



Province of Alberta

The 27th Legislature
Third Session

Alberta Hansard

Tuesday afternoon, November 30, 2010

Issue 49a

The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Third Session

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Legislative Assembly of Alberta

1:30 p.m.

Tuesday, November 30, 2010

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon. Welcome.

Let us pray. Grant that we the members of our province's Legislature fulfill our office with honesty and integrity. May our first concern be for the good of all of our people. Let us be guided by these principles in our deliberations this day. Amen.

Please be seated.

Introduction of Visitors

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

Mr. Oberle: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to this Assembly RCMP Deputy Commissioner Dale McGowan, who is in your gallery today. Deputy Commissioner McGowan was recently appointed commanding officer of K Division in Alberta and, as such, is responsible for all RCMP operations in Alberta, including the RCMP as Alberta's provincial police service. He was born and raised in Edmonton and, since joining the RCMP in 1978, has served in a variety of senior positions in Saskatchewan, Alberta, British Columbia, and all three northern territories. He brings a wealth of operational, northern, and First Nations experience, and I look forward to working with him to continue the excellent relationship we have with the RCMP here in Alberta. With the Deputy Commissioner today is RCMP Inspector Glenn de Goeij. I ask them both to rise and receive the warm traditional welcome of this Assembly.

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

Mr. Horne: Thank you very much, Mr. Speaker. I'm honoured to introduce to you and through you today to all members of the Assembly a very distinguished group of Albertans, all of whom have been associated in one way or another with naval service in Canada. This group is representative of the Jenny Wrens of Edmonton, the Edmonton branch of HMCS Nonsuch, and the Royal Canadian Naval Association. I've asked them here today so that as an Assembly we can show our gratitude to them for their selfless contribution to Canada and assist in commemorating the 100th anniversary of the Canadian navy.

Mr. Speaker, these distinguished guests, five veterans among them, are seated in your gallery, and I would ask that each stand as I call their names: Lieutenant Commander Frank van Staalduin, commanding officer, HMCS Nonsuch; Lieutenant (Navy) Tim Cusack, executive officer, HMCS Nonsuch; Captain (Navy) Glen Power, retired, past commanding officer, HMCS Nonsuch; Captain (Navy) Edward Brownfield, retired, past commanding officer, HMCS Nonsuch; Lieutenant (Navy) Jim Humphries, president, Naval Officers' Association of Edmonton; Mr. Gordon Wright, president, Royal Canadian Naval Association, and World War II veteran, who served in the Battle of the Atlantic; Ms June Greig, secretary/treasurer, Royal Canadian Naval Association, area division for prairies for the national association; Mrs. Hazel Juchli, president, Jenny Wrens of Edmonton, and World War II veteran; Mrs. Ruby Marles, member of the Jenny Wrens of Edmonton and World War II veteran; and Mr. and Mrs. Warren and Jean Urquhart, representing the Royal Canadian Naval Association.

Mr. Speaker, these guests are seated in your gallery, and I'm very proud to introduce such a distinguished group. I'd ask that all members join me in providing them the traditional warm welcome of our House. [Standing ovation]

Introduction of Guests

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

Mrs. Sarich: Thank you, Mr. Speaker. It gives me great pleasure to rise today to introduce to you and through you to all members of the House guests from the constituency of Edmonton-Decore. They are 33 wonderful students filled with passion for education from St. Anne Catholic elementary school, where with pride they emulate their school motto, The Little School with a Big Heart. I know from meeting very briefly today with these great kids and their adult helpers and teachers that this is absolutely true. It's my pleasure to introduce who's in the gallery, beginning with teachers and group leaders Mrs. Amber Morgan-Manchuk, Mrs. Sylvia Prodor, Mrs. Isabel Dennis, Mrs. Oksana Marchioro, Mrs. Margaret Gagliardi, and Ms Aurelia Uarsama. I would now ask the students of St. Anne school to please rise along with their teachers and parent helpers so that we can give them the traditional warm welcome of the House.

Thank you.

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

Dr. Taft: Thanks, Mr. Speaker. There are many terrific schools in the constituency of Edmonton-Riverview. McKernan elementary/junior high is among the best. It has produced at least two of the current members of this Assembly and at least one former member of this Assembly. It's a very accomplished school. We're visited today by 35 visitors related to McKernan, two classes of students. There are three teachers – Mme Jasmine Kinjo, Mrs. Stephanie Garcia, and Miss Michelle Villetard – and two parent helpers, Ms Andrea Smith and Ms Anita Lum. I welcome them to this Assembly and hope that that school continues to produce many fine MLAs. I'd ask them to rise and receive the warm welcome of all of us.

Thank you.

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

Dr. Sherman: Thank you, Mr. Speaker. It's my honour today to introduce to you and through you to all members of this Assembly 28 visitors from Belmead elementary school in Edmonton-Meadowlark. I'd like to ask Mrs. Lisa Zimmer, Ms Pat Sachse-Brown, principal, Mr. Darrell Cass, Mr. Ramsey Albert, and all the students to stand up and receive the traditional warm welcome of this Assembly.

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

Mr. Zwodzdesky: Thank you very much, Mr. Speaker. It's indeed a pleasure for me to introduce to you and through you to all members of the Assembly a very special guest who is here from India, Mr. Manjinder Singh Chaudhary, who is secretary in charge of the frontal organization of the Punjab Pradesh Congress Committee. He is visiting Alberta for the first time. He is accompanied by some very special guests from my area – Mr. Dave Purewal, Mr. Paul Hundal, and Mr. Harinder Kailay – who are showing him around our beautiful city and our province. I would ask them all to be warmly greeted by the Assembly on this special occasion. Welcome. Ji aian nu.

The Speaker: The hon. Minister of International and Intergovernmental Relations.

Ms Evans: Thank you, Mr. Speaker. What an honour today on behalf of our Deputy Premier to introduce a group of eight members of the Council of Alberta University Students, or CAUS as it's known, representing over 70,000 students from the universities of Alberta, Calgary, and Lethbridge. They are seated in the members' gallery this afternoon. I ask each to stand and then at the conclusion the warm applause, please, of the Assembly. May I introduce Hardave Birk, CAUS chair and U of C Students' Union vice-president external; Keith McLaughlin, CAUS vice-chair and University of Alberta Students' Union vice-president academic; Nick Dehod, University of Alberta Students' Union president; Lauren Webber, University of Calgary Students' Union president; Taz Kassam, University of Lethbridge Students' Union president; Aden Murphy, University of Alberta Students' Union vice-president external; Andrew McIntyre, University of Calgary Students' Union government relations adviser; and, last but not least, Duncan Wojtaszek, CAUS executive director. Ladies and gentlemen, our wonderful student representatives.

The Speaker: The hon. Minister of Aboriginal Relations.

Mr. Webber: Thank you, Mr. Speaker. I'd like to select one individual out of the group that was just introduced. I don't know if it's appropriate or not, but I'd like to introduce her again. Her name is Lauren Webber, and she happens to be my daughter. She's the president of the University of Calgary Students' Union, and I'm quite proud of her. Hello, Lauren.

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

1:40

Mr. Olson: Thank you, Mr. Speaker. As a baseball coach I had the privilege of coaching a lot of fine young people, and four of them are with us today in the members' gallery. It's my great honour to introduce to you and through you to all members of the Legislature these four young men. If they would rise as I call their names and then remain standing. Clark Banack, from just north of Camrose, is just finishing off his PhD in religion and political thought in Alberta and has a particular interest in rural politics. Ryan Falk, from Ferintosh, now living in Edmonton, works for Service Alberta, and I'm very pleased to see that he is a team lead on collections, so he's trying to keep us in the black. Jason Buzzell, who is our American import, actually came up here to play hockey. He's got a degree in journalism from the University of Nebraska in Omaha and is a linesman in the Alberta Junior Hockey League. And my son, Hans Olson, has a degree in philosophy from Augustana in Camrose and is working for the Alberta Council for Global Cooperation. He's a filmmaker. He studied in Vancouver and Toronto, and he's now my roommate. He's moved back home to Alberta. If you would all, please, give them your warm welcome.

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

Mrs. Forsyth: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you four members of the CCSVI Edmonton organization: Tanya Allen, Lorraine Bodie, Brenda Requier, and Warren Stefanuk. Sadly, three of these individuals have been directly affected by multiple sclerosis and one has a family member affected by the disease. They are here today to urge the government to fund CCSVI clinical trials for over 11,000

Albertans who suffer from MS I would ask them to rise and receive the warm welcome of the Assembly.

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

Mr. Anderson: Thank you, Mr. Speaker. It is my pleasure to introduce to you and through you to members of this Assembly Mr. Wayde Lever, president of the Wildrose Alliance Edmonton-Highlands-Norwood Constituency Association and our candidate in that same riding. Wayde currently serves as the chairman of the Innovative Housing Society of Canada and has been an active member of the community, volunteering with the Cerebral Palsy Association, Artspace Housing Co-op, and the Canadian Burn Foundation. He has resided in Edmonton-Highlands-Norwood for over 13 years and is proud to call Edmonton home. It is my pleasure to welcome Wayde to the Wildrose Alliance team. I would ask that all members offer him the warm welcome of this Assembly.

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

Ms Notley: Thank you, Mr. Speaker. I'm pleased to rise today to introduce to you and through you to all Members of the Legislative Assembly representatives from local lodge 99 of the International Association of Machinists & Aerospace Workers: Neil Rudiger, president; Rick Arsenaault, directing business rep; and Kevin Clark, business representative. My guests are here today representing the 40 maintenance workers at the Calgary Stampedo who exercised their democratic rights and joined the machinists' union local 99 on April 8 of this year. This small group of employees is looking for a fair and equitable collective agreement that reflects the western values and heritage of co-operation. My guests are seated in the public gallery, and they've risen. I would now ask the Legislature to provide to them the traditional warm welcome of the Assembly.

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

Mr. Amery: Thank you, Mr. Speaker. It's my pleasure and honour to introduce to you and through you to all members of the Assembly a visitor from Lebanon, Mr. Yahya Ammar, visiting family and friends. This 83-year-old soldier turned historian, author, and poet is fluent in three different languages: Arabic, English, and French. He authored several books on the history of the Middle East and wrote many passionate poems, including one for the city of Edmonton. During a short visit with this wise man last night he told me that he strongly believes that Alberta is the best place on earth in which to live, work, and raise a family. My guest today is accompanied by Mr. Kamal Amar, Mr. Waseem Jabre, and of course my friend and the friend of the hon. Minister of the Employment and Immigration, Dr. Ziad Aboutaif. They're all seated in the members' gallery. They have risen, and I'd ask that they receive the traditional warm welcome of the Assembly.

Members' Statements

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

Canadian Naval Centennial

Mr. Horne: Thank you again, Mr. Speaker. A few moments ago I introduced some very distinguished guests who are in the House today to help commemorate the Canadian naval centennial. Fellow members will have received a naval centennial commemorative pin on their desk as they came into the House this afternoon.

The centennial is an extremely significant milestone both in our

navy and in our nation's history, Mr. Speaker. Events across Canada over the past several months have focused on honouring the proud past of the navy, showcasing today's navy and, perhaps most importantly, highlighting the very important role the navy will continue to play in Canada's future.

Although we are a landlocked province, Albertans, including our guests today, have a proud tradition of service to Canada through the navy and naval reserve over many decades. HMCS Nonsuch, the Edmonton division of the Canadian Naval Reserve, has seen several thousand naval volunteers pass through basic training since the White Ensign was first run up in Edmonton in April 1923. While the idea of sailors in Edmonton was unheard of at the time, the leadership and determination of the late Lieutenant Commander Athol Blair MacLeod, a veteran of the First World War, resulted in the establishment of the Royal Canadian Navy Volunteer Reserve Edmonton Half-company. Since that time the sense of duty and willingness to sacrifice all on the part of all who have passed through Nonsuch has continued to make Alberta and Canada proud.

Mr. Speaker, I would ask my fellow colleagues to join in honouring all of these sailors as well as thank all the individuals in the organizations that they represent for their courageous work, for their dedication, and for being such a tremendous example to us all.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Fort McMurray-Wood Buffalo.

