certainly on the democracy file the Wildrose Alliance is the most progressive party in this Legislature. I would challenge any caucus to say that we're not on this issue. Now, we can talk about other issues, and I'm sure there would be a different view on that. But there is no way on the issues of democracy that we are not being the most progressive, the most innovative, the most liberal, so to speak, of any of the parties. We want our democracy to change. It is not right the way that we run our party democracies. We have to change it. We have to change our paradigms.

10:10

So that's what we're going to be advocating for. We're going to run an entire election on that. One of the first bills we'll bring into this Legislature if we get elected: we will make sure to separate votes of nonconfidence from all other votes on bills. They will be separated, so never will a vote against any bill or any motion or anything be considered a vote of nonconfidence. Never will that happen. If you do that when you vote on something, again, your devotion to the party in seeing it continue as government trumps what may be the interests of your constituents. So you've got to separate those two things. That would help restore the role of an MLA. That's one thing that we will absolutely do.

Voter recall. There's another excellent example. How can you have truly free votes if you don't have your constituents standing behind you with the ability that if you get out of line, if you continue down that road and it is clearly working against the voters of your constituency, then they can axe you?

An example from my own constituency. We have a community of 40,000 people. Probably 20 per cent of the folks in that community make their living in oil and gas somehow: the service industry; they work downtown Calgary at one of the oil companies; they have some kind of trickle-down business that relates to oil and gas. In fact, if you count the trickle-downs, it's probably even more than that, but direct employment in the oil and gas industry is probably about 20 per cent. I mean, it's so huge in our community, as it is in many communities around the province.

During the new royalty framework debacle, which was a made-in-Alberta NEP and one of the most disastrous policies in this province's history economically, I would say, in my opinion, I had literally hundreds of constituents either write me or tell me, "You either do something about this, or you're gone in the next election. You're gone. I've been voting PC for 30, 40 years, and that's it. We're finished." That's an example of a situation where if I had not spoken out against the royalties, which I couldn't do under the PCs, I believe I would have clearly lost my job in the next election because I wasn't being accountable to my constituents.

But I couldn't break party ranks; I wasn't allowed to break party ranks. It was like shackling. I've never been supportive of the policy. Never once did I support the policy, and it was like being shackled, having to shut up and not say anything about the policy when it was so reprehensible. Everyone on that side of the House knows it. They know that in caucus I spoke out about it all the time. "Oh, Anderson's speaking up: cue to roll your eyes. He's talking about the new royalty framework again." It was torturous to not be able to speak out about that issue.

Airdrie schools was another issue. I talked to a senior official in Education while I was still with the government, and they told me flat out: yes, many of the schools in that 32 that they announced were placed for political reasons, and there was not an objective needs analysis done for some of them. They wanted to be equal between Edmonton public and Calgary public, and they wanted to be equal between Calgary Catholic and Edmonton Catholic. Then they had some rural considerations in the rural areas. This was admitted to me by a senior official. Airdrie, like Beaumont and like Chestermere and some others – we're just talking about the role of an MLA, why we don't need 87, why we only need 83. That's where I'm going with this, Mr. Chair. That's right, Bill 28.

When that happened, as an MLA I needed to speak out about it, but again I couldn't speak out. How could I say that it was politicized when my hands were shackled with party discipline and I didn't feel I could stand up for my constituents the way that I needed to do? I could stand up for them on some things, where it aligned with the governing party. I could do that. But that's it. If it didn't align with the governing party, I couldn't do it. I was shackled.

To the bill, I really feel that we just do not need 87 MLAs if we can't respect the authority or the role that the 83 MLAs already in this Legislature have. If we can't respect that role, it's wrong. I'm excited for what's coming up in the next, you know, 12 to 18 months. This is going to be amazing. We're going to have a democratic revolution here, I think. I think that the members that get elected, whether they be Progressive Conservatives, whether they be Wildrose, whether they be Liberals or New Democrats or independents – who knows? – most of them are going to be elected less on their party's platform and more on: are these people going to represent me in the Legislature? Are they going to be my voice? Are they going to stand up and be accounted for?

You see this with what's happened with the Member for Edmonton-Meadowlark. You see this. People are saying: "That's just not right. He should be able to stand up and voice his concerns publicly. That's part of what an MLA should do." You've certainly seen this in my constituency, and the hon. members will see at the next election. I have people that are NDP and Liberal supporters, and they still support me, only because of the one issue, only because I said: I promise you that the reason I'm leaving the government is because I want to be able to stand up in this Legislature and on every issue vote according to your interests, and party line will mean nothing to me anymore. That alone has been an extremely important thing.

The hon. Member for Fort McMurray-Wood Buffalo. We ran a poll across the province on every MLA to see what their approval rating was in their different areas. The highest approval rating in the entire province: sitting next to me, the hon. Member for Fort McMurray-Wood Buffalo, an 82 per cent approval rating in Fort McMurray-Wood Buffalo for that member. [interjection] Very high but not quite as high. Yours was very high, too, hon. member. Yours was very high as well. I remember that.

An Hon. Member: How many people did you survey?

Mr. Anderson: All 83. We won't get into some of the other numbers.

Mr. Kang: How about me, good neighbour?

Mr. Anderson: I can't remember. I'm sorry. We're not going to release that poll today.

Here's the point. We have got to make sure that as we move forward, we are doing things as MLAs, that we're being first and

foremost loyal not to our party, not to our donors but that we are being loyal to the people that we represent. That has got to be job one. The only way we can do that is by changing a lot of the rules in parliamentary democracy. We've got to do that. That's going to be part of what we need to do moving forward. If we do not change those things, people are going to lose trust in our democracy. People are going stop voting, as they've already stopped voting.

I don't care. If there are PCs over there that are able to – we just saw a great example of this. The Member for St. Albert broke ranks today and spoke out for his constituents. Now, we don't know what the consequences of that will be – we will have to see – but that took courage. That took courage. And you know what? Courage is contagious, and you're seeing it all over the province right now. People are speaking up. They're stepping out on the right, on the left, in the centre. They're saying: "This is unacceptable. The state of our democracy is unacceptable, and whether we're Conservative or Liberal, progressive, moderate, whatever, it doesn't matter. Things are going to change going forward. If that means that we have to start a new party, the Wildrose, or we need to start a new party, the Alberta Party, things are going to change."

Thank you.

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

Mr. Hinman: Well, thank you, Mr. Chair. It's an exciting bill to get up on. I kind of waited a little bit because when we had so many government members speak that they didn't want to adjourn this debate, I thought that some of them would jump up. Just a point of clarification: how quickly do we need to stand up, to be courteous, to allow those who want to call a division even? I believe that it was the hon. Member for Calgary-Nose Hill who stood up and led that division. What's the point of clarification on how quickly we have to stand up in order to let someone else have an opportunity to speak, seeing as how they stood at a division to say that they wanted to continue debate on this bill?

10:20

The Acting Chair: Reasonable time, hon. member.

Mr. Hinman: That's what I love about this government. They're so clear in their definition of things, which is the clarity of this bill. Thank you.

I will continue on, then, and refer back. Because time keeps running out so quickly, I kind of forget. I get listening to the next speaker, and I forget where I started and where I left off, so we might be a little bit repetitive. I should've put a tick mark where I got to.

The number one thing that we're discussing here is numbers 1 through 87. I know I don't need to read them back in because I went through the 87 new ridings that this act, Bill 28, is describing. It's got 87 ridings, and many members have gotten up and spoken, again, that we don't need that. That is the problem and why this bill should not be passed.

This bill should be shelved and put to committee or something else to say: how do we reduce the number of MLAs yet increase the democratic representation and ensure that we're doing a better job for all of the people here in Alberta? How do we engage them so that we can be assured that they feel that they've got good representation?

Where I believe I was, Mr. Chair, was discussing the possibilities of electronic voting for different constituencies and representing different numbers but actually having a true representation of the number of people that voted. As I mentioned earlier, if in the next

election we were to merge Calgary-Glenmore with Calgary-Lougheed and double the number of people there, we could set up electronic voting. It would be recorded. It would instantly go out on the Internet, just as our voice does. People can listen in and watch right now. I don't think it would be expensive to put electronic voting to where the Member for Airdrie-Chestermere, which is going to be changed to just Airdrie, would push the button. It might be, like I say, for the total area 65,000 constituents or for mine around 39,000. That's what you would actually represent in the vote.

The other area, like I say, to drop back is to say: well, actually, you just get to represent the number of people that voted from your constituency. That would change things dramatically. People would say: my vote does make a difference; my vote does count because it's an electronic vote, so I'm going to get out to vote this time because I want to make sure that the area of southwest Calgary is well represented so that we can get the ring road there. Maybe I'd get a high turnout of 70 per cent because those people are frustrated that this government has failed to provide a ring road around the city, and the congestion in my riding of Calgary-Glenmore is bad. I continually hear from constituents that have to get onto 14th Street from 90th Avenue and are frustrated with the number of hours they have to sit, often up to an hour and a half, to get out during rush hour because of the lights that are there. They need an overpass.

We want to look at ways of: how can we represent an area better? I talked a little bit earlier about the geographical, making sure that you represent an actual area instead of looping out and reaching across into another area. I believe this electronic vote would be something that would actually encourage people to come out and vote, one, for their area to be represented. Then, two, like I say, I think it could and should be connected to the research money for those MLAs that are elected.

Dr. Taft: What's the electronic vote?

Mr. Hinman: Well, that we would actually come in here – do you know how many people voted in your constituency of Edmonton-Riverview, last time?

The Acting Chair: Hon. member, through the chair, please.

Mr. Hinman: Yes, through the chair. Let's just say that there were 12,000 people that came out and voted in Edmonton-Riverview. That would be the number that the hon. member – when he voted on a bill, it would be 12,000. If someone from another area had a very low turnout . . . [interjection] Well, it just would be immediately tallied because they would know how many we represent here. If someone from another area perhaps only had only 3,000 people come out and vote . . .

Chair's Ruling Relevance

The Acting Chair: Hon. member, I have to call you to order on this. This debate in the Committee of the Whole is regarding the clauses of this bill, and while I appreciate your passion and the discourse on various different types of democracy, that's not what the bill is about. So can you confine your comments to what is in the bill?

Mr. Hinman: Thank you, Mr. Chair. I guess sometimes it takes a little while to wrap it back, but what we're talking about are the 87 ridings that this bill has created, and I can't agree with that. I'm speaking against, you know, the 25 that are represented in Calgary. If you want, I'll be happy to go through those. Obviously, it's been forgotten, but number . . .

The Acting Chair: Hon. member, you are presumed to have agreed to the principles of the bill because it passed second reading. We are now discussing the particular clauses of the bill and whether you have amendments or suggestions or any other discourse regarding the clauses of the bill. If you wish to address them, I'm not intending to restrict in any way your ability to discuss those.

Debate Continued

Mr. Hinman: I have a lot of suggestions on how we could reduce it. To assume that I voted to get this to this point – I'm sorry – that's typical of the word "assume." I don't need to elaborate on what that is. We shouldn't assume things in politics or in life, and I don't want to be the "me" in there. Perhaps you want to be the first part of it, but I just do not want to go there.

I did not vote for this. I voted against it. I don't think it was a standing vote, so we can't go back to the records to look at that.

There are 25 ridings in here for Calgary: Calgary-Acadia, Calgary-Bow, Calgary-Buffalo, Calgary-Cross, Calgary-Currie, Calgary-East, Calgary-Elbow, Calgary-Fish Creek, Calgary-Foothills, Calgary-Fort, Calgary-Glenmore, Calgary-Greenway, Calgary-Hawkwood, Calgary-Hays, Calgary-Klein, Calgary-Lougheed, Calgary-Mackay-Nose Hill, Calgary-McCall, Calgary-Mountain View, Calgary-North West, Calgary-Northern Hills, Calgary-Shaw, Calgary-South East, Calgary-Varsity, and Calgary-West. It's a problem. It's a problem in having that many people come here. It's not functioning.

Perhaps, Mr. Chair, at this point I will move to adjourn debate on Bill 28, and we can move on to something else.

[The voice vote indicated that the motion to adjourn debate lost]

[Several members rose calling for a division. The division bell was rung at 10:28 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Mitzel in the chair]

For the motion:

Anderson	Hinman	Pastoor
Boutilier	Kang	Taft
Forsyth	Mason	

10:40

Against the motion:

Ady	Drysdale	Sandhu
Allred	Goudreau	Sarich
Benito	Johnson	Snelgrove
Berger	Klimchuk	Tarchuk
Bhullar	Lukaszuk	Webber
Brown	Marz	Woo-Paw
Campbell	Oberle	Xiao
Denis	Prins	Zwozdesky

Totals:	For – 8	Against – 24
---------	---------	--------------

[Motion to adjourn debate lost]

The Deputy Chair: On the bill, the hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you, Mr. Chairman. I want to say thank you for recognizing me on the bill because that is so important in these types of situations. I want to say this evening that this particular bill,

Bill 28, on electoral divisions, the 105,000, almost, that are in my community, that I've represented over the last 14 years, as much as I've had the honour and privilege of representing them, one thing is for certain: our population has grown from 50,000 to over double that. It remains an honour and a privilege to serve our citizens. After the next election it's my hope and intent to be continuing to serve them because it remains an honour and a privilege, never forgetting who my bosses are, the good people of Fort McMurray-Wood Buffalo.

Having said that, Mr. Chairman, it is interesting, the table of contents and in terms of Bill 28: do we need more MLAs? Now, I want to say that when this Legislature determined that – and of course the majority of the members in this Legislature are the existing government for the last 39 years, so ultimately because they have such a majority, they will determine. We should not confuse Legislature with government because they're really one and the same, even though we proudly stand as an opposition. But that being the case, when we say, "The Legislature gave direction," what we really are talking about is that the PC caucus gives direction to allow this to happen because of the fact that in this democracy there are 67 on that side now. When I first joined, there were 72. As you descend from 72 to 71 to 70 to 69 to 68 to 67, who knows what will happen from there?

Mr. Berger: We're getting better.

Mr. Boutilier: You're getting better. Yeah. You're getting fewer; that's for sure.

Having said that, I want to say that the hon. comments that have been made regarding the constituency we serve under the Electoral Divisions Act, I actually presented and indicated that in my electoral district right now with the 77 polls that are hosted in the community of 13 communities that spans over 68,000 square kilometres – I must admit that one citizen came up to me a couple of months ago when the electoral commission was collecting input, and they said: "Well, how does that work, Guy? You represent 103,000 people, but other MLAs in other areas represent less." They asked me what the actual average was in terms of – and I'm just dating back. I think the average was about 38,000 or 39,000, yet I had grown from 50,000 to 103,000.

Now, I know I have a lot of energy, but what's interesting with this point is that not only is it the most people, but it also is the largest geographical area to cover, 68,000 square kilometres, including Wood Buffalo national park. Now, in fairness, though, there are a lot of trees in those areas, and trees don't vote, but 103,000 people in my riding do. Even with all of those trees, trees don't vote. When I was the Minister of Environment, as much as I encouraged them to participate, it just never quite happened.

Mr. Chairman, I would say on this Bill 28 that I presented to the Electoral Boundaries Commission. I indicated that clearly if the average is 39,000 – I think it's going to over 40,000. I don't have the number in front of me of what the average riding is, plus or minus 25 per cent. I am proud to say that I've been able to represent my constituency as a strong voice for the last 14 years with that 103,000. Now, it wasn't always 103,000. In fact, at one point it was just over 50,000, but that was still even above the average.

Mr. Anderson: You're above average, though.

Mr. Boutilier: I'm above average. I don't know about that. My wife indicates I'm not quite above average on certain things, but I'm going continue to work on that.

That being the case, Mr. Chairman, I fundamentally believe we

should have, in fact, fewer MLAs, with no disparaging comment to any of the members and the constituencies they represent. Actually, the idea came from a predecessor of mine. He's now a justice with the Court of Queen's Bench, but he served proudly as a Liberal MLA . . .

An Hon. Member: Wow.

Mr. Boutilier: He did, for the riding of Fort McMurray. I would like to say that I followed him as the MLA. I consider him a close friend.

You may recognize the name Adam Germain, who clearly was viewed as someone that was more conservative than most Conservatives. Having said that, he was elected as a Liberal, no different, actually, than the minister of health at one point, when he served across the way on the other side of the House. Actually, I believe there are only a few of us that have served on a variety of sides in the House, some by choice, some because they were booted, some because they chose to leave. That being the case, I think that each of us has a prime responsibility of serving our bosses.

When I presented, I indicated that I was torn. My fundamental principle was that we needed fewer MLAs, but that would mean everyone's responsibility as an MLA and the number of people they represent would have to go up. I think I can proudly say that that's not an unreasonable approach because I was at the time representing 103,000 citizens. When the average was below 40,000, I was at, I think, 103,400, according to the mayor of the regional municipality of Wood Buffalo in the most recent census.

I have to say: could I continue to represent my citizens in the existing riding without having two ridings? Yes, I can. I know each of us brings a lot of energy and interest and passion to this Assembly. I think it's fair to say that we are here because of the gratification we get from serving the public interest. I don't think there's a higher calling in any job or position that you may have wherever you work in Alberta. I will say that I was willing to continue to serve under the existing electoral boundary, meaning I was willing to serve 103,000.

Now, if that is the case, on the average of 103,000, which I've been doing now for almost 14 years – at one point it was lower; it was just around 50,000, but over the last 14 years we have grown with the development in the oil sands. Let's just do the math on that. How many MLAs would we have? With a population of just over 3 million that would be, essentially, 10 MLAs per million. In this Legislature if everyone had the average of what Fort McMurray-Wood Buffalo had, of 103,000, then that would mean, based on my understanding of the electoral process, that we would ultimately have about 34 MLAs. Now, my instinct tells me that 34 might be a bit shy of the 87 that's being proposed by this Legislature in the Electoral Divisions Act. So I believe there's a middle ground.

10:50

Actually, to this day I agree with what the former Liberal MLA for Fort McMurray, Justice Germain, had suggested. At the time I was mayor. I agreed with the fact that we should have about 67 MLAs – 67 MLAs – not 87, which means 20 less. There would be no impact. In other words, the proposed extra seat in the Fort McMurray area, which will take it down to about 51,000 for each of the two ridings, would be the result. But I'm saying that for the last 14 years as the MLA for Fort McMurray-Wood Buffalo I feel, certainly, the people of Fort McMurray have rewarded me for my work over four elections.

Obviously, the geographical mass, which is larger than any other constituency, 68,000 square kilometres, and which forms the borders

of the regional municipality of Wood Buffalo, which we worked collectively on with our stakeholders group to form – we actually had a time in the electoral boundaries when we used to have a snowplow that used to stop at the city border. It used to stop at the border, lift its snowplow blade, and then go through the city when I was the mayor of the former city of Fort McMurray. Then it would put its blade down to continue on in the boundary because that was another one of the rural communities that we bordered. That made absolutely no sense at all. The then Minister of Municipal Affairs, who, I might add, I consider a close friend, was the Member for Vermilion-Viking, Dr. Steve West. I met with him as the minister at the time and me as the mayor of Fort McMurray. I said, “Steve, this makes no sense. Why are your snowplows lifting their blades on provincial highways and going through borders? Why would we not uniformly put the electoral boundary into one?”

Actually, that’s what we did in forming the regional municipality of Wood Buffalo, which I believe was a very good move. Did you know the result of that? Well, at the time our taxes went down by almost \$2,000 because in that approach to our electoral boundaries we were able to bring in the oil sands plants. It wasn’t called annexation. It was simply an amalgamation of communities coming together to form the Wood Buffalo name. As a part of history it would be interesting to note, as the former mayor of Fort McMurray and the first mayor of Wood Buffalo, that the name of the regional municipality of Wood Buffalo is only a temporary name. It’s only a temporary name. The strategy was that in the 13 communities the buffalo and the northern lights and the aboriginal compass on each of our crest that forms Wood Buffalo actually represented every community, and Alberta’s strength was that every community in those 13 regions also had an identity.

I’ll give you an example. In the electoral boundary of Fort Chipewyan the name Fort Chipewyan would follow with the Wood Buffalo umbrella. Anzac as well as Janvier and Conklin as well as many other communities, Saprae Creek: all of those electoral boundaries fell under the 68,000 square kilometres that, in fact, form that boundary.

I can say that with our 103,000 people that we have today, if every MLA in here were to serve that number of citizens – and I know they would do that proudly and work hard for them – that would mean that there would be only 35 MLAs in this Assembly after the next election with the electoral boundaries no matter what political party you represent.

I presently represent 103,000 people. Let’s really think about this for a minute. I can see the Member for Livingstone-Macleod, the home of the first RCMP troop in all of Canada, shaking his head in agreement, and I thank him for recognizing the good work I do representing those 103,000 people. I’m so pleased by that. I can see the Member for Calgary-Nose Hill, who actually has been fairly quiet this evening, but I can tell he’s listening intently. I know from his background, be it his experience in hunting, his academic credentials, clearly, he understands that if every MLA were to represent 103,000 people, with 3.3 or 3.4 million Albertans that would be – the math on that maybe he could do for me – I think, on average, Mr. Chairman, under Bill 28, the Electoral Divisions Act, about 34 or 35 MLAs based on it.

Now, it was interesting that the commission had proposed that Fort McMurray would get another seat. I don’t think that’s a surprise to anyone unless they were going to continue with 103,000 per one MLA while other MLAs were serving far fewer people, but what’s interesting is that geographically we still had the largest geographical region in the electoral boundaries. If I travel the Athabasca up north to Fort Chipewyan, that actually takes almost six to seven hours in the middle of summer, and I might say that that’s by canoe. If you travel on the winter road in the wintertime over

Lake Athabasca, it still takes over six hours to get to the northern tip of my riding as it presently exists with that 103,000.

I’m proud to do that and also because of the fact that the oldest settlement – not only is it the largest, with the most people; it’s the oldest settlement, dating back to the 1500s with the Fort Chipewyan people. It is the oldest settlement in all of Alberta, the first settlement in all of Alberta. I must say that I’m very proud of that, and it, indeed, remains an honour and a privilege to serve – to serve – that.

Mr. Chairman, on this Electoral Divisions Act I indicated that if 87 is going to be the number, then Fort McMurray and Wood Buffalo and the 13 communities should be treated no less, and they should be treated no less because if an MLA is serving on average now, I don’t know, 50,000 – in some areas it’s lower than that, but that’s not the MLA’s fault. I would have preferred to go back to what I have been able to do in serving, and I’m just really proud to say that I look forward to working with two members in the next Legislature. We will work hard in the election. In fact, I’m very eager about the election. I kind of wish the election was going to be called now because I think that change is in the air.

For me, I am going to be running not as the existing PC Party anymore after 14 years; I’m going to be running proudly as a member of the Wildrose caucus. I’m very proud of that and even more proud to represent the leader of the 21st century, who believes in free votes when it comes to electoral boundaries. We can vote in any way, shape, or form that we would like to vote in this House, and that is interesting because our policy on things that may be controversial is that we believe that ultimately our boss is the people of Alberta. If they feel so strongly about an issue, then we are allowed to have a free vote, and that is a refreshing change from the last 14 years.

Then, again, I have been noted for having free votes no matter what goes on, and that in itself is being true to one’s self. I think it was Shakespeare who actually at one point said: to thine self be true. I’ll have to yield to Dr. Brown to perhaps enlighten me in that. To thine self be true when it comes to electoral boundaries.

The Deputy Chair: To the Member for Calgary-North Hill.

Mr. Boutilier: Oh, I’m so sorry. Again, I just continue, Mr. Chair. My apologies. Let me withdraw the name Dr. Neil Brown and say the Member for Calgary-Nose Hill because that’s far more appropriate under the existing rules.

I can say that the next government, I hope, will consider working with the opposition to perhaps have a standing order where we move away from our constituency name to our actual name because that’s the name that we have, and I think it would make it a more collective and a more genuine and, shall I say, productive way so that the chairman would not have to be interrupting – not interrupting; properly calling me on a standing order that I have obviously innocently brought forward.

Perhaps, you know, to the Member for Airdrie-Chestermere, the Member for Calgary-Glenmore, the Member for Calgary-Fish Creek, the Member for Edmonton . . . Oh, it seems like we have a change of seating over here right now.

An Hon. Member: It’s committee.

Mr. Boutilier: It’s committee. Okay.

I want to say, Mr. Chairman, on the Electoral Divisions Act that I believe, in my judgment, that I’m willing to move from the 103,000. I have found it, with a three-year-old, to be quite demanding, the geographical region just in itself, with 103,000 people.

By the way, Mr. Chair, did I mention that in this electoral boundary we expected \$20 billion in 20 years? What happened was that in my community, in the oil sands capital of the world, the \$20 billion wasn't \$20 billion in investment. It actually turned out to be \$120 billion. Ultimately, the infrastructure such as a long-term care facility in the electoral district that I represent, which was a hot issue for me, and it remains a hot issue when it comes to the fact that we have 103,000 people – we are the only city of that size in all of Alberta that doesn't have a long-term care centre for seniors. That is sad. It's certainly not because of my attempts as a strong voice to convince the government.

11:00

In fact, on the electoral boundary, at the time I had cabinet agree to it and the funding agreed to. But guess what? It seemed to disappear, to go somewhere else. I'm not sure where that is, but I can tell you that the people of Fort McMurray and the oldest settlement in Fort Chipewyan deserve no less. And all those people were asking for under this division act is something that will speak for the spirit of Alberta.

The Deputy Chair: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Well, thanks, Mr. Chair. The Internet is a wonderful resource and how the Legislature is now hooked up to being able to watch us. Interestingly enough, we had some comments earlier by the Member for Olds-Didsbury-Three Hills, and he was talking about the challenges that he faced with the Internet and, you know, wanting that face to face. Well, what's very fascinating is the people that are watching us on the legislative screen. They've been watching the debate and actually have been prompting and asking when the Progressive Conservatives are going to speak to this particular piece of legislation. I find it fascinating how people are starting to get into the technology. I promised that I would wave to them, so I'm waving for those who are watching because they sometimes don't think that we're paying attention. That's the nice thing about allowing us to have computers in the Legislature, and we're grateful for that.

I just want to be brief because I ran out of time, and I had promised the people that I serve and represent in Calgary-Fish Creek that I would make sure that I got all of their comments in. I have the privilege of serving a wonderful constituency called Calgary-Fish Creek, which is a constituency that has a provincial park in an urban setting. I'll be looking forward to the debate when we get to the parks because I'm sure that the minister who's responsible for this piece of legislation has probably been inundated with e-mails like we have. So it will be interesting as someone who lives and enjoys Fish Creek park to hear what she has to say when we get to that bill. That goes back to the democracy issue because if she's listening to the constituents that she represents in Calgary-Shaw, I'm sure they'll be eager to hear what she has to say on the record in *Hansard* when we start the debate of the parks act.

What I want to finish off saying is that democracy is something that we should all be proud of, and we released our democracy platform today. One of the nice things is when you're connecting with the community. They want to talk about the number of MLAs that this particular piece of legislation recommends, and that goes back to the 87 that we've talked about. Quite frankly, I'm really struggling with the fact that I've heard, since we started our debate at 7:30, one individual, one government member speak up and speak eloquently about his particular riding, how his constituents loved the idea of more MLAs.

I guess rural maybe thinks differently than urban, and I can't

speak because I'm not a rural MLA. But I can tell you that I've met with lots of rural-nominated candidates, and they certainly have indicated that they don't support that. We've had the opportunity to travel the province and meet with many of the candidates that we currently have nominated with the Wildrose. They're asking me, as we speak to them and continue to talk to them about policies, where we – we – got the idea that we needed more MLAs because the constituents that they're representing, as they're out there door-knocking – and most of them are door-knocking very hard because of the process that they have to do to take out an incumbent MLA. It's important for them to get to the doors. They're telling us that they aren't hearing anything about more MLAs but are hearing a lot about what's going on in regard to the issues. Of course, that goes back to health care, that goes back to Bill 24, the Carbon Capture and Storage Statutes Amendment Act, 2010, and the property rights.

Mr. Chair, again, I have to get on the record on behalf of Calgary-Fish Creek that people are struggling with this. Constituents are struggling with 87. I'm sure your constituents are struggling with the idea that you're going to support the addition of MLAs, but I guess that's up to you to speak up on behalf of your constituents, as it is up to me, and be on the record.

So with those short remarks, I'm going to sit down. Again, thank you for the time.

The Deputy Chair: Any other members wish to speak? The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you, Mr. Chair. I want to get back and continue that discussion or that dissertation or viewpoint, sharing on why we do not need 87, why I think we should think seriously – and, again, I welcome the thoughts from the other side – about why we need 87 MLAs, as per the schedule here, up from the 83 that we have now when we do not respect the role of an MLA now and we do not let MLAs do their job right now. We talked about the fact that an MLA has many different roles. I say three primary ones, and I'll do them in order from least important to most important.

The first is more of a symbolic role, the state-representative role, where you go to an event, or a new business comes into the community or a new school is opened or something like that and they want their democratically elected representative to come in and represent the government or represent the province at an event or an opening. So it's kind of a ceremonial role, we'll call it. That's the least important, but it's still part of the job.

I would say that the next one up in importance is that of an ombudsman, one that assists constituents to access certain government programs, to weave through the bureaucracy of government, to maybe plead their case to local law enforcement in some cases if there is something that they'd like to see the police take a little bit more time looking at. You know, sometimes they'll come to their MLA, and the MLA will say: "Hey, why don't you watch the street? I hear that there are problems there." So it's kind of a way of relaying information, being the eyes and ears on the street for law enforcement in some cases from what you hear from your constituents. There are all kinds of different ombudsman roles where you're trying to facilitate and assist and so forth. That's the second role and the middle importance role. It is important. There are some things that you can do for your constituents that are very important, and they're personalized. They don't have a kind of macro effect, but they definitely have a micro effect on that individual person.

11:10

The first and I think most important role of an elected official though is to represent the interests and viewpoints, primarily the interests, of their constituents when they vote on legislation. I mean,

that is really what an elected representative is supposed to be. That's what an MLA is supposed to do above all. When they vote on a bill and when they stand up and give their view on things and when they propose amendments to bills and so forth and when they propose bills in their entirety, they should be doing so with one thing in mind: is this in the best interests of my constituents and the province? Those are the things that should be paramount in the mind of an MLA when they make a vote.

If that was the case, if MLAs were fulfilling those three paramount roles, I would say: "You know what? Maybe there's a reason to have 87. Maybe there's a reason to go from 83 to 87." You don't want to water down the representation on votes so much that every person's vote kind of becomes less and less important and so forth. Also, it becomes more difficult for one person to serve a whole bunch of people, especially in rural Alberta, where the ceremonial role is much more elevated because you have more schools to visit and more things to go to than urban MLAs do. I kind of have a middle riding, where it's not quite as time consuming as somebody in Olds-Didsbury-Three Hills, for example. Probably a more graphic example would be the Minister of Municipal Affairs' riding, where you have this large riding and there are all of these ceremonial things that need to be done. You need to go to and you need to appear at different events and so forth. So as there's more and more population, you know, you might need more MLAs for MLAs to still be able to fulfill that role.

The problem is that that's not the only role of an MLA, and the fact is that it's not the most important. It's the least important. Although, yeah, okay, I understand the pressure of having to get to every school graduation and every ribbon cutting and so forth, that in itself is not a justifiable reason, in my view, to expand the number of seats. What you can do instead is: well, okay, if that's the case, then there are many different ways to solve that issue. I guess you could pay to send a representative of the government. We could give a slightly larger office staff budget to have an office representative go to some of the ceremonial things, like you see with Members of Parliament, for example.

We have a Member of Parliament in our area who has a huge riding. It's a massive riding. Wild Rose, ironically enough, it's called. It's wild rose country. In that riding he has a representative go to many of his things. He has two or three people on his staff, and all their job is to essentially represent him around the riding. So you can address that in a different way other than more MLAs, as our MPs do and are able to fulfill their ceremonial duty.

So it is with ombudsmen. I have an incredible person who's been in Airdrie-Chestermere or Airdrie-Rocky View. It's been switched back and forth. The reason you want to call it Airdrie-Rocky View is that it was once called Airdrie-Rocky View. I think that is what's throwing some of the members off in here. It went from Airdrie-Rocky View to Airdrie-Chestermere, and now it's just going to be Airdrie, as in the bill.

You can hire more staff in the office to fulfill the role of ombudsman in helping them get through the government bureaucracy. Like I said, I have an incredible woman in my constituency office, two actually. One is a little bit newer and is kind of learning the ropes and doing an amazing job, but one has been there for 30 years and is just amazing. She knows every government program like the back of her hand. It makes my job very much easier than it would be otherwise. She really helps with making sure that people's needs are addressed. If someone has an issue with unemployment insurance or WCB or PDD or AISH, any kind of issue, she can immediately help them know exactly who to ask and get it done. She's just marvellous. So she does a great job.

But the point is that you don't need another MLA to do that job.

In fact, MLAs, generally speaking, especially new ones, don't generally have a clue where to begin with regard to that ombudsman role. It takes a lot of time to figure out that role. Some of the folks that have been here a while are probably pretty good at that, but certainly when I first started, I didn't know. Good grief, if someone came to me with an issue with the lottery fund and getting a grant, I didn't know where to start. It takes time. The point is that you can hire people to do that. You don't need more MLAs.

But there's one role you cannot hire out. You cannot hire out the electoral part, the representative part, of an MLA's job. You can't hire that out. That's something that only you as an MLA, only we in this Assembly, each individual MLA, have the ability to perform. Only we have the authority because of the people who went to that ballot box and marked an X by our names, not by a party. They marked it by our names. They did that, and when they did that, they gave us the authority for everyone in here, who won our ridings, to speak for them.

Mr. Hinman: How many didn't win their ridings in here?

Mr. Anderson: No one. That's what I said. I said, "everyone in here." I'm speaking of all of Alberta.

The point is that only we have the authority to speak for our constituents, and we've been given that authority by our Constitution, and we've been given it by the people that we represent. With that in mind, you can't hire that job out. I could see that if we respected that position, if we respected that role of an MLA to represent his constituents in the way that they vote in the Legislature, in public, transparently, if we respected that role, going up to 87 MLAs might be justifiable. It might be. There might be a justifiable reason for that because you cannot hire out that function of an MLA. You just can't do it. That's not something you can delegate. Only you, the MLA, have that authority.

We don't respect that role. We respect the first two. MLAs act as ceremonial representatives and ombudsmen. They do it. Everyone in this area does, some better than others. Most of us do it. But we do a brutal job, generally speaking, of representing our constituents freely in the Legislature. We don't do that. Clearly, we don't. Now, there are some times when the interests of the governing party and the interests of what the government party is proposing and our own constituency interests, in our view, are aligned, and in that case the party whip and the lack of free votes doesn't matter because the interests are aligned.

But there are many times when those interests are not aligned, when the constituency's interests are not in line with what the governing party wants to do, what the executive branch, in particular, of the governing party wants to do, the Premier's office in other words. In that case if you're a government member or, I would say, in most other caucuses, you still have to vote the party line because of caucus unity and team player and all that stuff, because of what I think is a misplaced loyalty to party. There should be no loyalty to party if it conflicts with the views of your constituents. If it's aligned, great. If you can be loyal to your party and you can be loyal to your constituents, that's fine. Great. If you can do both, awesome.

Sometimes you cannot do both, and in those circumstances loyalty to party cannot trump loyalty to constituents. That's why we cannot justify 87 MLAs. Only when we respect the 84 MLAs that are already in this House can we then move on and think about putting in four more MLAs. Until we respect that role, it's just not doable. If anyone has read some of the writings of George Washington, he did a lot of letters, and a lot of the histories of George Washington come from the letters that he wrote back and forth to his family and

to commanders in the field, et cetera, et cetera, et cetera. There's so much information in there.

11:20

I read a great book called *1776* on George Washington. One of the things it said was that after he assumed the presidency, which was, of course, after the Revolutionary War, there was this move towards parties. Of course, Thomas Jefferson and John Adams were kind of the first leaders of their respective parties, the Democrats and the Whigs. Washington refused to have a party. He wasn't a member of a party. The reason he wasn't a member, he said, was because he thought that parties would be the eventual downfall of democracy because parties take away the whole underpinning of democracy, which is that a person is elected to represent the people that vote for them, the people in the constituency, the people that mark the X, and the loyalty needs to be exclusively there and nowhere else.

He felt that parties were eventually the downfall of democracy because it would allow for, essentially, these parties to form where all the power would be concentrated in the party and all the interests in the party would outweigh and be able to quash kind of the individual needs of the constituents. It didn't really matter who you elected. It was all about what the party wanted, and you'd get small groups of people influencing that party. That's why he stayed out of that.

Now, of course, we all know the history. That's not how it ended up. We know that it has gone into party politics, and I think you see in the U.S. and in Canada what happens when you have partisan party politics. When it's just party versus party, machine versus machine, it's less about what the people want, and it's more about what's good for the party and what's good politics for the party. That's the system that the Wildrose Alliance is going to make an attempt – and it's up to the people of Alberta, obviously, in just over a year. Well, it could be sooner. That's up to the Premier, of course. We will know in the next, say, 12 to 16 months or so if the people will agree with this.

What the Wildrose is trying to do: we believe that we can enact laws and democratic reforms that will allow us to return the role of an MLA, of an elected representative, to its proper place. Again, maybe we could justify these 87 MLAs. Maybe we could insert into Bill 28 a provision that would separate, for example, votes of nonconfidence from all other bills so that you couldn't have both at the same time. They would have to be individual. I think that would be a good amendment to put in Bill 28.

The reason I say that is because if you have them together, then an MLA is voting to save his government in certain situations and is not voting in what are the best interests of his or her constituents whereas if you separate them, then you can still be loyal to your party, you can still be loyal to the Premier, you don't have to defeat the government, you can support your government, and you can vote the will of and in the best interests of your constituents all the time, not just when those interests happen to line up with what the governing party, specifically the executive branch of the governing party, wants to do. So that's one huge thing, if we can amend this bill to be a little bit more broad in here and cover a little bit more. We could justify those four extra MLAs if we could bring that increased democracy into place.

The other thing we could do: you know, it would be interesting to amend or merge the bills. The hon. Member for Calgary-Glenmore has Bill 208, which is the Recall Act. Well, that's something that could be placed in here to make MLAs more relevant again.

The Deputy Chair: Hon. member, are you proposing an amendment?

Mr. Anderson: Not yet.

The Deputy Chair: Well, we'll have to speak to the bill as it is, then, please.

Mr. Anderson: Yeah. Absolutely. I'm saying that right now it's a crappy bill because it doesn't include a specific clause that would see more accountability. I really want to hear from the other members of this House. What I want to hear are some ideas. I mean, rather than wasting paper on amendments, let's look at some ideas here in the bill right now. Why are we not including in here some provisions to – I'll just look. For example, it says, "The boundaries of the electoral divisions are those described in the DVD prepared by the Chief Electoral Officer as directed by a resolution of the Legislative Assembly and tabled as Sessional Paper 315/2010."

Why not have something in here like a subject-to clause? Maybe we should work on that together as a committee and say that we're going to, as I talked about earlier, make sure we separate votes of nonconfidence from votes on the bill and that we're going to have a recall provision in here. It doesn't even have to be his. We're going to have a recall provision in here so that when MLAs get so out of whack from representing their constituents, then we can recall them. The people could say: "You know what? You are going off your rocker. You're not representing us." At that point the MLA would be recalled in that case.

For example, some members over there think that, you know, it was just a travesty that I crossed the floor, that it's just an awful thing, that it's so undemocratic. Well, if we had recall, we'd be able to test that theory out, and that would be good. [interjection] No, no, no. You should get up. You should get up. We should have a chat about that, hon. member. Ask me that question. Get up, and I'll answer it.

Mr. Marz: Mr. Chair, I would be happy to discuss Bill 208, the Recall Act, on Monday when it comes up, but right now we are discussing Bill 28.

The Deputy Chair: Any other members wish to speak? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair. Once again we'd better reset, and I'll try and watch the time so I don't get cut off in the middle of a thought. [interjections]

The Deputy Chair: Hon. member, you have the floor.

Mr. Hinman: Okay. Thank you. There was just so much heckling coming from over there from the minister of – I can't remember. He's such a phony minister that I forgot what it is. I'll have to look it up.

[Mr. Marz in the chair]

Mr. Chair, what we're talking about here is Bill 28 and the need to shelve this bill because, again, it doesn't address the democratic electoral divisions that we really should and need to be addressing. We'll continue discussing the problem of 87 MLAs and why this government felt constrained that it needed to have 87 MLAs.

My hon. colleague from Airdrie-Chestermere has spoken about the three major roles of an MLA, and I would agree. I think the most important role is that when we come to this House, it's our solemn duty to pass good legislation. I've always said that there's

only one thing worse than no legislation, and that's bad legislation. When you have bad legislation, people become discontent. They start going against the law, and it raises chaos in our communities.

One thing that I do know is that by human nature people really do prefer to have peaceful, safe communities and to have elected representatives that they can count on to be looking out for them, ensuring that we have good laws that are passed that add stability, that add safety so that we can enjoy our quality of life.

In the big cities one of the concerns in these areas – and, again, if we spend too much money on elected officials in other areas, we've got different neighbourhoods where crime is on the rise. That's a real concern for people that live in those areas. They're far more interested in seeing bills that are trying to eliminate the crimes in their area and to clamp down on problem people. It just seems like the more MLAs we have, the less value to some of the bills that are coming forward and the discussions we're having on those. I mean, we've tried to accommodate this House twice tonight on adjourning and going on to other bills, but the members keep voting to say that they want to talk. I thought one was getting up, but it's not the case, so I don't know why they don't want to adjourn the bill. We have a few more amendments that we'll be bringing forward tomorrow, but we're happy to keep discussing the lack of accountability of the 83 MLAs that we already have. Why do we need to increase that number?

11:30

I've never, not once, Mr. Chair, in my years of being in here had anybody come and say: "You know, there aren't enough MLAs. Could you cut the boundaries in half and have twice as many?" So I wonder why it was a priority. Again, it was numbered Bill 28; it's not like it was a high one. If it was so important to have this, I don't understand, again, why it wasn't Bill 4 or Bill 5. It's Bill 28 where it came up. Again, why did they not for the 21st century look at reducing the number of MLAs? What possibly went through this government's mind to say that we need more MLAs?

The only answers that I get, Mr. Chair, on why Bill 28 was necessary for this government to increase the number of MLAs is because they didn't want to reduce the number of rural MLAs. They were outside the boundaries of the electoral act that said that, you know, you can only be 25 per cent plus or minus of the average. Of course, again, we still have that exception where five ridings do not have to fit in there, but we had more than that. Two of my colleagues represent an incredible number of people, Airdrie-Chestermere and Fort McMurray-Wood Buffalo.

So because we knew that we were coming up on that – every 10 years we have to look at that again by law – why were we not innovative in looking at and addressing: do we need to spend more money? Do we need more MLAs here in the House? Mr. Chair, I would welcome you to go back to your constituents and ask how many of them were all excited and said: "Oh, yes, we need four more MLAs. You're not able to vote well enough for me. We can't get appointments with you." We don't sit that long up here, so it's quite good to be able to have a lot of time in our home constituencies where we can visit with those who want to talk about democracy. It's more important that we can be that advocate for those people that really are struggling because of the rules and regulations that this government has put forward.

It was interesting to listen to my colleague talk about the wonderful lady that operates and runs his office and that it's taken years to become an expert on all of the different programs and the loops and the fences that you need to jump in order to get the different assistance. That would be a great help to reduce the time being spent on helping constituents if we focused on some of those things.

Why do we put out these programs and then hide them in books that are 200 pages long that nobody knows about? They find it very frustrating to get help.

You know, I often say that we have rules and regulations that are regulating us to death, and I don't think there's ever been a truer time than right now about being regulated to death than the regulations that we have in our Alberta Health Act. That's what we really should be discussing, Bill 17, but we're stuck on Bill 28 because the government keeps voting and saying that we want to stay here. So we'll keep talking about Bill 28 and why we have 25 MLAs to represent Calgary and why we need 87 in the province. Again, we listened, but I haven't heard any government members get up and say why this was such a good bill and why we needed 87.

To get sidetracked onto what the chair would say would be more to the point, section 4 says:

Notwithstanding section 3, if the boundary between 2 electoral divisions passes through a building used for one of more residences, the Chief Electoral Officer, after consultation with the returning officers for those electoral divisions, may by regulation . . .

Again, this is what we're talking about: regulations, regulations, regulations. Why don't we have some cold formulas, some processes in place so we don't always have to wait for the Chief Electoral Officer, so we don't have to wait for the minister, so we don't have to wait for the Premier to make regulations. It says:

prescribe the electoral division in which the building is to be located for the purposes of the Election Act.

Once again, Mr. Chair, what I see with this is purely a regulation given to an arbitrary individual that's appointed by this government that can actually go back and look and see the way that building voted and then say, "You know, I think it's strategic that we put it into this one," or "It's strategic that we put it there if so needed." Why would we not say in this bill that if it is between two boundaries – and we put up our grid, north and south, east and west – if it is touching on the west, it will go to the west. If it's touching on the north, it will go to the north. Anywhere in the province where a building is bisected, you automatically know that it's going to fall into one of those two axes, to the west or to the north, and take the arbitrary decision out of that.

For the life of me I don't understand why these people continue to put in regulations and say that we will allow this appointed person to make the decision on how and where this building is going to be encapsulated in the next election. It just doesn't make any sense to me, Mr. Chair, why this would be set up such, why we would put in a clause like that, to be totally arbitrary at the discretion of the Chief Electoral Officer and the returning officer. That's an amendment, to me, that needs to come forward. When I finish speaking this time, I'll go and talk to the table officers and see what we can do in the middle of the night.

We kind of thought that the government would be reasonable, that we would be able to go on to some other bills, that people were under the understanding we were going to debate tonight. But no. This government wants to push this through and says: "No, no. We've outvoted you twice. We don't want to talk about it." [interjections] Do we need to vote again, hon. member, to see if they're ready to switch to something else that we're prepared to talk on? They just want to overload with paperwork and say: "Oh, no. Just push this through. Just push this through." I would like to challenge – well, push, vote, I don't know what you want to call it. Freeze the water, and throw it in the air.

Dr. Brown: It's called democracy.

Mr. Hinman: Democracy. Now, there's a good concept. Is this

representative democracy, or do you want to go back to the Greeks and have true democracy, where every person gets to vote?

Dr. Brown: Representative.

Mr. Hinman: Oh, yes. It's getting late, and I got sidetracked. I can't believe that the Member for Calgary-Nose Hill would want to pull me aside because he is so often sitting in the chair, and he's not speaking through the chair or allowing me to. Sorry, Mr. Chair.

Let's get back to section 4 and why this bill is set up such that it allows the arbitrary decision of an officer appointed by this government to make that decision. It just isn't right. We could put in rules and formulas that take the arbitrary out.

Dr. Brown: How would you do it?

Mr. Hinman: I just told you. Obviously, I'll have to go through it again. He's not listening. [interjections]

The Acting Chair: Hon. members, the hon. Member for Calgary-Glenmore has the floor.

Please proceed.

Mr. Hinman: Thanks. The hon. Member for Calgary-Nose Hill asked me how I would do it, so through the chair I'll respond to him. Because I know that he's not going to have the tenacity to go back and read *Hansard* on what I said, I will go through it again, Mr. Chair, and we'll see if he's able to pick it up this time. He'll probably get cackling or looking at his computer and miss it, but we'll try. I don't mind repeating it. I've raised children. You have to say it and teach them more than once. So if we need to go through that process, I'm happy to do it for the hon. Member for Calgary-Nose Hill, who wants to know how we would do it.

What I would propose – on maps we have north and south; we have east and west. We have the two axes. We could say in here that any building that's bisected, if it's through the north and the south, all buildings that are cut in half will be moved to the north, to that electoral boundary. If it's being cut between the east and the west, we'd say that all those buildings will go to the west. Therefore, there would be no arbitrary decision. It would actually be a law that makes sense. Common law, Mr. Chair . . .

11:40

The Acting Chair: Are you speaking to the bill, or are you speaking to some hypothetical amendment that may be coming? We're on the bill right now.

Mr. Hinman: I'm speaking about section 4 and what I think is wrong with section 4. I thought that that was totally within the parameters of this when I was reprimanded earlier by the chair, saying that I was off the subject, that I'd have to speak about actual clauses in the bill. I don't know how I could be any more on the bill. I'm discussing the fact that we have an arbitrary clause in here that makes no sense to me. I would think that the government, who brings forward these bills, would do the due diligence and say: let's not have arbitrary decisions in here. That just makes sense to me. The democratic way to me is to pull out the long reach of the government and ensure that people know.

I want to go back and talk a little bit, because we're passing law, about: what is common law? What is the purpose? What is the actual meaning of common law and the origin of that? There are two angles to that, to my understanding. First, common law is that we all have that law in common. It's common amongst all people.

We don't have those who are above the law, which we see many times in these bills that this government passes, that the minister is above the law in the fact that in Bill 17, again, section 10, they cannot be taken to court, that they're above the law. Common law means that it's common for all entities that are under those rules of law as citizens of that country.

The more important thing is that in the British Empire the commoners could understand it. It was to be written in a way – and I see the hon. Member for Calgary-Nose Hill shaking his head in disagreement on that, so I'll look forward to his getting up and explaining what common law is and what a good law is and what a bad law is. A good law for common law is that all people understand it and that we don't have to go to a barrister or a solicitor and say: could you please explain this to me? It's just what you call the greasy wheel. It's saying: "Oh, let's make it such that people have to come to us. Make it complicated."

We want to – what would I say? – be an unproductive and an uncompetitive country because we want the laws so complicated that people won't invest. People don't know. It's arbitrary. The Premier might change the royalties at any moment and crush the investment integrity that this province had for so long. That's the reason why law is so important, and that's why I talked earlier about good law and bad law.

The most important thing is that people with great law already know before what the outcome is going to be. When you're living in a house and it's in a cul-de-sac and it's actually on range 23, the 24th section, west of the 4th meridian and you know that that's the division line, you know that the law says: it's bisected east to west, so you're going to be in the west electoral riding. That's the importance of good law. They don't have to go to a barrister. They don't have to go to a solicitor. They don't have to go to the Chief Electoral Officer and say: "Where am I going to vote? I don't know because my house is bisected." That is a poor law. It's arbitrary. It's unclear.

The law is to bring clarity, to bring understanding, so the common person can look at it, read through it, and say: "Okay, I get that. I know that I'm voting in Calgary-Glenmore because I'm bisected north to south, so into the north." So it moves to the north into Calgary-Glenmore.

Mr. Chair, I just do not understand why it's the opposition's job to have to scrutinize these things. It should be government that realizes that we don't want arbitrary decisions in our law. That is a bad law. That is a bad clause. The government should be standing up and saying that we want to amend it. The sad thing is that this House is so partisan that most of the people are blind, and the only thing that they can tell between the two sides is: "Oh, was it the government or was it the opposition that brought that up? If it's the opposition, I oppose it." We always get accused that the opposition opposes things. You can check the voting record. Whenever the government brings something good, we vote on it; we're in favour of it. But if we were to bring forth that amendment, the government is going to say: "Oh, it's from the opposition. We're not going to do it. We oppose that." And they vote against it.

It's kind of discouraging to think: well, why waste a bunch of time writing up amendments? If you point them out, we would expect the government to go into their caucus tomorrow night – and they can't use their own thoughts. They cackle over there and say thoughts. We'll let you know when you have a thought. I would argue again that when you look at the actual cases, these people very seldom – and it has happened twice tonight. They have to look around to the alpha dog and see: "Are we standing up and opposing this? Are we voting this way?" They don't think. They look to follow at very best. Sometimes they can actually bark out a command, and we see them react to that.

The Member for Edmonton-Castle Downs was wanting to cackle about thoughts. My question, Mr. Chair, is: did he put any thoughts into this bill and realize the arbitrariness of it, or does the Member for Edmonton-Castle Downs think that arbitrary is good and that unclear law is what we want? We want that confusion. We want people not to know. We want them to have to come and ask government, and we'll have more bureaucrats that we can hire that'll be underneath me. As a minister I can brag about how many members are underneath there.

Chair's Ruling Relevance

The Acting Chair: Hon. member, the chair has been listening very intently to your comments and with a lot of interest, but there's nowhere in the bill that the chair finds anything about speculating on the thoughts of the Member for Edmonton-Castle Downs. If you would get back onto the bill, I think everybody would be more interested in it.

Mr. Hinman: Fair enough, Mr. Chair. It's just kind of hard, you know, when you hear this chirping in the background. Sometimes it's amusing, so we like to be amused by it. I apologize. I'll get back to Bill 28 and the fact that we still have arbitrary clauses in Bill 28.

Debate Continued

Mr. Hinman: Like I said, I have spoken, and I'll say it again. The government seems very stuck on any amendments that come forward from the opposition, and very, very rarely do they ever make those amendments go through. I would urge the government to adjourn this debate and bring forward an amendment from their side so that it can come through and pass. They have no desire to adjourn the debate. They have no desire to have input into the debate. It just seems wrong, and I'm unable at this point . . . [Mr. Hinman's speaking time expired] Oh, so soon.

The Acting Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you. We're working on a couple of amendments. Here's the thing. We've been talking a lot about . . .

Mr. Hinman: We've got to do some research here.

Mr. Anderson: Yeah. Got to do some quick research.

You know, obviously, people are going to ask tomorrow, whenever that comes . . .

Mr. Hinman: Anywhere in *Beauchesne* does it say that there are time outs?

Mr. Anderson: No. No time outs.

. . . why we are putting the House through such torture on this bill? Why is this important? Why is this important? That's a good question. Why are we battling this out? The reason, we think, looking through this bill and making sure that we justify the 87 listed constituencies here in this bill, is because we really do feel as a caucus that one of the signature issues when we go to Albertans at the next election is going to be kind of the spirit of what was contained in this bill, that being: what is the role of an MLA? What does an MLA do? What should they be doing? Unless we can justify that there is a reason for 87 MLAs, for four more MLAs than there are now, then what's the point? What's the point of passing this bill, which asks for four more MLAs?

What I would suggest is that the reason we're having this discussion is because we want the public – of course, if you talk about it loud enough, at least a few people are going to notice that the Wildrose is very concerned with the state of our democracy. We're concerned about the role of an MLA to represent his or her constituents. That's what we're concerned about.

11:50

The thing is that if we can't justify the role of an MLA, if we can't justify that it's worth having four more MLAs under this act, then, you know, what's the point? What are we doing? I think that it's key that we have in our minds – we need to look back. If we're going to be able to justify MLAs, the existence of four more MLAs, we need to – frankly, in order to justify the existence of any of us here, we have to see if we actually are bringing any value-added. We like that term in this Legislature. Are we bringing anything to this Legislature?

Honestly, think of the money we could save if we just elected a president. We could still have a type of democracy. I think it would be pretty dark, and it wouldn't work well, but we could have a type of democracy. We could just elect a president. That president: we could elect him, and it could be all 3 and a half million of us Albertans voting for that president. You could have as many candidates as you want. That president would just roll over us. It would be elected. Right? I mean, the president would be elected, and everything would be great.

Yet we don't have that system. Why don't we have that system? Because we think that there is value in having a diversity of opinion. We think that it is a good check and balance to have more than just one person. In the U.S. government, of course, you've got the President, but you also have a couple of checks and balances. You have the judicial branch and the legislative branch in the Senate and the House. Those are a check on the power of the one President. Well, in a parliamentary democracy the check – some people don't understand this. There is an executive branch, and that's the Premier and the cabinet, the Executive Council. They all sit there in the executive. [interjection] Well, you've got to look at the more detailed one in the final electoral boundaries report, man. Come on.

Mr. Hinman: I couldn't find anything.

Mr. Anderson: Oh, just find it. I think it's Highwood-Norwood or Beverly-Clareview or something like that.

So there's the executive branch, and then there is a legislative branch, which is the whole body here. That's the legislative branch of government. Then there is the judicial branch.

An Hon. Member: First-year law school.

Mr. Anderson: Yes. First-year law school. Judicial branch.

So now the judicial branch is a check on the power of the Legislature for sure. We have that check. But the legislative branch isn't really a check on the executive branch any more. We don't have a check or balance. We don't have an elected check and balance on the power of the executive in this province. We don't. There is nothing, really, during a session that the Legislature can do to check the power of the executive unless there is a minority government. Under our party system unless there is a minority government, there is no check on the power of the executive. The reason we don't have that is because there are no free votes. There are no free votes on any legislation of consequence, really, any legislation at all.

Because of that, if a Premier and his chief of staff get out of

control and start passing laws that nobody wants and that are harmful and that have dire effects on the economy and whatever, there is no way to rein that person in other than to have a full-out government caucus revolt. That's the only way to take a guy down, take an ineffective and ill-advised Premier down. It shouldn't be that way.

If an executive is doing something harmful like, say, the new royalty framework, when it came in – obviously, even the government agrees that it was harmful, or aspects of it were harmful anyway, or they wouldn't have changed it seven times. They couldn't do that until the executive branch gave them permission to do that. That shouldn't be how it is. I think that if there was really a free vote on the issue, if the proposed new royalty framework came through this Legislature, either parts of it would have been rejected outright, or it would have been amended such that we wouldn't have had that problem that we had, which is that the government went way over the line on the conventional side with the huge increase in royalties.

I think that that's something to keep in mind. If we had had a functioning legislative branch, if MLAs had a role in decision-making in this Legislature and it wasn't just all coming out of the executive branch, then we would have been able to stop that bad legislation. You know what? It would have helped the executive branch, too. It would have helped the executive branch in that the Premier would definitely be a lot more popular than he is today if we as a legislative branch had gotten rid of Bill 50 or severely amended it, if we had done more research and had done a better job with regard to Bill 36 or Bill 19 or what's the . . .

Mr. Boutilier: Which one?

Mr. Hinman: Bill 36, 50, or 19?

Mr. Anderson: No, no. The bulletproof vest one. I can't even remember which one that was. Anyway, the vest registry act, whatever that one was.

All these different acts, some of them very silly . . .

Some Hon. Members: Body armour.

Mr. Anderson: The body armour act. Is that what it was? That's right.

All of these different acts. Of course, the body armour one wasn't exactly one that has offended every Albertan, but I still think it was a ridiculously redundant and silly piece of legislation. But the other ones that Albertans are absolutely furious about were the new royalty framework, centralization of the superboard, the property rights bills, or lack thereof of property rights bills. I think the legislative branch, clearly, would have checked or would have kept those bills from going forward as they were. They would have been amended as such, and they would have come out the other end as good, solid pieces of legislation because, you know, the people in this room, generally speaking, are reasonable people.

If we had the freedom to express ourselves and bring forth good ideas to the legislation in a free and democratic way, I think that the wisdom of the common man would prevail. I think we have enough intellectual heft in this House as a collective group that we would be able to put out some good bills. Instead of that, we had a very small group of people, mainly the Premier, his very misguided chief of staff, and a few other people, a few powerful cabinet ministers, making all of this legislation and saying: "Here it is, folks. You vote for it or – we have to vote for it. If you don't vote for it, the government comes down." So, of course, everyone has to vote for

it or they get punted or they get ostracized or they get whatever. It's just this culture.

Some Hon. Members: Kicked out.

Mr. Anderson: Kicked out. Well, that's what I said: the Edmonton-Meadowlark MLA.

Mr. MacDonald: Boutiliered.

Mr. Anderson: Or Boutiliered. That's a term, actually. Boutiliered is actually an action word. It's a verb now. Boutiliered.

Chair's Ruling Relevance

The Acting Chair: For about the last five minutes I've been trying very hard to relate to how your comments can relate to any part of the eight sections in this four-page bill, and I'm having a very hard time trying to do that. I believe the chair has allowed a lot of leeway here, but I need to bring you back to discussion on the bill.

Debate Continued

Mr. Anderson: All right. We'll bring it back. Let me clarify why. On page 3 of the bill – and I know it's a stretch of logic, but where I'm going with this is that you've got 87 in the schedule of names of electoral divisions. Clearly, there are 87 MLAs being contemplated. If you see section 1, it says "The electoral divisions for the purpose of the Election Act are the 87 electoral divisions established by this Act." We think there should just be 83 for now. Maybe there should be less but definitely just 83. So what we want to talk about is that either we need to change – and I don't want to bring an amendment forward to change all the work unless we have agreement in principle that what's in here right now is not proper, that we shouldn't have 87 MLAs until we fix the clear democratic deficit that we're experiencing right now.

12:00

You know, I think of another one, the check-off issue. I know that was a passionate one that you were feeling. I know. That's what I mean. We've got to make MLAs relevant in order to justify the 87. Well, there's a classic example. There are many people in this Legislature that were not in favour of that bill, yet they were forced to vote for it in this Legislature even though I know they weren't for it. I'm not going to name any names, but it's just very clear that they weren't in favour of it, yet it got put through. In fact, if I remember right, the caucus was so divided on that issue in particular that I am sure it wouldn't have passed because I know that with the opposition combined with the people that weren't happy in the government caucus, it wouldn't have gotten through.

Now, how I feel on that particular bill is irrelevant, or how everyone else felt on that is irrelevant. That's not what we're talking about here. What I'm talking about, the point, is that that piece . . .

The Acting Chair: You're right. That's not what we're talking about. We're talking about Bill 28, and you were specifically trying to tell me that you're relating back to the 87 members. How all of the votes on previous pieces of legislation that have passed in this House in the past few years relate to that escapes me. So could you talk about one of the eight clauses in the bill?

Mr. Anderson: Okay. I thought I was, hon. member. We'll try this one more time.

Maybe what we'll do instead is that we'll just go to an amend-

ment. What we'll do is I'll propose an amendment. It's a name change amendment. Let's do that. Let's pass this around.

The Acting Chair: Did you want to move the amendment?

Mr. Anderson: Yeah. We distribute it first, right?

[Mr. Mitzel in the chair]

The Deputy Chair: Hon. members, this is amendment A2. You may proceed.

Mr. Anderson: All right. I am really excited about this. All of this talk of democracy has inspired me while I've been sitting here. I knew this bill was missing something, and I finally figured it out. One of the great pioneers of democracy in our nation's history, I believe, certainly in Alberta's history, is the former Leader of the Official Opposition, the hon. Preston Manning, son of Ernest Manning.

Mr. Boutilier: A former Premier.

Mr. Anderson: That's right. Ernest Manning, the former Premier. That's right.

Dr. Taft: Have you moved it yet?

Mr. Anderson: Oh, I have to move it. Right. Sorry. Let me read it. I'm moving that Bill 28, Electoral Divisions Act, be amended in the schedule by striking out "Calgary-Elbow" and substituting "Calgary-Preston Manning (identified as Calgary-Elbow in the DVD referenced in section 3)".

The reason I want to do a renaming here, since we're in a renaming mood – Calgary-Montrose we've renamed Calgary-Greenway. We've renamed – what was the other one? – Calgary-North Hill as Calgary-Klein. Okay. All right. That's fair enough. I'm a big Ralph fan. He was a great leader, for sure. [interjection] Don't agree with me? No. I don't think anyone agrees with all of his policies, but he did some very good things for this province.

I think of some past renamings that have occurred: well, tonight. We had a great renaming tonight, where we . . .

Mr. Boutilier: Notley.

Mr. Anderson: That's right. I really would like to commend the hon. Minister of Municipal Affairs for agreeing to that. I think he's an extremely honourable and gentlemanly member, and I'm so pleased that he would allow his riding to be amended to include the last name of Grant Notley. I think that was an extremely classy move by the minister to allow that, and he's a classy guy. I'm sure he doesn't really care for my compliments, but he's going to get them anyway. It was very, very classy. It was a classy move because I think some partisans would say: ah, we can't have an NDP put in the name of the thing. But, no, he wasn't like that. He rose above politics. I thought that was a very classy move.

We also have renamed, in particular, many names of ridings in the past to reflect the great men or women that went before. What are some examples of that? Edmonton-Manning, which, of course, refers to Ernest Manning, Preston Manning's father and former Premier of Alberta. So you have Edmonton-Manning.

Mr. Boutilier: Calgary-Lougheed.

Mr. Anderson: Yeah, that's right. You have Calgary-Lougheed, of course, after . . . [interjections] It wasn't after Peter Lougheed? Oh, I didn't know that.

The Deputy Chair: Hon. members, please, through the chair.

Mr. Anderson: Sorry.

I didn't know that. That's interesting. I'll look that up, but thank you for pointing that out. That's why it's important, Mr. Chair, to have these important debates, because we all learn from each other's collective wisdom. I did not know that. I just assumed, and we all know . . . [interjection]

Mr. Boutilier: But then again, some contribute more than others.

Mr. Anderson: That's right. Some contribute more than others. I certainly didn't learn it from that member.

Anyway, my point is that we rename ridings often after great leaders and great people. What's another? Maybe we can have somebody give us a little history lesson on some other examples where this has occurred. I know there are others out there.

Mr. Boutilier: Decore.

Mr. Anderson: Decore. Yeah, of course. Edmonton-Decore. There's another one.

There are all kinds of these different – we've done this in the past. I can think of, really, the great leaders, the great pioneers, the great people that have come out of Alberta and have championed the cause of democracy and equality for the west and for Alberta and strengthening Alberta's place in Confederation and putting us on the map, when we had been kicked around by successive federal Progressive Conservative and federal Liberal governments, who had been kicking us around so much. Then we had a guy who went to the floor and stood up for us, and I think the contribution of Preston Manning has led to so many great advances for the province of Alberta.

Mr. Kang: Like he got rid of the pensions.

12:10

Mr. Anderson: You're going to have to debate this, Member. When I sit down, I want you to stand up and debate this. I think it's only fair that you do because I've got to go through the chair. I would like to talk to you about it.

Mr. Chair, if you look at what Preston Manning accomplished as leader, he really, I think, did a huge service to the province of Alberta. [Mr. Anderson's speaking time expired] Don't I get to speak 20 on the amendment? I thought I got to speak 20 on the amendment. No? Okay.

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

Mr. Hinman: Yes. It is not Calgary-Preston Manning; it is Calgary-Glenmore.

It's interesting that we've passed many amendments here. We've honoured some great past elected representatives in the province. I would have to say that Preston Manning has done an admirable job through the decades of representing what I want to call reform to democracy, and I think that it is very, very fitting to have a riding named after him because of the service that he's done.

You know, it's interesting to me. One of the things about Preston Manning, being the true statesman that he is, is that when he went in

– again, this is about the importance of being a man of your word, that when you say something, you mean it. I don't know how many people in this House realize this, but the offensive pension plan of the federal government was something that he was very opposed to. [interjection] Would you like to speak on this?

Anyway, we've got another minister that had some comment about Preston that I don't think . . . [interjection] Yes, only a lonely minister, a long-haired, lonely minister with a nice wave to it. He likes to run fast in the wind so that he can feel it. That's the only time he realizes that there's motion. The Member for Edmonton-Castle Downs. Why can't I remember that? He wants to mock Preston Manning. As if he even sits in the same category: just remarkable to me. To say derogatory things about someone like Preston Manning is amazing to me, Mr. Chair. Nevertheless, we'll endure those comments, and we'll go forward. I take it that he won't be voting in favour of this amendment, but we'll see whether he'll get up and speak to it. I doubt it.

Anyway, to talk a little bit more about Preston Manning and why it's fitting to name a riding after him. He wanted reform. He wanted democratic reform, and one of the things that he was very outspoken about was government waste. I still to this day believe that the reason why Paul Martin and the Liberals balanced the budget was because of the pressure of Preston Manning and those early Reformers saying how important it was to be fiscally conservative and balance the budget. [interjections]

The Deputy Chair: Hon. members, the MLA for Calgary-Glenmore has the floor.

Mr. Hinman: Thank you, Mr. Chair. I didn't realize that he would cause so much pain for the Member for Lethbridge-East as well.

Mrs. Ady: It's the exaggeration.

Mr. Hinman: The exaggeration? Now the minister from Calgary-Shaw wants to mention that it's an exaggeration what Preston Manning has done and the fact that he put pressure on the federal government to balance the budget? We're still hundreds of billions of dollars in debt. I guess now I kind of get it, Mr. Chair. Why these people would mock someone who's a fiscal conservative is because they're spendaholics. They think: let's put out some more money.

The Member for Calgary-Shaw, the minister, talked about the multiplication with the Grey Cup in Calgary last year and then talked about the importance of Expo. If this government is so astute in their fiscal abilities and the games that we get, why did they not put up the money themselves with their, I think, \$12 billion sustainability fund for the 2017 Expo? They said that there's a huge multiplication factor and that you get all the money back. I would think that this government in its astuteness would say: "Let's put the money in there for Expo. We can do it. We have it, and it's a great infrastructure bid."

The Deputy Chair: That does not pertain to the . . .

Mr. Hinman: Oh, yes. Thank you, Mr. Chair. It's getting late, and the members from Calgary-Shaw and whatnot easily distract me. I apologize.

We'll go back to this amendment and why I think it's very fitting that the hon. Member for Airdrie-Chestermere has brought forward this amendment. I don't see it written on here. Just so I can write it on here, it's A2, to change Calgary-Elbow and substitute Calgary-Preston Manning.

To get back to democratic reform and the years of service: "Oh, isn't this wonderful? Another amendment coming forward. Just what the chair and the people wanted. We're happy to bring them." This is what the chair directed me. I took that direction, and I'm grateful for that direction, Mr. Chair, because you've stimulated the thought, and we're working over here and excited about it.

Preston Manning, in his realization of the poor government and the accountability and the west wanting in, said that we need to be fiscally responsible. The debt load was just taking off hundreds of billions of dollars. It got up to, I think, around \$640 billion before the government finally said: okay; we've got to start balancing the budget.

One of the things I admire the most about Preston is that he said that we're going to axe the pension plan that's so offensive to Canadians. To my knowledge, Mr. Chair, he is the only one who never did accept a pension plan. Preston Manning did his years of service, and he has zero pension plan, the only MP that I know of that put years of service in and has no pension plan. For that alone I think he's worthy of having a riding named after him. The taxpayers certainly aren't paying for his retirement. He worked hard. He's a humble individual, a man of his word.

I'm proud to speak in favour of this amendment, and I look forward, rather than to the heckling, to hearing a few of the government members speak on this and either get behind it or get against it. Stand up and speak out. Oh, you might get kicked out? I don't know, Mr. Chair. It's late. They don't want to adjourn another one, so I'll sit down to see if there are any government members that want to discuss the great opportunity that we have here in Alberta to name a constituency after the hon. Preston Manning, Official Leader of the Opposition of the government of Canada.

Thank you.

The Deputy Chair: Do any other members wish to speak? The hon. Member for Airdrie-Chestermere.

Mr. Boutilier: He already spoke.

Mr. Anderson: Oh, sorry. I didn't know you were up. Can I cede the floor to the Member for Fort McMurray-Wood Buffalo? Am I allowed to do that, Mr. Chair?

The Deputy Chair: You want to yield? The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you, Mr. Chair. It's indeed a pleasure to rise again and speak to this bill, Bill 28, the Electoral Divisions Act. I do say that as we go forward with some of the amendments here tonight and the amendment that's in front of us right now, which is referred to as: "Mr. Anderson to move that Bill 28, Electoral Divisions Act, be amended . . ."

Dr. Brown: Airdrie-Chestermere.

Mr. Boutilier: I'm just reading what the amendment says. It says, "Mr. Anderson," so I correct the doctor from Calgary-Nose Hill.

The Deputy Chair: Hon. member, you know better than that. You know that the clerks, when they call them out, call their names. It is decorum here.

Mr. Boutilier: Thank you, Mr. Chair. Airdrie-Chestermere, would you accept my apology through the chair?

Mr. Anderson: I totally accept it.

Mr. Boutilier: Thanks, Mr. Chair, for providing me the opportunity to apologize to the Member for Airdrie-Chestermere.

Mr. Chair, I would like to say that the electoral division is something that I can see is going to carry us through the night; there is no doubt in my mind. Having said that, I think that the energy we use should be directed to some of the Albertans we're honouring with some of these name changes, such as the one in front of us, and the notice of the amendment that's been put forward substituting "Calgary-Preston Manning (identified as Calgary-Elbow in the DVD)" – there's a bit of a typo in here, I think.

With all of the important work that's going on here, I think it's an important move. I certainly hope that everyone in this House will speak to it because it represents the spirit. [interjection] Maybe the Member for Airdrie-Chestermere could go and take care of the business outside while I proceed with the important business inside.

12:20

Mr. Chair, as we go forward, I can say that some of the amendments that we've talked about and this amendment that we are talking about, speaking through the chair, really in fact represent important history to Alberta. I don't know the background to striking out "Calgary-Elbow." I certainly hope that there is not in any way, shape, or form any bad will intended in eliminating the word "Elbow" and substituting the words "Preston Manning." Obviously, we can all agree that I don't think we had a Premier or a leader of a federal party, their family too, that has served so well this province. The name Manning, of course, is presently in one of our existing electoral boundaries. By referring to Calgary-Elbow and substituting Calgary-Preston Manning, we would be honouring a very, very I think distinguished Albertan, an Albertan whose family has deeply etched into the shaping of this province in its second and first centuries.

Mr. Chairman, I do believe that as we go forward, it's really important to recognize people. Often it's said: oh, well, you have to wait until you die before your name should be recognized. I think we had that debate on the issue of Calgary-Klein, and clearly our former Premier is alive and well, and we obviously wish him many, many decades of good health. It's quite enjoyable, like in this particular amendment, to recognize someone who is living and has served this province with distinction. That in itself is worthy of further discussion. Serving with distinction: not everyone can say they have done that.

To the members that sit in this House today, I know that it remains an honour and a privilege for each of us to serve. The majority of us, not everyone in here but a majority of members here, know who their bosses are. Their bosses are not the people in this House but in the very constituencies we represent. Consequently, I don't believe that there was ever a federal leader called Elbow, but clearly there was a federal leader called Manning. Therefore, including that name and the history – of course, Elbow, I think, dates back to the natural flow of its trading corridors through its rivers. The Elbow River, as we know, is one that is so important.

I recall the Member for Fish-Creek saying how difficult it is to be able to talk when others are talking, but it's so important to be able to recognize the importance of Elbow, switching it to Preston Manning. I think Preston Manning is probably smiling and listening intently to this proceeding tonight.

Mr. Anderson: I'm sure he is.

Mr. Boutilier: I'm sure he is.

Mr. Anderson: Has he been tweeting?

Mr. Boutilier: I'm not sure if he tweets or not. I really have not been able to tweet a lot because of the fact that when you have a three-year-old, you don't get to tweet a lot. You tend to watch Treehouse more than you tweet.

Mr. Chair, I can say that this amendment is, I think, an important one. I know this amendment has been put forward by the Member for Airdrie-Chestermere. Obviously, as we go forward with this road map, I hope everyone will consider following this amendment and supporting it because we have much more to do tonight. I'm not sure what else could be said relative to this amendment, but I'm certainly willing to entertain any thoughtful comments from ministers, the member, the minister from Calgary-Shaw, who, I might say, is one of my most favourite ministers and is joining me tomorrow in travelling to Fort McMurray, the oils sands capital of the world, an electoral division that serves 68,000 square kilometres, which I'm sure is etched in stone.

Mr. Denis: Is that exact?

Mr. Boutilier: That is very exact. In fact, maybe some day the hon. member could go out with a measuring tape and confirm that fact. In fact, doing it in minus 40 degree weather would be a friendly suggestion.

Having said that, Mr. Chairman, I'm going to take my seat.

The Deputy Chair: The hon. Minister of Housing and Urban Affairs.

Mr. Denis: Thank you very much, Mr. Speaker. I just wanted to offer a couple of comments to the three members that have preceded me. If we look at some of the names of constituencies that have in fact been named after previous political figures in this province or in this country, there is one commonality. I'm just going to point this out.

Edmonton-Manning, named after Ernest Manning, of course, who was the president, sorry, the Premier – I'm sorry; it's late, Member – of this great province for these many years, who sat in this House.

Edmonton-Decore, of course, named after Laurence Decore, the former leader of the Liberal Party, who also sat in this House.

An Hon. Member: And mayor of Edmonton.

Mr. Denis: And mayor of Edmonton, the point being that that individual sat in this House, God rest his soul.

Grant Notley: we're naming Dunvegan-Central Peace-Notley after the former leader of the NDP, again, Mr. Chair, who sat in this House. We're also naming Calgary-Klein, of course, after the great Premier, Ralph Klein, who also sat in this House.

Now, Preston Manning I have a high regard for as well, but he never sat in this House. I suppose that if you wanted to name a provincial riding after some leader, you could look at maybe Stockwell Day, who was our Treasurer for many years, who brought in the flat tax.

Regardless, these four people that I've mentioned all sat in this House. Preston Manning, unfortunately, did not sit in this House, and I will not be supporting this amendment for that reason. In addition, I have also not heard as to with whom the hon. Member for Airdrie-Chestermere consulted in Calgary-Elbow. Did he consult the Member for Calgary-Elbow? Did he consult anyone in Calgary-Elbow? I have not seen any evidence of that. I'm not saying that he didn't, but I have not seen any evidence of that tabled.

I would urge all members not to support this amendment, with the greatest of respect to a great Albertan, Preston Manning.

The Deputy Chair: The hon. Member for St. Albert.

Mr. Allred: Well, thank you, Mr. Chair. I'd like to just make a few comments, not that I'm particularly interested in entering into this silliness. I must say that there have been a few statements made in the last hour that have probably been the most intelligent statements made all evening. Those have been with respect to my dear friend Preston Manning, who, I agree, is a very honourable statesman in this country. He's contributed a lot and he continues to contribute a lot through his many lectures, his philosophizing, and his writings.