Health System Governance

Mr. Boutilier: Thank you very much, Mr. Speaker. Indeed, it remains an honour and a privilege to be a strong voice for the people of Fort McMurray-Wood Buffalo. It is said that we can all learn from history. This past week what started as an ER crisis evolved into cookiegate, followed by the ejection of the only ER doctor, the MLA from Edmonton-Meadowlark, and that was after a two and a half hour meeting with the Premier, then the firing of CEO Duckett, and the resignation of not three but four superboard members.

I quote one board member, Dr. Andreas Laupacis, who said: it's also my impression that the blurring of the boundary of the superboard and the ministry of health creates confusion of who actually is making the decisions. Quite an indictment, Mr. Speaker.

Albertans don't embarrass easily, but this week took the cake. As I reviewed feedback from my constituents, I feel there is a need to offer something positive and hopeful. As the Member for Airdrie-Chestermere often says, I've never seen Albertans more engaged in provincial politics than they are now. There is a sort of political renaissance going on in every corner of our province, and as embarrassed and disappointed as our government has made us feel, I'm equally proud of how we are seeing Albertans reunited and responding, our true bosses.

There is a movement sweeping our province right now, and the reason is simple. Albertans want their MLAs to work for them. They are tired of their MLAs placing loyalty to their political party line over loyalty to the very people they're supposed to serve. The Member for Edmonton-Meadowlark has not forgotten who his bosses are.

It is said that you can measure the character of a person not during times of comfort and convenience but, rather, during times of challenge and controversy. This week, like most Albertans, we witnessed a rare display of character, and it's a shining example that surely will lead to a more true representative and democratic province.

Oral Question Period

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

Publicly Funded Health Care

Dr. Swann: Thank you very much, Mr. Speaker. The secret document which revealed plans to bring in two-tiered American-style health care that we released yesterday is dated July 12, 2010. The minister of health was on the job at that time, so there's no way he can pass the buck on this one. To the Premier: the minister of health is quoted in the media as saying, quote, I want to make it clear that this is not my document. End quote. How will the minister substantiate his statements? Or is the minister saying that this scheme is being hatched right under his nose?

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I'll be happy to take that question. It's a simple statement of fact that it is not a document that I authored. What it is is a document that reflects concerns, opinions, and comments from Albertans, and inasmuch as there are some things in there that we looked at and decided not to do – specifically, I went out and said that I'm not going to do this – we have to listen to what Albertans have to say.

1:50

Dr. Swann: Well, I guess all of us are wondering why it was kept so secret for so long. This document is dated four months ago and clearly shows that the government is planning to open the health care system to private insurance and private delivery. How can the minister explain the contradiction between himself and the Premier on what purpose this document has?

Mr. Zwozdesky: Mr. Speaker, there's no contradiction whatsoever. What would be the point of releasing a document that you're not going to implement? There are parts in it that are okay, and there are a lot of parts in it that aren't. We're not going to put stuff out there that possibly might contravene the principles of the Canada Health Act or that might contravene current Alberta legislation. There's just no point to doing that. Why would you fuel that speculation?

Dr. Swann: Well, Mr. Speaker, Albertans did not go into an election asking for the failed experiment we have today with the Alberta Health Services Board. This secret document reveals that this government is going to betray Albertans again after the next election. Will the Premier commit right now that he supports a publicly delivered, single-payer health care system?

Mr. Zwozdesky: Mr. Speaker, I think we've made it very clear and the Premier has made it very clear. We are not looking at anything to do with a two-tiered system in this province. We are firmly committed to the principles of the Canada Health Act. That's why we want to get that legislation through and done with. Let's get on with that.

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

Dr. Swann: Thank you very much, Mr. Speaker. Yesterday the minister of health said, "The role and the mandate of the Alberta Health Services Board is very clear." But Dr. Andreas Laupacis said

he resigned because of, quote, increased blurring of the roles between Alberta Health Services and Alberta Health and Wellness. End quote. To the Premier again: how does the Premier explain this conflict?

Mr. Zwozdesky: Mr. Speaker, there is a roles and mandate document that is coming forward that will put even more clarity to the issue. The simple fact is that as the Minister of Health and Wellness I am ultimately responsible for what goes on in health. I will take that responsibility and I will take that accountability because that's what Albertans expect. They also expect action. That's why we released . . .

The Speaker: The hon. leader.

Dr. Swann: Well, Mr. Speaker, Ken Hughes last week said that Alberta Health Services and Alberta Health and Wellness need to clarify roles and responsibilities, but the minister of health says everything is clear. Again to the Premier: who is out to lunch, the board chairman or the minister?

Mr. Zwozdesky: Mr. Speaker, let's clearly understand here. There are two arms in health care. One of them is the department. It deals with health legislation, health regulation, health policy, strategic directions and so on, the global budget. The other arm is responsible for delivering it. That's called Alberta Health Services. They have their own structure. They have their own committees. Both arms report to the minister of health. I don't know how many more times people want me to explain that. Ultimately I am the elected person who is responsible. That's just simple straight fact.

Dr. Swann: Simple straight fact to the minister but not to his board chairman. How does one explain that, Mr. Minister? Dr. Laupacis also said that the minister of health delayed the release of strategic documents for months. For example, the 2010 capital health plan for Edmonton and Calgary is still stuck on the minister's desk, and 11 months are gone. Will the Premier admit that political meddling by him has brought this plan to its knees?

Mr. Zwozdesky: Mr. Speaker, I've only been in the job about 9 months, not 11. I don't know where he's counting that all up. Ten months. Sorry.

The point here is that we do have a strategic capital infrastructure plan. We rolled out the first part of it in July. It's about \$2.4 billion, and as I've indicated, I will be rolling out the Edmonton and the Calgary plans very soon.

The Speaker: Third Official Opposition main question. The hon. Member for Edmonton-Meadowlark.

Dr. Sherman: Thank you, Mr. Speaker. To my former partner and colleague, the Minister of Health and Wellness. On July 5, 2010, you and your DM and ADMs approved the leaked document Alberta's Health Legislation: Moving Forward. Later your current PA presented it to all government MLAs, where the controversial items of phase 2 of the Alberta Health Act were discussed: from changing legislation from prescriptive to enabling, putting everything under regulations, private insurance, and physicians opting out based on the Chaoulli decision. At what point after my removal was the decision made to not move forward with this strategic policy?

Mr. Zwozdesky: Mr. Speaker, I'm not sure which particular meeting he's talking about. The leaked document is dated July 12,

and I wasn't here at that time. The point here is that there's a lot of input that that hon. member provided, and for that we thanked him.

The Speaker: The hon. member.

Dr. Sherman: Thank you. To the same minister: given that on March 2, 2000, Bill 11 was first read into this Assembly, claiming to ensure the well-being of the public health care system in the province while helping to reduce wait lists, what is the difference between Bill 17 and Bill 11 and the third way?

Mr. Zwozdesky: Mr. Speaker, what is infinitely different today than some of the past historic moments the member may be reliving is that we now have a five-year funding commitment, and today in this province we have a five-year action plan with very detailed, specific performance measures that will improve access to the health system, that will reduce wait times, that will give us greater stability in the system, the best ever and the first of its kind, the most ambitious and the most aggressive agenda in the history of this country.

Dr. Sherman: To the same minister. Given that on page 26 of Alberta's five-year action plan mid- to long-term goals include phase 2, changes to regulations, policies, and to the Public Health Act, can you honestly say, Minister, that the third way is DOA, or are you actually just keeping it on life support until after the next election?

Mr. Zwozdesky: Mr. Speaker, I don't know how many more times we have to make this clear. There is no agenda of that sort whatsoever. There are opinions that were expressed by Albertans, and they were put forward in a very open, honest fashion. Just because some Albertans may have opinions different from some of ours, it doesn't mean they don't deserve to have them reflected in a document for consideration. We considered them, and we decided against some of what they asked for. I don't think that that bears any further clarification.

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

Alberta Health Services Board

Mrs. Forsyth: Well, thank you, Mr. Speaker. Yesterday a fourth member of the AHS board resigned. Why? Because of, and I quote, interference from the minister of health in the AHS board's decision about how to deal with Dr. Duckett. The minister of health keeps saying that AHS is an arm's-length board that makes their own decisions. Two arms, neither of them knows what the other one is talking about. Then yesterday the minister confused us again, saying that the board will respond to the minister when it is required. To the minister of health: is the board independent or not? Which arm are we talking about?

Mr. Zwozdesky: Mr. Speaker, the board is, has, and going forward will always be arm's length, but they report to the minister. It's in legislation. I don't understand why somebody is questioning the legislation. If you want to change the legislation, then stand up and say so. The fact is that the lines are very clear.

The other fact, Mr. Speaker, is that I have worked with the board chair and with the board to make some important decisions together. Why? Because we have a five-year funding plan that is very different than not having one and then looking for \$1.3 billion in savings.

Mrs. Forsyth: Well, Mr. Speaker, Albertans are tired of listening to

this minister, so let's try one more. Okay. You seem to think that it's best to leave things up to the experts who know the most about health and administration, but clearly you can't help but interfere. Will the minister admit that the resignations are at least partially his fault? Yes or no?

Mr. Zwozdesky: Mr. Speaker, what people choose to do as individuals is totally up to them. That is absolutely fundamental, and I respect that. But when you're talking about moving ahead and moving forward, what Albertans want is what we released today: this document, the 5-Year Health Action Plan, that talks about what we're doing. It's time for less talk and more action, and the hon. member might want to observe that.

Mrs. Forsyth: Mr. Speaker, what Albertans want is the truth. Clearly, having one board in Edmonton making all the decisions is too tempting for any minister to keep his nose out of it. Independence is impossible. Will the minister admit that decentralized boards would be more independent and would save him from the temptations that he can't resist?

Mr. Zwozdesky: Mr. Speaker, let's be very clear that the Alberta Health Services Board was established by ministerial order under the Regional Health Authorities Act, and it's very clear that it is accountable to the minister for the delivery and operation of the public health system. And that's what they're trying to do: operate the public health system. They get their money – guess from whom? – from the taxpayers. Guess who has to sign off on that budget? I do. I'm accountable for it, and so are they for delivering and operating within those parameters, and they're doing a pretty good job of it.

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

2:00 Publicly Funded Health Care (continued)

Mr. Mason: Thank you very much, Mr. Speaker. Well, the minister is not a doctor, but he could sure play one on TV. Yesterday a document was leaked outlining the PC government's political strategy for privatized health care. This government has twice been re-elected by denying its true intentions regarding privatization of our health care system. Now their plan to do it yet a third time has been exposed. My question is to the Premier. Why don't you just admit that Albertans cannot trust this PC government with our health care system?

Mr. Zwozdesky: Mr. Speaker, I'd be happy to take that question for the Premier because the answers are just very straightforward, and the member knows this. What they can rely on is for this government to continue addressing their priorities. What are those priorities? Improve our access, reduce our wait times, build a first-class health system, give us the best performing system in Canada, and that's what we're doing. That's why I keep showing these documents, because people want action already. It's enough of this rhetoric. Let's get on with the plans. That's what we have.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, if people really want action, they're going to have to elect a new government. Mr. Speaker, this minister announces and reannounces and

reannounces money, commitments to hire people, all kinds of targets that are supposed to be met, and nobody, frankly, believes it anymore. The document shows that the government wants to have private insurance, delisting of services, private delivery, and physicians opting in and out of the public health system. Why should people trust this government to protect their health care system?

Mr. Zwozdesky: Mr. Speaker, the simple answer is because we've proven ourselves, and we're going to prove it again. That's why we released and made public this five-year plan for performance measures and performance targets. In here you will find 50 different performance measures, which are public, that the folks of Alberta can look at, can monitor, can track, and which Alberta Health Services will report on every quarter. Nobody else does that except here in Alberta, and that's trust.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Well, nobody trusts this government to do what they're saying they're going to do. It's obvious that they can't be trusted with respect to the health care system. I want to ask the health minister why he thinks that the five-year plan and the five-year funding plan are going to last any more than a year and a half, which is about when the next election is. Once the election is over, those promises are gone.

Mr. Zwozdesky: Mr. Speaker, the simple fact is that this started with a five-year funding commitment, the first of its kind in Canada. We've got that. The next step is to put in place the action that shows you how we're going to use that money. We've done that today. Then we have the performance measures, and people will be able to track this. It has nothing whatsoever to do with an election. This is a five-year plan for performance targets in 50 different cases, showing you cancer care, showing you continuing care, showing you acute care, showing you emergency department wait times, showing you access to various surgeries, and slicing the wait times . . .

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

Health Care Workforce Supply

Mr. Kang: Thank you, Mr. Speaker. Two years ago Alberta Health Services was short 1,400 nurses. Last year it cut 450 more at a cost of \$24 million. Now they say that they're hiring 500, which means that today we are still almost 1,000 nurses short. To the minister of health: how can the minister claim any credibility on this?

Mr. Zwozdesky: Mr. Speaker, perhaps the member didn't read the rest of the sentence in *Hansard*. What we said was that there are 500 more nurses being hired just for the 360 additional acute-care beds that we're adding.

Let's not make any mistake about it. Registered nurses are an important part of our overall system, and the total number who graduated from training programs in our province was increased by more than 20 per cent over the last four years alone, and there's more good news on that front coming.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. I think the minister of health is starting to sound like a broken record here. We need to see some concrete results in our ERs to cut wait times now. To the minister

of health again. Alberta Health Services said that because of the hiring freeze last year “many of these vacancies will need to be filled in 2010/11 in order to maintain service levels.” Will the minister admit that we are in this mess because of his hiring freeze?

Mr. Zwozdesky: Mr. Speaker, there is no hiring freeze. In fact, what there is is a very good, concrete commitment and accord between Alberta Health Services and the nurses’ association, and that says that they will be hiring 70 per cent of all nursing graduates in this province. It’s a phenomenal commitment. Why? Because they’re needed, and they’re doing an outstanding job.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. I think Albertans are sick and tired of listening to promises. To the minister again: will the minister be honest and admit that there is still a terrible shortage of nurses in Alberta?

Mr. Zwozdesky: Mr. Speaker, I’ve always said that we could hire more nurses, and that’s one of the reasons, I’m sure, why Alberta Health Services took the big, bold step that they did. We also need more doctors, but we need to remember that we are training more doctors. We are increasing more first-year spaces. In fact, over the last few years that number has increased by 50 per cent, so good headway is being made. Why? Because we have a five-year funding commitment now to do it, and it’s working.

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

Beef Exports to the European Market

Mr. Doerksen: Thank you, Mr. Speaker. Can we change topics? My questions are for the Minister of Agriculture and Rural Development. A restrictive 11,000-tonne quota shared with the United States, restrictions on the use of growth promotants, and the high European Union tariff have combined to make the high-value European Union beef market very difficult for Alberta producers to be competitive in. I understand that Canada has recently gained duty-free access to the EU for a 20,000-tonne annual quota. Can the minister of agriculture please tell us how this increased access impacts Alberta beef producers?

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

Mr. Hayden: Well, thank you, Mr. Speaker, and thank you to the member for the question. This new arrangement is for a 20,000-tonne hormone-free beef export into the European market duty free. Just to give an indication of the effect on the beef industry, which is mostly housed in Alberta, we’re looking at probably a savings of over \$10 million because of the duty-free designation, that will go into the pockets of our industry. It’s very significant.

The Speaker: The hon. member.

Mr. Doerksen: Thank you, Mr. Speaker. This expanded quota is a marked improvement, but further expansion of a quota will attract more higher volume Alberta players into this market. Do any of our competitors have this kind of access to the EU? I ask the minister: is there an opportunity for this quota to increase in the future?

Mr. Hayden: Mr. Speaker, absolutely, there are increased opportunities. We do have competition, as we always have, globally, and when you talk about the European Union, it’s the United States and Australia. But we know that we’re going to have an additional 3,200 tonnes’ access this year, and we know that by 2012 the increase will be between 4,600 and 4,800 tonnes of duty-free beef going into the European Union. Our business will be able to go after that, and we know we’re going to get a very good chunk of it.

The Speaker: The hon. member.

Mr. Doerksen: Thank you, Mr. Speaker. That is a significant quota. Market access is a federal government responsibility. I ask the Minister of Agriculture and Rural Development: what can Alberta do to support federal government efforts to increase these kinds of international market opportunities for Canadian producers?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. I think that it’s just very important that we’re supportive of the efforts of our federal government and Minister Ritz. We’ve shown that just recently with our meetings with industry in Japan and China. When you go into China and you meet in cities that exceed 50 million people and over 24 million people in Japan in a matter of a few days, the markets are unbelievable, the potential is great, and we’ll continue to work with our federal government to increase that.

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

Long-term Care Beds

Ms Pastoor: Thank you, Mr. Speaker. I’m sure that I don’t need a preamble about health care beds in this province. To the minister of health: according to the new five-year plan, of the 1,300 continuing care beds that you have been talking about, how many are actually long-term care beds, the type of bed that front-line professionals have identified that we need in this province?

Mr. Zwozdesky: Mr. Speaker, I don’t have the exact number in my head right now, but there are a number of additional beds that are being added. Many of that number will be long-term care, and others will be a different type of bed. There are so many beds right now, so many different numbers right now, so if you want the exact number, hon. member, which I gather you do, I’ll undertake to try and provide that to you.

The Speaker: The hon. member.

Ms Pastoor: Thank you again, Mr. Speaker. To the same minister. This minister’s continuing care strategy states that it’s the goal of this government to cap the number of long-term care beds at 14,500. How can the minister deny that that policy has directly contributed to the ER bed crisis?

Mr. Zwozdesky: Mr. Speaker, it’s true that there are some people in acute-care beds who need to be moved to transition beds and from transition beds out into the community. That’s why we’re building somewhere around 1,400 different or new spaces this year. Eight hundred of those have already been built, another 500 or 600 will be built by the end of March, and the following year another 1,100 will be built and the year after that probably another thousand or so.

Those are the targets that we've set, and to the best of my knowledge we are on track to accomplishing them so that seniors can age in place.

2:10

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

Ms Pastoor: Thank you. Again to the same minister. We're not talking about the same thing. I'm talking about long-term care beds. How can the minister defend capping the number of long-term care beds in this province when right now there are a thousand seniors waiting for long-term care and the seniors population is increasing daily?

Mr. Zwozdesky: Mr. Speaker, just to be a little clearer on that, let's understand that when we're talking about these 1,400 spaces, there's a new way of thinking about what kinds of spaces they're going to be. Instead of moving people from supportive living to designated assisted living or vice versa and ultimately to long-term care, under the continuing care strategy we're simply building spaces so that people can age in place, and the services will change to meet them in their homes.

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

Immigrant Nominee Program

Mr. Bhardwaj: Thank you very much, Mr. Speaker. Despite the economic downturn many of my constituents are having difficulty securing enough low- and semiskilled workers to keep their businesses operational. However, the process of retaining good workers from outside of the country is burdensome and very difficult for small-business owners to navigate. My questions are to the Minister of Employment and Immigration. What is the minister doing to ensure the workforce needs for our small businesses are met?

The Speaker: The hon. minister.

Mr. Lukaszuk: Well, thank you, Mr. Speaker. It should be clear that this government's number one priority is to employ Albertans and Canadians. That means that those who are unemployed we're matching with employers through our labour market information centres. We have 59 of them throughout the province. To those who are underemployed and not working to their capacity we're providing a variety of educational upgrading programs to link them with employers. This is our strategy for our local unemployed Albertans, matching them with the workforce.

The Speaker: The hon. member.

Mr. Bhardwaj: Thank you very much, Mr. Speaker. My first supplemental to the same minister: given that Alberta still has a strong need for permanent and not just temporary workers, why is the Alberta immigration nominee program only able to support 5,000 immigrants per year?

Mr. Lukaszuk: That is, I agree, a very good question. As a matter of fact, there is a need for temporary workers when temporary projects exist or seasonal projects exist, but frankly Alberta needs permanent foreign workers, workers that can settle over here, bring their families over here, buy cars and houses over here, Mr. Speaker,

and not leave our communities with transient populations. That is why I have negotiated an increase to a cap of 5,000. It's nowhere near being enough, but it is a federal cap that's put on Alberta of 5,000. I hope that increases because we need permanent foreign workers.

The Speaker: The hon. member.

Mr. Bhardwaj: Thank you very much, Mr. Speaker. My final supplemental to the same minister: given that our cap is the same as many other provinces' despite a drastic difference in labour needs, what is the minister doing to advocate for Alberta's businesses to ensure we have the workforce that our economy needs?

Mr. Lukaszuk: Well, Mr. Speaker, I have communicated very clearly to our federal counterparts that we do have a need for permanent foreign workers, that the temporary foreign worker program, although designed for the purpose that it was designed, has served us well. The demographics of our province, of our country clearly show that we will be short thousands of workers into the many years to come, and we will be convincing our federal counterparts that we should consider more of a temporary, economically based immigration policy as opposed to the transient policy we have right now.

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

Emergency Room Wait Times

Mr. MacDonald: Thank you, Mr. Speaker. "Transparency is important. That's why Alberta Health Services and Alberta Health and Wellness are inviting you to track the progress being made at some of the province's biggest and busiest emergency departments." To the minister of health: if transparency is important, why is the information on emergency department wait times prior to November 2009 not posted on the Internet for people to see? What are you hiding now?

Mr. Zwozdesky: I wonder how deep he had to dig for that question, Mr. Speaker. If you want something very specific that goes back a year or two or three, I'll be happy to feed that into Health Services and see if they can provide the answer.

The thing is, Mr. Speaker, that there were nine different health regions. They all had different systems. They all kept their own information in their own ways, and bringing all of that together has been quite a challenge and quite a chore. But I'll do my best to see what I can do for the hon. member.

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. Again to the same minister: how can progress be tracked if you do not post on the Internet information gathered on emergency room wait times prior to November 2007? Why did you suddenly pick November 2007 to start your wait time list on the Internet? What are you hiding?

Mr. Zwozdesky: I'm not sure exactly which website he's talking about, Mr. Speaker, but I will have a chance to look at that, I'm sure.

What's important here is that we have all the transparency people need. It's the key performance measures, and in there on page 4 is a good statement about how we're going to reduce the length of stay for patients in emergency departments. The targets are very clear.

If the member would like to look at that – I just released it today – I think he'll be quite pleased with what he sees.

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. If the minister is transparent, certainly the citizens of this province see through his lame efforts to defend the government's record on promoting and enhancing public health care. Now, I know you took this question under advisement yesterday and you promised me information today, but will you put this information on the website before the end of this week so that Albertans can see how their emergency departments have been performing since 2002, when the doctors first started to complain?

Mr. Zwozdesky: Mr. Speaker, I don't recall saying that I'll get you an answer in 24 hours, but I do recall saying that I would take the question under advisement, and I will. I will look at it, and as soon as I can, I'll get back to him.

What's important right now is that people want action on emergency rooms, and that's why we are setting some targets in here that will report publicly – they already do – on the busiest site aggregate basis and on an individual site basis. That's good transparency, and that's darn good accountability, too.

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

Bail System

Mr. VanderBurg: Well, thank you, Mr. Speaker. Recently I heard from constituents that were upset that a man in Whitecourt-Ste. Anne, who has been accused of second-degree murder, has been granted bail by a federal judge despite the opposition from a provincial Crown prosecutor on the case. My first question is to the Minister of Justice. Can the minister tell me why an accused murderer would be granted bail for merely \$5,000 even though the provincial Crown thought he should be kept behind bars?

The Speaker: Whoa. I'm not sure if this matter comes under the subjudice rule. Interestingly enough, the only person I can ask for clarification of that is the person to whom the question is addressed. The hon. minister.

Ms Redford: Thank you, Mr. Speaker. You're correct. I won't speak to the specifics of this. What I did want to say today is that we know that our Crowns work very hard to make representations to the court. We also know in those cases that it's entirely within the court's decision as to what recommendations they will take.

Our concern as a government is with respect to the tests for bail. The tests for bail are set out in the Criminal Code. We've made it very clear to the federal government that we think those tests need to be changed. We think there needs to be much more consideration given to whether or not the administration of justice is brought into disrepute with respect to bail, Mr. Speaker.

Mr. VanderBurg: Well, then, Mr. Speaker, I'll be more general. Does the minister think that it's fair that people accused of serious crimes are granted bail so that they can walk around freely, possibly putting people, innocent people, at risk?

The Speaker: If we deal with policy, fine. Opinion is not really that important.

Ms Redford: And it is only policy, Mr. Speaker. It's very clear that within Canada we have a Charter of Rights and Freedoms. People are presumed to be innocent until they're proven guilty. That is why we have a bail process in place. Our view as a government is that that process works. The independence of the courts is critical; however, we do think that within the legislative framework federally we could look to changing that bail test.