I've known Preston for many, many years now. I had the privilege of running with him in 1988 in the Reform Party. I was a founding member of the Reform Party, in fact, in Winnipeg with him, when he gave a great speech on the rebellions, political revolutions in Canada. He started off speaking of when Louis Riel stepped on the surveyor's chain in 1869 just outside of Winnipeg. He just went on from there and related the whole history of political rebellions in Canada. It was a very, very interesting speech, and as a result of that speech and his stature he won the leadership of the Reform Party at that time.

I've also been privileged to know most of the members of his family, who also are very respectful citizens. His wife is very committed to education. Even at a later age she has gone, I believe, out to the University of Victoria to get a master's degree after practising real estate and a number of other things while Preston was so busy in Ottawa.

Mr. Chair, I think we're trying to carry this thing too far. The next thing we'll have an Airdrie-Anderson proposal or maybe a Fort McMurray-Boutilier.

The Deputy Chair: Hon. member, I think we're talking about the name of a person that already is an MLA, and that is inappropriate.

12:30

Mr. Allred: Okay. Sorry. My apologies.

Mr. Chair, that's really all I wanted to say. I really wanted to recognize Preston Manning for his statesmanship and the respect that I think most Albertans and certainly a lot of Canadians have for him or for what he has done for this country. Certainly, in my opinion, he has changed the face of Canada in a lot of ways even though he was in opposition. I think a lot of the fiscal restraint that Paul Martin showed in the House of Commons as Finance minister came directly from Preston Manning's debate in the House of Commons. I think we can really respect him and honour him, but I don't think this is the proper place to try and change the name of an established riding in Alberta.

Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Lethbridge-East on the amendment.

Ms Pastoor: Yes. Thank you, Mr. Chair. It's a delight to be able to stand up at 12:30, in the middle of the night, and be able to address this House. Actually, the more I'm thinking about this kind of an amendment, the more I think that I can support the whole idea. I could support that in time all the ridings could be named after prominent, elected Alberta politicians. We have leaders of different parties that would be worthy of having ridings named after them. I'm thinking of Riverview-Taft, and another one that I think that . . .

The Deputy Chair: Hon. member, I just chastised a person for using the name of a person who was a sitting MLA in a specific riding. Please withdraw that. And would you all think about that a little bit?

Ms Pastoor: I'm sorry. I do withdraw that.

It would be good if we could name it Riverview and the last name of the sitting member for Edmonton-Riverview at this point in time.

Now, another one that we might look at is Chestermere-Rocky View. Now, what does Rocky View say? You know what? It's no different – it's sort of like new developments that are built around a waste-water pond and they call them lakeview lots. It's sort of the same idea. Rocky View doesn't really say anything, so it would be really easy to switch it to Chestermere-Nick Taylor, after a prominent leader that sat in this House, Nick Taylor. I think that sounds really good. I really do. I'm serious about this. I really do think that it would be a worthy way of recognizing prominent politicians who have devoted a lot of their life to the betterment of the citizens of this province.

With that, I will say that I could support this amendment simply because I believe that it's a good idea and a very good way of recognizing politicians who, as I say, have spent a good portion of their life making sure that the citizens of Alberta are well looked after.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you. This has been a good debate on Preston Manning. I could talk all night about Preston Manning. I just think he's the greatest. I was so disappointed that he didn't run for the leadership in 2006.

Anyway, aside from that, do you know what really set Preston Manning apart? He really was a great politician, I think. He did an incredible thing, starting a grassroots movement from scratch the way that he did. I mean, we're kind of having the opportunity to experience that on a smaller scale with Wildrose provincially. But to do it across the country, I mean, just an unbelievable amount of work must have been involved in doing something like that: the recruiting of the candidates and just all the things involved in that; setting up all the 300 and some constituency associations. It's just amazing to me that he was able to do all that in such a short period of time. He was an amazing tactical politician, but that's not what set him apart because there have been other good politicians.

What really set him apart is that this is a man that never compromised his principles. He always did things for the right reasons, I found. In fact, I honestly think that he was way, way, way ahead of his time. I think some of the proposals that he was bringing forward, not all of them but a great deal of them, were proposals that today would have been far more popular than in the past.

I think of, for example, you know, his idea on balancing budgets. You talked about that earlier and how that led eventually – that pressure was one of the things. I also think that some of the examples of Premier Klein here in Alberta had some effect on that as well. Unfortunately, he is not the leader of your party anymore, evidently. The really important part to remember is that the pressure from Preston Manning in Parliament I think clearly changed a lot of the thinking in the federal Liberal Party. You had another person there, a fiscal conservative, Paul Martin, that was able to balance the budget and balance the books. I think that a lot of that pressure, not all of it, granted – give credit to a whole bunch of different people, but Preston Manning was a huge driving force because he was the Leader of the Official Opposition.

As we know, that is the person, frankly, that the Prime Minister or

the government of the day has to listen to the most, is forced to listen to them in question period, in the media, et cetera. I really do think he had a hugely disproportionate role, him and his movement, in getting our budget balanced again. We had those balanced budgets until just recently. It's very unfortunate that we're back into deficit and debt and under, I think, false pretenses that it was needed, that all this debt and deficit was needed. I think we've kind of thrown away a lot of that great legacy that he was partly responsible for.

He had all these great principles, but he was often chastised or told that he wasn't charismatic enough or that he wasn't this. He wouldn't kowtow to, you know, eastern interests. He wouldn't sacrifice his principles. Because of that, he was never elected in the Toronto area and in Quebec and in other places. A lot of that was because of false information that was spread by the media about him and about the Reform movement. Of course, there were a couple of turkeys in the Reform movement, as there are in every movement. [interjection] No. That's right. You're not welcome. That's the reason why. No turkeys in the Wildrose.

The thing is that it really was amazing to see the media demonize this guy. Yet did you notice? He never became a bitter person. He was always smiling, and he was always quick to shake your hand, quick to have a warm smile, quick to be agreeable on issues and to be a friend. He was just a marvellous person.

Politics can be a rough sport, especially when the media is castigating you relentlessly for things like the way you look. I mean, they were bugging him about his glasses and about some of the inflection in his voice and stuff, just ridiculous things that one should never ever do to another human being, let alone someone who is a very respected political figure. Yet that happened all the time. It really was tragic. That was one of the reasons. Also, the lies on his policy. Preston Manning is one of the most accepting, tolerant people that anyone could ever meet. I mean, this guy doesn't care – he really believed in a meritocracy.

He believed that it doesn't matter what your skin colour is or what your background is or what you did, your faith, or anything else. Everyone should be equal under the law, and everyone should be welcome, but they should be welcome on their own merits. He really embodies the concept that Martin Luther King talked about, that someone should be judged not by the colour of their skin but by the content of their character. That was Preston Manning, in my view. He embodied that. He really did feel . . . [interjections] I'm sorry, hon. member?

12:40

Mr. Hancock: You talk about him as though he has passed on.

Mr. Anderson: No, he hasn't passed on. [interjection] Ralph Klein; that's right. I have no idea where the minister is going. It is late, though. It's okay.

I first met Preston Manning, actually, when I was at the University of Alberta going to law school, and I started a group called Students for a Stronger Alberta. It was just a whole bunch of law students and a few others. Our big charter was all about democratic reform and about getting back to the basics of MLAs representing their constituents and free votes and all that sort of thing. We had this really idealistic charter, that just happens to align perfectly with the Wildrose policy, so maybe that group did actually lead to something good, hopefully, on democratic reform.

Anyway, we had this group. There weren't that many of us, about 30 or 40. We invited Preston Manning to be one of our speakers. We had a speaker series. We were only around for a couple of years, and we only had, like, four or five speakers, but they were big events. We had David Kilgour out to talk about how he crossed the

floor after he stood up against the government, against Brian Mulroney's government and the GST. So just people that had kind of carried the torch on democratic reform.

One of the folks we invited was Preston Manning. We didn't think for a moment that he would accept our invitation because, I mean, he's a busy guy. He didn't know any of us at the time. We didn't have any connection or in with him at all. Somehow – and I forget how – we got hold of his secretary, and we asked him to come. Incredibly, he said: "Absolutely. When would you like me to come?" This was after he had unfortunately just lost the leadership vote to Stockwell Day. You know, I'm not going to get into those politics. Anyway, he had just lost the leadership to Stockwell. I like Stockwell, too. They're both good men.

[Mr. Marz in the chair]

Anyway, the point is that we invited him to come, and he came. It was 2001, and there were no hard feelings. We started advertising this event for Preston, and it was amazing. So many people were like: "Preston Manning. Oh, that guy. He's this and that and the other thing." Because, you know, universities are so liberal, and they don't like conservative politicians, and they've got bad things to say. It's not cool. So we held the thing anyway. To our amazement – we had an auditorium that could be expanded. It seated a hundred or 200 people, so we booked for a hundred, and the place started filling up like crazy. We had to open up the other auditorium anyway. The place was standing room only, totally packed, at this university, and we had just done a little bit of advertising.

He came in, and he gave one of the most elegant, incredible speeches that I have ever heard. At that point, when I heard him speak, that was absolutely one of the impetuses of making me decide: "You know what? One day I want to get into politics and fight for those same principles." What he talked about was what our democracy could look like in an ideal setting. He talked about direct democracy. He talked about free votes, and he talked about recall and citizens' initiatives and all of the direct democracy stuff that he advocated for for so long. He talked about how there are dangers to those things, to direct democracy, but he explained so eloquently how the positives far outweigh those dangers and how, if you structure them properly, they can actually be a phenomenal strength to society because they allow some of the best ideas to come forward and become law.

So he talked about this, and he was eloquent. He went on for about an hour at least, and he talked about all this. This is university, right? So you have people with nose rings hanging down, and you've got people with the punk hair-dos going on and the colored hair-dos and everything else. These guys were just – you know, he was getting to them. It was kind of funny. They were listening. There was no heckling. Then at the end they gave him a standing ovation when he was done.

I remember the one thing he said that blew me away. Obviously, I can't do it justice, but he said that after the session break, at the last day of session, after all the jabbering that had gone on, he would sit at his desk after everyone had left. He'd actually pick a time where he could come and sit in the Commons by himself, with no one there but maybe a security guard or something, and that's it. He would look at it, and he would just ponder and think about what this – he just had such a profound love for Canada. He has such a profound love for Canada. He would think about how great this country could be if we could put aside our party politics and allow elected representatives to be the voices of their constituents, all these different things, and direct democracy and how we could have a much more civil discourse and debate. He shared all these different ideas about how we could arrive at a better discourse and debate and

more decorum. It literally made you tear up. What guy sits in the Commons afterwards and thinks about these things? You just could see the sincerity, how much he cared about this great country of ours. It really changed my perspective on what the role of a politician could be because up until that time I think I was like most Albertans, most Canadians, very cynical of politicians in general. So to see that, I mean, just blew me away. It was really cool, and I'll never forget that.

Then we had lunch with him after, and we went out with the dean of the law school. At the time it was Dean Percy. Now I'm losing the first name. That's really bothering me; I'm going to have to look that up. Anyway, so we went out to lunch with him, and Dean Percy of the law faculty would ask him to explain: what's the deal with religion and politics? How can they interact? And the way he explained it in legal terms was so eloquent. He had such a grasp of how they're not mutually exclusive, you know, how they can work together to build a strong society, but there's got to be that clear division. He was able to weave it so perfectly, and it just made so much sense. He'd obviously thought about it for hundreds of hours because you couldn't make something like that up on the spot.

I honestly think, Mr. Chair, that he was without a doubt the best Prime Minister that this country never had. It's a shame we never had him as a Prime Minister, but – you know what? – the fact of the matter is that his legacy lives on in the lives of thousands of Canadians across this nation. Many of the people in this Chamber – I heard the hon. Member for St. Albert. I heard, of course, the hon. Member for Calgary-Glenmore, myself, and hopefully others – clearly have been inspired by this man and his fairness and his goodness and his principles. If I'm a little gushy, that's just too bad because the fact is that – you know what? – he's just the example that we should all aspire to, including myself. I mean, it's just so clear. It's hard to follow such a high standard, to try to copy that high standard. For example, everyone liked the guy, and I clearly have not reached that standard. He would be able to debate with people, and they wouldn't be mad at him after the debate. You know, you could have a real debate.

12:50

An Hon. Member: A true diplomat.

Mr. Anderson: That's right. A true diplomat.

He could keep his cool, he could drive home really strong points, but people could still look him in the eye and shake his hand afterwards, and they could go out and have a beer. That's something, you know. For a lot of us it's difficult to be diplomatic when you're in debate, so that kind of leads to some harsh feelings once in a while and so forth.

There's so much on virtually every level that we could learn from this man. I would like to see, I hope, that one day our Alberta history books as we go forward, our social studies curriculum, will include a chapter on this great man just like we include a chapter on . . . [interjections] I hope that there's a section or a unit where we explore the contributions of Preston Manning to the country and to the province of Alberta in championing the cause of democratic . . . [interjections]

The Acting Chair: Hon. members, could we keep the tone down a little bit? The hon. Member for Airdrie-Chestermere has the floor.

Mr. Anderson: Hopefully, one day in our social studies textbooks there will be a unit devoted to this man and his contributions to the province of Alberta and to the country of Canada because I really

think that it is exceptionally underrated. It is something that we can all be very, very proud of, that this man came out of our province. I think the least we could do is to name a portion of the riding that he used to represent in southwest Calgary, which includes Calgary-Elbow. I mean, Elbow. Great. It's a river. How can we say that that's contributed more to our province . . .

An Hon. Member: Fly-fishing.

Mr. Anderson: That's right. It's great for fly-fishing and all that. That's fantastic.

I think Preston Manning is someone who has inspired the best in all of us. I think that if we were to name that riding after him, I think it would be a great service to the people of Alberta and to his contribution.

So that was my little vignette, so to speak, of how I met Preston Manning. Of course, since that time I've had the opportunity on multiple occasions to sit with him, and it's just been a great, great experience.

Thank you, Mr. Chair.

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

Mr. Hinman: Thank you, Mr. Chair. It's good to welcome the new crew of government members that's coming in. We've got some exciting amendments here. The one that we're talking about right now is amendment A2 to Bill 28, moved by the hon. Member for Airdrie-Chestermere, to basically amend Calgary-Elbow and substitute Calgary-Preston Manning. Like I say, truly, when you think of the great elected representatives in this province, Preston is up there with them all, including his father.

I'm just somewhat amazed that the member for – it's going to be Calgary-Acadia. Why am I drawing a blank here right now? Calgary-Egmont. It's getting late, obviously. The Member for Calgary-Egmont gets up and talks about all the precedents, and he went through the names and said that because he hadn't been in this House, he wouldn't be worthy of having a constituency named after him. I couldn't think of anything further from the truth. You know, many things that this government does set a new precedent. More often than not I find it a negative precedent: empowering ministers with power and authority that basically reduces the democratic process.

The Acting Chair: Hon. members. Hon. members, the chair is having a very difficult time hearing the speaker. The hon. Member for Calgary-Glenmore has the floor. Keep the noise level down. That would be appreciated by everyone. Thank you.

The hon. Member for Calgary-Glenmore.

Mr. Hinman: I wasn't sure that I heard you, whether I had permission yet or not. Thank you, then, Mr. Chair.

The Member for Calgary-Egmont talked about the precedents and the reasons why he felt that Preston didn't deserve that. I just almost have to laugh that, you know . . . [interjections]

The Acting Chair: Hon. members, I'm going to have to start calling you by your constituency name and identifying you if you don't keep the sound down. The chair cannot hear the hon. Member for Calgary-Glenmore, so please keep the tone down.

Please proceed.

Mr. Hinman: Thank you. I'll try again, Mr. Chair, but it just seems like many here are more interested in something else. I think you've

said many times that they should move out into the lobby if they need to talk at such a level. It's hard to even think in here, and I can't hear your direction. Send them out.

Anyway, I think that Preston Manning is an Albertan that we should all be proud of. More importantly, he's a parliamentarian; he is a leader in Alberta. The effort, the sacrifice that he and his family made is truly incredible and has been mentioned by the hon. members for St. Albert and Airdrie-Chestermere. I'm mistaken. The Member for Calgary-Shaw was speaking to the Member for Lethbridge-East, not to me, on Preston Manning. It's encouraging to hear a few members get up and recognize the contribution that he has made, not only for Alberta but for all of Canada. It's just quite exciting that when we have new electoral boundaries in this act, we actually have an opportunity to honour some of these great people by naming a riding after them. Perhaps it's . . . [interjections]

The Acting Chair: Hon. members, if you want to have a side conversation, please do it in the hallway or discontinue it.

Hon. Member for Calgary-Glenmore, continue.

Mr. Hinman: Thank you, Mr. Chair. There seems to be quite an amount of excitement at this time, at 1 o'clock. There's a changing of the guard with the government members. I don't know. Maybe we need to go back and repeat a little bit about what we're talking about on this amendment. I don't know that they even know what's in front or whether they've got so much paper on their desks that they're not sure what amendment we're on.

This is an amendment to Bill 28, which . . .

Mr. Hancock: I'm trying to figure out if you know what amendment you're on.

Mr. Hinman: Now we have the Member for Edmonton-Whitemud making some remark about wondering where we're at. I will try and clarify for him. It's obvious that they're not caring too much. We've asked to adjourn this debate to move to some other ones, but this government keeps saying they want to talk about this, so we're happy to keep talking. The Member for Calgary-Nose Hill: if it wasn't for him, we would have moved on. Because no one else was astute enough when we moved to adjourn the debate, the chair actually ruled to have it adjourned, and then he stood up to have a standing count, and we lost this. So because of his astuteness we will continue on. We've asked many times . . . [interjection]

Chair's Ruling

Relevance

Decorum

The Acting Chair: Hon. member, the chair is quite familiar with the history of this evening and doesn't need to be reminded of it. But I do need to remind you that we are speaking on amendment A2 to Bill 28. If you could confine your remarks to that, I think everybody would appreciate it and be very interested in hearing what you have to say. Please carry on.

1:00

Mr. Hinman: Mr. Chair, I'm trying to listen to you, but there's so much rhetoric and garbage going on, I don't know that I could quite hear you. If you want to repeat it once more. [interjection] What's the blathering minister from Innisfail trying to say, through the chair, now? I couldn't understand him.

The Acting Chair: Carry on with the amendment, please.

Mr. Hinman: Okay.

The Acting Chair: All members of the House have been guilty of infractions of disruption.

Mr. Hinman: Mr. Chair, I literally cannot hear you. I don't know if your mike's not on or what.

The Acting Chair: I said that all members of the Assembly recently have been guilty of infractions of disruptions of the House. Please, if I could have everyone's co-operation, I would be much happier, and I'm sure anyone that has the floor would be much happier.

Hon. member, please continue on amendment A2.

Debate Continued

Mr. Hinman: Thank you, Mr. Chair. We'll try again, but the unrest has come in. You're aware. I'm certainly aware. I've been here the whole evening. We've been speaking on this, but, like I say, I don't think the government members are aware. They're just taking a shift change and sitting like deadheads in their seats. We'll continue and see if we can get somewhere on this amendment and see if some of them will get up and speak, and we could vote and carry on because we have many more amendments that we're looking forward to presenting to this House but having difficulty going through here.

Preston Manning truly is a statesman that's worthy of having a constituency named after him. I disagree with the Member for Calgary-Egmont, who says: oh, he's never sat in this hallowed House. Then for him to go on and say: well, I don't know who he's spoken to. Well, it wasn't me who brought forward this amendment. I'm supporting this amendment. I think that's just how out of touch many of the government members and ministers certainly are. To think that he wouldn't be a recognized icon just shows how poorly connected they are and how self-interested they are.

I'm surprised that they haven't brought an amendment forward to name after the first Premier of their party, that started their dynasty, which they are so disgracefully going to lose after 40 years, kind of like the third or fourth generation family business where they've become out of touch in doing the service to the community, and they lose the family business or the family farm because of laziness and arrogance. I would think that one of these government members might bring forward the name of Peter Lougheed, who started there.

Anyway, Mr. Chair, what this amendment A2 is about is changing the name of Calgary-Elbow to Calgary-Preston Manning, again, an absolute statesman who sacrificed so much in trying to make a difference here in Canada. I just would have to say that he made that difference. He made that impact. He stayed true to his principles, principles that I continue to endorse and would like to see brought home here to Alberta. One of the few things that I ever, discussing with Preston, wouldn't agree with him on is that we needed a provincial Reform Party at the same time. We needed to bring in recall. We needed to bring in accountability. There are so many principles that Preston put forward that the PC Party adopted in part but often would not take the whole principle. Again, to this day it's costing the quality of life here in Alberta.

Mr. Chair, it's like I say. Let's reflect on the different people who have had ridings named after them and compare them to the service and the difference that Preston Manning has made for Albertans. He put us on the map. He's the one who said: the west wants in. He did it in a very eloquent way. He was always graceful. He's one of those individuals who came in and he just had this humble spirit about him that he could debate or discuss with anybody and a very powerful intellect that really understood and loved his country of

Canada and wanted to make a difference. I know that he spent many, many hours consulting with his father, who became a Senator after being the Premier here in this province, trying to make a difference federally.

There are so many areas that we are suffering on because we haven't taken the higher road in saying: this is the better way. This is the democratic way. There are many things that we could talk about, the things that Preston stood for. Like I say, the thing that probably impressed me the most was that when it came to the principle that he had spoken, that the offensive pension plan had to go, you know, the federal Liberals tried to egg him on. Again, all of the other MPs except for Preston – to my understanding, he's the only one who never took a pension because he did not accept what they did. It needed to be a fair one, one that was in line with private industry. He said it wasn't right, and therefore he wouldn't do it.

Like I say, I just have to hold him in the highest regard because of that. Again, he continues to go on and to serve our country. He's founded the Manning Centre for Building Democracy. The purpose of that is to go around and to hold conferences and seminars trying to raise the level of democracy.

It's interesting, you know, that there is an individual in history – again, a lot of times in history we don't always have the best documentation, but Alexander Tytler is one name that's been given to him, a Scottish historian who talks about democracy and the fall of democracies. He says that the reason why democracies fail – and the average failing time is between 200 and 250 years – is because the people eventually vote for the party that will give the most out of the public purse. When we have a politician or a party that promises to take wealth and taxes from one area and redistribute to another area, they often gain and garnish votes. It's not in the best interests of the country as a whole, but it's very much in the best interests of the party that's trying to take over.

What we have, Mr. Chair, is an individual that didn't compromise. His values and his principles were more important than winning. I truly believe that if we had more elected representatives like him, we would have more people coming out and voting because they would understand that. Another thing that I kind of get a chuckle out of is that listening to government members talk, they often wonder: how can the opposition ever get re-elected? They don't understand that. It's because those opposition members know what they stand for. They don't have to worry about them blowing in the wind and changing. People have respect for that.

It's an easier race when you're part of government and you can be in power and you can do what Alexander Tytler talks about, promise extra goodies. I was quite amazed in my last election down in Cardston-Taber-Warner at the number of ministers that came down and promised paved highways, new schools, so many perks, but they said: none of these things come into effect until after the election.

Mr. Anderson: I got promised a new fire truck.

1:10

Mr. Hinman: Yes. We talked about a fire truck to Warner. It's sad to see where we can have democracy get watered down to that level, to where we feel like if we don't vote for the party in power, our area is going to be compromised. Again, the opposition today brought up the question on that, you know, with municipal funding and how there isn't a formula to know how that's going to come forward in the steady amount that's coming.

Preston was above all of that. Preston was a man of principles. Preston was an individual that was eloquent, just a vast knowledge of history, of the country, and he was so dedicated to serve. His family, his father, had spent a lot of time. You look at the time that

he spent away from his family in serving Albertans and being a representative for Alberta. I just think that this is truly an individual that we can and we should name a riding after.

I support this amendment to Bill 28 to substitute the name of Calgary-Elbow with Calgary-Preston Manning. What I would move at this time, Mr. Chair, is that we would allow the government to go out and have a little discussion and come back and vote on this amendment. So I would move that we adjourn this debate at this time, and we can vote on that and then see if we can move on.

At this time I move that we adjourn the debate so the government can talk in private over this.

[Motion to adjourn debate carried]

Bill 17
Alberta Health Act
(continued)

The Acting Chair: Is there anyone wishing to speak on amendment A3? The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Yeah. Well, this, of course, has been put forward regarding the hon. Member for Edmonton-Meadowlark's bill of rights, his patients' bill of rights, which is essentially a foundation and the ultimate pillar of, I believe, our health care system and our society. In my judgment, as I speak for the next 20 minutes, I don't think 20 minutes is going to allow me an ample amount of time to be able to speak to this issue. But I will endeavour to try to capture my colleagues relative to what is important in terms of the bill of rights that the hon. Member for Edmonton-Meadowlark has put forward.

The reason why I think this is so important, first and foremost, is that of all the members that are in this Assembly, it's interesting to see that there is only one medical doctor in here. He is the one who was kicked out the PC caucus yesterday, and I understand it was unanimous. I must admit that I was thinking of when they kicked me out, Mr. Chair. You know what? They didn't kick me out; it was one person. I thought that if they had been in the room, they would have defended the honour of representing your constituents, but I guess not. They just simply did that.

The Acting Chair: Hon. member, I don't see any relevance to amendment A3 in your comments thus far. We are speaking about amendment A3 as proposed by the hon. Member for Edmonton-Meadowlark, so if you would please continue on the amendment.

Mr. Boutilier: Well, thanks, Mr. Chair. The point that I was attempting to make was that the Member for Edmonton-Meadowlark, who put forward the bill of rights as a medical doctor and an ER doctor, clearly knows much more than, I think, any one of us in here. I believe that his bill of rights is an important one. The distinction I was making was that the bill of rights is something – he's no longer with the government. The relevance was that he's a doctor. So the government had a doctor, but now they don't. In fact, that being said, the relevance is that this bill of rights, I am absolutely impressed with. I think it reflects the spirit and the value of Albertans. Consequently, that's why I will be supporting this in Bill 17.

Now, let me go on further. I also think that it's very important that the doctor spoke with experience. He spoke with passion. He spoke about what he had been hearing from people in emergency rooms. How could we all not be intently listening to such passion when it comes from a front-line MLA and a front-line service provider, as a medical doctor, that now sits as an independent?

I'm very proud, Mr. Chair, to say that I, also, sat as an independ-

ent. The relevance, you may ask, of sitting as an independent is simply this: the bill of rights, in representing patients, is similar to the bill of rights of representing constituents. Proudly, we both sat as independents, him now, because of the relevance that he thought what was more important is the honour of representing his bosses as opposed to honouring something that's not there on the other side when it comes to knowing who your bosses are.

[Mr. Mitzel in the chair]

I see the chairmanship has changed. That's always a pleasure. I kind of was liking the other chairman, but of course I like this one, too.

The fact of the relevance is that the Bill 17 amendment is an important bill of rights. It's an important bill of rights because it's coming from an ER doctor who is an MLA. Now, I was waiting on this bill of rights to see if the new parliamentary secretary of health was going to retract the comments. I understand that's becoming a habit on that side because of the Minister of Energy wanting a retraction. So we were hoping that he would retract his comments relative to the relevance of the bill of rights where he said, I think last night in this Assembly, that the Canada Health Act just simply wasn't relevant to supporting the amendment. It's just not important enough. Well, the bill of rights is even more important, more important because it's talking about representing the values of Albertans and, also, the principles of Albertans.

Mr. Chairman, in my judgment the Bill 17 amendment should be supported by everyone. This will give members across the way, the PC caucus, a chance that they never had – and this is their chance – to stand up and to vote unanimously in support of the amendment. Of course, the minister of health has stood in this Assembly on this Bill 17 amendment and said that he will not support it. That's been on the public record. Then after saying that, I'm very pleased to say that I saw members from this side and this side and that side say: we believe that this is a good amendment, first of all, because it's coming from someone who actually knows what they're talking about.

It was interesting. The comment made was, I think, knucklehead, and “knucklehead” is an interesting word. What is a knucklehead when it comes to Bill 17? Well, the direct reference was that there are a lot of knuckleheads that are existing when it comes to the issue of a bill of rights for patients. Rather than a bureaucracy, this bill of rights will be able to cut through that red tape, and that's comforting to know. Retrieving the community capital that's been lost by the Alberta superboard, that's how he framed it, and from an emergency doctor, I can only say that I concur with his observations. I'm sure that he's proudly looking at himself in the mirror tonight knowing he stood up for the principles and the values of Albertans. What more could any constituency ask of their MLA, rather than toeing the party line and thinking that there's a person over there in the front row that thinks they're your boss?

1:20

In the upcoming electoral boundary we just did – I forget; I think it was Bill 28 – the relevance is that the real bosses will determine if the bill of rights is the correct thing. If, in fact, you support the bill of rights that is being put in here with the Bill 17 amendment, will you be rewarded in the next event? We will quickly determine that we will have to listen to our bosses. Some may not like the answers to what our bosses will be saying. But I do say that the Member for Edmonton-Meadowlark, clearly, in my judgment, is directly connected to the information on the front line as an ER doctor but even more to Albertans because of their values.

It was interesting that there was something like over 400 or 500 comments already on the relevance of the Bill 17 amendment and on helping people in the bill of rights. So I think that this is very, very important, and it would be interesting to hear comments from others in this room. I do believe that I have 20 minutes to speak on this issue, which means I have more time to speak, so I want to take full advantage of my time to speak. I can see the Member for Innisfail-Sylvan Lake listening intently. I thank the honourable gentleman for listening to my words of wisdom. It is so nice that he is listening to my words of wisdom. I know he got upset earlier tonight.

The relevance of this is that the bill of rights for patients and for Albertans is our principal responsibility as MLAs. Our principal responsibility as MLAs is to ensure that patients have a bill of rights, and not only a bill of rights, Mr. Chairman, but a bill of rights that will ensure – contrary to what the minister of health seemed to think, when he said he would not support this, I believe that he should support this, and maybe even the former minister of health should support this.

You know, I had accused him, Mr. Chairman, at one point of being full of gibberish. There is no shadow of doubt in my mind that the hon. member actually occasionally has a good idea. In fact, the one good idea that I heard in this very House, when we talk about a bill of rights, was that he didn't throw oil sands companies under the bus like the Premier and the Minister of Environment did.

It's interesting that our bosses – our bosses – have often told us that we should listen to them. I'm listening to them, but I'm also listening to an ER doctor who also happens to serve the people of Alberta. I know that he knows it's an honour and a privilege to do that, and I can only say and confess that he's indeed one of the smartest MLAs that I've met, and a passionate MLA, without any doubt in my mind, is the Member for Edmonton-Meadowlark.

Have you noticed I'm not using any names? I'm using the constituency name. Until that standing order is amended at a further date, I will continue to not use the coffee-talk name, rather the Edmonton-Meadowlark name. It's a teachable moment tonight, Mr. Chair, so I congratulate you for that.

I'm so pleased to say that then there are no other interruptions. Because of that fact, I am able to divert my entire amount of energy to the words of the Member for Edmonton-Meadowlark, which is a bill of rights for patients. Think about that for a moment, a bill of rights for patients. What a novel idea. It's like putting a safety net under Albertans because, God only knows, we need a safety net for all Albertans right now based on the crisis that we are faced with.

I know that on this important issue of health care there has been reference made to the Cookie Monster. I won't make any reference to the gentleman's name, pertaining to the bill of rights, but I can say that the Cookie Monster, who was referred to as the CEO of the superboard, is not the issue. The issue is the superboard itself. Under a bill of rights – they don't have a bill of rights right now, but under the superboard, essentially, the Cookie Monster is gone. But what about Ernie and Bert? They have to go next. I mean, Ernie and Bert – you can determine who they are, but clearly the former minister of health and the chair of the superboard are also some things that have to go. Rather than retracting, just simply going would serve that purpose very well.

I have had this direct discussion, Mr. Chair, on the bill of rights, regarding the important initiatives that are being done. Can you imagine if I were to say in here: it's either him or me. That gives a new meaning to democracy. But he appears to have sold a bill of rights in terms of convincing members of the PC caucus that an ER doctor in an ER crisis is not important enough. Nothing could be further from the truth. I would trust my son's life and my wife's life with this doctor. I know many members in here have sought his

advice, and actually, in doing so, he espouses the bill of rights in protecting patients each and every day.

I believe that, clearly, tonight is about honouring the spirit of what the Member for Edmonton-Meadowlark has brought here. That's why I am here now at 1:30 in the morning, that's why *Hansard* is here at 1:30 in the morning, because of the fact that we're honouring the spirit of what the Member for Edmonton-Meadowlark represents in the patient bill of rights.

In other words, we need a safety net. And why do we need a safety net? Because of the mess that has been created. Not that it was created deliberately, but it started with the former minister of health, and now it continues with this minister of health. You know, the CEO has been basically fired tonight, but I find it ironic that the chairman of the board is still there – that's like the fox in the henhouse – who was appointed by the former minister of health. I don't think Albertans will be fooled by this, but they will support a bill of rights relative to Bill 17.

I am beginning to get somewhat of a dry mouth at this point. I am so eager to listen to others, but I would really like, Mr. Chair, to use my time for the 20 minutes because I'm usually not short on words. In fact, I've sometimes been occasionally . . .

Mr. Anderson: You can stop and take a drink if you want.

Mr. Boutilier: Yeah, I think I'll stop and take a drink, but I don't want to lose my spot, Mr. Chair. Beautiful, blue gold.

Well, Mr. Chair, I will say that I look forward to continuing to debate this issue throughout the entire evening to honour the spirit and the values that the Member for Edmonton-Meadowlark has brought forward. Actually, we had an interesting discussion this afternoon on the intent of what his bill amendment was. It was so interesting for him to make reference to the fact that his oath that he took as a doctor versus his oath that he took as an MLA, there was an appearance of conflict, conflict from the perspective that he needs to be, first and foremost, for his constituents.

As we go forward, Mr. Chairman, I believe that this bill amendment is a very good initiative. It is a new idea. A new idea is like a newborn child: you have to feed it, you have to nurture it, you have to allow it to grow, you have to protect it. You have to keep enemies away from good ideas. First and foremost, this is a good idea.

Again, the hon. member has just been kicked out of the PC caucus, and why? For standing up for the rights of patients. Good for him for doing that, standing up for the rights of patients, standing up for Albertans. So, Mr. Chairman, I believe . . .

The Deputy Chair: Carry on.

Mr. Boutilier: Oh, I wasn't sure if everyone was listening, but I'm glad to see everyone is. I'm glad to see the member from down south here. I know he has a camera and likes to take lots of pictures. But, in my judgment, I'm glad to see he's paying attention as well, from Strathmore-Brooks.

In fact, speaking of Strathmore-Brooks, the former member from there was a medical doctor as well. He was a medical doctor actually that, again, showed the same type of vision that this medical doctor has shown, and for that I congratulate him. He is no longer a member of this Assembly, but he is still a medical doctor. In fact I spoke to him earlier . . . [A cellphone rang] I thought I heard a band, Mr. Chairman, playing on that side of the House, but I must have been . . .

Mr. Hancock: Do not ask for whom the bell tolls.

The Deputy Chair: Hon. members, the Member for Fort McMurray-Wood Buffalo has the floor.

1:30

Mr. Boutilier: Thank you, Mr. Chair, for recognizing that I have the floor. Obviously, the Minister of Education didn't know that I have the floor. But I do have the floor, and I have the floor to talk about a bill of rights, a bill of rights that he should be absolutely compelled to support, to the Member for Edmonton-Meadowlark. Perhaps he can't, through the chair, because he doesn't want to be whipped for not following the party line, a party that has thrown a doctor out because of the fact that he stood up for patients' rights. My goodness. Really. To the Minister of Education, I'm actually disappointed in you, that you would not stand for the very principles – the very principles – and values.

Now, we could always have a point of order. I could see the pose of a point of order. That would be really nice. I think he doesn't want to speak about the issue of the bill of rights that the Member for Edmonton-Meadowlark so astutely put forth because he's a doctor. He's a doctor. He's not a lawyer; he's a doctor. He actually knows something that's going on.

Mr. Chair, I want to say that whatever profession you're in, I know they are all noble professions. Certainly, serving in this House is a noble calling. As we all know, the time that we take to be here, which takes time away from our loved ones and our families, is okay. For those that travel hundreds of kilometres to be here, that speaks to the very principle of what the Member for Edmonton-Meadowlark was espousing when he put forward a patient bill of rights, when it comes to that issue.

Mr. Chairman, I want to say tonight that this clearly, in my judgment . . . [Mr. Boutilier's speaking time expired] What I wanted to say is that my time is up. Thank you, Mr. Chair.

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

Dr. Taft: Thanks, Mr. Chairman. I appreciate your creating the chance – I just need to confirm: how many minutes do I have?

The Deputy Chair: Twenty.

An Hon. Member: It seems like forever.

Dr. Taft: It is 20. Some of these speeches seem to go on forever. That's right.

I haven't had a chance to speak to this particular amendment yet. It was moved this afternoon. I have to sort out my thoughts on this as I listen to the debate. I hope the debate is widespread. We have had some brief discussion on this in our caucus, and I believe that our leader is in favour of this motion, but I just want to explore what it means.

There are two paragraphs to the amendment, and it comes under the section which I think the Member for Fort McMurray-Wood Buffalo was calling a patient bill of rights. It's actually a health charter, but I just want to be clear here. So under Health Charter it would add a couple of paragraphs. In effect the first paragraph would cause Bill 17 to read that the health charter must "include 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." That would be part of the effect of this amendment.

A couple of issues come to mind. I'm sure that the spirit of this is something we'd all agree to. Who wants unnecessary deaths or harm and so on? It does raise – and maybe this is just semantics.

Hopefully, all deaths in an emergency room or a hospital are unnecessary as opposed to necessary. I don't know. [interjection] We could have this discussion so Airdrie-Chestermere could explain to me what would be a necessary death or what would be necessary harm, for example. But that's perhaps just semantics.

My concern with this is the practicality. If we pass a law that says there must be a charter that includes guiding principles that no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care, no unnecessary waste of resources should occur, then what happens if those things do occur? What are the consequences? There's no other provision in Bill 17 to impose penalties or sanctions or anything if it's violated. So one of the first questions I have is: what's the effect of this? If we pass this, it's still kind of: so what? Because if there is an unnecessary death, it doesn't say that would trigger an investigation or there will be penalties or anything like that.

The other thing that's even more fundamental than that is that just because we pass a law, that doesn't mean that any of this is actually going to happen, and this is actually one of my concerns with this bill in general. We can talk all we like and put all the wonderful words on paper in this Assembly and turn them into laws, but outside of the walls of this Chamber, it doesn't change anything, certainly not necessarily. If we pass a law that says there shall be no unnecessary deaths in hospitals, it doesn't mean they're not going to happen, so I'm struggling with: what's the point of this first paragraph?

Surely, it's already clear to anybody working in the system that they're not going to cause unnecessary deaths. Doctors and nurses and health professionals have oaths that already preclude this from happening or already commit them to the first principle of medicine: thou shalt do no harm. I may be rambling a bit because it's so late in the night, but I'm not quite sure what the point of that is.

The second part of the amendment is more specific. I must begin by thanking the Member for Edmonton-Gold Bar, my neighbour here, who has brought to my attention the background document that's referred to in this amendment. What this second paragraph of the amendment would do would be to cause Bill 17 to say that the health charter must

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.

Now, what this is referring to are the famous benchmarks that we've heard quite a lot of discussion about. In fact, a week or two ago I tabled in this Assembly photocopies of pages from an Alberta Health Services report from earlier this year that included their benchmarks, which had been announced the day before by the minister of health as if they were brand new. In fact they'd been there for months and months.

Anyway, I am quoting here from the Canadian Association of Emergency Physicians' February 2007 Position Statement on Emergency Department Overcrowding. These benchmarks say:

1. That emergency department (ED) length of stay benchmarks be established nationally as follows:
 - (i) ED length of stay not to exceed six hours in 95% of cases for CTAS Level I, II and III patients.

I'm trying to remember what CTAS stands for, but it's essentially the severity. I think maybe triage assessment system or something like that. It's the severity of ailment that the person has.

- (ii) ED length of stay not to exceed four hours in 95% of cases for CTAS Level IV and V patients.

Then, actually, this document goes on at some length, and I suppose I'd better read this into the record because it's crucial to this debate.

1:40

Mr. MacDonald: I think you should because it hasn't been done. It was just referred to on the Internet.

Dr. Taft: My esteemed colleague from Edmonton-Gold Bar is telling me that this hasn't been read into the record, and it's vital because it's actually directly quoted in the amendment.

2. That all admitted patients must be transferred out of the emergency department to an in-patient area within two hours of decision to admit.
3. That overcapacity protocols be rapidly implemented to allow Canadian hospitals to meet the national emergency department length of stay benchmarks until functional acute care capacity is sufficient.
4. That achievement of these benchmarks must be continually measured and ED length of stay should be documented on a daily basis by hospitals for all patients, and reviewed monthly. Hospital and Regional administrators should be held accountable if the throughput standards are not met.
5. That hospitals optimize bed management strategies to ensure the appropriate use of existing and future acute care beds.
6. That governments sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85%.

Now, for *Hansard's* purposes this is on the web if you search the Canadian Association of Emergency Physicians, February 2007.

There's a lot in these standards that's contemplated in this amendment, and I actually rather like – in fact, I think there's an enormously important figure here in paragraph 6 of these standards. I have cited this many times over the years, and it's just been dismissed. It says here, "that governments sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85%." For years it's been known in hospital circles that the optimal occupancy rate for a hospital is about 85 per cent, and if we have it below that, we're not really being efficient, but if we start to creep too far above that, various problems emerge. One is that you have no surge capacity, you have increased wait times, and so on. But you actually lose efficiency. As you approach a hundred per cent, you lose efficiency.

When I've tried to explain this to people, I use an analogy of a kitchen. If you have a kitchen that's designed for two people to work in and you have three people in it, you start becoming inefficient. If you have four people, you're bumping into each other, and you can't open the fridge, and you throw in an elbow because you're trying . . .

Ms Blakeman: And then you spill something.

Dr. Taft: Yeah.

Hospitals, just like kitchens, when they're working at overcapacity, efficiency goes down. What do we have in Alberta and what have we had in Alberta for the better part of 15 years: hospitals that are at a hundred per cent or 110 per cent capacity. We wonder why costs are so high and efficiencies are poor. The same reason that a kitchen can't function properly when there are too many workers in the kitchen. We need to build hospitals. Please. There's a bunch of cabinet ministers here. Please. You'll improve our system dramatically if you can meet that standard.

That used to be the standard: 85 per cent. So if there's a bus crash, you've got surge room. If there's a flu epidemic, you've got surge room. Day to day you don't have doctors and nurses spending hours and hours trying to find a bed because there's a bed available. I'm really excited about this particular stance because I kind of thought, "God, the world has moved on," and it hasn't. That is a

historically mandated standard. So I like this paragraph in this amendment quite a lot.

Mr. Hancock: The question is: should it be here, or should it be in the context of all the benchmarks that we need to have?

Dr. Taft: The Member for Edmonton-Whitemud is making some good points. I hope you rise and make those. The question he, I believe, raises – I don't want to put words in his mouth – is: is the Alberta Health Act the right place to put these standards? I think the point is that they need to be put in legislation somewhere because if they aren't put into legislation, we lose accountability, and we have lost that badly.

I want to move back in this discussion to earlier paragraphs in this Canadian Association of Emergency Physicians position paper, and that is to paragraph 1, that says that "length of stay benchmarks be established . . . not to exceed six hours in 95% of cases for CTAS Level I, II and III patients." I wasn't quite right. CTAS stands for Canadian triage and acuity scale. I thought it was Canadian triage assessment system, but I was wrong.

Anyway, I think one of the things we need to think through in this amendment is the kind of chicken-and-egg effect here because until we get our hospital capacity so that hospitals are only functioning at 85 per cent capacity, I don't know that we can meet these benchmarks. What those benchmarks assume is that there's actually enough capacity normally available in a hospital that people can be moved through emergency into the hospital. For us to get that capacity opened up, we need to significantly increase the number of hospital beds.

I just want to return to this point here: in a timely fashion. One of the problems that I think we've had in our health care system for a number of years is that we have refused to have health care professionals in charge of the system. I actually quoted the former minister of health, who is now the Minister of Energy. When he appointed the Alberta Health Services Board, he said that the last thing he wanted was health care professionals on the Health Services Board. I was startled at that, and I challenged him. I said: if you were running an oil company, would you say that the last thing you want on your executive team are experts in the oil industry or that if you were running an airline, the last thing you would want on your board is people who know how to run airlines? It just struck me as crazy.

Then what do we do? We the government go out and hire an economist to be in charge of the health care system. Now, I don't want to necessarily wade into this debate, because it's not over, but an economist is naturally going to want to run things just instinctively at a hundred per cent capacity. Anything less than that, in the mind of an economist, is inefficient. But, actually, a health care professional will tell you that a hundred per cent capacity is inefficient. We have an economist who has constantly kept the screws on the system: "Oh, it's got to be 100 per cent. It's got to be 110. If we can get it to 100, let's get it to 110," not realizing that, in fact, he's breaking the system. The system is broken.

How do we fix it? We need to fix it by getting a little bit of slack in the system. I perhaps shouldn't use the word "slack," but you just need that. Then suddenly you'll be astonished at how much better it will run. Until we get to that point – I don't know – I don't think it's possible to meet these emergency room standards of six hours. So there's a tension, a paradox in this. If we adopt this in the Alberta Health Act, I don't know how we would ever make it work. Of course, again, because there are no consequences if they don't make it work, then maybe it's just all rhetoric, anyway.

There are other aspects of this paper, the Canadian Association of

Emergency Physicians paper, that need to be discussed further, but I am, I think, going to take my seat because I'm getting low on time and will engage in those debates later on.

Thank you.

1:50

The Deputy Chair: Any other members wish to speak? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair. I think that it was – what was it? – 6 o'clock, so eight hours since they adjourned, and I wasn't able to finish my discussion at 6 this evening. Now we're back onto something that many individuals have been wanting to discuss, the very importance of amendment A3 to Bill 17, which has been brought forward by the hon. Member for Edmonton-Meadowlark.

Again, I've enjoyed the remarks by the hon. Member for Edmonton-Riverview and his falling back on the 85 per cent capacity and the efficiency of it. There are so many areas that he brought up that I would also like to discuss a little bit. What are the ailments of our emergency room and overall health care system? Why is it that we actually need now to write a charter act that actually has some bite to it if, in fact, those time allocations are not met? This government has a terrible track record of saying that it's going to achieve this and then appeasing everybody but that we need six months to do it, that we need a year to do it. Right now with their new protocol, where they've brought everybody together, they say that we need 40 days to approve it. That's the problem when you try to run something like health care by a committee rather than someone in charge.

Earlier today I asked the Premier the direction that he was going and asked him to please dismantle the superboard in an orderly manner. That's the problem. Yet this government fails to see that that's the problem, so we'll continue going through here.

The 85 per cent bed capacity isn't a new concept in the medical field. It's been there for a long time, and it does make sense when you talk to someone who is running a hospital. It's always disappointing for an individual who has gone in for elective surgery only to find out that that surgery has been cancelled because there are no beds. These are the types of things where our operating rooms can't function at full capacity and our doctors can't operate because there are no beds available.

I want to go down a little different line of thinking than the Member for Edmonton-Riverview in that he says that we need to build more hospitals. I was talking to an emergency room doctor from the Peter Lougheed last week. He said: Paul, at any given time there are between 130 and 150 patients who have come in through the emergency room, and I have signed off and said that they can be discharged, but the transitional nurse said, "Well, no, they need to have their oxygen monitored for another four days" or "They need to take these antibiotics." They realize that if they send them home – it might be a senior who is on an absolute fixed income. Because they won't send the drugs home with them, they have to remain in the hospital for what might be a \$70 or \$90 drug charge. They won't send them home. Or someone needs to have their oxygen monitored, but there's nobody there to do it.

If you had a vertically integrated system, where the chief operating officer says that we need to hire more respiratory therapists that can actually go out and monitor these people, we could clear up the beds. I believe that in talking to these individuals, there are far more beds available if we would just actually move the people through. We don't necessarily need to have more senior care facilities – that certainly is one of the problems – but we won't even allow them to go back to their home residence because we won't follow up, which is all that's needed.

I also talked to this emergency room doctor, and he said: Paul, the absolute worst place for these individuals to be, especially because the majority of those people are coming in with congested breathing and breathing problems, is in the hospital. We can treat them. We can get, you know, the inflammation down and get them on oxygen, but the worst place to be is in the hospital. It gives them the highest chance of having a secondary problem because they're being exposed in a high-exposure area, and he said: we can't get them out.

He went on to talk about these transitional nurses and how they have to double-enter all of the data about those individuals into two systems because they're in the hospital and they're moving out. The IT doesn't even connect, so they have to actually double-enter. They spend a lot of time doing that. They can't even go and assess people where the doctor has said: "You know what? This person can go out." They're backlogged because of the paperwork or the double filing they have to do. They can't even go and assess them.

Mr. Chair, what's so disappointing is that there are so many answers by doctors, like the hon. Member for Edmonton-Meadowlark, who work the system and actually know the problems because they've signed them off and said, "They can move out" or said: "Okay, you can move them up. They don't need to be in the emergency room. They need to be in acute care now for a week. We've signed them out of emergency. We've got them under control, but there are no beds." Why are there no beds? Because of who is stuck in those beds because there isn't a place to take them to, and there's no follow-up, which is far cheaper.

Think of the costs. I said, "Down south maybe the problem is that the cost of the respiratory therapist and them driving around just isn't efficient, and it takes too long. Maybe they can only see 12 in a day." He said, "Paul, if they can only see 12 in a day, if that's all they see in a day, that is far cheaper than to have all 12 of those people in beds, let alone one person, at \$800 to \$1,200 a day occupying a hospital bed." He said: it's not about the money; it's about a failed, disjointed, disconnected system that's not vertically integrated; myself as an ER doctor I do not have the authority to tell those people to move them out or to hire more respiratory therapists or to say: "You know what? Send home the antibiotics with this senior so that they can take them for a week, and let's have a nurse or an RN drop by and visit them."

There are so many areas. The hon. Member for Edmonton-Meadowlark wants to put accountability in, where it says in (d): "set standards for lengths of stay in the emergency departments of hospitals consistent with the 'Position Statement on Emergency Department Overcrowding.'" He wants to put that in there in writing. I understand why the government says: oh, we can't afford to do that. Even though the answers are there, they refuse to do it. Now if they're going to be held accountable with legislation, they just look at this as an entire economic boondoggle, that they can't afford to do it.

I want to switch back now for a minute and talk about our Cookie Monster, who's been released of his duty, and go back and ask: why did we hire this individual? What's the position of this individual? How could he have helped Alberta Health Services if at all? Could he do that? This individual is an economist, but more interesting about him is that he's actually capable of going into a hospital like the Royal Alexandra and going through their financial statements and saying: "You know what? The actual cost of keeping someone in a bed in here" – this is going back to relevance, Mr. Chair, on why we need to get these people out. The time allocation will actually put the force through to the government to say: "You know what? We have to address this."

But why we don't address it is because we haven't had someone come in to actually nail down the costs of these different areas where

we have patients stuck, and we don't actually look at the economic cost. We just look at: "It's not in my department, so it's okay. I can shuffle off the cost and the responsibility somewhere else." If we had a vertically integrated health care system and someone like Dr. Duckett went in and said, "Here's the actual cost; it really does cost us \$850 a day to have someone sitting in this bed when we could send them home for a cost of \$75 a day and clear that bed out" – the biggest problem that we face inside Alberta Health Services is that we do not know the actual cost, whether it's for an MRI, whether it's for setting a broken leg, whether it's for having to do a lung transplant. We don't know the costs, and to think that we have an individual that this government has paid \$600,000, \$700,000 a year to be here and we're not utilizing his talents is shameful.

2:00

What we've done is that we've hired someone who, let's say, is a quarterback of a team and said: "Oh, by the way, we want you to be the centre. The Grey Cup is coming up. We want you to be the centre." They've never done that position in their life before. They're not educated or built for it, yet we put them there, and then when it fails, we say, "Well, we'll get someone new in that position." It isn't going to work. But if the government was held accountable with legislation like this, they would be far more likely to say: "You know what? We have to address this. We have to be honest with ourselves and realize that this is not working effectively. It's not working efficiently. It's costing lives."

I mean, right in here it says: "include 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." Mr. Chair, all of those are occurring in our current system. We've had unnecessary deaths. We've had unnecessary harm to patients. When the overcrowding is there, when there are too many cooks in the kitchen, it increases the number of mistakes, and it's impacting on people's lives. It's impacting on the patients and it has harmed.

Unnecessary delays. That's what happens every day when someone has had the unfortunate situation where they have to go to the emergency room because of a medical ailment. They go in there, and they are unable to be treated because of the backlog just sitting there. Way too many unnecessary delays in care.

Unnecessary waste of resources. What does that mean? To me the first and foremost resource that we have is the actual workers in the health care system. How many of them are not being used to full capacity? Even the ER doctor that I talked to said, "You know, it would be so much help to have an input person that is inputting our data." He said that there could be a possible increase in data error for doing that. What he would really like and does not have – when he's charting his patients and following them through, every day he has to start over. There isn't a cut and paste. There isn't a file that he adds to. It's day 3 and he has to enter all the data again. Again, it makes no sense, yet there's no overall CEO that they can go to and say: "Look. This is the problem. What can you do to solve it?"

There are just so many aspects in all of these areas where we could and would do better if there was an incentive whereby these hospitals received bonuses on merit. You know, it goes back to before we amalgamated – I said "we" again; I guess I'm like Edmonton-Riverview – before they amalgamated into one super-board. There are different hospitals around the province. Again, we had so many. It's always a little disappointing to hear the Premier talk about these 300 health boards when all we had was 121 acute-care facilities. I don't think that we had two health boards, Mr. Chair, for every facility. That would only make it 240.

Again, the fearmongering that is being put out there is disappointing. They're not addressing the full thing. That isn't what anybody

is advocating for, 300 boards. I don't know why the Premier keeps bringing that up in question period. It's not accurate. It's not true. There never were 300 health boards in this province. I don't know who his researchers are or who brings that stuff.

Those are the points on why we need accountability, why we need to ensure that we're using our resources to full capacity, but as pointed out so eloquently here tonight, full capacity means 85 per cent. That's optimum. That's where we actually have the breathing room to be able to absorb these when the flu epidemic comes or whatever else so that people can come in and move through.

To go back to Dr. Duckett, his specialty is to look at the actual costs of those things. When you actually have costs, you can make better decisions, whether it's some of the diagnostic clinics that we have outside of our hospitals – it's amazing the efficiencies that they have there. I had a frozen shoulder for some time and went into the diagnostic clinic. It was, you know, a private clinic but publicly funded. The doctors were excellent. The efficiencies were there. It was quite amazing. But the question for someone like Dr. Duckett is: what's the cost to Alberta Health Services to have me go to this separate clinic versus waiting and going to a hospital and taking up room in a hospital with diagnostic equipment there that needs to be ready in case of an emergency? On the reverse side, because those emergencies are happening, they can't schedule and adequately move patients through on a regular basis.

What we need to do – and what we realize here is that this government's credibility, this government's trust factor has been thrown out the window. Albertans are upset that there's no movement forward. Two and half years ago was when this first report came forward to show the problems in our emergency rooms. The hon. Member for Edmonton-Meadowlark gave up his daily charge, where he was working on those people, to come here because he was told: we're going to change these things. Two and a half years later, as he pointed out earlier – and I guess we call it today in *Hansard* because it's still the same day – the Premier finally called these people together to meet, two and a half years after that promise was given. So now the promise is fulfilled, but they say that it's going to take 40 days to put this information together to see if we can come up with new protocols on how to deal with people in the emergency room.

I humbly submit to the chair that we already have people in those hospitals that know what to do tomorrow. The problem is that our rules and our regulations have at no other time been so literal that they're actually regulating people to death. That is very, very sad, that when we have an emergency, we have people, we have doctors sitting there wanting to respond, but they're not allowed to. We really and truly have reached the point in the province of Alberta where we're regulating people to death. We talk about that all the time about businesses, but now the Alberta advantage has been lost so much that we're actually doing it to human beings. It has become a literal effect now, and we've had way too many Albertans that have fallen into that category.

Mr. Chair, I have to say that I'm very much in favour of the intent of this amendment. I'm looking forward to the hon. member giving some explanations. There have been some good questions, so I don't want to go over those again for the hon. member to answer. But the bottom line is that this government has brought forward Bill 17 to be another – I don't know whether you'd call it a white flag or their surrender; I call it another paper promise. It's paper-thin. What the hon. Member for Edmonton-Meadowlark is trying to do is: let's write it and legislate it. Let's not make it paper-thin. Let's just not make it a hope, a whim, a thought, a wonderful oration of what we dream to have here for Alberta Health Services, for health care. It's not worth the paper.

There's just a lack of trust, a lack of delivery, a lack of understanding that goes very deep in this government on what the problem is with the health care system. They continue to think that if we centralize the power, if we centralize the decision-making, if we centralize the money and we dictate where it goes, somehow they'll get a handle on it. They're not. It's getting out of control at an unprecedented rate. The minister talked about the 18 per cent, and he said: "Oh, no. That was before we centralized."

You know, it's interesting the points he brings up and that he says how important centralization is and the \$600 million, I think, that he claims that they've saved. I would surely like to see them actually provide a paper and track the money that's being spent and show us where they're saving \$600 million. On the inverse, on the new royalty framework they were going to get \$1.4 billion; this one they were going to save \$1.4 billion, yet it has cost us more. Both of them are faulty ideas. They're not going to work, and Albertans are very disappointed. Again, we've had a scapegoat today . . . [Mr. Hinman's speaking time expired]

2:10

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

Dr. Taft: Thank you, Mr. Chairman. I just wanted to continue discussing the details concerning the document that's specifically named in the second paragraph of this amendment. Can you remind me: is this amendment A3?

The Deputy Chair: Yes, A3.

Dr. Taft: Amendment A3. Okay. Thank you.

So once again, just for the purposes of the record, I'm quoting from the position statement on emergency department overcrowding from the Canadian Association of Emergency Physicians of February 2007. It's a position that has six paragraphs, or six points, to it. I discussed paragraph 6 initially because that's the one that talks about getting hospitals to a regular hospital occupancy rate that does not exceed 85 per cent. To me that ought to be our long-term goal. We haven't been at that goal in more than 15 years, and it's no coincidence that it's also those 15 years that we've had such problems. The challenge is that it's going to be years to get to that point. It means building physical capacity and training thousands of staff.

I then went from that paragraph to paragraph 1, which speaks about the benchmarks of six hours for patients who are levels 1, 2, or 3 on the Canadian triage and acuity scale, and four hours in 95 per cent of cases for levels 4 and 5 patients on the Canadian triage and acuity scale. My concern that I was raising concerning paragraph 1 is: how in the world do we meet those benchmarks when we have hospitals that are operating at 100 per cent to 110 per cent capacity? I was and I am skeptical that those benchmarks can be met.

It is worth noting in paragraphs 2, 3, 4, and 5 of this statement that the emergency physicians have actually given this some specific thought and laid out some guidelines. Paragraph 2 states: "That all admitted patients must be transferred out of the emergency department to an in-patient area within two hours of decision to admit." In effect, that's another benchmark. That's saying that if you go to emergency as a patient, if the medical staff assesses you and says that this person, you, must be admitted, then this benchmark says that within two hours you actually have to be transferred out of emergency into an in-patient area. So that's an additional benchmark.

Then paragraph 3 begins to frankly address reality. Reality is that we don't have those in-patient areas. We don't have any excess

capacity that we can move people from emergency into. Paragraph 3 reads: “That overcapacity protocols be rapidly implemented to allow Canadian hospitals to meet the national emergency department length of stay benchmarks until functional acute care capacity is sufficient.” So they are beginning here, in paragraph 3, to admit that there is a capacity problem and that overcapacity protocols need to be implemented and need to be implemented rapidly. Now, what in the world is an overcapacity protocol? Well, essentially, it’s a series of steps formally laid out to follow when an emergency room is over capacity. That might mean transferring them to a medical assessment unit or opening extra beds in the women’s pavilion of the Royal Alex or whatever the protocols might be. It doesn’t get that specific here.

Paragraph 4 of this document reads:

That achievement of these benchmarks must be continually measured and ED length of stay should be documented on a daily basis by hospitals for all patients, and reviewed monthly. Hospital and Regional administrators should be held accountable if the throughput standards are not met.

Essentially, what this would mean, Mr. Chairman, is that every day all of the patients coming into an emergency room are tracked, and how long they are in there and where they go is tracked, and those are documented and compiled every day. If you were the site manager there or the chief of the emergency department, each morning you’d come in and you’d get a report: yesterday we had 49 patients come in, and a certain number met the benchmark, and a certain number didn’t, and some went into in-patient treatment, and some were discharged. That would be made available every day.

It says here in these standards, “documented on a daily basis by hospitals” and then reviewed monthly. So once a month, presumably, there would be a meeting of all the senior management, and they would say: “Okay. How are we doing? How are we going to do better? Are we meeting our benchmarks? If we’re not, what are we going to do to meet them?”

Then it says – and this is crucial, something really missing in the system right now – “Hospital and Regional administrators should be held accountable.” Well, certainly, those numbers are not published, as far as I know. Actually, I might stand to be corrected on that because there’s so much information out there. You know, Mr. Chairman, I just need to pause and think here because, in fact, I think those numbers are published at least on a quarterly basis.

My question, then, would be to the Minister of Health and Wellness: what is being done to hold hospitals accountable? I’m looking right now at the Member for Innisfail-Sylvan Lake and, even more importantly, the Member for Red Deer-North. The Red Deer regional hospital, Mr. Chairman, has one of the worst performing emergency rooms in the province. How do we know that? Because those numbers are actually published. So I’ve talked myself in a complete circle. Those numbers are published.

Then my question to the Member for Red Deer-North is: what’s being done to hold that hospital to account for failing to meet those benchmarks? When the Red Deer regional hospital emergency room has some of the slowest, longest waiting lists for admission and so on – maybe the Member for Red Deer-North will rise and engage in this debate – how are those people being held to account? To be honest, that shouldn’t directly be our job. That should be the job of somebody in the system. But when month after month after month you don’t see the improvement, then we’re the ones as MLAs who hear about it, and we’re the ones as MLAs who begin asking questions. So I hope the Member for Red Deer-North will speak to that.

Number 4, actually, is doable, and we are, at least I think, most of the way to doing that in Alberta, so that’s a good thing. Then

number 5 from this position paper from the emergency physicians reads “that hospitals optimize bed management strategies to ensure the appropriate use of existing and future acute care beds.” That’s kind of a motherhood statement, to be honest, Mr. Chairman. Any management team in a hospital ought to be optimizing their bed management. Of course, in Alberta as a system we haven’t done a very good job of that because we are allowing far too many long-term care patients to be in our acute-care beds.

I had a call the other day from a physician at the Royal Alex telling me that about 200 of the beds at the Royal Alex were taken up by people waiting to be discharged into long-term care. I know from a week ago, because I was in there visiting a relative, that in the Sturgeon hospital 30 to 40 per cent of their beds – and that’s a significant hospital for this region – were taken up by people waiting for long-term care.

2:20

There’s a semantic game that gets played in here when we raise these issues. The minister pops up and talks about all of the continuing care beds and all of the assisted living and so on. What we need in this province is long-term care, what used to be auxiliary hospitals and nursing homes. If you’re sick enough to be spending weeks in an acute-care hospital, you’re not going to get discharged to assisted living. You’re going to need to go to, quote, a nursing home. When the minister talks about continuing care beds, those are not nursing home beds. So there’s a kind of semantic dodging that goes on in this Assembly which is quite frustrating.

The question raised by these standards would be: are hospitals managing their beds optimally when it comes to acute care? The answer would be, clearly, no. It’s one of the mysteries to me, Mr. Chairman, why we aren’t doing a better job on this in this government.

It may well be the case that passing this amendment and actually putting this into law is the only way that we’ll actually force something on the issue, but I’m not even convinced that’ll work because if they break this law, there’s no consequence. Nobody is going to go to jail. Nobody is going to get reprimanded.

An Hon. Member: I don’t know if we want jail time for them.

Dr. Taft: Maybe they shouldn’t go to jail. That’s fair enough. But there’s no consequence at all.

Again, I keep returning to this theme: is this bill really worth the paper it’s printed on? I can hear from some of the sounds around me that other members have the same sense of skepticism.

Mr. Chairman, I think that pretty well wraps up my comments on those six paragraphs in that position statement from the Canadian Association of Emergency Physicians. That, then, leaves among many questions unanswered the one that I mentioned a moment ago, which is: why hasn’t this government acted sooner, and why are we having to bring this sort of thing forward?

I was elected to this Assembly early in 2001, and I was made the health critic. In 2002 we produced in the Alberta Liberal caucus a very extensive health policy. I was reviewing that either today or yesterday, and I’ll bring it with me later in the debate, Mr. Chairman. But in 2002 we talked at length about emergency room overcrowding and the need to address it, and we had various solutions which are along the lines of those being proposed now, eight years later.

In 2006 we updated that health policy, and in a rather infamous and inglorious moment in this Legislative Assembly we sent it over to the then Premier, Ralph Klein, who announced – and I think this is in *Hansard* – “I don’t want this crap,” and he threw it at the page. Well, you know what was in there? In 2006 we were calling for

solutions to emergency room overcrowding that are very much like these now.

So my question to the members of this Assembly – I see the new parliamentary assistant for health care is over there, and I appreciate he's paying attention – why haven't we acted more effectively and sooner? These are not new problems. They're all over the front pages in the last few weeks, but these have been around for 10 years and more, and all they've done is get worse and worse and worse.

Sometimes I get offended in here by the kind of joking and banter because we forget that behind these stories are real people, real people who have died, real people who have suffered, real families who go to an emergency room and are told that it's going to be days, and in the process they watch a loved one suffer and, too often, pass away. We forget that behind these policy debates are real human beings, and we're much too quick to dismiss that.

I'd invite any member of the government to stand up and explain why we have let these very serious problems fester so badly for so long when they've been broadly identified by the opposition and all kinds of other people for a decade or more. If we had solved them, you know, the smallest achievement is that we wouldn't be sitting here at 2:25 a.m. debating them. The much more important achievement is that countless thousands of people would have got the emergency care they needed. I hope that somebody on the government side gives me some explanation of why all these years have gone by and this problem hasn't been more effectively addressed.

Thank you, Mr. Chairman.

The Deputy Chair: Any other members wish to speak? The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you, Mr. Chair. I thought those were insightful comments by the Member for Edmonton-Riverview. I thought that he had some very interesting things to say there. He is right on this, that a piece of legislation such as Bill 17 in its current form is worthless without any way of enforcing it. Of course, the way that you enforce it is worth having a debate over. Obviously, someone should not go to jail for not meeting the benchmarks, but that's not what we're talking about.

What I think we could tie to those benchmarks is remuneration of some kind to the person overseeing it. We could have a person who's responsible for implementing this procedure at the individual hospital; in other words, if you had a local chief medical officer at each of the hospitals with an emergency room in it, as the Wildrose Alliance has been proposing, if you had that chief medical officer – it would be a doctor, generally, an on-staff doctor – that had the authority to open up beds in other places in the hospital, other wards, if there was a backlog. If certain things occurred, he or she would have that authority to open those beds, to move people, to do what needed to be done to achieve those targets. If you had that in place, that would be, I think, how you could get those benchmarks accomplished.

If they were unable to achieve those benchmarks, if they consistently missed them, they would be penalized somehow, whether that would be that they wouldn't receive part of their salary or, if it was consistent over time, they wouldn't continue on in that position as chief medical officer for that hospital, that delivery room. These are some things that you could do to enforce those benchmarks. You cannot have benchmarks without any kind of accountability, without any kind of enforcement. Obviously, we're not talking about criminal enforcement. Obviously, that's not what we're talking about. If you put someone in charge and there's accountability and they're given the authority to do what they need to do within the

hospitals to achieve those benchmarks, then I think that it would do a lot of good.

I will say this, that I have incredible respect for the Member for Edmonton-Meadowlark. He's just a wonderful person and human being, and he's so passionate about health care and about helping people. He hates seeing needless suffering. I just have so much respect for people who leave a job, a position like that, take a huge cut in pay, and come and try to serve this Assembly and try to serve the people. I remember so many nights where some of the rookie MLAs, when we first got elected, would get together, and we would talk about the things we were passionate about until sometimes all hours of the morning. I just remember the hon. Member for Edmonton-Meadowlark talking so many times about the health care system and all the things that we could do better. That just really was what drove him.

2:30

He does a lot of volunteer work – I don't know if he's done it since he's become a member because, obviously, it's hard to juggle – with, you know, Doctors without Borders or whatever they're called. He goes to India and does a whole bunch of charity work there and does a whole bunch of different stuff. It's all about health care for him. He's just so passionate about it. I think that he's also an exceptionally smart individual – exceptionally smart – a genius in a lot of areas.

One of those areas, obviously, is the understanding of medicine. Another area of that, I think, is the understanding of the business side or kind of the technical side of an emergency room. He understands where the blockages are. He understands them clearly because he saw them every day, and he still sees them every week when he's doing his shift, usually on Sundays. He sees everything first-hand. He has a first-hand knowledge.

What's so spectacular about having him in this Assembly is that we don't have to worry. We don't have to spend millions of dollars on consultants or advisers or doing all these expensive studies. We don't need that because we have an expert on it in the room. Now, obviously, we'd want to confirm with other such experts, but they have been. If you talk with Dr. Paul Parks, if you talk with some of these other folks, as we have done as a caucus about this issue, you're finding that what they are saying is lining up with what the good doctor from Edmonton-Meadowlark is proposing. It's not like he woke up one day and said: "You know what? I've got an idea. We're going to pull this out of a hat. We're going to legislate these wait times" and never gave any thought to it. He's been thinking about this. This is almost like his life's work.

He's so passionate about our health care system, in particular making sure that our emergency room system is solid, and how does this government treat him? Well, he speaks out about health care, and the Minister of Energy gets hurt feelings, and he's booted from caucus. I mean, it's beyond belief, really, that people would treat him in that way, just thinking what he could bring to the table. I mean, good grief. It's caucus solidarity gone absolutely amok. In any case, he's still in this Legislature. He's not on the government side, but he's still here. I think the whole point of this debate – and it will be for a while – is to hear this hon. member bring forth his ideas for health care.

I tell you that they're going to have to shut the doors and lock the gates, et cetera, before we're going to sit down, until there are an emergency room plan and legislated wait times for emergency rooms put in place under this legislation. Ultimately, it's up to the government. Obviously, they have a huge majority. But we are going to do our part with our caucus of four, making sure that we support the Member for Edmonton-Meadowlark in making sure that

at the end of the day we have legislated wait times for our emergency rooms and some sort of accountability so that we could say that we left this session this year and have accomplished something good, and we've taken a first step.

It's not the last step. There's so much work to be done in our health care system. It almost hurts the brain to think about how much there is to do and how many different aspects there are. With regard to emergency wait times there actually are a few simple things that we could do, and this is one of them. I think it's very critical that we do so, and I look forward to hearing that member's comments as we move forward.

All right. I want to go over this document because it's part of the amendment. The amendment was a movement to amend section 2(2) in Bill 17. Section 2(2), of course, is the health charter, and it talks about what the health charter must contain. Section 2(2) says that the health charter must

- (a) recognize that health is a partnership among individuals, families, communities, health providers, organizations that deliver health services, and the Government of Alberta, and
- (b) acknowledge the impact of an individual's health status and other circumstances on the individual's capacity to interact with the health system,

but the Health Charter must not be used to limit access to health services.

With all due respect to the author of this bill – he's a good individual, and I know he, too, feels passionate about health care – these two statements are borderline meaningless. That's great: health care is a partnership between individuals, families, and communities. There is absolutely nothing new in that, and I don't see how we have to recognize the blatantly obvious.

The second: "acknowledge the impact of an individual's health status and other circumstances on the individual's capacity to interact with the health system." Okay. Great. This is going to do nothing to help Albertans, absolutely nothing, as written here. Nothing. What I like about these amendments is that these will do something to help the health of Albertans, and it would be great to put something in this legislation that is going to actually accomplish something.

What the hon. Member for Edmonton-Meadowlark proposes is to include a sub (c), which is that the health charter needs to "include 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." The hon. Member for Edmonton-Riverview was saying that he didn't quite understand what that meant. Granted, I'm not the expert on what it means, obviously, but my interpretation of it is: no unnecessary deaths. There are going to be deaths in emergency rooms, clearly. That can't be avoided. That's kind of the nature of the thing. Some people cannot be repaired. That's part of life, as we all know.

What I think was meant by this, in response to the Edmonton-Riverview MLA, is that unnecessary deaths – unnecessary deaths – are preventable deaths. They're ones that do not need to occur, and it should always be the goal of the emergency room to make sure that we are treating people and giving them the best chance possible to survive, the best chance possible to heal. That's why the revelations that have come forward from Dr. Paul Parks and others that we have had just over the last little while – five emergency room deaths that have occurred that are preventable.

Now, there have been other deaths in that time in emergency rooms, but there have been those five recent ones that were identified as being unnecessary, as being preventable, meaning that if the ER system had performed properly, had functioned properly, those deaths would not have occurred. That's what the hon. member, I believe, is referring to, unnecessary deaths. There are going to be

deaths. You can't prevent certain deaths, but these ones – I think of the young man who hung himself and who, right before he did so, asked for a pen and a piece of paper. I mean, if that isn't a warning sign, when a suicidal individual asks for a pen and a piece of paper, I don't know what is. That's a preventable death if proper protocols were in place.

That's why we've been asking for the Health Quality Council to come in and investigate that. We've got to make sure there are protocols in place in the future that make sure that that situation does not repeat itself or that we figure out if those protocols do exist. I don't know; maybe they do. If they do exist, why were they not followed in this case? That's why it's so important to have the Health Quality Council come and investigate such an egregious preventable death. That's what I think we're talking about there.

No unnecessary harm to patients: now, that's pretty obvious. When you go to an emergency room, sometimes you have to cause harm to patients in order to fix them. You have to do surgery. You have to make cuts, incisions. You know, sometimes you need to break bones. You need to do all kinds of things in order to eventually be able to repair them. Doctors, of course, in their Hippocratic oath do no harm. It's all about making sure they never do something to somebody unless it's for their benefit, unless it's to eventually make them better. I believe that's all we're talking about there.

2:40

"No unnecessary delays in care and no unnecessary waste of resources should occur." Now, those last two are kind of motherhood and apple pie statements, I would say, especially the first one, "no unnecessary delays in care." "Unnecessary" is very vague in that way. That's why I think subsection (d) is so important, because it defines "no unnecessary delays." What are unnecessary delays? In other words, what are preventable delays? Well, he goes into that. This health charter should

- (d) set standards for lengths of stay in the emergency [room] departments of hospitals consistent with the "Position Statement on Emergency Department Overcrowding" published by the Canadian Association of Emergency Physicians and dated February 2007.

I love that because it is specific. It's a real benchmark. It's something you can sink your teeth into, and it's something that will hold people accountable.

Let's go over the position statement on emergency department overcrowding. Here's the position statement. Here are the things that the hon. Member for Edmonton-Meadowlark would like to see in this health charter, and that's what the amendment says.

That emergency department (ED) length of stay benchmarks be established nationally as follows:

- (i) ED length of stay not to exceed six hours in 95% of cases for . . . Level I, II and III patients.

Level I, II, and III patients are those who are very ill, who need urgent care but aren't on death's door. I mean, that's kind of in layman's terms. So within six hours for those folks. Then for those who are really in trouble,

- (ii) ED length of stay not to exceed four hours in 95% of cases for CTAS Level IV and V patients.

Of course, those are very technical terms, but it's just a basic benchmark that says that we expect that in 95 per cent of circumstances – there is going to be the odd time where there's a bus crash or there's something brutal that happens where there's just not enough staff to deal with it. You can't achieve what are acceptable levels of care a hundred per cent of the time because stuff does happen, but 95 per cent is reasonable. The system should be such that in almost every case when someone goes to the emergency room, they're treated in an acceptable amount of time.

Think about the numbers here: four and six hours 95 per cent of the time. That is so much faster than what's going on in our emergency rooms right now. We're talking about 12-hour waits, 16-hour waits, 24-hour waits, 48-hour waits for people. I mean, how can we sit here and allow that to happen in our own emergency rooms? Shouldn't we do whatever it takes to get those down? You know, we've got to address the wait times for everything, for hip and knee replacements, for cataract surgery. We've got to address all that stuff. Absolutely. But before we even go into that other stuff, shouldn't we prioritize and make sure that the matter of life and death that occurs at the emergency room each and every day – shouldn't we make absolutely certain that that happens right away?

Somebody was asking for a solution. The solution is simple. As we said, appoint a chief medical officer in every single hospital so that there's always a chief medical officer on staff at the hospital. It usually will be a doctor. You don't need to hire a bureaucrat; usually it should be a doctor that's on staff. That chief medical officer should be empowered to do what is necessary to move to open up wards of the hospital that aren't necessarily the emergency wards, to get alternative arrangements for seniors who are able, where it's safe, to leave their acute-care beds and go into a different type of facility, so have kind of like a place where if things get bad, if a nurse needs to take a couple of seniors to a senior-safe hotel or something like that to get them out of acute-care beds and then take care of them for that time or whatever in an emergency situation, that's what they could do. That might save lives. It would save lives. I think that's a solution. That's what we could do. But it's not going to happen if we don't give the proper authority and if we don't have the proper expectations.

The Deputy Chair: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much, Mr. Chairman. I rise again to speak to amendment A3 as proposed by the hon. Member for Edmonton-Meadowlark. I have listened with interest to various speakers for the last couple of hours regarding the amendment and the position statement on emergency department overcrowding published by the Canadian Association of Emergency Physicians, that is dated the second month of 2007.

Now, there has been a lot of effort made over the years by this government to try to solve the problems with emergency department overcrowding and with health care in general. It's certainly a file that they're having a great deal of difficulty managing. Our party has come up with a lot of very, very good solutions to this problem, but to date they have unfortunately been ignored by this government. I would like to say at this hour of the morning, hon. members: put your pride in your pockets and take some good, sound advice. Certainly, we have suggested innovative strategies to reduce emergency room overcrowding.

Of course, where would you begin? Well, you would begin with increasing acute-care capacity. Now, the minister of health gives a list of the number of beds. The number, Mr. Chairman, seems to always change. It goes up. It goes down. It never remains the same. In the length of time – and I'm now of the opinion I'm going to have ample opportunity to speak – there's going to be a lot of information, some of which the government has been reviewing, and I'm not going to say scheming, but information that they have been reviewing for some time regarding solutions. Emergency department overcrowding, not only in Alberta but in the entire country, has been escalating. We've heard about patients who suffer prolonged waiting times, a reduction in the level of service or care, and adverse patient outcomes.

Now, Mr. Chairman, this whole issue: I'm not going to say that it

boiled over, but it came to a point about a month ago, in October. A letter, of course, was written by Dr. Paul Parks, the president of emergency medicine with the Alberta Medical Association. This letter was obtained by local news media. This doctor issued a serious warning to both Alberta Health Services and to this government across the aisle regarding the state of Alberta's emergency rooms.

2:50

This is why, I think, the hon. Member for Edmonton-Meadowlark was forced from that caucus, forced to sit here under the watchful gaze of Prince Philip, a younger Prince Philip. I don't know how old he was when that portrait was commissioned but a few years younger than he is now. The hon. Member for Edmonton-Meadowlark from this seat proposed this amendment earlier this afternoon.

Now, I think he was compelled to act. I think his actions here are sound. When we think of what the president of emergency medicine outlined in his letter, certainly, there are still grave concerns a month later regarding the overcrowding in Alberta's emergency rooms, and the province has been informed of and aware of these concerns for at least two years.

We heard earlier about the leadership debate that occurred in the 2008 election. I'm not so sure, Mr. Chairman, with the noise . . . [interjection] I'm on the bill. Give me a break.

The Deputy Chair: On the amendment. On the amendment.

Mr. MacDonald: I'm on the amendment. I don't need that, Mr. Chair.

The Deputy Chair: What's that got to do with the leadership?

Mr. MacDonald: I'm sorry?

The Deputy Chair: I hope you bring it together.

Mr. MacDonald: I've heard all of the speakers this evening address this Legislative Assembly without interruption from the chair . . .

The Deputy Chair: The comments on the leadership: I hope you bring them into this.

Mr. MacDonald: I'm sorry?

The Deputy Chair: I'm saying that I hope you pull the comments on the leadership into the amendment.

Mr. MacDonald: You bet I will if you'll allow me.

The Deputy Chair: Okay.

Mr. MacDonald: Okay. So in the leadership debate that occurred in 2008, we had the current Premier, we had the hon. Member for Edmonton-Riverview – and this was talked about earlier this afternoon, if you were listening, Mr. Chairman. During that debate there was the whole issue of emergency rooms, what was going on in them, who was waiting, for how long, and what the consequences of those long waits were, and the Premier laughed it off. He brushed it off.

We know from the letter that was issued last month about the overcrowding that this government knew it was going on, and they have done nothing about it for two years. For two years not a thing.

Here we are at 5 to 3 in the morning discussing this issue. We could almost say that we're having another emergency debate on emergency room overcrowding. This amendment A3 certainly is turning into this.

The letter from Dr. Parks states that the overcrowding is due to blocks in access to the rest of the hospital units, which is a direct result of the lack of capacity, both in acute-care beds and in continuing care beds. We have been suggesting, as I said earlier, that the start of solving the problem begins with acute-care beds. Now, Dr. Parks' letter also reads: "Our overcrowding problem continues to worsen and we anticipate the potential catastrophic collapse of timely emergency care delivery in the upcoming months. There must be an intervention immediately."

Well, this amendment, these guiding principles and these standards, certainly would force this government to act. They haven't done a thing in two years. The situation is deteriorating. So I think that if we need another reason to support the amendment, that certainly would be it. Dr. Parks also advocates for the tracking of true, objective wait times, not averages, and that those responsible for the management of the system be held to account on whether the measures are met or not.

Now, I have the view that Dr. Parks' letter is the most likely reason the minister of health made the impromptu announcement on October 20, in the press conference regarding the government's response to the hon. Member for Edmonton-Rutherford's report, that 250 new acute-care, continuing care, and detox beds would be open by December 2010.

Through access to information the Official Opposition received quite some time ago, over a year ago, April 2009, a document regarding the shortage of health care workers in Capital health. This is information that was obtained by Capital health through reports and studies that they had commissioned. The projection that I'm looking at, Mr. Chairman, is between the years 2000 and 2010. It's ten years. By the year 2010 the projected nursing demand is estimated here by the letter "X". They don't know. They don't know how many nurses they may need, but they give us a list of long-term care beds, acute-care beds, and estimated total beds: 930 long-term care beds would be needed and 380 acute-care beds, for a total of 1,310 beds. No idea how many nurses would be needed, but those are the beds.

The hon. health minister made his announcement on the fly, and it was completely different than that. It would be interesting to get from the government members an accurate, up-to-date list of the beds, what kind they are and where they are.

Dr. Taft: Yeah. Totals. Maybe a total monthly count by hospital.

Mr. MacDonald: Totals.

Mr. Hinman: We've been calling for an audit for two weeks on that.

Mr. MacDonald: Yes, you have, and rightfully so.

Now, the proof on the announcement of new acute-care beds was shown in a *Calgary Herald* story where Alberta Health Services medical director, Dr. Francois Belanger, said that he could not provide specifics on how much staff were needed and what the cost of the initiative would be. The actual quote that came after that was: "We don't have a final plan yet. I'll have to get back to you with those numbers."

Mr. Chairman, the letter "X" represents what Capital health thought may or may not be needed, and I find that interesting. But here is another fact, and that is that the 250 beds announced on

October 20 included the 132 additional beds for Calgary that were announced on September 8. So if the hon. Member for Calgary-Glenmore is talking about having an audit to see what beds are where and what potentially they could be used for, that sounds like a logical and reasonable request because it's one of the tricks of this government. If you go onto the Alberta government website and if you look at the press releases, sometimes you could just go back four or five years, change the date in the press releases, and make new announcements. You just have to change the date, and you could save a few dollars over at the Public Affairs Bureau.

There are serious concerns about how these additional beds will be funded. The minister of health has stated that the new beds will not be funded with additional money from the government. Where's the funding going to come from? Maybe we're going to take some of it from the surplus, the surplus that the ministry of health had last year.

3:00

Dr. Taft: Maybe the federal government. Instead of funding Expo, they'll fund health care.

Mr. MacDonald: Maybe they will fund health care instead of Expo. That's quite a thought.

Maybe we could, through the course of the discussion on this amendment, Mr. Chairman, also get to the bottom of the issue of the money that's coming from the federal government for emergency room response times. We never did get an answer on whether that money was left on the table or not.

Now, Mr. Chairman, there's also real concern whether or not the new beds can be staffed. We have gone through this training and recruitment exercise of this government. We see the issues that have not been dealt with. We have one month a shortage of nurses; the next month it is declared there is a surplus of nurses. We have money being spent in Employment and Immigration on foreign recruitment of nurses. The recruitment activities take place. In some cases the individual nurses are attracted to this province from different places – the Philippines, India, Australia, New Zealand – and there's no job. Of course, those folks go home, and they tell the people in their communities of their experience. It's not a good one here. The next time that we need to recruit individuals, it's going to be a lot tougher.

This debate we're having is the result of a government that is in complete damage control over this emergency room overcrowding, the chaos and confusion surrounding our emergency rooms. Does this amendment help? I certainly think so. It improves Bill 17. I don't know whether I'm going to vote for it or not, but I think I would support this amendment. The hon. Member for Edmonton-Meadowlark certainly has a plan and some good, sound ideas as to how we can fix the system. But clearly this government has no plan – no plan whatsoever – for the future of public health care, and it is clear that they're flying by the seat of their pants. The most telling part of this whole issue is that it seems that Alberta Health Services was completely, as I said earlier, taken off guard by the minister of health's declaration.

If we could get these beds up and running and staffed, I think it would help. But, Mr. Chairman, not only should we have a look at this proposal, A3, but we've got to recognize that it will alleviate the long delays in emergency wards that are frustrating the public and turning the public against this government. In fact, opposition to this government is growing within the Assembly and is certainly growing outside the Assembly in communities across this province because this government cannot get a handle on the health care file. They just can't for whatever reason.

Now, it is common to hear concerns that people are using the

emergency rooms or the emergency wards by visiting them when they only have a minor ailment. That is certainly not true. A large portion of emergency patients do not have life-threatening problems; however, very few people visit an emergency room or a ward without a justifiable reason or a justifiable illness. People often go there because there is no reasonable alternative, especially after hours and especially since we don't have enough family-trained physicians.

The hon. Member for Edmonton-Meadowlark spoke earlier today about how we need more front-line health care workers, more family physicians. I was interested to listen to his remarks regarding the training of specialists. I didn't know that, and I was unaware that so many of them that we are training – I knew a few were leaving this jurisdiction, but from his comments I think we all should be concerned.

Now, there are innovations. [Mr. MacDonald's speaking time expired] I'm sorry I ran out of time. I look forward to participating in the debate.

The Deputy Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you. It's a pleasure to rise again. I think there is a song out by the Rankins: *Rise Again*.

The Bill 17 amendment, in my judgment, is important. Most importantly, it sets standards for the 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. I might say that we actually sit a lot closer to a physician than you guys do, and that was because of your unanimous vote the other day. Guess what? It's important to recognize in the amendment to Bill 17 that we "include as guiding principles that no unnecessary deaths," which is very important, "no unnecessary harm to patients, no unnecessary delays in care and no unnecessary waste in resources should occur." I think this in itself, Mr. Chairman, is something that is reasonable, even more so because it has a tremendous amount of credibility from the physician that we sit close to.

Mr. Chairman, I want to say that Alberta's health care system really has arrived at a critical crossroad. It's like talking about an important story to my three-year-old son. Despite massive annual increases in health spending, waiting lists are at an all-time high. Patients are left languishing in emergency rooms for hours and hours and hours. How long do you say? Hours and hours and hours and sometimes days. Finding a family physician is increasingly difficult, and many seniors find it impossible to secure the care that they so desperately need.

I must say that as we look at the guiding principles, that no unnecessary deaths, no unnecessary harm, no unnecessary delays in care, and no unnecessary waste of resources should occur, I believe that setting standards for lengths of stay in emergency departments of hospitals consistent with, again, the position statement on emergency department overcrowding published by the Canadian Association of Emergency Physicians is so important.

The PC government, as you know, Mr. Chairman, on Bill 17 and on this amendment, let me just say, continues to unfortunately mismanage health care, squandered millions of dollars into a big black hole. No one knows, no one can even determine or measure if it is effective or not. This centralization, which I used to refer to as *Pravda* – they have centralized control of health care, losing all of the community capital that the hon. Member for Edmonton-Meadowlark did not want to lose. I want to say that the doctor that wrote this was on that side. You guys were close to him. Now

you've lost him. You've lost him, and we're closer to him than you guys.

3:10

I want to say, Mr. Chairman, that change is in the air, and this bill amendment is a refreshing, refreshing, refreshing start to that change. I want to thank the Member for Edmonton-Meadowlark because he is capturing the important points that he sees front line in emergency rooms on a weekly and daily basis.

Alberta's health care system can be fixed. But, you know, I will always yield to a doctor or to an MLA who knows what he's talking about, certainly more so from that side. With that, the hon. doctor, I think, is ready to speak. Therefore, I will yield my time, Mr. Chair, to the hon. doctor, the Member for Edmonton-Meadowlark. You've recognized me. I will grant my time to the Member for Edmonton-Meadowlark.

The Deputy Chair: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. The hon. Member for Fort McMurray-Wood Buffalo obviously thinks we're in the U.S. Senate or something, where he can cede his time or cede his place.

Mr. Boutilier: I didn't give my time to him.

The Deputy Chair: Hon. member, you don't have time.

Mr. Boutilier: I didn't yield my time. Raj was up ahead of Dave.

Mr. Hancock: I don't think so. Besides, Mr. Chair, as you so rightly recognize, we do tend to go back and forth when the opportunity affords. In any event, I won't be very long. Don't worry about it. I just wanted to put a couple of comments on the record about the amendment because I have a lot of respect for the hon. member who moved this amendment in terms of his abilities. I've worked with him on health issues over the years and don't necessarily disagree with the concepts embodied in the amendment.

The first one, as was quite rightly pointed out in a very interesting speech, one of the only real interesting speeches of the evening, actually, by Edmonton-Riverview, who said some very, I think, appropriate things about this amendment, in particular the first piece, the guiding principles that no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care and no unnecessary waste of resources – I mean, fundamentally, if you have to write an act to say that, you probably should have gone home a long time ago. That is a fundamental understanding of a health system, that you're preventing preventable deaths and you're not doing harm. In fact, that's the fundamental oath in medicine. So I'm not going to dwell on that. I'm not going to repeat what Edmonton-Riverview said, I'm just going to say that I appreciated him rising and saying it.

With respect to the second piece, setting standards for lengths of stay in the emergency departments, that, too, is actually something that's very unnecessary. The only question is: what's the appropriate way to do it? The answer is: not in the foundational statute that talks about the things the Alberta Health Act, Bill 17, talks about but, rather, in a comprehensive set of appropriate benchmarks for the health system that we're prepared to have the system be accountable to and have government be accountable to in terms of what we're aspiring to. Those targets should be national and international standards, but they also should be standards which can be adjusted as things change for the better: new technologies, new techniques, new drugs, new procedures, new processes.

In fact, Alberta can be very proud of being leading edge in a number of different areas in terms of pushing the envelope and doing things. We're doing hip surgery now on 90-year-olds that you never used to do on anybody over the age of 70. A great Albertan, Ray Nelson, passed away not too long ago. He had a heart transplant at approximately the age of 80. It might have been 79, but at that age. That was something that you would never have seen happen anywhere in the world earlier on.

Standards change. They get better. We push the envelope. We have the Mazankowski health centre here in Edmonton, in Alberta, with some of the finest technology and some of the finest doctors working on not only new and better procedures to assist people who have health issues related to the cardiac area but also to push the envelope on the prevention side, to help people stay healthy.

We could say the same thing about diabetes in Alberta. We could say the same thing in some areas of cancer, where we have some of the finest specialists in cancer research and cancer care right here in Alberta. When the Edmonton clinic opens, we'll be able to say that about ambulatory care processes.

We should have benchmarks that are published, that are out there, that say what we aspire to and how we're going to get there, but is it appropriate to pick one of them and put it into the middle of this act, where it has no relational context and the act doesn't actually speak to that particular aspect? No.

With respect to the hon. Member for Edmonton-Meadowlark – and I'm just saying now to the House what I've said to him before – I certainly appreciate the standards with respect to care in emergency medicine, the other standards which need to be discussed with respect to how the health system should perform and what we want as Albertans, the standards that we aspire to in the health system, that we should be able to meet, the national and international benchmarking standards. Absolutely. The Premier has said that we're going to have the best health care system in Canada if not in North America, and to do that, you have to know what the benchmarks are. So, yes, we should have benchmarks, yes, we want to make sure that they're published, yes, we need to be able to get to them and we need to have a plan to show how we're going to get to them, but no, they shouldn't be part of Bill 17 because it's not the right context, not the right place. It's picking one benchmark, albeit an important one, albeit a pivotal one in terms of how you measure a health system, but not in this place.

I think we can look forward to these actually being published and part of the health care system in the future, but I would say that they do not belong in this particular act of the Legislature. I would ask the hon. member to keep these in his back pocket or on his blog or wherever he wants to keep them, and let's discuss them at the appropriate place and stage of the process. I would suggest, Mr. Chair, we've been debating this bill in second reading and then committee for a lot of hours, and I've heard people say that they have a lot of things that they want to talk about with respect to this bill. I would suggest that we vote on this amendment and that we see what else there is that other people would like to talk about with respect to Bill 17. I for one would be very interested.

I think Bill 17 is a great foundational bill. It sets some really key areas for health in terms of how we build and where we go in building that comprehensive, quality health care system for Albertans, building on the great health care system we have now, because we do have a great health care system. We've got issues – no question – but we have a great health care system. It always pains me, Mr. Chairman, when I hear somebody talking about a Third World health care system because they have obviously never been anywhere near the Third World. When you see the type of technology and equipment we have, the type of facilities we have, and, most

importantly, the quality of the health care professionals we have and the number of health care professionals we have, we have an excellent health care system. But we do have issues, and this government has been working on those issues and will continue to work on those issues.

You might be surprised, Mr. Chairman, for me to say that the fact of the matter is that there will always be issues because the nature of the system, the nature of a changing population, the nature of demands on the system will always require that we continue to work. There will be no time where you can stop and say: "The job is done. It is complete. No more needs to be done." It will always be a moving target, and it will always require work. We have an excellent system. There are things we need to deal with now to move to the next level. We need to identify the benchmarks but not in the bill.

I would say to the House, you know, that we've spent a lot of time. We've spent all afternoon on this particular amendment and now several hours tonight on this particular amendment. Now is the time to vote on this amendment and then bring forward the other amendments. Let's see what else there is in the bill that needs to be discussed because this should be the best foundational act for health in this country if not in North America or the world. Let's make it that way. If it's not that way now, if you think there's something better to put in this act, then bring it up. But we've spent a lot of time on this particular one, and I don't think there's a lot more to say, Mr. Chairman.

3:20

The Deputy Chair: Any other members wish to speak? The hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Thank you so much, Mr. Chair. It's truly an honour to join all of you today. I'm truly humbled to speak to a very important topic that affects all of us. For me, I feel like being a doctor again because, by the grace of God, when I was working full-time as an emergency doctor, the phone would ring, and I'd get my STARS bag when it was an emergency. I'd jump in my car, get to the helicopter; it's an emergency. We're having an emergency debate. I'm here with my pillow, and I'm here with my blanket. If somebody wants to talk theatrics, this is not theatrics. I'm here to camp out all week and all month to talk about a very important issue.

Mr. Chair, I want to speak to a very important issue. This is the Alberta Health Act. First of all, I'd like to start off by a quote. Many of these members were sleeping when I first said this quote, and now that they're awake, I'm going to reiterate it for their benefit. As Martin Luther King said, life begins to end the day we become silent about things that matter.

Another quote, Mr. Chairman – and I don't mean this in any way, but it's going to hook up at the end of this debate. I'm going to give a short snippet of it: evil happens when good men and women stay silent. The reason we're here is that there is an emergency debate. You know, we all agreed on the state of the health care system. The reason I'm here tonight is that we had an emergency debate, and there is a bill before the House as a result of the emergency debate. I have introduced an amendment on behalf of all the front-line health care workers: doctors, nurses, paramedics, unit clerks, cleaning staff, you name it, all those warriors of health care, the gatekeepers of health care.

The amendment to Bill 17: the reason I did it is because Bill 17, I believe, is actually a very good piece. I really can't disagree with anything in here. These are very good principles. It talks about a health charter, a patient advocate. I really can't disagree with much in here. It's a decent piece of legislation. Now, the critics can say: "Why do we have to enshrine principles into legislation? Is the

intent that we actually didn't have them to begin with?" We've always had them, but we're actually enshrining them into legislation, which has never been done. I think the symbolism is so important.

Now, my amendment: what is it doing to Bill 17? My amendment to Bill 17 is to turn a decent piece of legislation into a great piece of legislation. Some critics will say that Bill 17 is a bunch of airy-fairy principles. I don't believe that. But the amendment makes it absolutely clear that there's nothing airy-fairy about this bill. This is to legislate teeth. The teeth to health care is the accountability and performance piece, where we tell the nation and we tell the country and this province that we are actually really serious about fixing health care. Mr. Chairman, I'm just a simple emergency doctor from the Royal Alex. It's inner city. You know what? Just simple people come to that place. They suffer, many of them dying metres from care and suffering metres from care, and I feel it's important to speak on their behalf.

Mr. Chairman, Dr. Paul Parks, the section president of the emergency doctors of the province, raised legitimate concerns on behalf of all the emergency doctors to the public. On October 8 a letter was sent to the Premier, to the current minister of health, to myself, and I guess that letter was sent across the world or at least across the province and across the country. In his letter a quote was: the emergency health care system is on the verge of a catastrophic collapse if something is not done urgently as soon as the flu hits. As an emergency doctor I fully agree with those remarks. Absolutely.

Yesterday I made a phone call to the emergency rooms. There was only one resuscitation bed available in all of Edmonton. No other emergency beds were available. The hon. Member for Edmonton-Whitemud is a good fellow. He's a good friend of mine. He actually convinced me to run for public service. Before I ran, I said: "You know, hon. member, I've got to admit. I have to be honest that I didn't vote for your party because you wrecked health care over the previous couple of elections." But I said: "You know what? I like you, and I trust you, and if you listen, I will help you and advise you."

I want to put everything into context before I talk about details. When I was in Dr. Paul Parks' position, as section president in 2006 I sent a letter to the minister prior to the hon. member, the hon. Member for Sherwood Park, saying that the emergency departments are in big trouble. There was a leadership campaign that was on, and the hon. Member for Edmonton-Whitemud subsequently became the health minister.

When he became the health care minister, the health care system suddenly over that winter, after the leadership race in 2006 for the PC Party was over – he inherited the health care file. It wasn't his fault, Mr. Chair. It was a result of neglect by the previous ministers.

Here are my comments when I was in Dr. Paul Parks' position. I will read this article to you.

Crisis in the ER: Doctor Cites 11-day Wait for Patient in Emergency Room.

A veteran emergency room physician says that the state of the city's ERs is the worst he's ever seen.

Dr. Raj Sherman, an ER doctor at the Royal Alexandra Hospital, told the *Sun* that emergency rooms are routinely overcrowded.

In one recent case he said an admitted patient had to wait in ER for 11 days before a bed became available elsewhere.

"I believe the problem is worse than it's ever been," says Sherman, also head of Emergency Physicians of Alberta. "I've been working for 15 years and we've never had it this bad."

Capital Health is expected to unveil a plan in the next few weeks to deal with the problem of admitted patients clogging up ERs.

It's expected to improve what's being called a "full-capacity protocol" – an idea being pushed by Sherman's group and endorsed by the Alberta Medical Association.

Under the plan, patients in the emergency department would be transferred to a non-emergency ward within four hours of being admitted, whether there is a bed available or not.

It might mean lying on stretchers in hallways, but at least patients would be receiving the specialized care they need, Sherman said.

Moving the admitted patients would free up ER beds for new patients, reducing waits.

It would also spread the burden of over-crowded emergency department rooms hospital-wide, Sherman said.

"We'll hopefully be able to say something about it in the next few weeks," said Capital Health spokesman Steve Buick.

Buick said that the protocol is being considered for the whole region, which would be a first in Canada.

While some hospitals in other provinces have introduced similar measures, no health care authority in Canada has adopted it for all their hospitals.

Buick emphasized it would be a temporary measure.

A temporary measure, Mr. Chairman. The hon. Member for Edmonton-Whitemud: this man was the first minister in the nation to have the courage to do this in every hospital, and I have to thank him, and I owe him that respect. Edmonton-Whitemud, when he was minister, saved hundreds of lives by listening to the emergency doctors. He did. Please give this man a round of applause. [some applause]

He said that, ultimately, more beds are needed in the system.

Guys, listen up here. More beds would be needed in the system. Come on, guys. Wake up here, please. It's very important.

3:30

He said more doctors and nurses are also needed.

"We face a severe challenge right now," Sherman said.

"I don't believe we've ever had a day in the past year where there's not been an admitted patient waiting in emergency for longer than they should."

Coun. Linda Sloan, a former emergency room nurse, said while the full-capacity protocol is not ideal, it may temporarily ease some of the ER pressures.

"I really don't believe we can achieve quality and ethical care of patients when we're delivering the care in the hallways," Sloan said.

Mr. Chairman, this was a temporary solution to an urgent emergent crisis.

In fact, the hon. Member for Edmonton-Rutherford was the assistant to the hon. Member for Edmonton-Whitemud. I worked very closely with them. And you know what? They were actually very gracious, very decent. So I have to pay due respect to the hon. Member for Edmonton-Rutherford. You did the right thing. Thank you so much. What happened, Mr. Chairman, is that we actually saved hundreds of lives. We actually had a number of deaths and near-deaths, and we were not meeting the basic standards of care. Now, this was the alternative. We weren't happy about putting people in hallways upstairs.

We had 42 admitted patients at the University of Alberta hospital in a 48-bed emergency department. We had six beds at the U of A in a quaternary care referral trauma centre for all of northern Alberta. Six beds. As a result, the waiting room was full with 50 patients. Guess what? The ambulances were waiting six to eight hours with the sickest patients in town. Intracerebral bleeds were waiting six hours on beds until they seized. Pregnant women were miscarrying on the triage stretcher. People with heart attacks were diagnosed and sat in waiting rooms with a hep-lock in their hands for five hours after the diagnosis. We had a gentleman who had a ruptured esophagus. He waited seven hours in the waiting room until he collapsed, and then we looked after him immediately because we did not have a resuscitation bed. We had hypertensive

ruptured ectopic pregnancies, women whose pregnancies were outside of their wombs, lying on stretchers for six hours with low blood pressures, dying and bleeding to death.

The alternative was to have untreated, undiagnosed, undifferentiated patients in the waiting room and delaying their care. What was worse: record numbers of sick people were leaving without even being seen after waiting six to eight hours. I am aware of a case. Somebody had fantastic cardiac surgery; we were number one in Canada. But guess what? They had a complication. They waited eight hours in the waiting room. They had what we call a pericardial tamponade. Fluid built up around the heart, and that fluid built up so much that it constricted the heart. They actually died in the waiting room. When they had cardiac arrest, they got immediate care, but we had to tell the family that we did the best we could. Mr. Chairman and hon. members over there who are talking amongst yourselves, I ask you to listen to this carefully. Did the system really do what it could for that patient?

Mr. Chairman, there was another patient with a pericardial tamponade. The fantastic cardiac surgeons had operated on a patient. That patient left without ever being seen, and I am aware that they never came back. I am aware that there was no ambulance on the street to respond to an urgent 911 call because the whole fleet of ambulances were tied up in the emergency room waiting to off-load patients. They called the ambulance when that patient had a cardiac arrest at home. It wasn't available, and by the time the ambulance arrived, that patient never came to the emergency room. My good friends, that patient went straight to the morgue, to the coroner's office.

Mr. Chairman, the morale of front-line staff in Alberta is at 25 per cent for the doctors. They are supposed to be the leaders of the team. It's at 36 per cent for everyone else.

I worked permanent night shifts at the Royal Alex through the cutbacks. We only had one doctor who worked nights. When we cut beds to half overnight, your friend, this guy, looked after all of the disasters of northern Alberta and Edmonton. People were dying left and right in waiting rooms in the midst of the cutbacks in the '90s. Yes, Mr. Chairman, I was there, and I am still there. I advocated. In fact, before me Dr. Chris Evans advocated with the previous ministers prior to the minister from Sherwood Park. He advocated with the three, four, or five ministers prior to this minister. We have been advocating with every minister.

This system didn't start getting broken yesterday or the day before. This started in the mid-90s when it was dismantled, when the government at the time had an agenda. Well, mind you, they were in a tough situation. The economy was really bad. They were advised that privatization was a solution, and under their watch hundreds of patients died in waiting rooms and suffered when their care was delayed. The front-line staff banded together and said: "Politicians, bureaucrats, and administrators don't care. We must fix this system." With regionalization everything went vertical. We broke those vertical lines. We said: "Forget it. We're going to talk to one another on the front lines." We held hands. We went horizontal. The front-line staff did it. The system actually came back.

It actually improved until the boom hit, before we drove the staff out. This time we drove 1,800,000 patients in without the staff. Guess what? The same thing. It's a supply and demand issue. A lot of illness, not enough health care workers; teachers, roads, you know it. Society's and the system's problems end up in the emergency rooms.

I appreciate what the hon. member says, that this is not the place to put these, Mr. Chairman. Imagine if every patient was an airplane. You know what would be happening? There would be an

airplane crashing every 10 minutes in this province. This isn't a funny thing. Would this be acceptable in the airline industry? The members on the board are all businesspeople. Mr. Franceschini is on the board. Would this be acceptable in Stantec? I think not. Is this acceptable in any society?

Mr. Chairman, I worked with the hon. member. He actually convinced me. He said: "Raj, get off the headlines. If you want to fix this problem, come on inside where you can truly make a difference." By the grace of God and the grace of the good people of Edmonton-Meadowlark, I was elected, and I thought that we would have the health care dream team with myself – I'm just a simple front-line guy. I don't know much else other than doctoring and maybe looking after a couple of kids and coaching soccer and basketball in McKernan. I thought: we have the hon. Member for Edmonton-Rutherford, who is the policy expert in this House – I'm just a delivery expert – and the hon. Member for Edmonton-Whitemud. I thought: wow, we would be the health care dream team and we would fix it.

When I received my phone call to be parliamentary assistant, I was so honoured. I thought I'd be so honoured to work with the hon. Member for Edmonton-Whitemud. But there was silence on the other end of the phone. This minister actually reduced emergency wait times.

The health care system is broken. There's only one governmental party in this House, that needs to take the full responsibility for breaking it. It wasn't these guys in the red. It wasn't those guys in the orange. What colour are you guys, by the way?

An Hon. Member: Green.

Dr. Sherman: It wasn't these guys in the green and gold. It was my good friends for whom I ran, the guys in the blue. Nobody else.

When we ran . . . [Dr. Sherman's speaking time expired]

3:40

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you. Well, personally, I would like to hear the hon. Member for Edmonton-Meadowlark, if he would continue, hear a little bit more about what he would suggest for our health care system, he being the only emergency doctor in this Assembly and, clearly, the expert on the subject. I'm learning a lot every time he stands up, so I hope that he would do that.

The Deputy Chair: Yeah. It's not 29(2)(a). You spoke, and it's his turn to speak again.

The hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Mr. Chairman, thank you so much. I'm honoured and humbled to have the opportunity to keep speaking. Thank you.

After this, I declared it was a crisis. The hon. member did the right thing. He responded, and we actually improved emergency department wait times. That was in 2007.

In 2008, in the lead-up to the election, in the fall the flu hit. This was a temporary measure, so we actually increased the workload of the nurses on the wards upstairs by 3 to 5 per cent. I had talked to Heather Smith three times. In fact, you know what? I had talked to everybody. I had talked to the hon. Member for Edmonton-Centre in her office. I talked to the hon. Member for Edmonton-Highlands-Norwood. I said: "Please, I ask you and urge you, do not fight about this in the Legislature. This is a nonpartisan issue. I ask all of you to support it."

To Heather Smith from the United Nurses of Alberta I said:

“Heather, your nurses on the front lines are working at 140 per cent, and they’re burning out. Please have the rest of your nurses, the clan, come rescue the front-line guys and gals. I know they’re already overburdened upstairs. I know their work is going to go up 3 to 5 per cent more. The real solution is more nurses, investments to long-term care, home care, and then more beds, and I will be advocating for that in addition to this. So please don’t say this is a bad thing. It’s the alternative to what’s a disaster.” Then summer hit and, you know, we have elective surgery cancellations, and usually the flu is gone. It was okay.

In the fall of 2008, because it takes time for long-term care beds and all this stuff, I was working in the emergency room. I was already nominated, actually, to run along with my hon. colleagues across the way as a candidate. The election wasn’t yet on. What happened when I was an emergency doctor one day – when the Royal Alexandra ER gets up to 30 admitted patients, we know that everybody else is plugged, that the other hospitals in Edmonton are plugged. When the Royal Alex hits 30 and our resuscitation beds – we had none in the city. We had 15 closed ICU beds. All our trauma beds were full of intensive-care unit patients in the departments.

On one shift I had four cardiac arrests. Mr. Chairman, I ran two of them in the hallway in front of the nursing station. It was sort of like TV on the show *ER*. I mean, George Clooney is just an actor. My buddies are the real deal. We ran cardiac arrests in the hallway. Thirty people were watching a good Albertan suffer and die in a hallway. The two following cardiac arrests we actually ran in a storage closet. I said: “This is horrendous for the staff and the other patients and the other family members. We can’t let them see this.”

I had a young fellow who got stabbed. It was 2:20 in the morning. He was being rolled in by the paramedics. My shift was over, and I was with this young student resident. You know, I’m one of the old dogs in the emergency – well, maybe not the oldest one. That would be Dr. Sosnowski. But I was the first emergency-trained doctor in the Edmonton training program in ’93. I was a rural family doctor. I went back and specialized because our job became so specialized. I needed more education and training to do the job, and the nurses had to do that as well. That’s why they’re more highly trained, so we can do more. Patients are more complex, and they have more problems.

Anyway, getting back to this guy who was being rolled in. I told this young student: “Look, son. Let’s stick around and keep an eye on things.” We had no trauma bed available, so you know what? He got stabbed in the chest in the same hallway, across from the nursing station. We did what we call the full meal deal. The full meal deal is that he lost his pulse because he had bled out from the hole in his heart. The whole team, just like on TV, cracked his chest, put a tube in his windpipe, opened up both sides of his lungs, made sure we fixed the collapsed lungs.

For the young surgical residents this is the moment that we live for, the front emergency room doctors. They’re tragic situations for the patient, but this is what we’re trained to do. Immediately that chest was opened up, the hole was discovered, the finger was plugged. Between myself and the student, I said: “You know what? Watch these young guys. They get so excited that they’re going to forget the most basic thing, to put the central line in.” So I taught this young student how to put the central line in. We ordered some blood, some fluids, got them into the body so that patient could actually have some volume with which to have a pulse.

It was fantastic what we did, but it was tragic because we did it in a hallway in front of everybody. Those are the circumstances under this good minister, who did the best that he could but inherited a disaster, and under the hon. Member for Edmonton-Rutherford. They listened. They did the best that they could.

After this, during the election I clanged the bells. We had an emergency meeting with the chairman of the board, who is now the Ethics Commissioner, and with the previous CEO, Sheila Weatherill. As soon as we phoned, that same afternoon we had a meeting. Boom. She was a nurse, and she listened. Right away she said: I want to know what’s going on on the front lines. She was up here. She said: tell us what’s going on because the junior and mid-level administration isn’t telling us. She actually asked the front-line doctors to document cases and pass them on to junior management and to senior management, which is herself and the chairman of the board, Neil Wilkinson.

Then there was another action. The hon. Member for Edmonton-Riverview, who actually happened to be my MLA, during the debate challenged the hon. Premier, for whom I sacrificed my career and my reputation, and said: people are dying in the emergency rooms. I saw the debate, and I was a little ashamed that my leader actually laughed at him, laughed at him and shouted him down during the debate. Unfortunately, for some reason the hon. member was unable to convince Albertans that this was a significant issue. I had asked the ER doctors: “Please do not interfere in the outcome of an election. You’ll be critiqued for politicking.”

Jim Dau, the previous Premier’s communications fellow, said: “Raj, don’t mess with the Conservative Party because they’ll get you. That’s how things work in Alberta. Don’t do it. Work with the system because those guys will get you. I’m just telling you.” I met with him at the Century Grill. That made the hair stand on the back of my neck. He said: “They can do it in any other province; there are changes in government. But do not even think about it in Alberta. Don’t even consider it.” So I told the doctors: “Shut up, guys, please. If you guys go public and if these guys get a majority, oh, God, you guys are done. Don’t say anything during the election. I’m begging you.”

Mr. Chairman, I rolled my dad into the emergency room Monday in the middle of the election. He had the flu. He was dehydrated. He needed one bag of water. He’s got a bad heart, that functions at 10 per cent. The waiting room was full at the U of A hospital. I left him there in the emergency room. I have never asked for special care for my father. Having said that, I know that the staff know him. The doctors know him because many of them trained me, and I trained many of them as well as the nurses and the paramedics. I know he got special care because people were waiting eight hours in the waiting room, and he actually only had to wait six hours in the waiting room. He should have been in in 30 minutes. He was a triage category 3 patient. On a scale of 1 to 5, 1 is most urgent, immediate; 5 is two hours. He was supposed to be seen within 30 minutes. He got special care, and he got seen within five or six hours. His heart failed. Suddenly they called me and said, “Raj, you better come back. Your father is dying. He’s on a ventilator.” He sucked on a ventilator tube for five days in the intensive care unit, seconds from death. His heart got so damaged he spent 10 days in the ICU during the election.

3:50

Some people say: why does Raj always talk about his father? I talk about my father because I want people to know that if it’s affecting my father – you know what? – it’s affecting their father and their mother and their daughter and their wife and their grandmother. I want people out there to just understand that there’s someone in the Legislature who actually, truly cares and understands. In fact, the hon. Member for Edmonton-Whitemud understands, too, because his mother suffered. His family members suffered, too. That’s why he wanted this fixed. He understands. This affects everybody. This is a nonpartisan issue. This has

nothing to do with politics. It's a human issue. It's an issue of human dignity and human honour.

Mr. Chairman, as a front-line health care worker my heart goes out to all those families whose family members are suffering. Many have died metres from care. I'm aware of at least four, five, six deaths and probably a hundred near-deaths during the election. Those 322 cases released by Dr. Paul Parks were from during that election period in 2008. That's when those 322 cases were from.

I want to put everything into context. I want all the front-line health care workers to understand that there are people in this Legislature who understand their issues. My heart goes out to each and every patient. Mr. Chairman, we cannot wait to fix this broken health care system. This is not an emergency problem. This is a health care system problem that manifests itself in the emergency rooms. I believe this system can be better. Our lives depend upon it.

I want to talk about solutions. That's what we've been talking about. We've been talking about solutions for years. These are the solutions. The solutions are: one, let's reduce the number of patients. Let's not get sick in the first place. The way to do that is to actually get healthy seniors who are homeless out of hospitals because they're sitting beside sick, infectious patients and getting sick in acute care. Let's get them back home where they belong, with their spouse or their family, with world-class home care. Let's invest in subacute care, rehab care, community hospices. It's unacceptable for patients who are palliative to be dying in emergency rooms in the last days of their life.

This is the sequence of investments that needs to be made and then long-term care. Then if we need acute-care beds, then, yes, build acute-care beds. That's on the output side of acute care. Then let's deal with the input side. Everyone needs good primary care. The primary care system is broken. There's only been one government in power here. They broke it. Nobody else broke it. They broke it, the government that I ran for. The primary care system is broken. We need to concentrate on health promotion and injury prevention.

Number two. Let's ask the front-line health care providers for local solutions to local problems. This is what used to happen. We had site-based decision-making until we regionalized, when we went up four levels. Guess what we just did? We just regionalized. Now we went up seven levels. We broke all the horizontal linkages. I'm sure the hon. members for Edmonton-Whitemud and Edmonton-Rutherford would not agree with how the one region was implemented and communicated to the front lines – I would ask them to comment on that – by the previous minister of health, the hon. Member for Calgary-West.

Going to one region in principle may be a good idea, I think, certainly for the centralized functions of bulk purchasing, bulk ordering, standards of care, human resources, electronic health records. For the backroom stuff, absolutely. But, Mr. Chairman, the problem in health care isn't backroom stuff; it's front-room stuff, where I come from.

The hon. member did the best he could to address it with the workforce action plan: training more doctors and getting more beds. In my home he announced 600 new long-term care beds. All the heads of the medical association were in my home. He announced that. I dug the shovel at the Villa Caritas to build long-term care beds in my area. I dug it. Later on I found out those were actually just replacement beds. I was shocked when I found out they were replacement beds.

Mr. MacDonald: How did you find out?

Dr. Sherman: Oh, I think I read it in the newspaper.

I didn't know they were replacement beds. I thought they were brand new beds. The hon. members for Edmonton-Rutherford and Edmonton-Whitemud were in my home. I thought: what? Replacement beds? They're going to shut down the ones at the – hold it. We're closing down beds and opening new beds. We're just replacing them. All we're doing is shuffling deck chairs on the *Titanic* while the ship is sinking. This is the reason the emergency health system is in crisis.

Here is the evidence. You need real evidence. Heart-wrenching stories are one thing, but you need evidence. The Health Quality Council of Alberta shows the median alternate level of care days per acute-care discharge for patients waiting for ALC beds. For 2002-03 the number was trending down, from 15 days down to 11 days in 2005-06. For 2006-07 the number went from 11 days to 16 days. So the numbers were actually trending down under the previous Premier. Things were coming down until 2006, and then there was a change in leadership, and the numbers started going up. As they started going up, more bed blockers increased upstairs, more emergency beds were plugged.

And Paul Parks. You see, I sounded the bells in February, in the second hit of the flu season, but Dr. Paul Parks has rung the bells, and the flu season hasn't even hit. We have never clanged the bells in the emergency rooms before fall. This was a first, actually, a first during this decade. We actually clanged the bells in the '90s, when they did the cutbacks. And when they did, every front-line health care staff who complained even two words at a staff meeting was punished. They were made to be punished by their own colleagues.

Mr. Hinman: What was the punishment?

Dr. Sherman: Well, gee. Mr. Chairman, you don't want to know. They'd find one case, one mistake, one complaint. They would have your own colleagues research the one mistake, if it was a mistake, and they would take it to the college because the College of Physicians and Surgeons is underneath the government. The government would have those colleagues under contract to the region take that complaint to the college. Sometimes the doctors would get upset. Then when they'd get upset, they'd say: hey, these guys are crazy. They were passionate, but they'd say they were crazy.

You know how I know they do this? Because at one medical staff meeting, Mr. Chairman, when I was working nights, I said to my doctor colleagues at a closed-door staff meeting: "Look, people. How can we find this acceptable? We're doctors. If we're not going to stand up for patients, who is?" I said maybe 10 words. How do I know this? This happened to me. The wrath of Capital health fell on my head. It took me 10 months to get my name and privileges back.

Mr. Chairman, recently I heard there is a smear campaign, a whisper campaign. I don't believe this, but about 10 different people have told me, from Don Braid to Jodie Sinnema. I don't even know what that is: a whisper campaign started against Raj Sherman about what happened years ago, a Gordon Campbell moment in my life, I was told. I'm just telling you what the Gordon Campbell moment was. I've got nothing to hide. My colleagues punished me. It took me 10 months to clear my name and my honour. They used my colleagues on contract under Capital health to punish me for a patient complaint that was never shown to me. There was no legitimacy to it. To this day there has not been one official complaint against me to the College of Physicians and Surgeons. It took me 10 months to clear my name and my honour, and there's no

negative record with the College of Physicians and Surgeons on my record. After 100,000 patients there has not been one complaint to the college.

4:00

Mr. Vandermeer: What was their rationale for that?

Dr. Sherman: The rationale is not the important issue, hon. member. The important issue was the fact that front-line staff were bullied. They were bullied then. They are bullied now. When the minister . . . [Dr. Sherman's speaking time expired]

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

Dr. Taft: Thank you, Mr. Chairman. I can tell that the Member for Edmonton-Meadowlark needs to continue talking, and I'm interested in listening, so I'd be interested if he would continue.

Thank you.

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

Dr. Sherman: Thank you, Mr. Chairman. Thank you so much. Chair of the CPC for health, because of confidentiality reasons I'm not at liberty to discuss the details, because of patient confidentiality and regional confidentiality. I had to sign these things in order to ensure I wouldn't sue. They did this to three or four other doctors, and they actually successfully sued for \$4 million or \$5 million. I don't know the truth, but the rumour was that, hey, this was all hushed up, and the money was hidden in the books. They left town, and they were blackballed, never to work in this province ever again. I signed a confidentiality agreement saying I promised not to sue. I promised never to discuss details. So, hon. member, I'm sorry. I can't discuss the details.

The point being, this happened to front-line staff. When the hon. Member for Calgary-West, incoming after the election, the new minister, came in, they went to one region, and they brought in something called the code of conduct, a very draconian code. The code of conduct means the same thing: "Anybody who says anything, look out. We're going to deal with you. We're going to hammer you." This is why the Alberta Medical Association and all of the physicians said: "Hey. This is unacceptable. We need to advocate for our patients. We have a duty of care."

Hon. Member for Edmonton-Beverly-Clareview, you're my friend. I know we can't talk about caucus confidentiality, but I think we can talk about the stuff before we walk into the caucus room. We were both pulled aside before entering the caucus room by the previous hon. minister of health from Calgary-West, and he said: "Well, by the way, I'll tell you guys before you walk into the room. We're going to one region, and we're meeting the board." That's when we found out – isn't that correct? – that we were going to one region. You and I are the health leads in this government. You're the chair, and I'm the junior health minister.

Mr. Anderson: Raj, I was there, too.

Dr. Sherman: This hon. member was there.

We were told one minute before we walked into the room, and that hon. member, the minister, brought in this region. I had no input into who was on the board and who was the chairman of the board and the deputy minister. They brought in draconian code of conduct measures. That's what this is. It's about intimidating front-line staff. If they speak up, they will be hammered. That's why our front-line staff, from the nurses to the doctors, said that this is unacceptable.

Poor Dr. Duckett, who just got released from his job, didn't create this. He walked into it. He actually amended it. He actually amended it and improved it and said: I'm happy with people talking.

This is actually what I did. This is a case in point, Mr. Chairman. We have an oath as doctors and nurses as health care providers when we get a licence. It's a duty that trumps every other duty, our oath that we must speak up for patients when they're suffering. We must. It trumps every other oath. It actually trumps the oath that I've taken in this Legislature. If given an option, yes, that oath sits above this oath for me as a physician. It does. I'm sorry. It's intertwined in the deepest inner fabric of every health care worker, and that must trump.

So you had the junior health minister, who's a doctor, who actually clanged the bells and who supported Dr. Paul Parks. Case in point, I just got removed from my position because I spoke up. It appears that the code of conduct within the government that I ran for still exists. It appears I spoke up for patients who were dying and suffering, and as parliamentary assistant I was told that I violated the ingrained code because I went against the minister as parliamentary assistant. My oath as a PA: I cannot speak against the minister and the government.

Mr. Chairman, what really happened? My family, my grandpa was a rural family doctor and a sugar cane and dairy farmer. I grew up in India.

An Hon. Member: Where?

Dr. Sherman: In India.

In my mother's family they're all doctors. Everyone is a doctor. In my dad's family they're all freedom fighters. There's one doctor, which is me, from my dad's side of the family. We were taught by our grandparents – I was raised by my grandparents; my mother has five sisters and two brothers – to always tell the truth, always be honest. The truth will never hurt you.

I was told by my grandfather on a nice, beautiful night in India – I think I was three years old. He said: son – he was my father, really. I thought my mother was my sister. I didn't see my dad for seven years. He was in Canada trying to make a better life for our family. I was the baby of the family. My mom was a single mom with three boys. I remember it was a beautiful night. There would be hyenas in the background. You know, we had tigers. We didn't have little snakes; we had pythons. It was sort of like Mowgli where I grew up. We had real guns. We had 20-gauge elephant guns where we grew up, and we didn't go hunting until a tiger ate at least 10 of us. We didn't go hunting for Bambi. That's where I grew up.

My grandfather – I remember this night. The moon was up, and it was a beautiful sky. He said, "Son, there are three things in this world you cannot hide." He pointed at the moon, and he said: "The moon. We named you Rajnish. Raja means king. Nish means night, moon. We named you after that. You are king of the moon." Interestingly enough, I worked all night shifts at the emergency room. I was actually king of the night shift. He said: you can't hide the moon. During the day he showed me the sun, and he said: you can't hide the sun. You know what else he told me? You can't hide the truth. The sun, the moon, and the truth you cannot hide.

He said: "Son, above all. In our family your forefathers helped free a nation from an empire without spilling blood. When you utter the truth, God will protect you. You must have the courage when you are faced with making a choice to have the courage that my father had." My great-grandfather, my grandfather's father, was a captain and surgeon in the Indian army. His friend was Lala Lajpat Rai. In 1928 there was a protest of the Simon Commission. It was in the movie Gandhi, where they got beaten with sticks. My great-

grandfather, Basant Ram Pathak had the courage to stand up to an empire for freedom, and they were beaten with sticks. He was in prison three times. My great-grandfather was a physician. He was beaten with sticks. His brother Mukand Lal Pathak came to the U.S. in 1906. He invented the modern-day steam engine. I've got to write a book about this. I heard Obama's story, and I thought: jeez, that's nothing.

4:10

Getting back to this bill. We're talking about health care and medicine. We're talking about the courage of speaking up, of getting beaten with sticks. In this society we are not beaten with sticks literally. The front-line health care workers, when they speak up, they are figuratively beaten with sticks. Doctors in this province, I will name them. Dr. David Swann: Mr. Chairman, you beat him with a stick, and you fired him when he spoke up as a health care professional on the Kyoto protocol.

Dr. John O'Connor was beaten with figurative sticks by this government when he raised legitimate concerns. They used the college of physicians and the Alberta Medical Association to beat him. They use our profession during contract negotiations. Our profession is told: deal with your members if you want this contract done. This is how things work in this province.

Dr. Lyle Oberg, another member of this government, talked about skeletons. In my mind, you know, he's a doctor – he's a rural family doctor – and he's probably talking about patients dying in hospitals and emergency rooms. That's what was happening, and they beat him with figurative sticks, and they stuck him on this side. Mr. Chairman, you know what? This is so sad and tragic. The only way to keep my sanity is that I have to smile and laugh.

Their own junior health minister, me, stood up and spoke not against my government but for my government, for this province, and figuratively I have been beaten by the same stick, and watch what's going to happen. They're going to stand up and beat me again. They're going to say I'm wrong. They're going to bring up some other excuse of why they expelled me from caucus. We will give them a chance in the Legislature to tell the world why they expelled me from caucus. The hon. Deputy Premier will have an opportunity to explain this.

Mr. Chairman, I'll tell you. My dad's father came to Canada in 1906 and on the ship *Komagata Maru* came my great-grandmother's brothers. This is my grandfather, my dad's father, who wanted one doctor in his family. He died 10 months before my birth. I just went to India, and my dad's sister said: my gosh; I swear you are our father, and you are back. He helped finance the freedom movement of India.

Here is a little historical fact. In 1913 the Ghadar Party started on the west coast of North America, from Vancouver to San Francisco. Ghadar means revolution. He was the western hemispheric operations manager for the world for the Ghadar Party. My mother's family were in that Bhagat party, which means patriotism. Her family were the politicians, with Gandhi and Nehru. My dad's father was with the soldiers, with the warriors. They were going to bomb the Indian Assembly, and he says: "Hey, hey, hey, guys. Don't do that. Don't be killing people. If you want, throw a little firecracker to make a point." So that's what they did. They had a big fight. In 1928 Bhagat Singh threw a little firecracker into the Assembly to make a point about freedom.

Mr. Chairman, I know what you're going to say, and I'm going to quickly come back to the point. This is what I'm doing, this is a figurative bomb in this Assembly that I'm throwing today on health care, that my dad's father had thrown into the Indian Assembly. They didn't hurt anyone. They just wanted to make a point. I'm not hurting anyone. My family asked me not to bring this up, but I said

I must. This is 72 years later in a different country, that guy's grandson, myself. This is a political bomb that's being thrown into this Chamber. We cannot ignore what's happening in the health care system.

The health care system is in crisis. It is broken. The government of this province broke it. The problem surfaces in the emergency rooms, and the doctors are clanging the bells.

Why did I go public? Before the doctors went public, I had Dr. Paul Parks meet the deputy minister. They met with him, and he had Alberta Health Services meet with the docs, and they were told by Alberta Health Services that there's a plan coming August 2011 to fix this problem. The doctors were blown off.

The AMA, Alberta Medical Association, met in September at the emergency meeting on a Thursday night. I got my ear chewed off by the 30 ER docs from all across the province. They said: "Raj, we have lost faith in you. You told us not to say anything. We haven't said anything for years. We actually don't even vote for this party or this government. We've been silenced." I in my exasperation said: "Gentlemen, I give up. I've done all that I could. Your voice has gotten to the caucus table of the government."

I've been the parliamentary assistant of two ministers. The previous minister may disagree with me. He may have heard me, but I don't think he listened to me. He may say: hey, Raj never said anything. Come on. Do you seriously think that I was in the media 45 times, and then I ran, and I didn't say anything to the previous minister about this issue? Come on. If he says that, that's a ridiculous allegation if that ever comes up. The hon. members here know that I've been fighting like stink for health care workers at caucus because those are the rules. I've been silent publicly. I've gotten lots of criticism, saying: "Raj, why didn't you speak up earlier? Why now?"

When Dr. Paul Parks felt like he and the emergency doctors weren't listened to, I told them that before they called the media, it's their responsibility to let the current minister know, because this guy didn't receive the letter, and let the current deputy minister know and let the current chairman of the board of AHS know and let the current CEO of Alberta Health Services know because they didn't have this letter from 2008, when they sent that letter to the hon. members for Edmonton-Whitemud, Edmonton-Rutherford, Edmonton-Meadowlark, to the hon. Premier, and to the hon. deputy minister at the time, in 2008. I said: you have to resend that information because since then we've had an interim board for a year, we've had an interim CEO, and then we've had another minister in between.

Oh, by the way, when the hon. Member for Calgary-West was minister, he got a letter from Dr. Kwan, who was the section president between myself and Dr. Paul Parks, and he said that it's just runny noses and sore throats. He said: we've got too many doctors and too many nurses. The previous hon. minister did the right thing. He said that we need more doctors and nurses and long-term care beds. Then the election happened, I was paired up with the minister, and suddenly I thought: what the heck? He's saying that we don't need long-term care beds; we're capping them. He says that we've got too many doctors and too many nurses. I said to myself: what's this? So we fought at caucus.

Then Dr. Paul Parks felt they weren't heard recently, so they sent the letter on October 8, 2010, the same FOIPable e-mail, but we don't need to FOIP it because some emergency doctor got upset and sent it to the media. Those are those 322 cases. There's no patient-identifying information on those cases. It just tells the story. The patient identifiers are separate because that would be a violation of patient confidentiality. And it was Sheila Weatherill who actually wanted these cases in this format. So those cases are in there.

I believe the letter from the Premier is there, a commitment from the Premier to the emergency doctors during the election. It's on PC Alberta letterhead. There are three letters that are attached, which are letters to the minister of health Edmonton-Whitemud, to the minister of health Calgary-West, to the minister of health Edmonton-Mill Creek. There's no confidentiality of patients that's broken. Dr. Paul Parks sent these in 2008, and he resent them again. He sent them to me again as well.

I'm an elected member of government. I said: hold me accountable. This is why I publicly have said that I take personal responsibility because I was here, and I knew about it. Society can blame me. It is my fault. I'm a doctor. They may not know what they're talking about, but I know what I'm talking about. It is my fault. I was the assistant to the health minister; however, I was powerless to do anything about it. I did bring it up at caucus. I am only one vote. It's a parliamentary democracy.

I took an oath as a parliamentary assistant. I took an oath as a member of the Legislature. When Dr. Paul Parks went public, suddenly, Mr. Chairman, came a collision of values and principles. That's what happened, a collision of values and principles. The values of a political party collided, and political loyalty collided with the values that my grandfather taught me on that starry night and the values of my profession.

4:20

The Deputy Chair: The hon. Deputy Premier.

Mr. Horner: Well, thank you, Mr. Chair. I do intend to provide the hon. member with another opportunity to speak, as have others, because I'm sure that he does want to continue speaking. I would like to put on record my views on the amendment to Bill 17, which is actually what we should be talking about here in the House. We shouldn't be talking about, you know, reasons why someone would have been suspended from a caucus because the hon. member well knows why he was suspended from caucus, and it had nothing to do with his views around health care. In fact, we had a good discussion about this amendment at one of our caucus discussions.

As has been pointed out by members of the opposition, there are some issues with this amendment. To put into law that no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care, and no unnecessary waste of resources should occur – well, Mr. Chair, we've heard a lot about family. My father was a family doctor. My father was a doctor that used to do house calls, used to drive out in the middle of winter and do an appendix operation on a table in the country. That's pretty good commitment. I'm sure that he would have said that there is no such thing as a necessary death, that there's no such thing as necessary harm to a patient, and he would also say that you don't put that into a legislative framework.

They already have an oath, Mr. Chairman, not to do that. But, as we have seen, sometimes oaths are broken, and there should be consequences for that. This amendment doesn't provide any consequences, as was pointed out by the hon. member from the Liberal opposition. What's the consequence? Is it a feel-good statement? Is that what this is about?

Mr. Chairman, the hon. Member for Edmonton-Meadowlark has some very positive things to say about our health care system. He has some very positive things to say about what we need to do to change our health care system, and we applaud him for that. Every member on this side of the bench applauds him for his views on health care. That's not why he was suspended from our caucus, and it isn't the floor of this House that we would talk about that.

Mr. Chairman, I cannot support this amendment, and I can't support it because it's not good legislation, not because of the context of the amendment, not because of the spirit of it. Certainly,

everybody in this House can agree to the spirit of this amendment. But, again, in agreement with the hon. Member for Edmonton-Riverview, I believe that this is not something you would put into the legislation that should be part of Bill 17. Therefore, I cannot support the amendment.

I would also point out, Mr. Chairman, that the hon. member knows full well why he was suspended from our caucus.

The Deputy Chair: Hon. Member for Edmonton-Meadowlark, may I just say that we have listened with compassion and interest for the last hour on the things you've told us, and I will direct you to deal directly with the amendment.

Dr. Sherman: Mr. Chairman, thank you so much. I really appreciate it, and I am truly honoured and humbled to rise again and rebut some of the remarks of the Deputy Premier. I like him. His father is a rural guy. Like my grandfather and my great-grandfather, he was a rural family doctor.

The reason we're talking about the amendment is that these are the accountability measures. I encourage every member right now to log onto www.caep.ca, the Canadian Association of Emergency Physicians. The amendment talks about this position statement of the emergency doctors of this country. The four principles of the amendment are a guiding principle for the whole system, that there should be no unnecessary deaths. People are going to die. If you have a cardiac arrest, you're probably going to die. But if you go in with appendicitis, you wait for eight hours, it ruptures, and you die in a waiting room, that's an unnecessary death, that tragic case.

My heart goes out to the family of Dr. Guy Woolsey. He's my friend, actually. He's my friend. The mother of my children: he was good friends with her years ago, her best friend in university. We were all good friends. His brother hung himself in the emergency room at the Royal Alex when he sought mental health services. And somebody was going to close Alberta Hospital Edmonton. That was an unnecessary death, when you go for care, you wait for hours at the University of Alberta hospital emergency department, you walk across a bridge and think about jumping, and you think: "You know what? My brother is a doctor. I'm going to go to the Royal Alex, where they look after everyone." Every hour he came out of the room to say: when is a psychiatrist coming?

The department was plugged up by admitted patients and psychiatry patients. Every psychiatry bed was plugged up. They say: "What's the purpose of coming down at midnight? We can't do anything anyway. We've got no beds." Then he asked a nurse for a pen. I read this in the paper, so I'm not violating patient confidentiality. This was a story in the *Edmonton Journal* by Jodie Sinnema. He asked the nurses for a pen, and do you know what he did with that pen, Mr. Chairman, in this story that I read in the paper? He penned his suicide note.

Mr. Chairman, do you know why the morale of front-line staff is at 25 per cent? My emergency doctors, nurses, staff, and colleagues at the Royal Alex emergency department – dear hon. members, please listen to this. Hon. Member for Lac La Biche-St. Paul, please listen to this, please. You know what happened? When the staff opened the curtain in his room, they found my friend's brother hanging from the rafters.

Mr. Chairman, there's a smear campaign saying that Raj has an emotional problem. Damn right I have an emotional problem. Someone I love in the Public Affairs Bureau has leaked something, that Raj has an emotional problem.

My father almost died four weeks ago. He never got to an in-hospital bed. He was discharged from the emergency room after four days. He never got upstairs. On the day I went to India, within

30 hours his arm hurt and he had a heart attack. I'm sitting in the intensive care unit with my family at 4 p.m. on October 28 because the cab is coming at 5 p.m., and I've got to go to the airport, and my dad is possibly dying in the ICU. I have a couple of uncles that passed away, who raised me, that I mentioned earlier. One had died two months ago. I had to go bereaved to that family. This has been such a hard time for my family, for my children to see their grandfathers.

4:30

This has been such a hard time for me as a human being. Damn right I have an emotional problem. I have been part of a government that dismantled a broken health care system. I cannot defend it any longer, and they're smearing my name to discredit me. I spoke up, and they fired me.

The other thing is that I hurt the feelings of the hon. Member for Calgary-West. I hurt his feelings. [interjections] I'm just answering the hon. member's questions. I have on the *Rutherford* show said: I wear my heart on one sleeve, and I wear my brain on the other sleeve. I'm a passionate guy. You are always going to get the honest truth from me. Damn it, when somebody is suffering and they need someone to stand up for them, then somebody needs to take an arrow for them. Damn it, I came from a family that will do that. I came from a profession that will stand up for those that nobody will stand up for. It's in my blood. It's in the fabric of who I am. Beat me with a stick. Every time I am beaten, I am strengthened.

I mentioned earlier that I will not stop talking in this House until my lips can't move anymore. I will not stop talking until an ambulance has to carry me out of this Legislature. Mr. Chairman, if a human being doesn't sleep for 72 hours, they have a cardiac arrest. If they don't sleep for 24 or 48 hours, they'll go insane; normal human beings will. I have brought my pillow, and I have brought my blanket, and I have brought my STARS bag. This is who I am.

Mr. Chairman, I'm going to get back on point, to the hon. member. The amendment has a guiding principle of no unnecessary deaths. People that are going to die are going to die, but people that shouldn't die shouldn't die. "No unnecessary harm to patients" means if you've got a broken leg and you've got to leave without treatment or when you've got fluid around your heart after your operation and wait for eight hours and you've got to leave out of frustration: that's unnecessary harm, and you die at home. That's unnecessary.

When you have fluid around your heart, a pericardial tamponade, and you wait for eight hours in the waiting room, when you have an ectopic pregnancy and it's ruptured and your blood pressure is in the boots and you're waiting for six hours on an ambulance stretcher metres from care, when you've got a brain aneurism that's burst and you're sitting for eight hours on an ambulance stretcher metres from care, when your child has a fever – we don't know if it's meningitis or a sore throat, a runny nose. I'm sorry, Mr. Chairman; a nurse in a call centre can't tell. The hon. member here is not a doctor, but his father would tell him that a nurse in a call centre can't tell. His father would tell him a doctor has to see that patient. So that's unnecessary delay in care.

"Unnecessary waste" refers to: where do we make the investments into health care? Are we making them in the necessary spots or unnecessary spots?

Then part (d) says:

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.

Please, hon. members, turn your computers on and stop talking.

You have all got to listen to this so that I don't have to repeat it again. Hon. Member for Bonnyville-Cold Lake, please get that group to listen so I don't have to repeat it again. I'm repeating this for the second time. In this statement are the details of the accountability measures. I will quickly try to get these for you here. Mr. Chairman, if you will just indulge me and just give me a little bit more time while I keep speaking to the amendment to the Alberta Health Act.

I've talked enough about problems. You know what? Somebody may say that this is theatrics. If anyone were to say that this is theatrics – well, it's for society to judge what this says.

Here it is, the position statement on emergency department overcrowding from the Canadian Association of Emergency Physicians, February 2007. The hon. Member for Edmonton-Whitemud said that there should be "national and international standards." Well, this is the national standard. Hear it today.

CAEP Position

1. That emergency department (ED) length of stay benchmarks be established nationally as follows:
 - (i) ED length of stay not to exceed six hours in 95% of cases for CTAS Level I, II and III patients
 - (ii) ED length of stay not to exceed four hours in 95% of cases for CTAS Level IV and V patients
2. That all admitted patients must be transferred out of the emergency department to an in-patient area within two hours of decision to admit.

That comes underneath (i) and (ii). Let's go to three.

3. That overcapacity protocols be rapidly implemented to allow Canadian hospitals to meet the national emergency department length of stay benchmarks until functional acute care capacity is sufficient.
4. That achievement of these benchmarks must be continually measured and ED length of stay should be documented on a daily basis by hospitals for all patients, and reviewed monthly. Hospital and Regional administrators should be held accountable if the throughput standards are not met.
5. That hospitals optimize bed management strategies to ensure the appropriate use of existing and future acute care beds.
6. That governments sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85%.

We have been above 100 per cent for a decade. This didn't start yesterday; this started in the mid-90s. There's one government that broke the system. It ain't the green guys, the orange guys, or the red guys; it's the blue guys, that I ran for. This Premier actually didn't start it.

These hon. members that I ran with, fantastic people, are my friends. I have the utmost respect for each and every one of them. We're not even debating differences of ideas. We want to fix this. We actually are in agreement with all of this. We just have a difference of opinion on how to fix it.

We'll go back to the statement, that speaks to the amendment, as you had asked, Mr. Chairman. Point 1 in the footnotes:

ED length of stay is the time of patient first encounter (the earlier of triage nurse assessment or patient registration) until the time of patient departure from the [emergency department].

So they register at triage, and they physically leave the department on their way home or physically leave the department on their way upstairs to an in-hospital bed.

Footnote 2:

For more information on the Canadian Triage and Acuity Scale (CTAS) . . .

That's for CTAS I, II, III, IV, V: I is the most urgent; V is the least urgent. They all need to be seen. Patients don't know what their diagnosis is. You know what? The front-line triage nurse doesn't

know the diagnosis but is able to assess, based on protocols, where the patient fits. It's the doctor who actually is trained to do the diagnosis.

The hon. member who's the Deputy Premier would sort of understand it if he ever talked to his dad about health care and doctoring. His dad would fully understand it, God bless his soul.

The background on this statement:

Emergency department (ED) overcrowding occurs when the demand for emergency services exceeds the ability of an emergency department to provide quality care within appropriate time frames. ED overcrowding in Canada has been escalating resulting in patient suffering, prolonged wait times, deteriorating levels of service, and adverse patient outcomes.

4:40

Causes and Consequences of ED Overcrowding

The primary cause of ED overcrowding is hospital overcrowding. Hospital overcrowding arises from several factors, including a shortage of acute care beds, staffing shortages, limited community care resources, and a lack of integration of community and hospital-based resources. With the shortage of hospital beds, hospitals increasingly have more patients requiring admission than there are beds to accommodate them. The current approach to dealing with hospital overcrowding involves an excessive and unsafe use of EDs to inappropriately "warehouse" admitted patients, both stable and unstable, for long periods of time. This causes a blockage in the outflow of admitted patients from the emergency department to hospital in-patient areas, which in turn results in ED overcrowding. ED overcrowding is not caused by inappropriate use of [emergency departments] or inefficiencies within EDs. This is because "non-urgent" patients do not occupy acute care stretchers, require little nursing care, and typically have brief treatment times.

Mr. Chairman, the hon. Member for Edmonton-Whitemud understood it. The hon. Member for Calgary-West said that it's the runny noses and sore throats causing the problem. This refutes that statement.

A significant consequence of hospital and ED overcrowding is "access block." This is a situation in which referring hospitals and ambulances are unable to access secondary and tertiary care facilities or their emergency departments in a timely fashion.

Access block is a particular issue for rural physicians . . .

Rural physicians, the same physician who is the father of the Deputy Premier and his colleagues in all of rural Alberta and all of rural Canada. This is a particular issue, actually, for all of my rural colleagues here. It's actually worse for them.

We're talking about access block.

. . . who are frequently unable to transfer patients requiring a higher level of care because urban receiving facilities are full.

The rural doctors cannot get their sick patients into the cities because the city hospitals are full.

Similarly, when EDs are gridlocked with admitted patients, paramedics are unable to transfer care to ED staff in a timely fashion, or are diverted [elsewhere].

You get ambulances flying across the city, from one end of town to the other, with sick patients.

This leaves paramedics and their patients in an untenable situation and compromises the ability of the emergency health services system to serve other patients requiring emergency pre-hospital care. Access block also occurs within hospitals when elective surgery cases are cancelled in an effort to deal with hospital and ED overcrowding.

When people are dying, they actually cancel elective surgeries because there are no beds. They take the elective surgery beds because people are dying in waiting rooms. Given an option, it's a partial deployment of the disaster plan. That's what that is. So for poor patients who are waiting for six months for cancer surgery, hip and knee surgery, the surgery is cancelled because if given an

option, we have to re-triage to look after dying patients in waiting rooms. This is why surgeries are cancelled. A significant consequence of hospital and ED overcrowding is access block.

Canada has only 3 hospital beds per 1,000 Canadians, ranking 26th out of 30 OECD countries.

Hon. Member for Edmonton-Centre, how many hospital beds do we have per 1,000 population?

Ms Blakeman: I have no idea.

Mr. MacDonald: How many hospital beds per population? In Alberta there 515 Albertans for one bed.

Dr. Sherman: Okay. So the ratio in this province is even lower. Our lack of acute care beds means that most Canadian hospitals frequently operate at unsustainable occupancy rates of higher than 90%.

In this province it's been higher than 100 per cent for years. [Dr. Sherman's speaking time expired]

The Deputy Chair: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Thank you, Mr. Chair. It's a pleasure to stand up and give my views on this amendment, A3 I believe it is. Are we on A3, or are we on Members' Statements?

The Deputy Chair: On A3.

Mr. Marz: Thank you. I have a great deal of respect for you, Mr. Chairman, and for the rules of this Assembly, so I would try to stick to the subject matter as much as I can, but I've noticed you've afforded some examples to relate back. I, too, would probably like to be afforded that same privilege, and I'm asking for that up front.

Much has been said about the health care system: broken, problems with it, needs fixing. I'm not going to get into putting a specific label on it. I guess we've all got experiences with the health care system, and I'd like to have the patience of the Assembly just to outline some of my experience that would relate back to how this amendment would fix it or not fix it. I'll try to respect the confidentiality. A lot of it involves my family members, and I don't want that in *Hansard* too badly, but I have to say something in response to what I've heard here tonight.

In 1998, a year after I was elected, the whip saw me sitting down at that end – I think it was the hon. Member for Medicine Hat – and insisted I go up to the clinic because he said that I didn't look very well, so I went to the clinic. I just accepted any doctor that would look at me, and I ended up by ambulance in the Royal Alex, which I thought was very good. I ended up with a stent, and a day later I was back in the Assembly. I probably shouldn't have been – I was told not to be for a few days – but I was back here because I think the work of this Assembly is important.

Ten years later that same doctor that I saw at the clinic that day – I had kept in touch with her over the years – called me and initiated an appointment. I didn't call that particular doctor. I said: well, my schedule is quite busy, so if you want me to come in, I would like an appointment first thing in the morning or first thing in the afternoon, when the clinic opens. Now that particular doctor was working in a different clinic. Well, when I got there at 1 o'clock, the arranged time, there was a big lineup, and the doors were locked. After 15 minutes I saw them through the glass window, the staff and the doctor, so I phoned them. They looked at the phone and kept on talking, and the doors remained locked. I happened to inquire with the group of people that had assembled outside, "Does anyone else

have an appointment here for 1 o'clock?" and three other people put up their hands. I then pursued it because I was under the impression that when I make an appointment, I'm entitled to about 15 minutes. That could be erroneous, but that's the assumption I had.

I asked if anybody else had an appointment with that doctor at 1:15, and four more people put up their hands. Again, I asked about 1:30, and again four more people put up their hands. So when the doors opened, needless to say there was a rush for the counter, and I no longer was first. It probably was after 3 o'clock before I finally got in.

Now, when I got in, I was asked by the doctor that arranged the appointment, not at my request but at theirs, what I was there for. I said, "Well, you called me in." A chart was dug out, and I was told, "Well, we need to double your prescriptions because you're about to have a heart attack." Well, that sounded strange because about a month ago I had just visited the cardiologist that did the stent 10 years ago, and he had updated my prescriptions, and he'd just renewed them. I said, "I find that odd." I was told that, no, I was wrong. I said, "Well, could I please look at the chart?" I was handed the chart, and I looked at the date, and it was 10 years old. I'm wondering if the mover of the amendment could tell me how this is going to fix that.

4:50

I was asked by the member to look up the protocols in the position statement on emergency department overcrowding, which I did yesterday. A couple of points. Number 2 says that all admitted patients will be transferred to an in-patient facility within two hours of the decision to admit. I'm not sure if the in-patient beds will be available, but nevertheless that's what it says. Number 4 is interesting. It says that failure to fulfill that would result – I'm not quoting it exactly. The hospital or regional administrators should be held accountable. Well, I'm not sure how holding a hospital or regional administrator accountable for the actions of that doctor's office would have solved that problem. If anybody thinks that that's not a problem, then I guess I'm in the wrong place. I think that's a major problem.

Mr. Chair, if you'll indulge me, another situation. My wife was unfortunate enough a few years ago to have back surgery in the Foothills hospital in Calgary. It was the fall of the year. We were harvesting, and my wife is an integral part of the harvest operation as she is my combine operator. Her appointment came up, and we dropped everything and went down. She had the surgery. I did not leave her bedside the first two days. If she needed ice in a cup, I got it for her. There was no burden on the staff for that. I stayed in the room 24 hours except to go out for a sandwich. Once she needed to get up on her feet walking after surgery, I was the one that took her down the hall and walked her. I did everything to help.

On the Saturday morning the doctor came in and told both of us that there was no way she would be going home until the Monday. This was at about 10 o'clock in the morning. So the doctor told us there was no way she was going home at 10 o'clock in the morning, so my wife, being a good farmer's wife, insisted. She heard the weather forecast, a chance of rain. I'd better go home and do harvesting. She assured me she'd be all right without me there. I reluctantly left.

When I got home, I noticed the answering machine was flashing. Before I was here, I didn't pack a cellphone around very much. I checked the answering machine. My wife had called, and she said that within 15 minutes after I left, some nurses came into her room and said that they had no plans on manning that ward she was in and there was no room in another ward, so they were discharging her. She was sitting in the waiting room of the Foothills hospital on the

say-so of three nurses that came in after the doctor told her she had to stay until Monday. So I had to turn around, race back to Calgary, pick her up, and take her home and watch her. By Monday she had an infection and some complications, and I had to get her back to a local doctor in Three Hills, who had to transfer her back to another city hospital for treatment. I'm not sure how this amendment and keeping some regional hospital administrator accountable for the actions of some individuals is going to fix that. I don't believe it is.

Mr. Chair, I've got a lot more stories. My parents both died of cancer in their 50s. I've got a long history with the health care system from Edmonton south with various things. I have a practice that when a loved one of mine went into a hospital, whether it was one of my children or my wife, I stayed there until they were released, and I did everything I could to make sure that they were tended to properly because I guess, quite frankly, I didn't trust what I saw happen. We can blame the system. We can blame government. But, you know, there are individuals making decisions. I went and sat up at the station and watched TV at various times of the day just to see how things were going.

I disagree with a lot of the things that were said tonight. We've talked about everything in the last couple hours except this amendment. I'm trying to relate my comments to the amendment. I just don't feel that this amendment is going to fix the problems that I've encountered with the system. Therefore, I can't support it.

Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you, Mr. Chair. Got to stretch my legs a little bit and talk about health care. This is what I find amusing, that all the comments I've heard from the Deputy Premier – and I do appreciate the Deputy Premier speaking to the bill and actually putting something on the record and the member that just spoke and earlier the Education minister and so forth. I really appreciate that because it's good. That's what a debate is. We've had more debate on health care in the last couple of days than we've probably had in this Assembly, certainly, during my time here, so that's three years or thereabouts. It is exciting to see.

Here's the thing, though. I just don't think we're quite in tune, we're quite listening to Raj with regard to what he is proposing.

Some Hon. Members: Names. The rules of the House.

Mr. Anderson: Oh, yes. Sorry. I get tired, as we all are tired. That was a mental mistake. I apologize. I withdraw saying his name. Sorry about that. The hon. Member for Edmonton-Meadowlark.

What I would say is that we have a situation here where you have an emergency room doctor. This was the head emergency physician in the province for a time. This guy understands the health care system with respect to the emergency room more than anybody in the province or as well as anybody in the province. So I get a real kick out of watching people who don't have a clue what they're talking about with regard to emergency rooms.

Mr. Hancock: That would be you.

Mr. Anderson: That's right. That would be me. The hon. member doesn't know, but certainly the Education minister gets it, clearly, because the system is so good right now. You clearly get it, and the hon. Member for Edmonton-Meadowlark doesn't get it. Think about what you're saying.

The arrogance is unbelievable. I'm listening to him. I'm listening to him, and so are all the people over here who are going to be supporting this amendment. This didn't come from the Wildrose.

It's not a Wildrose amendment. This is the amendment of an emergency room expert, a doctor, okay? What I would like to see is a little bit of humility and a little bit of listening and realize that sometimes there are people out there that know more than you do about a subject. I certainly know that that member understands a lot more about the emergency room than I do.

We have an expert here. He has come up with a very good plan. He has put it before this House, and now we have an opportunity to debate and vote on it and accept it. I'm telling you that we are not going to do anything in this. We're going to continue on Bill 17, talking about this, until this is passed or until you throw us out. That's one of the two. It's your pick, okay? That's all it is. You decide.

So we want to make sure that we have an ample opportunity, that all the people in Alberta can come here, and they can sit in the gallery. They can look on their Internet TV, and they can have the opportunity to take a good look at this amendment and take a good look at this government, who refuse to listen to an expert on emergency rooms during an emergency room crisis. Absolutely hilarious. If it wasn't so serious, it would be hilarious. It's unbelievable to me that you folks over there can't see the value in this amendment. It's about accountability.