Mr. VanderBurg: Mr. Speaker, a clarification on process. Can the minister tell me if a provincial Crown can appeal a bail ruling to have it overturned or at least a fine more fitting to the seriousness of these charges?

Ms Redford: Mr. Speaker, again with respect to process, in extraordinary cases it is possible for the Crown who is arguing that case to make the determination that they do want to appeal a decision of the court, as the Crown can with respect to anything. Again, they would look to whether or not it is in the public interest to do so and whether or not they would likely be successful.

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

Publicly Funded Health Care

(continued)

Ms Notley: Thank you, Mr. Speaker. Phase 2 is out in the daylight now, and this government's secret agenda to increase privately funded health care has been exposed. This agenda explains what is an otherwise unfathomable level of incompetence in running our public health care system. The Tories are determined to ruin the public system to set the table for private, American-style health care. Will the health minister quit treating Albertans like we were born yesterday and admit that his leaked document describes a plan to put one over on Albertans after the next election?

2:20

Mr. Zwozdesky: Mr. Speaker, there's a lot of talk about agendas. Let me tell you what the real agenda is, never mind the speculative inaccuracies coming from the opposition. Our agenda is, among other things, to reduce wait times for hip surgery by 60 per cent; to increase the number of people that we're able to move from hospital beds into community care beds, when they're eligible, by 68 per cent; to add 65 more mental health staff in schools and in clinics. If time permits, I'd like to go on. Those are just some of the agenda items that we have to improve health outcomes for Albertans.

Ms Notley: Well, Mr. Speaker, he may have an agenda, but we have a record: two and a half years of the Premier ignoring the concerns of ER physicians, a political agenda to open the door to more privately funded care, a broken promise on long-term care, cruel neglect of the mental health system, and now a provincial health board that cannot function. Will this minister admit that he is just the latest entry in a parade of Tories, almost a minister a year for the last four years, directed to distract this public from the PC plan to undermine and dismantle our public health care system?

Mr. Zwozdesky: Mr. Speaker, in fact, we're doing exactly the opposite of what those accusations are. We are making significant improvements to speed up access to the system, to reduce wait times. For example, the wait times for cardiac surgery are going to be reduced significantly. The wait times for knee replacements, the wait times for hip replacements, the wait times for cataract surgeries,

the wait times for scheduled surgeries, the wait times for cancer treatment from referral to start-up: all of these things are part of the key performance measures and action plan. That's what people want. [interjections]

The Speaker: Hon. Member for Edmonton-Strathcona, you go forward with your question. Put your hand on the shoulder of the person to your right to settle him down. Okay? Go ahead.

Ms Notley: Thank you, Mr. Speaker. Well, given that the government has spent the last four weeks ineptly rolling out an exact replica of phase 1 of this government's allegedly abandoned plan and given that not once in the course of their consulting and their announcing and their ribbon cutting did they ever mention opt-in and -out capability for doctors, delisting, or private insurance funded health care, will this minister admit that even the most reasonable of Albertans simply cannot ever trust a single word on health care by this minister or any other member of this government ever again?

Mr. Zwozdesky: Mr. Speaker, what a bunch of nonsense. I've already clarified that there are opinions from Albertans that were part of a survey. They inputted, and I've said which parts of that we're not going to follow. There is no privatization occurring. We are strongly committed to the principles of the Canada Health Act, and we're even more committed to helping Albertans access more continuing care, to helping them access more home care, to access more children's mental health care, and I could go on.

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

Film and Television Support

Ms Blakeman: Thank you very much, Mr. Speaker. It has been months since the minister of culture intervened in a panel at the Banff TV festival to declare that his ministry funded crap. The minister later claimed that he did this to encourage discussion. To the minister of culture. Since the Banff TV festival is an international forum to pitch projects to buyers, I'm wondering if the minister can answer this skill-testing question on whether the comments resulted in more projects or less projects being picked up or shot in Alberta this fall.

Mr. Blackett: Well, Mr. Speaker, I'm glad to say that it resulted in more projects being shot here, more opportunities for people to come here and scout in Alberta because people from Los Angeles, Europe, British Columbia, and Ontario want to come to a place where we value quality of production over number of productions.

Ms Blakeman: Eh-uh. Sorry, Minister. There were fewer.

Given the loss of work for Alberta film and TV workers, from eight crews working in Alberta five years ago to two and a half crews barely working now, and given the exodus of our workers to B.C. and other provinces, can the minister explain why Alberta is training film and TV workers for our competition in B.C.? Please explain.

Mr. Blackett: Well, Mr. Speaker, we sat here in this House last March, and the hon. member told us all that the film industry in Alberta was dead. This past summer three Los Angeles producers came to see me in Calgary to ask about different productions. We have one U.S. production, AMC's *Hell on Wheels*, that we hope to get green-lit in the next couple of weeks, and we'll start production

here next spring. That will go on top of *Heartland*, that we have here, and *Blackstone*, that's being filmed here in Edmonton. We also have the Sam Steele movie for CBC that will start here next spring.

Ms Blakeman: They didn't shoot this year, honey.

Back to the same minister. Given that there is no movement on a Calgary film production studio, that the minister didn't even know there was an Edmonton production studio, and that there have been no new incentives to encourage investment, can the minister tell us of any positive changes in this area under his watch other than some that may come in the future?

Mr. Blackett: Mr. Speaker, I don't know what the other member has been doing, but we've been sitting down with the Alberta Film Advisory Council, which is a combination of unions and guild representatives. It's film producers, it's the film schools, and there are film commissioners. We have worked together in two particular instances. We're focusing on innovation and competitiveness. We've looked at changing our film development fund to make that more enticing. We're in the top five most competitive jurisdictions in North America. We are working now to get a combination agreement with our unions and guilds so that we are competitive with other jurisdictions. We have worked on training on 3-D technology. We brought 120 people from our industry and representatives from the United States.

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

Review of Government Programs

Mr. Bhullar: Thank you very much, Mr. Speaker. My questions are to the head of the Treasury Board. Reviewing government programs not only helps us ensure effective and prudent spending; it also helps us foster a culture of innovation, where we see continuous improvements. We need to review programs to ensure they are actually solving the problems intended in the most efficient and cost-effective manner. Will the minister look at enacting a policy whereby all government programs are reviewed annually?

Mr. Snelgrove: Well, Mr. Speaker, the Auditor General does review all government expenditures. More importantly, in December of 2006 this Premier asked me to set in place a process whereby we could review our ongoing expenses to make sure that our expenditures were not only achieving what they were intended to but that we were getting good value for our money. Since then we've implemented five or six re-engineering projects, we call it, to make sure that we're not duplicating program delivery.

The Speaker: The hon. member.

Mr. Bhullar: Thank you, Mr. Speaker. To the same minister: has your ministry enacted any policies to investigate and eliminate old, unused, or irrelevant programs as well as programs that overlap or are duplicates; that is, where two programs are trying to achieve the same outcome?

Mr. Snelgrove: Exactly, hon. member. Certainly, last year alone in our budget we saw the amalgamation of 70-some municipal grant programs down to 23. We've seen the development of issue-based funds, where we bring ministers together. And we've had tremendous success in tackling the issues of homelessness and safe

communities. We as a government have understood that we need to remove the duplication both internally and to our external partners that help deliver these goods. We have also achieved considerable financial savings besides the operational savings.

The Speaker: The hon. member.

Mr. Bhullar: Thank you, Mr. Speaker. To the same minister for the last time: how do we measure the success of such reviews? Are the people involved in the program reviews actually independent of the people delivering the programs?

Mr. Snelgrove: It's interesting, Mr. Speaker, because it's easy to identify the savings. In the first year alone we looked for \$240 million; we found nearly half a billion. Last year we found over \$700 million. Probably more importantly, we consult with the groups that the government deals with on an ongoing basis, in the spring and the fall, and we ask them: are we still achieving the goals you expect from us with your tax dollars? Those consultations have been extremely successful in telling us that we are on the right track.

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

Health Services Performance Measures

Mr. Hinman: Thank you, Mr. Speaker. The *Titanic* sunk, and many lives were lost. Despite the committee of captains saying that all is well, the superboard is sinking. Five officers have jumped into lifeboats in just the last week. There's nothing honourable about leaving the patients to go down with the ship. To the minister: given that today's plan still has a superboard in place, how does it not allowing funding to follow the patient? Why should we trust that your latest plan is going to steer us away from the iceberg?

Mr. Zwozdesky: Mr. Speaker, the short answer is: because the plan announced today focuses on what I've said at least four or five times already. It focuses on improving access, on reducing wait times, and on building the best-performing health system in Canada. It takes a good, solid strategy to get there. We've spent several months working on that strategy. It's now ready to be further implemented, and that's what we're doing.

The Speaker: The hon. member.

Mr. Hinman: Thank you, Mr. Speaker. They've been saying that for two and a half years with no changes.

Albertans have lost trust in our health minister and his system. Now they're being promised a 50 to 60 per cent improvement, with a 6 per cent funding increase, without changes in the system. To the minister. What are you really going to do: lower your targets again, increase your funding again, or are you going to do both?

2:30

Mr. Zwozdesky: Well, I'll tell you exactly what we're going to do, Mr. Speaker. We're going to add more beds. We're going to have some facility expansions. We're going to build some new facilities. We have over 1,000 health care facilities on the books or being built right now for over \$5 billion. That's what we're going to do, keep doing that. We're going to develop a provincial plan for cancer. We're going to develop a mental health strategy for that area. There are a lot of things that we're doing, and most of those are well along the way.

Mr. Hinman: Well, Mr. Speaker, the Member for Edmonton-Meadowlark has brought forward many good suggestions on how to improve ER care here in the province, and this government has treated him shamefully. Yesterday the House's ER doctor asked for an apology from the health minister's parliamentary assistant. Today Albertans are calling for a public apology. When is this going to happen?

Mr. Zwozdesky: Mr. Speaker, I think Albertans are more focused on action than they are on words right now, and they need to see that. The sooner that we can get on with that agenda, the sooner you're going to see all of these things start to occur, the reductions in wait times. I mean, these are serious and very significant moves forward, and that's why Albertans want to hear about them, not about the rhetoric and the innuendo.

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

Charitable Tax Credit

Mr. Quest: Thank you, Mr. Speaker. There have been a number of media reports recently about pressures on nonprofit organizations due to the sluggish economy. Representatives from these agencies say that growing demand amid stretched fund resources will only worsen without greater investments of dollars and volunteers. It's certainly something I'm hearing in my own constituency. My first question to the Minister of Culture and Community Spirit: how is the government's charitable tax credit actually encouraging giving?

Mr. Blackett: Well, Mr. Speaker, we know and understand that things are tight. A recent StatsCan survey showed that Albertans had given \$1.25 billion to charities in Alberta in 2009. Unfortunately, that's down 9 per cent from 2008. We're supporting Alberta's giving through the enhanced charitable tax credit. Through the tax credit, which is worth over \$80 million a year, we're encouraging Albertans to give more. If you give over \$200, you will get a 50 per cent tax credit. If you give under \$200, you get a 20 per cent tax credit.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. My only supplemental to the same minister: in these more difficult times what effect is the community spirit program actually having?

Mr. Blackett: Well, in the last couple of years, Mr. Speaker, the community spirit donor program itself, in addition to the tax credit, gave \$38 million to 3,238 different charitable organizations. One example: the Central Alberta African Centre in Red Deer opened an office to ensure better access to new immigrant services. This program helps small, medium, and large organizations, and it's providing much-needed dollars for much-needed organizations to make our communities stronger and safer, sir.

The Speaker: The hon. member?

The hon. Member for Calgary-Varsity.

School Board Funding

Mr. Chase: Thank you, Mr. Speaker. On Monday, November 22, the Minister of Education informed the House that it's, quote, not his problem that school boards were not able to budget properly because of this government's mixed signals on funding staff wage increases.

However, the Auditor General has been saying for four years that the department needs to provide trustees with more timely, accurate financial information. To the minister: why is this government still taking school boards on wild financial rides instead of implementing the Auditor General's recommendation from 2006, which is still outstanding today?