I know that's a foreign concept. I really do know it's a foreign concept to a lot of the folks over there. But it's absolutely amazing to me that you can say that you want to pass this fluff piece of legislation. That's what it is. It's a piece of fluff. It's nothing more. Read it. Like, look at the health charter. The health charter must "recognize that health is a partnership among individuals, families, communities, health providers, organizations that deliver health services, and the Government of Alberta." Seriously? That's the health charter? That's what we're going to recognize in the health charter?

5:00

We've put a bill together, and we've spent time running around the province talking to people and talking to so-called experts, and the best we came up with was that a health charter must "recognize that health is a partnership among individuals, families, communities, health providers, organizations that deliver services, and the Government of Alberta"? Holy Toledo. That's some creative thinking. Way to go. That'll blow the roof off the place.

Then the health charter must "acknowledge the impact of an individual's health status . . ."

The Deputy Chair: Hon. member, we're on the amendment. You're on the bill. We're on the amendment.

Mr. Anderson: Okay. Fine. This amendment here amends in this book here section 2, and I'm reading section 2. Okay? This amends it.

Here we go: "acknowledges the impact of an individual's health status and other circumstances on the individual's capacity to interact with the health system." Okay? That's what it says. It's fluff.

The member comes along with this amendment, and he says: "Look, we're going to take this piece of fluff, and we're actually going to make it a bill worth passing. We're actually going to make it worth something, okay? What we're going to do is we're going to add (c)." I mean, (c) is good. Those are good principles. They're also a little bit of motherhood and apple pie, but, you know, they're okay.

Then it says:

- (d) 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.

Then you go to that document, and it lists very clearly for us that what we're talking about here; that is, hitting our targets for seriously ill patients of a maximum six-hour wait and for very ill patients a maximum of a four-hour wait 95 per cent of the time. It gives actual targets, actual accountability. That's what this Member for Edmonton-Meadowlark has essentially flushed his career with the folks over on that side of the House down the toilet with because he thinks this is more important. He thinks it's more important that we actually have some accountability targets in place, and then we can work towards those targets.

The way you work towards those targets is to do what Dr. Paul Parks and the other emergency doctors have done if you're going to achieve the targets that are in this amendment. The way you do it is you do what the Wildrose has been proposing and what these other emergency room doctors are proposing. You put site-based decision-making or a chief medical officer – call it whatever you want – in that hospital and let him make site-based decisions to achieve these targets. It is doable, but if we don't even pass the accountability measures, how is it going to happen? It's not going to happen. It's pie in the sky.

It's like the health minister when he came and said: "Don't worry. I know we have an ER . . ." – he didn't call it an ER crisis. "We have some issues in the ER, and guess what we're going to do? We're going to make sure that we meet these targets. We're going to move it from the 25 per cent or 30 per cent it is right now to 40 per cent or 55 per cent" or something like that. I mean, what's that going to do? There have got to be teeth. If it's not legislated, nothing is going to happen. It's just going to be a feel-good statement.

I mean, look at all the books that we've gone through with the government plans for different departments. "This is our plan. This is what we're going to do. This is what we aspire to." How many times are those plans met? Not a whole lot. It's government; it's slow. If it's not legislated, if we don't hold the government to account, it's like spending. If you don't have spending control, if it's not legislated, it ain't going to happen because there's no accountability.

That's what I want to see, and that's what the constituents of Airdrie-Chestermere want to see. The constituents of Airdrie-Chestermere don't have an emergency room. We want to see targets. We want to know, if we are going to have an ambulance take the extra time it takes to come out and get us into an emergency room, that when our folks get to that emergency room, there are targets in place that are going to make sure that the wait is as short as possible so that we can save lives.

I go back to the main issue here. We have the former head of emergency physicians in the province, an accomplished emergency room doctor, putting out on a platter some very, very doable targets. He's the expert. How many doctors do we have sitting in this House? We have none except for him, and he was in government. Now he's not in government because he chose to speak out for his constituents and for the people he cares about. They make some ridiculous, you know, antidemocratic malarkey about caucus unity: oh, we've got to keep caucus unity.

There are people dying in hospital rooms, for crying out loud. Give your heads a shake. Get your priorities straight. Pass the blinking legislation. This isn't rocket science, guys. It's an accountability target. Legislate it, and then give the doctors in the specific hospitals the authority, the site-based authority, to make it happen. [interjection] Well, you debate that, hon. minister. I want

to hear it, but you've got to stand up when I'm done and tell me what we need to do on this, okay? I want to hear it. I want action. Okay?

We're sitting in here. There are people dying in the emergency rooms, and we're doing nothing about it. You want to pass this stuff, this fluff. Look at this stuff. The health charter must "recognize that health is a partnership among individuals, families, communities, health providers." Wow. Inspirational. That will do something. And it goes on.

The hon. member is proposing something that is going to save lives, guys and gals. It's going to save lives. Lives. This is what he is proposing, and if we put this on the shelf and we ignore it, you know what? I hope the hon. member doesn't go too far because I only have about 10 minutes.

It just makes sense that we actually put some teeth in this legislation. If the members on the other side of the House have proposals or amendments that they'd like to share, then I would ask them, you know, between when I'm speaking or when the hon. Member for Edmonton-Meadowlark is speaking, to share what they're going to bring forward. Share it. [interjection] No. We're not going to go down that road because then we can't come back to this once it's passed or once it's been defeated.

Mr. Horner: So it's all about you?

Mr. Anderson: No, it's not. What kind of logic is that? Honestly. Thank goodness you're not going to be in that chair in 14 months. [interjections]

The Deputy Chair: Hon. members, Airdrie-Chestermere has the floor.

Mr. Anderson: It's ridiculous, the absolute blinders that these folks on the front bench have on. That's right. Take a picture of me. It's all about you guys. It's all about power. That's all it has ever been about with you. Does it look like we're about power here and that Edmonton-Meadowlark is about power? We're sitting in the back because of undemocratic people like you. You're the reason your party is tanking right now. You. [interjections]

The Deputy Chair: Hon. members, through the chair.

Mr. Anderson: Anyway, that's the reason.

The point is to the amendment. We've got this position statement on emergency department overcrowding, and we need to find a way – and I hope the hon. Member for Edmonton-Meadowlark understands this. I hope the Member for Edmonton-Meadowlark is listening and takes his seat in his chair here pretty quick. In your chair, please. Please go to the chair. There you go. Okay. You don't need to be in the chair anymore.

Okay. We've got this bill, and we've got this document that one of the foremost experts on emergency room care in the province has given us.

5:10

An Hon. Member: Are you his flunky?

Mr. Anderson: Am I his flunky? You guys are so ridiculous. It's just unbelievable. Do you guys care about anything other than yourselves? [interjections]

The Deputy Chair: Through the chair. Speak through the chair.

Mr. Anderson: Well, then, tell them to stop chirping. [interjections] Not during debate. Not tonight. Keep yapping.

Here it is. Here's the opportunity that we have to do something about this. We've got an opportunity to put some targets in place and have accountability, and that's what we want. If you don't have any kind of accountability measures, if you don't have any kind of targets, how are you going to have accountability? How is it going to be reached?

The hon. members on the other side can chirp all they want and make fun: oh, this is just all theatrics. No, it's not theatrics. I trust the emergency doc. That's who I trust. I don't trust any of you on this issue. You think I trust the Minister of Energy on this issue or the Minister of Education or any of you all? No. Because you don't know what you're talking about, and neither do I, but he does. So let's trust the guy who's the expert, okay? The finance minister has many strengths, but he has no clue about emergency room care. That's not his area of expertise. But the emergency doc from Edmonton-Meadowlark does.

It's not like this is just his idea. Other emergency doctors have spoken out about this issue as well and said that we need this, so why are we afraid to actually have some accountability measures in our emergency rooms? Why are we afraid to do that? That principle is sound. That much I do know, that if you do not have legislated accountability standards, it will not fly.

[Mr. Cao in the chair]

I'm telling the members in the House that this is self-survival for you folks. If this issue is not taken care of in 14 months, you're gone. That's the way it's going to be, guys. So fix it, okay? Do something about it. Don't just go to your blinking caucus meetings and do nothing and just be a bunch of trained seals. Stand up and be accounted for. I don't expect anything different from the front bench. But the people in the back: you guys know better. You can do something about it. You can do anything you want about it right now. They can't afford to do anything to you because they're on the edge. So do something about it.

Don't take my word for it. Take the emergency doctor's. If this was a finance bill or something like that, then, yeah, we'd talk to some of the people who have an economics background here. We'd listen to them a little bit more and give their opinion more weight. When we have issues on education, we give larger weight to some of the teachers. We want to hear what the teachers in this Assembly have to say about it. That's important. We need to take that into account. That doesn't mean we give them carte blanche, but it does mean that we listen to them. If we don't have a clue what we're talking about, then we listen to experts. We bring in more experts in committee, and we listen to experts outside of this House.

This government doesn't do that. It plows ahead with endless different rules and laws and regulations, and it doesn't listen to experts until it's almost too late, until a lot of the damage has been done. Whether it's the new royalty framework or it's the ridiculous way that schools were chosen around this province or the ridiculous centralization of the superboard, et cetera, it's all a product of not doing the job.

I'm glad we're having a lively debate, and we should. This isn't a partisan issue. That's what's so funny about it. It's not. This is not a left or right issue. It's not a conservative, liberal, or moderate issue. This is about doing the right thing. That's what this is about. I think that the government has an awesome opportunity here to show that democracy still lives, to show that – you know what? – the right thing to do is to be accountable, to stand up and say that we need to set standards for lengths of stay in the emergency depart-

ments. They need to be legislated, and then we need to empower the chief medical officers or physicians on the ground at the site and allow them to do what is needed to get the job done, give them the authority that they need to get the job done.

You know, it's just like the hon. Member for Bonnyville-Cold Lake on Motion 503. There's a teacher. She knows, because she taught grade 3 students, that those PATs weren't working. She had seen it up close. She saw the damage they were doing. They weren't working. They were just giving hardship to the kids and all that sort of thing. I come from a nonteaching background, but I listened to that member, and she and a couple of others convinced me.

We need to listen to the does in that same exact way.

The Chair: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Thank you, Mr. Chair. I would like to continue on with some of the comments that I was making before. I'd like to just cite another example or two of how I don't feel this amendment would address some of the problems that I've encountered. I've outlined some in the past, some in the last 10 years, and one more recently, that I'd like to share.

We all know what our schedules are like, up here all week. I recently had a requisition done for some blood tests. By the time you get home Thursday night, there's no place to get them done, and Friday you're at the constituency office all day, with no chance to get them done. So these requisitions were bouncing around on the dash of my vehicle for about a month. My wife kept telling me that I should get these done. I said, "Well, I'll have to wait till session is over to get them done because there's just no opportunity to do that." She said, "Well, the lab is open every Saturday morning, and staff is there until noon, from 8 o'clock till noon." She insisted I go.

Obedient husband that I am, I drove in and got there about 8:30. To my surprise every chair in the waiting room was absolutely empty. There was one person getting up from the chair, rolling his sleeve down. I didn't see it, but I assumed that he'd just had some blood taken. I'm standing there with the requisition, and I was asked, "What do you want?" I said, "Well, I'm here with a requisition for some blood tests." I was told abruptly, "We only do emergencies on Saturdays." That's what I was told, and that's how I was told. I was a bit taken aback, and I didn't know how to respond to it because, of course, there's a sign there: zero tolerance for abuse. Although I felt I'd just been abused myself, I guess this only applies one way.

I tried to be as diplomatic as I could, and I said: "Perhaps I'll take a seat down at the far end of the lineup here because I can see that you're swamped. Perhaps by the time you get to me just before noon, I will become emergent, and I'll qualify." At that point the paper was ripped out of my hand. "I'll do you now." So I got the blood test, and I hoped that I hadn't appeared to be abusive to any staff because I certainly didn't want to do that.

Again, Mr. Chairman, I'm wondering: is that a systemic problem, or is that an attitudinal problem? I would say that it's an attitudinal problem. I've already cited a couple of other examples over a longer period of time, and I can go back to the '70s, when both of my parents died of cancer, in 1972 and 1976. They were in their fifties. I've had lots of experience along that line, too. You know what? Without going into detail about that, I saw those same attitudinal situations at that time in many different facilities in the province, and it disappoints me. So this is not a new thing. It's something that needs to be addressed, but I can't possibly see how this amendment is going to address that. Therefore, I think it's going to continue, which is unfortunate.

5:20

I'm not trying to pick on anybody here. I'm trying to come up with solutions, but all fingers are always pointing at administration. They're always pointing at governance. I believe the problems are much deeper than that. Maybe I'm alone in my thoughts in this Assembly. I'd be happy to hear if people think I am. I can tell you they are my personal experiences, and they're the truth. I can produce my wife as a witness. She has been with me every step of the way, or I've been with her.

I'm looking at this amendment closely, and I was hoping the hon. Member for Edmonton-Meadowlark was listening intently to my comments so that he could respond to them. I don't see that happening, which is unfortunate because I did sit here and show the respect for all the members and listened intently to everyone's comments tonight. I don't see that I'm afforded the same respect by my colleagues in the House, and I'm truly disappointed in that, Mr. Chairman.

With that, I'll take my seat.

The Chair: The hon. Member for Edmonton-Meadowlark according to my list.

Dr. Sherman: Thank you, Mr. Chair. Hon. member, may I have that computer again, please? Just carrying on in answering the question of the hon. Deputy Premier, on speaking to the amendment, staying on topic, I wasn't finished reading the CAEP guidelines under subsection (d). I will ask all hon. members to go to www.caep.ca to pull this up on their computer and go to position statement 2007 so that they know what I'm talking about. Some may say that this is an old, outdated position statement. The hon. Minister of Health and Wellness, Edmonton-Mill Creek, I believe, is on record as saying that it's an old statement, and the hon. Member for Edmonton-Whitemud is talking about national-international standards. I am debating and answering those questions.

These are the Canadian national standards, set by the experts. The politicians have set eight-hour and four-hour rules, targets that they aren't even achieving. That's something from the politicians and the bureaucrats, who are good people doing their best in an area where sometimes they're a little in over their head, but they mean well. I understand that because I'm actually a politician. I meant well alongside all of my colleagues, but the experts are the front-line doctors and nurses, the emergency doctors of the nation. These are their standards in Canada. The international standard benchmark is in the United Kingdom. Their standards are even more strict.

When I went to visit my uncle, to bereave in India, I went to the top hospitals in India. On the way back I went to the top hospital in London. I talked to Dr. Matthew Cooke. He's an emergency doctor.

People were dying in the emergency departments in the U.K. left and right. A reporter's mother died. That reporter – and this is a message to all the media when they listen tomorrow morning – ran headlines for two weeks, every day on the front pages, when his mother died in a waiting room. Prime Minister Tony Blair got 5 million letters. If any media is listening tomorrow, I would ask you to run this in national headlines. I ask you, the public in this province and in this nation, to write the Prime Minister of this nation and the Premiers and elected members of this nation 5 million letters on this issue.

Prime Minister Tony Blair passed the toughest performance measure on the planet for a nation. On the planet. Once you present to an emergency room, you've got to be in and out, either out on your way home or up. Regardless of the reason that you came, whether it's a CTAS level I, II, III, IV, V, you've got to be in and out or in and upstairs to a bed in four hours at the 98 percentile.

Mr. Chairman, I don't know much about oil sands, and I don't know much about the environment. I'm trying to learn. But I'll tell you that growing up in India, what really matters is math. You learn calculus in elementary school. You know what? English and biology were my lousiest courses in high school. I only got 94 per cent on those. I got 100 per cent in every math course in high school and from 97 to 100 per cent in university. What I understand are numbers and statistics, the P and P confidence intervals and all this. What I can tell you is that people who are experts in numbers, the fuzzy numbers, the fuzzy magic, can issue fuzzy magic and fuzzy numbers, and suddenly politicians can spin stuff.

In statistics there are means, medians, modes, percentiles, averages. They're all over the place. The most accurate measure in this situation is the percentile measure. I'm still speaking to this amendment because that's what we're talking about, percentiles. In the U.K. it's a four-hour rule at the 98th percentile. These are the most stringent measures on the planet, in answering the hon. Member for Edmonton-Whitemud on international standards.

Dr. Chris Evans was the past president of the Canadian Association of Emergency Physicians. He works at the Royal Alexandra hospital. Interestingly, from the Royal Alex as well is Dr. Louis Francescutti, who is a specialist of all the doctors of the nation today. They're the ones that trained me. I'm just the little guy on the block that just showed up. I just had a little bee in my bonnet about this issue. Yeah, I'm an expert amongst the members here, to be honest. I am not the national expert. The national experts are the Dr. Francescutti and the Dr. Chris Evans and the Dr. Cathy MacLeans. Dr. Cathy MacLean is the head family doctor in the nation.

In Calgary you've got the head specialist in the nation, the head family doctor in the nation, and the head emergency doctor in the nation in this province. Dr. Chip Doig is an intensive care unit doctor and past AMA president. His sister was the head doctor in the nation in the neighbouring province. Mr. Chairman, we have world-class talent here that wasn't listened to. I'm not the world-class guy. I'm just a simple little ER guy who is a politician, probably more of a politician than an ER guy because I haven't spoken up for the past three years.

I've broken my silence publicly. I'm going back to everything that I said before I ran. There was no reason things weren't changing. I tried to work within the system, but I said that I could remain silent no longer. That oath, the principles of morality and ethics: there was collision of principles. There will be caucus confidentiality about these things that were brought up, but really a collision of principles is happening that is bringing us to discuss this amendment on Bill 17: the principles that collided with the values of my family to tell the truth, the principles of partisan politics that collided with my values as a health care professional who took a Hippocratic oath.

These principles far outweigh those principles of partisan politics and allegiances. This is not a partisan political issue. It's a nonpartisan issue, and I'm actually quite impressed that the left, the middle, the right, the extreme right, the extreme left, the extreme middle are actually all here, staying up here all night supporting this. My gosh. I'm so impressed by these people here, from the red caucus to the orange caucus to the green one and to the independent caucus, I guess. I'm so impressed that we're actually united on this issue.

5:30

Getting back to the international standard, in the U.K. it's four hours at the 98th percentile. Did you know that the administrators in the U.K. are based on those accountability measures set by Prime Minister Tony Blair? They're actually fired every 18 months. The

politicians outsurvive the ministers whereas in this province the administrators outsurvive the politicians, outsurvive leaders, outsurvive ministers. When people die in emergency departments, we break every standard of care. What do we do? We give them a tip. We give them a tip.

There's only been one government here that hasn't set any accountability measures. You can't blame the red, orange, and green guys. There have been no performance and accountability standards. The ER doctors have been talking about this issue, that front-line staff have been redlining for 15 years, and this is why it is so essentially important.

This amendment is actually a conservative value because it's about fiscal responsibility. It's about fiscal responsibility because health care spending under the Premier that started the PC Party was like this until 1993. There was a dip, and then the health care spending went up, and the waits started because there was no accountability. Premier Lougheed brought in Dr. Cochrane as the deputy minister, and he straightened out the bureaucracy shop and the delivery shop, and that all got wrecked in the mid-90s. That's why the country has watched to see what we in Alberta do. This is why in the nation health care spending has gone up, why waits have gone up. Because we broke it, and the nation followed suit with Alberta.

The nation is watching to see what we're doing, my good friends. The Canada Health Act is coming. Some people think private, for-profit delivery is the solution. That may be one small part of the solution for the rich guys, who have lots of money. Personally, I think how businesses are run is actually the solution for the public system. It needs to be run with the efficiency of a finely tuned business like the airplane industry, with performance measures and checklists of the airplane industry. Dr. Atul Gawande from Harvard took checklists from Boeing and applied them to the health care system.

I completely agree with the private business principles of a successful company. This is like today. If patients were airplanes, I tell you, holy cow, there would be an airplane crashing in this province every 15 minutes, like they're crashing right now. There's only one bed available.

Getting back to the percentiles, it was four hours at the 98th percentile in the U.K. They're meeting it at the 96th percentile all the time, actually, in the U.K. They are meeting it in a nation of – I don't know; what is it? – 70 million, 75 million people. The problem is that they're having to fire their administrators every 18 months: the top administrators, the board, the chairman of the board, the CEOs, not the middle management. They actually reduced it to the 95th percentile so they don't have to keep changing their top-level managers.

I was just in the U.K. I was at St. Mary's hospital with Dr. Matthew Cooke, the top emergency doctor in the United Kingdom. The rules of debate here are based on the U.K. Their emergency room had about six, seven people, who were waiting not too long in the waiting rooms. What CAEP did was it took the U.K. standard and said: "Look, that's too strict. Let's go to six hours and four hours at the 95th percentile." That's what's in here.

I'd like to just finish off with a statement here on the CAEP on overcrowding.

Canada has only 3 hospital beds per 1,000 Canadians, ranking 26th out of 30 OECD countries. Our lack of acute care beds means that most Canadian hospitals frequently operate at unsustainable occupancy rates of higher than 90%, . . .

I mentioned that in Alberta we've been higher than a hundred per cent for the last 15 years.

. . . a level at which regular bed shortages, periodic bed crises, and hospital overcrowding are inevitable. Acute care bed capacity is

also significantly affected by patients who require an “alternate level of care” . . . but cannot access this care because of shortages in community resources and chronic/palliative care beds. These patients account for up to 20% of acute care hospital beds and thereby contribute to ED overcrowding by preventing the admission of emergency patients to hospital beds.

Solutions. Implement overcapacity protocols, which is what the hon. Member for Edmonton-Whitemud did.

ED overcrowding is symptomatic of demand exceeding capacity in hospitals and requires system-wide solutions. ED overcrowding can be addressed immediately, with existing resources, through mechanisms to improve patient flow. CAEP recommends the rapid implementation of overcapacity protocols so that all hospitals have an organized approach to deal, in the best manner possible, with situations of demand exceeding capacity. Implementing overcapacity protocols would effectively share the responsibility of already stabilized and admitted patients with all wards in the hospital, instead of just “warehousing” them in the emergency department

with the wrong doctor, wrong nurse, wrong hallway, wrong place, for the wrong period of time.

It is anticipated that the need to regularly utilize such protocols will end when initiatives to increase in-patient and ALC bed capacity are successful.

Mr. Chairman, what has caused health care to be unsustainable is people who are sick and in their most dire circumstances, who wait in an emergency room with crushing chest pain. When that care is delayed – listen up. Listen up, please. Past Minister of Health and Wellness from Calgary-West, listen up. Listen up, gentlemen in the front row: the Deputy Premier, the past Minister of Health and Wellness from Edmonton-Whitemud. This is very important. You need to understand this. And, finance minister, this is what’s costing you all your money.

When the care is delayed for the man with crushing chest pain . . .

Mr. Marz: A point of order, Mr. Chairman.

The Chair: There’s a point of order. Yes, hon. member.

Point of Order

Criticizing Members

Mr. Marz: The hon. Member for Edmonton-Meadowlark is playing your role as chairman, identifying certain members to pay attention. I can’t let this slide without mentioning that while I was speaking and mentioning certain concerns I had to, specifically, this member, he was in a huddle paying no attention to me whatsoever. I’m still waiting for him to address my concerns, which haven’t been addressed yet.

The Chair: Hon. member, there’s a point of order. My explanation is that when an hon. member speaks, if you are eloquent enough, you draw the attention of others. Also, you need to focus on the amendment that you have.

Please continue, hon. member.

Dr. Sherman: Mr. Chairman, I will keep addressing my concerns to you. I was not addressing my concerns to them. If I have done something wrong, I apologize. As a new member of government this is a very new thing for me. I have never spoken up. I am just a simple emergency doctor from the Royal Alex trying to do his very best. I humbly apologize.

Thank you so much for the opportunity to continue.

Debate Continued

Dr. Sherman: I will read the footnotes to this, and this speaks to the amendment on the bill. Under subsection (d) this is the information.

- ³ OECD. OECD Health Data 2003: A comparative analysis of 30 countries. 2003.
- ⁴ Wait Time Alliance. It’s About Time: Achieving benchmarks and best practices in wait time management. Final Report. August 2005.
- ⁵ Bagust A., Pace M., Posnett JW. Dynamics of bed use in accommodating emergency admissions: Stochastic simulation model. *BMJ*. 1999; 319; 155-8.
- ⁶ Forster AJ, Stiell I, Wells G, Lee AJ, Van Walraven C. The effect of hospital occupancy on emergency department length of stay and patient disposition. *Acad Emerg Med* 2003; 10; 127-33.
- ⁷ Canadian Association of Emergency Physicians. Background-er: Emergency Department Overcrowding in Canada. 2004.

5:40

Under solutions we’ve talked about implementing overcapacity protocols and their footnotes. Now I will move on.

Establish national benchmarks for total ED length of stay

CAEP recommends the establishment of national benchmarks for total ED length of stay. ED length of stay begins when the patient is first registered or triaged in the [emergency department] and ends when the patient physically leaves the [emergency department.] An ED length of stay benchmark must be measurable and be linked to an accountability framework in order to adequately assess performance. Reliable, complete, and accurate data, such as ED process time and ED length of stay must also be collected in every ED so that progress can be measured and evaluated.

Link ED length of stay benchmarks to incentives and infrastructure investment

ED length of stay benchmarks must be linked with positive incentives and infrastructure investment for meaningful change to be achieved. The UK has achieved significant reductions in ED wait times following the adoption of a country-wide target.

A country-wide target. As I mentioned, the nation is watching to see what Alberta does. This is a challenge to every member to keep going with the status quo and mediocrity. Do we know what the definition of insanity is? Keep doing the same thing and expect a different result. This system has a mental health problem.

I will continue.

All patients should be admitted, discharged or transferred within four hours of arrival at an ED. This was coupled with financial incentives, accountability measures, and tackling delays in access to in-patient beds, specialist doctors, and diagnostic investigations. 96% of patients now spend four hours or less in UK [emergency departments.]

Increase bed capacity & optimize bed management.

In addition to increasing the absolute number of acute care beds, in-patient bed capacity can also be improved by optimizing bed management. Effective bed management strategies should smooth the degree of variability in the numbers of admissions and discharges. Such strategies can target discharge planning, admission procedures, capacity planning, operational planning, and hospital policies for bed availability priorities and bed use.

Mr. Chairman, may I get back on the list, please? Thank you.

The Chair: I have a list here. The hon. Minister of Advanced Education and Technology.

Mr. Horner: I’m good. Thank you.

The Chair: All right.

The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair. I would like to address some of the earlier speakers. I appreciate the Member for Olds-Didsbury sharing his concerns, and I would have to say that I concur with

many of the things that you were saying, that it is very frustrating. You asked the question, you know, whether it was attitudinal. I think that attitude starts at the top and comes down. It's been talked to many times this evening about the general morale of our front-line workers, that it isn't good.

But I would go back to the overall problem, in my mind, and to why amendment A3 is worth continuing the discussion on. Because it's always about accountability. Mr. Chair, if there's no accountability, there is no improvement. If there's no measurement, we don't know where we're at. This government for 18 months failed to put forward the results in our emergency rooms, and it was demoralizing for those people working in there, knowing that the problems existed yet with nothing being reported. The big problem that we have, Mr. Chair – I must not be eloquent enough; the chair is looking in other directions – is that we don't have accountability in the system.

I do agree with the Member for Olds-Didsbury that . . .

Mr. Marz: Olds-Didsbury-Three Hills.

Mr. Hinman: I'm sorry. I can only go to two. I know the feeling, being formerly from Cardston-Taber-Warner. I agree that the names should be much shorter, but it's the way it is.

Mr. Marz: It's the respectful thing to do.

Mr. Hinman: I appreciate that. As you mentioned in your talk earlier, that I was listening to, it's hard for us to remember so many two- and three-name constituencies. I apologize. You know, you've been in here longer than myself, and you're used to it. There's just so much. We don't have the researchers. It's difficult to spend the time making sure I know all of them. I do have the chart here.

The Member for Olds-Didsbury-Three Hills referred earlier to the frustration of going in and sitting down just to get a simple process like a blood test and the attitude that he received. I kind of enjoyed the way he dealt with it to get through that. Sometimes it is frustrating, but think of the other side, Mr. Chair, if you were actually working in those conditions and had an individual that you needed to rush in to get treatment, but the person in charge said: "No. The beds are all full. We're not going to move anything upstairs. They're just going to have to fill up and back up down here." It's just not a good situation.

I think some of the questions that were asked are good questions. In section (c) it says, "include as guiding principles that no unnecessary deaths . . ." Unfortunately, we know those have been occurring. Those reports finally came to light, that have been buried by this government, by the Premier, by the health minister, for two and a half years. That's not right, Mr. Chair. Where's the accountability for something like that? These reports come forward. They're not being forwarded to the Canadian Medical Association, where they're supposed to go, or whatever that group is. They weren't reported from the Premier's or the minister's office. They just got buried, taken in and buried. Then we expect to see some changes come in. Somehow in Bill 17 we need to address that. But the bottom line is that what we've got here for Bill 17 and the amendment here is paper. I don't think that the words they're putting down there are worth it.

I'd have to tip my hat, if I had one, to the Member for Edmonton-Whitemud and say that, yes, he is very eloquent. He can get up, and he understands these things. The Member for Edmonton-Meadowlark has given him and the Member for Edmonton-Rutherford a lot of praise, that they made great efforts, but somehow that all dropped when it got passed on to the next minister.

It's interesting to hear the speech and the discussion on how the superboard was introduced to caucus over there, that they came in and said: this is what we're doing. A very, very poor system of governance, an even poorer system of accountability and actually doing the homework and going forward. It's just really appalling to hear the conditions, the decisions, and the way things are handled. You know, it kind of goes back to that old Shakespearean quote: thou dost protest too much for an innocent man.

I think that Albertans are getting tired. This idea that we're solving our health care because now we have five years of stable funding – you know, I asked two weeks ago and a week ago for an audit of all of the closed beds in our current hospitals and facilities. I'm saying that I know they're there. I've talked to emergency room doctors. I've talked to nurses. We can do much better. That's what we need to do. We need to refocus. We need to be honest.

I enjoyed the member talking about truth. I think the truth is that he has a little bit more to say, so I'll sit down. The chair will probably recognize him as the next speaker, and we'll see where we go.

5:50

The Chair: The hon. Member for Little Bow.

Mr. McFarland: Thank you, Mr. Chairman. Just a couple of comments on amendment A3 as has been proposed. I want to throw in an example of the other side of the equation. I've heard some interesting comments about redlining for 15 years. I've heard about proposals, that we could enact a very good possible system where people have to be moved out of an emergency room and placed either in an acute-care bed or in intensive care or presumably discharged in four hours.

But I want to relate an actual story about a constituent. He was a passenger in a vehicle accident who was delivered to a hospital that I'm quite familiar with by an ambulance, who was examined by the nurse, who called in the emergency room doctor, who looked at this individual, who had sustained head injuries as a result of his head hitting the dash as a passenger in the middle seat of a car, who had the orbital bones broken, who had damaged eye sockets. Granted, this person had had some alcohol to drink, but he was not driving. He was a passenger. And I think the emergency room doc had this opinion that maybe the alcohol was more to blame and of bigger concern to him than the injuries to this individual.

The resulting action of this emergency room doc – I guess he was living up to his own guideline of handling the patient within four hours – was to take this young individual, parade him nude down to the X-ray room with a pillow in front of his private parts. That was his proper way of treating this individual with quite a severe head injury. After the X-ray was taken, they proceeded to tell this young gentleman – he was over 18 – that he should go to Calgary and that they would be forwarding directions to the receiving people up there, and he would be undertaking some reconstructive surgery.

Now, I think this is a pretty good example of how you really move people through the system and get them handled within four hours. I don't think for one minute, Mr. Chairman, that those standards are exactly something that you want to have etched in gold if it's up to the discretion of an emergency room doctor who obviously has a bias to somebody that, God forbid, had a drink and had been in an accident.

Thank you.

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

Mr. Chase: Thank you very much. Speaking to amendment A3 and

just because it's approximately 15 hours ago since amendment A3 was brought onto this floor, I'll refresh individuals' memories. The Member for Edmonton-Meadowlark moved that Bill 17, Alberta Health Act, be amended in section 2(2) by striking out "and" at the end of clause (a) and by adding the following after clause (b):

- (c) include 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, and

So the first part of the amendment was guidelines. Then:

- (d) 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.

Mr. Chair, since that was brought forth, as I say, approximately 15 hours ago, the time, while it may have stood still in this House, has moved on. This House began sitting at 1:30 p.m. on Wednesday, November 24, 2010. For the rest of the province it's 6 a.m. on Thursday, November 25, 2010, but this House with its parliamentary rules stubbornly clings to the notion that it's still Wednesday. We all know what happened. The hon. Member for Edmonton-Riverview pointed out that when King Canute attempted to control the tides, it was a foolish effort, just as debating throughout the night is not good for the health of the individuals in this House, nor is it good for the health of democracy in Alberta.

The hon. Minister of Education, the Government House Leader, suggested at the beginning of Orders yesterday – and it was yesterday. I'm one of those who clings to the reality that today's date is actually November 25 and not November 24. He talked about the possibility of extending the session. Mr. Chair, I think that's absolutely necessary, that it be extended during the day, during the regular hours of 1:30 to 6, as opposed to what we're experiencing right now. We've got people, many of whom have been here for significant portions of if not the whole night, attempting to have the government recognize that they're not infallible, that amendments are necessary to even attempt to make Bill 17, the Alberta Health Act, functional.

Now, one of the observations I made when I walked into this House at slightly after 5 a.m. on November 25, 2010, was that this House needs a prescription. What we have here, if you look around, is far too much testosterone and not nearly enough estrogen. What estrogen does is provide the equivalence of the Senate, the sober second thought. What has happened is that instead of policy, this has become a question of potency versus impotence. We have individuals who feel the need to continue to force their way, to have their way. That's not democracy, Mr. Chair. That's bully tactics.

Now, to have the least degree of intelligent debate, people have to be awake. They have to be alive. They have to be able to participate with a degree of energy. What we've seen, basically: I was here till 1 o'clock on Tuesday the 23rd. I was here till 20 to 2 in the morning on Wednesday the 24th.

The Chair: Hon. member, we have amendment A3. We're not talking about the process of parliament.

Mr. Chase: Yes. Yes, we have an amendment that talks about guidelines, guidelines that are missing in this province. It talks about standards and the fact that we don't have standards in this province. What we have are targets. We have targets that shift. When government can't meet the targets, they lower them, and when they can't meet the lowered targets, they extend the time period to meet those targets, those standards.

The political farce that's being played out in this province goes beyond health. It goes to the health of our democratic state. In 2008 in terms of a healthy democracy, which A3 is attempting to improve

on, barely 40 per cent of Alberta's population felt sufficiently motivated, sufficiently healthy to participate in the democratic process. What happened, Mr. Chair, was that barely 21 per cent of the healthy, eligible Albertans that chose to participate in the democratic process gave this government a majority, and our health, as A3 points out, has been in jeopardy ever since.

6:00

Mr. Chair, A3 recognizes attempts to undermine the public health care system. You cannot help but go back in time to other attempts by this government, whether it's Bill 11 or Premier Klein's third way. The health, the standards, the guidelines have been missing. This government has tried to rewrite the Health Act. When Premier Klein tried to ignore the Canada Health Act by allowing physicians to extra-bill, the federal government recognized that the types of guidelines and standards that had been established, that A3 is talking about, were broken; therefore, the federal government withheld transfer payments to this province.

It's my hope that not just the government but all of us in this House take the time to recognize what is necessary not only to improve the emergency health care delivery but to improve the guidelines and the standards for democratic participation within this province. Mr. Chair, other provinces do their business in the day as opposed to conducting it like a thief in the night. They have sessions in the spring. They have sessions in the fall. Their houses of parliament meet as long as is deemed necessary by the majority of voters and participants, whether it's MPs or MPPs or, in our Alberta case, MLAs. They do the business that they were elected to do, and they do it during the daylight hours, when our cognitive powers are, hopefully, at their highest point.

Mr. Liepert: It's the best time of day. It's first thing in the morning.

Mr. Chase: Yes, hon. Minister of Energy, I'm glad you've recognized that it's morning. Through the chair, I wonder if the hon. Minister of Energy knows what morning it is, what the date is. Does he believe, as parliamentary rules would suggest, that we're still on Wednesday? Or, through the chair, as we debate A3, does the hon. Minister of Energy recognize . . .

The Chair: The hon. Deputy Government House Leader – sorry; Government House Leader.

Mr. Hancock: You keep demoting me, Mr. Chair, and I suppose you'll want me to take the pay cut that goes with it.

Point of Order Committee of the Whole Debate

Mr. Hancock: Mr. Chair, I rise under 23(b), which says that a member will be called to order by the Speaker if in the Speaker's opinion the member speaks to matters other than the question under discussion. It's 23(b)(i), the question under discussion. I raise that because the hon. member is really, understandably, instead of talking about the amendment, talking about the time of day. In doing so, he's attempting to focus on the fact that this House is debating this amendment to Bill 17 at about 6 in the morning, having been debating it all night, and somehow relating that to parliamentary democracy, none of which actually is in Bill 17. So he's not debating the amendment to 17.

We're in committee, and in committee there's actually, Mr. Chairman, notwithstanding – and I don't mean this in any pejorative sense – the fairly lax standards we have relative to keeping to the

protocols in the House, a line-by-line discussion of the bill, and it's actually very, very focused. Second reading is a very broad discussion of the bill, about the principles. Third reading is a narrower discussion of the bill, having already approved the principles and the line-by-line, word-by-word analysis. But committee is focused on the word-by-word, line-by-line analysis of the bill. That's what it is.

In this particular case, we're discussing Bill 17, and we're discussing an amendment to Bill 17 which is fairly specific. The hon. member is far from that, so I would suggest that under the standing order he ought to be asked to debate the bill. I think it's important to really point out why he's so far off base. Mr. Chairman, I want to do that by saying that his concern seems to be that we need time to debate bills. Time is a very relevant issue because in committee there is an abundance of time. You can debate over and over again if you want to. You can say the same things incessantly, and members opposite do and have for the last 15 hours.

I want to say this because it's particularly important to the member's point that he was trying to make even though it wasn't on the bill and, therefore, violates section 23 of our standing orders. The point he's making is that we should just confine debate between the hours of 1:30 and 6 p.m., the standard afternoon hours of the House. That would be a very wonderful idea, but those sorts of standard practices don't work when opposition members use, admittedly, the only tool they have in a parliamentary democracy where they're not in a minority government, and that tool is time.

So, Mr. Chairman, you end up in situations when a Government House Leader wants to schedule debate to allow for a fulsome discussion of a bill without using the other appropriate tools, as they use regularly in the federal House when they schedule a bill, setting out the amount of time that you'll spend debating the bill. We could in this House use time allocation, which says that we'll have an hour.

But, no, on an important bill like health we want members of the opposition to bring forward because we've heard members from the Wildrose Party particularly say: this is such a waste; there are so many things we can improve. In fact, I've heard people say that they've had in the past stacks of paper on their desks, showing that there are, you know, six or seven or five or nine amendments coming forward. So you need to give them opportunities to do that. But when you do give them opportunities to do that, Mr. Chairman, they don't do that. They spend all night debating one amendment. That's why, Calgary-Varsity, sometimes you stray outside the normal scope of 1:30 to 6 o'clock, because you never, ever finish when you do it that way because somebody always goes back and gets another amendment.

There's no other way to do it. There are only two ways to deal with making sure that debate is fulsome and wholesome in the House, and one is to be here year-round and go for afternoon after afternoon after afternoon. That will never get you to a conclusion. It will never get you to a conclusion because committee is open ended. Or you can bring in a time allocation motion, and then you hear the opposition say: oh, democracy as we know it is dead; debate is being cut off. Or you can provide an opportunity, difficult as it is, hard on us as it is, to do our duty to Albertans by spending the time, sometimes for long, extended periods of time, so that there's very clearly an opportunity for every member of the opposition to put the amendments to the bill that they want discussed, the things that they believe are necessary to improve the bill and make it a wholesome piece of legislation, to allow them to do it.

So, Mr. Chairman, under my point of order under 23 I would ask you to call the member to order and ask him to address the bill.

The Chair: Having heard the point of order, the chair shall make the process go further. Hon. Member for Calgary-Varsity, you have 10 minutes on the amendment. Please, from here on focus on the amendment.

Mr. Chase: Thank you. Prior to focusing on the amendment, I would like to have the opportunity to discuss the section that the hon. House leader discussed. He talked about fulsome debate as opposed to foilsome debate, and he was suggesting that this debate had reached the second level, the foilsome, that people weren't directing their comments specifically to amendment A3.

6:10

Debate Continued

Mr. Chase: Now, I want to read you the first six words of the second part of amendment A3, clause (d), and you can read along with me if you still have sufficient brain cells left to do that given the lateness of this debate. What I'm talking about very specifically in A3 is "set standards for lengths of stay." As I've pointed out and as people have tried to point out in A3, the length of stay is not necessarily profitable. In fact, when it comes to the emergency rooms that we're discussing in A3, the longer a person has to stay in the emergency situation, the less likelihood there is of moving towards the healthy resolution that they came for in the first place.

With regard to the Minister of Education saying we need to focus, somewhere between meeting 365 days of the year and meeting merely weeks in the spring and the fall is probably the right balance in terms of setting guidelines and standards as A3 puts it together.

My concern in talking about the guidelines and standards of A3 is that if we're going to make progress in the emergency departments, A3 is saying that we have to have lengths of stay in the emergency departments of hospitals consistent with the position statement on emergency department overcrowding. The hon. Member for Edmonton-Meadowlark talked about a standard set in Britain of four hours. After four hours you're either treated and released or you're moved into a bed.

It is impossible, Mr. Chair, at this time to have those standards for lengths of stay because we have a bed shortage. Actually, we don't have a bed shortage; we have a shortage of staffed beds. Therefore, people wait hours and hours and sometimes days on gurneys in hallways, in what had been visiting rooms. We triple-bunk people because we don't have standards. This is what A3 is all about. I'm hoping the hon. Minister of Education, the House leader, is seeing how focused I am on the need to improve the emergency circumstances in this province.

Mr. Chairman, the problem was exacerbated particularly in Calgary when we lost three of our hospitals. Half of our hospitals went. In order to improve where we're at, we need to make sure that when the southeast hospital finally comes online, at close to three times the original expense because of the delay associated with it, we have the people in place who can provide the support both in the emergency departments and throughout the hospital.

In terms of dealing with emergencies and setting standards and guidelines, as A3 proposes, there is concern about the number of mental health beds in the southeast hospital that were cut by this government. We've seen the problems associated with Caritas: the fact that the government didn't draw up a financial contract, the fact that construction of the facility was supposed to allow for an opening in May and now they're suggesting it's going to open in January. Mr. Chair, whether it's guidelines in the emergency department or standards for construction that will relieve the pressures in the emergency departments, major improvements have to be made. A3 talks about guidelines. It talks about what should be done. It provides directions. It indicates the importance of setting standards. If those standards existed, we wouldn't be here at 6:15 in the

morning, whether you call it in parliamentary time, which doesn't seem to have a bearing on reality, on Wednesday, the 24th, or Thursday, the 25th.

Mr. Chair, there is an emergency, and I do understand and I do appreciate the Minister of Education's comments about staying focused. Again, in order to stay focused, we have to be able to have the time to have the types of debates necessary. If this Legislature ends on December 2 despite the best efforts of individuals through the amendment process such as A3 to bring forward suggestions, to have the fulsome debate, to quote the hon. House leader, then there has to be a sufficient time provision.

The hon. House leader, who is very familiar with the rules because of his participation in this process over many years of having been chosen by his constituents, I am sure recognizes the shortcomings of not only what's happening in emergency departments but the shortcomings of what's happening in Parliament. We have SO 30s, Mr. Chair. That's our equivalent of an emergency. But last week, for example, when we were having that SO 30, the government members pulled the plug at 4:30 in the afternoon.

I am glad that the government members have shown sufficient tolerance to this point not to invoke closure or, as the hon. member, the House leader, mentioned, time allocation. At the point when that shoe falls or is dropped, then democracy is effectively shut down. The opportunity to debate, whether it's A3 or A16, will have been lost. That's why the people have stood up throughout the nights of Monday, Tuesday, and Wednesday, throughout the mornings of Tuesday, Wednesday, and Thursday, to attempt to improve the legislation through the process that is permitted, amending.

Mr. Chair, there is still hope for democracy in Alberta if we can engage the population that to date has become less and less involved in the process. There is hope. There was an over 53 per cent turnout in the municipal election in Calgary. There was a similar improvement in the municipal turnout in Edmonton. Democracy is not dead, but if we don't allow the time for democracy to take place through the amendment process, then I not only fear for the emergency crisis that is occurring in the shortchanged hospitals across this province, but I fear for the emergency and the well-being of the individuals in this House, who on many occasions after the next election, whenever it occurs, will not be here, some by choice because they feel that they have contributed to the best of their ability, and some by the voters' wish that they not return to this House.

Regardless, Mr. Chair, A3 calls our attention to the necessity of establishing guiding principles, the essential nature of having standards in emergency care, ones that are substantive, ones that are upheld, ones that can provide the type of health care Albertans should be receiving.

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

6:20

Mr. Hinman: Thank you, Mr. Chair. It's a pleasure once again to rise and discuss amendment A3 and the reasons why we are discussing this into the wee hours in the morning – and I appreciated the comments by the House Leader – and the importance of it. The opposition does have very limited tools, and those tools are open debate in Committee of the Whole as well as being able to put amendments forward. There's been some discussion that perhaps a person should be putting through a bunch of amendments to be looking more productive. I think that our stance is that there are some critical amendments that could possibly help the bills, but the truth of the matter is that Bill 17, Bill 24, Bill 29, in many in the opposition's opinion, should never leave this committee. They're not worthy to be passed as bills. I talked earlier about: only one

thing worse than no law and no bill, and that's a bad bill or a bad law.

This Health Act is a dilemma that this government is in. They spent many months going around. I went and participated in some of their open houses and the process they were going through to try and find out. It's interesting to me that they would spend so much time opening up and having people come and have a discussion and have breakout groups on what's important when the real problem is the administration and how we're running the process in our hospitals. Like I say, I went and participated in those, that we were going to come up with a new Alberta Health Services that was all of a sudden enlightened. We had this great opportunity to make a wonderful health care system because we went on tour for four months and listened to the people of Alberta.

The fact of the matter, as has been brought up here many times in the last – I don't know – 15 hours is that we have an awful lot of talent here in the province. We had a CEO of Alberta Health Services that on the 24th – I'm confused, hon. Member for Calgary-Varsity; I don't have my calendar in front of me – was let go. In the press release they said that they'd come to an agreement. We don't know what the details of that agreement are, but I have a grievance that I think will come to fruition that we'll end up paying \$600,000, \$700,000 to send an individual down under rather than utilize him for what his real expertise was, and that was to actually go in to analyze hospitals, to analyze health care facilities, to know what the actual costs are of running those facilities, and to know a group like HRC, that stepped up to try and improve the quality of care for people needing to get hips and knees, or what we were paying to get them done in the hospital. There was no measurement taken, nothing concrete.

You know, in the reports that came in, it was funny. One of the hospitals here in Edmonton said: well, we just threw numbers together; we didn't think it was serious. The serious nature of our health care system is that there's way too much taken for granted. There's not enough accountability. Here on amendment A3 what the hon. Member for Edmonton-Meadowlark is trying to do is bring in some accountability. I would be the last one in this House, I believe, to say: oh, yes, if we pass this and all the words in it, all of a sudden things are going to be okay.

You mentioned the fact that all they do is change the target. If they put it in there, we'll be back in, and maybe they'd have to sit more days because they'd realize, "Oh, oh; we've got a problem here; we've got to change this bill" and reconvene.

There's a real lack of accountability. There's a lack of understanding how operations work. This government took the attitude – and, again, it was interesting to hear them speak about how the superboard came about. The Energy minister walked into caucus, basically, and told a few people as he was going in: "We're going to have ourselves a superboard. We're going to get rid of the nine boards. We're going to centralize them into one. We're going to put all these individuals on there. Well, actually, there's not too many that know a lot about health care, but these are really good people. They're our friends. We can trust them to carry out our bidding. We don't need to worry about it."

It was kind of interesting. What was the year? Was it 2001 when we were able to elect one-third of our 17 boards that they had shrunk down to and had appointed originally?

Mr. Chase: Less than nine months.

Mr. Hinman: Yes. In nine months they had an uprising. "Oh, my goodness. Elected people. We can't count on them to carry out our bidding. They challenge us. They want answers. They have

different priorities than the top-down direction.” They tried for years to get control of the board and the people through more and more centralization, and it has failed. It has failed everywhere in the world that has ever tried to centralize power and authority, saying: if we just have that benevolent dictator at the top, we are going to have utopia; everything is going to work well.

At this point my pity falls on the new temporary CEO for Alberta Health Services. It kind of sounds to me like being called to be a Speaker in the 1600s. Perhaps they’re dragged in there, kicking and screaming: “No, not me. I don’t want to be number 9.” Right now we’re at number 2 or 3. How many people are going to have their heads roll, their jobs, careers gone before this government is going to come to its senses and realize that centralized health care decision-making, with the dollars and allocating those dollars, doesn’t work?

This bill amendment, though, is being brought forward by an emergency doctor who feels that this would make great movement forward. I, like many in this House, question – this is just a piece of paper that’s written on – how long they will actually leave these documents here before they have to amend them or change them. I certainly understand why they don’t want to legislate them. They wouldn’t be able to just do it by order in council. They can’t just snap their fingers and tell some bureaucrats: “We need to change these regulations. We need to go from four hours at 95 per cent to six hours at 65 per cent.”

These are the shenanigans that continue to go on. They’re not serious about it. If they were serious, they’d be open, and they’d be honest. We’d have those emergency room reports. People would be informed, and we would change that. If they were serious and honest, we would have a vertically integrated system. You’d have someone in charge to say: “You know what? We’ve got an extra 15 people who came in tonight. We need to call in two more doctors. We need to call in 10 more nurses. We need to open up unit 34, that has 24 beds. We only need 15.” Those are the types of things that could be done.

If we were to change the way the funding works – right now the person that’s supposedly put in charge of a hospital is given an allotted amount of money and basically told: you know, if you have money left over at the end of the year, we’ll give you a bonus. So they bring in accountants and actuaries, and they’ll say: well, what we can afford to do is to operate on four people a day even though there’s a capacity for 12, and that way we’ll still have money.

When I was running in the by-election earlier that spring of 2009, the podiatrists had used up their allocated amount of money, and they were told for I think it was six weeks in Calgary that they weren’t to operate, that they’d have to shut down the facilities even though there were people waiting that needed it. We have a standard here: harm to patients, unnecessary delays, and waste of our resources. We had our resources sitting idle. We had unnecessary waste because we had doctors that were here in the province that weren’t allowed to operate. We had the operating rooms there, but they weren’t allowed to do it. Why? Because their allocated dollars had been used up. I don’t know how they messed up so much that they weren’t managing it. Obviously, the doctors were able to do more operations than they were keeping track of.

6:30

We’re in a real dilemma here. Some hon. members say that we shouldn’t be discussing this, that we should just let it pass. I don’t feel I’d be doing my duty if I was to let such a bill of no consequence pass through this House. As I mentioned earlier, there are at least three bills that should not pass this House. When the fall session ends, these bills should die. Bill 17, the Alberta Health Act,

is just paper that these guys can wave like Chamberlain. “Look what we’ve done. Look what our promise is. We’ve got a health charter. We’ve got an ombudsman.” There they are, waving that to say that we’ve got victory now; we’ve passed this through.

The Chair: Hon. member, I wish to draw your attention to amendment A3. Focus on that.

Mr. Hinman: I thought that I was actually talking on that. I’ll try and refocus a little bit so that there’s no question. Thank you, Mr. Chair.

We have these bills that are before us, and the question is: what accountability is in there? What does the health charter produce for us? Is it going to give us standards for the lengths of stay? The former health minister and the Deputy Premier talked about doctors and how, you know, they’re going to perform that. I don’t dispute what he said. You know what? Every doctor swears that Hippocratic oath, that there is going to be no unnecessary death, that there’s going to be no unnecessary harm to patients. It’s shameful to think that we even need to write it down. That in itself means that we’re failing because if we were doing these things, we wouldn’t be writing them down; it would be accomplished. Actions speak louder than words.

I talked about it, and again the Member for Edmonton-Whitemud was very eloquent with his words, a very knowledgeable, wonderful individual. But what good are the words or the ideas when the doctors are handcuffed, when the administration is handcuffed, and they can’t move people up to a bed? So we want to legislate it and think that it’s going to happen? I have to be a skeptic at this point. Like I say, the only tool that’s left is to say that these bills do not deserve to be passed, so the parliamentary procedure that we go through is that we talk. It would give me great pleasure for this House to come to an end in the fall and have those three bills die on the Order Paper and not go forward.

Mr. Chair, that is the reason why we need to keep debating these, because we’re not getting any movement forward. Until we have something where the government members stand up and get on record and say, “We need to do this; this is what we’re going to do,” then the confidence of the opposition is – because they don’t like to be caught in an absolute hypocritical position of standing up and speaking in favour of a bill and then not voting for it. They think that they’re cute and egg us on: oh, let us vote on it. My goodness. You’d think that we’d been up for 46 hours if we’re going to buy into that.

No. They don’t get up. They don’t speak on these bills. They sit there. It’s been nice that we’ve had a little engagement every now and then, every few hours, that it would scratch their conscience and they’d say: well, we’ll speak a little bit on it or share a few thoughts. But these bills . . . [interjection] I’d be happy to.

The Chair: Hon. member, I would like to draw your attention to amendment A3.

Mr. Hinman: Yes. Amendment A3, subsection (d): “Set standards for lengths of stay in the emergency departments of hospitals consistent with the ‘Position Statement on Emergency Department Overcrowding’.”

It was interesting to hear the Member for Edmonton-Meadowlark back in 2007, where he had to talk to Heather Smith, where he talked to all of the different people, saying: “Look, we’re at 140 per cent down here at emergency. We need you to share some of the load.” It goes back to what I talk about: rules and regulated to death, that, no, it’s okay to back people up in emergency rooms, but we can’t do it upstairs, or we can’t dilute the number of nurses for beds that are

occupied. It's okay for someone to die in the emergency room with a heart attack, but we're not going to move that through. It just talks about the broken system that does literally exist. It's just hard to imagine unless you're sitting there day in and day out.

I've been to the emergency room. I've taken my children there and have been very fortunate, haven't had to wait an overly long time. But the worst time that I had was with my grandmother, who had fallen down, and I was with her way into the night. I thought she was going to be okay. Mr. Chair, she died, internal bleeding. I regret not staying the night with her. She did get moved up, but again the diagnosis wasn't there. They were doing the best they could.

What was really sad about that night, while I sat in there with my grandmother, was that the person who kept coming in – and I was there a couple of hours before I realized what it was – was a volunteer. “Is there anything we can do? Can we help you?” She did the best she could. Finally, I asked: “Is the doctor coming? Who is going to do this? Who is going to be here? What's your position?” She said, “Oh, I'm the volunteer. I only work until 11 o'clock at night, and then I'm off.”

I think that most all of us in here have some horror stories of what goes on in our health care system, yet the question is: as we look around, do we have some other ones that we want to emulate, to look at? That's what our duty is, to look around the world and see those places where they're working. Again, it's sad to hear the Premier mock the idea of looking over to Europe, saying: oh, it's a two-tier European system. I doubt the Premier has even looked at it. Some PR person is filling him with some cute little lines, saying: this is what you need to say, Mr. Premier, when they talk about that; the Wildrose are going to cut \$1.4 billion. Is he clueless, that he doesn't ever listen to prioritizing? One has to ask that question with the remarks.

He doesn't spend a lot of time in here. I know he's busy, but, man, he and his health minister should maybe catch up a little bit to realize what's going on and wake up and put on some new clothes rather than having all of his little minions say: the emperor has no clothes. It's pathetic on many levels, and that's why we're here debating Bill 17 all night. Why? Because it isn't worthy of passing through this House. Those people over there maybe feel it is, but it isn't.

We've got an amendment that's been brought forward by an emergency room doctor that is really frustrated. He was so frustrated. He was told: “You can make a difference. We can change things. Stop your practice. Get elected. Come join us, and we'll do it.” Two and a half years he bit his tongue. He worked and talked himself into a tizzy, no doubt, to say: this is what we need to do, and we haven't done it. This government is fixated. I listened to the Premier and I listened to the health minister at 6:15, 6:30 this evening say, “No, our vision is to have the best health care” – I think they said in the world; I don't remember now – “and the way we do that, our vision, is one superboard.” Well, that vision is a nightmare. It's a nightmare for people who go into the ER. It's a nightmare for the front-line workers. That vision is eventually going to evaporate and be gone. The question is: how many people are going to suffer? What are the standards that they're going to put in place?

I mean, they come up with this protocol after bringing a hundred people together and say: oh, we've got great news, that after eight hours that will be a trigger where we can open up beds. Why eight hours? We questioned this government on how many empty beds were in current facilities. Do an audit. Do they do that? No. They're not taking anything seriously on this, yet when the crisis finally came, when the emergency room doctor couldn't bite it anymore, 360 beds were answered the next day.

The Chair: On my list, the hon. Member for Calgary-Varsity.

6:40

Mr. Chase: Thank you. I'm going to very briefly talk about unnecessary delays. Guy Smith, the head of the Alberta Union of Provincial Employees; Heather Smith, the head of the United Nurses association; Elisabeth Ballerman, the head of the Health Sciences Association of Alberta; Dr. Louis Francescutti, who is an Edmonton emergency doctor and is currently the chair of the physicians and surgeons association of Canada – his talents were recognized, and he now represents medical standards throughout the province – have all spoken about staffing and the need to prevent unnecessary delays. What has happened in the province has been the equivalent of a train starting up, sort of a jerking movement: laying off staff at great price, rehiring.

Not only does that point to unnecessary delays; it also points to unnecessary wastes of resources. I would suggest, for example, that blowing up the General hospital without having a replacement was an unnecessary waste of resources; selling off the Holy Cross hospital for approximately \$5 million when it had just undergone \$32 million of upgrading; the delay in the building of the southeast hospital, which should have been built before the General was decommissioned. Forget decommissioned. Blown up.

Mr. Chair, as the hon. House leader pointed out, A3 is at the crux of the matter. If the government rejects the guidelines and the standards that are put forward in amendment A3, then there isn't a whole lot of hope for the process of moving on. As the hon. Member for Edmonton-Meadowlark, an emergency physician whose value is no longer deemed sufficient to remain within the government, has pointed out, there is an emergency crisis. For Bill 17 to actually have impact on that part of the crisis in health care in this province, A3 needs to be passed.

Therefore, Mr. Chair, in order to move debate along, I would like to have the vote recorded on A3. If the government supports it, then there's a sense that progress has been made, that the hours that have been spent tonight have been of value, that the point has been made, and we can move further on. So I would like to call the question on A3. [interjection] Apparently, my wires are somewhat crossed here.

It would be premature for me to shortcut the necessary debate on this significant motion that's at the heart. I thought, in the name of progress, that we could move farther, but it's obvious that this is of such an important nature that I would not want to cut out, for example, the other doctor in the House, who has raised similar concerns throughout his time since being first elected on November 22, 2004. I apologize, Mr. Chair, for providing potential false hope for closure. The debate must go on, and therefore I'll take my chair.

The Chair: The Leader of the Official Opposition.

Dr. Swann: Thank you very much, Mr. Chair. Obviously, the most significant issue that we have faced this session is the health care bill and emergency services, the crisis in emergency departments. It's hard to overstate something that has become so dysfunctional and so serious in its impact both on patients and on professionals in the system, a system that is completely overtaxed, that has no surge capacity to deal with the current situation that we're in, with the possible flu season impending, potentially major accidents, that will put extra demands on the system.

Now before us is an amendment that is simply trying to say to people that what we have done so far has not worked. Let us hold ourselves accountable by making specific timed amendment accountabilities, timelines, that have been accepted elsewhere in the world with great effect. I've specifically reviewed the United

Kingdom. They have eliminated their long wait times in emergency departments in the U.K. by legislating wait times, and we can't find any court cases, such as the minister of health would suggest, that might follow this kind of very specific expectation. I'm not sure what the barrier is here to improving the health system.

This is only one small dimension, of course, of what's needed in a health care system that is very complex, very large and that as a result of the former health minister's machinations with the system has resulted in such chaos and such confusion, mixed messages, changes in orders between the Health Services Board and the health minister. There are a tremendous number of areas one could look at for where the problem is, but fundamentally it's a reorganization that has not taken into consideration the vital regional differences and the need for prompt, timely, flexible action in different parts of the province.

As we've said, the various changes that have been attempted to relieve the pressure on emergency departments haven't worked: trying to beef up staffing, trying to extend the number of long-term care beds to relieve pressure on in-hospital beds, the recognition that the elimination of almost 50 per cent of our hospital beds over the last 15 years has resulted in a tremendous backlog of challenges. That in combination with a decline in primary care services, from prevention programs to early intervention programs to home care services to diagnostic services, chronic care management right through to long-term care and palliative care, rehabilitation care, all added to a system that is simply not providing the services that Albertans need. The question before us is whether or not we have the political fortitude to admit that we have done this in a very poor way and that we need to rethink the whole structure of the system, that we need to put in place early intervention measures that will help us to get back on track in our emergency departments.

As has been said by a number of physicians in this province, people are dying from preventable causes in the usual circumstances that we would have found ourselves in. Staff are having to take leave because of stress and overwork. We have professionals leaving the province, retiring early because of the unfortunate work culture that has evolved out of this, a culture of frustration and burnout. We now see an administration that is back on its heels, having lost their CEO, or the scapegoat of their CEO, and that is again unwilling to take responsibility for the chaos in the system, board members who no longer have confidence in this government and its ability to maintain a clear line of authority, clear jurisdiction between health ministry and Health Services Board. Clearly, this is not a recipe for an improved situation as we head into some of the most difficult times in our year in terms of demands on the health care system.

When I look at this amendment, it's bold; it's new for Canada. It's not new elsewhere in the world, but it brings to the fore the key elements of what is needed to make the emergency department work more effectively and more efficiently. It would give a sense of hope to the front-line workers, that are looking for some sense of understanding the system and a willingness by this government to hold themselves accountable. That's fundamentally, of course, where the buck needs to stop.

6:50

No CEO could deliver in an organization with an ambiguous mandate such as he's been given. There's no question that the quality, the access, and even the efficient spending by this government have diminished since this new system was put in place. It's clearly because of a number of factors, not least of which is that a centrally managed organization of 90,000 people with an array of services across the province simply cannot manage to deliver the same services that it's managing. A budget, standards, policies,

statistical gathering, monitoring, enforcement of those standards: we simply cannot expect a single board to do all this and know what's happening in every part of the province in every region and adjust to some of the pressures and unique circumstances, demography, and needs of those areas.

I mean, from top to bottom we need to rethink where we're going. With a two-year time frame since this was put in place and progressive problems in the system and no improvement in emergency wait times, one has to say, surely, that throwing more money at this situation is not an answer. The kind of creative alternative that is being presented here is to legislate wait times and ensure that not only the emergency personnel but the administrators in the different institutions and the Health Services Board and the minister can clearly be held accountable if we do not meet those. Everyone along the line begins to see the connection between the emergency department and the broader health care system.

It all has to work together if the pressure on emergency departments is going to be relieved. If we don't have the prevention programs and early intervention programs, we're going to see people get into trouble and they're going to end up, especially after hours, in emergency departments. If we don't extend the hours of walk-in clinics and physician offices, if we don't expand the staffing across the board and deal with some of the backlog, if we don't maintain people in a healthy, active way in their homes, in their communities, this is going to end up in emergency departments.

When we put timelines on emergency department wait times, that's when we start to see people look at the whole system and say: "We simply can't hire more emergency doctors. That's not the solution. The solution is to reduce the demand on the emergency department." How do you do that? You begin by prevention. You begin with primary care. You begin by ensuring that there are home-care services in every community, a very cost-effective investment that this government has only recently embraced. I mean, the solutions are many and varied. The whole system needs to be addressed, and this is only one element, obviously. This is only one element of what is needed.

Surely we can come to a decision, make a bold decision, pass this amendment, try something new and in the interim begin to make a phased transition from a single management board to zonal or regional, whatever you want to call them, five or more regional delivery systems, where they can be closer to the action, where they can see the local conditions, where they can recognize the pressure points, the staffing needs and address them in a very timely way, instead of the frustrating, "Wait and see," and finally, "Don't even express yourself," in this health care system. You don't express yourself in the health care system because, number one, it takes so long to get an answer and, number two, you risk your job if you challenge the system as it is.

Fundamentally that's what the health professionals that I've talked to are saying: we do not believe in the structure and function of the health system. What we see is a tremendous demoralization across the board in our health professionals, and they're simply not performing because they don't believe in the system that is in existence today. Surely we have to listen to and work with the professionals working in the system.

This amendment would go a long way in sending a message to the health professionals: "We will hold ourselves accountable. We as the authors of governance and policy in this province, we as the custodians of the public well-being, we as the planners for a health care system that's healthy and sustainable, both for professionals and for patients, will take this on and will listen to what patients and professionals are saying and make the necessary changes, the changes that are going to put in place a set of accountability

measures to which not only the professionals but the politicians can be held accountable.”

We are forced, then, to work together to make these timelines work. We are forced to look at the barrier points in the system and the failures that the system has created and, I would say, the inevitability of failure without structural change and without role and responsibility change.

A single board of 14 men and women cannot manage a 90,000-person organization. They simply don't have the flexibility, the time, the knowledge, especially when so few of the board have a medical background. This is not General Motors. This is not producing widgets. This is a complex, interconnected array of human services that have to do much more with understanding how and why people do what they do and a very nuanced recognition that respects individuals, that respects the processes of decision-making at the local level and that honours the commitment that these health professionals have made to a lifetime of caregiving. I know there are some in this House who have a background in health services, and I think they understand that. I hope they can be free to vote with their conscience on this.

The Member for Edmonton-Meadowlark has put himself on the line. He has put his neck on the line, and he has opened his heart to Albertans. He has challenged the very powers that be in this province, with their lack of understanding, their lack of clear goals, their lack of commitment to the long-term well-being of the health care system. This is not about short-term fixes. This amendment is part of what would be a long-term commitment to establishing benchmarks all across the system. They don't all have to be legislated, but wait times at the very front end, where the canary in the mine shaft is saying that things are in danger, that we are in danger of a meltdown in this health care system: these kind of measures would avoid this kind of brinkmanship, this pushing us to the edge of what could be a most terrible impact in an overtaxed system, with progressive demoralization of professionals, loss of confidence of the public, and a system that has become untenable for most Albertans.

The 233 stories from the emergency medicine practitioners was one hospital in one month. We have no sense of just how close and how staggering the crisis is. One major disaster, a major epidemic will push this system into chaos. We'll have a breakdown of health professionals. We'll have a breakdown and lawsuits related to poor outcomes and preventable deaths. We simply cannot take this seriously enough. We cannot overstate the seriousness of this issue. When confidence is gone, what is there? When trust is gone, what is there in terms of the possibility of solving problems, small or large, in our health care system?

Very clearly, Mr. Chairman, we have to move on this. We have to support this amendment from a man who has worked in the system, who has experienced all kinds of emergency delivery systems across the world and, based on our research, is moving an amendment that stands to move us to the next level, at least, of accountability, standard setting, and confidence building in the system.

I'm very hopeful that the members in the House will look at this at its face value, look at the seriousness of the situation that we're in, the reason why we're still here today, after a full night of debate, and the reason why this man from Edmonton-Meadowlark has captured the imagination of Albertans in his willingness to stand up and say: the emperor has no clothes.

7:00

This government has no expertise in managing a health care

system this complex. It is not going to work. It is not going to work with this particular arrangement. We have to change the system. There can be no shocks to the system. That's very clear. We cannot cope with major, major change rapidly. It has to be very thoughtful, very planned, very orderly. Over the next one to two years we need to begin to look at a more effective, more thoughtfully managed system, where patients come first, capacity comes first.

The ability to manage disasters has to be at the forefront of everything we're planning. That means taking the pressure off emergency departments in hospitals. I've discussed, as many people have, the range of issues that have to change, but most fundamentally we have to recognize in the emergency department that if we are not doing things to state of the art, to the very best that is happening in the world, then we are not contributing to the kind of outcomes that we say we want and our patients deserve.

Mr. Chairman, I think, I'd just admonish people in the House to put this aside as a partisan issue. This is not a partisan issue. This is a human rights issue. It's a humanity issue. It's an efficiency measure, you could call it. It's a deliverable that we can put in place to build confidence, not only in patients but in professionals, that we have some sense of the seriousness of where we are and have some commitment to making some tough choices to change that.

That concludes my remarks, Mr. Chairman. Thank you.

The Chair: The hon. Member for Edmonton-Rutherford.

Mr. Horne: Thank you very much, Mr. Chair. I appreciate the opportunity to make some remarks on amendment A3. This will be my first opportunity to be on the record with regard to the amendment, and having been here throughout the evening with other colleagues, I must say that I think I appreciate most the perspective that the hon. Leader of the Opposition has brought to this debate in the last few minutes.

While I can't agree with the hon. leader that this amendment should pass and that, you know, a key part of the solution to this is to in fact legislate waiting times as proposed by the hon. Member for Edmonton-Meadowlark, what I can agree very wholeheartedly with the hon. leader and with others who have raised, I think, similar points throughout the course of the debate is that we need to be looking at the underlying causes that result in some of the waiting times we have seen in emergency rooms in this province. In fact, we're seeing similar times across the country.

I guess I'll just sort of deal, first, with the question of the amendment as proposed. I guess for me, Mr. Chair, I would have to say that given all of the factors that have been discussed in the last 24 hours, the simple passage of this amendment – and I think most members would agree – is not going to result in any immediate change in the issues in our emergency rooms across the province. While it is, perhaps, a noble idea and, certainly, is fundamental to a high-performing health care system that appropriate benchmarks exist, that we measure and we continuously monitor our performance against those benchmarks and, I would say, most importantly, that we take the opportunity to learn from that measurement and create a system that's focused on continuous improvement, putting those sorts of benchmarks in legislation is not the way to go.

There are a number of reasons for that, I think, that have been enumerated over the last little while. One, of course, is that if we accept the notion that we should legislate maximum waiting times in our emergency rooms, no doubt the question will immediately arise as to why this House would not legislate similar benchmarks with respect to elective surgical procedures, with respect to access to family physicians, with respect to a whole lot of other things in our health care system that Albertans are concerned about.

What I think, as I said, we can agree on, and I think the hon. Leader of the Opposition did an excellent job of illustrating, is that the real thing that will drive improvement in any health care system has less to do with technology and equipment. In fact, it has to do with people who deliver health care and with cultural factors within the health care system that create an environment where people do feel free to speak about their concerns, where front-line health professionals are actively engaged in discussion and decision-making because in many cases they're best suited to provide that advice, where, as I said, we use benchmarks, we monitor performance, and we focus on our waiting time targets, not as a static target to be enshrined in legislation in perpetuity but as a target that we hopefully can improve and reduce over time so that people are waiting less. I think it's very important to recognize that as much as we might recognize the spirit of the amendment that has been proposed, it certainly is not a solution, Mr. Chair, in and of itself.

The hon. Leader of the Opposition also talked about a couple of other things that I'd like to elaborate on. I think it's true that when you look at most health care systems around the world, there are really three sectors in the health system that drive waiting times in emergency rooms. If we look at those waiting times in ERs as a snapshot of what is going on in the larger system, at least in Alberta, I think we can say that we can look to three areas in terms of where the drivers are.

The first is the area of primary care. As we know, Mr. Chair, primary care just basically refers to the front door of the health care system. Traditionally for most of us that has been through a family physician. Increasingly today it is through other practitioners – nurse practitioners, pharmacists, and others – working as a team, serving the needs in a particular community. That is a very important issue. We spend a lot of time in this House talking about family physicians as one area of need.

Again, going back to the amendment and following through on my argument here that the simple legislation of these waiting times won't change anything, what I think we need to be doing in primary care is capitalizing on the opportunities that we have with primary care networks. This is a highly successful model. There has been research. There is more evaluation under way now about the model and its effectiveness in reducing the prevalence of chronic disease and proactively helping manage population health by pulling people in for screening, screening that is appropriate to their age and to their health condition. Most importantly, and I think we can put it fairly this way, is having a key priority of the health system being to give our citizens a home within that system. It is very difficult, Mr. Chair, to talk about a system that's focused on the needs of patients and families and their communities if we, in fact, don't take the necessary steps to provide them a home within that system.

The success of our primary care networks, which is a result of collaboration between the Alberta Medical Association, the health regions, represented by our health professionals, particularly physicians and nurses and pharmacists, and the government, has created a situation today where we have 38 primary care networks serving upwards of 2 and a half million Albertans. So it is a realistic goal in terms of looking at this amendment, Mr. Chair, to say that the solution is not to legislate an artificial benchmark, that we may or may not be able to deliver on today, but to look at opportunities in primary care as a key part of reducing those waiting times and, in fact, improving the health status of our own people over time, improving the health status of the next generation. So that would be the one area that drives the waiting times.

The second I'd point to – and this has also been referred to in the debate – is the area of continuing care. A number of hon. members, including the Leader of the Opposition, have talked in this House

about the need to look at continuing care not as a strict series of program types, bed types, and rigid eligibility criteria that govern what needs can be met by citizens who are occupying those facilities but looking at, in fact, continuing care as a continuum of services from independent living and home care all the way through to long-term care, services provided by auxiliary hospitals and nursing homes.

7:10

In fact, again to go back to the amendment, Mr. Chair, just in terms of developing the argument that this initiative to legislate ER wait times is not the answer, I think the bigger discussion – and it has been raised in the House – is to look at how we increase flexibility and how our continuing care system can become more responsive to meet the needs of people where they are, to truly support the notion of aging in place, that has been put forward by this government and that we are working very hard to make possible.

The third area that's a key driver – again, it's not an area that will benefit from the simple passage of this amendment – is the question of mental health services across the province. I think I mentioned in the emergency debate last week, Mr. Chair, that we are now seeing more and more mental health professionals actually practicing in primary care networks, providing services at the coal face, so to speak, of the health care system, providing services in the community, in many cases identifying people who perhaps are at risk of developing a chronic mental illness such as schizophrenia, providing that early intervention and support without which the individual may have been required to receive services in an institutional setting.

That's my argument, Mr. Chair, with respect to the real issues that drive emergency room wait times and why we should be focused on those rather than the bill amendment.

The second area that I just wanted to pick up on briefly – again, it was referred to by the hon. Leader of the Opposition – is what I'll call the question of the culture that we build in our health care system. The mover of this amendment, Mr. Chair, is well known to us as someone who has made a conscious decision to speak out on behalf of his patients and on behalf of other health professionals. I don't think that there is anyone in this House that would suggest for a second that he should not do that. His role as a member of this Assembly offers an important opportunity for him to do that, and he should be encouraged to make use of it. But many of the concerns that he and others have raised really point to the bigger question of the attention that we need to put on building a positive, open, and transparent culture in our health system, particularly with respect to front-line health professionals.

When we talk about the health system and the decisions that have been made around the structure of the system, I think we have to be very careful, Mr. Chair, particularly in terms of this amendment, not to simply decide that we as a House should once again embark on a discussion about the entire reinvention of the publicly funded health care system. I don't think that's what my constituents want, and I don't think that's what most Albertans want. In fact, I think that would be a very destabilizing discussion for this House to embark on. Regardless of the structure, what I think we can point to and the question that we should be asking is: what opportunities and are there sufficient opportunities that physicians and other health care providers have to make constructive comments and to provide advice and to actually participate in the design, the operation, and the improvement of the particular programs that we offer in our health care system? That, Mr. Chair, is a question of leadership that is provided by those who are charged with managing the health care system on a day-to-day basis. It is also a question of policy leadership that is offered not only by the government but by all members of this House as we debate health care issues and as we

discuss future directions like those that are laid out in the Putting People First report and the Alberta Health Act and as we talk about the vision for our health care system in the future and the very strong desire, I believe, on the part of Albertans to look much more broadly, beyond acute care, to look at things like end-of-life care, prevention, mental health.

For all of those reasons, Mr. Chair, I think it should become apparent that the focus of all of us, in fact our duty as legislators, is to focus on the underlying issues that really drive quality and access and improvement and sustainability in our health care system.

With absolutely no disrespect to any members here that have made comments, perhaps to the contrary, that carry a different perspective, my submission is that that is the obligation of all members of the House and, to look at recent events, particularly in the last two weeks, an opportunity to refocus ourselves on those questions. For it is, in fact, the philosophy and the commitment and the attitude that we bring and the principles, if I may say, that we apply to the decision-making, including the ideas that are enumerated in the health charter that's been proposed for Albertans, all of those things together, that will make for a substantive, constructive, and educational debate not only in this House but throughout the province.

I would conclude, Mr. Chair, by indicating that I am unable to support the amendment as proposed, but in many ways I dare say that despite – I was going to say the late hour – I guess, the early hour at this point, despite the amount of time that's been devoted to this amendment discussion in the House, I would suggest that it's not, in fact, in vain provided that we're prepared to look beyond something that is an easy opportunity to simply legislate waiting times and have an honest and fulsome discussion about the priorities in our health care system, about the opportunities for us to provide good leadership and to engender a full debate with the full participation of the professionals that deliver care. That should be, I think, our most important priority.

Thank you very much, Mr. Chairman.

The Chair: The hon. Member for Calgary-Glenmore on amendment A3.

Mr. Hinman: It's the same amendment that the hon. Member for Edmonton-Rutherford was speaking on. I will continue, and I'd like to ask questions on some of the comments that he made, that were illuminating. It's good to see the government members starting to engage in this and realizing that we have a crisis here and need to do something about it.