Mr. Hancock: Well, Mr. Speaker, first of all, there were no mixed signals to school boards. Prior to the budget we talked about the need for us to do value reviews and make sure we were spending the resources that we were granted in the appropriate ways. On the day of the budget I spoke with school boards, and I indicated to them that we had a firm commitment to meet our commitment to the average weekly earnings increase. The money was not in the budget, but they had the commitment from government that it would be there and they should plan on that basis. The fact that they chose to plan on a different basis was what I was referring to as not my problem. The clear signals were there. They chose . . .

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

Mr. Chase: Thank you. Given that chronic budgeting problems in the Northland board had been in AG reports for years, did the department's failure to work with the board set Northland up to be fired by this minister?

Mr. Hancock: That's a very unfortunate characterization. The department did not fail to work with the board. In fact, there has been comprehensive work with the Northland board over years that can be clearly demonstrated.

Mr. Chase: It's another case of: off with their heads.

Although the results have left much to be desired, the government likes to boast about its five-year funding model for health care. So will the government commit to multiyear, stable funding for school boards?

Mr. Hancock: A very interesting concept, Mr. Speaker, and one that I have been trying to explore in the context of discussions that we're having with school boards and the ATA. But it is a bit of a different situation when you have 63 school boards plus charter schools plus private schools that have public funding and a number of different things that have to be funded within the system. If there's a possible way to achieve that goal, we're certainly prepared to look at it, and we'll certainly talk with school boards about it.

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

Anthony Henday Drive

Mr. Vandermeer: Thank you, Mr. Speaker. With construction set to wrap up next fall on the northwest Anthony Henday Drive project, motorists in Edmonton will be turning their attention to the final eight kilometres of the Edmonton ring road and completion of the northeast section. My questions are all to the Minister of Transportation. When will the province finally move forward on the final section of the northeast Anthony Henday?

Mr. Ouellette: Well, Mr. Speaker, I can tell you that a considerable amount of work is already under way so that we can move forward on that final leg. My department is finishing up the preliminary engineering work, we're completing the land assembly for the

project, and we're working on the utility and railroad. I can tell this hon. member that the Anthony Henday will move ahead.

Mr. Vandermeer: Mr. Speaker, I had a meeting with a city councillor last week, and he informed me that it was put on hold. Can you explain that to me? I've got a document here that says that it's going to be finished in 2015.

Mr. Ouellette: Well, Mr. Speaker, we have always said that we were trying to complete that full ring road in 2015. There have been different challenges with budgeting and getting all of our engineering work and all of our fundamental stuff put together. I think what he's talking about is that there has been an announcement that there was going to be a \$7 million reprofiling, but that absolutely is not delaying the project. To put this into perspective . . .

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

Mr. Vandermeer: Thank you, Mr. Speaker. Given that construction costs are going down and labour costs are going down, wouldn't it be prudent to work on those final eight kilometres and get the job finally done?

Mr. Ouellette: Well, Mr. Speaker, I've been trying to tell this hon. member that we are moving ahead. Almost 90 per cent of the Henday will be free flow and open to traffic next fall. All five of the interchanges on southwest will be complete, and the northwest will be also complete, so 90 per cent, and that will be a \$2.5 billion investment into the ring road.

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

Labour Protection for Paid Farm Workers

Dr. Taft: Well, thanks, Mr. Speaker. My questions are to the Minister of Employment and Immigration. Why does the minister continue to exclude paid farm workers from even the most basic employment protections available to all other workers in Alberta? The Liberal opposition has been asking this for years. We have yet to get a clear rationale.

The Speaker: The hon. minister.

Mr. Lukaszuk: Well, thank you, Mr. Speaker. The hon. Member for Edmonton-Riverview will know that the Minister of Agriculture and Rural Development has undertaken an initiative where he will be drawing advice from those they're actually seeking to protect, from farmers, to advise us what is the best kind of coverage that would work for them, whether education would satisfy them. You will hear from the Minister of Agriculture and Rural Development in due course of what the outcome will be.

Dr. Taft: Well, back to this minister, who is after all responsible for worker safety. Given that the last farm safety report took almost two years to complete and given that 13 people died in farm incidents in 2009 alone, how long will this new consultation take before we see action? How many more people are going to have to die?

Mr. Lukaszuk: Well, this member knows the answer to this question very well because I had a private discussion with him just a couple of days ago. I made it very clear to him that our priority is to keep our farmers in Alberta safe. At the same time we have to

make sure that we put in a process that actually achieves that goal. This process will be derived from consultation with farmers. They will be providing us with feedback on what kind of protection they want. Keep in mind, Mr. Speaker, that there are challenges because the majority of farms in Alberta are still homesteads, where families actually not only work but live. It's a unique environment that will require a unique solution.

2:40

Dr. Taft: Well, Mr. Speaker, again to the same minister. We have temporary farm workers, sometimes including innocent children, who are paid to work on farms in Alberta. Does the minister see these temporary farm workers, including their children, as workers who are undeserving of the same rights as other paid workers in Alberta? That's how they're getting treated.

Mr. Lukaszuk: Mr. Speaker, every Albertan is deserving of protection, and that's what they are getting and will be getting. But the member just identified the challenge. A farming environment is not your regular, standard industrialized environment. You have family members working. You have relatives working. You have neighbours helping neighbours. It is not the standard work environment, so we will be seeking advice from our farming community to tell us what type of assistance they can receive from the Alberta government to make sure that they stay as safe as humanly possible.

The Speaker: Hon. members, that concludes the question-and-response period for today. Nineteen members were recognized, and there were 112 questions and responses.

I'd also like to advise the members of a point of sadness with the passing of Mr. Aleck Trawick, QC, on November 20, 2010. Mr. Trawick served as the fourth Alberta Ombudsman from October 1, 1987, to September 15, 1989. I know you'll join with me in extending sympathy to the Trawick family.

Statement by the Speaker

The Talking Stick

The Speaker: I have something to show all members. I have a box. Boxes are really quite interesting. When you open the box, you find a carved instrument, and it's called the talking stick. Let me read the description of the talking stick. For centuries – not days, centuries – talking sticks have been used by the west coast First Nations during potlatches and other ceremonial celebrations, symbolizing the sacred power and honour to speak uninterrupted. It empowers the speaker to speak honestly and truthfully from the heart. The talking stick also serves as a reminder to witnesses of their vital role of listening thoughtfully. When it is passed, the honour is then transferred to the next speaker. The talking stick teaches us to honour the sacred point of view of every living creature. This has been known to wise people for a long period of time.

We'll now continue with our Routine in a matter of seconds and move forward with Members' Statements.

Members' Statements

(continued)

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

Chateau Estates Access Road

Mr. Bhullar: Thank you very much, Mr. Speaker. In 2008 I learned of a long-planned road closure. With the ring road construction access to 84th Street N.E. was to be closed from 16th Avenue,

directly impacting the residents of Chateau Estates. I remember the first meeting I had with the community, a Friday night leading to a long weekend, and approximately 100 people showed up. I let my constituents know that I would put everything I had on the table trying to find a solution because this issue meant more than just road access to a community. It meant a community that often felt forgotten would once again believe that someone was standing up for their interests.

Through much discussion we succeeded in delaying the road closure until 2009, buying some time to come up with better solutions. Other levels of government were not willing to join us in finding a solution or, for that matter, helping pay for it, so we as a government needed to do more. After months of work with Alberta Transportation they purchased land to create a solution for Chateau Estates residents. Range road 243A was going to be built. But as we all know, the road less travelled is often the road with many obstacles. As construction was about to get under way, Alberta Transportation was told conventional methods to build the road would not be an option due to gas lines on the land. Consultation with gas companies resulted in the moving of gas lines and revisions to construction plans, which meant a delay of approximately one year.

It was cause for great excitement earlier this year when the road construction finally began, and we had hopes of having the road fully paved by fall. However, Mother Nature had other plans. Heavy snowfall delayed the paving, once again causing delays. So I once again stood up in the Legislature to be a voice for my friends in Chateau Estates and got agreement from Alberta Transportation that the road would be opened temporarily as a gravel road.

Mr. Speaker, I'm delighted that this road is now finally open. My constituents in Chateau Estates have what they deserve. [Mr. Bhullar's speaking time expired]

The Speaker: The hon. Member for Cardston-Taber-Warner.

Cardston Elementary School Choir

Mr. Jacobs: Thank you, Mr. Speaker. I am pleased today to rise and share with this Assembly some exciting news from my constituency of Cardston-Taber-Warner. Earlier this summer the Cardston Cavatina Choir was awarded first place at the National Music Festival in Montreal. This is no small feat. Before they could even present at this festival, they first had to compete provincially against all the talented singers here in Alberta. I am very proud of these youngsters, especially since one of them is my grandson, Dylan Strang.

Mr. Speaker, competing at this level required a tremendous investment of time and effort. The students practised weekly and sacrificed much of their personal time for the cause. It is very uplifting to see the results of hard work and dedication, and I guarantee that the students who made up this choir will take this lesson with them throughout the rest of their lives. I would also like to acknowledge and thank all the dedicated teachers and instructors who put in the time and effort to teach these talented students. Without their effort and support, success would not have been possible.

To win this event, members of the choir sang two songs: *J'entends le Moulin*, a French-Canadian folk song, and *Kyrie*, a Latin piece. I find it astounding that these children can speak French and Latin much better than I so that they could recite these songs in both languages. I also find it astounding, Mr. Speaker, that because this group could not travel to Montreal, they won this national award by sending in a video recording.

I congratulate all of these students and wish them all the best in their future endeavours.

Thank you.

Audrey Anderson

Ms Calahasen: We all have movers and shakers in our constituencies, people who care, people who move mountains for what they believe in. Gift Lake school teacher Audrey Anderson is one of these people.

She put a lot of time and effort to ensure that students at the small Northland school division school would have access to computers and modern technology. She was passionate in her view that children be introduced to these tools early in their lives so they can use them to further their education and be competitive wherever they went in life. So she went to work finding patrons, and she hit the jackpot from the Belinda Stronach Foundation, which donated a computer for every student in Gift Lake.

Not only did she find computers; she also volunteered her time on a special committee to ensure that a Métis perspective was represented in the educational software provided on these computers. Thanks to her, students now have programs to help them learn about aboriginal music and sound terminology, along with 25 books written by First Nations, Métis, and Inuit authors that are a valuable addition to the traditional programs.

These laptops will ensure that teachers like Audrey will be able to combine the power of technology and education and will also ensure that the Métis children at the Gift Lake school have the same opportunities as all children in this province and in Canada.

Congratulations, Gift Lake school and especially to Audrey Anderson for all your hard work. I wish you and your students continued success.

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

Legal Aid

Mr. Chase: Thank you, Mr. Speaker. An unjust society. Our troops around the world are fighting for and protecting human rights, freedom, justice, and peace. Although we as members of the Legislative Assembly paid lip service to child and spousal abuse by declaring November Family Violence Prevention Month, the family litigation advocacy association, FLAA, indicates that there is another type of war taking place right here in Alberta that isn't recognized. The Alberta government's refusal to fully fund legal aid means drastically reduced access to legal counsel. Poor remuneration for legal aid lawyers allows those with the means to purchase enhanced legal services.

Alberta families are suffering from years of legal abuse over custody, access, child maintenance, support, divorce, division of property, and injury damages. They have lost their freedom to move on with life beyond abusive partners. They are trapped in civil wars perpetuated by criminally convicted abusers. As a result their children have never known peace.

2:50

Mr. Speaker, without sufficient provincial government funding to support qualified legal aid, the Alberta government continues to be an accomplice to a system that allows litigants with financial means to stalk their victims through the court for years. This government has an obligation to ensure that vulnerable Alberta families can protect themselves both from within and from our court system. The adage that justice is blind should not be applied by extension to wilful government neglect.

Introduction of Bills

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

Bill 217

Election Statutes (Electoral Reform) Amendment Act, 2010

Dr. Taft: Yes. Thank you, Mr. Speaker. I request leave to introduce a bill being the Election Statutes (Electoral Reform) Amendment Act, 2010. It will be known as Bill 217.

The central purpose of this private member's bill is to ensure that Albertans are provided with the fullest opportunity to participate effectively in political life. The right to vote is enshrined in Canadian law as both the greatest responsibility and the most cherished fundamental right for citizens in a democracy. It's also been strongly defended by the courts, who make it clear that the right to vote involves more than marking a ballot; it involves the administration of the entire election process. I hope the measures contained in the bill such as fixed election dates and expanded access to polling stations can further these ends.

Thank you.

[Motion carried; Bill 217 read a first time]

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

Bill 230

Anti-Idling Act

Mr. Taylor: Thank you very much, Mr. Speaker. I request leave to introduce a bill being Bill 230, the Anti-Idling Act.

The goal of Bill 230 is to take a simple and straightforward province-wide approach to reducing vehicle idling times and, therefore, vehicle emissions and greenhouse gas emissions, especially by encouraging drivers to turn off their engines when their vehicles are not in motion. Vehicles will be limited to idling for three minutes in any 60-minute period. Emergency vehicles and public transit vehicles are exempted, and all vehicles are exempted when the ambient temperature outside the vehicle is lower than minus 23 degrees Celsius.

Bill 230, if passed, is proposed to come into force on January 1, 2012, after which time excessive idling would carry a fine of \$100.

Thank you, Mr. Speaker.

[Motion carried; Bill 230 read a first time]

Tabling Returns and Reports

The Speaker: The hon. Member for Banff-Cochrane as chair of the Standing Committee on the Alberta Heritage Savings Trust Fund.

Ms Tarchuk: Well, thank you, Mr. Speaker. Pursuant to section 15(2) of the Alberta Heritage Savings Trust Fund Act as chair of the Standing Committee on the Alberta Heritage Savings Trust Fund it is my pleasure to table the 2010-2011 second-quarter update on the fund. Copies of this report have been distributed to members.

Thank you.

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

Mr. Weadick: Thank you, Mr. Speaker. I'd like to table the appropriate number of copies of a petition received in my office. The petition reads:

We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the Government of Alberta to take all necessary steps to ensure the appointment of the candidate for alderman who placed ninth in the general local election of October 18, 2010 in the City of Lethbridge to the position of Alderman for the City of Lethbridge, including all the rights and privileges of that position. Thank you.

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

Ms Pastoor: Thank you, Mr. Speaker. As per my pledge in the Assembly on October 2, 2007, half my indexed pay raise, \$146.25, is donated monthly to a food bank in southern Alberta until AISH is similarly increased and indexed. I'm tabling the required five copies of my letter and donation that will clear it up to the end of this year. In September it was the Lethbridge Food Bank; in October, Coaldale Food Bank; in November, the Interfaith Food Bank; and December will be again the Coaldale Food Bank.

Thank you.

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

Mr. Chase: Thank you very much, Mr. Speaker. I have several tablings on the theme of organizations working in Alberta to eliminate poverty. I have the requisite number of copies of the program of the Aspen 2010 annual meeting and HOPE awards to table today. Aspen supports Calgary and area children, youth, and families who are living in vulnerable situations, with the vast majority experiencing poverty-related challenges, and I'm very grateful for the work they do that makes Alberta a better place.

Mr. Speaker, I have two sets of tablings from the Alberta Association of Services for Children and Families: a journal that is put out twice a year and copies of the 2009 annual report.

Mr. Speaker, I have copies from an organization, Habitat for Humanity, that through leverage can turn a dime into a dollar.

I have, again on the theme of poverty, five booklets, Dashed Dreams New Realities: Calgarians Talk Frankly about the Impact of the Economic Downturn.

I have five copies of Poverty Talks! that is trying to make a difference in the lives of Albertans.

I have five copies from Goodwill Industries of Alberta, an organization that for 20 years has been working and turning over their funds to support mental health initiatives.

I have two sets of copies of, first, Make an Impact: Pair Up from Big Brothers and Big Sisters of Calgary and Area '08-09. I also have another handout, entitled Share a Little Magic, which also comes from Big Brothers and Big Sisters.

I have, I believe, completed my tablings. Thank you, Mr. Speaker.

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

Mr. Taylor: Thank you very much, Mr. Speaker. I have three tablings at this time: the requisite number of copies of a letter from a constituent of mine, Brenda Mackie, to the health minister and the former CEO of Alberta Health Services, dated November 3. Brenda is a constituent, also the chair of the Community and Partners Advisory Committee of the Hotchkiss Brain Institute in Calgary. Her organization partners with ARBI, the Association for the Rehabilitation of the Brain Injured, which helps rehabilitate individuals who have suffered from traumatic and nontraumatic injuries. Her letter is inquiring into why ARBI does not receive any funding from Alberta Health Services.

I also have the requisite number of copies of a letter from another constituent, Rona Altrows, actually an e-mail which she sent to the Minister of Culture and Community Spirit detailing her concern with the announced termination of the Alberta Foundation for the Arts artists and education program. The program cuts will affect many of her colleagues if, in fact, they go forward.

Mr. Speaker, I am retabbling a letter that I tabled last week, I believe, from Marjorie McIlveen regarding seniors' benefits. We're tabling this letter again because the first time it was denied because it was not signed. This letter is now signed.

Thank you, Mr. Speaker.

The Speaker: Hon. members, I am tabling today with the House a letter of resignation received November 24, 2010, from Mr. G.B. (Gord) Button, the Alberta Ombudsman. The resignation takes effect May 31, 2011.

The hon. Member for Calgary-Buffalo.

Mr. Hehr: Thank you, Mr. Speaker. I have two tablings today. My first tabling is an article I've referred to, Preserving the Right to a Fair Trial: Stelmach Government's Changes to Legal Aid May Leave Thousands of Low-income Albertans out in the Cold.

My second tabling today is a letter to Mr. Don M. Herring, president of the Canadian Association of Oilwell Drilling Contractors, that he received from the hon. Minister of Energy. In my opinion it appears to be a rude and offensive letter, but we'll leave that to the people who are looking at it in the tablings.

Thank you, Mr. Speaker.

The Speaker: Hon. members, might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests

(continued)

The Speaker: Hon. Member for Edmonton-Meadowlark, proceed.

Dr. Sherman: Thank you, Mr. Speaker. It's my honour to introduce to you and through you to all members of this Assembly a colleague of mine from the Royal Alex emergency department, Wilf Mackie. Just as sometimes people would think that the health care system is on a ventilator and a respirator, Wilf is a respiratory therapist, and many times we rescued very sick patients in the middle of the night. He was kind enough, he and his colleagues, to help us out and do the job of saving the lives of hard-working Albertans. I would ask Wilf to rise and receive the traditional warm welcome of this Assembly.

3:00

Orders of the Day

Government Motions

The Speaker: The hon. Government House Leader.

Time Allocation on Bill 17

22. Mr. Hancock moved:

Be it resolved that when further consideration of Bill 17, Alberta Health Act, is resumed, not more than one hour shall be allotted to any further consideration of the bill in Committee of the Whole, at which time every question necessary for the disposal of the bill at this stage shall be put forthwith.

Mr. Hancock: Thank you, Mr. Speaker. We've had a considerable

amount of debate on Bill 17, and that's only appropriate because Bill 17 is a very important bill. It had a considerable number of hours at second reading and, I think, some thorough discussion of its principles. We then got into Committee of the Whole, and as House leader I endeavoured to ensure that we had a sufficient amount of time available for every concern that members of the House might have to be addressed in Committee of the Whole. In fact, by my count debate carried on for over 27 hours last week continuously, not continuously on Bill 17, I hasten to add. You know, there was a brief break in there to discuss another bill.

We did spend a considerable amount of time in committee. In fact, we dealt with two amendments fairly thoroughly. Then the third amendment came to the table, and that amendment we dealt with for hours and hours and hours and hours. In the context of that discussion it became very clear that the House had no desire to move off that particular amendment. [interjection] One of the hon. members opposite says that that's because it's important. But if one was to go back and read *Hansard*, as you admonish us to do from time to time, Mr. Speaker, you'd find that they dealt with it with very little importance for most of their debate.

Most of the salient points can be made in any debate in a good 20-minute speech. If you can't do it in 20 minutes – and sometimes, I admit, I can't – sometimes you need a second 20 minutes. We've had opportunities for every member of the opposition to have many 20 minutes on that. It's patently obvious, if for no other reason than because it's been stated by members of at least one of the opposition parties, that they have no intention of ever getting to a vote on that particular section. They've also moderated that in some other statements to say that they had no intention of getting to a vote on that particular section unless we agree to vote in their manner. Neither of those are particularly appropriate statements to be made. Both of those indicate that it is time for us to move on.

I'm moving this motion so that we can come back into debate on Bill 17 in committee. There, of course, will be time for debate on Bill 17 in third reading, but in committee there's an hour proposed so that we conclude the points that need to be made and vote on the bill in committee. Mr. Speaker, I'd ask for the support of the House.

The Speaker: Under Standing Order 21(3), the hon. Member for Calgary-Mountain View on this matter.

Dr. Swann: Thank you very much, Mr. Speaker. Well, this is a sad day. I won't say that it's a pleasure to stand and respond to this motion for closure, otherwise called time allocation, since it proposes to prematurely end an important debate on an issue that is of vital importance to Albertans and is in the midst of a crisis, but respond I must.

Mr. Speaker, there are many ways to derail democracy, and this government has a long, long list of ways to deal with this. This health care debate really is much more about public trust than it is about the specifics of this bill or the amendment that's been put forward by the hon. Member for Edmonton-Meadowlark. It's really about whether this public and these members representing the public of Alberta can trust that this government has the best interests of Albertans and the understanding and the competence to deal with this in a way that will serve the public interest. Clearly, we do not believe that it is there yet. They have not been willing to reconsider the amendment. They have not been willing to reconsider the bill. They have not seen the wisdom of changing the health care system in ways that many experts and much evidence is suggesting would actually deliver the goods on the ground.

The other side of this question about trust has to do with trust in the democratic process and the willingness of this government to

cheapen democracy and to diminish the input from not only the opposition members but the public in meaningful ways. The intimidation that has grown to be a norm in Alberta and the culture of silence on the other side in relation to dissent and challenging the decisions of the leadership of this government have become mythic in this province. More and more people are deciding with their feet and, unfortunately, being blamed for not being engaged in the so-called democratic deficit that this government puts onto individuals rather than taking responsibility itself for creating a climate of fear, intimidation, cronyism, and a lack of real accountability to the very people that voted for them.

There are token consultations, of course, and increasingly it's being shown to be a sham, especially when we look at what's happened to our health care system, with petition after petition on how to improve the health care system, how to improve its accountability, clarify roles and responsibilities, deliver health care in the regions, where people can actually respond and address pressing needs there. Clearly, Mr. Speaker, this government has lost it. It's putting forward a half-dozen time allocation motions in 30 minutes, a clear sign the Premier doesn't want to listen to anyone except a close circle of friends and cronies, the people who directly profit from the mistakes and bad policy of this government.

In the middle of the health care crisis, you've chosen not to listen to a respected emergency room physician, instead booting him out of caucus for standing up for Albertans. You've chosen not to listen to my own emergency plan for the emergency room, instead releasing yet another toothless plan to develop a plan that will be forgotten along with the other plans collecting dust over many years. Considering the information released to the public yesterday, don't expect Albertans to believe your fairy-tale nonsense. You're so frightened of the public that you're champing at the bit to get out of the Legislature and retreat to home.

Mr. Speaker, this administration doesn't have a divine right to govern. Alberta is not a one-party state, yet that's exactly how the Premier and MLAs are behaving, with contempt for democracy and the people of Alberta. The hon. Member for Edmonton-Meadowlark has crafted an amendment that could significantly increase accountability for emergency room wait times, an amendment that could strongly motivate senior management and government to actually improve the situation in ERs and work together to do so.

But, of course, this government hates accountability, as witnessed by this motion for time allocation and five others brought forward today. The idea of healthy debate is one in which the Premier and his ministers get to call the shots and avoid answers: if you don't like it, get the hell out. Clearly, the fact that your hidden agenda to privatize health care has leaked has scared the daylights out of this administration. We should be in here debating the document, one that threatens a treasured Canadian institution and puts the health of Albertans at increasing risk.

But all that can happen here is denial, dissembling, and ducking for cover. Alberta Liberals and, I dare say, the members of other opposition parties and our independent members believe in democracy with room for dissent. Progressive Conservatives believe in covering their butts when the going gets tough. You have the power to shut down this debate in the Legislature, it's true, but that's where your power stops. Outside of the dome, back out in the real world, the debate continues around every kitchen table in this province. You can do your best to punish and threaten and suppress debate inside; you can't stop the rising tide of Albertans who have lost confidence in this government's ability to manage public health care among many other services. You've lost the moral authority to govern.