He talked a little bit about the importance. He mentioned one little item there, about reducing the needs, and he started to refer to and talk about primary care networks. There's no question that another area where we're failing in this province is proper care for the citizens of Alberta. To my understanding, if I remember right, the two big things that we deal with in the province that cost a lot of money are the heart and diabetes. These are two areas that need to be monitored. They need to have a primary care doctor and people to help them.

When we look at the outcome – I talked to a CEO of one of the former regions, a chief medical officer. He talked about the dilemma and how we really need to reduce the number of people coming in. Again, being the former MLA for Cardston-Taber-Warner, it was an interesting dilemma in Taber. They were a small hospital outside of Lethbridge, and they had this dilemma on what they were going to be allowed to run. Dr. Wedel and the doctors in Taber were one of the pilot projects for primary care networks, and their work was quite astounding, I think, and illuminating for this

government. They really had to push hard to say: just let us show you what we can do.

The reduction in emergency admittance went down tremendously when they started monitoring their patients, actually bringing them into their health care facility and educating them on how to monitor their asthma, how to monitor their diabetic condition, and to really educate those individuals in Taber on how to improve their health. It was a huge reduction in the actual needs of the emergency room. It's been a few years, but if my memory serves me right, I think the average number of emergency room visits for asthma patients there was 6.7 or something like that a year, and after they'd been in there and had educated these people, it was reduced to, I believe, 2.5 times per year that they were coming into the hospitals.

Something that we've done a lot of discussion on is the appropriate people being able to intervene at the appropriate time. We have a high volume of individuals that don't have a family doctor, that aren't able to get into a walk-in clinic, so they end up in the emergency room and, again, add to that pressure that we're not able to attend.

7:20

There are just so many aspects. If we take two steps back and are honest with ourselves, we say: well, what can we do? Look at the entire system right from the primary care network physician that has these individuals right up to the aging and realize that it's a cost all the way through that system and not look at it as: well, it's costing this much to have someone go through the emergency room.

There's another interesting statistic. Again, I haven't had the time to reread a lot of these articles, but I believe that an individual that does not have a primary care physician and is sick and ends up at the hospital in an emergency room to see a doctor there is six times more likely to be back in the emergency room to be treated than one who has a primary care network, who went into the emergency room because he couldn't get in to see his doctor and then was able to go back to his primary doctor. He is only two times as likely to show up at the hospital again whereas for someone who actually is able to get in to their primary care network and not have to go to the emergency room, one visit is usually what it is. The member wants to nod.

[Mr. Marz in the chair]

We have a lot of expertise that is out there and pilot projects that have looked at these things. Again, what's discouraging for me is that this government has known these things for years and has failed to act on them. They've failed to implement those things that they know work, and I don't understand why they haven't implemented them in more areas. It's hard to understand, and because of that, what we've got to is an emergency room doctor who's brought forward this amendment to Bill 17 and said: "You know, back in 2007 I talked to this hon. member and to the hon. Member for Edmonton-Whitemud, and we were going to do something. We were going to implement them." They did take this Band-Aid by moving people upstairs and increasing the floor capacity to 3 to 5 per cent upstairs, but there was no follow-up. Back then they talked about needing to build new beds, and with this huge gap of two and a half, three years of silence it is astounding to think that they knew this and didn't act.

Now that we have someone who's broken ranks, spoken out, we were able to last Thursday, a week ago now, have an emergency debate, which was very short. Only five people, I think, were able to speak in that short timeline and on a 10-minute basis. It was an emergency debate that was extremely limited and didn't accomplish

anything. Now, though, a week later, we're really into the emergency debate and asking: what are we going to do about this?

Probably the thing, again, that bothers me the most because we'd asked the questions: let's do an audit. Let's know the capacity of our facilities and the utilization of our facilities, and let's bring it forward so that we can actually make some real decisions rather than just talk about values and principles and paper promises of what we're going to do. Again, they haven't come forth. They haven't done that audit. They're not looking at it.

Again, I say with some regret that this is something that Dr. Duckett should have been assigned to do, an audit on the system, and to come back and report to the health minister, saying that, well, this is what we've got. This is where we're starting, and this is where we can go if we go to those principles that we know: 85 per cent utilization, to have those beds where we don't have extended care individuals taking up acute-care beds. I mean, the list just goes on and on and on.

What's upsetting to Albertans and those who have been caught in this system is to find out in this last couple of weeks how much information this government had and did nothing because their attitude was that if we just bury it, if we threaten the health care workers that if they speak out, they're going to lose their jobs, they're going to be demoted, they're going to be decertified – that is truly sad. You have to ask: what type of world are we living in here?

The Member for Edmonton-Whitemud kind of scorned at a few people that said that this is Third World health, and I have to agree with him in the fact that if you look at the technology, if you look at the capabilities, we're leading edge in the world. Why are we not leading edge when it comes to administration? Why do we have such great physicians, great facilities yet no administration that seems to be able to put it together?

What the doctor from Edmonton-Meadowlark is proposing here is to say: "You know what? It's time we put some pressure on. You've known. You haven't done anything. You've failed the system." The bottom line is that, to compare it to credit, we've extended credit to you over and over and over again. We're going to garnishee your wages now. We're not going to allow it. We're going to go to the courts. We're going to garnishee your wages, and that's just the way it is.

What this is saying in this bill amendment is that this is what you have to do. If four hours kicks in, you have to move them. You have to respond. You have to be accountable. I can truly understand that we don't want to go there with legislation, but the fact is that we didn't pay our debt, we didn't meet our obligations, so now we have people demanding that. We've put ourselves in this conundrum because we didn't act. We didn't show any improvements. It's been a year, and actually the problem is going up.

Like I say, cross our fingers, do what we do, but when the flu season hits, is it going to be a mild one that we skim through, or is it going to be a major one and we get into a pandemic again? We don't know. We're not prepared for that. We can hope for the best, but that's a pretty sad system to be running on, a hope and a prayer that people aren't going to get too sick and show up in mass numbers at our emergency rooms.

Mr. Chair, the dilemma that we're faced with here is two and a half, three years, six years, nine years, going back to the '90s, of failing to do our job. For that reason the Member for Edmonton-Meadowlark says: "You know what? It's time to put it on paper. It's time to hold some people accountable." Again, I'll agree that the chances of doing this and, actually, the government being held accountable and actually doing those things is remote, but what else do we do? I haven't heard anything else presented by this govern-

ment that gives me any faith that they're actually going to move on this other than that they're going to try and cover themselves and say: "Well, this is the reason. These are the problems."

Again, we keep hearing the Premier and the health minister talk about the golden arrow that's saving all of this: we've got five years of funding.

The Acting Chair: Hon. member, I'd just like to know how this relates to amendment A3. It's very interesting subject matter, but I'm missing the connection there.

Mr. Hinman: I can appreciate that, and I guess, you know, we've been here a long time, but I'm just kind of responding to the things from Edmonton-Rutherford. I guess I'd have to ask the same questions. At that time I didn't really know what he was speaking to in regard to this other than saying that we shouldn't have legislation, so I'm trying to say: "No, this is why we've got ourselves in this dilemma. This is why it's been presented." It is the big picture, Mr. Chair, but that's the dilemma that we're in.

The question is: do we pass this legislation? We hear from one government member after another saying: "No, we can't pass this. We can't legislate this." With all due respect, as he says – and this is an open debate, and we're trying to move forward on this – if we legislate this, then what do we have to do? Do we have to legislate cataract times, hip times, and everything else? No, actually, maybe if we got tied and did this and we learned our lesson, if we started having good credit and paying every month, people wouldn't demand those things because they'd actually start to see an improvement. That's what this is about.

7:30

Can we show that turning of the graph to say – you know what? – wait times are starting to go down? We're starting to have fewer people return because we're doing a better job in treating them when they come into our facilities. We're actually doing a better job in our primary care networks in ensuring that people don't need to come back multiple times because they didn't feel comfortable with the treatment they received.

[Mr. Cao in the chair]

It's just critical that we come up with a solution. Like I say, we've been here all night, and I haven't heard any solutions from this government, from the health minister, the parliamentary assistant, saying: this is what we are going to do that's new. What they said, Mr. Chair, is: "Oh. What's going to save this is that five years of funding. Now they can go out and do it." So are they saying that for the last five years they always wondered every year whether that hospital was going to get any funding and might be closed down? That's ridiculous. The funding has always been there. They've run debts. They weren't able to balance the books, and they realized that – you know what? – the government has got to come up.

I remember Jack Davis really put the twist to them, I think, in 2008, when the election was coming. He spoke out 30 days before the election. I don't know – the hon. Member for Edmonton-Centre would probably remember better – but did he actually speak out during the election? Jack Davis from Calgary really put the screws on this government because he knew he had to hammer on them, and they ran it and said: yeah, we'll pay off the debt. I mean, to all of a sudden say that that's what was causing all of the administrative problems, that they didn't have the funding in place, the surety: that's the problem with all of our municipal governments; that's the

problem with our schools. It was not the problem and has never been the problem with our health care facilities. That isn't what it's been about, Mr. Chair.

The problem has been that those people working inside are extremely frustrated because they've talked and they've talked and they've talked and they've pointed out and they've shown the way, yet the administrative level continues to choke them, to hold them back, to handcuff them. Again, it went from a four-tier system to a seven-tier system, and it's elevated to such a height and such a disconnect that these hospitals are not even functioning anymore.

Again, Dr. Duckett backed off, but it seems to me that about eight months ago it was that there was no expenditure over a thousand dollars that didn't cross his desk. Just think of that, with \$15 billion how many things went through. No nurses were hired, no nothing, no changes. They were unable to move, and that caused the deterioration over the last 18 months to where we're in a critical stage here, to where the ER doctors say that again we've reached a new low. And 2007 was bad; now in 2010 we've gone lower. It's always amazing in life that we look at: oh, it can't get any worse than this. And it does.

We really need to take a serious look. This government needs to offer something more than what's put on the paper here, the promises saying: oh, we've seen the light. No. What happened was that the light was exposed, the door was opened on all of the information, all of the documents. All of the discussion has been opened up, and now the public is starting to become aware of it. So now the government is saying: oh, we're going to react. There's this miraculous 360 beds that appeared this last week, when we've been asking for the audits. Then they think they've done something wonderful. No. It's sick to think how many people sat, laid, stood, and waited in ER rooms because of the policy that the superboard has imposed on the hospitals and especially our emergency rooms. It's wrong. This government hasn't offered any solution, so once again what does the ER doctor from Edmonton-Meadowlark say? He says that we've got to put it on paper. We've got to hold accountability.

We talked about striking section 10 from Bill 17 and the necessity of doing that so that people could be held accountable. It's interesting to me, you know, that this government hasn't learned with its gold-plated contracts, that it says: oh, we signed the contracts. The previous health minister, when he let them go – I mean, they couldn't sign up their friends and their acquaintances quickly enough to these positions with gold-plated salaries and then gold-plated severance packages. Maybe there's one thing that they could learn if they're hiring the next CEO, to actually not put in a bonus clause; put in a penalty clause. If, in fact, the ER times don't go down, if in fact we don't have better facilities, this administrator is going to lose 10 or 20 per cent of his wage. Say: "No. We expect you to do these things."

The Chair: Hon. member, I'd like to draw attention to amendment A3.

Mr. Hinman: A3. Yes. I'm sorry. We get segued into different directions here because this is such a big and important bill, but we should be talking on A3. I will try and go back.

A3, section (d): "set standards for lengths of stay in the emergency room departments of hospitals consistent with the 'Position Statement on Emergency Department Overcrowding'." Why is it that this government has been changing the standards in order to tell Albertans, "Oh, we're now meeting the standards" when, like I say, it wasn't that it was 95 per cent at eight hours. All of a sudden it goes down to 65 per cent at six hours and reduced the standards. That's why he wants them written.

The Chair: The hon. Member for Edmonton-Rutherford.

Mr. Horne: Thank you, Mr. Chair. I'll be brief. I, for one, don't see a requirement to use the entire 20-minute period each time I rise, but I wanted to make a couple of comments. First of all, thank you for the latitude that you have shown to the members of the House in terms of the importance of keeping the attention on the amendment, and I'll continue to endeavour to do that.

I was encouraged at the beginning of the remarks made by the Member for Calgary-Glenmore early on when he, you know, responded to my suggestion that perhaps at least part of our time would be better spent looking at some of the bigger picture system areas that we need to address that will ultimately result in lower emergency wait times. He talked about primary care networks, particularly the one in Taber, which, I would agree, is a model for the rest of the province in many ways. This is not a new initiative, Mr. Chair, as I'm sure the hon. member knows. We began developing primary care networks in 2003, and as I said before, we have 38 of these today serving over 2 and a half million Albertans.

I guess I just want to take this opportunity to observe, Mr. Chair, in terms of the whole debate on the amendment, that because of the latitude that you've shown the House and because of the, I think, upwards of almost 17 hours now that this amendment has been under debate, you've probably given all of us an opportunity to very, very thoroughly vet and discuss what we might respectively believe are the underlying causes for some of the wait times that we're seeing today, some of the initiatives that should be explored.

With reference to the comments of the hon. Government House Leader early this evening, I think, or at least I'm detecting, based on what I'm hearing, that there are probably a number of other amendments that have been contemplated by members opposite in some of these areas that with some appropriate time for debate in this Chamber might well contribute to the solution for the problems that you're so thoroughly reiterating for us. You know, one of those might be the audit that the hon. Member for Calgary-Glenmore refers to. There have been a number of other suggestions with respect to structure of the health care system.

I just wanted to express my interest, Mr. Chair, in actually having the opportunity to hear of some of these other amendments that have been perhaps hinted at but have yet to be disclosed by members opposite in the course of this debate. So I would put that, with respect, to the hon. members opposite. If you are of the view, as I think many of us are, that we have pretty much thoroughly debated any conceivable issue directly related or peripherally related to this amendment, I think we should take the opportunity to vote and to move on to other amendments that may be presented.

Thank you.

7:40

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

Mrs. Forsyth: All right. Thank you, Mr. Chair. It's a pleasure for me to rise and speak to the amendment in regard to the legislation of wait times. One feels a lot better when they've had a couple of hours of sleep and have the opportunity to get up and speak. Unfortunately, when you're the health critic, not much sleep is granted. You're keenly interested in what's happening in the Legislature, so instead of sleeping, you end up watching what's happening. You end up, believe it or not, talking until all hours of the morning to people who have been watching this and the health professionals, actually, who have been contacting us, wanting to get their two cents in.

I guess I said to one of the docs I talked to – I don't know what

time it was; 1 in the morning? I was quite surprised. I said to him: well, it's quite late. They're used to these hours, and the doctor from Edmonton-Meadowlark can probably attest to that. They're keenly interested in what's happening. They're watching very much what's going on, and I would assume a lot of the health professionals that are watching at this particular period of time have never ever tuned in to what's happening in the Assembly. You just have to look at what's happening in the e-mails that are pouring in to us and the twitters that are coming in.

I have to first of all put on the record that I'm going to stand up, and I'm going to support the hon. Member for Edmonton-Meadowlark. I'm going to support that particular piece of legislation because as the health critic for the Wildrose and the MLA for Calgary-Fish Creek people have clearly articulated that we're in a crisis situation. It's interesting when you start reading through *Hansard*. I'm trying to keep up with that. One member from the opposition says: no, we're in a crisis. Another says: no, we're not in a crisis. Then you have the Member for Edmonton-Meadowlark, who is an emergency physician and, if I can get on the record, a highly respected emergency physician: yes, we are in a crisis.

I think that not only are we in a crisis; this is just the tip of the iceberg. It's amazing to me that neither the health minister nor the new parliamentary secretary from Edmonton-Rutherford is aware of that. Quite frankly, he travelled the province all summer, and if he was listening instead of talking, he would have quickly realized that not only do we have a crisis in ER; we have a crisis amongst our health care professionals. [interjections]

You know, Mr. Chair, it's interesting how you get the government talking away. I don't mind that because I do that also.

Mr. Liepert: Stick to policy and not personal slams.

Mrs. Forsyth: Oh, it's the former minister of health . . .

The Chair: Hon. member, address the chair. You have the floor on amendment A3. Thank you.

Mrs. Forsyth: I am talking about A3.

. . . the current Minister of Energy, who was the previous minister of health and managed to screw that up quite royally, not only the Energy file but the health.

I'm pleased to stand up and talk about legislated wait times. I'm going to go back to *Hansard*, when the current minister of health, from Edmonton-Mill Creek, talked after the Member for Edmonton-Meadowlark tabled the amendment. He's talking about: "When you put something into legislation, as [you] know, you are putting something into law." Well, gee, that's an intelligent conversation. "If you put something law and someone breaks it" – well, this is the same government that's put things into law and broke them anyhow. I go to, you know, our deficit accountability act. I mean, you put a piece of law; then you break that law. We're the ones, quite frankly, that are supposed to uphold the law.

Then he goes on to say: "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." I guess my answer to that is: why not? I mean, under the microscope right now, quite clearly, has been the emergency crisis that we're dealing with. If you don't think that is under a microscope, then you'd better wake up. Under this microscope all of a sudden we're having talks with emergency physicians, which is in my mind quite interesting because the same emergency physicians that we're talking to – I believe Dr. Parks sent a letter to the government in

2007 reiterating the problems with the emergency situation. Nothing was done. Nothing. I would expect that was under the Minister of Energy when he received that. Then it gets worse. It took a lot of courage, and quite frankly it took a lot of guts for a physician to speak out because of the fact that we've been told by numerous health care professionals about their fear with the code of conduct that came under Dr. Duckett.

So you go back and you think: this is not happening in 2010 in the province of Alberta, when the government continues to talk about this five-year funding and how it's going to change the system. The minister goes on to say:

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 care, for brain cancer, for lung cancer? And the list goes on.

Well, Mr. Chair, what I would like to say to the minister is: why don't you try a pilot project? The government is great at pilot projects. They have more pilot projects than you can count. So if you want to have one aspect of health care and you want to have one pilot project, then why don't we try and talk about a pilot project, legislate it, and say: okay; let's see if instead of talking about it, we can get it done. If the government is so committed to having this emergency care go from four to eight hours – I had a disturbing call from a senior yesterday who is a real sweetheart. She said to me: Heather, I talked to your mum, and I understand that you're in Edmonton, and when you come home, I need to talk to you. I said: well, why is that? She was having some problems with her heart. She went to emergency and waited seven hours. Now, this is heart problems, and here we are supposed to be having this service that is supposed to be giving us some time. And that seven-hour time was only before there was anything even started.

What you see here is that things aren't happening the way the government wants them to happen. You know, the minister goes on. Not only does he question where the wait times and legislation should be on cancer care, but then he talks about eye surgery. Well, that's shown that's worked after the monopoly and you start hearing from the eye surgeons and the long waits for seniors with cataract problems. I'm sure that's going to roll out as one of the other most successful things the government has done. I can tell you that that's another thing that's going to start biting them in the butt: when you start dealing with what's happening on that aspect of giving two companies a monopoly, and, yup, they can do the eye surgery.

I can tell you that the ophthalmologists that I'm hearing from are quite concerned. The patients they're dealing with I can't even imagine. They're getting me some numbers on the backlog of eye surgery that has gone from here to there and is backing up in the system with people that have got to have cataract surgery. You know, you can talk about whether it's a simple procedure or very complicated, but he seems to think that the eye surgery doesn't have to be legislated either.

7:50

Then he goes on to say, "Why not put into law wait times for access to continuing care or whatever type of care" you want? Well, I'm sure that we'll be dealing with all of these other health issues when you start having people and doctors come out and speak about this.

Now he says, "Now, while it[s] . . . easy to say that that could be done, it's just not practical . . . as new improvements are made, what are you going to do?" You know what, Mr. Chair? That's an interesting comment by a minister of health, when he says, "it's . . . not practical because as new improvements are made, what are you going to do?" Well, you're going to do exactly what we saw yesterday, when we had a piece of legislation that we were currently debating, and an amendment came forward.

If the minister felt that something necessarily had to be done and you needed to bring the House back and make amendments to a piece of legislation, I would suspect that every member in this Legislature would be back here. I mean, you see what's gone on across the country when there's been an emergency situation, whether it's a strike action or something, where the Legislature has been reconvened, and members show up. We all deeply care about what's happening in this province, and we all deeply care about the fact that health care obviously is a number one priority amongst Albertans; at least, it is for Calgary-Fish Creek.

I can tell you that Albertans and the health care professionals have made it very, very clear that there has been no improvement in the system. We continually hear the government talk about the new beds. I've gone to the dictionary, and I've looked up what "new beds" is. You know, while they open a new bed, they're always closing more beds behind.

The Member for Edmonton-Rutherford wanted to talk about what other amendments we're going to be tabling. I think that at the last count that we had, we had 10 of them. The more that they talk, the more amendments are coming forward in regard to what we think needs to be changed in the legislation.

While I think this bill may have had some good intentions, I can tell you that it's deeply flawed when you have a well-respected doctor come out and talk about guiding principles. It's an interesting amendment. He talks about:

include 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.

Then he goes on to:

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.

That's from emergency physicians.

We had this meeting – I believe it was last Friday – when they brought together 100 people to talk about that. They had given their idea of what they thought was important to improve the emergency situation. We will be interested to see if they table the minutes from that meeting because we had asked that particular question in question period.

Mr. Chair, you know, it's sad when you see what's happened over the last several days in regard to the Member for Edmonton-Meadowlark. Now we're hearing about what's happening to Dr. Duckett. We're also hearing that three people, possibly, from the board will also resign. It's shooting the messenger. The messenger that was shot was just delivering what they were being told to by the previous health minister, who's now the Minister of Energy. While it was unfortunate with the cookie situation – and I thought a great deal about that cookie situation – you wonder what kind of state the CEO was in to come out and talk about eating his cookie instead of about health care.

No one likes what's happening. No one trusts the government. We have the Member for Edmonton-Rutherford speak in debate in *Hansard*. He talked about the Canada Health Act amendment that we brought forward, and he didn't support that. He spoke the "we" instead of the "I," which I found quite interesting.

The minister has also spoken about the fact that legislating times hasn't worked because of the tie-up in the court system. Well, there won't be a tie-up in the court system if the expectations of what's in that particular legislation are met. You have to get a buy-in not only by the emergency physicians, but you have to get a buy-in by all of the health care professionals. They want to see a health care system that's fixed.

We have seniors in an acute-care situation that should be in what the Premier calls – I don't even know what he calls it. He has called

it several things, where he wants to see partners together, long-time couples together. Well, that's not happening. You can talk about it, but putting it into effect is very difficult. For example, what I see happening where my mom is staying. They're in assisted living. One partner isn't doing so well compared to another, so you have to move that particular partner into long-term care or a nursing home, and they're separated. It's a goal that has to be well thought out, well done, and researched to see what's going to happen.

Mr. Boutilier: Cindy, is it that cold over there?

Mrs. Forsyth: She's got her Grey Cup jacket on. I'm sure she bought that, too. It's interesting, Mr. Chair, when you talk about a critical situation that we're trying to discuss, and members on that side of the House are talking about the Grey Cup and bragging about their Grey Cup jackets. It's just mind boggling to me at this particular time.

We want to continue to talk – and I've got to do some more assessment in regard to some of the notes – about speaking in *Hansard* that the minister of health has talked about. He talks about:

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.

Now, that's an interesting comment by the minister. I briefly spoke about that. I guess he's referring to the legislation. If we need a word changed that he thinks is going to add to or is needed in the amendment of the Member for Edmonton-Meadowlark, we will discuss that.

I mean, the government has an incredible amount of resources. An incredible amount of lawyers work for the government. I have had the opportunity in two different ministries to be able to work with the lawyers that are employed by the government. I can tell you that their number one priority is always to do what's right and what they think is good for Albertans. We have lawyers, I know, in the health department, as we do in every department. It would be interesting to see if the minister of health has shown this amendment to the lawyers that he has under his employment. Maybe they can come back with an amendment that they think would be a deterrent to the amendment that Edmonton-Meadowlark has brought forward in regard to legislating the wait times. We're not lawyers on this end, and as I indicated . . . [Mrs. Forsyth's speaking time expired]

8:00

The Chair: Hon. members, I have a list here, and the next hon. member is Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Chair. Speaking to amendment A3, which I've previously reread into the record so that people stay focused on your directions, how many times have members of this House heard me say, "I'm conflicted"? The most recent of that conflict arose within the last hour, when I spoke of the possibility of calling the question, moving on.

Now, in the last series of speakers to A3 the . . .

The Chair: Hon. members, Calgary-Varsity has the floor. Please lower your level of conversation.

Mr. Chase: Thank you, Mr. Chair. Within the last four speakers the Member for Edmonton-Rutherford suggested the possibility of moving on to other amendments. I interacted with government members, and I asked, "Do you have other amendments that you

would like to bring forward that could attempt to accomplish what amendment A3 is doing? In other words, do you have amendments that would set standards? Do you have amendments that would set guidelines? Do you have amendments that would provide some teeth to Bill 17, which at this point lacks goals and objectives?" In discussing with members of the government, they said that this is just setting the foundation. We all know the Biblical phrase that if your house is built on sand, it's not going to stand up. Well, neither will emergency responses stand up.

Now, the reason I'm standing up and speaking about amendment A3 is the reality that 24 hours a day individuals come to our emergency departments in varying levels of distress. A number of emergency physicians have said that people are welcome to come to those facilities. They said the problem is not in the medical facilities, not that people shouldn't be there. The problem is that the unnecessary delay that's referred to in A3 is the result of a shortage of supports.

When people come, they've tried the health line, and the health line has recommended that they should see their physician, and their physician's office doesn't open until 9 or 10 in the morning. Then they have no alternative other than to go to emergency. Therefore, 24 hours a day we have that possibility of people being treated at emergency. But the type of treatment they're receiving, through no fault of the staff – the doctors on call, the nurses – is that there is not sufficient capacity in terms of the number of professionals providing the emergent service or the beds available for individuals to be dealt with in a life-saving manner. This is what A3 is about. It's at the heart of the matter.

In talking with government members, they've indicated that they have no desire individually or collectively to see this amendment, which would require guidelines and standards, passed. We're at that impasse circumstance, Mr. Chair, where, unfortunately, we've been for almost 18 hours.

Now, what A3 talks about is guidelines and standards. Mr. Chairman, guidelines and standards are what I as a professional teacher brought into my classroom on a daily basis. Without the type of guidelines and standards, what I called . . . [interjection]

The Chair: Hon. member, please take a seat. The hon. Member for Calgary-Varsity has the floor.

Continue.

Mr. Chase: Thank you. Mr. Chair, without objectives and goals, that I set with my students, there was no direction. If we don't have standards, if we don't have guidelines, if we don't have evaluatory procedures, how can we reach our goals? This is what amendment A3 is about. It's talking about setting standards for lengths of stay. That's just one of the standards that it's talking about.

Mr. Chair, as Bill 17 stands, we have motherhood statements. The government in Bill 17 talks about having a patient advocate, but that advocate has no capacity to ensure that there's a follow-up in treatment. Currently in Calgary we have patient advocates, a gentleman whose wife suffered the indignity and the pain of a miscarriage while waiting for an emergency procedure. While that miscarriage was probably not preventable, the fact that it occurred in the midst of the waiting room certainly should have been preventable. So we have individuals who are raising the cases, but without the power to actually change the procedures that led to the failures of the health system, there's no point in having an advocate who doesn't have a role.

The Chair: Hon. member, please take a seat. Take a seat, please.

The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you. The hon. Member for Olds-Didsbury-Three Hills talked about the importance of treating each other with respect, and I appreciate, Mr. Chair, that you're attempting to have that type of decorum.

We've been elected to uphold high standards. Unfortunately, those high standards are missing from Bill 17, and that's what A3 is attempting to do. It's trying to inject into Bill 17 the guidelines and standards that are currently missing.

Mr. Chairman, it appears that whether it's the liability excuse, the thought of being sued, whatever the excuses, the government does not appear willing to set minimal standards of care within Bill 17. The hon. Member for Edmonton-Rutherford in fact toured the province trying to gather ideas that would provide relief within the health care circumstance. He had direct input. I appreciate the time he spent in consultation throughout the province. But the end result of that consultation, Bill 17, which A3 is attempting to amend, is that there aren't any regulatory standards being set. So people, while we debate the lack of provision of emergency care, are showing up at the various steps, whether it's at the University of Alberta hospital, whether it's at the Children's hospital back in Calgary-Varsity, that I represent. People are coming. Not only are they coming to these emergency departments, but they're experiencing inappropriate delays.

8:10

Everyone in this House appreciates the quality of care that the individuals get once they see the physician. They appreciate the care in the triaging process, where a nurse determines the priority with which they should be seen. But, Mr. Chairman, we're in the wealthiest province in Canada. It's not due to lack of resources that we're not moving forward on what A3 has suggested, guidelines and standards. It's a lack of will. We have within this House the intelligence, whether it's in terms of broader based thinking through all-party standing policy committees, to improve the health care delivery in this province.

In conversations that I've held with hon. government members, the notion of having the right prescription, the right combination of expertise on the boards, on the superboard is absolutely essential. Doctors are trained for specific circumstances. The Member for Edmonton-Meadowlark specialized in emergency medicine. The former head of Alberta Health Services, Dr. Duckett, his specialty was accounting, management. He's no longer in that position. We have Dr. Chris Eagle, a medically trained individual, as the interim head. But what is lacking is the right combination for A3 to occur. That's a combination of the best intelligence, the best combination, the best team, the managers, the people who do the accounting, the people who create the timelines, and obviously with input from doctors who are on the front lines, coming up with the best possible prescription or recipe for success.

Mr. Chair, we to the largest extent come to our constituency offices. I can't think that there's a single one of us who at four o'clock goes home and that's the end of their expectation. I know that's not the case. How do we, short of lengthy debate, short of SO 30s, get across the point to the government that the collaborative methodology is superior to just simply consultation? Consultation does not require that actual action takes place after the consultation in the same way that the health advocate can bring up a circumstance but doesn't have the power to deal with it. Whether it's the Ombudsman, whether it's the advocate as proposed in Bill 17, whether it's the Auditor General, the powers are limited to raising an issue, to potentially suggest solutions to reduce waiting times, to speed up particular procedures. But they lack the power to do that.

The power rests within this Assembly. We are the ultimate say in

what actions are taking place. How do we prevent, as motion A3 says, “unnecessary deaths . . . unnecessary harm”? Well, hon. Chair, we do it by putting forward the best legislation possible.

Bill 17, I agree, is a work in progress, but so much of Bill 17 is reliant on a health minister to make decisions. Even though there are deputy ministers, even though there are thousands of people employed within the government’s ministries to provide the minister with advice, in the end the minister has to take the best collective wisdom and come up with a decision. But the decisions that have been put forward in Bill 17, that are attempted to being amended by A3, they’re not it. We haven’t reached that ultimate pinnacle of success, and we won’t reach it in Alberta until we have standards such as the hon. Member for Edmonton-Meadowlark, a doctor himself, and the hon. Leader of the Opposition, the Member for Calgary-Mountain View, indicated. Unless we have standards similar, at least, to what’s been established in other locations such as in Britain, the four-hour business, we won’t have reached the quality of care that Albertans deserve.

Whether it’s in the legal field or whether it’s in the medical field, we need to incorporate best practices. We need to value the research that other jurisdictions have done and attempt as much as possible, whether it be through amendment A3 or other government amendments, to improve the existing legislation.

Mr. Chair, a concern that has been frequently brought up in this House is: is it best to keep in legislation the authority, the rules, the guidelines, the standards, as A3 is proposing, or to what extent should regulatory powers, discretionary powers be given to the minister? It’s a combination of both that’s necessary. We have the ability through amendments. The government, for example when they realize a shortcoming in the legislation, they want to bring it up to date, as has been the case with a number of bills on wills and succession and so on, updates the legislation.

Now, the hon. Member for Edmonton-Rutherford said: we’ve heard you. You know, I think that at that time he said: we’ve spent 18 hours so far on A3. I believe that was his comment. If I felt that the government had heard what A3 was suggesting, if I felt that the government valued all the concerns that have been brought up by a number of individuals – we’ve heard people recounting. For example, the hon. Member for Calgary-Fish Creek recounted the circumstances that she’s had with her mother’s health. We’ve heard from the hon. Member for Edmonton-Meadowlark. We’ve heard from the hon. Member for Olds-Didsbury-Three Hills. What we are all in agreement on in this House is that the system isn’t working, but the difference between just recognizing that the system isn’t working and actually creating legislation to improve it is, unfortunately, at a standstill.

I would look forward and I would gladly take my seat if the government could show that based on the last 18 hours of discussion, based on years of recommendation from various opposition parties, based on suggestions from their own physicians that they move forward – but this business of, “Trust us; this is just the first step; we’ll move forward” doesn’t provide any assurance to members of this House or to people who, as I say, are currently sitting in one of those chairs in an emergency waiting room across this province.

Please, government members, if amendment A3 is too prescriptive or too restrictive, come up with a middle point. Come up with a middle ground. Come up with a position, a compromise that does not compromise patients’ care but covers your concerns about liabilities. Offer us something. The hon. Member for Edmonton-Rutherford indicated a desire to move on, and I would challenge, through the chair, the hon. Member for Edmonton-Rutherford to, based on your hearings, come up with amendments that will bring us closer to what A3 is asking for.

Mr. Speaker, I don’t want to monopolize the debate. I’ll sit down. I have other concerns, and probably the next time I stand to debate A3, I’ll focus further on the unnecessary waste of resources. Thank you for this opportunity to participate in the debate on A3.

8:20

The Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you very much, Mr. Chairman. Indeed, this motion that was put forward by the only emergency room doctor in this entire building today, who ultimately has put forward an amendment to Bill 17, which is clearly a flawed bill, is trying to resurrect or trying to inject some life into this bill to reflect something that can help front-line doctors and, specifically, the patients that he so deeply cares about. He talks about including as guiding principles – and I might add that this amendment is the direct opposite of what the minister of health said he would not support.

In other words, he would not support: “include 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.” Can you believe that the minister of health will not support that, nor will the newly founded parliamentary health secretary? His job has now been in place for all of 24 hours. Not a good first step by the minister of health or his junior parliamentary boy. Mr. Chairman, I’m glad to see that the Government House Leader is listening intently to my words of wisdom. In fact, I see the connection because, actually, when he was the minister of health, the parliamentary secretary worked for him.

I think that last night the Member for Edmonton-Meadowlark talked about the government building up health care and then tearing it down. I guess we’ll allow Albertans to determine if the Member for Edmonton-Whitemud was the minister of health when it was building up or if he was the minister of health when the tearing down came in? In fact, that same question could be asked of the Member for Sherwood Park. Since both of you were ministers of health following each other, which one tore it down, and which one built it up? I would welcome the answer to that. It seems like the members got very quiet.

Mr. Chairman, setting standards. The minister of health said in this House to the doctor, the only ER doctor – I might say that I have to pose a couple of questions. I find it ironic that the minister of health visits 35 ER rooms, but the member who was then the parliamentary secretary of health was actually number 301 on his e-mails. So it really shows you the absolute failure of structure that is going on over there. Can you believe that? The minister of health has an ER doctor who’s in the front-line troops, and what does the minister of health do? He puts his parliamentary secretary of health as number 301 on his e-mails. What does he do rather than talking and listening to the ER doctor? He goes and visits 35 ERs. One has to really question the wisdom of what is going on on that side of the House.

The Member for Edmonton-Meadowlark astutely said: this government built up health care; then they tore it down. So I’m assuming the Member for Sherwood Park was one of the ministers that was trying to build up health care, and I guess, Member for Edmonton-Whitemud, that would mean you would be the one trying to tear it down. As much as I know that that is never the intent, sometimes you have to stand up for the principles of the Canada Health Act, something that the Member for Edmonton-Rutherford, when the amendment came forward the other night, didn’t want to support, and he had been the secretary of health for less than six hours.

So, Mr. Chair, I have to truly, truly question . . . [interjection] It was on insurance, thank you. I want to thank the Member for

Edmonton-Whitemud because I see he's listening. It was actually about Canada health insurance. The parliamentary secretary didn't support a fundamental cornerstone of Canada. Can you imagine? You just get appointed as a parliamentary secretary to health, but you can't support the cornerstone of our Canada Health Act and its insurance. [interjection]

The Chair: Hon. member, address the chair, and it's about amendment A3.

Mr. Boutilier: Mr. Chair, on this amendment, of course, we talk about the minister of health. The Member for Edmonton-Meadowlark said: I want to put in an amendment to "include as guiding principles that no unnecessary deaths, no unnecessary harm," and the minister of health said that he can't support that. Shame. He said that in here. So let's think about this. Everyone appears to be kind of saying that the Edmonton-Meadowlark doctor knows first-hand what is going on, but in the meantime not one single person over there is willing to help in his amendment. I find that strange. In fact, I think the word is "unanimous." Well, what does that mean? [interjection]

Oh, my goodness. The Member for Vermilion-Lloydminster has awakened. I refer to him as the prime-time rock star. I saw him the other night, and I had a lot of pleasure taking my remote and turning him off because we truly have heard enough from him and, actually, the former minister of health, Mr. Gibberish.

Mr. Chairman, I can say clearly that setting standards – how can a minister of health and a parliamentary secretary of health be against setting standards for lengths of stay? How could you be against setting standards for lengths of stay in emergency departments of hospitals consistent with the position statement on emergency department overcrowding. This is from an ER doctor, but the minister of health and the parliamentary secretary are against the very amendment that this good doctor is bringing forward. I think someone, clearly, needs a doctor.

I can only say that being against this amendment by the good doctor, the only good doctor – and by the way, to the Government House Leader, through the chair, of course, and to the former ministers of health, of which I see three or four over there: I find this ironic. You had an ER doctor right beside you, and what did you do? You threw him under the bus; unanimously, you did. Why? Because he was speaking the truth about health care. I know that he can proudly look at himself in the mirror knowing that he has done his best in advocating for his patients. I have to ask, you know, those who may be well intended, but I'm not going to be as charitable as the good doctor: why would you not stand in here and support this amendment that is being put forward by the Member for Edmonton-Meadowlark? He is seeing first-hand. Would you deny, to the Government House Leader, that this doctor has seen first-hand what's going on? Why would you not want to take the advice of this good doctor? This good doctor has also developed important links with health care officials.

Why would a minister of health go ahead and put him number 301 on his e-mail list? Mr. Chair, when I asked a question on this amendment last week, the minister of health quite simply said: I didn't see his e-mail; I get so many. It was on the front page of the *Calgary Herald* and the *Edmonton Journal*, and the minister of health didn't see it because, one, he's either absolutely incompetent or, two, he's being dishonest. I can only say: I've got the inside story. [interjection] Or his e-mail batteries might have gone again.

We know that the minister of health used to be able to go to an editorial board, pick up his cellphone and be Superman and say: let me call Duckett. Of course, now there's no Cookie Monster

anymore, but we still have Ernie and Bert, and I see one of them right across the way, right next to the Treasury Board president. I find it really quite interesting.

8:30

The system is broken. The Wildrose Alliance has a five-point plan to fix this crisis, that has been created by the very members across the way who are going to vote against an ER doctor who knows what's going on. In fact, the ER doctor made references to knuckleheads. Well, I can only say to you, Mr. Chair, that not supporting this amendment is clearly bordering on not just knuckleheadedness but just pure unacceptable representation of your constituency. Your constituents want solutions. Your constituents want you to be listening to doctors and nurses.

Mr. Chair, I would like to say that I'm so pleased that the Government House Leader is listening, but as a former minister of health who actually hired the parliamentary secretary of health, I find it ironic that the minister of health has said: I'm sorry; I get so many e-mails. Let's think about this. You have one parliamentary secretary who is an ER doctor, yet you don't look at his e-mails. Obviously, the minister of health doesn't read the *Journal* or the *Herald* because it was on the front page talking about the crisis. To this day the crisis that he speaks about continues to worsen.

What separates us from you guys is simply that we have solutions. We don't believe in being critics or just simply being in opposition. We believe in solutions. Not only do we believe in being down the road on health care; we want to be around the corner. Obviously, this side doesn't even know what around the corner means. [interjection] What does it mean, you ask? I'll tell you. It means caring for Albertans, listening to Albertans, listening to the doctors and nurses and health care professionals because they know what's going on. They're not knuckleheads. The knuckleheads are people who don't listen.

Mr. Chairman, I am saddened. At one point I thought: I'm saddened. In fact, my feelings are hurt, similar to the former Minister of Energy. [interjection] No, you're not the former Minister of Energy yet. But I can say that my feelings are hurt that this side would not listen to their own ER doctor, that was right next to their side. What did they do? They threw him over the bus. Not only threw him over the bus . . . [interjection] Thrown over the bus.

Mr. Anderson: Under the bus, wrapped around the tires, and popped out the back.

Mr. Boutilier: Yeah. Threw him overboard.

In fact, I think Albertans are not only just going to throw some folks under the bus in the next election; they're going to put tires on top of a few of you. [interjection] Uh-oh. The Minister of Energy has awakened. That's so nice. I'm going to send him over some Kleenex. I know his feelings were hurt, and I understood that he used the Kleenex from yesterday, blew his nose, and he sent them back over. Thank you so much for that. We're going to do some DNA sampling of that. We'll let you know what we find out, okay? Thank you. [interjection] Oh, Mr. Chair, we also have the *Alberta Primetime* star. It has a lot of pleasure in taking the remote and turning him off at around 11 at night. It really does. So much pleasure.

On a more serious note here, setting standards for lengthy stays in emergency departments is a noble idea. [interjection] Mr. Chair, I'm somewhat worried now because I think the Member for Calgary-Egmont now thinks he's the Premier. That's not a dream; that's a nightmare. That is clearly a nightmare.

I want to say that for the standards that we set, that this ER doctor has put forward, I commend him. I commend him because he has recognized what patients are saying to him. His comments were very heartfelt. What you're seeing is a real person talking about real issues.

Consequently, I believe that as we go forward, Alberta's health care system has arrived at a crossroads. You have the opportunity today, minister of health. For the junior minister, the parliamentary secretary, this is his chance to retract. I've heard that word "retract" a lot lately. I think the parliamentary secretary should have retracted his comments in his first 24 hours, when he said that he doesn't support the Canada Health Act when it comes to insurance. On this amendment that is a fundamental cornerstone of Alberta and Canada in terms of protecting.

That's why I am absolutely shocked. I think it's fair to say that the minister of health has lost his superman status. We saw from the editorial board that I was speaking with that some of the participants at the *Edmonton Journal* and the *Calgary Herald* said: yeah, we began to realize that the minister of health calling Dr. Duckett was not so impressive with, "Let me get him on the phone." But when it came to bonuses, Mr. Chair, his batteries went dead. When it came to trying to deal with putting wait times in legislation, his batteries went dead again. I think we are beginning to have a minister of health whose batteries are going dead, and that's unfortunate. Then, again, if you've been around for 39 or almost 40 years, you need more than a booster jump. Clearly, that booster jump is the Wildrose Alliance because we have new ideas. We have a five-point plan to deal with this very crisis that we are facing.

I can see that Calgary-Edgemont is enjoying sitting in the Premier's chair. That is scary.

An Hon. Member: Where's Edgemont?

Mr. Boutilier: I don't know. It's somewhere. I think you're supposed to represent it. I think you should actually go get door-knocking right now.

An Hon. Member: It's called Egmont.

Mr. Boutilier: Mr. Chair, I want to say Egmont, Edgemont. You know what? I can only say this. Do the right thing. Look yourself in the mirror. Listen to your inner voice; you know, your inner voice that you have. I hope everyone is feeling good on that side because your inner voice will guide you to the true north. That inner voice will say: care for Albertans. Okay? They obviously do not understand the important value.

Let me share with the former minister – no, he's not the former Minister of Energy yet. He was the minister of health, but then when I asked him the question, Mr. Chair, he said: no, I wasn't the minister of health.

An Hon. Member: Relevance.

Mr. Boutilier: Well, the relevance comes back to the letter that ER doctors sent to this government and to this Premier two days after the last election. The minister of health at that point said that he wasn't the minister of health. He was trying to distance himself from his own government. It gives a real new meaning to open and transparent. I guess that at that point the Premier was the minister of health. That's just pure gibberish. Obviously, I think it reflects . . .

The Chair: Hon member, we are debating amendment A3, so focus on that.

Mr. Boutilier: Let me conclude, Mr. Chair. I'm going to take my seat. Who would like me to take their seat? Please speak so I can offer a few comments to you. Would anyone like me to take my seat?

The Chair: Hon. member, on A3, and please address the chair.

Mr. Boutilier: Well, before I take my seat, I'd like to offer a comment, through the chair, of course, to the former minister of health. I see the other former minister of health and actually one down there, a former minister of health. Do the right thing. To the former minister of health, I think that in your profession you folks call it billable time or something like that. That's fine in your profession, but my profession is actually to represent my constituents, to listen to my bosses.

I want to say that the 6,000 e-mails and letters that I've received relative to what you . . .

Mr. Anderson: I'm a lawyer, too.

Mr. Boutilier: You know what? There are lawyers. There's good, there's bad, and there's ugly.

An Hon. Member: Relevance.

Mr. Boutilier: I can only say, Mr. Chair, that the relevance is simply this. They may require a lot of lawyers in the future. In fact, it's my understanding that the Minister of Energy's bosom buddy . . . [interjections]

The Chair: The hon. member has the floor.

Hon. member, please stay on amendment A3.

Mr. Boutilier: I'm sorry, but they're trying to lure me into further discussions on other issues.

I can say, Mr. Chair, that I really want to keep on the focus of setting standards. What does this side say? No to setting new standards. What does that side, the government, say on wanting to have guiding principles? They say no to their doctor, that they threw under the bus, and then they rode over him. We have been able to get a jack and lift that bus up, and I can say that the hon. Member for Edmonton-Meadowlark feels liberated, and so he should. Liberated.

I might add, Mr. Chair, on this amendment, when we talk about setting standards for lengths of stay, how could anyone be against that? That is like motherhood and apple pie.

8:40

The Chair: On my list the next hon. member is Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Chair, for permitting this third opportunity this fine morning – it is the morning of November 25 – to participate again in debate on motion A3. The last time I sat down I provided a little bit of a forecast as to where I was going to go next, and that had to do with clause (c), that refers to "no unnecessary waste of resources." What we have seen in terms of the wasting of resources is the reduction. We had fully paid for hospitals such as the General, the Holy Cross, and the Grace, and in terms of reductions and the loss of resources we had the General hospital blown up. That is the greatest monument to unnecessary resource destruction that I think just about any province can point to. Then we had the fools on the hill clapping while the hospital imploded.

Now, not only did we blow up a hospital, but we sold off the valuable asset of the Holy Cross. I referenced it earlier, so I won't

go into the detail that I've put on the record. A concern I have is that in losing those hospitals, the unnecessary waste of resources referenced in motion A3, we not only lost beds, Mr. Chairman; we lost a variety of health support individuals. Nurses were laid off in large numbers. We lost specialists, particularly to the States. The government, in its wisdom or lack thereof in terms of unnecessary waste of resources, did away with a number of the laboratories that provided timely results so that the doctors could continue with their healing work. If that wasn't enough in terms of unnecessary waste of resources, as A3 points out, the government decided that the cheapest way to save money at the advanced education/postsecondary level was to reduce the number of seats for training doctors.

Now, Mr. Chair, that was back in the Ralph Klein era, but in this latest era those reductions are still in place. For example, we had positions, we had seats at our postsecondary institutions for upgrading 60 foreign-accredited doctors to bring them up to speed with our Alberta system. Unfortunately, those seats were reduced from 60 to 40. The government put forward initiatives whereby a variety of postsecondary institutions – Grant MacEwan here in town, SAIT in Calgary in terms of LPNs; Mount Royal becoming a university is another example – took on training registered nurses, and we started to make up for the unnecessary waste of resources that had occurred back in the 1990s with the shortsightedness. Just at the point where we had sufficient nurses to provide the relief necessary to the system, freezes took place.

Now, Mr. Chair, it's important for the general public to realize that when those freezes took place, there was still \$11 billion of the \$18 billion sustainability fund in place, so those nurses could have been hired.

Now, again in terms of A3, unnecessary waste of resources, it's important to note that not only were those nurses not hired, but a whole variety of nurses were fired at a cost of \$22 million in separations. In terms of the wastage of resources we have a system that delegates authority in a questionable manner, that suggests Alberta Health Services works at arm's length from the ministry of health, so they suggest, "Well, we had no part in the retirement bonuses that, for example, Jack Davis was given, that came into the millions, and the fact that he receives \$22,000 a month for the rest of his life." The government claimed that they had no part in the decision of Paddy Meade, who was hired for the superboard, worked barely six months, and then was given two years' worth of compensation.

Where the government positions itself with regard to unnecessary waste of resources, maybe it was necessary, but for Stephen Duckett we'll probably never see the exact details of the settlement that will see him no longer in that position. If it's anything along the lines of what we've seen in previous examples, it'll be a multimillion-dollar settlement.

In terms of unnecessary waste of resources let's look at what happened with the HRG. The HRG was the Health Resources Group that basically bought their operating rooms in the Grace hospital, the best former women's treatment hospital in western Canada. When they picked that up for a song, thanks to the generosity of the former Premier, they were considered the absolute best thing since sliced bread. Talk about a waste of resources. Every operation that was performed at that particular centre came with a 10 per cent premium, and a lot of people don't realize that the doctors who operated in that private facility were public physicians. They were public health care nurses. They performed wonderful service. It was a public service, but they performed it in a much more costly private institution. Now all of a sudden we talk about tossing people under busses, overboard, and things like this. They were tossed.

An Hon. Member: Relevance?

Mr. Chase: The relevance? It's directly related to the unnecessary waste of resources. If we don't learn from the past, how can we avoid that waste of resources in the future? The Health Resources Group fell out of favour. Their contract was cancelled.

In terms of unnecessary waste of resources here in Edmonton all eye surgeries, all cataract surgeries were performed within the public domain. Somebody got the neat notion in terms of unnecessary waste of resources that they would contract out privately to a wonderful physician. I will not impugn his reputation. Dr. Gimbel does absolutely wonderful work, but the point is that the costs of doing the cataract operations in Calgary were considerably higher and, therefore, I say, an unnecessary waste of resources than they were in terms of the publicly delivered surgeries that were done here in Edmonton.

In terms of unnecessary waste of resources we see the Copeman clinic, for example, in Calgary charging individuals \$3,000 entry fees, and then they bill the services that they provide, the private services, to the public taxpayer. Mr. Chair, that is another example of an unnecessary waste of resources.

8:50

A further example of unnecessary waste of resources is the number of private MRIs. There are bars and private medical facilities giving away MRIs as prizes. Guess what? When those MRIs take place, quite often the bill makes its way back to the public system. In terms of unnecessary waste of resources, as A3 mentions, the hon. doctor, the representative from Calgary-Mountain View, and I had a discussion with a radiologist at a Calgary hospital. I don't want to mention the hospital for fear of retribution such as we've witnessed with the Member for Edmonton-Meadowlark, but he talked about the unnecessary MRIs . . .

An Hon. Member: Fearmongering.

Mr. Chase: It's not fearmongering, hon. member. It's what happened. Speak up, and see what happens to you.

Now, as I was saying, the hon. Member for Calgary-Mountain View and I spoke with a radiologist, and he indicated that the old-fashioned medicine of one-on-one, a GP in his office, could frequently diagnose more accurately than an MRI a particular problem. But MRIs became the soup of the day for medical facilities, so what this government has done – it began with laundry services, and it has proceeded to food services. The government, in the false assumption of saving money, has contracted out a whole series of services formerly delivered within the public domain. Each time that happens, the cost to the health system escalates. This idea of competitive health delivery but publicly funded is one of the most colossal wastes of taxpayers' money possible.

In terms of unnecessary waste of resources, in terms of unnecessary delays, in terms of not doing harm to patients, the best service is the service that follows the attributes of universal health care: publicly administered, publicly funded, and the most important part, Mr. Chair – it's something that countries across the world have come to recognize – publicly delivered. The sooner this government stops the flow of funding into private, contracted institutions and supports our health care system through the education of physicians as opposed to the raiding of doctors from South Africa, the sooner we provide training for nurses and then once we have trained them, instead of wasting the resource that we've invested, hire them, the further we'll be ahead.

Also, this government, in terms of not wasting resources but,

rather, investing, has to put more investment into general practitioners, family doctors. If we had a family doctor for each Albertan, then the emergency crisis would be solved. In terms of unnecessary waste of resources stop promoting private, for-profit assisted living facilities and promote publicly funded long-term care facilities so that people can get the services they need . . .

The Chair: Hon. member, please take a seat.

Hon. Member for Calgary-Varsity, continue on.

Mr. Chase: Thank you, Mr. Chair.

. . . so they don't end up being labelled as bed blockers and taking up acute-care beds because there is no long-term placement for them or, as the hon. Member for Edmonton-Meadowlark discussed almost 24 hours ago, the need for improved home care. Unnecessary waste of resources, public first, support the public. Well, actually, public first and public last is the way I would express it in terms of the best utilization of resources.

Mr. Chair, in terms of whether you want to talk about unnecessary delays and harm, the combination is absolutely important to deliver the service. I talked about the necessity of having the right combination in administration, but the right combination at the doctor's office, at the emergency care is absolutely essential. That's part of the triaging effort that this government has to do to prioritize. Now, you can start with the family doctors, or you can go to the emergency facilities and work backwards, but regardless of where you start, you come to the same conclusions: we need better long-term care; we need better home-care support; we need a number of general practitioners; we need a combination of urgent care centres, primary care centres, and delivery through hospitals; we need sufficient beds in the hospitals to provide the different levels of care necessary.

Mr. Chair, the wonderful thing about being in this province is that we still have \$8 billion in the sustainability fund . . . [interjection] Unless I've heard wrong. Maybe it's down to only \$7 billion. The result is that with proper investment, with proper efficiency in the delivery of public health care, we could improve the system. We have the intelligence. Whether it be in accounting, in health care professionals, we have the intelligence to improve the system, but what is lacking is the will. Because of that lack of will, we have been standing for, I think, fairly close to 20 hours now talking about solutions to the problem.

On previous occasions when I've stood, I have challenged the government to come up with amendments that would help to fix their own legislation. They created it. They should be the best ones in the position to fix it. But this is a team effort; therefore, we're offering opportunities to the government. Amendment A3 is the third offering. Amendment A1, proposed by the hon. Member for Edmonton-Riverview, questioned accountability. We're talking about accountability. We're talking about guidelines. We're talking about standards. I wish we could move on with the process of creating greater efficiency, as A3 refers to.

Thank you again for this opportunity to speak, Mr. Chair, and if you could re-add me to the list. Thank you.

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

Mr. Anderson: Thank you, Mr. Chair. It has been a long 12, 13 and a half hours since 7:30. The time has actually flown by. Every time I look across and see the whip's smiling face, it makes me happy that I'm here.

I just want to again go through this. I'm trying to figure this out in my head after 13 and a half hours. We are in the middle . . .

[interjection] Yeah. I wish I could have figured it out in the first half an hour, but it's so completely nonsensical, so completely asinine that I can't figure it out, Mr. Chair, and I need the members opposite to help me. I need them to help me understand. Here is what I need to know. We're debating this amendment that has coffee stains all over it, this one right here. We're debating this amendment from the hon. doctor and MLA for Edmonton-Meadowlark. The man is an emergency room doctor. He was head of the emergency room physicians in Alberta for how long? Years?

Dr. Sherman: A couple of years.

Mr. Anderson: A couple of years, several years. We're sitting in this House debating a motion that he's brought forward, and the government members over there are somehow under the belief that they know better about how to solve our emergency room crisis than the guy sitting in the seat behind me over here, that they just punted from their caucus. So you have the ER doctor, the expert on emergency room care, one of the foremost in the province, and the government kicks him out in the middle of the largest emergency room crisis in this province's history. If that is not the most nonsensical, ignorant thing to do in such a situation, undemocratic as well, I don't know what is. I don't think it's ever been matched. I mean, it is really something else.

9:00

People are suffering. People are dying. We know that; they're dying. It's well documented. The government even agrees. We've talked in this House during question period many times about this, and somehow the government still thinks that after all this, after all the outcry and after all the e-mails and after all of the people phoning in to talk radio shows and mailing their letters to the constituencies and their e-mails and everything, the Twitters, the blogs – everyone is telling the government to listen to this man, to listen to the doctor, the emergency room expert. Yet they still don't. They still just sit there and say: "No. Well, we know better. That's very nice, Edmonton-Meadowlark MLA. That's very nice. We'll pat you on the head, and you go your way. Just, please, don't be around anymore because you're giving us heartburn. You're not conforming to the plan, man. You're not sticking in the caucus."

Mr. Boutilier: Oh. You mean the five-year fable plan?

Mr. Anderson: The five-year plan, whatever that is.

I just for the life of me can't figure it out. He has clearly documented what needs to happen. We need to have an accounting. We need to have a benchmark, and the benchmark is that seriously ill patients will be seen in four hours 95 per cent of the time; for less seriously ill patients in need of urgent care, six hours 95 per cent of the time or better. Those are the benchmarks that have been laid out. He said that we need to do that.

He also goes on to say further in this amendment – and we've talked about it – that the way to accomplish that, of course, is site-based decision-making, giving somebody at the site, at the hospital, the authority to make decisions immediately: if you need to open up a ward, a different ward in the hospital, if you need to bring in some more nurses at the drop of a hat, if you need to open up more beds, if you need to move some seniors that are plugging up acute-care beds safely into a hotel arrangement with a nurse with them for a couple of nights while they get the emergency room under control, whatever it is.

Of course, all this is safe. That's why you have a doctor who would make these decisions. It would all have to be safe. But the

point is that someone on-site is given the authority to make those decisions, not some bureaucrats sitting in Edmonton in one of the buildings around the Legislature and 85 vice-presidents who have taken three months to solve an emergency room crisis. How's that an emergency response to an emergency room crisis?

This isn't something like: "Ah, we'll get around to it. You know, it's like building a building. It takes some time. We've got to wait a little bit. We've got to make sure of the cement and that we have the foundation." That's not what we're talking about here. We're talking about people that are dying in emergency rooms and suffering in emergency rooms unnecessarily while rooms are sitting open and beds are sitting unstaffed, and we've got these 12-, 24-, 48-hour wait times. That's what's going on. All it would take would just be a modicum of effort by this government to say: "You know what? Enough is enough. We are going to set these targets. We are going to show leadership. These are the targets we're going to set, and we're going to empower local physicians, local emergency room doctors and nurses to get the job done."

You know what? If we did that, hon. members, the job would get done because I have total confidence in the emergency room physicians and health care professionals that we have in this province. I have total confidence that if we gave them the independence, if we gave them the authority to act, they would act in the best interests of patients because their whole life's work and purpose is to help people. It's to do the right thing, to not get bogged down in the regulations of a heavy-handed superboard bureaucracy that doesn't know what they're doing.

Good grief. We just lost the Cookie Monster CEO that we had. We just lost him. I mean, I remember when we got the health CEO. You remember that, hon. Member for Calgary-Fish Creek. "Oh, we did a world-wide search for the very best talent. You know, we did all of this." This was the former minister of health. "We did all of this. We put it all in the blender, and after an extensive search, tah-dah, we found the best person possible for this job." And here we go, not more than – what is it? – a little bit of a year later or something like that: gone. Gone because not only was he insensitive and completely inept with, obviously, the media, as we saw, but he wasn't getting the job done.

So we give it to his second-in-command, as if that's going to solve the problem even though he's been involved from day one, Dr. Eagle. I'm not besmirching Dr. Eagle, but the fact is that it's not the personnel. I don't care who you have in the seat at the top of the superboard. It's not going to work until you decentralize decision-making down to the local level. That's the way you do it. That's what everyone is telling us, all the medical professionals: put it back in the hands of people in the community, doctors and nurses and chief medical officers in the hospitals.

Now, going back to the emergency room, because it's going to take some time to repair the entire health system and the damage that the superboard has done and that the previous and current health ministers are doing or have done to this health system, what won't take time, what we could do immediately, today – in fact, we could do this 30 seconds from now. We could sit here and we could pass wait-time targets that set a very clear standard for Alberta patients in emergency rooms.

The government members are saying: well, if we do that for emergency rooms, we need to do it for hip and knee replacements and cancer treatments and all this, and it'll just open up a Pandora's box, and pretty soon we'll have to legislate wait times for everything. Well, I think a lot of Albertans might actually kind of like that, but that's not what we're talking about here. We're just talking about starting with the most basic, fundamental level of health care. The most basic, fundamental level. That's emergency room care.

Everyone in this House, when we have family members that are sick or – you know, everyone has had injuries in their families, to their children. Their mother is sick. Their father is sick. Their grandmother or grandfather, their uncle, their aunt, their spouse, whatever it is, is sick. They have times when they need the emergency room, the health care system to respond now. They can't wait. They can't book an appointment. They can't wait for six months for an MRI or a year and a half for a knee replacement. They can't do it because if they wait more than just a couple of hours or even a few minutes in some cases, they will die. They will die or become permanently maimed, or there will be a tremendous negative outcome that will occur.

This is the one thing where you can't get it wrong. People can wait for MRIs. It's not good. We need to solve that problem. Those waiting lists need to be shortened. Same with hip and knee replacements and cataract treatments and all these different things. We need to shorten the waiting lists. But at the end of the day, if they wait a little bit longer, it ain't gonna kill 'em. It's not good, but they're not going to die from it in almost every case.

The emergency room is different. If you screw up at the emergency room, there's a dead person. It's that simple. [interjection] And there's the health minister laughing at that last comment – unbelievable – laughing at the comment that if you don't get treated right away in an emergency room, you may die. I mean, it's unbelievable. It's like he just doesn't get it at all.

Anyway, whatever the case is, if you don't get the emergency care right, if it's not immediate and right when it's needed, people will die. We've seen that. We've seen it five, six times just in the last few months with the five unnecessary deaths that were reported, but does this government do anything about it? Do they pass legislated wait times in this amendment? No, they don't. They don't do anything.

Do they call in the Alberta Health Quality Council to investigate why a suicidal patient went from one emergency room to another emergency room, asked for counselling and care multiple times, did not receive it? Then right before the individual, whom the hon. doctor knows, hung himself, he asked for a pad of paper and a pen. That didn't raise any flags for anybody. Isn't that something worthy of the Health Quality Council coming in to investigate to make sure there are protocols in place to make sure something like that doesn't happen again in the future, never happens again in the future? It's not about allocating blame. It's about: what the heck happened there? Who didn't get the red flag, or are there not protocols in place at all?

9:10

Did this government ask the Health Quality Council? They haven't. We've asked the health minister probably 10 questions, or nine questions, on the Health Quality Council alone. Are you going to bring it in? Are you going to bring them in to investigate the unnecessary deaths? Why aren't you going to do it? Every time: "No. No. We're not going to do it. I'll take it under advisement." Da, da, da, da, da, da. Tap dance, tap dance. Yes, no, maybe so. I mean, it's just absurd. They don't do anything. They have done nothing to address the problem other than hold some meetings at a big centralized bureaucracy, which resulted in a cookie incident which had the CEO fired. I mean, if it wasn't so serious, it would be comical. But the problem is that people are dying. People are dying, and that's what makes it not comical.

All we have to do to get on the road here is pass this amendment, put some basic wait time benchmarks in place, and then make sure you give the authority you need to the front-line staff so that they can move the patients, open up the beds, move things around, make

the decisions that need to be done to meet those targets. If they meet the targets, they get paid, and they get to keep their job or they get whatever financial structure is in place, whatever incentive is there. If they don't meet the targets, they don't get it. If they continuously miss the targets, they get fired and you get somebody in there who can do it. That's what this is about. It's about legislating accountability because there is none in the system right now, none, absolutely zero accountability in the system right now.

We don't even know who's in charge. Who fired Dr. Duckett yesterday? I mean, was it Chairman Hughes? Was it the minister of health? Was it the former minister of health? Was it the Premier? Was it his chief of staff? Who is running health care in this province? Does anybody have any clue over there on the other bench what the heck is going on in our health care system? That's what I want to know because I don't think they do. Every time something bad happens: oh, that's AHS's fault. Every time something good happens: that's all us, guys. Every time that there's confusion, they just look confused and they confuse the doctors.

Staff morale is at all-time lows on the front lines, and these issues are going to take forever to solve. One thing we can – again, I keep going back to it because the hon. Member for Edmonton-Meadowlark keeps going back to it over and over again. We've been here 18 hours. What have we been? Three o'clock. I don't know; 16 hours or something like that we've been here, 16 hours, 18 hours, something like that. Here we are for 18 hours trying to point out that all this government needs to do to get going in the right direction is to listen to the emergency room doctor in the House, the head, not just any emergency room doctor.

It's not like this is a newbie, you know. Oh, it's a guy cutting his teeth. It's a new emergency doctor: no, no, no. It's not a new emergency doctor. It's the former head of the emergency room doctors in all of Alberta, one of the brightest minds in the entire province, a guy who understands health care, specifically emergency room care, better than anybody in this House and anyone in their bureaucracy could ever dream of understanding the health care system, and they kick him out. Gone. For what? For advocating for sick patients, for advocating for people who are dying and who are suffering.

"Oh, but that's not why we kicked him out," the other side said. We kicked him out because he hurt the former minister of health's feelings. He said something that hurt the man's feelings, and therefore he's got to retract that statement and apologize, and then he can come out.

Even though everyone in the province knows full well that many of the problems in the health care system started to occur, started to go down hill at an accelerated pace – it's not solely his responsibility, but squarely he was part of the problem, the former minister of health. No doubt about it, he is the one that got this. He did nothing about this mess. We knew about it in 2008. The e-mail was sent in 2008. The man did nothing. Now, I'm not saying he wanted to hurt people. Of course not. But I am saying that he didn't know what he was doing, and he did the wrong thing.

If you look at the new minister of health, he has had a chance to do the right thing, and he hasn't. He has diddled and daddled and dithered and done nothing, and that is not appropriate.

Mr. Zwozdesky: Point of order.

The Chair: The hon. Minister of Health and Wellness on a point of order.

Point of Order
Factual Accuracy

Mr. Zwozdesky: Yes. I want to cite *Beauchesne* 459. I also want

to cite 23(h), (i), and (j) out of our own standing orders. Citation 459, as we would all know, is about relevance or, as the case may be, irrelevance. However, I want to talk about imputing false motives. It is simply incorrect for this hon. member to stand there and have the nerve to try and even convince his own caucus colleagues there that this minister, myself, has done nothing to help address this matter, so let's set the record a little bit clear here, Mr. Chair.

Upon getting an e-mail from Dr. Paul Parks on the Thanksgiving Day weekend, immediately I responded to him, immediately we set up a time to meet, immediately we put in place an action plan, and we are now delivering on that action plan. I can go on, Mr. Chairman, but I would simply ask you to remind the member that what he has said here is false. It is incorrect. I would ask him to please retract those comments, which he knows are not accurate.

The Chair: The hon. Member for Airdrie-Chestermere on this point of order.

Mr. Anderson: On the point of order. The hon. health minister is going to have to show me the record where I said anything that was untrue. I did not say that you received the document in 2008. I said that his office had the document, the former health minister, in 2008. I said nothing untrue.

I know you just got here. You can spin it all you want, but you obviously weren't listening. Until I see the document, sir, that is not what I said. Clearly, that is not what I said. I said that the former minister of health, while he was there, knew about it in 2008, had the document in his possession and did nothing about it. This individual here, the current minister of health, has done nothing about it since.

I didn't say anything about when he got the e-mail. I didn't say anything about that. Okay? There is no point of order.

Mr. Zwozdesky: Mr. Chair, he said that the current minister, that being me, did nothing about it, and that's the part that's not true. I'm not going to comment about stuff he said about the past. I'm talking about his reference to me as the current minister. I'm sure I heard him correctly saying that I have done nothing about it. I want the record to show clearly that I have done something about it. Not only that, but I did it immediately, within 24 hours, as I recall.

Mr. Anderson: We will let the people decide.

The Chair: On this point of order.

Mr. Anderson: No. I'm done with the point of order. I'm done with the point of order. I'm done with the point of order. Edmonton-Meadowlark would like to speak on the point of order.

The Chair: On the point of order, the hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Thank you very much, Mr. Chair. I have to say that since I made the commitment to go back to the front lines, it's nice doing a night shift all over again. This feels like the emergency room.

On the point of order I think we're talking about semantics. The current minister of health did immediately call Dr. Paul Parks. I have the e-mail. He did his best. He did the right thing. He did the right thing as minister, but the right thing wasn't done for health care. I'll tell you. I sat with Jody yesterday in an emergency department. He did the right thing as a minister, but on the front lines, how things translate onto the street – This is the advantage I have.

The Chair: Hon. member, on the point of order.

Dr. Sherman: It is on this point of order. It is. I was paired up with him to help him and teach him what was happening on the street. He teaches me policy and politics, and I teach him this. On the street nothing has changed. ER departments are all on yellow alert. The flu hasn't hit. There was only one bed that was available, a resuscitation bed, all day yesterday. It was a delivery problem.

The Chair: Please get to the point of order.

The hon. Member for Airdrie-Chestermere on the point of order.

Mr. Anderson: No, no. I'm done with the point of order. Are you done with the point of order?

9:20

The Chair: So there's nobody else who wishes to talk on the point of order?

After listening, the chair rules that there is a point of order. I would love to see the hon. member retract the statement that the current minister of health did nothing. I heard that, so please just retract that.

Mr. Boutilier: Mr. Chair, based on what evidence?

The Chair: I heard both times.

Mr. Anderson: No, no. That's fine. I just need to know for clarification purposes, 13(2). I need to understand what exactly you would like me to retract, the quote. Can you give me the quote from the Blues? If you can do that, if we can get that, I would be happy to retract any untrue statement that I said, but I would like to see the actual quote before I retract something. Okay? Is that fair? So we can retract it later on, but I would like to see the exact wording that I need to retract because it's unclear. I think that's a fair thing.

The Chair: The chair clearly heard that. The words that the chair heard were that the current minister of health did nothing. Those are the words that I heard. So I call on the member to just retract that statement.

Mr. Anderson: Fair enough. Fair enough. Anything that I said that said that he has done nothing, I retract that. Okay?

So I will change the words and say that what he did was completely and totally in no way enough, absolutely did not solve the problem and has not in any way made Albertans safer. That I will not retract because that's the truth.

He might have done something. I retract any untrue statement. He obviously did something.

The Chair: Hon. member, please sit down. I already asked the hon. Member for Airdrie-Chestermere to retract saying that the minister did nothing. He has retracted that statement.

Mr. Zwozdesky: I accept the member's retraction.

The Chair: Shall we proceed?

Mr. Zwozdesky: I would like to do that. I know that we don't call points of order on points of order, but if he continues down this line, then I will have to rise on that point as well. Just so that the member is advised.

The Chair: So continue, hon. Member for Airdrie-Chestermere, on

amendment A3. Let's focus on the amendment. Then we'll have no points of order.

Debate Continued

Mr. Anderson: Okay. Fair enough. On the amendment. Absolutely.

We've been here, Mr. Chair, and we're debating this amendment. I will tell you that this minister has not done enough. If this current minister was serious at all about fixing this health care system, he would stand up right now in support of this amendment. That's what he would do. He wouldn't complain and talk about points of order. He would stand up and say: "You know what? We're going to legislate some standards in this province, and we're going to make sure to put all of the resources that we need and give all of the authority needed to allow the front-line staff to get the job done." And he hasn't done that yet. In my opinion, he hasn't done it, and in the doctor from Edmonton-Meadowlark's opinion and in Albertans' opinion, generally, from all the e-mails, he hasn't done enough. I think, in my opinion, that he has dithered, that he has done nothing substantive to solve the issue.

The Chair: Hon. member, we are debating amendment A3, not about the hon. minister.

Point of Order Factual Accuracy

Mr. Zwozdesky: Mr. Chair, I'm going to raise another point of order. If the member wishes to waste the House's time in this fashion by continuing on with innuendoes under 23(h), (i), and (j), then we will be here forever on points of order. [interjection] Please, I have the floor here.

It is simply inaccurate for him to say that nothing was done or that insufficient amounts of things were done when the member knows full well that a lot has been done. I have stood in this House and answered questions in question period and participated in the debate, and I have said that we have opened more beds. Let me recount this stuff now so that they get it right. We're opening 1,430 more beds. We've already opened 800. That's already done. We've got a new discharge protocol. We had a meeting on Friday, November 20. I could go on with a number of things that have been done. So it's inaccurate for them to be making these false accusations.

The Chair: The hon. Minister of Health and Wellness has raised a point of order. [interjections] Hon. members, one member stand up and speak at a time. The hon. Member for Fort McMurray-Wood Buffalo stood up first. Please, sit down, hon. Member for Airdrie-Chestermere.

Mr. Boutilier: Mr. Chair, I find this interesting . . . [interjections]

The Chair: The hon. member has the floor.

Mr. Boutilier: Yeah. Thank you, Mr. Chairman, for graciously allowing me to participate in the point of order that the hon. minister of health has raised, but this is not a point of order. I heard very distinctly what was said. He said words like "dither"; he had said words like "do nothing" relative to not enough. He actually retracted earlier, which you accepted as the chair when he said that, clearly, it was not enough. In fact, then the Member for Edmonton-Meadowlark very astutely stood up and said that it wasn't that the minister of health hadn't done anything; it just happened that nothing got done. The Wildrose looks for outcomes.

Then, Mr. Chairman, on the point of order the minister of health said that he's answered questions in here. I will table in here under the point of order how the questions that he thinks he answered really were not answered. Albertans have talked to us. I'm talking about thousands of seniors that said to me: why doesn't the minister of health ever answer a question? So I offer that, that there is no point of order.

The Chair: Hon. members, on the point of order I think I've heard enough. [interjection] Hon. member, let the chair do his duty here and rule on this. First of all, when the two members talked, that's a matter of the opinions of the two of each other. If we focus on the subject matter, which is amendment A3, rather than on individuals, then we proceed on the proper work of our Legislative Assembly. From this moment on I will call on all hon. members to stay on the subject matter.

Proceed, hon. Member for Airdrie-Chestermere, on the subject.

Point of Order Parliamentary Language

Mr. Denis: Point of order. I have another point of order dealing with the decorum of this House. Mr. Chairman, I just heard the Member for Airdrie-Chestermere refer to me as a joke in his heckling, and I would ask that he please withdraw these comments as they're clearly unparliamentary.

The Chair: On this point of order.

Mr. Anderson: Is he serious? Is that a serious point of order? Is that a serious point of order, Mr. Chair? You're actually going to allow him to call a point of order. Well, with the amount of heckling that goes back . . .

The Chair: The hon. member stood up and spoke on a point of order, so the hon. member now has the floor to reply on the point of order.

Mr. Anderson: I clearly thought that the man, by standing up and making a point of order, was making a joke, so I was just clearly pointing out that I thought he was making a joke. Obviously, he wasn't making a joke. So what are we talking about here? This is a point of order? This is what this has come to?

The Chair: Okay. The chair heard the point of order and heard the response. Let the chair rule on it here. Okay? Please sit down, hon. member. First of all, the comment is not recorded, right? In the Assembly the comments overheard here and there are not part of the record. Two, I want emphasize again: hon. member, stay on the subject matter. We are talking about amendment A3. If you read amendment A3, you know what it is. Please don't impute motives on each other.

Thank you very much.

Shall we proceed on amendment A3, hon. Member for Airdrie-Chestermere?

Mr. Kang: Mr. Chairman, what is the point of order about? Why don't we deal with the point of order?

The Chair: The chair already ruled on that, so please sit down.

We'll continue with amendment A3. Please refer to amendment A3, read it properly, and debate on that.

Thank you.

Hon. Member for Airdrie-Chestermere, continue on amendment A3.

Mr. Anderson: They're not big fans of hearing things that they don't like. They don't really like that.

9:30

Debate Continued

Mr. Anderson: What is contained in this bill is an amendment asking the health charter to include wait time guarantees, legislated wait time guarantees. These legislated wait time guarantees: Mr. Chair, this is the focus here. We've got the wait time guarantees right here. I'm saying that that health minister, by not implementing this piece of paper right here and not agreeing to it, is not doing enough or, in my view, is doing nothing that will help Albertans resolve this ER crisis. That is my opinion. Okay? That's my opinion. I know that's hard for the health minister to understand, but that is my opinion. All right?

When I say that he's doing nothing, what I mean by that is that my opinion is that he's doing nothing because I don't see any results. I don't see this document being passed. That's very frustrating for people who are dying and waiting in emergency rooms. It's really funny for some of the members over there with the smiles on their faces. They get really happy when they call points of order. But I think Albertans want to know why they haven't passed these wait time guarantees. Why are they sitting there just doing nothing about this piece of paper here legislating the wait time guarantees? Why won't they act?

The health minister has clearly met with people. He has met with people lots. But that's not enough, sir. That's not enough for Albertans. We need that health minister to stand up and support this piece of paper, get some benchmarks – that's what this piece of paper calls for – benchmarks for waiting times in our emergency rooms. Once those benchmarks are in place, we will be a whole lot safer in this province, Mr. Chair.

The Chair: The hon. Member for St. Albert according to my list.

Mr. Allred: Well, good morning, Mr. Chair. It's nice to see everybody so bright and chipper this morning. Yesterday I indicated that I was inclined to support this amendment, and since then I've had a pretty good discussion with the minister of health, who is very accommodating, I must say, and provided me with a lot of background information and a lot of projections on the future.

There's been some discussion about the hon. minister dithering and doing nothing. I have to disagree with that. I find the minister has been very responsive. I've had the occasion to meet with him on a number of issues over the last several months, and I've always found him to be very accommodating despite his very busy schedule. I have the utmost respect for him. I've observed his actions over the last eight or nine months – I don't know how many months it's been – and I must say that I've got a lot of admiration for the minister of health. I think he is doing an excellent job in trying his best to bring some accountability and to get the system working.

Mr. Chair, we had a very detailed discussion about the amendment. The minister expressed his concerns to me, and I must admit that I share some of those concerns. In sub (c) it says: "include 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." The hon. minister expresses concern: what does "unnecessary" mean? I must say that it's pretty difficult to define. What is an unnecessary death? I would have to say that every death is unnecessary. Those are certainly some of his concerns.

Under (d) he has a concern. I will read it:

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.

I don't think he has any concern with the first part of it, setting standards for length of stay in the emergency departments of hospitals. The latter part he has a difficulty with. He has expressed a difficulty to me, in any event.

We have a lot of different standards. We have the Alberta health council. I believe we have a national hospital accreditation board, all of these different standards. I guess the concern that he expressed to me is that, really, we're just talking about the Canadian Association of Emergency Physicians' standards. We need to be looking at a standard that perhaps we need to create based on our circumstances here, but it must be a realistic standard, and it must be a very aggressive standard.

In thinking a little bit further about this, this is only addressing emergency room standards. I think we need a broader set of standards, and I would really like to see the minister come back with a different amendment, relating to broader standards for the whole health care system as opposed to just picking on the crisis of the week. I think we need to look at a broader set of standards that address all of the different aspects of health care. Maybe we have them through the Alberta health council. I don't know the details.

Mr. Chair, the minister did share some statistics and some projections with me on emergency room standards. Last year the percentage of cases being admitted within eight hours was only 28 per cent. Well, that, in my opinion, is abysmal. The projections – and they're projections – are to rise from 45 per cent on up to 90 per cent four, five years out. That's great, but those are projections. I guess the whole intent of amendment A3 is to set some accountability standards. For that reason and for the reason that I have the utmost respect for the hon. Member for Edmonton-Meadowlark, I'm going to continue to support this amendment.

I'm sure this amendment is not going to pass, but I would hope that there is a message in this amendment and that the minister will come back with perhaps something a little more definitive, something a little broader, something that he can live with, something that is very clear and doesn't have some of those unnecessary words like "unnecessary" that are somewhat meaningless.

Mr. Chair, with that said, I'd just like to reaffirm that I think the hon. minister of health has been very receptive and is doing his utmost to try and improve this system. Based on the size of the system, it's a very difficult thing to turn around. We do need to set some standards, and we need to have some accountability in the system.

Thank you, Mr. Chair.

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

Mr. Chase: Thank you very much. Mr. Chair, you're in a rather unenviable position. You're being called upon to be a referee, to assume the wisdom, the authority provided to you as a result of the position you've been elected to perform.

Very briefly, in speaking to A3 and some of the conflict it's called up, I don't want to come across as sounding holier than thou or delivering a lecture, but a standard principle is that for respect to be earned, it has to first be given. In order for us to get past pettiness, we have to focus, as you've indicated, on A3. We have to move forward, come up with suggestions, debate the suggestions that we have received. Whether or not a person is called on a point of order because they happen to know where the insult was coming from or

if an insult was not necessarily intended but perceived, we have to get past that.

When I came in at 5 o'clock this morning, I talked about too much testosterone. We have to realize that we're here to come up with solutions, and anything that prevents us from doing that is a waste of time. Points of order should not need to be called because the conditions that arose that required them in people's minds should not exist. If there was sufficient attention being paid to the debate, that would also speed up the process.

9:40

In referencing amendment A3, I want to talk about section (c), where it talks about: "include as guiding principles that . . . no unnecessary harm to patients" occurs. Speaking specifically to that clause of the amendment, I want to bring forward Dr. Louis Francescutti, an individual who is a colleague of the representative from Edmonton-Meadowlark. He's the president of the Royal College of Physicians and Surgeons of Canada. Dr. Louis Francescutti, because he's a front-line individual, has seen unnecessary harm to patients, and he has indicated in numerous articles – and he has spoken of it – that the way to prevent unnecessary harm to patients is not to have them show up in emergency as patients.

One of the areas that he's championed, for example, Mr. Chair, that would prevent unnecessary harm to patients is helmets for ATV users. We've had in the last year almost 20 deaths. The majority of those deaths have been children. Those are the individuals who show up before members like the hon. Member for Edmonton-Meadowlark or Dr. Francescutti. If we legislated sufficient safety items such as helmets for ATVs, as we have done with helmets for motorcycles, as we have done with seatbelts and, most recently with Bill 16, as we have gotten rid of hand-held cellphone usage, then these people would not show up as patients and would not be subjected to unnecessary harm because they wouldn't be there in the first place.

Now, with regard to A3 and unnecessary harm to patients, Dr. Francescutti has put forward his concerns regarding the fact that this Legislature did not go farther on Bill 16, for example, to include hands-free cellphone usage to prevent people from showing up in his emergency room. He indicated and several studies have indicated that it's the mental interaction of a discussion on a hands-free cellphone that is most likely to cause the accident as opposed to the physical nature of just simply holding the phone. We need to recognize as much as possible safety issues that are going to prevent people from ending up in emergency in the first place. I think the distracted driving legislation, Bill 16, is going to go a long way in that direction.

Now, I want to commend the hon. Member for St. Albert in supporting amendment A3 and seeking from his government colleagues a broader set of standards, concrete timelines. He also to his credit recognized that the chances of this amendment being accepted by his colleagues was very slight. However, when the vote does occur, I hope that he is sufficiently recovered from his hours of service in this debate to be able to stand up and follow through with his concerns over the support necessary for this amendment.

Mr. Chair, we can make the changes that would improve the conditions in health care in general. The hon. Member for St. Albert felt that strictly focusing on the emergency room was limiting the debate. He felt that it was possibly too focused. Well, you've got to start somewhere. Based on the sequence of events that have unfolded this week with the emergency doctor from Edmonton-Meadowlark being fired, it brings to a head the specific concerns that A3 raises, and that's emergency care. I appreciate the fact that the hon. Member for St. Albert challenged his colleagues to come forward with amendments to improve Bill 17.

I would like to hear from members of the government as to where they would go from Bill 17. If Bill 17 is the foundation, if Bill 17 is the starting point, I think it would provide Albertans with a degree of comfort to know what the next proposed step is because we have indicated, as the hon. Member for St. Albert inferred, that this first step isn't sufficient.

So the health minister – I appreciate the difficult position he's been placed in. Part of the problem that we're facing, Mr. Chair, is the revolving ministerial doors. You know the expression of not changing horses in mid-stream. Part of the problem is that we haven't had a minister on the job long enough to see the problem through. I appreciate the efforts that a variety of ministers have had with regard to working on the problem, but as has been stated numerous times over the last number of hours, the problems have yet to be solved.

If any members of the government or any members of the opposition have positive suggestions such as amendment A3, if the wisdom of the majority does not believe that A3 is the vehicle to take us to where we need to go, then I would call upon members of the government or members of the opposition or our independent member to put forward other suggestions, if necessary, during the debate on A3. What could members suggest that would fulfill these requirements of no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care, no unnecessary waste of resources? If you have ideas that would augment A3 or if you feel that A3 should be replaced with something more broad or more conclusive, then I would look forward to hearing that.

I would like to see the level of the debate raised. Again, I hope that's not being considered personal conceit on my part. It's a desire for the best possible intellectual considerations to be brought to this argument. Health care at this point in Alberta is not at the level it needs to be. Let's talk about how we can move it further.

Thank you, Mr. Chair.

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

Mr. Zwozdesky: Thank you very much, Mr. Chairman. I welcome the opportunity to join into the debate again. I heard the hon. member across the way say that he would like to hear from government members on a few points, and fair enough. What I want to do in responding partly to that, hon. member, while also addressing this amendment is to make a few comments with respect to the amendment itself, starting with the request that we put in 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."

9:50

I want to assure members here that I, too, know something about the health system. Although I've not ever worked in it, I have visited enough facilities now. I have spoken with enough doctors now and nurses and other health caregivers as well as hospital administrators and other people who do work in the system and have passed on their wisdom, their knowledge, the benefit of their experience for me to consider.

So I look at this, and I say that it's a given that there should be no unnecessary deaths. I mean, this is a given thing that the doctors, the nurses, and everybody in the system is pledged to ensure does not occur. Unfortunately, it does occur in hospitals around the world, Mr. Chairman, and there are things that we can do to help prevent it in the same way that we can help prevent the unfortunate syringe incident that occurred in High Prairie and the unfortunate syringe incident that occurred in Hinton. I hesitate to raise those, but I do to

make the point that on occasion there will be human error with respect to some of those administrative protocols.

But for us to have to say that there has to be a definition here included as a guiding principle or whatever is absolutely unnecessary in my viewpoint. We shall not cause "unnecessary harm to patients." Well, I don't think there is anybody who is intentionally creating unnecessary harm. Sometimes you have to have a needle; that's a little bit of harm. But that's not how it's intended, I'm sure.

Now, the point here that "no unnecessary waste of resources should occur." I fully agree with that. I thanked the hon. member for mentioning that yesterday, and I'll thank him again for pointing it out. I fully agree that there shouldn't be any unnecessary waste of resources. That's why we have the specific action plan coming forward that addresses all of these areas of access to care and the quality of care and the sustainability of our health system. Sustainability is right in our action plan, and it talks about exactly this. Of course, there won't be any waste of resources in a perfect world. Now, once in a while that might inadvertently occur. I wouldn't call it a waste; maybe it's an overexpenditure or something like that. Every cent in health care goes toward health care in one fashion or another.

The other point that I want to comment on is, again, setting standards for the lengths of stay in emergency departments of hospitals that would be consistent with the overcrowding protocol published by the Canadian association. I have no problem with abiding by or adhering to those kinds of lengths of stay standards, but I think we should have them across the entire health system. Putting them into policy, which is where I think they belong, and putting them into performance measures, which is where I think they belong, is the better way to go. You cannot start legislating every single aspect of any department, including Health, including Education, including Environment. You would have legislation that you couldn't ever carry in a truck if you were to start doing that.

I don't want to diminish from the importance of what the hon. Member for Edmonton-Meadowlark has brought forward because he has brought forward some valid issues here. That's why we're going to come forward with a form of support for the member and for all Albertans and for all the docs with our performance measures.

Now, let me talk about what those performance measures would be because it is exactly what this amendment would talk about. I'm telling you that it's already under way, and I've said this for a few weeks already. I will apologize that they're not out sooner because possibly that would have taken away the need for this. Nonetheless, they are there, and I'm going to share a few of my thoughts in that respect.

We need some performance measures not only with respect to emergency rooms; we need performance measures that are accountable for and hold us up to a very high standard in the province and across Canada, for that matter. With regard to, for example, population health, we know that improving population health is extremely important to people. That's why I'm hosting Alberta's first-ever wellness forum on December 1, 2, and 3, to talk about how we can improve population health, to talk about how we can improve health outcomes. How can we help people from needing to go to emergency in the first place? Can we do a better job of that? Yes, I'm sure we can, and I'm sure that we also will.

In that respect, over the next few years I know that we're going to put an expectation on the system that would rival any benchmarks people want to set. In this particular case – you know what, Mr. Chairman? – we haven't yet seen a national benchmark, but we will set one ourselves. We would say that we want life expectancy to increase in a manner that is consistent with the overall Canadian average, but specific to Alberta we will have the goal of being above whatever national average might be forthcoming.

Similarly, we have expectations that there will be improvements for increased life expectancy amongst First Nations populations. That's an important performance measure. That, too, will occur.

We want performance measures with respect to primary health care. That is another way of saying we're setting standards and other targets pertaining to this important area. We know that the rates of hospital admissions for health conditions need to be managed. They need to be improved. I can tell you that the national benchmark is about 320. That's the rate of hospital admissions for health conditions that may be prevented or managed by appropriate primary health care. In Alberta we're going to come out with a target that's better than that. So why would you tie yourself through legislation to something that is outside or beyond our own control when we can do better than that? Why can't we do better than that? We can do better than that. That is the correct thing to do, to strive to be better than the national average.

We're doing the same thing with respect to the percentage of emergency department or urgent care visits for health conditions that can be appropriately managed in a physician's office. We're doing a performance measure in that respect.

We're doing the same thing with respect to continuing care, Mr. Chairman. We're talking about the number of persons that are waiting in an acute-care bed or a subacute hospital bed for continuing care.

I've had numerous discussions with the hon. Member for Edmonton-Meadowlark, who has been a guiding light for me in this respect. He has helped me with a lot of information. That's why we've ensured that the thrust of what the hon. member has in mind with this amendment is going to be included in the performance measures. We've already done all that work.

Had we not been distracted by a few recent events, we would have had this all out already, Mr. Chairman. I deeply regret that we were taken off that path because of a few unfortunate events that occurred. Everybody knows very well what I'm talking about, so I won't go on about that.

I think it's important that we have a performance measure that tells us what is an acceptable number of people that might have to be waiting for community care, and we're going to have that as well, even though there is no national benchmark that I'm aware of for that.

So why would you tie yourself to something published by the Canadian Association of Emergency Physicians such as this amendment calls for when we should have something that pertains to Alberta? Let's talk about Alberta. Occasionally we'll measure ourselves against the national standards, the national benchmarks, and I'm fine with that. I'm simply telling members here that we are already doing this and there will be more to be done about it.

We will be talking about average lengths of stay for patients waiting in acute care or subacute hospital beds for continuing care, about patients waiting for long-term care facility placement. We have some work to do in these areas, but those performance measures have to come. [interjections]

You know what, Mr. Chairman? It would be nice if we had a little decorum in the House. Thank you.

The Chair: The minister has the floor, please.

Mr. Zwozdesky: What I'm talking about here is that it's important that we not only talk about lengths of stay in emergency departments, but let's talk about faster access to places where people would have stay provisions such as designated assisted living beds or supportive living beds or long-term care beds or whatever form of stay they might have. Let's talk about the number of home-care

clients by client type. Let's talk about that in terms of this amendment and why this amendment is just not possible to bring in.

The spirit of it is correct. I know the member has his heart in the right place. I know that, and I just want to give him assurances that while he's no longer sitting with us, for the time being at least – I mean, I'm hopeful that something will be worked out; we'll see how that goes. I want him to know that even though he's not here and having this discussion on a daily basis with me like we once used to have, there is action being taken that will satisfy what I think the hon. member has in mind here. I just want to assure him that that is being done. We've always spoken at a high level of respect with and for each other, and I hope we can continue doing that.

Home care is . . . [interjections] Could I ask for decorum again, Mr. Chairman?

The Chair: Hon. Member for Fort McMurray-Wood Buffalo, please.

Mr. Zwozdesky: Thank you.

We have to talk about home care in terms of improving that. That's why Alberta Health Services has just increased their home-care budget by another 7 per cent, to ensure that. They're going to have over \$400 million dedicated to home care.

Now, what are they going to do with that money? I want to tell you. First of all, they are going to increase the funding to increase the services, to increase some of the staff positions, and so on. That will give people more home-care expertise, more home-care service, more home-care programs, more home-care advice and help and support. [interjection] Could I ask for decorum again, Mr. Chair, please?

10:00

The Chair: The hon. minister has the floor. Hon. Member for Fort McMurray-Wood Buffalo, please sit down and be calm.

The hon. minister.

Mr. Zwozdesky: Thank you, Mr. Chair. I want to tie it back together with what I started to say a few sentences ago, and that is that we have to set standards not only for what this amendment calls for in terms of lengths of stay in emergency departments, but you have to look at standards in many other areas that might need improvement. I have already said that there are many aspects that do need improvement, and we're working on that. But for events of recent days we would have been past this and moving forward.

With respect to home care there are also pilot projects going on right now where people who are specialists in the provision of home-care services are right in the emergency departments, right there helping people who are on home care and who have come into hospital for some emergency care and/or have come into the emergency ward and will need home care in follow-up. We have somebody from home care on a couple of pilot projects to see how this can work, a home-care type co-ordinator who will ensure that when that patient is discharged back to the home, the services they need are there, that they are in place so that that person will not be one of the statistical readmits. I know the Member for Edmonton-Meadowlark would know exactly what I'm talking about even though perhaps a few others might not so sharply know. That is the truth.

We're talking about lengths of stay, that are important in other areas. We're talking about performance measures with respect to acute care. We're looking at how we can reduce the wait time for surgical procedures, not just what the amendment calls for, which is

about emergency department lengths of stay. I'm making the point, Mr. Chair, that it's not just about picking one or two spots. I'm personally very sensitive to the emergency room issues because I was taught and trained somewhat myself what to look for by the hon. Member for Edmonton-Meadowlark, and those are valuable lessons. I want to go down on record thanking him for that. I did learn a lot travelling the province with him. I have the utmost respect for his knowledge in this area, and he's taught me what to look for in terms of lengths of stay and how I can help influence better and improved standards in that respect, which is what the amendment talks about. So we're going to do that but not just in emergency care.

At this point, Mr. Chairman, I want you to know that we are looking at a better way to reduce the wait time for surgical procedures. We want to look at province-wide access to surgeries in a different way. We know that the national benchmark might be about two weeks. We also know that last year we were a little bit above that; we were at 2.4 weeks. But we need new targets, and our new targets are going to be better than the national average. I don't want to tie ourselves to a third-party type document here, as good as it might be, hon. member. I want our own plan going forward, that is better wherever possible than the national averages issued, put out by some national bodies. That's no disrespect to those national bodies. They have a place to put their information forward. They set a national benchmark, and it's a good one to aspire to. I'm simply saying that I think we can do better than that. We can do better than that in a number of areas.

We can talk about scheduled surgeries. We can talk about cataract surgeries. The maximum time that 9 out of 10 people should wait for a cataract surgery will of course be heavily influenced, as it should be, by the cataract surgeons, the ophthalmologists. Let's talk about the wait time for knee replacements. There are simply lineups here that are too long for hip and knee replacements. We're working on new performance targets now that we have a five-year funding commitment, an unprecedented commitment, Mr. Chair, that will help us set standards, which is exactly what this particular amendment talks about.

I'm very supportive of doing that. I'm just not supportive of putting that into law because that's not where it belongs. It belongs in an accountability document called performance measures and action plans. [interjections] I wonder if I could call for decorum again, Mr. Chair. Just too many interruptions coming from the Alliance side of the House.

The Chair: Hon. members, the minister has the floor. Please, I'd like to listen.

Mr. Zwozdesky: Thank you very much. Now, one other thing I want to mention, and I know the hon. Member for Edmonton-Meadowlark will appreciate this because we've had many discussions about it, the passion that he has shown to me and the passion that I share with him with respect to two very important parts that tie in with emergency wait times or lengths of stay in emergency departments such as this amendment refers to.

One has to do with the four-hour protocol. There is a target that says that we have to examine: how long is an acceptable length of time, all things being equal here? Let's not get carried away or sidetracked by the severity of someone's health condition in an emergency visit. The point is that for people who have what you might call a minor reason for being in an emergency department visit situation, what is the acceptable length of time they should have to wait?

The protocol that we're working on is to say that the percentage for patients treated and discharged from the emergency department

without needing an overnight bed, obviously, would be four hours. I think the hon. member would agree that that is something that we should be aspiring to. I'm not aware of any specific national benchmark that has been identified yet. We're saying that last year's percentages need to be improved upon. We're saying that we have to have a more aggressive approach to this to ensure that we're closer to that four-hour wait time target.

The same thing can be said with regard to the eight-hour wait time target. The eight-hour wait time target talks about the number of patients that are in an emergency room inside the beds. They're involved in a length of stay, and they will need an overnight bed. We're talking about an eight-hour protocol.

What is the acceptable length of time that a person should be spending if they have a very complicated, a life-threatening, a critical type of emergency situation and they're in a space in an emergency room? The common parlance says that it shouldn't be longer than eight hours from the moment they come in, are triaged, are diagnosed, are treated, a bed placement is made, and they are moved out of the emergency into some other part of the hospital, be that into an acute-care bed or a medical assessment unit or a medical observation unit bed or whatever. Eight hours is the target to move them out of emergency, if that's what their complexity is, into another part of the hospital. That is a length of stay target that is coming in these performance measures, and we will have a chance to discuss and debate that further, I'm sure.

The last point I want to make in that respect, Mr. Chairman, is with respect to: which sites? I've had numerous discussions with the hon. Member for Edmonton-Meadowlark, and I agree with him that it is not enough to simply aggregate the numbers. It's important to have an aggregate number of the busiest 15 or 16 sites – I'm sure the member would agree – but it's more important to have it on a per site basis, and that's what we're going to have. You might have to have slightly different targets, depending on where in the province that length of stay is occurring and in which hospital and so on. In some of our rural acute-care hospital facilities there are little or few or no lineups that way. In our urban centres, where we have thousands, hundreds of thousands, if not over a million people in the catchment area, then we have to look at what kind of an acceptable wait time is okay in those cases.

We've seen aggregations, for example in the Edmonton area, of eight hospital sites. In Calgary it's more specific to Calgary itself, not metro but just Calgary. In Edmonton we talk about performance measures aggregating Sturgeon community hospital in St. Albert, which I've talked about with the hon. Member for St. Albert. He's very passionate about improvements that need to happen there. I'll be visiting that hospital with him very soon, and we'll talk about these lengths of stay, hon. member, the same way that you and I have talked about them before because I know you're a strong advocate for that.

We talk about lengths of stay in other locations such as Stony Plain, such as Leduc, such as Fort Saskatchewan and the major sites in Edmonton. About seven or eight are aggregated there. I've given my undertaking and my sincere promise and commitment to Edmonton-Meadowlark that we will make those improvements.

The Chair: Now the hon. Member for Fort McMurray-Wood Buffalo has an opportunity to speak here. Stay on the subject matter, amendment A3. Thank you.

Mr. Boutilier: Thank you, Mr. Chairman. I listened very intently to what the minister of health had indicated. I do know that the hon. Member for Edmonton-Mill Creek is trying to do his level best, but I believe there have been some contradictions. He complimented –

he complimented – the only ER doctor in this Assembly, who has been a parliamentary secretary, but I have to say that it's my observation that the minister of health was not listening. That's my observation.

10:10

Why do I say that? He speaks here about a shining light that the Edmonton-Meadowlark doctor brings, but I have to say relative to this amendment that he doesn't defend him when he gets kicked out of the caucus. He actually then – I find this ironic – says all the great things that are going on, but, Mr. Chairman, when it comes to the amendment . . .

The Chair: Hon. member, please. I keep reminding you about the amendment, the substance of the amendment, not about individuals.

Mr. Boutilier: Yeah. On the amendment, Mr. Chairman, one would think from the words that I have here in the Blues that the hon. Member for Edmonton-Mill Creek would be supporting the amendment. But we have to judge not by words. We have to judge by actions. I will be watching closely to see that this minister stands and supports the amendment that's being put forward by the Member for Edmonton-Meadowlark. It will give me great joy to see him stand, but only time will tell over the next while if he stands and if he has the courage to stand for the betterment of our citizens.

Mr. Chairman, it's important to note that there is talk about lawsuits relative to this amendment under Bill 17, the Alberta Health Act. It says that it's amended in section 2(2) by striking out "and" at the end of clause (a) and by adding the following after clause (b). It talks about "guiding principles," "no unnecessary deaths" – no one would like to see that – but it's important to note that talk about lawsuits. This is a futile argument. Amendment A3 would add a definition, and I know the minister of health must be aware of that. I cannot understand why he would not want to support this particular amendment.

Amendment A3 would add a definition to section 2, the health charter. It would say that the health charter must, and the following sections deal with the actionability of the health charter. For instance, under subsection (3)

a failure of a person to act in a manner consistent with the Health Charter may be dealt with by the Health Advocate in accordance with sections 4 and 5 or by the Minister under section 8 or 9.

Also, under section (4)

a failure of a person to act in a manner that is consistent with the Health Charter does not in itself give rise to

- (a) a cause of action or other legal enforceable claim, or
- (b) proceedings in any court or before any body or person having the power to make decisions under an enactment.

Then, finally, under section (5), all intended in this amendment, Mr. Chairman,

the Minister shall, subject to the regulations, review the Health Charter at least once every 5 years.

Now, Mr. Chairman, one would think by what we heard from the minister of health that he would be the first to stand to be supporting the doctor, the Member for Edmonton-Meadowlark, but at the end of the day he spoke in this very Assembly saying that he's not going to support the amendment. So here are the words, but here is the action. I can only judge – and the people of Alberta will not judge on words. They will judge on action. I would only suggest that the minister of health guide himself accordingly when it comes to what you say versus what you do.

In my judgment, the Member for Edmonton-Meadowlark is providing guidance in this amendment, one would think, but I predict, Mr. Chairman, that under this amendment every single

member of the governing party will not support the amendment, and that's how Albertans will judge you, not by your words but by your action. If you were to listen to what the minister of health had talked about on this amendment, he made reference to the doctor as a shining star, yet at the very same notion, "Shining star, sorry; you don't get my support of your amendment," and that's very, very unfortunate. Fortunately, Albertans are going to judge this minister and this government not by words but by actions. I'll be looking very closely to see who on that side of the House will in fact support the amendment that is being put forward by the Member for Edmonton-Meadowlark, the only ER doctor. I'm going to judge and Albertans are going to judge on where you stand relative to this amendment.

Mr. Chair, in my humble opinion, I believe that the Member for Edmonton-Meadowlark, the only ER doctor, has given sound advice, but it's being ignored. That is my opinion, that it is being ignored. With all of the things said by the minister of health, you would think that, obviously, the minister of health is going to go ahead and support this amendment, but then when it comes down to the action, it is my understanding that he's not going to. Only time will tell, and we'll be held in suspense to see if, in fact, the member will stand or not to support the amendment. I'm going to judge and Albertans are going to judge that minister of health by how he supports or doesn't support this amendment. It's like saying one thing out of this side, and then saying another thing out of this side when it comes to the actions. Consequently, I believe that the hon. member has brought forward so many things.

Now I would like to say, though, that I take exception, Mr. Chair, to a comment by the minister of health when he said: I've answered all the questions in here. He said that referring to question period. I've sent him a list of 42 questions that remain unanswered, so I truly have some friendly advice to everyone: guard against self-deception. Guard against self-deception because I can sincerely say that I'm still waiting for the answers to those 42 questions that were asked by this caucus.

On this amendment I want to thank the hon. chairman for the principles relative to having a fruitful debate. But let us judge not by words; let us judge by actions. I am going to be specifically watching this minister of health, who talks a very good game, but at the end of the day we have to judge him by his actions. I think Albertans would expect no less of anyone because that and this amendment is true accountability.

Let me take some time now, Mr. Chair, to talk about accountability. This amendment put forward by the member, the only ER doctor in here, is about accountability: accountability to measure, accountability to hold to account what is taking place. I want to say just on this topic that I found it interesting that the ministry had come up with some statistic that said that wait times potentially could be going down. But when you ask: was the actual evaluation done on a Friday night or a Saturday or Sunday? No. It was done on a Monday morning. Statistics and data can all be left to the beholder in terms of how they can be interpreted. I don't think that is a fair representation of what is taking place in ER rooms today.

In fact, I believe there is denial that we're in a crisis. I heard the minister of health say that there is no crisis. Mr. Chairman, there is a crisis. Please, to the minister of health, guard against self-deception, do the right thing, and support the Member for Edmonton-Meadowlark, support Albertans, 3.5 million of them, who are being advocated for by a doctor and who are being advocated for by someone who is on the front line who says that we need this amendment. We will wait. We will judge the minister of health and this government not by their words; we'll judge them by their actions.

Thank you, Mr. Chairman.

The Chair: I have on my list the hon. Minister of International and Intergovernmental Relations.

Ms Evans: Thank you. Today I speak as a Member of this Legislative Assembly, and I will iterate words that I have presented to my . . . [interjections] I'm sorry, Mr. Chairman. Am I interfering with something?

The Chair: The hon. minister has the floor. I have a list of speakers here. So, hon. minister, please continue. You have the floor.

Ms Evans: Thank you, Mr. Chairman. I know that the hon. Member for Edmonton-Meadowlark is aware of my sentiment on this proposed amendment to Bill 17, the Alberta Health Act. It rests not in the substance of the amendment. It rests in the fact, I would venture to state, that there isn't one Member of this Legislative Assembly that is familiar with the position statement on emergency department overcrowding by the Canadian Association of Emergency Physicians dated February 2007. It behooves us on every piece of legislation that we pass to be fully familiar with it and to determine whether, in fact, Mr. Chairman, the content of that sort of document would be appropriate for legislation and to enshrine it in some kind of legislative amendment.

10:20

In fact, if we endorse that, it is tantamount to giving it the credibility of the balance of the total law. As legislators it seems to me important for us to understand exactly what provoked the emergency department overcrowding position statement and also whether or not this Canadian Association of Emergency Physicians' statement was ever endorsed by the Canadian Medical Association or our own Alberta Medical Association.

Mr. Chairman, in terms of relevance we have passed laws and made amendments to laws based on what we believe to be sound evidence, but I haven't heard anybody this morning expound on any evidence that they have found conclusive from that particular position statement identified in section (d). We have also heard from our minister of health that standards are better kept in policy, in guidelines, or protocols dealing with the delivery of health services rather than enshrined in legislation.

I'm going to give you a parallel example. You can have good curriculum, but with a poor teacher the curriculum matters not. With a good teacher the curriculum is much less relevant because the teacher will find a way to do it. Similarly with our laws, these are not the kind of things that emergency physicians – and I worked in an emergency department, albeit only as a nurse – have placed in front of them. They have in fact got not only the policies of their respective health authority; they've got the protocols in order as agreed to by that hospital administration based on what they're capable of doing. So we find various emergencies with various capacities all over Alberta, some that have linkages with the telehealth and with emergency physicians in Edmonton so that they are able, for example in Beaverlodge, to accomplish so many complex procedures because of the video conferencing that they're able to do.

To pass one particular position paper and enshrine it in legislation, to me it's not the appropriate way to go. I certainly agree that the Member for Edmonton-Meadowlark has the capacity as a physician to understand many of these things in ways that not one other individual here likely has. It's possible that the hon. Leader of Her Majesty's Loyal Opposition would be fully familiar with those as a physician in the past. I'm sure that may be something he's fully familiar with, although since 2007 I venture a guess that he's been

a part of the legislative process and less likely to be practising with those kinds of length-of-stay acknowledgments contained in this position paper.

Guiding principles, again, by the very definition of guiding principles, are much better placed in a document within the context of the health facility or within the health region itself. In this Legislative Assembly we've had many arguments made by the opposition to having local representatives to help assist in the management of health care delivery pertinent to their own respective areas. If that is the case, then doesn't it behoove those local advisory teams to provide the kind of advice and the kind of support to policies and principles generated within the facility that are appropriate to the capacity of that facility to deliver?

When you look at our ambulance protocols across the province, where we have volunteer support for ambulances, which are delivering as well as they can the highest standard of service they're capable of, they may not have the capacity to deliver the same things they do have in some of the central urban areas. So when I'm asking for a differentiation, putting something in policy or principle within the context of the actual facilities themselves, within the context of the minister of health in the administration of health and the overarching framework, I think that's the right place to do it.

Mr. Chairman, it could be argued that in passing something like this, this Legislative Assembly was less responsible because nobody here has ventured to identify the actual criteria that provoked this position statement. Nobody here has been familiar with the emergency department overcrowding that took place at the time that these physicians provided this. Nobody here has presented any solid evidence that this is the best position paper on such a matter. If it was presented here, then wouldn't it behoove us to have it in a position paper in support of the minister of health. This position paper, by definition, was never forwarded, to the best of our knowledge, to any other government to pass and enshrine as legislation. The argument to have an Alberta criteria, an Alberta model that considers what Alberta and Albertans want is duly made and is duly appropriate.

Mr. Chairman, I'd like to just simply say that I, too, share the respect of our health minister for the valiant attempts of Edmonton-Meadowlark to suggest that we can do more for emergency rooms. We have agreed with that. There is something being done. There are many things being done. As I explained to one of my constituents yesterday, there is no place else in Canada where a Premier and a caucus have provided leadership for a five-year funding model, a 6 per cent increase after topping up the amounts that were already a part of the supports for health. There's no place else in Canada that provides a higher standard of health overall.

I've had constituents, while I knocked on doors this summer, tell me that if they were in their own province, they wouldn't have had the level of health they've been able to get in health supports here. I had a meeting the other evening with several of my constituents, one of whom had some emergency contacts and need for emergency services. He stated emphatically that this health system, this emergency system, is there when you need it. When you need it. The most important thing in emergency was to be triaged properly, to get the type of care you need when you need it, and if you are waiting in emergency – and waits are regrettable – then we hope that the kinds of service delivery elements that the minister of health is bringing forward will help correct, if not all, at least most of the difficulties that we have been experiencing.

With that, Mr. Chairman, I'd like to take my leave and thank you very much for the privilege of speaking on this amendment this morning.

The Chair: Thank you.

The chair has a list of speakers here, so I just want to read those on my list: the hon. members for Edmonton-Strathcona, Calgary-Fish Creek, the Minister of Employment and Immigration, Calgary-Varsity, Edmonton-Meadowlark, and Calgary-McCall. So, hon. Member for Edmonton-Strathcona, your floor on the amendment.

Ms Notley: On the amendment. Thank you very much. I'm pleased to be able to rise again to speak on the amendment to Bill 17 put forward by the hon. Member for Edmonton-Meadowlark. I had a chance earlier today, I guess is the way I would characterize it, to speak on this issue, but I think that there's so much to talk about on this.

What this amendment goes to is the question: how do we build some kind of accountability, accountability that is linked through our democratic process to the people of Alberta for the improvements that need to happen in our health care system? That's really what this amendment is trying to do. It's trying to read into a piece of legislation, legislation which, unlike regulation and unlike policy, is actually directly linked to the people of the province through the democratic process and through this House. In so doing, what we can do is put out there in a way that the people of Alberta can see and touch and feel to some extent the ways in which we are going to hold the government accountable for its treatment of that system for which we all care so deeply, that being our health care system.

10:30

I think that the provisions that the hon. Member for Edmonton-Meadowlark wants to have us include in the charter are provisions that are geared towards improving our health care system, where the government suggests: well, this is a problem because, you know, we're worried that somehow this will have some kind of legal force and effect, and then we're going to be in court, and we won't be able to meet these objectives, and we're a long way away from these wait time objectives and all that kind of stuff; therefore, this is far, far too dangerous a provision for us to consider including into our piece of legislation. I think that, in fact, what we need to do instead is look at this particular set of standards that the Member for Edmonton-Meadowlark is putting forward and talk about: well, how can we achieve them? Are they achievable?

You know, I was just sort of looking through earlier this morning some of the documents from the plan that Alberta Health Services talked about at their meeting last Friday. In looking through those documents, I have to say – I mean, there are documents in there which appear to me to show a pretty clear pathway to making a pretty significant impact on these wait times very, very quickly. In particular, there is a document that outlines how many days each year, how many hospital bed days each year, we have beds that are occupied by people that ought not to be in acute care. So how many days do we have acute-care beds occupied by people who do not need acute care?

It's kind of a complicated measure, but nonetheless what it's really saying is: to what extent do we have people who need to be in lower levels of medical care, not in hotels, where they have a privately paid for maid pop by once every couple of days, but in places with medical care accessible to them – how much time do we spend, how many days do we have people who need that level of care occupying our most expensive acute-care beds? We know that when those acute-care beds are occupied, everything backs up, and we end up in the situation where our emergency rooms are overcrowded.

I was quite surprised to see this document that had been distributed by Alberta Health Services, that talks about the number of what

they refer to as alternate level of care days. They talk about the number of alternate level of care days in Calgary hospitals from 1999 to 2009. It is really quite a shocking little graph. Basically, from 1998 up until 2007 the number of alternate level of care days went back and forth between about 15,000 and about 24,000 or 25,000 days per year, I think is. So it would be somewhere between 15,000 and 25,000 days per year when hospital beds were occupied by people that ought not to have been in acute care, and for the most part we're talking about our seniors. That's interesting. That's how much we were seeing.

Then in 2003 what was very interesting is that that number dropped. We went from a high in 2003 of about 22,000 days, and it actually dropped in 2005 to about 12,000 days. So we actually saw some progress being made previously on this issue.

Then, lo and behold, along come 2006 and 2007, and between 2007 and 2009 we see this dramatic change in what's happening in our hospitals. In 2007 we had roughly 18,000 days in which we had beds occupied by patients needing a lower level of care, but they were, in fact, in acute-care beds because there was no place to put them, right? So these are the people that need to go into long-term care, but there's no long-term care, so they are occupying acute-care beds at a greater cost to Albertans. That was about 18,000 days. Then here's a good one. Two years later, after the brilliance of this government's approach to health care has really had a chance to percolate through the system, Mr. Chair, 60,000 days per year in Calgary. We start at 18,000 in 2007, and by 2009, two years later, we're at 60,000 days. The line on the graph is almost vertical.

It is unbelievable how many acute-care beds are now being occupied by people that should be in alternate levels of care. We've seen a 300 per cent increase in that phenomenon over the course of the last two years. What's happened in the last two years? Hmm, what can we think of? We've gotten rid of the regional health boards. We've broken our promise to build long-term care beds. We fired a bunch of nurses. We tried to close mental health beds. I mean, the list goes on and on.

I would say that what this shows most clearly is how misguided this government plan with respect to long-term beds has been. What this shows is that as much as the government and representatives of the government can get up and talk about: "Oh, we're building all of these new continuing care beds, and we've come up with this fabulous new term called continuing care. Because we're calling them that, we can throw in all of these great new hotel-type things that we and our developer friends are putting together that have almost no or no medical staff in those buildings. We're going to call those continuing care because, you know, they're wheelchair accessible, and therefore Bob's your uncle. They are now included in this list of beds that we are theoretically building for our seniors." That hasn't worked. That clearly hasn't worked.

This graph shows with such clarity how ineffective that process has been. It shows us that the number of people who are in our acute-care beds who should not be in our acute-care beds has tripled – tripled, my friends – in the last two and a half years in Calgary alone. That's not just a trend that, you know, every province is managing and dealing with. That's not something that's: well, you know, it's a complex case, and we have to gradually work at it. That is a profound change in the effectiveness of the system that can be clearly linked to this government's decision to break its promise and not move forward on building long-term care beds. It is black, and it's white, and it's right within the government's own documents.

They should be ashamed of this. When they look at this amendment and they say, "We can't afford to go ahead with this amendment because we could never meet these standards," they should know that, in fact, there are some answers out there. Perhaps they

could cut by two-thirds the number of people improperly occupying acute-care beds in our hospitals right now were they to start moving forward with the promises they made two and a half years ago, before the election, and subsequently broke. If they were to go back and actually make their promises real, they could actually start to deal with this issue. As a result, this amendment would not be so scary for them because, in theory, they could fix the problem, or they could come awfully close to fixing the problem.

I have to say that I was really quite amazed by this document and what it shows and how clearly it shows the mismanagement not of the Conservative government generally but of this particular administration over the course of two and a half years, the dabbling and the experimentation and the elimination of boards and the creating of new boards and the: "We need more staff. We're going to fire more staff. We're going to build new types of hotels. We're not going to build long-term care. We're going to not spend the amount of money we should be spending on home care." All of these lovely little experiments that these guys are talking about: this is the result of those experiments. It's very clear that this is the result, and it is very clear that this is the explanation for the crisis that we are hearing about in our emergency rooms.

10:40

What is particularly – particularly – dumbfounding about this is that in 2008, right before the Premier of this province was re-elected as the Premier of this province, he received correspondence from front-line professionals who are working in the very place that is most likely to most quickly see the results of this government's failed experiments, that being, you know, our emergency rooms, the metaphorical canary in the coal mine. That's what the emergency rooms are. Those front-line professionals wrote to this Premier before 2008 and said: "Whoa. We have a crisis. Things are about to go down. We need to act on this, and it's only going to get worse."

The Premier responded by saying: we're going to build 600 new long-term care beds. Right after that, he got elected. He broke that promise. He did not move forward on any of that stuff, and exactly as predicted by those professionals who were working in emergency rooms, who were writing to the Premier in good faith in the early spring of 2008, the numbers of people inappropriately in acute-care beds skyrocketed – skyrocketed – and the effects of that were felt, first and foremost, in our emergency rooms because people could not be admitted.

This government has a lot to answer for. I mean, we've got the travesty of this government's history with respect to health care over the last 15 years, the various and sundry attempts to privatize. I can't even remember all the different catchy phrases that their Public Affairs Bureau came up with to describe each of the different attempts to privatize, but I mean we've been through it over and over and over again. There's this constant attempt to overhaul our public health system and open it up to their friends in the private sector and create money-making opportunities for those people at the expense of Albertans. That's been going on for years.

I have to say that just looking at these numbers, I'm not sure whether any of that stuff really has been quite as damaging as what this government has done in the last two and a half years. I suppose I should qualify that a little bit because, in fact, statistics show that in the early '90s, right before the former Premier Klein was elected, we had twice the number of acute-care hospital beds in this province. Under the steady draconian slashing-and-burning leadership of the hon. former Premier, this government managed to close roughly half of those acute-care beds. If you look at the numbers that we had in 1990 in Alberta of acute-care beds, we have cut those

numbers by about one-half. At the same time our population has increased dramatically.

So there's no question that that approach to managing our health care also is in part to blame for the position that we are in right now because we have had a shortage of acute-care beds in this province for two decades. In fact, as this government well knows, we have the lowest number of acute-care beds per capita of any province in the country because of the decisions made by this government when they decided they were going to theoretically eliminate the deficit by just creating other deficits. People dying in emergency rooms are the kind of other deficits that I'm talking about. It's not on the balance sheet, but – you know what? – I think that at the end of the day the families of those people who had to watch the outcomes of those decisions would say that the deficit they describe is far more meaningful than the dollars-and-cents deficit that this government congratulated itself about in the mid- to late-90s.

Nonetheless, that was certainly a huge contribution to the difficulties that we find ourselves in now, when this government chose to aggressively close hospital beds across the province such that we went into the current crisis less prepared than any other province in the country because we had that much less infrastructure, that much less capacity to deal with the demographic changes that are now putting pressure on us.

Of course, let's be clear. When you have demographic changes, these are not things that suddenly you wake up in the morning and discover: "Oh my goodness. One of our caucus members has just decided to talk to the media and stand up for their principles." That's not something that happens overnight. Demographic changes, the kinds of things that are pressuring our health care system right now, are entirely predictable. In fact, I find it interesting. As much as we're in the situation right now where the number of acute-care beds that are occupied by people who don't need that level of care but have no other place to go to get the adequate level of care required has gone up 300 per cent, we know that that number is just going to continue to skyrocket.

This government's own minister of seniors' care has put out the fact that they expect that in roughly 10 years – actually, this number came out last spring, so we're almost at the point of saying nine years. In nine and a half years from now they expect there to be 15,000 more seniors who require some form of medical care. In nine and a half years from now 15,000, my friends.

What's the plan that the government has right now? Well, they have no plan. Now, if you were going to give them a tremendous benefit of the doubt, which I uncharacteristically decided to do last summer, when I was working through these numbers, if you assume for the moment that the continuing care beds that they're building actually provide the care that is required, which I would argue and most people will argue and the numbers in our ER rooms will show you is not true – let's just say for the moment that members of this government actually believe that the continuing care beds that they're building now are the answer to the problem. What I'm talking about here, you know, is: is this intentional mismanagement, or is it hapless mismanagement? How do we characterize the mismanagement that this government is demonstrating to Albertans day in and day out?

If you assume for the moment that the continuing care beds that the government is currently promising are what's needed and if you assume that the government continues to create and build these beds at the level that they currently are building them – and, again, we have no reason to believe that that's the case. The finance minister has started talking about how we're going to have to pull back and cut services more than Albertans are used to in the next year because we're not out of the woods and that if we're going to get rid of the

deficit, we're going to have to start doing some much harder cuts.

Let's just move away for the moment and assume that the government is going to carry on at the same pace that they're carrying on now. Do you know how many beds that would mean they would have to have built nine and a half years from now? The answer is 6,000. Just to go back to what I said before, the number of people that will need beds nine and a half years from now by the government's own number: 15,000. That means that the government's nonplan right now anticipates having 9,000 seniors homeless.

I heard somebody else use the phrase: they are homeless. They are homeless because it is medically dangerous for them to live alone without some form of care in their homes, so they need to go to the hospital, and of course there's no place for them. There's no room for them in the inn, as it were.

This government plans now. Right now they know that the crisis we see is going to increase. If we assume right now that there are about 2,000, 2,500 people that should be in long-term care who aren't, that problem is going to increase by 400 per cent, a little bit less than 400 per cent.

The Chair: On my list, the hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Mr. Chairman, thank you so much. I'm truly honoured and humbled to be standing here before you to speak on this very important issue. Like I've said, I'm going to keep talking – my lips are moving – until my lips can't move anymore.

Martin Luther King, I'll reiterate, said: life begins to end the day we become silent about things that matter. Mr. Chairman, these are things that matter to Albertans that we should not be silent on. We have a job to do. Dr. Paul Parks, a representative of the emergency doctors of this province, raised a legitimate health care concern. On October 8 he sent an e-mail to the Premier and to the minister, to myself when I was on that side of the government, to the deputy minister, to Mr. Ken Hughes, to Dr. Duckett saying that when the flu season hits, the emergency medical system of this province is on the verge of a potential catastrophic collapse.

10:50

Mr. Chairman, emergency doctors don't clang bells if they don't need to be clanged. We don't complain. And emergency nurses don't do that either. Paramedics don't do that either, and neither do police officers or firefighters or unit clerks or cleaning staff of the emergency room or the nurses on the front lines or the nurses in the back lines. Health care workers do not cry, "The sky is falling" for political gain. Politicians do that. This is why the respect in this society for firefighters, for paramedics, for nurses, for pharmacists, for doctors is above 90 per cent, and this is why the respect for politicians is below 14 per cent: when the people elected by the people blow the people off and do not listen to the people.

Mr. Chair, I don't know what it will take to get my colleagues on that side to listen. I tried from within caucus. I didn't intend to be here. I did not make this decision. They made that decision. I will say that these are the words I said within caucus, and they will hear them outside of caucus in the Legislature because they made that decision. We are bound by the truth.

My grandfather, when I was a child, put me on his lap. I remember this moment. I was three years old. My grandfather was a sugar cane and dairy farmer in India and a rural family doctor. His sons are doctors. His father was a doctor. His grandson is a doctor. My grandpappy put me on his lap. My father left for Canada in search of opportunity when I was two months old, so he was really my father, as were my uncles. It was a beautiful sky; I remember this

moment. I used to have this photographic memory. He said: "Son, look up there. What do you see in the sky at nighttime?"

The Chair: May I interject, hon. member? This is about amendment A3.

Dr. Sherman: Mr. Chairperson, I'm coming to the point. This is why: I'm building a case. Please indulge me. I'm building a case on why we're discussing the amendment on legislating the emergency department wait times.

This is about a clash of principles. He taught me about the truth. You can't hide the sun, the moon, and the truth, the medical principles of the Hippocratic oath. The nurses and every health care worker take an oath. Politicians take an oath here. Then you have your political oath of partisanship. This is a nonpartisan issue. This is a clash of principles. It is a sad day when you clash with the truth and the principles of health care, when the duty to report and partisan politics clash. You know what won out, Mr. Chairperson? Politics. It was a sad day in this province and in this nation when partisan politics won out.

Dr. Paul Parks raised legitimate concerns. First of all, these gentlemen and gentlewomen here on this side asked for an emergency debate – I was out of this nation visiting, bereaving my uncle that passed away a few months ago – and it was rejected by my colleagues on that side. I found out about it, and I said: "You'll have that 15th vote when I come back into town, guys. Ask for it again." Because I'm personally aware of a number of deaths and a number of near-deaths, I cannot be silent. To my PC caucus friends, I am so sorry. To the PC Party, I am so sorry. Please forgive me. I cannot be silent.

I promised them my vote. I told the minister: it's up to you, my good friend. I can't not support it. Many of my PC colleagues actually supported it, so I have to thank them, credit them, for they actually learned the wisdom to do the right thing from these people. You've got the left, the middle, the right, the extreme left, the extreme right – call it what you want – the orange, the red, and the green. I don't know what I am. Call me brown. We're all united in bringing this up. We're all united in legislating ER wait times.

Dr. Paul Parks brought up a legitimate concern, Mr. Chairperson. Look at what just happened yesterday. A board was set up by the previous minister of health, the hon. Member for Calgary-West. He made some very difficult decisions. From the board that he put in, the chairman that he put in, the CEO that he put in, was just recently removed by the current minister of health. I haven't read the papers, but what I've been told by others is that the whole board was going to walk. One or three members walked. I'm not sure what the truth is.

The CEO of Alberta Health Services was fired. Was he fired for cookiegate? Come on, guys. You can't fire a guy for cookiegate. That's just a poor guy that got stuck by the media. We all get stuck by the media when we walk up the stairs. You can't fire a guy for cookiegate.

The Chair: Hon. member, I just want to remind you that this is the amendment you introduced, so please stay on the amendment. Thank you.

Dr. Sherman: Mr. Chairperson, I'm building the case. There's a crisis in the emergency rooms. Three of the board members quit. There's a crisis of confidence in delivering health care services in Alberta today as we speak.

The reason I'm bringing up this amendment is that when I was the hon. Member for Calgary-West's assistant, I think I went to about two minister/deputy minister meetings in two years. At the first one

I was going to bring a private member's bill to legislate emergency department wait times. They asked me not to. They said: "You know what? We'll make it a performance measure."

When they brought in Dr. Duckett, to be honest, at that point in time, with the information that I was given, I was actually quite impressed. I actually defended Dr. Duckett in an all-party committee with the minister. I made those remarks, and I stand by those remarks based on the information that I had at the time.

By 2012 the length of stay in the emergency room for admitted patients, which is a health care system measure – it's not an emergency problem; it's a system problem – was eight hours at the 90th percentile. The 90th percentile. I thought: "Wow. You know what? I can go back to the front lines after 2012. I don't have to be a politician anymore. I can go back and do my job because I love my job as a doctor." This was before any big bailout of money. I was happy with that. I thought: forget legislating it; I agree with you.

What happened is that suddenly Alberta Health Services needed all this money. They asked for 4.5 per cent. I believe the minister actually gave them 6 per cent, which is a good thing. But after that, they actually asked for another billion and a half and five years. At that point in time there was no big bailout that they required.

They asked for all this money, and then they moved the goalposts, Mr. Chairperson, to 2015. Then they reduced it to the 60th percentile by 2012. Then they lumped in the busiest 15 sites. You heard the hon. Minister of Health and Wellness today saying that we're going to talk about this disbanding. In the current measures the emergency issue is only 5 per cent of the measure. Internationally, in the U.K. the emergency department wait time is the number one health care system measure.

The Minister of Health and Wellness: I really respect this guy. We spent a lot of time together. He's a good man. He's a good teacher. He's been working his buns off because he sort of walked into a disaster situation. I gave him a big hug when he became minister, and I gave him my condolences. I said: "You poor sap. You have no idea what you walked into. You poor sap." The emergency department wait times pre Dr. Duckett – he became minister a week before they actually went 30 per cent the wrong way, from when the previous minister started to when this minister came, from 11.2 hours to 14.2 hours. They went the wrong way. The Premier had made a commitment in writing during the last election to Dr. Peter Kwan and the emergency doctors to fix this problem and to put them on a panel, and that had not happened. You heard rumours about an e-mail. I apologized for hurting the Premier's feelings, but I make no apologies because there was no panel that was set up. That meeting just happened. The ER wait times had gone 30 per cent the wrong way by the time this minister started.

11:00

Now Dr. Paul Parks has clanged the bell because the flu season is upon us and we're already in yellow alert. I checked yesterday. Every emergency department in Edmonton is on yellow alert. There was one resuscitation bed available.

With all due respect to the current Minister of Health and Wellness, I don't know a heck of a lot about teaching. I'm an assistant lecturer/clinical professor. I don't know what they call me at the faculty of medicine. I'm not a teacher, but I'll tell you – and I don't mean this with any arrogance, please, so I hope no one takes it this way – I am a doctor. I was the section representative for the emergency doctors. I do know a couple of things – maybe not everything but a couple of things – about health care. Well, maybe more than a couple.

On the emergency issue I was the first emergency-trained doctor

in the Edmonton emergency training program – I was a T100 model – when dummies like me could get in. Now it's the top training program in the nation. Many of the senior members trained me. Since then – I was the first residency trained one – I train them. I was their spokesperson and had their confidence. On February 2, 2007, I called it a crisis. I clanged the bell because the flu season was upon us. Here we are, right here, Mr. Frank Landry of the *Edmonton Sun*.

I'll tell you why I want these legislated, hon. member. Where is he? I wonder if I can invoke his phrase. Mr. Chairman, I wonder: is it appropriate for me to use the words "gobbledygook" and "gibberish"?

My emergency colleagues have been at this for 10 years in advocacy. I became president-elect of the emergency doctors in 2004, and for two years the current president at that time was advocating. I became president in 2006. We got involved in political election campaigns to try to make national and provincial wait time targets. In 2007 disasters were happening. In the fall of 2006 the hon. Minister of International and Intergovernmental Relations, the hon. Member for Sherwood Park, was at that time the Minister of Health and Wellness, and there were deaths and disasters happening in the waiting rooms. Okay? They were happening at that time. We were given these reassurances and promises that long-term care beds were coming, that more beds were coming.

Then in February 2007 – I wish the ministers were in this room because I could ask them questions and challenge them. The hon. Minister of Health and Wellness at that time – oh, there he is; he's over there; Mr. Chairman, I'll speak through you – from Edmonton-Whitemud actually listened. He mentioned my name in the Legislature. With the hon. Member for Edmonton-Rutherford, they allowed us to help them with their policy on overcapacity and protocols. He did the right thing. I owe him a great amount of due respect. He's a good man. He actually convinced me to run. Despite the fact that I told him I didn't vote for your government because you wrecked health care in the '90s, I said, "You're a good man, and I like you. You know what? I'll stake my career on you." I had never met the Premier at the time, "but if you trust him, I trust him."

What happened in 2007 is that in Vegreville and in Lloydminster there were some infection prevention and control issues. That occupied the attention of the hon. member who was minister at the time, so the government – I was quite disappointed – introduced Bill 41. The doctors from the College of Physicians and Surgeons and the AMA weren't happy about it because it was a hammer against the doctors, a hammer to deal with something that actually required a scalpel. Even we emergency doctors don't use chainsaws or hammers. We use a blunt scalpel, not the plastic surgery ones. Even we use a scalpel, and we're known to be sort of the guys who aren't so good at cutting.

The government got distracted because of headlines and politics because it happened in the Premier's and the Treasury Board president's constituencies. What happened? Health care got ignored, and in 2008 when election day came, people were dying left and right in the emergency rooms. Those 322 cases that Dr. Paul Parks sent to the Premier were actually sent four days after the election in 2008 to the hon. members for Edmonton-Whitemud, Edmonton-Rutherford, Edmonton-Meadowlark, the deputy minister at the time who was under the hon. Member for Calgary-West, and to the Premier, and they sent them again as a reminder because the Premier made a commitment in writing during the election to solve this problem.

During the election people were dying. They died. For the ones that didn't die, what was more tragic were the delays in care. We

had mothers miscarrying on triage stretchers. We were examining children in tents at the University of Alberta hospital. In waiting rooms we were looking at intracerebral bleeds that were waiting for eight hours. Women who had ruptured ectopic pregnancies were waiting for six hours on ambulance stretchers until they seized. A man with a ruptured esophagus waited seven hours in the waiting room. A woman bled to death in the emergency department at the Grey Nuns hospital. In this e-mail that everyone talks about, that I sent to the Premier, this doctor at the Grey Nuns hospital had the courage to put his name forward. A senior bled to death in the emergency department at the Grey Nuns hospital. These are just a couple of cases that were documented. The emergency doctors said: we can't document them anymore; there are just too many, and nothing has been done.

I worked with that minister. Previous to that the other guy worked with that minister. I worked with the minister from Edmonton-Whitemud. I was the assistant to the minister from Calgary-West. Dr. Paul Parks says that it's worse than it's ever been. I didn't call this a catastrophic collapse; I just called it a crisis. Are we crying wolf? Do we not know what we're talking about? Do politicians know more about front-line health care than doctors and nurses and paramedics and firefighters?

Then we have the other minister. He's a decent man, but I'll tell you where we do disagree. I had to read in the newspaper about the four new members of the board. No one asked me what I thought of them. I read it in the newspaper. I got to – well, I can't tell you what that happened at caucus. That would be inappropriate for me to mention here because of confidentiality rules.

I really didn't have any say in the emergency performance measures. I commented on them. I can't tell you what happened at caucus, but I'll tell you that the emergency measure is only 5 per cent. In the United Kingdom it is the number one measure. It's an international benchmark because it cannot be achieved until you solve the family doctor problem, the home care, the long-term care, the hips, the knees, the cataracts, everything the minister said. Yes. You don't have to do all those other ones. You just have to do this one because everything else feeds into this one. The length of stay for admitted people in the emergency room: you cannot meet that until you meet those other ones. This is the international measure, and the emergency physicians of this nation developed these guidelines, the CAEP guidelines.

You're going to love this, Mr. Chairman. The minister said: well, what about Alberta? Dr. Chris Evans was the head emergency doctor in the nation. He's from Alberta. He works at the Royal Alexandra hospital, and he's on the board of the Alberta Medical Association.

Thank you very much, Mr. Chairman. I'll be back.

The Chair: On my list here, the hon. Minister of Employment and Immigration.

Mr. Lukaszuk: Thank you, Mr. Chairman. I've been listening to this debate very patiently yesterday all the way from the conclusion of question period at probably around 3 p.m. until about 1:30 this morning and then again from 8:30 a.m. I'd like to offer a few comments on this amendment and, in extension, on the nature of the debate.

11:10

I have to tell you, Mr. Chairman, that I have a number of concerns that I have to bring to your attention, but I think there are a number of commonalities in this Chamber that we can all agree upon. First of all, there is not a doubt in my mind that there isn't a member in

this Chamber who doesn't honestly and sincerely care about the state of health care in this province and in this country. I would suggest that there isn't one member in this Chamber that would not like to see our constituents and, by extension, our families – our mothers, our daughters, our fathers – when in need, receive the best quality of care possible, on time and with compassion wherever they happen to reside in the province of Alberta. We can have titles in front or behind our names, whether it's hon. or MLA or MD, but in the end we're all human beings, and we all have families. At the end of the day when we leave this Chamber, we are just average Albertans who want to make sure that our families and our constituents and our friends receive the best care possible. I think that this is what we have in common. I don't think that needs to be belaboured any further.

Where the differences lie, though, is in what the approach to fixing our current state of health care should be, and further political considerations make that even more blurry. I would have to point out to you, Mr. Chairman, that in this amendment the Member for Edmonton-Meadowlark is basically asking for something that all of us would agree upon. He says: let's improve health care. Really, what both his subsections (c) and (d) say, in essence, is: let's make health care more responsive; let's fix health care. As I said earlier, all of us agree on that. The problem is that the fix is not that simple.

I just read in a newspaper article a few minutes ago that Edmontonians said: well, why is it that they can't figure out how to fix the system? Well, Mr. Chairman, obviously, it is a complex system; there isn't a one-bullet solution that will fix the problem. I have to tell you, sir, that it was actually this government that for a number of years – I have been here in this Chamber now soon to be 10 years. I recall that on at least 10 different occasions government has brought forward a very clear statement saying that the state of health care, the way it operates right now, cannot last. This health care system that we have right now is doomed to fail sooner or later. We argued that it is not sustainable in the manner that it is managed right now.

A number of solutions were brought forward, but every time government brought forward possible solutions, all of the opposition would scream and shout and say: "No. You're trying to privatize the health care system. You're trying to make sure that instead of an Alberta health care card, at that time people will have to bring a Visa card. You're bringing an American-style health care system to Alberta." Basically, the message from the opposition constantly has been: fix it, but don't change anything. And I don't think anybody in this Chamber would argue that.

Well, Mr. Chairman, the prognosis of this government of a decade ago and even as recently as two or three years ago is coming true. Perhaps in some areas of our health care system the wheels are starting to fall off. We had predicted that that would happen because if we don't change and improve the system, that's inevitably what will happen. But the message still out there is: fix it, but don't change it.

The amendment that the member brings forward says, basically, to legislate time limits on how long a patient can sit in an emergency room from the moment he walks in to the moment he starts receiving care. Well, that, you'd think, logically makes sense. You know, if you put a limit so I know that if I walk in with, God forbid, my daughter one day into an emergency room, I can have the assurance that no matter what – no matter what car accidents happen, no matter what airplanes may crash on that day – I have the legislated right to have a doctor see her within four hours.

Well, it sounds good, but this is truly not innovative. It was actually tried. The United Kingdom legislated waiting times, and soon after Australia followed suit. They tried it. So we're not

dealing here with an untried model. They actually implemented legislated waiting periods. Mr. Chairman, guess what happened? A few weeks ago the United Kingdom got rid of that. Now Australia, right now as we're speaking, is in the process of eliminating legislated, mandated waiting times. Why? Well, because it didn't work.

Now, why didn't it work, Mr. Chairman? It didn't work because it was putting unreasonable and unrealistic pressure on the service providers, on the very physicians like the Member for Edmonton-Meadowlark. The fact is that emergency changes from minute to minute. Different cases arrive. Different accidents happen. Different levels of urgencies of patients are there. But if you legislate waiting times, you're basically putting a gun to the physicians' heads and saying: "I don't care what you have to deal with. I don't care what kind of patients you have in your emergency room right now. I don't care how many of them you have. You will be seeing every single one of them within four hours."

What the U.K. has found and Australia is finding right now is that as a result of this, the quality of care has significantly deteriorated because our health care providers were scrambling to meet those deadlines and, consequently, probably have seen every single patient within a specified period of time because there were penalties if they didn't. But at what expense? At the expense of the quality of care. Now you could not prioritize the person with, perhaps, a lacerated finger and say: "Look, you can wait much longer. We have other, more urgent cases to see." Now they have to see everybody within a specified period of time.

Is it well intended? Does it mean well? Yes. Has it worked? No. So why should we assume that if it hasn't worked in two Commonwealth countries already as recently as a few weeks ago, we will implement it here and make it work? It simply makes no sense whatsoever.

My other concern, Mr. Chairman, is the quality of debate over here. As I said earlier, we all agree that health care is this government's priority, without a doubt. Just look at the budget and the resources allocated to it. But the quality of discussion: I would say that 80 per cent of the last 12 hours had really nothing to do with health care. It was simple political posturing.

You know, during my 12 hours here I definitely concluded that we have somehow lost focus. I know the Member for Fort McMurray-Wood Buffalo took a great deal of time discussing my hair. He was giving me advice to go to a barber and get a haircut, and he was talking about the wind blowing through my hair. I see the Member for Edmonton-Riverview is now looking with envy, but trust me, nothing to envy. You have other gifts that I don't, so I think we're even there.

The fact is that – you know, it's a funny matter. If health care is really that important to these members, which I don't doubt it is, why are we doing this? Why are we discussing my hair during a debate on health care? Well, I'll tell you why, Mr. Chairman. Because this is simply about politics. The fact of the matter is that if we really want to focus on fixing health care, the fix won't come from this Chamber. The fix is outside of the Chamber, and that's exactly what the minister is doing. That's why you see the minister running spastically in and out of the Chamber, because the actual work is being done outside of the Chamber with the health authority, with Alberta Health Services, and with the front-line workers, with the doctors who are now gathering and pulling together, pooling expertise and giving advice. That's where the fix will come from.

You know, these misguided debates, taking pictures of each other in the Chamber or the Member for Edmonton-Meadowlark pointing his fingers as if he was shooting individuals with a gun: that's really not doing us any good. Mr. Chairman, I think that having some 16,

17 hours of theatrics on a topic that's very important – but the substance of the debate definitely was not reflective of the importance of the topic – was not as productive as it definitely could have been.

The amendment that we have before us right now, Mr. Chairman, I know is very well intended but, as I said earlier, has proven itself not to be workable. Most of the debate was not about the amendment. Nobody has discussed the U.K. model and the Australian model of this amendment actually being in action and being pooled. Nobody has shown what the time limit should be. Is four hours a reasonable time? Should it be three or should it be six? I don't know that. How can we possibly debate this amendment in this House and now legislate our physicians, our nurses, our paramedics to a standard when we don't even know in this Chamber if it's a reasonable standard?

11:20

I'll give you an example, Mr. Chair. About a year ago I had the opportunity, a sad opportunity – I had to take my daughter to emergency. She opened the door as she was leaving school, wind blew, dust and sand fell into her eye, and it swelled up. I needed to take her to emergency to have the eye looked at and washed out. It was quickly determined that there was a minor scratch on her cornea.

We waited in the emergency room for a very long period of time. I think we were there for about six hours. Was it irritating? Extremely. But then I started to inquire. I was wondering: why are we here for so long? Well, the fact of the matter – I figured it out very soon – was that the other cases that were going in for care before my daughter were victims of car accidents. I believe there was even a shooting that day, so there was a gun-wound victim that went ahead of us. So there were many other, more urgent cases that were receiving care. Now, imagine if it was to happen after we'd passed this amendment. My daughter would have the very same right to see a physician as the guy who arrived with a bullet hole through his chest. By legislation this one doctor in that emergency room would have to see her, perhaps, before him because she arrived earlier. Is that what we want? I don't believe so.

Mr. Chair, I always believe that the best ideas will come from within the system. We have to make sure we enable them to do that. I know the minister is on the right track. I know the funding is in place. But perhaps if there is one lesson that we could have learned from these last God knows how many hours we've been here, it's the fact that the predictions of this government a few years ago that the system simply needs to be amended, needs to be improved, needs to change were valid predictions.

Now we're starting to see signs, very tangible signs, of the fact that some serious fixing needs to be done, and I hope that as a result of this lengthy debate and some of the high-pressure points within our system that are now starting to percolate, the opposition will come to the realization that this approach of fix it, but don't change anything, having Friends of Medicare saying that you're privatizing health care, or you're bringing American-style health care, whatever that may mean, is not constructive. If we continue doing this for another decade, Mr. Chairman, there will be other pressure points in other parts of the system. The fact of the matter is that the system is strained, and it needs to be amended.

Mr. Chair, I think that we need to engage in a more substantive discussion. We know we have a lot of reports collecting dust that can be implemented wholly or in part or combined. There are great ideas on the table for improving the system. I know that the hard-working health care providers in the system also want the system fixed because they actually bear the brunt of it. We bear the political

brunt. We get e-mails. We get phone calls. But they actually deal with this day to day, and they are the ones facing unhappy patients and cannot have the professional satisfaction of delivering the quality of service that they would want to.

So, Mr. Chairman, I would say to you that it's time to end this debate, the political debate, the debate aimed at scoring points and twittering and facebooking and taking pictures of each other and pointing gun finger signs at each other. Let's get into a more substantive debate on how, actually, we are going to fix the health care system so that when we go back to our constituencies on Friday, we will be able to say to our constituents that we're actually working on the health care system, not working on increasing our margins of votes for the next election. That's not what this is really all about.

At this point, Mr. Chair, I suggest to you that the prudent thing to do would be to adjourn this debate, and I'm putting a motion forward for adjournment of this debate.

The Chair: The chair heard the motion by the hon. Minister of Employment and Immigration to adjourn the committee debate.

[The voice vote indicated that the motion to adjourn debate carried]

[Several members rose calling for a division. The division bell was rung at 11:25 a.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For the motion:

Ady	Hancock	Ouellette
Allred	Hayden	Prins
Benito	Horne	Quest
Bhullar	Jacobs	Rodney
Blackett	Johnson	Rogers
Campbell	Knight	Sarich
Dallas	Lukaszuk	Snelgrove
Denis	Mason	Tarchuk
Elniski	McQueen	VanderBurg
Evans	Notley	Zwozdesky
Fritz		

Against the motion:

Boutilier	Kang	Swann
Chase	Pastoor	Taft
Forsyth	Sherman	Taylor
Hinman		

Totals: For – 31 Against – 10

[Motion to adjourn debate carried]

The Chair: The hon. Deputy Government House Leader.

Mr. Denis: Thank you very much, Mr. Chair. I would move that we rise and report progress from the committee, if any.

[Motion carried]

[The Deputy Speaker in the chair]

The Deputy Speaker: Hon. members, please take your seats. The hon. Member for Whitecourt-Ste. Anne.

Mr. VanderBurg: Thank you, Mr. Speaker. The Committee of the Whole has had under consideration certain bills. The committee reports progress on the following bills: Bill 17 and Bill 28. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

Thank you, sir.

The Deputy Speaker: Does the House concur with the report?

Hon. Members: Agreed.

The Deputy Speaker: Opposed? So ordered.

11:40 Government Bills and Orders Third Reading

Bill 20

Class Proceedings Amendment Act, 2010

Mr. Drysdale: I move third reading of Bill 20, Mr. Speaker.

The Deputy Speaker: Any other hon. member wish to speak on Bill 20?

Seeing none, the chair shall now call the question.

[Motion carried; Bill 20 read a third time]

Bill 21

Wills and Succession Act

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

Mr. Denis: Thank you very much, Mr. Speaker. I'm pleased to rise today and move third reading of the Wills and Succession Act.

Mr. Speaker, as this document stands, we are going to be bringing the wills and successions of this province into the modern realm, into the 21st century. The amendments in this act are positive for people throughout this entire province. It's important that everyday people understand as much as possible their legal rights and obligations, and that is what this act actually does.

Moving forward, this shows, further, that Alberta is prepared to lead this country and, in fact, the common-law world, which obviously includes the United Kingdom, the United States, South Africa, New Zealand, and Australia, in moving forward from old traditions past and, rather, reflecting the modern reality of our society and the modern reality of wills and estates precedence.

On that, I would say that we move third reading on Bill 21, the Wills and Succession Act.

Thank you.

The Deputy Speaker: Any other hon. member wish to speak on Bill 21?

Seeing none, the chair shall now call the question.

[Motion carried; Bill 21 read a third time]

Bill 22

Family Law Statutes Amendment Act, 2010

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

Mr. Denis: Thank you very much, Mr. Speaker. It's my pleasure to rise and move third reading of Bill 22, the Family Law Statutes Amendment Act, 2010.

Mr. Speaker, I did give a rather lengthy and rapid speech to this bill in second reading, and I will not beat a dead horse, as the saying may go. This also brings us into the modern reality, reflecting the modern reality of Alberta's families, of Alberta's legal practice. This bill also reflects some changing practices in reproductive technology. I would submit to this House that it is simply good law that we actually look forward to what may happen as opposed to simply relying upon the courts for absolutely everything. I think the Minister of Justice and Attorney General has done a good job with this law, and I'm pleased to stand and recommend third reading to you.

Thank you.

The Deputy Speaker: Any other hon. member wish to speak on Bill 22?

Seeing none, the chair shall now put the question.

[Motion carried; Bill 22 read a third time]

Bill 26
Mines and Minerals (Coalbed Methane)
Amendment Act, 2010

The Deputy Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I'm pleased to rise and move Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, 2010, for third reading.

Mr. Speaker, this is a very good day, in my view, that we're at third reading of this bill. When this bill passes, if the Legislature so agrees, we will have done something that many of my constituents have been asking for for a long, long time, and that is to clarify the ownership rights of their private property.

People who have had the privilege of living in this province, actually, for a long, long time were able to obtain title to land prior to 1930, when lands were transferred and mines and minerals essentially became the purview of the Crown under those titles. But for many families who had land before that, mines and minerals went with the title of the land. In some cases, the coal was separated as a separate title, depending on how close it was to one of the railroads. It's this problem that has been extant in Alberta for a considerable period of time, the question of the gas that is in the coal. Who does that belong to? Obviously, there are issues around this issue because if you were to mine the coal without having first dealt with the gas issue, that might cause a problem. There are issues, of course.

One of the most important issues is to define the ownership of the gas for private property owners in the same way that it's already been defined for some time for government, and that is that gas is a mineral which is owned by the mineral title holder, and coal may be a property which could be held on a separate title by a separate owner, and the owner of the mines and minerals title owns the gas. That is what my constituents have been asking for for lots of years. We've been working for a number of years to try and get this resolved.

I'm so pleased today to be able to move this bill for third reading.

The Deputy Speaker: Any other hon. members wish to speak on Bill 26? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Speaker. It's a privilege to stand to speak briefly on Bill 26 at third reading. I spoke a little bit in second reading. I was unable to get to Committee of the Whole, so I'd like

to be able to just share a few concerns. This is an important bill, but the question is about timing. The question is about expertise in the decision that's been made. As the minister mentioned, this has been an ongoing debate for a considerable length of time, and it's been in question as to who does own the gas in the coal. The thing that we're concerned about here is that this is a complex issue.

This government made agreements back in 2006 saying that they weren't going to change anything, that they were going to let it go through the courts. My understanding is that the courts have been preparing for two and a half years, and it's coming with a date in March of next year. The question is: are we preempting the courts? What we've normally seen here in the province is that when something goes to the courts, we stand back and say: well, we'll wait until it has gone through the courts, and then if there's a problem, we'll clarify it or pass legislation.

It's just one of those things, Mr. Speaker, where it caught a lot of people off guard. They thought that there was an agreement that was going to go through the court. There's been a lot of time and preparation with experts to present the case to a judge who is going to be able to understand the full scope of it. What we've done is taken a very technical, difficult question and boiled it down to a simple bill, that this government is just going to pass without all of the expert knowledge.

Certainly, as a member in this Legislature in passing a bill like this, although we've done a little bit of research and talked to both sides – like I say, this is a very complex bill. It should not be passed, in our minds. We should be waiting until next spring. Probably the most disappointing thing is that if they wanted to bring this bill forward and pass it, it should have been brought forward in the spring session to have the time through the summer and then have the fall to pass it through. But it was just sprung on people a short two and a half weeks ago, and there's been very little time to debate or to get out and to talk to experts in this area, and there are not a lot of experts, Mr. Speaker.

11:50

We just need to be on the record that we feel that this is a bill that is being pushed through without the due diligence that should have been done, which seems like the protocol of this government this sitting, to push these bills through fast and basically cut off any opportunity to really study these and know why we're passing these bills.

I'm not in favour of this bill. I think this bill should fail and that we should be waiting until the spring and bringing it back and letting the discussion go forward and, most importantly, letting the court case finish going through rather than intervening two-thirds or three-quarters of the way through the litigation process when they're getting ready to go to court.

With that, I'll sit down, Mr. Speaker, and hope that this bill doesn't pass. We'll see the results which we all know will be.

The Deputy Speaker: The hon. Minister of Transportation.

Mr. Ouellette: Thank you very much, Mr. Speaker. I think this is a very, very important bill. It's been I don't know exactly how many years but a lot of years now that we've been waiting for this. It seems like everybody has been delaying in the actual courts.

Gas has always been gas for the Crown. So if gas is gas for the Crown, the only really fair thing to do is to make sure that gas is gas for the private mineral rights holder. For those reasons I think that everybody should be supporting this bill. If you think about people's rights, if it's right for the Crown, it's right for private individuals. I really believe that we should be going forward and passing this bill right away.

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

Mr. Allred: Well, thank you very much, Mr. Speaker. I'm pleased to rise today and speak to Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, 2010. In particular, I'd like to clarify a few comments made on November 3, as recorded on page 1106 of *Hansard*.

There is no question that the concept of split titles for subsurface minerals is a very complex issue that has evolved over a millennium of real property law. It just seems to get more complicated every day. Even though Bill 26 is intended to clarify the situation of who owns the methane that is contained within seams of coal, it doesn't make the situation less complex.

Mr. Speaker, my comments relate to the debate of the hon. Member for Edmonton-Centre. Actually, Mr. Speaker, I've got good news for her, and I've got bad news. Firstly, even though she thought that she had lost the mineral rights to her small lot in the heart of Edmonton, she still owns them. When a lot is subdivided or in her case replotted, a mineral title is cancelled as to the surface only, and a new title is issued for the new surface parcel. The minerals remain in the name of the original owner in a separate mineral title. So the hon. Member for Edmonton-Centre still owns those minerals in that small lot.

Now for the bad news. Actually it isn't really so bad. The mineral title for a 33-foot lot is probably worthless given its location in the heart of Edmonton. But don't give up, my friend. With modern technology – you never know – you may in fact become the next Jed Clampett of *The Beverly Hillbillies* fame.

There's a further point I'd like to clarify in the hon. member's comments. I understood her to say that under this legislation coalbed methane would become the property of the Crown. Except in a very few cases where the Crown owns the natural gas and the freehold owner owns the coal, this is not the intent of Bill 26. The intent of this legislation, as I understand it, is merely to declare that whoever owned the natural gas is confirmed as the owner of the coalbed methane. I understand that there may be very few cases, about 2 per cent of the cases, where freeholders have ownership of the minerals. The Crown may own the natural gas and hence become the owner of the coalbed methane pursuant to this proposed legislation. Given this intent, Mr. Speaker, the original freehold owner of the natural gas would be confirmed as the owner of the coalbed methane, and the owner of the coal would not.

Another clarification, Mr. Speaker. Contrary to what the hon. Member for Calgary-Glenmore stated in the House on November 15, the surface owner owns more than the top 10 inches. The owner of the surface is presumed to own everything from the centre of the earth to the sky above, the heaven-to-hell concept, or as the lawyers like to use the Latin phrase, *cujus est solum ejus est usque ad coelum et ad infernos*: to whomever the soil belongs, he owns also to the sky and to the depths. Yet the minerals can be split out of that title and owned by a number of private owners. To complicate things even more, the Crown owns all gold and silver even though there is no title for gold and silver.

As I said, these are not simple concepts, particularly when you have a land registration system that guarantees title to each and every one of these landowners, be they surface or mineral owners.