[The voice vote indicated that Government Motion 22 carried]

[Several members rose calling for a division. The division bell was rung at 3:08 p.m.]

[Ten minutes having elapsed, the Assembly divided]

For the motion:

Ady	Doerksen	Mitzel
Allred	Elniski	Quest
Amery	Hancock	Rodney
Benito	Hayden	Rogers
Berger	Horne	Sandhu
Bhullar	Jacobs	Sarich
Campbell	Johnston	Tarchuk
Cao	Leskiw	VanderBurg
Dallas	McFarland	Vandermeer
DeLong	McQueen	Zwozdesky

3:20

Against the motion:

Anderson	Hehr	Pastoor
Blakeman	Hinman	Sherman
Boutillier	Kang	Swann
Chase	MacDonald	Taft
Forsyth	Mason	
Totals:	For – 30	Against – 14

[Government Motion 22 carried]

Government Bills and Orders Committee of the Whole

[Mr. Cao in the chair]

The Chair: The chair shall now call the committee to order.

Bill 17 Alberta Health Act

The Chair: We have one hour of debate. Any interruption is still within the hour.

On amendment A3 of Bill 17 the hon. Minister of Health and Wellness.

Mr. Zwozdesky: Thank you very much, Mr. Chair. I'm pleased to rise once again to speak in general about my support for this bill, Bill 17, the Alberta Health Act, and in particular to address comments referred to during the debate on the amendment. I also want to just clarify a little bit about what the bill proposes here as it touches on this amendment because I know some members have had some angst with respect to where this particular amendment might go and what it might encompass.

As all members of this House know, Bill 17 has been arrived at as the result of more than a year-long conversation with Albertans from all parts of the province. It's true that during that time we heard a lot about emergency rooms, and that's what this amendment talks about. It's also true that we heard a lot about other things. In fact, that's what the Minister's Advisory Committee on Health set out to do in 2009 and concluded with our government accepting all 15 recommendations of the Putting People First report, that came out on October 20.

[Mr. Mitzel in the chair]

In that respect, Mr. Chair, we were well aware of some of the pressures and the crowdings that have occurred in some of our acute-care hospital emergency rooms. That's why it's important to get on with the action that people want. That's why today I released the 5-Year Health Action Plan and along with it aggressive performance measures that talk about exactly this point, and the point is with respect to the lengths of stay.

Now, Mr. Chairman, you would know from the item that we discussed earlier today that it's important to have such performance measures, and it's important to have them in a place and in a form where they can be addressed and where they can be updated and where we can perhaps shoot for new targets without coming in and taking up the Legislature's time to do that.

We want to have in our plan with respect to the length of stay, which is what this amendment is all about, a specific target that deals with the percentage of patients treated and discharged from the emergency department who do not require an overnight stay. In many cases they refer to this as being the four-hour stay. I can tell you that we're working very aggressively on improving that right now. That's why the new protocols have been brought in, Mr. Chairman. That's why the new performance measures have been brought in. That's what Albertans want. They want us to address this aggressively, and we are doing that.

Albertans also told us a lot with respect to what was working well in other parts of the health system. In particular, they talked to us about what needs to be improved and what kind of new health legislation should be brought in. That's why we're bringing in this legislation at this time, because among many things it helps empower and engage people in an active, meaningful discussion with respect to health care. It shouldn't be lost on people that more than 3,000 people were consulted and had input into this Putting People First report, including the people that live in about 23 communities plus numerous other communities. More than 1,500 completed online surveys were recorded, and more than 80 organizations provided written submissions, and many of them touched on the issue of emergency rooms, such as this amendment refers to.

I'm recounting a little bit of this history, Mr. Chairman, just to emphasize to you that Bill 17 really is the voice of thousands of Albertans being reported through this legislation. It's important work that has given us greater understanding of what Albertans expect from their publicly funded health care system and what we as a government are doing to make it even stronger.

In a nutshell, we're talking about Bill 17 in its entirety, not just with respect to one amendment that looks at just one aspect of the Rubik's cube of health but with respect to a set of principles that are described quite vividly in Bill 17 and will help us deliver a better health system overall. In fact, the bill does recognize in writing our commitment to the principles of the Canada Health Act while including a set of our own made-in-Alberta principles, principles that describe the kind of health system our Alberta people want now and going forward.

That's why we're proposing in there establishing a health charter, that will set out even more clarity on principles and responsibilities with regard to the health system. It talks about establishing a health advocate to resolve citizens' concerns with the health system as they relate to the health charter that is forthcoming. Within that context they will have yet more opportunity to talk about lengths of stay in emergency rooms or access to a specialist or access to cancer treatment start-up after the point of referral. That's why those kinds of discussions have to be assured so that people can have their ability to input, and that's probably the single most important part of this bill, to have a clear direction with regard to the engagement process, Mr. Chairman, a clear engagement process that allows

Albertans an opportunity to provide meaningful input, not just on emergency room wait times but on everything to do with health care.

3:30

The next phase of our ongoing work is to conclude this debate on Bill 17 so that we can get on with the action, Mr. Chairman, and we can get on with the specifics of all the good stuff that I announced today. What is it that people want? They want improvement of access to health care in general, they want reductions in wait times, they want a strong, confident health system that will be there for them today and tomorrow and for generations to come, and a large number of additional things as well. That's what this Alberta Health Act will do. It will allow us to turn the page and get on with things.

I can appreciate why some members on the other side are trying to stall things and everything else. It's only that they don't want action taken because they know that the action I outlined today, for example, and the actions that Alberta Health Services through their health providers have been tracking and working on for the past number of months are all being accomplished. They're moving forward.

In that respect, I want to just address this issue about some of the lengthy stays. Some of those lengthy stays, Mr. Chairman, have to be examined in terms of what's causing them. We've already talked about the overcrowding pressures in some emergency rooms in some of our acute-care hospitals in this province and what has to be done about it. That's why 100 of our top administrators, our top health care providers – the doctors, the nurses, and others involved in the delivery of health care – met for a whole day, on November 19, to address ER protocols, which is exactly the thrust of this particular amendment.

Now, Mr. Chairman, this particular amendment was the subject of great discussion, in fact, with respect to lengths of stays in emergency rooms. We have to look at those beds that are occupied now – specifically, I'm talking about acute-care beds – those acute beds that are perhaps occupied today by individuals who could be and should be in a different form of care setting such as a long-term care bed or a designated assisted living bed or some other form of supportive living bed in general, some kind of a continuing care bed that could well be outside the hospital setting.

That's why it's so important to understand the commitment that has been given and the action that's already been taken on opening up more beds in the community. Approximately 1,400 more this year will be opened. That will address the overcrowding pressures. But we're also going further. Through Alberta Health Services we'll be opening another 360 acute-care beds in the hospitals. There are more transition beds being added. There are more medical assessment unit beds, more medical observation unit beds, however you want to call them and classify them. The point here is that many, many more beds are being added to address the overcrowding that exists in some hospitals.

Secondly, they're still talking about the best way to implement the new discharge policy that has been discussed. Again, these changes can't happen that quickly, overnight, but they are happening as fast as they can. The new CEO for Alberta Health Services, Dr. Chris Eagle, who has 33 years of experience as a medical doctor and about 20 years of experience within that of leading health care administrative teams and so on, is doing his best to ensure that these targets are met. Once they are met, Mr. Chairman, you will see reductions in the lengths of stays in the emergency rooms, and that is the central part of all of this.

We know that there are concerns that have been raised that impact this decision and what the role will be of the health charter, how it interfaces with lengths of stays, how the role of the health advocate

will interface with the amendment that's on the floor. We also know that meaningful input, which is guaranteed in the bill once it is passed, will also impact lengths of stays in our emergency rooms. It's in that respect that Bill 17, in my view, provides a very practical recourse for a number of issues, including the comments that were made about the health charter that is forthcoming – it still has to be designed – including the health advocate, whose position, I've indicated before, will be similar to but not identical to the Mental Health Patient Advocate's job description.

What we're getting here is a bigger picture of a large number of issues, not just the ER issues. The ER issues are critical – of course they're important – and nobody from this side of the House has said anything different. We understand that, and we're actively pursuing what we can to help strengthen the emergency room scenarios.

Just a couple of quick comments about future decisions that will have to be made and future directions that we'll be going in. As I indicated, Mr. Chairman, I think I answered 30 questions on health care today, and many of them touched on future directions. I want to just assure everybody that those future directions include the strong performance measures that I've alluded to. Without having to put them into law, they will be there along with the other suite of performance targets. In total, we have about 50 new performance targets coming forward that talk about what this amendment talks about: wait times being reduced in ERs, wait times being reduced to see a specialist, wait times being reduced to get into continuing care, wait times being reduced significantly for hip replacements, wait times being reduced for cancer care. There are 50 different performance measures in this document that was released by me and Dr. Chris Eagle today.

The important thing about that, particularly when it comes to the point that the amendment is talking about, which is with respect to the emergency rooms . . .

Mr. Mason: A point of order, Mr. Chairman.

The Deputy Chair: The hon. member.

Point of Order Relevance

Mr. Mason: A point of order with respect to relevance. First of all, the government has limited remaining debate on this amendment to one hour. Now the minister is proceeding to talk about other matters and to use up a great deal of time in doing so.

There was also a list that was left from the debate that is not being adhered to. I would just request that the chair ask the minister to wrap up his remarks and let other members use what little time there is to actually debate this amendment.

The Deputy Chair: Hon. member, yes, you're quite correct. But no lists are kept from previous days. I have a list from today that has been set up, and I'm working off that list.

Hon. member, please keep your comments relevant.

Mr. Zwodzesky: Yeah. Mr. Chairman, I believe I've tied back to the amendment on about 15 occasions so far. I haven't been counting them.

Debate Continued

Mr. Zwodzesky: The point that I'm trying to make here, Mr. Chairman, is that this is not just about emergency rooms. This is about a Rubik's cube of health care delivery that impacts emergency rooms. Beds in acute-care settings impact that. Transition beds

impact that. Community care beds impact that. How much service people are getting from home care impacts that. The number of doctors in the system impacts that. So there's a wide range of latitude here.

I've listened very carefully here in the House or in the privacy of my office to some of the meanderings from the other side, and I want to make it quite relevant here that the principles that we're talking about here are important – of course they are – but they're not just restricted to one single part of the system. Emergency rooms, as doctors would tell you, are impacted by a variety of issues, all of them to do with health care, obviously. That's why we're putting into legislation things like the commitment for greater consultation, and that is specific also to other parts of health care. The emergency rooms: with the particular amendment before us and the lengths of stays, that's an important thing that Albertans want to have more say in. And guess what? They're going to get it – they're going to get it – and they're also going to see it.

That's why it's important for us to understand that this amendment is a good amendment from the standpoint of the thrust and spirit of it, and we've included it and incorporated it elsewhere. It's just that it doesn't belong in law. As I indicated before, you can't have this kind of an amendment going into law for fear of some of our doctors or nurses being put under pressure that they shouldn't break the law and perhaps rushing a treatment for a patient that's come in with a legitimate concern. The doctor or the nurse doesn't need to have this kind of legal issue hanging over their heads in addition to the legal obligations and the moral obligations and the Hippocratic oath obligations that they already have. If you take a look at the risks and dangers of putting something like this into law, that would be one significant factor.

Another important factor for not putting an issue like this into specific law, Mr. Chairman, is that you would have so many issues going forward to the courts that you would have the health system, potentially, in the court system more than it is out there serving the public. We wouldn't want that to happen. I know that there are jurisdictions who have tried this and floated the idea out and wound up backing off it. I want to make it very clear that I understand the importance of having performance measures, performance targets, and so on. That's why we've put them into the performance measures document, which I released today.

3:40

It's important to note, too, Mr. Chairman, that many provinces have had this discussion. It's important to note that the Canadian Association of Emergency Physicians has had a large role to play in this respect and that they are trying to get more provinces onside with some of their national benchmarks. National benchmarks do exist in many cases, and that's an important feature of the system as well. But there are other cases where no national benchmark has yet been agreed to by all provinces; at least, that's my understanding. As a result of that, we have to proceed very carefully and cautiously here, too, because we are tied to a larger body here going across Canada.