Thank you, Mr. Speaker. I just wanted to clarify these matters for the record. If the hon. Member for Edmonton-Centre has any additional comments, unfortunately there's no further time to debate it, but I would be pleased to talk to her further on this issue.

Thank you.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments or questions.

Seeing none, I have on my list here two hon. members, Whitecourt-St. Anne and Lacombe-Ponoka. The hon. member for Whitecourt-St. Anne.

Mr. VanderBurg: Thank you, Mr. Speaker. I had the opportunity last spring to address a couple of hundred freehold mineral rights owners in Red Deer at a conference that was held by the association. They stated very clearly to me that the coalbed methane and natural gas for both Crown and freehold minerals needed to be defined, and they asked for this legislation. I find it very interesting that the leader of the NDP, the leader of the Wildrose opposition, and a member of the Liberal Party all slammed the government for not dealing with this. Here we've dealt with it, and I hear their remarks.

I'm very proud today to stand up and say that we've dealt with Bill 26 and that we've fulfilled our commitments to that group of very important Albertans. Thank you, sir.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments or questions.

Seeing none, the chair shall now recognize the hon. Member for Lacombe-Ponoka.

Mr. Prins: Well, thank you, Mr. Speaker. Again, I will not repeat what all the other members on my side have said about this issue. I think the issues are very clear. The ownership of coalbed methane in split titles is now going to be clear. I am somewhat interested in what the opposition has said about this. The last member that spoke said that they're now contradicting themselves.

I want to thank once more all the people that have talked to me, all my constituents and others from around the province that have brought this up, particularly my constituent Mrs. Else Pedersen, who is the president of the Freehold Owners Association, and her staffpeople, and especially David Speirs from Calgary, who's a consultant that has worked very closely with our government and the people working on this issue. I'm going to recommend to them that they use their website to broadcast to all their members our comments and also the comments of the opposition because they're always talking about property rights. I would like our members of the Freehold Owners Association to know where the Wildrose Alliance has now stated their position on property rights related to coalbed methane. I think this would be very interesting to the 70,000 freeholders in the province and their families and their friends.

I'm going to just leave my comments at that and ask all my colleagues to support this bill. Thank you.

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

Mr. Hinman: Yes. I would like to ask the Member for Lacombe-Ponoka: do you feel that the courts are insignificant and the promises that this government made, that they weren't going to do anything? What I spoke on – and you can send the actual *Hansard* – is that this government is jumping in and breaking promises, saying: we're not going to do it. It's the short period of time; that's the problem, member. It's the short period of time this government does it. It all of a sudden throws out a bill and says: okay; let's pass this.

There is nobody – nobody – in this province that respects property rights more than the Wildrose Alliance. It's your Bill 50, your Bill 36, your Bill 19 that say that we will extinguish rights. We didn't put that in there. We spoke against it. So, hon. member, you should think a little bit. Your other minister from – I can't ever remember

where he's from. He's sitting there talking and claiming that you're looking after people when you're not. What you're doing is politicizing it. You want to jump in because it's four months away from a court case. Just be open and up front. Why didn't you bring the bill forward? If they've been doing it for so long, why wouldn't you have the respect for Albertans and bring the bill forward in the spring?

My question is: why would they do this? Why would they ram it through in three weeks when it's been pending in the courts for years and they said that they weren't going to interfere?

12:00

Mr. Prins: I would like to answer some of those questions. First of all, our constituents have been asking for this for many years. This is about property rights. This doesn't have to be settled in court. The entire issue of coal-bed methane on freehold split titles is not a court issue. This is a legislative issue. The issues that are in court are specific issues that are separate from the entire legislation. We have the right to do this, and this is the right thing to do.

Regarding property rights with Bill 36, the Alberta Bill of Rights completely and totally protects property rights, and this is property. Natural gas and oil or coal are property, and the Alberta Bill of Rights protects that. We're just adding clarity to what natural gas is and coal-bed methane is.

This is a very good bill. I'm going to encourage members, all colleagues to support it. The members of the Freehold Owners Association will take note of what this member has said.

Thank you.

Mr. Hinman: You failed to ask the question: why does this government play such politics and only bring it forward with less than three weeks? Why did you bring it forward on such short notice? We've known about this for years. Since 2006 you've been dealing it. What was all of a sudden the rush that you had to do that? We respect property rights. We also respect the rule of law. Obviously, you don't. You're in trouble with your Bill 50, going through your own property there. You're not sticking up for your landowners. This is nothing but a smokescreen. We stick up for property rights. Why two weeks?

The Deputy Speaker: Hon. member, if you wish.

Any other hon. member on Bill 26? The hon. Member for Edmonton-Riverview.

Dr. Taft: Thank you. Is the Member for Calgary-Glenmore concerned that this is a slippery slope and that eventually the government will be going in to seize people's guns and things like that?

Mr. Hinman: No. The concern that we have from talking to both sides is that this is very technical. The government has stood off for a long time, and now they're saying: oh, in a two-week period we're going to change and pass the rules on this. That's fine.

The Deputy Speaker: Hon. member, there's a point of order, please.

Point of Order

Question-and-comment Period

Mr. Hancock: Point of order, Mr. Speaker. I would have appreciated if you had interrupted the speaker before he continued because, in fact, 29(2)(a) does not provide for questions and answers all around the House. As much as I was interested, quite frankly, in the

response to that question, I thought it's not quite an appropriate question. Actually, the hon. member has to raise questions of the speaker and not of everybody else in the House.

The Deputy Speaker: Yes. I agree there's a point of order there. Standing Order 29(2)(a) allows for questions and comments to the sponsor of the bill.

Dr. Taft: I'll retract my question, Mr. Speaker. Thank you.

The Deputy Speaker: Any other hon. member under 29(2)(a)? Seeing none, on the bill? Seeing none, the chair shall now put the question.

[The voice vote indicated that the motion for third reading carried]

[Several members rose calling for a division. The division bell was rung at 12:03 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Ady	Hayden	Pastoor
Allred	Horne	Prins
Benito	Jacobs	Quest
Bhullar	Johnson	Rodney
Blackett	Kang	Rogers
Campbell	Klimchuk	Sandhu
Cao	Lukaszuk	Sarich
Dallas	Mason	Sherman
Denis	McQueen	Snelgrove
Drysdale	Mitzel	Swann
Elniski	Notley	Taft
Evans	Oberle	Tarchuk
Hancock	Ouellette	VanderBurg

Against the motion:

Anderson	Boutilier
----------	-----------

Totals:	For – 39	Against – 2
---------	----------	-------------

[Motion carried; Bill 26 read a third time]

Government Bills and Orders Committee of the Whole (continued)

[Mr. Mitzel in the chair]

The Deputy Chair: I'd like to call the committee to order.

Bill 27 Police Amendment Act, 2010

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill? The hon. Solicitor General and Minister of Public Security.

Mr. Oberle: Thank you, Mr. Chairman. It's a pleasure to rise this morning to begin debate in committee on Bill 27, the Police Amendment Act, 2010. I want to get on to the debate and listen to what the opposition has to say about it. I would like to clarify a

couple of points that were raised in second reading, though, that I think are quite key to the debate.

The hon. Member for Calgary-Buffalo had a number of comments on a number of areas. First of all, I'll start with the issue of third-party complaints, the idea that a person that's not involved – they're not a witness, and they're not affected by a particular police act – but they see something in the news that disturbs them, and they're prevented by this bill from lodging a complaint. They are prevented in a sense from lodging a formal complaint, but anybody at any time can complain to a police chief about the conduct of his officers, and the chief is responsible to the commission, so there is a complaint process even for somebody that's completely unaffected by a particular act. So it's not true that people don't have the right to complain. As I said, if they do complain to the chief and they're not satisfied with his response, they can complain directly to the commission, which is the chief's employer. I think they still have access.

Now, there was an issue raised also by the hon. Member for Calgary-Buffalo and the hon. Member for Edmonton-Highlands-Norwood, I believe, about providing the Law Enforcement Review Board with the authority to dismiss an appeal if a complainant fails to follow the process. Mr. Chairman, the spirit and intent of this provision is to address extreme cases of belligerent or obstructive behaviour. It's not intended to restrict participant behaviour. Certainly, the complainant whose behaviour or conduct is under question has the right to attend the hearing and to be represented by counsel. It would be the extremes of behaviour that would allow the LERB to dismiss a complaint. I'll give you an example. If somebody has moved from the province, the LERB can dismiss the complaint, and when the complainant doesn't return to the province to participate, the LERB has to have a recourse.

The hon. Member for Edmonton-Highlands-Norwood did table some concerns about whether the chief should be able to decide when a matter is not serious. I think we have to admit that some matters simply are not serious such as, for example, a complaint of disrespectful behaviour on the part of an officer during a traffic stop. While I don't for a second deny that such things go on and that people should have a right to complain, there's a point where such a complaint should not proceed to the Law Enforcement Review Board. The person does have a right to complain to the chief. If they're not happy with the chief's decision, they have the right to complain against the chief. In addition, the Police Amendment Act brings forth a number of alternative dispute mechanisms. The employment of one such mechanism would probably lead the police chief to dismiss the formal side of the complaint and proceed with the alternative dispute resolution.

12:20

The hon. Member for Calgary-Buffalo talked about the ability for the LERB to dismiss a complaint outright. All complainants can appeal the decision of a chief of police directly to the LERB within 30 days. The Police Amendment Act does allow the LERB to decide if the complaint is valid or frivolous or vexatious or made in bad faith. Again, the person has a right to be there and a right to have counsel present. Such a claim can be made in a court case as well.

For valid appeals the amendment act allows the LERB to decide which appeal process is most appropriate and to ensure timely and efficient resolution. That's what this bill is about, Mr. Chair. We have to find a way to get these complaints and appeals through a process in a timely fashion so that Albertans are satisfied with the response and the timing of the response.

The Member for Calgary-Buffalo raised some interesting concerns

about the powers of public complaint directors and said that the provision allows for the second-guessing of investigators during an investigation and provides for unnecessary scrutiny over investigators. The integrity of the investigative process is paramount; I agree with that. We did some pretty extensive consulting on this one after the member raised those concerns.

Really, the Police Amendment Act clarifies that the role of the public complaint director is to monitor. The complaint director has no investigative function at all. His role is to support the integrity of the complaint process from a civilian standpoint. It's an oversight role. The provisions forwarded here are consistent with the move in British Columbia and Ontario legislation to secure a higher level of civilian oversight – I think that's what we're all after – and the due diligence of complaint investigations. But the complaint director cannot intervene in an investigation. It's, in fact, obstruction to do so.

In Alberta the police chief is the disciplinary authority here. The police investigations of misconduct not properly investigated would bring a police service into disrepute. I don't find any cause for complaint there.

But I'll say in closing, Mr. Chairman, that I was surprised by the objection to the bill on that side of the House by the various opposition members that spoke to it. We double-checked with our stakeholders that, in fact, they were consulted on these and that they remain in support. That is, in fact, the case. The couple I talked to – I made a commitment, but I'll publicly make the commitment here. I think for some of the people that originally provided input, the stakeholder groups that provided input, the devil may be in the details. So I've committed to a couple and I'll commit here in the House that we will take the regulations out before we pass them or go back to our stakeholders.

Mr. Chairman, I thank the House for the ability to speak to address some of the concerns on Bill 27. Thank you.

The Deputy Chair: Do any other members wish to speak? The hon. Member for Edmonton-Riverview.

Dr. Taft: Yes. Thank you very much, Mr. Chairman. It's a pleasure to speak to Bill 27 in committee. I appreciated the comments from the Solicitor General. It's always valuable when the minister brings back specific answers to questions that are raised in debate.

If I heard correctly, I was particularly struck and pleased by the minister's closing comments that he would take regulations and circulate them around back to stakeholders before implementing them. Of course, we would prefer a process in which the regulations were brought forward with the legislation. Believe it or not, there was a time when that was the practice. Nonetheless, I do appreciate the responsiveness of the Solicitor General.

This bill is about something very fundamental to our society, which is public confidence in the police. We spoke about this. I spoke about this the other night. Canadians have a wonderful heritage, a very important heritage, in our civilized country of excellent relations in general between civilians and police. In many, many countries in the world there's always tension between the police and the civilians. Even with our neighbours to the south many, many times the relations between police and civilians are strained. Certainly, in many countries in less developed parts of the world, you know, the term "police state" is used for a reason. People live in fear of the police.

Sadly, as has been remarked in this Assembly, the reputation of police in Canada has been tarnished in the last decade or so, whether it's dramatic cases involving tasers – and it's not just the RCMP; it's

many other police forces who are caught in controversies concerning tasers or around other complaints: the G-20 episode in Toronto or the Whyte Avenue riots in Edmonton several years ago, where police conduct is being called into question. We need to have measures in place to ensure that civilians have confidence that if they file a complaint against the police if they feel that police are abusive, the complaint will be properly dealt with.

At the same time, it's delicate because we have to respect the very difficult job the police have in dealing with people who are themselves abusive, violent, you know, sometimes intoxicated, or otherwise difficult. So my huge respect goes out to all police officers who try to navigate that line about treating people with respect when those people are often being abusive to the police. Nonetheless, as an Assembly we have a job to protect the public confidence in the police.

I know our caucus has looked at this legislation, Mr. Chairman. I actually have an amendment to propose for Bill 27, and I've got the appropriate number of copies here.

The Deputy Chair: Okay. Hon. member, we'll have the pages distribute them, and then we'll proceed.

Dr. Taft: Thank you, Mr. Chairman.

The Deputy Chair: Hon. member, please proceed.

Dr. Taft: Thank you, Mr. Chairman. This will be, I take it, amendment A1?

The Deputy Chair: Amendment A1.

Dr. Taft: I'll read it into the record. It's very brief. I signed this amendment on behalf of the Member for Calgary-Buffalo, who is our critic for this area, and it reads as follows: "Mr. Hehr to move that Bill 27, Police Amendment Act, 2010, be amended in section 6(a), in the proposed section 20(1)(e.1) and (e.2), by striking out 'is unable' wherever it occurs." That's the sum total of this amendment, Mr. Chairman.

12:30

Really, this amendment is about clarification. This isn't, I don't think, a controversial move, but it is about precise language and clarification of what's intended here. Now, at this stage, in committee, I just want to get into the record our understanding of how Bill 27 reads before this amendment. As it stands right now section 20 of Bill 27 was amended

in subsection (1) by adding the following after clause (c):

(e.1) if a complainant fails to attend, to answer questions or to produce an item as required under clause (c) or (d),

and then the next two words are crucial, Mr. Chairman, is unable or refuses to participate or to follow processes or conducts himself or herself in an inappropriate manner, the Board may dismiss the matter;

and then it continues:

(e.2) if a witness fails to attend or to answer questions, is unable or refuses to participate or to follow processes or conducts himself or herself in an inappropriate manner, the Board may dismiss the witness and continue with the matter.

Mr. Chairman, the point of the amendment I have moved on behalf of the Member for Calgary-Buffalo is to pull out those two words "is unable" because as we read it, it doesn't make sense. Let's imagine that for whatever reason somebody is unable: they're in a coma or they're somehow predisposed. We shouldn't have legislation that forces this particular outcome. Even where a complainant – well, I'll go on our briefing notes here.

The proposed changes to section 20 are patently absurd in situations where the complainant or a witness is unable to respond. Their inability should not be used as a pretext to dismiss what might be a valid appeal. Even where a complainant or witness falls into any of the behavioural classes provided above, it should simply be assessed against their credibility rather than used as a means to expedite the disposal of the appeal. This type of power is foreign to criminal matters, civil trials, administrative tribunals, or almost any other professional discipline systems. In almost any other adjudicative setting if a complainant or a witness is guilty of behaving in the ways listed in (e.1) or (e.2), the hearing would simply proceed to its conclusion based on the available evidence. In other words, this is an opportunity to refine and clarify the language of this legislation, Mr. Chairman.

With those comments, I look forward to hearing from any other members on this. Thank you.

The Deputy Chair: The hon. Minister of Public Security.

Mr. Oberle: Is there nobody else?

The Deputy Chair: Does the hon. Member for Calgary-Varsity wish to speak?

Mr. Chase: Yeah. Thank you very much, Mr. Chair. From my – and I'll put it on the record – limited understanding of legal procedures despite the fact that my son-in-law is a member of Bennett Jones and my brother is a partner at Miles Davison, and I'm proud of both of them, and the hon. housing minister went to school with my son-in-law at the University of Alberta, a terrific institution . . .

Mr. Denis: Bar school.

Mr. Chase: Oh, pardon me. Bar school. Okay. They went to the bar frequently together.

My understanding, Mr. Chair, of this legislation, is that it's attempting to recognize that a person who is being tried has every right to fair representation. In other words, if for some reason they're affected by addictions, if for some reason they're affected by mental illness, if there is an intellectual capacity problem, if there is a health concern, if they're not capable of interpreting and understanding and responding in the court proceedings, then they should not, basically – I think the word is indemnify themselves; in other words, they should not accidentally not be able to defend themselves.

Therefore, this amendment, by taking out "is unable," recognizes the fact that certain individuals require almost greater understanding or greater appreciation than a person whose faculties are without question. It may be, Mr. Chair, a person who does not have the educational background to fully comprehend what is taking place during the court proceedings. This amendment gives more protection to the complainant to ensure that they're fully understanding and can then be properly supported. It's an attempt, basically, to make the law level to all individuals regardless of where they're at in their comprehension.

Mr. Chair, I very much appreciate the opportunity to do a little bit of service toward explaining the justification for this amendment, and I'm going to turn it over to the professionals to argue it to a stronger extent. Thank you for the opportunity to participate on amendment A1.

The Deputy Chair: Do any other members wish to speak? The hon. Member for Edmonton-Strathcona.

Ms Notley: Well, thank you, Mr. Chair. I'm pleased to be able to rise to speak in general on this bill at the committee stage and particularly to the amendment which we have before us today. I'd like to start by saying that had I had my way, I would have been able to speak on this bill in second reading as had been originally planned. But through some unfortunate turn of events the matter was voted out of second reading, even though the opposition had indicated that they had some amendments prepared to first address this bill in second reading.

One of those amendments, of course, which relates to this amendment, was simply to have the whole bill referred to committee for greater review because there are a number of elements in the bill which sort of seem to appear out of nowhere and do not reflect extensive consultation with all of the stakeholders involved in police complaints, police oversight, and the policing process. I appreciate that not all the stakeholders in this community, for lack of a better word, necessarily have the same position on issues as it relates to how this overall function is administered. Nonetheless, it appears to me through my consultations that there is a fair amount of consensus that would be better dealt with by an opportunity to review it in its entirety with all of the stakeholders. There is quite a bit of consensus in that regard.

Having said that, though, we are now in committee because we didn't have an opportunity to refer this bill to a standing committee of the House, where we could have a more wide-ranging conversation. Now we're in the position of looking at amendment after amendment after amendment to this bill.

The amendment that was brought forward by the Member for Edmonton-Riverview on behalf of the Member for Calgary-Buffalo relates to one particular element of this bill which is problematic, and that, in particular, deals with the rights generally of the complainant in this process because, you know, one person's streamlining of an adjudicated process is another person's loss of rights. Of course, in this particular case what we are dealing with are those people who are filing complaints against the actions of the police.

12:40

Let me start by saying that, like most members of this House, I have tremendous respect for the work done by our police officers and the important role that they play within our society and within our communities in terms of keeping people safe. They often put themselves on the line, and they jeopardize their own safety day in, day out in terms of doing that work. I don't think it's possible, really, you know, to articulate often enough our appreciation for that choice that they make. And let me just sort of say as well, before I get to my next point, that because we believe generally in the important role that the police play, we have also often supported calls to increase the number of police officers who are funded throughout our province and in our communities.

Notwithstanding that, while our community and all of us from all sides of the House have tremendous respect for the police, we do that because they have a tremendous public trust. They hold a tremendous public trust, and they are in a position of tremendous public trust. Because of that they are given uncommon levels of authority and uncommon tools with which to administer that authority. And it is when you give over to a group of people a tremendous amount of public trust that on the flip side of that you also raise the bar of what it is and how it is you expect them to conduct themselves. You cannot hand over public trust to such a level that we do to the police without at the same time expecting a very high standard of conduct. I know that we get a very high standard of conduct from the majority of police the majority of the time, and I don't question that.

But the reality is that sometimes – they are human, like anyone else – the dynamics of the relationship between the police and the public is such that there is a particular portion of the public that they're most likely to come into contact with. That particular portion of the public is not, actually, you know, the gangland dealers and the Tony Sopranos of the world and all those people. It often, actually, tends to be the most downtrodden within our society who engage in property crimes and who suffer from a variety of other challenges within society. Those people, who are often very voiceless and are struggling themselves, are the ones who make up the biggest group that the police deal with. Those are the people with the least amount of voice.

So when we have a group that has unprecedented authority, unprecedented capacity to exercise that authority, and unprecedented levels of public trust coming up against a group that has an unprecedented lack of all those things, the possibility exists for there to be problems in that relationship, and there needs to be a mechanism for those folks to be able to file complaints against the police where it is necessary, where the circumstances require that. What this act does in general is that it limits the scope and the opportunity for that to happen. In particular, in the section that this particular amendment addresses, section 20, it expands tremendously the ability of the panel which would hear these complaints to dismiss the complaints when they seek to deal with their workload or move through a problematic process or whatever.

The new bill actually would allow for a much broader range of circumstances within which these complaints can be dismissed by this panel. One of the ways that this bill would allow for these complaints to be summarily dismissed by this panel is by essentially saying that they can dismiss them if they are unable to participate in the process.

Well, let's talk a little bit about the various ways in which a member of the public might be unable to participate in the process. Let's think about the most well-known example of where a person, a citizen who came into contact with the police was unable to defend themselves. I speak of the Dziekanski case in Vancouver. There we had the classic example of somebody who came into a tragic and unfortunate interaction with legal authority in that this was a person with a mental health issue. That person was taken into custody. They had a mental health issue. They were unable to describe their situation, to describe what was going on with themselves, and then they were accidentally killed, frankly, in that process. All of that happened because they were unable to stand up for themselves or speak up for themselves in the first place. Then, of course, they were unable to speak for themselves subsequently because they were dead.

That's the most obvious place where someone might be unable to participate in a process. But had that situation unfolded slightly differently, wherein Mr. Dziekanski had simply ended up in the hospital and, we wish desperately, had actually survived that process such that he might have been able to file a complaint against his treatment by the police at that time, he still may well have been unable to meet the requirements that this minister wants us to put into this act in terms of how he fulfills his complaint or how he handles his complaint. Under this act the panel has the authority to dismiss a complaint where the complainant, well, fails to attend, fails to answer questions, fails to produce an item required, refuses to participate, refuses to follow processes, or basically fails to conduct himself or herself in an appropriate manner.

Well, I hate to break it to you, but a lot of the people who have legitimate complaints against the police happen to have what are referred to as comorbid conditions of mental health issues and addictions issues, and they may well not be able to meet these

criteria. It may simply be a function of being unable to meet these criteria because of their mental health issues. This gives far, far too much authority to the Law Enforcement Review Board or to the police chief to dismiss the complaint just like that. So what we do, then, is we take these people who have been historically and systemically marginalized within our society, and we crystalize that process of marginalization within this piece of legislation so that it builds on itself and just grows from itself. We do that in a way that I think does not befit the intentions of the police complaint process and, I think, even perhaps the intentions, in many respects, of this government. This is something that needs to be changed.

Last year I went to . . . [interjection] Pardon me? Sorry. I'm receiving a note of some type.

The Deputy Chair: Hon. member, could you clear the paper away from your microphone? Then perhaps we'll be able to hear better.

Ms Notley: Oh, sorry. I thought it actually wasn't by my mike but was by my colleague's mike. Who knows? Thank you. Sorry about that.

I remember last year going to a meeting around the closure of Alberta Hospital Edmonton, and at that time we had a representative from the Vancouver Police Department come and speak to us at a rally that consisted of 500 or 600 very concerned and upset Albertans. They spoke to us about the fact that – I can't remember the specific figures, so you'll have to take this with a grain of salt, but I'm close to having the right ones, anyway – roughly 60 per cent of the work that they did involved about 500 of the same people going through the system over and over and over and over again. Those people went through the system over and over and over again because they were basically people conducting petty crimes and were homeless in many cases and suffered from mental health issues. They were the people that were the result of a failed experiment in B.C. to deinstitutionalize mental health and close a mental health institution akin to Alberta Hospital.

12:50

The fact of the matter is that these police officers came to us and said: "The vast majority of our work is working with the mentally ill now. Just so you know, you're paying your police officers and giving them all this authority but not training them to do this job. But because we are the place of last resort, because we are the emergency responders, we are the ones who are dealing with these people. They've long since been moved out or kicked out of the ERs in many cases, and we are the last responders. This is whom we do the most of our work with." That's what they told us at this really important public information rally.

In fact, what happens is that they often end up putting these folks into jails because there's no other place for them. We talk about how expensive the acute-care beds are in our hospitals, and in fact the beds in jails are even more expensive, if you can believe it. Nonetheless, all this goes to say that these are the people that come into the most contact, unfortunately, these days with our police officers. These are the people who are most likely to fit the description of being unable to meet the various criteria which are set out in this section of the act that this government wants us to pass, so these are the people who are most likely going to be the recipients of this new discretion that we give to the Law Enforcement Review Board to simply dismiss their claims.

You know what? Just because someone is mentally ill does not mean that there wasn't something done to them that was unfair. You know the old saying: just because you're paranoid, it doesn't mean that someone isn't out to get you. Well, the fact of the matter is that

if you're living on the street and you're coming into contact with law enforcement officers over and over and over again, there may well be some inappropriate interactions between you and that law enforcement officer. We have heard examples of that through the previous hearings that we've had to date that were conducted by the Law Enforcement Review Board. I shudder to think what would have happened to some of those high-profile cases if this piece of legislation were in place. They probably would have been dismissed very, very early on.

Last night, Mr. Chairman, I was at an event in my community that was a fundraiser for an organization that assists young adults who live on the street in my riding. Of course, in my riding, including the Whyte Ave. area, we have probably a disproportionate number of young people who, unfortunately, are living on the street because they have fallen through the ever-widening cracks created by our inadequate system of social supports. While there, I spoke to some volunteers who work in that area, and they talked very positively about the intentions of some of the community police that they had run into. They talked very positively about the practice of many of the police officers whom they had had occasion to work with and those police officers within the community. They spoke very positively about their own interaction with them, and they also spoke very positively about how many of them interacted with people on the street.

However, they also talked to me about how in some cases, in the minority of cases, yes, but in some cases nonetheless, they observed a distinct change in the way the officers interacted with the young people who were living on the street who were often causing – you know, they were definitely engaging in criminal activity, not by any way the most serious criminal activity on the spectrum of criminal activity but criminal activity nonetheless. They talked about how these officers changed the way they dealt with those people and how a very different, authoritarian, and sometimes inappropriate process or inappropriate set of tactics was engaged in. Let me be clear. This was without question the minority, the very small minority of police officers, but they told me just last night that they saw that occurring.

Once again the young adult, who should be in receipt of benefits for persons with development difficulties, who according to the children's advocate clearly is not receiving that kind of support because of the budget cuts with PDD, who should still be in care and receiving support through Children and Youth Services but who has effectively been cut loose because they are of the older group and the resources have been cut – and this is exactly the thing that the children's advocate talked about in his report, that was filed in this Legislature a mere week ago.

That child or young adult may suffer from a range of challenges, whether they be learning disabilities, whether they be mental health issues, whether they be addictions issues, whether they be issues arising from growing up as victims in abusive households. Whatever their story is, these are people that come into contact with the police on a regular basis, who very possibly will be unable to meet the criteria that are set out by the Law Enforcement Review Board and who as a result would be summarily dismissed from being able to file and have seen through complaints against police officers at the Law Enforcement Review Board.

This is why this amendment is an important first step. It's a small first step. If I had written the amendment, I might have written it a bit differently. I might have done more than simply remove the one clause which allows them to be summarily dismissed. I might have actually, instead of removing the words "is unable" . . . [Ms Notley's speaking time expired] Sorry. I'll speak to it again.

The Deputy Chair: Do any other members wish to speak to the

amendment to Bill 27? The hon. Member for Calgary-Varsity on the amendment.

Mr. Chase: Thank you very much, Mr. Chair, for this opportunity to speak again on amendment A1. I very much appreciated the comments made by the hon. Member for Edmonton-Strathcona, who has the legal background and knowledge to more thoroughly explain what is being asked for in the amendment. I do want to point out that while I believe in the need for civilian oversight, very much in the way I have expressed the need for ministerial oversight, legislation as opposed to regulation, I have tremendous faith in a number of individuals that I have come into contact with.

This gives me an opportunity to indicate Inspector Guy Slater of the Calgary police force, who has provided a tremendous amount of information. Also, I want to toss a bouquet to Police Chief Rick Hanson of the Calgary police force, Police Chief Mike Boyd, who is soon retiring from the Edmonton police force and who spent a tremendous amount of his policing time in the RCMP. I want to send out bouquets to all the school resource officers, who involve themselves with youth at a very early age and help to establish the respect that police are due in the pursuit of their duties. So thank you very much, Mr. Chair, for allowing me to pass out those bouquets.

The Deputy Chair: Any other members wish to speak to the amendment?

Mr. Oberle: Mr. Chairman, I need to address some of the comments that were tabled, in particular, by the Member for Edmonton-Strathcona. First, the Member for Edmonton-Riverview made an interesting comment – I don't have the words here – something in the nature that police forces have fallen into disrepute or incidents of disrepute in the last few years. I wouldn't deny that. I don't think anybody in Canada would deny that there have been some serious incidents, but I beg to point out: not in Alberta.

1:00

Mr. Chair, we've got an excellent police system in our province, an excellent group of fine, professional police officers in the towns and cities, whether it's the RCMP, the municipal police forces, our sheriffs. We have a great law enforcement system in our province, in fact. It's not because we just happened to get the luck of the draw and get some really good, fine, upstanding officers, which we did. We have a good oversight system, and I would argue that oversight is absolutely critical.

The current Police Amendment Act before us attempts to maybe streamline that process a little bit and bring added rigour to it, I think, but it doesn't intend to in any way overturn it, restrict anybody's access to the system in any way. I've heard comments of closing of ranks or something like that. Far from the truth. Not only does it continue to allow everybody access to the system; it allows for alternate dispute resolution mechanisms, which broadens the range of options available to us.

Nonetheless, occasionally there are people that come before the system that refuse to participate in the system for whatever reason, and I would have to admit up front that I can't say that I understand it. It is true that there are occasionally frivolous complaints. There are complainants who do not participate, who refuse to show up at hearing. There has to be a way at stages through the complaint process where people that are there for whatever reason but not for the reason to forward a legitimate complaint through the system – we have to be able to halt the process, to say, "This is not a legitimate complaint" or "This complainant is acting in a frivolous or

vexatious manner." That's a remedy that the courts also have available to them.

I've got to say, though, that the view of the Member for Edmonton-Strathcona regarding the word "unable," while it certainly tugs the heartstrings, is not a very fair characterization of how the process works. If I was to envision some poor perhaps handicapped, challenged person sitting at a table with floodlights pointing at them and this array of mean-looking police officers and lawyers and maybe the odd police officer had his hand on his weapon or something, the person trembling there, being beaten upon, I might agree that the person might in that circumstance be unable to participate. I think the member would have to agree that that's most certainly not how the complaints process works. For starters, that person most likely is going to have either counsel or some agent or representative with them, who would be able to participate, and second of all, this is not an inquisition. It's a professional dispute resolution mechanism.

So I take a little bit of offence at that because it's an unfair characterization of how the complaints process works. In actual fact, it works very well today, and it's going to work better after the passage of the Police Amendment Act. Today citizens across our province, whether they're in a large municipality policed by a municipal police force or in a rural municipality policed by the RCMP, have access to what I think is an excellent oversight mechanism, and it's staffed by a bunch of great people, whether they're police commissions or committees. There are complaints directors. Department staff work very hard to ensure that policing is fair and effective and that oversight is fair and effective in our province. And I do seriously think that they do a bang-up job of it.

Mr. Chair, one of the reasons that works is because there's excellent communication, and I think that's borne out in the consultation that happened leading up to the tabling of this bill. All of the stakeholder groups were consulted. You know, we went to great lengths to talk to people, recognizing that sometimes compromise is required between divergent viewpoints. In many cases unanimous opinion was forwarded about sections of the act that need tweaking.

Again, I don't think this is an overhaul of the discipline process. It's a bill designed to streamline, to make it more effective and more transparent. It doesn't restrict anybody's access, and I think that's important.

While I don't think the hon. member wishes to bring any police forces or any police commissions or the LERB or anybody into disrepute, I think the characterization of the word "unable" in that particular case is perhaps a little unfair to how the process actually works.

Mr. Chair, the functioning of police in our society is absolutely critical, obviously, and hand in hand with that is the understanding of the populace that their actions are fair and effective. I think that our current complaints process as proposed to be modified by this bill provides that oversight.

We have not only the oversight process that's scoped out in this bill, but the very serious complaints involving severe officer misconduct that may bring the reputation of a police force into disrepute or conduct that injures or causes fatalities to civilians are in fact removed from this investigative process. They're turned over to ASIRT, the Alberta Serious Incident Response Team. That is just another part of what I think is an excellent oversight system of our police.

That provides for independent investigation by professional investigators. It's been lauded nationally as an oversight model. It's been accepted, in fact, by the RCMP, who have, you know, their own complaint system. They have nationally endorsed ASIRT or

ASIRT-like models. That is something for Albertans to be proud of. It was struck, designed here.

It's chaired by the unbelievably capable Clifton Purvis, who is just amazing, actually a public prosecutor in our system. He chairs ASIRT and does just a bang-up job. While there have been incidents in other provinces and there have been incidents here, they've been effectively and quickly and to a proper and right end investigated and dealt with.

Some of the issues that we see residing within the complaint system now actually predate some of the oversight mechanisms that we have today, and that's precisely why the amendment act is required. We want to continue to clean up our system, to provide a flow. It's got to be effective and timely and transparent and all those things.

I really do honestly believe that the current Police Amendment Act before us is a good bill. It will move forward. It will improve our oversight system in the province. It will continue to allow complainants to bring forward complaints.

There was one other argument made in second reading that I failed to address and that I need to mention here, that being the issue of: now we've curtailed the timelines. There's a point where it's too late, where a complainant should not be able to bring a complaint forward. Actually, we haven't changed the timeline except that we've allowed for the timeline to be from not the incident happening but from the discovery of the evidence. In fact, that extends the timeline, not shortens it.

If I was a complainant before the system and during the complaints process, after a couple of appeals and going back to the police chief and whatever else happens in the disposition of that complaint, I were to discover that a police officer had actually illegally searched my name, through criminal records or some other system, I could at that point, even though it may be two years later, lodge a complaint within one year of my discovering that that actually happened. It's unlikely that I would discover that the night that the original incident happened. Maybe the police officer never even did it that night, but it's unlikely to impossible that I would know that that happened that night. So the complaints process actually extends the timeline from the point of discovery, not from the point of the initial incident.

I just wanted to relay those comments. I believe that the Member for Edmonton-Riverview wants to rise. I'm going to take my chair, Mr. Chairman.

Thank you.

1:10

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

Ms Notley: Yes. Thank you. I just wanted to comment on a couple of the comments made by the minister before the Member for Edmonton-Riverview proceeds to close debate on this amendment. The minister suggested that I had unfairly characterized the hearing process and unfairly characterized what constitutes "unable," and I really do feel the need to challenge his challenge of my characterization.

First of all, I think it's important to understand that this amendment goes together with an attempt to address as well other parts of the act that are changing. One of the key parts of the act that is changing is the fact that the people who are characterized as parties or who are eligible to serve as parties are limited. Where you might have a complainant who truly for all intents and purposes is not able to navigate through a complaint process, right now it is possible for other interested third parties to file a complaint on their behalf. Indeed, we have specific examples of this having occurred in the last two or three years, where other interested parties have filed a

complaint on behalf of someone who has been the unfortunate recipient or victim of inappropriate activity on the part of the representative of the police force. So that is a concern. Because that's going to be limited, those people truly may not be able to conduct themselves appropriately, and that's just the way it is.

Another reason why they may not be able. I mean, the minister said: well, they may well have access to a representative or counsel. The minister sits directly beside the Attorney General and has observed the conversations that have gone on at some length over the course of the last year where we have determined that regardless of who is funding what and whose fault it is that the net amount of money available to our legal aid system has dropped dramatically, the fact of the matter is that legal aid has dropped dramatically. It is no longer the way it used to be, and access to counsel is prohibitive. Prohibitive. The fact of the matter is that it is very commonly the case that people go before administrative tribunals without the benefit of counsel.

As someone who has in the past sat as a member of an administrative tribunal, I know full well that the rules of administrative tribunals actually in some cases limit tribunal members from attempting to engage in what could be characterized as any form of advocacy for an unrepresented complainant who comes before them. They may know that the complainant clearly does not understand the issue that is being discussed at that particular point. They may know that the conversation has moved on to, let's say, some type of preliminary legal issue, but they see that the complainant completely does not understand that that's what happened and are unable to make the appropriate legal argument on their behalf. This happens in administrative tribunals all the time. So they sit with their hands tied because the person that comes before them simply is unable to represent themselves or to follow the process or to do any of that kind of stuff. There's only so much discretion that administrative tribunal members are given to allow for a certain amount of latitude in terms of process.

With this clause, counsel for the other parties, the police, may well actually have the ability to use this clause to specifically compel the LERB to dismiss something even where the LERB may not want to. They'll certainly now be able to make an application under this clause. So we're actually going to increase the opportunity for the person's voice to be lost in this process.

I want to say very clearly that as someone who has served as a member of an administrative tribunal, I do believe that my characterization of "unable" is absolutely fair and that it's not in any way a comment that is meant to be negative about how the LERB functions. Quite the opposite. It is how most administrative tribunals are compelled to function. I have heard from all parties that they're quite happy generally with how the LERB functions, but it's an administrative tribunal, and it is complex, and it is legalese, and the people that come before it as complainants are often not able to function at the level that others might want them to, particularly because of the population that we're talking about here. That group is particularly vulnerable to suffering the negative impact that I am suggesting this act will bring about.

To be clear, I will say that I support this amendment, and I urge members to pass this amendment. I will however go further to say that I think this amendment only starts to get at the problem and that what we really need to do is delete subsection 6(a)(e.1). I am prepared to consider that the witness element of it might need to stay, but the complainant piece absolutely should not. That needs to go. But since that's not the amendment before us and we're simply talking about constricting the application of that amendment somewhat, as a first start I would urge all members to consider supporting this amendment.

Thank you, Mr. Chair.

The Deputy Chair: Hon. members, before we continue, may we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests
(reversion)

The Deputy Chair: The hon. Minister of Culture and Community Spirit.

Mr. Blackett: Thank you, Mr. Chair. I'd like to rise today to introduce to you and through you to the members of the Assembly Ms Luanne Whitmarsh, a constituent of mine in Calgary-North West and the CEO of the Kerby Centre in Calgary. The Kerby Centre is an organization run by seniors for seniors with the support of more than 500 volunteers, who contributed more than 80,000 hours of support in 2009 alone. Ms Whitmarsh, a social worker by trade, is someone who has worked with communities and our seniors throughout her professional career. I invite her to rise and receive the warm traditional welcome of this Assembly.

The Deputy Chair: The hon. Member for Calgary-Lougheed.

Mr. Rodney: Thank you so much, Mr. Chair, from the bottom of my heart. I've been waiting for approximately six months to make this introduction, so today is a wonderful day. I'm overflowing with appreciation as I introduce the three most important people in my life, who are sitting in your gallery today. My wife, Jennifer, is truly my hero, and just one reason for that is that just over six months ago, after a very difficult labour and emergency C-section surgery, she gave birth to a little one, whom we think is tied for the title of the world's most beautiful boy. Early in the pregnancy we were told that there may be serious complications for our baby, so we gave him the name Evan, which means God is gracious, and we thought he could use a strong middle name, especially under the circumstances, so we chose Armstrong. I'm proud and humbled to report that everything worked out very, very well. Evan Armstrong Rodney was nine pounds, six ounces when he was born, and he is now a very strong, peaceful, and happy young man, who has without a doubt the best mom in the whole wide world. He greatly admires my third guest, our first-born, Dawson Logan Rodney, who is athletic, intelligent, and respectful. I would ask that all of our colleagues join me in welcoming my family to our Assembly.

Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Lethbridge-East.

Ms Pastoor: Thank you, Mr. Chair. This is obviously going to be a day of families. I have three introductions today, and I am so very proud to be able to introduce to you and through you to this House three amazing young women, who are coincidentally my daughters. My oldest daughter, Florence Christophers, mother to my granddaughter Skye, was the president of her high school and a STEP student for the late MLA Dick Johnston. She's a grad of the University of Alberta and was elected to student council. Her master's in philosophy is from Trinity College in Dublin, Ireland. She was a constituency manager for a retired member of this House, Dr. Raj Pannu. She worked for the UN organization with children from war-torn countries. Florence ran for the first time in the last municipal election and is now a councillor for the town of Okotoks.

My youngest daughter, Bridget Mearns, belonged to the Progres-

sive Conservative Youth Association, along with many of those who are staff members to ministers of this government today. She was also a STEP student for the late MLA Dick Johnston. Her undergraduate degree is from the University of Lethbridge, and she has a French language diploma from the University of Rouen in France. She worked on the Hill in Ottawa as an executive assistant to MP Blaine Thacker. She was an executive assistant and constituency office manager for this member and actually was considered the babysitter. She has extensive knowledge in the financial investment industry. Bridget ran for the first time in the last municipal election and is now an alderman for the city of Lethbridge.

1:20

My middle daughter, Shelagh, is the mother of my granddaughter Kerstin, and she is our reality rock. She is not political at all. However, she did work for the Member for Strathcona. She is the one with the real walking around skills. She is a hairstylist and, before she hurt her back, was an exceptional personal care aide in geriatrics. She can drive a combine, a five-ton truck, a tractor. She can vaccinate and tag calves. In other words, she can feed us. She is presently with the *Sherwood Park News*.

Please join me as I ask my girls to stand for the traditional welcome.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you, Mr. Chair. Today I'd like to rise and introduce to you and through you to the members of this Assembly three awesome classes of students from George McDougall high school who I had the opportunity to meet just a few moments ago and their teachers Ms Stephanie Malo, Mrs. Barb Racine, Mr. Gregg Moss, and Mrs. Virginia Taumoli, of course, and their parent helpers who are there with them: Mrs. Carolyne Turk, Mr. Terry Little, Mr. Andrew Talbot, Mr. Scott Kolstad, and Mrs. Diane Martin. If they would all rise and receive the warm welcome of this Assembly.

The Deputy Chair: Are there any others?

Hon. members, it's my pleasure today to introduce today to the members of the Assembly 15 students from the Faculty of Law at the University of Alberta who are enrolled in a course on legislative process and legislative drafting taught by the law clerk here, Mr. Rob Reynolds, and the chief legislative counsel for the government, Mr. Peter Pagano, who is accompanying them. They're seated in the members' gallery, and I'd ask them to rise and receive the traditional warm welcome of the Assembly.

The hon. Minister of International and Intergovernmental Relations.

Ms Evans: Thank you, Mr. Chair. I'm just noticing an introduction of special guests slip at the adjacent desk, and I'd like to report on behalf of the hon. Member for Medicine Hat that if those from Alberta Environment haven't been introduced, I would be honored to do so: Susan Johnstone, Janelle Hancock, Jacqueline Desrochers, Nick Beranek, and Josh McGregor. If they are indeed in the members' gallery or in the public gallery, I would ask that they please rise and receive the warm acclaim of our members here.

The Deputy Chair: Are there any others?

Dr. Taft: Mr. Chairman, I know that in a moment the Member for Edmonton-Centre wants to introduce some special guests. She just got pulled out of the Assembly for a moment, so we may have to revert again.

The Deputy Chair: Yes. We will revert back.

Dr. Taft: Thank you very much.

Bill 27
Police Amendment Act, 2010
(continued)

The Deputy Chair: Okay. We will go back to amendment A1. Any comments or questions on amendment A1? The hon. Minister of Housing and Urban Affairs.

Mr. Denis: Thank you very much, Mr. Chair. I'm pleased to rise and just offer some comments here. I am going to support the notice of amendment on Bill 27 that we received from the hon. Member for Edmonton-Riverview on behalf of the hon. Member for Calgary-Buffalo. I first just want to tell this House how I'm excited that there are 15 future lawyers in the galleries. If there's one thing we need, it's more lawyers in this Chamber.

This bill, of course, is about police oversight. When dealing with police oversight I often look back – one of my best friends is a police officer in the city of Calgary. He often tells me what the complaints process is about, some of the things he's gone through, some of the things that are good, some of the things are bad. But where this all really goes back to is the whole concept of the common law rule of law, Mr. Chair. I pulled up something just on the Internet briefly about the rule of law, and it goes back to 1610.

Amongst many other points of happiness and freedom, which your majesty's subjects of this kingdom have enjoyed under your royal progenitors, kings and queens of this realm, there is none which they have accounted more dear and precious than this, to be guided and governed by certain rule of law, which giveth both to the head and members that which of right belongeth to them; and not by any uncertain or arbitrary form of government.

In the spirit of our common law tradition that we have in place in places like Canada, of course, in the United States, the United Kingdom, Australia, New Zealand, and several other realms across the globe, I'd argue that this is one of the best aspects of our whole system, the fact that all people are considered to be equal before the law.

As this relates to the Police Amendment Act, Bill 27, dealing with police oversight, the police in our society and our province and our cities and our towns are an essential service. Even the hardest core of libertarians would argue that police are one of the essential services of the government. But the police are comprised of individuals, and guess what? Individuals make mistakes. That's why we need a police oversight process and an adequate complaints process.

This bill in and of itself, Mr. Chair, is going to streamline the complaints process. It's going to make the process better. It's going to make the process more accessible to the average, everyday person. It's going to deal with frivolous and vexatious complaints. These types of complaints, obviously, are going to be dismissed summarily, and I wanted to commend the hon. Solicitor General and Minister of Public Security for dealing with that and recognizing that, in fact, there can be frivolous complaints that are deceitful, that inveigle, that obfuscate the entire process.

In addition, this bill also prevents unaffected third parties from filing a complaint. That doesn't mean that a third party cannot have access to the complaints process, Mr. Chair. It means, rather, that we have to set reasonable checks and balances. A third party can still go and apply to the chief of police if he or she feels that they are aggrieved.

Now, in particular, I wanted to just address a couple of things.

Dealing with the amendment itself, though, the amendment seeks to amend in section 6(a) proposed section 20(1)(e.1) and (e.2) by striking out "is unable" wherever it occurs. Now, just moving to section 6 here as it currently reads:

If a complainant fails to attend, to answer questions or to produce an item as required under [a subsequent clause], is unable or refuses to participate or to follow processes or conducts himself or herself in an inappropriate matter, the Board may dismiss the matter.

The amendment as it is proposed by the Member for Edmonton-Riverview removes the word "unable" in this case. What that would indicate is that removing "unable" removes the fact that a person could make a defence indicating: oh, I was unable to perform these duties. Well, that is a rather subjective determination. I think the member is actually quite correct because if you talk about just refusing as opposed to being unable, refusing, again, is just someone who makes a negative reaction: we need you to produce this, and they simply say no.

Clearly, the spirit of this bill, again, is to streamline the whole process, and by streamlining the whole process, you're going to have a better process in which people can have confidence in the entire police system of oversight but also in the entire complaint process as well.

I did have a couple of comments on Twitter about this. I'm not going to quote them directly, Mr. Chair, but people here just want an adequate complaints process.

Dealing with this amendment, I have to say that this is one of the rare situations where I agree with the Member for Edmonton-Riverview. I know of maybe one other; I think maybe it had to do with the head of state in this country. But I think that he's on the right track here, and realistically as a government we have to go and be open and actually consider some things that the opposition has to say. They do have some good ideas occasionally, and this is actually one of them as well.

I think that this amendment, again, will further foster greater confidence in our police process, in our system of rule of law, and also in the complaints process. I actually was part of one of the complaint processes, representing someone once. Of course, I won't say what that was. In particular, this process must be accessible to the average, everyday person, knowing that not everybody has a law degree; not everybody is a police officer.

Supporting this amendment goes directly in favour of the pith and substance of Bill 27, the Police Amendment Act, 2010. I would just encourage all members to support this amendment, as I will be doing.

The Deputy Chair: Hon. members, may we revert again briefly to Introduction of Guests?

[Unanimous consent granted]

1:30

Introduction of Guests
(reversion)

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

Ms Blakeman: Thank you very much, Mr. Chairman, and thank you to my colleagues in the House for allowing us to revert. You've helped me out of a bind because, believe you me, asking drag queens to come this early in the day is one thing, but asking them to come and then not introducing them truly would have made a short end to my life. So thank you so much.

I am very, very honoured to have visiting us here in the Alberta Legislature in the public gallery members of the current year of the Imperial Sovereign Court of the Wild Rose. Now, this is one

chapter of an international group that exists in Canada, the U.S., and Mexico. Our court here in Edmonton is celebrating its 35th year. They are primarily a service organization and fundraising arm. Currently they are supporting prostate cancer research, HIV/AIDS research at the U of A, Camp fYrefly youth leadership camp, the John M. Kerr scholarship fund, and they're working on a partnership with HIV Edmonton to create a camp for children who are infected and affected by HIV.

I would ask the following people to please rise: the Personal Puppy Prince to Emperor 35, Randy Quiver; His Most Imperial and Sovereign Grace, Imperial Grand Duke 35, JJ Velour; His Most Imperial and Sovereign Highness, Imperial Crown Prince 35, Jeffylube XXXPress; Her Most Imperial and Sovereign Majesty, Empress 35 and 1/2, Oprah Cleo Patra. Introducing the current reigning monarchs, friends of mine – I'm very proud of them – His Most Imperial and Sovereign Majesty, the Superhero Wannabee, Playful Puppy, Emerald Emperor, 35th Elected Emperor of Edmonton, Alberta, Canada, Lj Steele; and Her Most Imperial and Sovereign Majesty, the Twisted Emerald Starlight Empress of the People, the 35th Elected Empress of Edmonton, Alberta, Canada, Dee Luv.

Please join me in welcoming them to the Assembly.

The Deputy Chair: The Deputy Premier and Minister of Advanced Education and Technology.

Mr. Horner: Thank you very much, Mr. Chairman. It truly is an honour to introduce to you and through you to all members of the Assembly Mark and Stacy Maurier. This spring Mark and his lovely wife, Stacy, attended the St. Albert Housing Society's second annual home-style breakfast. There was an auction to raise some money for the society, and they were the successful bidders for a lunch at the Legislature. They had intended on watching question period; however, I'm sure they're getting an education as to how we work here in this Legislature today.

Mark is the president and owner of Cam-Trac Inspection Services, operating out of Legal. Cam-Trac cleans and inspects water and sewer pipelines in many of our municipalities and cities in Alberta and the Northwest Territories. His wife, Stacy, is a lawyer practising litigation and wills and estate law at Stewart, Weir & Co. in St. Albert. She is the secretary-treasurer for the Canadian Bar Association's solo and small practice forum. Together Stacy and Mark have two girls, Brooke and Trinity, who attend school at l'école Father Jan. They're very active in ringette. We had a great discussion around ringette and living in our riding. As well, we had a great discussion around property rights and the future of Alberta.

Mr. Chairman, the family resides on an acreage outside St. Albert in Sturgeon county. They are seated in the members' gallery. I would ask that they now rise and receive the traditional warm welcome of this Assembly.

Bill 27

Police Amendment Act, 2010

(continued)

The Deputy Chair: We will go back to amendment A1. Does anyone else wish to speak? The hon. Solicitor General.

Mr. Oberle: Thank you, Mr. Chair. I just need to make a couple of additional comments and bring this debate on this amendment to a close. The amendment was numbered A1, I believe, so we will refer to it in that sense.

Mr. Chair, again, the operation of the police in our province is, I think, an excellent system of professional police officers overseen by

a very professional and modern oversight mechanism. This bill endeavours to bring more clarity, more certainty, and streamline the timelines of that complaints process without restricting people's access to it. I think that's important.

It follows some moves that have been made in other provinces. I think it's sort of leading edge for how oversight is conducted. I believe our oversight mechanism, in fact, stands up to national scrutiny and, as I mentioned earlier, has been nationally lauded as an excellent model. So we want to continue on in that vein, and we want to provide an oversight mechanism that continues to meet the needs of the citizens and allows the police to function but makes sure that they function in a way that they're intended to.

We run a community policing model in our province, which has police officers as members of a community, accountable to the community for how they operate, and I think that this oversight mechanism provides exactly that. That's why we're proposing the amendments to the Police Act today.

Mr. Chairman, with regard to amendment A1 it proposes to amend section 20(1)(e.1) and (e.2) by striking out the words "is unable." The Member for Edmonton-Strathcona made some – and I'm not entirely sure that they're fair. Nonetheless, the context that she used of being a disabled or otherwise incapacitated person, literally unable to participate in the process, and that we're just going to say: well, sorry; you have to go. I think that's clearly – clearly – (a) not the situation that arises but (b) also not the intent of the bill. So the amendment has given me some pause here, some cause to reflect on the wording.

I believe that the words "is unable" as they appear in the sentence "is unable or refuses to participate" are intended to address a situation where a person as an excuse says: "Well, I'm unable to attend. I know your hearing is on November 29. I am unable to attend." That is a classic approach. And there are complainants in the system that will use that repeatedly: I'm unable to attend.

I find, though, that if that's the intent of those particular words, that's pretty much covered by the opening: "If a complainant fails to attend, to answer questions" – and the sentence goes on – "or to produce an item . . . is unable or refuses to participate." I think "if a complainant fails to attend or refuses to participate" probably covers the situation where the complainant is unable to participate, in the context I believe it to mean, the context that it should mean. And there are other reasons here: fails to produce an item as required or conducts himself or herself in an inappropriate manner. I think the intent is already captured in those other words, Mr. Chair.

I find that amendment A1 is in order and productive. I'm quite willing to support this amendment to the bill, and I would urge my colleagues to do the same. I see no problem in doing so.

[Motion on amendment A1 carried]

The Deputy Chair: On the bill as amended, the hon. Member for Edmonton-Riverview.

Dr. Taft: On the bill as amended, I want to open by thanking the Solicitor General and all members of the government caucus for supporting that amendment. It was meant in the spirit of improving legislation, and it was obviously received that way. So that's good.

Mr. Chairman, I have a second amendment, which is consistent with the one that we just passed, that I would like to propose for Bill 27.

1:40

The Deputy Chair: We'll pause while the pages deliver that amendment.

Dr. Taft: Mr. Chairman, if I could just briefly, while we're distributing this – we have a lot of guests in the gallery. I don't want to introduce them but just explain to them briefly that we are debating a piece of legislation that governs how complaints about police are handled. I don't want to speak for all members of the Assembly, but I think the debate reflects that we all understand that the police have an extremely difficult job, and they have to navigate that fine line between respecting everybody and treating them fairly, at the same time dealing with people who sometimes are very disrespectful and even violent with the police.

Sometimes there are complaints against police officers for overzealous pursuit of their duties or unnecessary use of tasing, unnecessary use of violence, and there's a process in place for handling those kinds of complaints. We need to respect the police and their situation in this, but we also need to respect the public and ensure that public confidence in the police remains very high.

The Deputy Chair: Hon. member, I believe that you handed the same amendment to the pages.

Dr. Taft: No. It's very similar, but it's to a different section.

The Deputy Chair: It's to another section. Okay. All right. Thank you.

Dr. Taft: If everybody has it, Mr. Chairman, I am moving this on behalf of the Member for Calgary-Buffalo, who is our critic for this area. It reads as follows: "Mr. Hehr to move that Bill 27, Police Amendment Act, 2010, be amended in section 17(a), in the proposed section 47(1)(d.1) and (d.2), by striking out 'is unable' wherever it occurs."

We don't need to repeat all the same debate that we had. I did want to just point out to the minister that while we have immense respect for the women and men who serve in Alberta's police forces, whether they're RCMP or municipal forces, there are incidents in Alberta right now where there are very public complaints about police behaviour, both municipal forces and RCMP. I think there was one that played out this week about the tasing of a civilian and an investigation into how that was handled. These are constantly going to be occurring in that interface between the police and the public, so I just wanted to make sure the Solicitor General understands that these are issues that do play out not only in British Columbia and Ontario but also in Alberta.

The purpose of this amendment, similar to the previous one, is taking out the term "unable." Right now the section that we're amending reads:

If a complainant fails to attend, to answer questions or to produce an item as required under clause (c), is unable or refuses to participate or to follow processes or conducts himself or herself in an inappropriate manner, the person conducting the hearing may dismiss the matter.

We simply want to take out "unable." If somebody is unable, genuinely unable to participate in the process, the person conducting that hearing should not be tied by the legislation. Where a complainant is unable, it's not grounds for the matter to be summarily dismissed. We should, in our view, simply proceed with the hearing until it is concluded, deciding the case strictly on its merits, which is done, I'm told, in Law Society hearings and other professional discipline hearings. So this is a point where we just want to refine the wording of the legislation so that it's that much more effective.

With those comments, I look forward to any further debate. Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Solicitor General.

Mr. Oberle: Thank you, Mr. Chairman. Pleased again to rise here to address Bill 27, the Police Amendment Act, 2010, and the amendment before us now, amendment A2, which, as pointed out by the hon. Member for Edmonton-Riverview, is quite similar in content and intent to the previous amendment. I'm curious as to why they weren't merged into one amendment. They're similar. That being the case, having accepted the previous amendment, having been persuaded through the rigours of parliamentary debate, or having folded like a cheap tent, depending on your viewpoint in the House, I find it hard to understand how I would object to the current amendment, which does exactly the same thing to a different section of the act. I'm certainly leaning that way.

I do want to point out, Mr. Chair, that in both of the sections the fact that a complainant fails to attend, fails to answer questions or produce an item as required, and, as currently worded, is unable to participate, follow processes, or conducts themselves in an inappropriate manner does not require the board or the person who hears the complaint to reject it. It says that they may dismiss the complaint. It does not require them to. So I did want to point that out, which further clarifies the intent of this. It gives the board some tools to manage the flow without throwing out legitimate complaints.

Nonetheless, we have before us an amendment which deals with the same wording. It intends to strike out the words "is unable." I again find, Mr. Chair, that the situation where I think that wording would come into play would be already addressed if the complainant fails to attend, fails to follow processes, fails to conduct themselves appropriately: those sorts of things. I think the intent of the section is there and is not harmed by removing the words "is unable", and I'm quite prepared to accept this amendment as well.

With that, I'll close my remarks, Mr. Chair.

The Deputy Chair: The hon. Member for Calgary-Varsity on the amendment.

Mr. Chase: Thank you very much, and I'll be extremely quick. It's basically passing out bouquets. I want to thank the Member for Calgary-Buffalo, who together with our researcher Michael Decore suggested improvements to Bill 27. I am very thankful that the hon. Solicitor General saw the intent to improve the legislation and embraced the amendments. I want to thank the minister of housing. I'm glad he's back here to hear the thank you for the work he's done with a lot of people who were involved with Bill 27.

The hon. Member for Edmonton-Strathcona pointed out the homeless. The plan to end homelessness now has eight years to go, but the member has been active in working with groups such as – a bouquet to Bonnie Malach, who is the head of the Homeless Awareness Calgary Committee, that receives funding from the United Way. I'd like to thank Dermot Baldwin, who is recently retiring from his terrific work in the homeless shelter, where he has enabled tens of thousands of individuals seeking refuge, seeking health care, and seeking guidance over the years.

With that, Mr. Chair, I am pleased to sit.

The Deputy Chair: I will call the question on amendment A2 as proposed by the hon. Member for Edmonton-Riverview.

[Motion on amendment A2 carried]

The Deputy Chair: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. I really am pleased that we were able to make some progress on Bill 27. That was one of those bills that we hadn't had a chance to deal with, and I would like to move that we adjourn Bill 27 at this point. It's not part of the motion, but I do anticipate that it'll come back on Monday evening at first order of business.

[Motion to adjourn debate carried]

The Deputy Chair: We will report progress when the committee rises.

1:50

Bill 17
Alberta Health Act
(continued)

The Deputy Chair: Any comments or considerations or questions with respect to this bill? We are speaking to amendment A3. The hon. Minister of International and Intergovernmental Relations.

Ms Evans: Thank you, Mr. Chairman. This morning in an earlier discussion I raised the question about section (d) in the bill amendment and suggested that perhaps it would be useful to have an understanding of exactly what the Canadian Association of Emergency Physicians said in their paper of February 2007. When I finish my comments, I will table five copies for the Legislative Assembly, something I don't think has been presented.

In fact, the CAEP position talks about the length of stay benchmarks nationally and talks about how

admitted patients must be transferred out of the emergency department to an in-patient area within two hours of decision to admit.

It goes further to talk about overcapacity protocols to be implemented to allow Canadian hospitals to meet the national emergency department length of stay benchmarks until functional acute care capacity is sufficient.

Then it talks further, that

achievement of these benchmarks must be continually measured and ED length of stay should be documented on a daily basis, and reviewed monthly.

Then it goes further.

Hospital and Regional administrators should be held accountable if the throughput standards are not met.

It goes finally to point 5,

that hospitals optimize bed management strategies, [et cetera],

and then

that governments sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85%.

Mr. Chairman, there's significant meat in these particular procedures, but I would suggest that this is a protocol that does not in any part of this information talk about legislating such a particular position. Legislation, I think, would be wrong.

If you go to the Hippocratic oath, you look at the fact that what was suggested in the Hippocratic oath has been updated and amended a number of times. The original Hippocratic oath was translated from the Greek by Ludwig Edelstein with the Johns Hopkins Press in 1943, then again by Louis Lasagna, dean of the School of Medicine at Tufts University, in 1964, and then the last editorial amendment on July 13, 2002. I quote that because frequently even things that we hold as cherished commandments, if you will, of our profession are updated to keep pace with current times.

I would like to challenge this Assembly to really pay attention to what the minister of health has stated; namely, that Alberta's standards be developed, that Alberta's standards be enforced, that we

look at new technologies and the rapid evolution of technologies and look at a process for implementing protocols that really apply to Alberta facilities, Alberta physicians, Alberta health care workers and apply to the circumstances we find in a province that's the size of three European countries and not to without study or merit really look at something and accept something that I have no knowledge whether was accepted on a national level by the Canadian Medical Association.

I have not heard whether our Alberta Medical Association adopted this, but if they did adopt this – if they did – then at no time in the previous history of our discussions in this Legislative Assembly that I can remember in the last almost 14 years did anybody ever table this kind of document. It's only that narrow window of how we admit patients and deal with overcrowding and does not apply to the overall standards that must be in place in any kind of health care facility. Mr. Chairman, I'm going to table these particular pages.

I would encourage my colleagues to consider that when we fetter legislation with a formula or regulation that has been adopted at a finite time, in this case February 2007, and not adopt it as a legislative amendment – we should look very carefully at legislation through a different, broader lens to make sure that it keeps pace with the policy, the progressive nature of what government should be, not look back at what it was but look forward to what it could be with a very properly managed health care system, a system that, I will underscore once again, has in place a five-year funding capacity at 6 per cent per year after a topped-up budget that has positioned us to do the very best possible work for the patients and for the families and for the communities in Alberta. Reject this particular amendment and challenge the health care professionals in consultation, as they already are, with the minister of health to make progress on standards that will be implemented in our facilities and will be a guideline for hospital administrators, not legislate something that was suggested at another point in time in another place but look to the future of what Alberta needs.

With that, Mr. Chairman, I will take my leave.

The Deputy Chair: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Well, Mr. Chair, thank you very much. I listened intently to the former minister of health from Sherwood Park, a nurse, actually. It's interesting to hear her speak up and eloquently speak in regard to the position statement on emergency department overcrowding that was published by the Canadian Association of Emergency Physicians, dated February 2007.

I guess my question to the minister at that time, if she's so passionate about these protocols, is: why didn't she bring them in when she was the minister of health? Then we probably wouldn't be where we were today. I can't even remember when she was minister of health, but to passionately speak about the protocols and not talk about legislation: if the protocols had been put in place when she was the minister of health, we wouldn't be sitting here talking about legislation five or six years later. [interjection] The Member for Edmonton-Whitemud is obviously going to get up and speak about this because he's trying to carry on some conversations with me also. It's the same minister who doesn't have the hospital in the constituency, so it just shows, you know, where we're going with the government.

Mr. Chair, I'm pleased, again, to be speaking to this important amendment, put forward by my colleague from Edmonton-Meadowlark. He's someone whose opinion I value because of the experience in emergency room medicine. Not only was he a doctor; he was the AMA section chief for emergency medicine. Clearly, he's a leader in the field. He's so well thought of that the minister

of health this morning or last night indicated that he had the utmost respect for the member. He spoke about his passion. He spoke about numerous other things that the member has done and how he respected him – I've got notes all over the place – but still they managed to boot the poor guy out. I've never seen anything like that as long as I've been an MLA.

My colleagues and I have spent the last day in this Chamber – a day or two days? It's been a long time, anyhow, listening to the members of the government repeatedly, on one hand, praise the member and, on the other hand, dispute any of these ideas that he's clearly put forward. The hon. health minister, as I indicated, described the Member for Edmonton-Meadowlark as his guiding light, and then he went on to dispute and second-guess everything that he has put forward.

Now, his amendments call for a legislated wait time in emergency rooms, and we've all heard from the government how bad the idea is. They tell us how it can't be done. They tell us how it doesn't work. The health minister has repeatedly said in the House over the last 24 hours how wait times don't belong in law. He goes on at length about how important wait time limits are, but he refuses to give them an anchor in legislation. He likes to say how wait time limits belong in performance measures.

Given how often and how badly this government misses its performance measures or changes them to claim political victories, how can anyone, seriously, any Albertan, believe this government will meet guidelines on their own without a law to enforce it? The bottom line is that the government won't legislate wait times because they know they have no plan to actually meet them. A performance measure can be missed or it can be changed with no repercussions, but this government continues to be allergic to accountability, and we've seen that over and over and over again.

2:00

Mr. Chair, the Member for Edmonton-Castle Downs was trying to discredit other jurisdictions who have legislated wait time limits. He says that time limits that are enshrined into law are like putting a gun to the heads of doctors, but there are countries that have succeeded where this government continues to fail when it comes to legislating wait times in health care delivery. In Norway the patients' bill of rights guarantees that you see a specialist within 30 days of referral. The legislated time limit has been in place since 1999, and quite frankly it's still working. It works because the system is accountable to patients. If the system can't meet the obliged time limit, patients are treated in nearby Scandinavian countries at no cost to them. This example illustrates how accountability measures and practical solutions that are entrenched in law force government and, quite frankly, force the bureaucrats to adapt and respond to the needs of patients.

The minister also talked about court time and how he wants people to get into the health system and that he doesn't want them to be tied up in court time. I found that comment very interesting, actually, coming from the minister. Quite frankly, you can learn from what other people have done and what other mistakes have been made. He has a huge, huge department, and he can find out what they were doing right and what they were doing wrong. It's a good way to learn where others have made mistakes or why they were not able to make the legislated wait times. The government is continuing, again, to show a stunning lack of political courage in making themselves accountable.

I'd also like to talk about Scotland, a jurisdiction that is similar in size and system to Alberta, that is moving forward on legislated wait times. It's single payer. It's universal. It's a publicly funded system, just like ours. They have a superboard; we have a superboard. They have an aging population; we have an aging population. They have pharmaceutical drug growth; we have pharmaceutical

drug growth. They have a shortage of family doctors; we have a shortage of family doctors. But they're moving ahead while this government keeps dragging its heels and refuses to show leadership.

We have a lot to learn from social demographics in Europe and elsewhere. We aren't the only ones trying to find solutions, but we seem to be the only ones who lack the courage to make the decisions that professionals like the Member for Edmonton-Meadowlark are asking for. It's our front-line medical staff like doctors, nurses, nurse practitioners, LPNs, nursing assistants who intimately understand the complexities of our health care system. They know the reforms, they know the answers, they like the legislated wait times, and they know that that will at least improve one area of the system.

We've heard a lot of criticism from the minister in regard to the repercussions and that if we legislate wait times for emergency, why aren't we legislating wait times for cancer care, for access to kidney care, for brain cancer, for lung cancer? The list goes on. Well, Mr. Chair, they're all connected. Quite frankly, if you're someone that is unfortunate enough to have cancer, whether it's kidney cancer, brain cancer, lung cancer, any kind of cancer, if you have eye problems, if you have knee problems, your first point of entry when you're not feeling well is emergency. If you can't get into emergency when you're feeling sick or you need to have some care because you're throwing up from the chemotherapy, you can't even possibly think of getting well.

The health professionals who work in the trenches, as I indicated, know the answers. They only need to be asked. While the government indicates health care professionals can speak out and indicates that the code of conduct, better known as the code, doesn't stop them, the message in the trenches is, quite frankly, much different, and they're scared of coming forward.

I can tell you as the health critic and as a member of the Wildrose – and I've mentioned this in my speaking – that I don't know how many meetings we've had in quiet places where no one can see the health care professionals that we meet with. I know the hon. Member for Calgary-Glenmore, who is just as interested in the health debate as I am and is interested in health – I can't even tell you how many meetings we've had. We've met in places that we didn't even know existed in Calgary, meeting with some docs and some emergency docs, a lot of doctors and a lot of health care professionals that want to talk.

Mr. Chair, let's be honest here. Quite frankly, we wouldn't be having this debate at all if the government had been doing their job in the first place. It's amazing to me that the Member for Sherwood Park can stand up and literally read from a doctor's oath, I think it was, and can read from the physicians, and she is a former health minister. She's talking about all these protocols that we can put in place, and she had the opportunity to when she was the minister of health, as did the Minister of Energy when he was minister of health, as did the Minister of Education. We're now on a new health minister, so that's four health ministers, that I can recall, that all had the opportunity to put this protocol in place, which they haven't put in place. That's exactly why we're spending hours and hours debating this particular issue.

This emergency issue is not a new issue. It's an old issue. It was brought to the forefront by the Member for Edmonton-Meadowlark when he was an emergency physician. It was brought to, I'm sure, both ministers' attention, that being the Minister of Energy when he was minister of health and now the current minister of health, when they were ministers, about what was happening in the system. Then it was rebrought up by Dr. Parks after he had sent an e-mail to the Minister of Energy, who was then the minister of health, telling him about the emergency.

The letter that we happened to get and leak out was from Dr. Duckett indicating that health care was in a crisis at that particular time. He indicated right in that letter that one of the reasons that they were dealing with this situation, which I found absolutely appalling, was public pressure. If that public pressure hadn't been there and if the courageous doctor from emergency, Dr. Parks, and our doctor here hadn't brought this again to the forefront, I'm not even sure if we would be talking about the amendment that's before us at this particular time.

The amendment, quite frankly, Mr. Chair, that the Member for Edmonton-Meadowlark is proposing is what I think goes to the heart of the system, truly goes to the heart of the health care system. The other thing it goes to is the heart of accountability, and that's accountability in the health care system. We have decided as our caucus and, I know, probably as the Liberal caucus and the ND caucus and our independent members – and we have quite eloquently heard from one of the government members, the Member for St. Albert, about how they support this particular amendment. I think that's very brave on behalf of the Member for St. Albert.

2:10

I sat here for hours along with my colleagues waiting for some of the other government members to come up and speak out about the fact that they believe that this is the right amendment. They have to, have to, have to be hearing from their constituents. Mr. Chair, we're inundated with phone calls, e-mails. I was on the phone till 1:30 last night talking to doctors, telling them that we're into a late night, and my caucus was kind enough to let me go home and grab a few hours of sleep. When they were e-mailing me, I said to them by e-mail that, oh, it was late, and they insisted that I call them anyhow. When I did call them, talking to them till 1:30 in the morning, I was saying: well, don't you find this late? It is a normal procedure for them to be up at 1:30 in the morning and doing their emergency care, et cetera.

We could go on and on, Mr. Chair, about this amendment, but I can tell you, in all honesty, that why I believe this amendment is the right thing is twofold. The first reason, quite frankly, is what we're hearing from the emergency physician from Edmonton-Meadowlark and what we're hearing from other health care providers in the system, that they believe in that. That goes to the emergency doctors, in fact all doctors and, quite frankly, all health care professionals.

I think that more important, though – and this goes to the heart of the situation – is what we're hearing from our constituents and what we're hearing from Albertans about the importance of the amendment that the Member for Edmonton-Meadowlark has brought forward. We've spent hours and hours of debate on this. I would hope that the government members will speak up on this particular amendment, whether they support it or not, and if they support it, as the Member for St. Albert explained why he supports it. I have the utmost respect for members to get up and speak about why they don't support the amendment because, ultimately, the buck stops with them, and the voters in their constituencies are the bosses, as the Member for Fort McMurray-Wood Buffalo likes to say.

We have continually debated this one amendment, and we will continue to debate this amendment. We've all obviously said that we're prepared to go for all hours at night to discuss this. I'm pleased once again to stand up and support the amendment that Edmonton-Meadowlark has brought forward. In fact, I'm proud to be able to stand up and support this particular amendment. I'm proud to stand up on behalf of the unbelievably dedicated, compassionate health care professionals, and that's all health care professionals. That goes down to the janitors and every other single person that works in this health care system that tries to make this health

care system run smoothly no matter what job they take on. They're all important.

I'm more proud, actually, Mr. Chair, to speak on behalf of the constituents of Calgary-Fish Creek as the health critic for the Wildrose Alliance, to speak on behalf of the hundreds and hundreds and hundreds of e-mails, Twitters, letters, phone calls that we have received on behalf of Albertans.

Thank you.

The Deputy Chair: The hon. President of the Treasury Board.

Mr. Snelgrove: Thank you, Mr. Chairman. We have certainly gone around and around and around on the great health care crisis here in Alberta, and we haven't heard a great deal of anything except how bad it is. We've heard how good it would be if we'd just pass the law making it good. It is as simplistic as saying that somehow the five-year funding arrangement was going to make the financial pressures go away or that if we're just the most compassionate people here and we just outlaw poverty magically, we won't have to worry about those poor people.

We have watched over the last few years a health care debate in the States, our neighbours to the south, where they can't even agree to get together to talk about it, a system that's funded by pharmaceuticals, by private interest, and by lawyers. The last thing that a publicly funded health care system needs is lawyers in there telling doctors what they can and cannot do and how quickly they're going to do it. If I am a patient in this system, I want the doctor to know that he can take the time it takes to assess what's wrong with me. That might be a while, but I want to get the treatment that the doctor believes is necessary and not their lawyer.

Mr. Chairman, it's really tragic that it seems like the only way one of the other parties can get their message out is to exploit fear. We live in an area of the world where – they wouldn't want to admit it – we have one of the best health care systems in the world. People come to this province looking for the health care that's provided here. That's not a big secret to Albertans. We hear every day, literally, from hundreds that get treatment in this system that they wouldn't get other places.

Is there a problem with overcrowding in emergency rooms? Absolutely. The solution is not to sit in here and call names or infer somehow that we're not doing anything. In 1995 we were spending \$15 billion total as a government. We're spending that now on health care. If you listen to them, they say that the health care problem is all the fault of the superboard, that if they were gone, things would be magically better. Well, we didn't get to this problem with the superboard, Mr. Chairman. We got here with hundreds at the start and then a dozen regions. We had no cohesive go-forward so that Albertans in every corner of Alberta could access the extremely good care that we have at some of the most highly respected institutions in the world in Edmonton and Calgary.

I believe and I think this government believes that everyone in Alberta should have access to world-class, leading – not research but results and care. If that is such a bad thing, then they've got to stand up and – I mean, it's perfect. It's acceptable and not only acceptable but appropriate that we have different policies to go forward with different challenges that we're faced with. Ours is to first put the patient first. It is exactly what we stated and what we're going to do. We're going to do it respectfully. We're going to do it in a system that can be sustainable, so that it's here for our children and their children, and we're going to work with the health care professionals that want to work within the system.

For most of the health care system they do very well. They sit there and say how much they appreciate all the health care profes-

sionals – they really do – and then they trash the system. It's really a shame for the 50,000 people in Alberta that go through our health care system every day and get great care, for the people in our nursing homes and our long-term care facilities that are dealt with on a daily basis, with great compassion and an attachment to the people that care for them, to then hear in here that our health care system is just – well, I don't think we can use the parliamentary language that would explain it.

We've got health care funding of around \$15 billion, and I'm one that can say: well, you have to keep an eye on your spending. This isn't being driven by spending. No one has suggested, including the emergency room doctors, that if they just had more money, it would be better. So the obvious choice here is to deal with them, to look at all of the contributing factors to an overcrowded emergency room situation.

About a week ago we watched the minister and a doctor on Global Television talk for half an hour respectfully, intelligently to Albertans about some of the challenges. For anyone that had the opportunity – don't pass this around – to go to CBC after, they had a whole show on the health care crisis in Canada. If you were to listen to those folks over there, you would think we were the only place that was having a problem with emergency room crowding. Well, Mr. Chairman, much to our surprise, all across Canada, in every corner, the demands on the system are changing. We don't have family doctors that are either willing to live in small communities or willing to maintain their practice as family doctors, so people are forced to go to emergency rooms. That's a fact. So you can throw out all of the other gobbledeygook about what's going on; we need to understand all the factors contributing to the situation.

2:20

Where they were able to identify Alberta as having a problem – and what a wonderful opportunity it is for some political parties and some media to exploit the emotions of a very caring physician. It's unconscionable, but that's a different story. They were able to focus on the crises in Alberta and in Vancouver and in Toronto and in the Maritimes and compare us to the rest of the world.

Mr. Chairman, we have the opportunity in Alberta to work our way through this. Albertans tell us on a consistent basis that they would like to see the evolution of health care, not the revolution of health care. We've got a very good system, and we're going to make it better. We have issues with access, and we're going to start to remove those issues.

To suggest that nothing has happened is – I mean, I could accept that there were probably times last night when some of our hearing aids would have been turned off, mercifully so. But to suggest nothing is happening in the health care system is so stupid that any clear-thinking Albertan sees through it. We are building centres for continuing care now that will get people out of hospitals and into their homes. It can be an institution but a home. Isn't the most important thing we need to look at: what quality of life does that person deserve? They don't want to be in that hospital. They want to be in the facility that suits their needs.

Mr. Chairman, we are working. We've listened to our constituents. We've listened to people that historically had to be separated because they didn't have the same level of care requirements. In my case of a couple together for 74 years, one had to go to Consort, and one had to go to Two Hills because of an Alzheimer's issue. Is that the system that they want over there, to go back to bunching them up somewhere that we can't find them? No. Albertans have told us clearly that things are different. The aging population is more active. They want facilities where they can live and grow old, still stay active. We know and it's agreed that we need to move those people out.

One of the solutions to the emergency room issue is to make sure that, wherever possible, we can get anyone that's in that facility that doesn't need to be there moved out so that those front-line emergency room physicians do have access to more beds. That can't be accomplished overnight, but, Mr. Chairman, it is absolutely one of the requirements if we're going to make more effective use of our hospitals and of our emergency room physicians.

The other thing that was stated in the CBC article – I'm not picking out Alberta – is that approximately 80 per cent of the people in the emergency rooms shouldn't have been there. They should have been in clinics. So if we know that – and that wasn't an Alberta issue – the fact is: do you want to attack the system, the reason that they're going there, or do you want to pass a law that says that if you've got all those people there, they've got to be admitted and treated? Come on. Let's get real. Let's work together in the way we have been in trying to make sure that people know where the appropriate health care is available to them, things like health hotlines, things like walk-in clinics. Those are all part of the solutions. I mean, I don't know why they don't just pass a law saying: "Let's not go to mandated wait times. Let's just pass a law that no one gets sick." We'd all support that – we'd all support that – and then we wouldn't need that amendment.

Does it contribute to health care to have a debate that's pretty much emotionally and politically charged? No. Is it important that we listen to people that do have the expertise in it? It absolutely is. Mr. Chairman, I readily admit I am not a physician. I am a politician who's grown up in this province with two older parents, both in their 80s, four children. We've all had health issues. Whether they're from the glorious arrival of our children or a father with liver cancer, we've all been faced with these things.

But I can tell you, as someone in this business, that you never put your family ahead of anyone else in the medical system. You need to be a part of it. We are a part of it. We shouldn't receive anything other than what we'd expect Albertans to accept, exactly the same level. Is it difficult? Yes, it is. But we all have the attachment to the health care system universally across the board. I impugn no motives to the opposition or to any of the speakers in this House. We all want a health care system that can satisfy Albertans' needs in a timely manner. That's a fact. I wouldn't question anyone's motives. But we do have different methods of trying to attract attention for what we're trying to do. [interjection] Don't worry. Nobody listens to him anyhow, Mr. Chairman, so I'm not worried.

We made a commitment, Mr. Chair, when we started to bring the regions together, to try and understand where the synergies were. There is no question that when you're running a corporation with 96,000 employees covering an area this size with the number of facilities that we've got, you are going to run into glitches. But the people in that system deserve the opportunity to continue to work to build the health care system we want. Focusing solely in here on a legislated requirement around wait times in ER may solve one very small part of the health care system.

Dr. Swann: No. It's a symptom of a broken system, Lloyd.

Mr. Snelgrove: I know. And so are ducks in tailings ponds bad for energy. You have your own opinion, and you can talk next. I've been very respectful as I've sat in here, so I would appreciate it. I don't expect it, but I'd appreciate it.

Mr. Chairman, we need to also share what we're doing with the other provinces. When we meet with our counterparts across this country, they tell us continually: you are the only province with enough guts to tackle health care head-on. For the hon. member to

suggest we didn't have the courage to change, talk to the other provinces. They'll tell you that Albertans are people that are willing to try, and Albertans have guts to go ahead with changes. [interjections]

The Deputy Chair: The hon. president has the floor. [interjections]
The hon. president has the floor.

Mr. Snelgrove: Mr. Chairman, do we have an obligation to look very, very seriously at the issues around the emergency room wait times? Absolutely. That obligation is bigger than just Alberta. The obligation is to work with our neighbouring provinces, with our federal government, with the College of Physicians and Surgeons, with everyone who wants to make a positive change to the situation that's there.

Mr. Chairman, I'm perfectly willing to sit here as long as they want. They don't probably want to tell the taxpayer what it costs to stay here day after day; that money hasn't entered into it. So we'll listen. I've made a list of the positive suggestions that have come up in this debate. It's very short. I think the best suggestion was that we would adjourn, and we did.

One positive note before I quit, Mr. Chairman, and I'll warn them right now that it doesn't have much relevance to the health care debate. For a brief moment last night we talked about the boundaries. I just want to say to the Member for Edmonton-Strathcona that she should be very proud of the fact that in this Assembly we talked about the name for her father, and it was supported overwhelmingly by every member of this House, both past and present. You should be very proud. [applause]

I can only say this, Mr. Chairman: were he still here, he would probably have some very positive suggestions towards health care in Alberta.

With that, I'll take my chair.

The Deputy Chair: Hon. members, may we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests (reversion)

The Deputy Chair: The hon. Leader of the Official Opposition.

Dr. Swann: Thank you very much, Mr. Chairman. It's a great honour and privilege to stand and introduce to you and through you to the House some very dedicated front-line health professionals, mostly emergency physicians, who are here to stand in solidarity with the Member for Edmonton-Meadowlark and to support him in this very challenging time addressing the most fundamental part of the front line of the health care system, its ability to deliver emergency services.

2:30

Mr. MacDonald: Are they making a House call?

Dr. Swann: They're making a House call today, and I'd like them to stand as I introduce them by name so that we can recognize them and welcome them to the House: Dr. Roger Yao, Dr. Darren Nichols, Dr. Jarrod Anderson, Dr. Samina Ali, Dr. Aisha Mirza, Dr. Hussein Kanji, Dr. Wiley Thompson, and Dr. Jennifer Williams. Let's give them the warm welcome of the Assembly.

Dr. Sherman: Mr. Chair, I'd just like to thank all of my friends for coming to this very important debate. Thank you so much.

Bill 17 Alberta Health Act (continued)

The Deputy Chair: The hon. Member for Calgary-Varsity on amendment A3.

Mr. Chase: Thank you, Mr. Chair. I'd like to begin my resumption of the debate on amendment A3 of Bill 17 by thanking the members in the gallery, that the hon. Leader of the Opposition just introduced, many of whom have come off last night's shift in order to be a part of this very necessary debate on Bill 17 and the emergent state of health care in Alberta. I think we have a sense, those of us who have participated for the last three nights and mornings in debate, of what these emergency physicians go through. We have a small sense of the hours and dedication necessary to do their job.

Earlier this morning, about the 18th hour of debate, throughout the current minister of health's commentary and those of previous and subsequent contributors, I listened intently to concerns raised and have taken notes to be accurate and focused on amendment A3. Both the minister of health and the hon. Member for St. Albert spoke about a need to broaden standards, suggesting that A3 is too narrow.

Mr. Chair, the proof is in the pudding. The hon. minister of health has frequently referenced his extensive consultations, which are appreciated. He is probably the most travelled minister within Alberta, whether in his role of Minister of Education or as minister of aboriginal affairs. There is no doubt about his consultative efforts. However, the time has come for the minister to sit, to summarize, and to act on the information he has gathered.

The minister suggested: let's talk about faster access to care, whether at home or in a health care providing institution. The minister talked about moving beyond emergency care improvements. The minister of health talked about exceeding national standards and the need to create a made-in-Alberta solution. My concern is: how far into the future is this solution going to occur? Bill 17 doesn't go far enough in setting standards or guidelines as amendment A3 would recommend.

Now, something, Mr. Chair, that you're familiar with and a number of members of this House are familiar with, particularly the hon. minister of finance, is the hunting analogy. There's been an awful lot of talk about targets. Depending on what target you are aiming at, the instrument you use varies. For example, when duck hunting, you don't use a .22 as it limits your chances of a successful shot, and your single missed slug can travel up to a kilometre. On the other hand, you don't use birdshot to bring down a larger animal. Rather than the broad, scattershot approach the minister is suggesting, I suggest he start with a single focus, a .22 approach, which will cause a ripple effect in health care.

Amendment A3 says to start the healing with emergent care and go forward from there. Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Whitecourt-Ste. Anne.

Mr. VanderBurg: Thank you, Mr. Chair. It's been a good discussion by all sides of the House, both last night and this morning. I want to give the Member for Edmonton-Meadowlark the utmost respect from me and from my constituents and from my family. When my granddaughter needed help, he was there for my granddaughter. Many of his constituents and the people that he works with, whether they be younger people like what's here: he has offered lots of assistance to them.

Last week we had a hundred clinical leaders from across Alberta's health services create a task force and tell us what they felt we

should do. In turn, I went home on the weekend and talked with constituents. We counted on the advice that the hundred clinical leaders from across this province had given us. They said: "Give it a chance. Give it a chance, and let's see how this will work. We haven't been happy with what has happened to date, but give it a chance."

I have to tell you that, you know, when I read parts of the bill and reference A3, I look back home and say that in rural Alberta we count on the good work of the emergency physicians and the professional caregivers in the city. When the doctors at home in Whitecourt or in Mayerthorpe get into trouble, they count on these people helping my constituents out, and they do a darn good job of it. My mom and dad have both ended up there, and we can't say enough for the care, the dedication, and the love that they have given to my family.

Mr. Chairman, I think we owe it to the experts that gathered last week to give it a try at what they've come up with. You know, if that doesn't work, we're going to have to have a debate again. I don't mind spending the evening or however many evenings it takes to get this debate out and get the feelings of each and every member from across this great province. I don't think there is one fix to the issues that are in front of us.

In my constituency I had the honour to have the previous minister of health out, and we talked about the care that's needed in our lodges. And what do we have today? We have 24-hour care in those lodges that is offered through the Lac Ste Anne Foundation and through Alberta Health Services, a great partnership that doesn't exist everywhere. The last place I want people to end up is in emergency, so that's how I felt that in Whitecourt-Ste. Anne we could reduce the pressure on these folks. We don't want them there. We want to keep them healthy. We want our parents and our grandparents living in a place where they can get that 24-hour care, so that they don't overdose on medication, where they have their nails taken care of before they have an ingrown toenail, before they have an infection. These are the things that we see in rural Alberta that are so very, very important.

I'm not going to stand up here and say that I know anything close to what the Member for Edmonton-Meadowlark knows. I'm going to say that the hundred clinical leaders from across this province that got together do know, and I'm going to put my faith and my vote and my trust in them. If it doesn't work, you can count on me supporting an emergency debate again, like I did last time. I supported that as well. I've learned from all of us around this table. So let's learn from those hundred clinical leaders that have said: "This is what we've come up with. Let's give it a try." Let's respect them and give them the respect that this Legislature should give them, and let them do their work.

Thank you, Mr. Chairman.

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

Dr. Sherman: Thank you, Mr. Chair. I'm truly honoured and humbled to get up and speak again on this very important subject that's very important to all Albertans. We've been going – oh, geez – how long now? How long, guys? Twenty hours? Twenty-two hours? It's a good thing I'm an emergency doctor. I used to do permanent nights. I think I used to work 27 shifts a month, 12 nights, and I got cut back to 16. So, guys, I haven't even started yet.

Now, the reason we're here on Bill 17, the reason I gave this amendment. I'd like to reiterate: the Alberta Health Act is decent legislation. It talks about a health advocate. People who have problems with health care are going to complain to a health advo-

cate. It talks about principles. I do agree that we've always had principles, but I think it's important to legislate them.

2:40

An Hon. Member: Live up to them.

Dr. Sherman: Absolutely. I do believe it's important to live up to those principles.

If today we had a health advocate, that poor advocate would have 1,000 complaints a day from Edmonton alone just on the emergency issue. This is why. The reason I'm amending this bill is actually to make it a much better bill, the best bill in this nation. The reason it hasn't been done in the nation before is because no one has shown leadership in this nation.

Health care is an international problem. This is why one of the four principles is no unnecessary deaths. This is what an unnecessary death is. My father has a cardiac arrest, and he dies. That's not unnecessary. That's going to happen. My good friend Dr. Guy Woolsey: his brother walks into a department, can't get in, walks across the bridge, waits for 12 hours at the Royal Alex emergency department. These doctors have seen him. They're waiting for a psychiatrist to see him, but there are no beds. The patient: sheesh, my heart really goes out to this family. I was in tears last night talking about this. He comes out every hour asking: when is the psychiatrist going to come? Then he asks the nurse for a pen or a pencil; I'm not sure what it was. I read it in the paper, from Jodie Sinnema's article. And then he hung himself in the department.

A young child with a ruptured appendix who waited in the waiting room died. There are mothers miscarrying on triage stretchers. Guys, I don't work at all at the Royal Alex anymore. I work at the Northeast in minor emergency, but these people all work there. I trained them all, and my colleagues trained them all. We can talk gobbledegook and gibberish in here all we want. Come on, guys. Why do you think front-line staff are demoralized? Staff morale is at 45 per cent. Because of the malarkey in this House. I'm not sure if I'm allowed to use that word, Mr. Chair. If I'm not, I apologize.

An Hon. Member: Policy decisions.

Dr. Sherman: Absolutely correct.

Before I ran for politics – again, I will reiterate. Here's my picture. I said, "It's a crisis" in 2007, when I was in Dr. Paul Parks' position. To the hon. minister of International and Intergovernmental Relations, who's a nurse, who was the health minister at the time, I wrote a letter in 2006. Prior to that, in 2004, our godfather, Dr. Chris Evans, who was the head emergency doctor in the nation last year, homegrown right here in Alberta – he is on the board of the Alberta Medical Association. Isn't that right, guys? He's the one who drafted these guidelines. They're made in Alberta. Do we want some other province to do this first, or do you guys want to do it when our expert is the one who did it? Come on, guys. Does Alberta want to lead by following, or does Alberta want to lead by leading?

The reason I'm asking for these to be legislated is because these are the teeth. They will actually hold doctors accountable, administrators accountable, nurses accountable. In fact, it's actually good for politicians. No one is going to get sued because of it. The health care system is actually currently going to be sued because of all the delays in care.

What I mentioned was an unnecessary death. So no unnecessary deaths. No unnecessary harm. The harm is when you wait eight hours in a waiting room with a bellyache and your appendix ruptures. That's unnecessary harm. That's unnecessary. If you

come in with a ruptured appendix, that's a ruptured appendix. If you come in with a ruptured appendix and you wait eight hours in a waiting room and then you die from it, that's unnecessary.

No unnecessary deaths, no unnecessary harm, no unnecessary delays in care, and then no unnecessary waste: these are just simple principles. You know where I got them from? They're at the Trillium Health Centre, a top-performing hospital in this nation, in Ontario. Their staff morale is at 92 per cent. Their CEO is Janet Davidson. Guess where she's from? Take a guess. She ran the U of A hospital years ago. She used to be an assistant deputy minister in this government. All our best people have left for Ontario. We lost the cream of the crop. There are still good ones here. There are some good ones here. But we still lost a lot of good ones, and there are a lot of good ones right now who are feeling that their voice is not being heard. You know what? They're actually better than good; they're actually great. But they're not being heard. We have a whole bunch that will be great, but if they feel that the great ones aren't being heard, well, they're not going to get involved.

So they are the four principles, and the most important part is the teeth of legislating ER wait times. It's actually not an emergency problem; it's a health care system problem that manifests itself in the emergency room. The people who are discharged: that's more sort of an emergency/hospital problem. The people who are admitted: that's more of a hospital/system problem. It's like rush hour. Did you ever leave work and then go: who the heck is slowing everything down at the front? Well, somebody who's driving really slowly and cautiously, probably my grandma or my grandpa.

That's the problem. We have an inadequate home-care system in this province. We have not enough. It's inadequate because it's not appropriately resourced. It's not inadequate because the staff are no good. They're great, but they're overworked and overburdened. We need a lot more staff. We don't have enough subacute care. We don't have enough rehab care. We need more community hospices and palliative care beds. People should not have to die in an emergency department half-naked at the end of their life with the whole world walking by for four days. And then we need long-term care. If we actually need acute-care beds, then, sure, go ahead and build more acute-care beds.

Then what we need is to work on the input side. We have a broken primary care system. That's actually the problem. We have too many sick people. People are sick because they have no access to primary care. You can't get in to see a family doctor for a month or two – five minutes, one problem – and 20 per cent of Albertans on the average don't even have one. In rural Alberta the problem is actually even more acute. These problems all back up into the emergency room.

They have 48 beds at the University emergency room. During the election 42 were plugged up by admitted people. There were 50 sick people, not sore throats and runny noses, in the waiting rooms, dying in the waiting room to get in. These are the 322 cases that Sheila Weatherill asked these doctors to collect. She asked them to collect them, and these are the cases that Dr. Paul Parks gave to the Premier and to the hon. past Minister of Health and Wellness from Edmonton-Whitemud, to the hon. Member for Edmonton-Rutherford when he was his assistant, and to myself and to Paddy Meade, who was the deputy minister at the time. These are the cases that he actually re-sent just recently with the letter with the Premier's commitment from 2008, with the letter to three different ministers, which didn't include my letter to the minister in 2006 or Dr. Evans's letter to the minister in 2005 or to the minister in 2004 or in 2003 or in 2002 or in 2001.

2:50

The hon. minister, the Member for Edmonton-Whitemud, in my

home announced 600 long-term care beds prior to the election. The hon. Member for Edmonton-Rutherford was there, as was all the Alberta Medical Association leadership. I'm just looking at my watch. It's 2010, and it's November 25. The question is: when are politicians going to stop announcing things five times and taking pictures and doing gobbledygook and malarkey, call it what you may, and not actually doing anything and trying to sneak through an election with a Public Affairs Bureau that will spin the bejesus out of things? That's what drives these guys crazy, and that's what causes good Albertans to suffer: governments that do not have the moral backbone to be honest and who do not do the right things by patients.

The hon. Member for Edmonton-Strathcona pulled up on her computer a graph of how many days in Calgary alternate level of care patients wait on acute care. The graph sort of went like this up until 2006, and then the line took off like this, at a 50- to 60-degree angle. Would that be correct? At a 50- to 60-degree angle. Upstairs is plugged up by healthy seniors who are actually separated from their spouses and their families for up to a year or two years, sitting in cardiology and orthopaedic and medical wards. It's actually contrary to the Premier's policy. They are separated. They have been separated for years. Nothing has been done. This promise was made in 2005, 2006, 2007, 2008, and 2009.

That's why admitted people, who should have been upstairs three or four days ago, plug up the ER. That's why sick people who should be in ER beds are in waiting rooms and on ambulance stretchers. That's why ambulances that should be on the street are actually all clogged up, waiting to off-load patients in the emergency room or taking sick people and giving them tours of the city while they're dying at the other end of town because they can't get into emergency departments, and that's why there are no ambulances on the street to respond to an urgent 911 call. They're all waiting to off-load sick people.

The whole province's ambulance fleet is tied up in emergency departments. We used to have 12 cars on the road when I started that did eight to 12 trips a night. Now we have 37 cars in Edmonton that do one to three trips a nights. They're sitting around on lawn chairs, ordering dinner, changing their shifts, and people are suffering.

I do not know how much more I can tell my colleagues in government. This is why I lost confidence in the leadership of this province. This is why I sent that e-mail. I apologized to the Premier because I thought it was important for the province to have confidence in their leadership. I do not apologize for sending that letter. It's entirely truthful. I am so sorry, my good friends. I am so sorry.

Here's where partisan politics butted heads with the values my family taught me, to be truthful. The truth will never hurt you, said my grandfather when I was a three-year-old child. There are three things in this world, he pointed out. He said: you can't hide the sun, the moon, and the truth. Then there's the oath that we all took, the Hippocratic oath to society, the same society we represent, that we must do no harm. We must tell the truth.

What happened was a battle of principles between partisan politics and the truth and moral values of an honourable profession. It's a sad day in this democratic country, which is the greatest country on the planet and the greatest province, when partisan politics actually win. I had to be honest. I'm so sorry. This is why we must legislate these wait times. It has been too long, far too long. These people are burning out. This is our new, young group. You'll see that there are no old guys here because they're burned out. They're waiting for retirement. These are their babies.

I'm not burned out yet. I haven't even started yet. I will not stop talking on this issue until I have no pulse in my body. I will keep

talking on this issue. One day when my pulse ends – those guys up there have a lot of pulse, and they're going to do it. The reason they are here is because I want 10 of them to run as MLAs, and I want one of them to be the Premier. If you guys don't fix it, they're going to fix it. But I'll tell you that if they run against you, you guys aren't going to win. That's why I bring every medical student to the Legislature. I've said: if these people don't listen, take them out.

We must legislate this, my good friends. It's actually good for the government. Your health care spending will actually come down; we will actually improve care. Governments are at risk of lawsuits currently because of the delays in care. This will actually reduce the lawsuits that the regions and government are currently having. How do I know that? Because I actually used to sue the system. When doctors and the system made mistakes, I'd say: hey, they made a mistake. Guess what? After I got elected, when I became the parliamentary assistant to the Minister of Health of Wellness from Calgary-West, there were a few major lawsuits settled against the Calgary health region because I gave the expert opinion. They did not want to put the junior health minister on the stand.

I know the province is being sued because I gave the expert opinions. In fact, I got the province off the hook and the doctors off the hook. I'd say: "Look, they didn't make a mistake. The patient would have died anyway, and the harm would have happened anyway." But many times the delays in care caused the harm. That is actually what causes the lawsuits we have. This legislation will actually reduce the lawsuits that we're currently having, improve care, and decrease that spending curve. We must do it, I tell you, because Ontario will legislate this before we do, something that our head doctor, homegrown here, did.

This government legislated no deficits. How do you get a deficit? It's really simple math. You spend too much, or you don't earn enough. We just repealed that legislation. Well, what's the number one cost expenditure? It's health care. So why would we not legislate this? The difference is that we're actually legislating human care and human values. These are the values Albertans espouse. My dear friends, I don't know how to convince you. Do you really want to send the message to the people of Alberta that you do not want to enshrine into law the values that you have, the compassion you have for their suffering?

We pass so many other laws here, guys. I have to be honest with my team. I have supported a lot of laws that I didn't agree with because of the rules of parliamentary democracy and for teammates. I ran for only one reason. I realize that as an MLA you have many other duties to do, and I've learned them, and I've done my best at them. But this is the main reason I ran: to be the voice of all health care professionals, not just emergency doctors. They're just the gatekeepers to a very important system, a fantastic system, actually, because once you get in, you actually get world-class care. That's something the province should be proud of, and that's something this government has actually done. Geez, guys, give a round of applause. This government did that.

Thank you so much, Mr. Chairman.

The Deputy Chair: The hon. Member for Drayton Valley-Calmar.

Mrs. McQueen: Well, thank you, Mr. Chair. I, too, would like to join debate on this bill, Bill 17. I first of all want to thank all members that have had the opportunity to join in on the debate. I think we've had many hours of good debate and good discussion. I want to begin this debate and my discussion by doing as I have locally to our health care professionals, by thanking all health care professionals across this province for the outstanding job that they

do every day, 24 hours a day, seven days a week to make sure that we are all well taken care of as it is relating to our health care.

3:00

I want us to as well acknowledge the work that has gone into this Alberta Health Act. I want to commend the Member for Edmonton-Rutherford for spending the time to go and talk to Albertans across the province and the extra time to come into my community of Drayton Valley-Calmar for us to be able to have the opportunity in our constituency to have some good discussion and good input into this act.

I want to tell you that folks want us to get on with the business of health care and reducing the wait-list times. They want us to get on with the vision of Vision 2020. They want us to make sure that our seniors – the Member for Calgary-Fish Creek spoke early this morning when I was here about her mother, as she has many times, and I can relate to that. Both of my parents, my father first, were in acute care, a place that is not a place for our seniors, but long-term care after that. I have to say that in the acute-care beds for both my father and my mother, who have since passed on but had both spent time in both of those types of beds: outstanding service. Albertans all say, no matter who talks to us, that when they are in the Alberta health care system, they receive outstanding service from our health care professionals, so I say that. When they were able to move into long-term care, there's even better service there because that is the quality of care.

In saying that, my parents were married for over 50 years, and I can tell you that splitting up couples and partners for life, not being able to share in the same health care facilities, is not the answer for our seniors. It's not the answer for them. Part of that answer is that we have accommodations, assisted living accommodations, where a well senior and a not-well senior that needs some extra health care have the opportunity to live together. As we've added and we continue to add more assisted living beds, as we continue to make sure that we have our seniors in the beds that are right for them, we then free up the acute-care beds, which we so desperately need to do. That is part of our long-term vision. When we look at Vision 2020, we talk about that.

When we look at the Alberta Health Act and putting patients first, that's what Albertans have told us. That's what our constituents have told us. They want us to get on to the business of doing that. When we spoke about that and we talked about a five-year commitment to funding, people were very happy about that, to see that the health care workers that are there day to day, 24/7 are able to do their job while those that are looking after budget needs and hiring needs and all of those things have a longer term outlook, have a broader outlook rather than from year to year. We're very happy about that piece.

Now, in saying this, folks that are in, I would say, the bigger centres compared to our local emergency hospitals – I have to speak very highly of the emergency hospital in my constituency of Drayton Valley-Calmar. You may have to wait, but the wait is certainly not the wait that we would see in our larger centres of Edmonton and Calgary. In saying that, folks from my constituency that have been in both of those centres have said to me that if they absolutely needed the health care to get into emergency, they get there, and they're well taken care of. They commend the health care professionals that we have. That does not mean that we can't do better and that we won't do better and that we should not do better, because we will. That is what this act is about. It's about doing better. It's about setting priorities.

It's important that we as elected folks listen to those folks. That is why when the 100 health care workers came together with a plan

to really look at this and how to deal with it, I put a whole lot of respect into those folks. Those are the folks that are dealing with the health care system. Those are the folks that understand what needs to be done in emergency care. Those are the folks that are going to play a large piece in helping us resolve the issues that we have.

I have to just say again how much my constituents appreciate the work that happens in our health care system and the great work that the staff do. We will work together with our minister and with this act and with the Premier and with all of our colleagues and with all of us on all sides of the House to find solutions. That's what Albertans want. They want us to start finding solutions so that together, for them and with them, we will find solutions to reduce the wait-lists, to increase the amount of beds for assisted living and for our seniors' care, thus freeing up acute-care beds so that those beds are there for the people that need them at that time.

[Dr. Brown in the chair]

I want to thank the Member for Edmonton-Rutherford for the work that he has done across this province. What people told me was that this member in particular, as he respectfully travelled across the province – there was a quote earlier today that someone made: but did he listen? My constituents said that not only did the member listen; he heard and he reflected back in this act exactly what they were saying.

Together, let's make sure that we're all working for all Albertans to make this a better health care system. Thank you, Mr. Chairman.

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

Mr. Hinman: Thank you, Mr. Chair. It's been a privilege to participate in this debate on amendment A3 to Bill 17. There have been a lot of good things said. There's been a lot of repetition. We've got an opportunity. I think the one thing that I would focus on is that we need to respect and look at the truth. Why are we here? When we look at and analyze the function that's been the process of the last year and a half since the superboard came in place, it's one of these systems where we've been regulated to death in the literal sense. It's very disappointing that we're not actually looking at and addressing the different bottlenecks. There are many of them that we've talked about. There are many of them that have been pointed out. The question is: are we going to address them?

Again, we've asked for an audit. It's always the first and most critical thing if you want to be able to make the improvements. How many beds do we really have in our facilities that are currently closed down and could be opened? We found last week that there were 360 beds that miraculously opened when all of these problems came to light. All of a sudden the door was opened up, and there was a light on: oh, we need to do something; we need to do it now. Three hundred and sixty beds miraculously appeared. Where did they come from? How many do we have in there?

We've had several of the government members talk about how this is all about politics. That's exactly what the Member for Edmonton-Meadowlark has been saying. This has been about politics. It hasn't been about addressing the problems in our facilities. We need to do better. We've talked about the number of people that show up in our emergency rooms, up to 80 per cent that don't belong there. What are we going to do about that to address that?

We've talked about the people that are in there that don't have a bed to go to upstairs. Again, it's been said many times – I can't remember who all they are now that spoke it – that site-based decisions are critical. You can't have someone in Edmonton say:

here's the formula; when you hit it, then we're going to react. What you need is a chief administrative officer that's looking after that facility top to bottom that says that we're going to act on this because this person needs it and they need it now, not looking at a clock or looking at the percentage of beds and saying: now we've hit the trigger point. It isn't good enough.

One member said: "You know what? This document going back to 2007 is from another time and another place." No; 2007 existed here. We made adjustments for the Band-Aid, but did we follow through and get the proper treatment, to open up those beds, to have the site-based decisions? Mr. Chair, we did not.

The biggest problem – and this is what goes back to the crux of all of this – has been the cover-up. They've been given this information for years. It hasn't been released. They need to be honest with Albertans and put out the reports, let them know what is happening, where it's happening, and what they're doing about it.

We can't keep doing this. This idea that they continue to hang onto about the superboard as the solution isn't it. Until they let go of that and say, "How do we get those site-based decisions? How do we actually get it moving through the system?" it's not going to change, Mr. Chair. We need critically to go back and to give people the authority to make the decisions.

3:10

We have another problem in the system, and that's the funding of the system. Currently, how are our emergency rooms, our hospitals funded? There's just a bulk funding. It goes there, and those people that have that so-called position, compartmentalized to be able to make a decision here or one here, start off with their money, their budget for the year. Then they're told to work it out so it's going to last a year. Every doctor that shows up, every nurse that shows up, every patient that shows up, every facility worker that shows up is an expense in our system. We've talked many, many times about changing that around to where the funding needs to follow the service. We have to think outside the box and change this to where an administrator realizes that if he's more efficient, he's going to have more money.

We have an economist that specializes in health care that was fired a day and a half ago. I don't know what the agreement is, but we tried speaking out before it came. What we need to do is this audit and an analysis of the system so we know where we're starting from. This hasn't happened. I don't hear it happening.

What's discouraging for Albertans – the doctors, the patients, the people that we're talking to – is, they say, that these people are not reacting to the problems. Again, the hon. Member for Edmonton-Meadowlark repeated that time and time again. We gave them the information, it was politicized, and there was never a solution. They never reacted. They just took the information, buried it, put it in a compartment, and said: "Yes, we're going to look after it. Don't worry about it." It doesn't work that way.

We need to change our system. We need to have someone who's actually in charge locally and has the authority to make those decisions realize: "You know what? We've got to call in an extra shift of nurses. We need to call in an extra doctor." And they can, not go for the approval and call up to Edmonton or say: oh, look at the formulas here; we're okay.

It's unbelievable; it's shameful, the number of paramedics and ambulances that we have sitting for hours and hours at an emergency room and no response. They seem to think that that's the norm now. It isn't right. It shouldn't be the norm, and it shouldn't be accepted. We need to change what we're doing.

What I wanted to do to bring this all together is the fact that when you read Bill 17 and you read the amendment to Bill 17, it's really nice words. It's really flowery. You've got a health charter.

You've got a health advocate. We've got it written down here where we have this many hours and we're going to react. We don't need the words. We don't need the papers. We need the work actually done. We need a system that's smooth running, that grabs these people, puts them through, treats them, and gets them to the right area.

Another problem that we have is that we're not using our trained people to their full scope of practice. I talked to way too many on how much time they're spending on things that they shouldn't have to be doing. We could hire someone else.

Again, it's been said many times that what we need to do is allow that vertically integrated system, to say: "You know what? These seven people are through the emergency room. They're stabilized. It's not healthy for them to be in the hospital here. We're going to send them home." Again, this person, this network looks at that and says: "You know what? We're going to hire two more respiratory therapists. We're going to hire these other individuals that are going to go and check on them and see that they're okay." We save thousands of dollars a day by moving these people out. But, more importantly, we save them from the high risk of sitting in a hospital, being exposed in a high-risk area.

There are so many things that if we just look at them and start one by one checking them off and start addressing them, we could make a move. Are we going to deny that a year and a half later our wait times are longer, that people who want hips can't get them?

It just goes on and on, Mr. Chair, and we have to change. We have to look at it. We need to do this in a systematic way, look at where the bottlenecks are, and move forward. How many times have we heard that we don't have enough long-term care beds and promises going back two and three years that we're going to build them? We need to change what we're doing. Bill 17: the reason why we've talked about it so much and will continue to talk about it is because it isn't good enough. It isn't going to change things to make a new statement and say: now we're going to do it.

We had a hundred ER doctors that got together – and this sounds like the Committee of the Whole, that they're going to throw things together and do that. I don't think so. Just the idea that it's going to take 40 days tells you that there's something wrong with this when they can't come up with a solution. As the Edmonton-Meadowlark MLA said, we have people that know how to run these facilities. Some of the best ones that have been trained have left the province. We have more here that could do it. Are we going to hire someone to actually run these facilities in an orderly fashion that doesn't have the waste, that doesn't go through those four points that he talks about, to do no harm or not cause unnecessary deaths, unnecessary pain? We're not addressing those things. It just seems like we're in a disconnect. We have the triage nurses. We can move them through if we just open up the system.

Mr. Chair, I'll sit down, but we haven't come up with any solutions. All we've done is talk and talk and talk, and Bill 17 does not address the problems that we're facing here. It's a feel-good paper. It's a paper with promises. As has been mentioned, there are no teeth in it. What we need are actions. We don't need words. We don't need promises. We actually need actions where people can see the numbers going down, realize that we're changing our system and that we're doing it right.

As much as the members want to continue saying, "Oh, it's the superboard" or "It's not the superboard" – 90,000 people, one CEO: show me where that's worked anywhere in the world. Centralized government, centralized planning: it hasn't worked. We need to dismantle the superboard in an orderly fashion. We need to go back to people that understand how to run the facilities. It's not about 300 beds.

The Acting Chair: Hon. member, we are speaking about amendment A3 and the content thereof. If you could confine your remarks to that amendment, please.

Mr. Hinman: I will try and do that.

I appreciate the time to speak on this. I realize that the reason why the discussion has gone on is because the solutions have not been proposed by this government. They're not in the bill. We need to do better. It's a flat, wasted bill. There are broken promises that are now paper promises.

I'll sit down. Thank you, Mr. Chair.

The Acting Chair: The chair will recognize the Member for Lethbridge-West, followed by the Leader of the Official Opposition, followed by the Minister of Employment and Immigration.

Mr. Weadick: Thank you, Mr. Chairman. It's a pleasure to rise today and speak to both this important amendment and some of the impacts of the bill. It's been a pleasure to be here over the evening and listen to a lot of the discussion around both the bill and this amendment as well as a whole lot of other things that have been discussed through the evening.

I'd first like to thank the Member for Edmonton-Meadowlark for bringing this forward and creating the opportunity for discussion around wait times. I'd also like to thank the Member for Edmonton-Meadowlark for taking the time over the past two years to explain a little bit about what it's like being an emergency room doctor to me. Never having worked in the industry or been part of the health care system, really I didn't understand a lot of the issues around emergency rooms, emergency room medicine, so it's been really nice to have the member explain some of that to me and talk about some of the wait times.

Wait time is one of those words that you hear, and every person I talk to has a different idea of what wait time is. Is it waiting to get into an emergency room, waiting to talk to a triage nurse, waiting to get into a bed, waiting for the tests that you actually need so that a doctor can do an assessment to get you into a bed? There are a whole host of things, and the member did take some time to talk about how that flows within an emergency room and where the critical pieces of that might be.

3:20

I did bring up the CAEP, Canadian Association of Emergency Physicians, pages and read a lot of what's in there around their overcrowding position, around some of the issues that they see that might fix that, and there are some really unique things. What I'd really like to talk about is Lethbridge. I come from Lethbridge, and with the Member for Lethbridge-East we're very, very pleased and proud to represent Lethbridge, and southern Alberta is very well represented. In Lethbridge we also have wait time issues, Mr. Chairman, that I'd like to talk about and address a little bit because that's what we're talking about in this piece of legislation.

In Lethbridge we have made significant changes. Now, Lethbridge is a unique area. We have in southern Alberta Medicine Hat and Lethbridge, two urban areas, and large rural areas with a variety of things happening, farming and ranching, people living long distances from services. We also service a great swath of southeastern British Columbia in Lethbridge, so activities and actions there can create impacts on wait times.

As was said in the CAEP pages, a big chunk of emergency department overcrowding is really hard to predict because it can occur any time for a whole host of reasons. You can't often predict. In southern Alberta we've been very fortunate to have very manage-

able wait times. I believe wait time averages are around two and a half hours to get a bed in southern Alberta. They've rated hospitals across the country, and Medicine Hat and Lethbridge continue to be in the top few hospitals across the country for wait times as specified through this amendment.

I think that we can look to some of the places right here in Alberta where really good things have already been done within the system, where Alberta Health Services and the men and women on the front lines have worked together and created protocols where wait times have been significantly reduced. One of those things that's happened in our region is the increase in continuing care spaces and home care. We've increased over the past few years from a thousand to 1,500 continuing care spaces. I'll tell you what. Having those extra care spaces, where we can move acute-care patients into the appropriate level of care, freeing up acute-care beds, has been a significant move towards helping maintain these wait times that we see.

I'm going to quote the Member for Edmonton-Meadowlark when he said that we have a primary care problem, and these problems back up into the emergency room and plug it up. I think what we need to focus on is that we've got to fix those issues. We've talked a lot about emergency room wait times, about trying to set standards for that, but until we can start to deal with those issues that are backing everything up in the emergency room, those standards will mean little.

We must – we must – continue to work. Some of the good work that has been done across the system in beginning to reduce some of these impediments, building new long-term care beds and facilities across the province, has been helpful, but we've got a ways to go there yet.

In Lethbridge we're also blessed with a combined service. We have a fire-ambulance service that works together, jointly. Alberta Health Services have worked with us to create the opportunity. We just signed a new contract to continue delivering that service as a combined service. It's wonderful for our community. The ambulances are less expensive to run, and they provide great service, and it also helps to keep our fire-ambulance system operating well. This is a place where through creative thinking, through working together with our municipality, with the city of Lethbridge, with our health care providers – don't forget that those emergency room doctors, as well as doing all that they do in the emergency room, are on the phone with our paramedics, working with them as they triage patients in their homes, in travel, around the community. These men and women are very, very busy and are helping us to make sure that people even in their own homes, before they ever get brought to the emergency room, are being dealt with effectively.

Mr. Chairman, I believe those are the kinds of things that we have to continue to do, that we have to continue to take across the province. We've talked a lot about Bill 17. We heard things like: well, you know, this is about a health charter and a health advocate. You know, people in Lethbridge believe that a health advocate and a health charter are good things. They believe that Bill 17, generally, is a good thing. When the member from Edmonton came to Lethbridge and held sessions around what we need to do in health care, people came out. They showed up, and they spoke freely about what they saw and what they thought needed to be done.

Mr. Chair, that is outlined in this bill. The vision of Albertans as we met with them is carried forward here, and I believe that we need a vision for health care. If we're going to fix all those things as laid out under CAEP to do with overcrowding and a whole host of other things, we need that overall, overarching vision to go towards. This bill will help give us that vision. It will help create the opportunity

into the future and maybe allow us to deal with some of these very critical issues around overcrowding, wait times, and others.

Mr. Chairman, I think that we continue to move forward using some of those wonderful examples across the province of Alberta of where things are being done right, where Alberta Health Services and the men and women at the front lines are delivering fabulous service to our citizens. Most of the people that I talked to, when they get into our system, are so pleased with the level of care that they get. I get calls and people dropping into my office every week saying: you know, Greg, it took a little while to get in, but when I got in, the service I got was unbelievable. We have a fabulous health care system here. We need to keep what we have as well as develop and increase the quality of our emergency rooms, speeding up that service, but we do that as a holistic approach. I believe this bill will do that, and I would ask everyone to support that.

Thank you.

The Acting Chair: The chair recognizes the Member for Edmonton-Gold Bar, followed by the Minister of Employment and Immigration.

Mr. MacDonald: Thank you very much, Mr. Chairman. It's a privilege to get another opportunity to speak on health care and the delivery of health care, on this government's record, and on what we need to do to improve access to emergency care for sick and injured Albertans across the province. Certainly, amendment A3, that was introduced by the hon. Member for Edmonton-Meadowlark, needs consideration from this Assembly.

Now, I've been hearing all afternoon and last night as well that, of course, there's no need for this, that we can't have this sort of legislation. In particular, I listened with interest to the President of the Treasury Board, and I certainly appreciated his remarks. He talked about a number of things, but this is a government that at one point had to have a law to protect themselves from their own deficit habits. In other words, Mr. Chairman, this is a government that is reluctant to put into the act the suggestions not only from one emergency room physician here in Edmonton but recommendations from their national association. We can't have that written into the law – and I'm going to use that as an example – but when this government had ballooning deficits, of course, they had to have a law to control themselves and meet a certain standard. If you can have that standard for financial requirements, how come you can't have it for medical attention? That would be my first point.

[Mr. Mitzel in the chair]

Now, the President of the Treasury Board talked at length about health care costs, and he's absolutely right. He talked, Mr. Chairman, about a time – I think he said 15 years ago – when the total budget of the province was \$15 billion, and now we have a \$15 billion Health and Wellness budget. I understand we have to improve service and we have to control costs, but how can this government stand up and complain about the increasing financial costs on this treasury of health care delivery when they consolidated the nine regional health authorities into one superboard and did this without a cost-benefit analysis, either among themselves or by hiring an external consultant, to see if it would control costs and improve service? They didn't do it. They publicly acknowledged that they didn't do it, so to stand up and complain about costs getting out of control is totally wrong.

3:30

Now, the Canadian Association of Emergency Physicians has a good standard. Why it can't become part of this bill is beyond me.

Maybe the government knows they could never, never meet that standard. I talked last night about how suddenly the minister and Alberta Health and Wellness and Alberta Health Services had to change the bar and lower it because they knew full well they couldn't meet it. But these are standards that should be met and, I think, can be met.

The hon. Member for Edmonton-Riverview has worked for the last decade to come up with solutions so that we can accelerate access by sick and injured Albertans to the health system. It's all there for everyone to see. There have been a lot of proposals put forward, but it was always with the interest of accelerating access for those who need for one reason or another to visit a doctor or a hospital.

Speaking of hospitals, the former minister of health, the current Minister of International and Intergovernmental Relations, spoke earlier about hospitals and what we need to do.

Dr. Taft: Does she have a hospital in her constituency?

Mr. MacDonald: No. There is no hospital in Sherwood Park. There is a form of a hospital. Maybe it'll become a primary care network. The hon. Member for Edmonton-Riverview and I had the privilege of visiting a primary care network in the south part of the city, a fast-growing neighbourhood, and it was quite interesting to see. That was one of the ideas that the hon. member and this party had been talking about quite some time ago, and it's a pleasure to see the government adopt in one form or another another one of our fine ideas.

The former minister of health was talking about the three-page document that was referred to many times in debate by the hon. Member for Edmonton-Meadowlark, and I believe she went as far as to table it. I appreciate that. Certainly, there are a lot of items that have been used in the debate so far this afternoon on this amendment A3 that should be tabled. I would certainly like to see the hon. Member for St. Albert's letter, that he sent to the current minister of health I think a couple of weeks ago, two or three weeks ago. I would love to have a look at that. I appreciate the hon. Member for St. Albert's participation. It's almost 24 hours since he had an opportunity to participate in this, but I would like to see that document, get a chance to have a look at that. I would also like to see some of the other documents referred to by the hon. Member for Edmonton-Meadowlark in his discussion and debate on this issue.

However, with regard to the former minister of health, the Member for Sherwood Park, who has no hospital, when we look at the details that are provided by the emergency room doctors from across Canada – and, unfortunately, this a 2007 document – they state that Canada has only three hospital beds per 1,000 Canadians, ranking 26th out of 30 countries in the OECD. Now, this is quite interesting because if that's the Canadian average, three beds per 1,000 Canadians, in Alberta we have one bed for every 515 citizens. I'm getting this information from a distinguished researcher, Donna Wilson. I think she's a professor of nursing over at the University of Alberta.

That is quite a change, and we've talked about this before. We see the announcements – we have a hard job keeping up with them – that this government makes. Essentially, this is a government of ribbon cutters. They love to cut ribbons. They love to have photo ops making announcements, but they have a hard job getting the project finished. An example of that would be the Mazankowski heart centre. I was astonished to find out that we had a grand opening and a gala.

Dr. Taft: The Prime Minister was there.

Mr. MacDonald: The Prime Minister was there.

Dr. Taft: I think Diana Krall was there.

Mr. MacDonald: Diana Krall was, yes.

Dr. Taft: Lady Gaga wasn't, though.

Mr. MacDonald: Lady Gaga wasn't there, no. Or if she was there, I didn't know about it.

But that would be an example, Mr. Chairman, of inaction by this government.

Now, our bed total here in this province. If we go back 15 years, to when we had less money, the hon. President of the Treasury Board was talking about that the total provincial budget was not more than what we're currently spending on health care. I'm going to find the figure here, Mr. Chairman, because it's really, really important. We had one hospital bed for every 400 Albertans. When we had less resources, we put more time, it seems, into keeping hospital beds open. Hospital beds are very, very important. They're what keeps the system operating. We heard that from the hon. member.

One of the solutions that we could look at again – and the President of the Treasury Board knows better than I. Certainly, McKinsey & Company, the research and consulting company, has done some very interesting work for the province. They talk about primary care networks. They talk about reducing the pressure on the emergency rooms through health centres such as the one that has recently opened in northeast Edmonton but for some reason or another is slow to get up to full function. In the course of this we have put an additional \$3 billion recently into the budget of Alberta Health Services.

We've got the famous five-year funding, stable funding, which is interesting. I hope it continues. I'm not so sure. The current minister of health is very proud of that and takes full credit for it, but I believe we have to publicly give credit to the current Energy minister, who at the time was health minister. I think it was him that brought that through Treasury Board. He did the heavy lifting on that file. [interjection] Oh, I think he did. I think he did the heavy lifting on that file. Others are wanting to take credit . . .

Mr. Snelgrove: If it works, others will take credit. If it doesn't, we'll blame them.

Mr. MacDonald: Yes. But it takes more than one guy to score a touchdown, and you know that.

Mr. Chairman, they're distracting me over there.

Now, I would like to remind the House of some of the solutions that we could have to speed up access to the system and that I think would be much, much better. The immediate shortage of health care professionals – physicians, nurses – we talked about last night. We talked about the issue of recruiting abroad, at taxpayers' expense locally, and then not hiring the people. We've got to get our act together on that. Staff shortages are forcing hospitals throughout Alberta to close some of their operations and some of their units. We know that. We've got to train locally as well. That's reflected in the McKinsey report. That's reflected in work that the current Minister of Education did when he was advanced education minister.

There was quite an effort put forward to once and for all end the shortages by recruiting and retaining and training people in the health care professions. But this all fell by the wayside for some curious reason, and here we are 24 hours later in this House having what I consider another emergency debate on health care. Whether

we want to look at it or not, we're also discussing the track record of this government over the last two decades, and it's not a very good record. It's not a record you should be proud of, but it's your record, and you're going to have to live with it.

3:40

Now, unfortunately, 1 in 5 Albertans don't have access in a quick fashion to a family physician. The hon. Member for Edmonton-Riverview and this party have talked about increasing the number of seats in the medical schools. That has to be done. Don't listen to us; listen to the hon. Member for Edmonton-Meadowlark because he put it quite well, I think, in the first or second hour of this debate.

Building capacity and easing ER overcrowding: I think we can certainly do that, and we can do that without increasing the deficit in this province, but the government has to make commitments and priorities. Right now their commitments and their priorities are wrong.

Another idea of ours was to have these bed management coordinators in some of the busiest hospitals in the province. We suggested that it be a pilot project six years ago, and it's quite interesting to hear this minister talk about it.

Speaking of pilot projects, Mr. Chairman, regarding emergency department overcrowding, the British Columbia government did pilot projects on what may or may not work with health care. They didn't dismantle the whole system and create one superboard. They have pilot projects going on all the time to see if they will improve service and control costs. But not here. This crowd meets behind closed doors and decides through this memorandum of understanding, that the former minister of health, the current Minister of Energy, quarterbacked, and of course that's the memorandum of understanding which created the superboard. I just can't understand that, when I do research on what goes on in British Columbia and how they do pilot projects, and then this crowd here.

Now, also with emergency room overcrowding we immediately need to increase the number of available long-term care beds. We have discussed this. That gets me to another point I would like to make, and that's about the remarks that the hon. Member for Drayton Valley-Calmar gave. I appreciated, again, hearing from her.

Now, this McKinsey & Company report. This is a million-dollar consulting contract. They indicate here the percentage of acute-care patients waiting for continuing care. This is why we have suggested the idea that we get some long-term care beds constructed in a timely fashion. In 2007 – and the government may have updated statistics on this – Aspen was 19 per cent. In the former Aspen health region 19 per cent of acute-care patients were waiting at any one time for continuing care; East Central, 16 per cent; Peace River, 14; Palliser, 13; followed by Capital health region with 11 per cent; and Calgary was the lowest, at 9. So you can see that in some of the former rural regional health authorities they had the largest number of patients waiting in acute-care beds. This is a big issue that we need to resolve. I would certainly photocopy any of this information that the minister of health would be interested in reading over the weekend.

Now, we can do better. We've seen these policies or these programs that have been introduced. We've seen arbitrary cutbacks. We've seen poor manning. We have seen creeping privatization. All erode not only the public health care system but confidence in that health system.

In the time I have left I would like to remind this House and the President of the Treasury Board again that we can't blame senior citizens or an aging population for driving up health care costs and creating this mess that the government is in. We have demographi-

cally one of the youngest provinces, if not the youngest, in Canada. The three youngest metropolitan census areas in Statistics Canada's catalogue respectively are Saskatoon and Edmonton followed by Calgary. The average age is 36 years. So we don't have, hon. minister, an aging population driving up health care costs.

If we plan this now for when the President of the Treasury Board is ready to retire, we'll have a place for him. We'll have a nice, comfortable place that's safe and secure for the hon. minister to retire. He can think about his curling games and his football games and his construction projects. He'll have lots of time.

We do not have an aging population that's driving up these health care costs, and I resent the spin by the Public Affair Bureau that this is what's causing our problems.

Mr. Chairman, I certainly would urge all hon. members to have another look at amendment A3.

Thank you.

The Deputy Chair: Hon. members, may we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests

(reversion)

The Deputy Chair: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Thank you, Mr. Chairman. I'm a little late. I had two guests that I was going to introduce, but one just left. The one that just left was a former president of the PC Association of Alberta, Marg Mrazek.

My other guest is my best friend, my confidante, my best supporter ever, my first wife, Jan. She's my wife of 45 years, so I suspect she'll also be my last wife. I would ask that she rise and receive the warm welcome of the Assembly.

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

Dr. Taft: Thanks, Mr. Chairman. It's a real delight to see up in the gallery an unexpected guest, a former member of this Assembly who served for, I think, two terms, one term that he wanted to, and who also served quite a length of time on St. Albert city council. I'd ask him to rise. His name is Len Bracko. It's great to see you here.

The Deputy Chair: The hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Thank you very much, Mr. Chairman. I would like to introduce a former colleague of ours, the former Member for Edmonton-Calder. He is the executive director of Friends of Medicare and was recently nominated as the NDP candidate for Edmonton-Glenora. Mr. David Eggen, if you would please rise and receive the traditional warm welcome of this House.

The Deputy Chair: Are there any other introductions? The hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Thank you, Mr. Chairman. Despite all of the negative stuff that's happened recently, I'd like to introduce Sharon MacLean. She's the love of my life. Thank you so much, dear, for supporting me through this interesting time.

Bill 17
Alberta Health Act
(continued)

The Deputy Chair: The next hon. member to speak is the Minister of Employment and Immigration.

Mr. Lukaszuk: Thank you, Mr. Chairman. I appreciate the opportunity. Relative to this amendment, in retrospect I'm glad that I moved the adjournment at the time that I did because I have to tell you that the level of discussion has definitely significantly improved compared to what was happening at night. That's quite reassuring and refreshing.

3:50

First of all, I would like to start by sincerely saying thank you to the Member for Edmonton-Meadowlark for bringing forward this amendment. As I said earlier, there is not a doubt in my mind that he is a well-intended individual who shares with all of us in this Chamber the common goal of trying to make our health care as good as it possibly can be in this province. At the same time, I have to say that even though our goal is the same, I'm not sure that the means, the vehicle by which we arrive at this particular goal should be the one that he furthers in his amendment.

I will tell you, Mr. Chairman, that I'm looking right now at a daily publication, a national Internet-based newspaper publication called *canada.com*, and coincidence would have it that one of the major headlines in this paper is

Heading to Emergency room? Bring lunch, maybe a pillow, too.

Then the article goes on to say:

Patients in Ottawa and surrounding areas can expect to spend about 7.4 hours in the emergency department, according to a new report on emergency wait times in Ontario from the Canadian Institute for Health Information.

The article goes on to say, if I may take the liberty of reading one paragraph:

Patients in Ottawa and area emergency rooms are not being treated within recommended times, according to a new report on emergency visits in Ontario by the Canadian Institute of Health Information.

Last fall, benchmarks set in a report by the Ontario Hospital Association, the Ontario Medical Association and the Ontario Ministry of Health and Long-Term Care recommended that 90 per cent of patients requiring urgent care should complete their emergency department visit within six hours. Those needing less urgent care should stay a maximum of four hours.

Mr. Chairman, as they report, their average waiting time is 7.4 hours, surpassing the urgent and nonurgent, obviously, by far. Now, this takes me back to two points. Number one, the Member for Edmonton-Meadowlark eloquently argued that the best of the best and the brightest of the brightest left Alberta and went to Ontario, and they're working very hard to improve the Ontario health system. I am not doubting that they are good, and I'm not doubting that they're working hard in Ontario, but if we are to measure their success by what I'm reading here in this article, they're not doing so well. Their waiting times are actually longer than what we have here in Alberta.

Mr. Chairman, that also brings me to another point. In Ontario they have set guidelines for what the average waiting time should be – and as the article indicates, it should be six hours for urgent, four hours for nonurgent – and even though they have those guidelines in place, those guidelines mean nothing. Patients in Ottawa are waiting 7.4 hours on average and are advised to bring lunch and pillows with them to emergency. That really speaks to the fact that what point is there to legislating, basically setting in stone, the maximum allowable time for a patient to wait in an emergency room when the

fact of the matter is that the emergency room cannot live up to that standard?

What I find very interesting is that the Wildrose opposition is in support of legislating timelines, yet their argument just about four or five days ago on a bill relevant to distracted driving and using cellphones in cars was: we don't support any law that cannot be implemented and/or enforced. They argue that there is no way to implement that law; there is no way to enforce that law. Why would you pass a law when right off the top you know that you cannot either (a) implement it or (b) enforce it? Here they're arguing, Mr. Chairman, that we should pass a law right now in this Chamber that we know right now we can neither implement nor can we enforce.

The Member for Calgary-Fish Creek has a habit of somehow always including me in her speeches, and I thank her for that because I take that as a sign of either adoring me or recognizing me in a positive way. She indicates that I said earlier last night that passing a law like this would be like putting a gun to those doctors' heads in the emergency room. I stand by that comment. If we all in this Chamber in good conscience know that today if this law was to pass, our emergency doctors, with their best skills and best intentions, which they have, are simply not able to meet those targets, why would we now legislate them by law to meet those targets? Mr. Chairman, that would be patently unreasonable. Why would you force someone to do something that you know he cannot do to begin with?

Why can't they do this? That should be the question that we should be asking ourselves. Perhaps passing this kind of legislation later on, when achieving those guidelines is actually practical and possible, would be the right thing to do. But now I think we need to step back and ask ourselves: why is it that we can't get to those desirable waiting time limits so that we can legislate them perhaps or put them into practice guidelines and compel our system to live up to those guidelines?

Well, Mr. Chairman, as I said earlier, it is again a twist of irony – and now I will refer to the Member for Calgary-Fish Creek. Just a few months ago she sat on this side, and she sat on this side for many, many years. She was one of the contributors in a positive way to this government in arguing that something has to change in health care, that we just can't carry on like this. She was here in this Chamber during the Bill 11 debate. Remember the infamous Bill 11, when we had rallies in front of the Legislature where people actually were breaking windows to get into the building, where one individual was hanging off this bannister over here, trying to jump into the Chamber? The fact is that opposition and special-interest groups fought against Bill 11 because government was going to change health care.

Ms Blakeman: They were going to privatize it.

Mr. Lukaszuk: That's right. As the Member for Edmonton-Centre says, we were going to privatize it. We were going to bring American-style health care. They were saying: fix health care, but don't change anything. Then this government, including the Member for Calgary-Fish Creek, was saying: "We live in this province, just like everybody else. We share the best interests of health care, just like anybody else. But we foresee a day when if we continue managing our health care system the way we're managing it right now, there will be problems. There will be growing lineups in emergencies. There will be patients that won't be served at a level that we would like to see them served. Since we are aware of the fact that this will happen, let's change it." But, no, the opposition were very much set in their opinion that we shouldn't be doing anything. Just put more money into the system.

Well, Mr. Chairman, the Member for Calgary-Fish Creek was right, and this government was right. We are starting to see issues in the health care system that could have been prevented. Now, the irony of ironies is that when this government for another reason tried to repeal Bill 11 because we were bringing in other legislation, that very same opposition then fought against repealing Bill 11. So the message is clear. Either the opposition didn't read either piece of legislation, or the fact still remains that health care is a topic on which one can definitely arouse the masses because we all care for health care.

All of us have family members, have children, parents, or others in health care or simply anticipate that one day we will need it, and we are very emotional about it. Like the Member for Lethbridge-East said: health care is emotional. Well, health care is emotional, particularly when you make it emotional, and unfortunately in our political structure we make health care political. Really, in essence, in the very nature of health care there is nothing political about it.

You know, there are really two systems that interact with each other. There is the medical profession, the healers, that do their art of taking care of human beings, and then there is the administration, that runs the system. Those are the only two arms that should be involved in managing health care. But once you include the third, the politicizing of the system, you end up with 24-hour Legislature sittings where we discuss everything and anything other than actually the merit of what needs to be discussed. The question is: why did we get to where we've gotten to, and how are we going to get out of it?

The fact is, Mr. Chairman, that the Member for Edmonton-Meadowlark said that in general our health care system is fabulous, and just two, three minutes ago here in this Chamber he told me that even relative to the emergency room situation we are the best of the lot, that we are the best in Canada.

4:00

Dr. Taft: That's not true.

Mr. Lukaszuk: The Member for Edmonton-Riverview says, "That's not true." Well, Mr. Chairman, if the Member for Edmonton-Riverview accuses me of lying, let him do so, but I just spoke to the Member for Edmonton-Meadowlark literally 15 minutes ago in this chair beside me, and the Member for Edmonton-Meadowlark told me that we're the best of the lot.

He further said that it's a national problem. It's not an Alberta problem; it's a national problem. The fact is, Mr. Chairman, that I believe what we need to do – and the minister of health has been doing this, not only this one but the previous one and the ones prior to him – is focus on the actual health care system. Perhaps with some degree of co-operation from the opposition we could introduce amendments to the system that will result in better quality of care to our patients, to our constituents, because that's what all of us really want at the end of the day.

Mr. Chairman, as I said earlier, I am glad that the level of the debate has elevated somewhat. I am glad that we had this opportunity to discuss this matter, albeit for 24 hours now. I have confidence in this particular minister of health. I know his intentions are nothing but the best. I know that Alberta has the means of having the best health care system in Canada. Definitely, the situation is not a financial problem because we have the best-funded health care system in Canada. We have the only system that has at least some predictability in its funding. We definitely have the infrastructure, and we're building the infrastructure, so we're ahead of the curve that way. If we only remove one component, if we remove the politics out of this and stop scaring our constituents, then perhaps we can focus on the real issue, on the issue of fixing access to the

emergency rooms and making sure that those who really need it receive emergency care and that those who have less urgent medical needs will have a place to turn to as well.

On this note, Mr. Chairman, I thank you for this opportunity. Even though lengthy, it was definitely time well spent. It's a topic definitely worthy of the time of this Chamber and every single member, and I believe that in some spirit of co-operation and less politicizing we actually can also elevate not only the level of debate but the level of the quality of care.

Thank you.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thanks, Mr. Chairman. It's been a long 24 hours – that's for sure; I think everyone agrees about that – but I think that it was a good debate. I think there's still more to debate on the amendment. The reason I say that is that I still have not heard a compelling reason given by this government why – I mean, the government members are all saying the same thing. It's like watching reruns or something. It's amazing. The caucus is very united. It's almost like there's no . . . [interjections]

The Deputy Chair: Hon. members, the Member for Airdrie-Chestermere has the floor.

Mr. Anderson: Sometimes when I speak, Mr. Chair, it's very compelling for the members opposite, and they feel that they need to comment, and I think that's positive.

The thing is that, again, it's like we hear the same thing over and over. They're saying the right things. They want a good health care system. "Look how great our health care system is. We're doing everything we can to fix our health care system. We've got the best health care system in the country." It's very touching that they're so unified, but the fact of the matter is that no one in the province believes a word they're saying about it. That's what's funny about it. No one believes that they are doing the job in health care at all. Now, we can talk about that, and we can throw statistics around about how off base they've become with regard to public opinion on this issue, but I agree with the hon. member opposite that last spoke. Let's just talk about solutions. That's what we're going to try to do.

I think that the first thing we need to assess is: where do we go from here? We have so many problems in our health care system. Some are systemic – most are systemic, actually – in their nature, so we're not going to fix anything like that right now, okay? We can start on the road to fixing it, but we're not going to fix systemic problems overnight. Everyone agrees. The government says that all the time, that these things don't happen overnight. The Treasury Board president just was pontificating for a good 20 minutes on how things just don't change overnight. We got it.

But there are some things that we can change, and one of the things that we can change immediately is that we can raise the level of expectation in our health care system, in our emergency rooms in particular. We can start there. You've got to start somewhere. Everybody knows in this House that when you have a mammoth task to accomplish, you've got to start somewhere. You've got to start somewhere, and what better place to start in our health care system than the place where we have a crisis on our hands? Wouldn't that be a good first step? You know, instead of addressing something that is going to cause delays and is going to adversely affect people but they will still be alive at the end of that delay – yes, they will have more pain and suffering and all that sort of thing, and it's important to alleviate that, but it's going to take some time to get those wait times under control.

If we're going to put our energies into something, why don't we attack the place where we are weakest right now, the place where we are failing utterly and completely? That is in our emergency rooms. People are dying in the emergency rooms. I didn't write the documents; the emergency room docs wrote the documents. I'm not writing up letters to, you know, the Wildrose caucus and the Liberal caucus and the NDP caucus and the PC caucus saying: oh, look at all the problems in the emergency room. Those aren't coming from us. They're not coming from the politicians in this room. All we're doing is communicating what we're hearing to the government and saying that this is what is being said about our emergency rooms.

Every one of us in here – well, I'm not going to speak to that. Certainly, from my constituency office and from the letters to the editor in my local papers every indicator that I can possibly get right now says that we have a major emergency room crisis on our hands. People are scared to go to the emergency room. They are. There are so many people that they don't know what to expect when they go there. They honestly don't.

You know, I just had a constituent the other day come in and tell me about him and his wife. His wife has had a history of problems, various health issues, and she had an episode of what she struggles with. They went to the emergency room, and they spent over two days there. Now, she ended up not dying, which is fantastic, but she was in pain for 48 hours, in total, excruciating pain. They finally saw her. It was actually a pretty minor thing that they needed to do. It barely took any time. It was like half an hour, kind of: see, assess, get a test, and so forth. I understand there are more complicated cases, but this is not something that we're making up.

I think the bottom line is that we have to start somewhere, and let's pick an issue that is nonpartisan in nature. I think emergency rooms are nonpartisan. They're not left, right. There are no ideological differences on what to do about the emergency room. That's not what we're debating here. We're just debating on the method. I think there are several members on the government side that said that, and I agree with that, so let's start there.

But how can you start there if you don't have any accountability in the system? Just promising is not enough. Everybody knows that. You've got to have some kind of accountability measure. We're not talking about if the minister or if somebody fails to get these targets, as per the 2007 statement, to treat them in four hours or less or, for less serious patients, six hours or less 95 per cent of the time. I don't think we're even disagreeing on that. I think the only difference I'm hearing in this debate – we all agree that this is probably the right standard or close to it, anyway; it's just that we don't like the legislated part. Well, the thing with the legislated part is that it's the only way you can put teeth in the legislation to make it happen.

4:10

Now, what the penalties are for not adhering to those standards: that's up for debate. We can talk about that. Obviously, you shouldn't send someone to jail for not accomplishing these things. That's not what we're talking about. We're not talking about giving them fines. What we are talking about is that if we're going to hire somebody to oversee a hospital and make sure that an emergency room is working effectively, then we should tie their salary or tie the existence of their job, whether they can keep it or not, to whether they are accomplishing the targets.

Most importantly, give them the authority to do what they need to do. Give them the authority to open up the beds if they need opening. Let's say that there are five or six seniors in an emergency room who are clogging up acute-care beds and therefore it's backlogging the emergency room. Have those people have the authority to designate a couple of nurses and put them in temporary, safe hotel arrangements with those nurses to oversee their care to

open up those beds quickly if there's a huge overload on the system. Right now there's none of that.

We've talked to so many emergency doctors, and they say that that is not in place. There's no one in a hospital who can say: "Okay. This ward needs to open up these two beds. It's a nonemergency ward, and you need to open these two beds right now. We're going to staff them. We're going to get people in there. It's done. It's temporary, but we need it right now to fix the problem, the overload." There's no one with that authority right now, so how do we expect them to fix the system?

All of the solutions I hear from that side are long-term solutions. Yeah, we all agree that there's a need for more long-term care. Does anyone in this House disagree with that? I don't think anyone does. Everyone is saying it; the government is saying it. Great. So build the long-term care facilities. But that takes time, and it doesn't solve the crisis now. What does solve the crisis is giving local people, local chief medical officers, the ability, the authority to open up beds, to move people into other accommodation and so forth.

These are achievable goals. These wait times are achievable, but it just won't be done. If we don't legislate them, guys, and give the person the authority needed to run the hospital and make sure that the backlog is taken care of, if we don't do that, it won't get done. The answer will always be, "Oh, we just need more long-term care," and slowly but surely over time we will build our long-term care infrastructure and capacity. But in the interim there will be a lot of dead people and a whole lot more injured people or suffering people that don't need to be suffering. That's what this whole amendment is about.

Nobody here wants unnecessary deaths. The health minister, clearly, does not want any unnecessary deaths and unnecessary suffering. You know what? I think the health minister thinks that everybody is as motivated as he is on everything, and it's just not the case. If you don't have accountability measures in place, if you can't hold someone's feet to the fire, inevitably things get put off, and people take the easy way out, et cetera, et cetera, et cetera. If we don't have these accountability measures, nothing is going to happen.

A good quote is: a goal unwritten is only a wish. A goal unwritten is only a wish, and we all wish for a better system, but that's not enough. We have to get past this. In every system that we have, it seems that we just want to spend, spend, spend, and we don't ever ask for accountability. It's just not working.

Why do we want to start with emergency room wait times? It's very simple. With emergency room wait times, if you don't solve the problem, you have dead people on your hands. It's a crisis right now. It's not like access to family doctors. Do we need to improve access to family doctors? Obviously, we do, but there are not too many people that are going to die because they don't have a family doctor at that time. They can go to a walk-in clinic. They can self-diagnose if it's a cold or a fever or something like that. It's not the end of the world. It's not going to kill the person right there. Is it going to cause problems in the system down the road? Yeah. That's why we need to solve the problem.

It's the same with a hip replacement. Is that going to kill a person if they can't get their hip replacement in three months and, instead, they have to wait nine months? No. But it means lots of suffering, absolutely. We want to alleviate those lists and alleviate that suffering, absolutely, but it's not going to kill the person right now. So let's work on it together and get that done, but there's going to be a time period.

The emergency room crisis is different. People are dying now. They're suffering now. There's an immediate need. I challenge the government. Honestly, government, I know you're not listening, but

are you honestly saying that you want to come out of this session and have absolutely nothing to show? You want absolutely nothing to show for this session on the issue of emergency wait times other than a few promises? There's nothing you want to go to the people of Alberta with and say: "Okay. We're serious enough about this that we're going to put it in writing. It's in writing. It's a contract with the people of Alberta that this is going to be how long you wait and no longer in our emergency rooms." It just needs to be done.

You can almost sense that there are going to be several issues. There's going to be an issue that happens in the next little while – you know it's going to happen – where someone is going to lose their life because they were unnecessarily in an emergency room for 10 hours and didn't get treated. People are going to say: "Oh, that's too bad. Oh, that's so tragic. We're going to get more long-term care beds in place." That's what the government line is going to be. "We grieve with the family. Here's our plan for more long-term beds." That's going to be the government line, and someone else is going to die unnecessarily.

It just seems so preventable to me to just do what is needed to be done now. Pass the accountability measures. Empower a chief medical officer at every single hospital with an emergency room that has authority to move people around that hospital at will without AHS hording over them and telling them what they can and can't do with different regulations. That doesn't work.

You know, one of the things that works for every big corporation – look at other big corporations. Look at WestJet. Does everyone agree that WestJet is – does everybody want to agree? You know, to the doctor from Edmonton-Meadowlark: are you familiar with WestJet?

'Mr. Chair, the thing with WestJet is that these folks actually empower their folks on the ground to make decisions about, you know, whether someone gets a free flight because of a screw-up. They empower people right there, their front-line people on the ground. They empower them. They say: "You are going to have the authority to make decisions. You'll be accountable for those decisions at the end of the day, but you have the authority to make decisions. You don't have to go to the CEO of WestJet. You don't have to go to managers below the CEO of WestJet. If you think there's an issue here and the customer needs to be serviced right now, you can make a decision, and you will be accountable for that decision." There's no red tape. You just do it. And if you did a bad job, you'll pay for it later. You'll be accountable for it later.

Why don't we treat our health care system more like that? Why don't we say to our doctors and nurses on the ground . . . [interjections]

The Deputy Chair: Hon. members, can you please keep it down? It's getting difficult to hear. Please keep it down.

Mr. Anderson: As I was saying, with WestJet – and Walmart is another example of a company that empowers their front-line employees to make decisions right there on the ground without having to go to upper management to make them. They have to be accountable for those decisions later on – they're assessed – but they make the decisions on the ground. If Walmart trusts the Walmart greeters, why can we not trust our doctors and nurses, who are some of the most highly trained health professionals in the world, to make the right decision?

4:20

An Hon. Member: They're not WestJet; they're Air Canada.

Mr. Anderson: That's right. You know what? That's right. It's because we're not WestJet here; we're Air Canada here. That's it.

We call it Air Communist. That's how this government believes health care should be run. Everything has got to go through the Air Canada administration. Everything has got to go through the bureaucracy to get any kind of decisions, and that's why Air Canada stinks. That's why WestJet is a better company and it's more profitable and people like flying it more. Same with Southwest. They do the same thing. Same with Walmart. That's why everyone shops there, because if you need something returned, if you need a decision made, bang. The person on the ground makes the decision, period, and then is accountable for it later when they do assessment because there are accountability measures in place in all those companies.

Just look at some of these corporations. Why wouldn't we do this in our emergency rooms? Let's set the targets. Let's set the standards: this is the WestJet standard. Then empower our doctors, our highly paid, our highly trained doctors and nurses to make those life-and-death decisions right away on the ground, no questions asked. You need a bed opened up in unit 32? Bang. Done. It's open. We're bringing in that nurse to staff those five beds or those two nurses to staff those five beds, period. We don't care if those five beds aren't in the emergency room. They're open now. That's the type of service that we need to get to, but we can't do it unless we empower our local health care professionals on the ground.

It's too bad that we've gone through this 24-hour – you know, all I would ask the government to do: if we're going to come back on Monday, come back with an amendment. Come back with something. Just show us beforehand how you want to take action on this right away so we can all get behind it. We can come out and say to Albertans: here's the plan. Together we're going to legislate it. This is the way it's going to be. If there's some wording here that you think needs tinkering, let's talk to the Member for Edmonton-Meadowlark. Maybe we need to make some slight tinkering. I don't know. I'm not the emergency room doctor here. Certainly, you guys aren't. But there's one sitting in the back row right there. So why don't we work with him to go over this amendment or maybe propose an entirely new amendment that he feels will do the job and that the government is comfortable with. Until that happens, I would feel guilty as the representative of Airdrie-Chestermere for going forward with this without finding a solution.

The Deputy Chair: The hon. Minister of Agriculture and Rural Development.

Mr. Hayden: Thank you, Mr. Chair. It's my pleasure to stand today to join the debate on the amendment by the hon. Member for Edmonton-Meadowlark, a member that has educated me on many of the needs of the health care system and has been able to do it in a language that a politician and an agricultural producer can understand, which is indeed a rare ability in these days.

What that member told me was that being 85 years old in Alberta is not a health condition; it's a condition of health. As we talk about this amendment and we talk about the emergency care in our province, our problem isn't the people that give that emergency care. It isn't the front-line workers. They are very, very qualified. The problem is having the proper places for the people as they age. As a government we are doing a great deal in that direction, in making sure that people are able to age in the right place. The efforts that are being made are going to take time.

Mr. Chair, there's no magic dust that we can sprinkle into an emergency ward today that's going to make all the problems go away. If there was, that magic dust would have to make the patients go away, and that's simply not going to happen.

It's my pleasure to speak on this today and on this amendment

partially because of the position that I have in the order of speakers, which is right towards the end of our day. I think Albertans deserve to finish off this week of the Legislature in speaking on this amendment with good news. The good news is that in this province we invest per capita either the highest or close to the highest of anywhere in this nation. We have taken steps in the reduction of administration that have put \$600 million more into the system. We need to talk about the facts and what's really taking place in this province. [interjections] I'm sorry, Mr. Chair. I'm having a little trouble talking over the members.

Mr. Chair, people are living longer and having a better quality of life. This amendment moves in the direction, I know, to try and improve that, but those numbers would wind up a minimum, and we need to do better than that. When I look at the care received in this province, I try to think historically. When my family first came to this province, life expectancy was 47. A child born in Alberta today will live one hour longer than a child born in Alberta yesterday.

The system is not failing. There are things that we need to do to improve it, but people are living very well. The procedures and things that we're doing and that our medical profession is doing for people now in many cases did not exist in my father's generation, and it has produced a quality of life for me that generations before me haven't seen.

Mr. Chair, we have many people in this province that we need to take care of and that are at risk. We run a danger when we look at one area specifically and think that that will solve all of our problems. Some of those people that are at risk are losing our time and attention because of spending too much time in certain areas and not enough time in looking at our overall system. I do not want people not getting the support that they need out there in our society, losing faith, and possibly taking their lives before they ever get anywhere near our health system. We have a lot of things to take care of. Let's think about them reasonably.

Let's think about this amendment. This amendment is at best a Band-Aid. We are called to a lot higher effort than that as Albertans, and we will achieve a lot higher effort than that. I have faith in our health care workers. I have faith in Albertans, and if there was a message I could leave with them in speaking about this amendment today, it would be: "If you need emergency care, do not be afraid to go into the system that we have before you because we have the best

health care professionals in the world. You can go in there. You will be taken care of, and your quality of life will be great."

Mr. Chair, I would like to move that we adjourn debate on Bill 17.

[Motion to adjourn debate carried]

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

Mr. Zwozdesky: Thank you. Mr. Chair, I would move that the committee now rise and report what progress is possible on bills 17 and 27.

[Motion carried]

[Mr. Mitzel in the chair]

Mr. VanderBurg: Mr. Speaker, the Committee of the Whole has had under consideration certain bills. The committee reports progress on the following bills: Bill 27 and Bill 17. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

Thank you, sir.

The Acting Speaker: All those members in favour of the report, please say aye.

Hon. Members: Aye.

The Acting Speaker: Opposed, please say no. So ordered.

The hon. Deputy Government House Leader.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I know that in the real world it's actually Thursday, but for us here in this Assembly it is still Wednesday because members dedicated themselves to an all-night, two-day debate on important issues. We have now sat for 27 consecutive hours, and I just want to say thank you to everybody for their input.

On that note I would move that the House now stand adjourned until 1:30 p.m. on Monday.

[Motion carried; the Assembly adjourned at 4:30 p.m. on Thursday to Monday at 1:30 p.m.]

Table of Contents

Government Bills and Orders

Committee of the Whole

Bill 17 Alberta Health Act	1499, 1534, 1613, 1617, 1626
Bill 28 Electoral Divisions Act	1499
Bill 27 Police Amendment Act, 2010	1602, 1610, 1611

Third Reading

Bill 20 Class Proceedings Amendment Act, 2010	1599
Bill 21 Wills and Succession Act	1599
Bill 22 Family Law Statutes Amendment Act, 2010	1599
Bill 26 Mines and Minerals (Coalbed Methane) Amendment Act, 2010	1600

Introduction of Guests	1502, 1609, 1610, 1617, 1625
------------------------------	------------------------------

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

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

Last mailing label:

Account # _____

New information:

Name _____

Address _____

Subscription information:

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

Price per issue is \$0.75 including GST.

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

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

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