My final comments, Mr. Chairman, are just these. There are always going to be more and more debates held with respect to health care. There are always going to be more concerns raised with respect to the length of stay as this amendment talks about. What I'm trying to give people a level of comfort on is that while this amendment is not something that I can support into law, I certainly support the thrust of it in another location. It belongs in policy and it belongs in performance measures and it belongs in the action plan, and we will aggressively pursue that.

Specifically, we're going to set targets so that we see improve-

ments rather immediately. That's what the emergency protocol meeting was about. I helped prompt that meeting because I connected with the board chair back in October, following my meeting with the head of emergency services for Alberta. We talked about the length of stay, which is exactly what this amendment is about. But this amendment also talks about unnecessary resources being allocated. It talks about unnecessary deaths and unnecessary harm. Well, those are givens, Mr. Chairman. Those are givens. You don't have to put that into law. Those are givens. That amendment doesn't have merit, in my view, for the reason that it's already accounted for.

Let's talk about the second part of the amendment a little bit more here before I just conclude. We are going to see aggressive targets that will lead us to what I think the mover of the motion has asked for, and that is a target that would have as many people, even up to 90 per cent, or what's called the 90th percentile, accessing services from treatment and discharge for minor cases within a four-hour period to those that are more complicated and do require an overnight stay to perhaps up to eight hours.

Then I've indicated with respect to the lengths of stays that this amendment talks about that that information will be reported publicly, Mr. Chairman. It will be reported in an aggregate sense in terms of the busiest sites, the busiest 16 sites in the case of the four-hour measurement, also on an individual site for that particular performance measure, and the busiest 15 sites in the case of the eight-hour example I gave as well as a reporting of all individual sites.

So are there issues here? Of course there are. Are there some problems? Of course there are. Are we dealing with them? Yes, we are. It's just that for the reasons given, Mr. Chairman, I cannot support this amendment going into law. It's already in other parts of the document, and I would say thank you to the House for understanding that and for understanding also why I'm not able to support it going into law. I'm firmly in favour of it going into our performance measures and targets, and that's what we've done.

Thank you very much for your attention, Mr. Chairman.

The Deputy Chair: The hon. Leader of the Official Opposition.

Dr. Swann: Thank you, Mr. Chair. As Leader of the Opposition I feel it incumbent to make my statements again on the record. I'll be very brief. I want to focus very specifically on the amendment and say that this amendment is really about holding a government accountable. We've had two years of chaos, confusion, suffering, and preventable deaths in the system, and this amendment is going to hold the real parties accountable, the Premier and the minister. Of course, they don't want to accept accountability for this. They haven't done so before this. Why would they embrace legislation that would force that to occur?

Imagine if you could, Mr. Chairman, a child in emergency with an injured leg sitting beside a woman in emergency who is bleeding, sitting beside an older man who's had a partial stroke, sitting beside a middle-aged woman who's had a fever for 24 hours, sitting beside a middle-aged man who has just had the most severe headache he's had in his life. All these people are sitting together, waiting and waiting and waiting, in some cases in such discomfort that they are affecting the emotions of the people next to them. Health professionals are going in to see these people, trying to cope with the stress and discomfort or pain or need for urgent care, and it's not happening. The anxiety, the fear: imagine that these people are your family members.

This is what we're talking about, Mr. Chairman. We're talking about real people suffering real consequences from the lack of

understanding and commitment to the health care system as it is today. Two years with no improvement in these very fundamental parts of the system, no improvement in family doctor access, no improvement in home care services, no improvement in long-term care facilities so that we still have people that should be in long-term care taking up beds in hospitals.

Mr. Chairman, this is about accountability. This amendment is really going to for the first time get beyond numbers and plans, plan after plan after plan, which we have seen in this House and beyond this House without results. It's saying to the government: you are responsible. This minister is responsible and this Premier is responsible for a system that is totally broken down in providing the basics of care to Albertans. That is what this is about. It must be supported in order to hold us accountable as legislators, especially those who make the rules here.

Mr. Chairman, I can't emphasize enough that this would make an important difference to a system that has lost all credibility not only among professionals, who are at the end of their ropes, but among the populace, who no longer have confidence in the ability of the government or the system to provide them with their most basic of needs.

I encourage people to the utmost to ensure that this amendment gets passed so that we can, indeed, look Albertans in the eye and say: we are setting targets, and we are going to hold each other accountable for them. We are not going to continue year after year after year changing and lowering the standards, as we have seen in this latest plan today.

Thank you, Mr. Chairman.

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

Mr. Horne: Thank you very much, Mr. Chair. I appreciate the opportunity to speak again to amendment A3 to Bill 17. As we know, there have been a number of speeches on this over the last little while and, I would say, some very important points made by members on all sides of the House. I'd like to take a few moments to talk about some of those and, in particular, to explain why as important as I think measurement and monitoring of performance are in relation to this amendment, I also think that we can't lose sight of the fact that there are a number of factors, some of which have already been discussed, that are, in fact, the root causes of some of the lengthy emergency room wait times we've seen across the province.

To begin, with respect to the amendment, Mr. Chair, I guess we have some disagreement, obviously, around the House as to whether legislation is the right place to establish such targets, but I think where we appear to be in agreement is that these targets are all important. They're all important not only for the question of wait times for emergency room services, but I would argue also that they are equally important for other key access points in the system. Some of these have already been mentioned: access to family physicians or primary care teams where they are available; access to continuing care; access to mental health services; access to services which have a direct impact on the social determinants of health, so for people who are homeless, access to homes and to support for their needs once they have found housing; access to income support services. All of these things make a very important contribution to the length of the wait times that Albertans may encounter in their emergency rooms.

I would be the first to say, Mr. Chair, that certainly based on feedback from my constituents and feedback received during the consultation that led up to the development of Bill 17, emergency room wait times are among the highest concerns of Albertans, particularly in our larger urban centres. I must also tell you that at

no time did I encounter the suggestion that we enshrine targets in legislation as a suggested solution from anyone that I talked to over those few months.

3:50

In fact, what people called for – and this is certainly outlined in the Putting People First report – was attention to the various factors that I just mentioned, primary care probably the most important. I visited a number of rural communities, smaller communities across the province where because of a lack of family physicians or, where physicians exist, a lack of appropriate clinical facilities for them to practice within, a large number of people reported the need to use the emergency department as a way to access family medicine.

While it obviously caused all of us great concern, Mr. Chair, I think what was more illuminating was that Albertans also reported that they were aware that the use of the emergency department to access primary care was not an appropriate use of the emergency department. While many reported having no other option, again going back to my earlier point about the root causes, a number of them also suggested that they would prefer to see government focus on expanding access to primary care than setting hard-and-fast targets, which they felt, at least at this point, we would not be in a position to meet. I think that's another area that we need to look at a little here.

While the notion of enshrining targets in legislation I think would be an extremely important symbol to Albertans – and I think some other members of the House have presented arguments as to why that might be a good idea – I think what Albertans are looking for and what the minister is endeavouring to deliver here is some concrete action around the factors that contribute to those long emergency room wait times.

In addition to the measures that he's just reviewed – the addition of 360 more hospital beds and 3,000 more surgical procedures, expanding Health Link services, the addition of additional continuing care spaces – I think, Mr. Chair, that we do need a discussion about how our continuing care system is structured and whether it is providing sufficient capacity to meet the needs of people, particularly those who are waiting in acute-care beds.

Back to the amendment. In terms of other root causes that are being addressed, the addition of 65 more staff to work in mental health and addictions programs in schools and clinics and the increased focus on wellness, which the minister talked about extensively – my position, then, with respect to the amendment, Mr. Chair, would be that an integrated approach to these kinds of initiatives and others is what is going to actually drive an improvement in this all-important measurement of the performance of our health care system.

The other thing that I think should be pointed out with respect to the proposal in this amendment is that when we look at what we would be enshrining in legislation if this amendment were to pass, essentially what we would have available to us is an entitlement or a right provided for in legislation. You know, to go back to some of the arguments that have been used about other aspects of Bill 17, I can't foresee what possible recourse would be available to people in the event that in some part of Alberta those wait time targets could not be met as would be prescribed by legislation if this amendment was in fact approved.

This brings me to the question then, Mr. Chair: what is actually being proposed for inclusion in the bill through the amendment? What we have proposed for inclusion is, in fact, as far as I understand it and it's been explained to me, the gold standard in terms of clinical practice guidelines for the treatment of patients in emergency rooms. That goes to the maximum waiting times that are

proposed by this amendment. Again, this document was developed by the Canadian Association of Emergency Physicians, but if you have the opportunity to look at it a little further, you'll see that there are other protocols that are included in that document, things that have to do with the assessment process and the triage process for patients when they come into the emergency room, things that have to do with the appropriate review of patient needs and of opportunities for appropriate referral to other parts of the health care system where those needs can be more effectively met.

In fact, the solution, Mr. Chair, in my view, would not be the enshrining of those maximum wait times, as important a symbolic gesture as that may be. I would agree that it might be considered a very important symbol to Albertans who have encountered very long waiting times. The real solution, I think, is a determined effort to look at the areas that I mentioned, the areas that drive ER wait times – principally primary care, continuing care services, making some improvements in those areas – building on the things that have already been announced and, in fact, not proceeding with what I would call a right-space solution, which would be the approval of an amendment as proposed, as this one is, as part of the bill, but a practice-based solution that is supported by adequate resources, of course, that is supported by the recognition and the adoption of appropriate evidence-based clinical protocols that are recommended not by government but by health professionals, by practitioners who have reviewed evidence, who have refined procedures, and who are in a position to speak with authority on such matters.

Then, of course, the third area. I think the minister has embarked on this today. The third thing we would need to do, as opposed to what's been proposed here, is to make the commitment to appropriately measure the right things, monitor and publicly report on our performance and commit ourselves to learning from that measurement, and truly enter into a system that is focused on continuous improvement. A lot of that job, Mr. Chair, you know, notwithstanding the important symbol that this amendment might represent for a lot of Albertans – those things are actually driven by a commitment. They are driven by a commitment by government, by all members of this House. They are driven by appropriate and meaningful engagement of front-line health professionals in looking at the issues, in determining what the best approaches should be.

I've always been, you know, a firm believer that we can't do enough in terms of consultation with the people that work in our health system, both the regulated professions that deliver care and all of the other employees who support them. There are many, many support workers who work in that regard.

I think that going forward, while I can't support the amendment as proposed, what I certainly can support, Mr. Chair, is a much more extensive discussion of the guidelines that have been proposed for inclusion in Bill 17, meaningful and ongoing engagement with not just physicians but other health professionals that work with physicians to support them in delivering emergency room care. While we have some good performance measures that have been laid out here, I think those, too, should be the subject of continuous discussion and refinement and would play a part in the solution as opposed to legislating the maximum wait times that are proposed here, a think-through supported by consultation of our whole continuing-care system, looking at the need or the unmet need, as may be perceived, for long-term care beds but also looking at the whole continuum of services that need to be provided.

You'll recall, Mr. Chair, that the report that is the foundation for Bill 17 talked a lot about a system much more focused on the needs of people and families and communities as opposed to institutions. Unfortunately, the amendment as proposed, as I see it, while it may be an important symbol in the short term, would ultimately just serve

to reinforce the current bias in some of our legislation toward meeting the needs of an institution. A number of hon. members in the course of this debate have talked about their considered reading of the varying experiences with this type of legislated wait times in other jurisdictions. We've heard various accounts of some success and also, certainly, some failure and some concern about, in order to assist and having to adjust itself in order to meet these stringent targets, perhaps not doing the best that could be possibly done to meet the needs of all patients who present for treatment.

4:00

These are all very important considerations, I think, going forward. How do we do this? I say again that I don't think we do it by legislating a static target for all time. I'm not disputing the fact that we need to have these targets. This is probably the best possible target we could look at, ultimately, as things begin to improve. This is without question the gold standard that's been set out. But to legislate that at this point, Mr. Chair, would do a couple of things.

First of all, I would suggest that if this amendment were to pass and the bill that it's meant to amend were to pass, we would be in a position here very quickly, upon royal assent, where we have committed ourselves as an Assembly to some wait time targets in law that I'm not convinced we will be able to achieve, certainly not right away.

One of the good things about the debate on this amendment, I must say, has been the very thorough vetting of this issue of emergency wait times and the things that drive it. It has been a very good and thorough vetting of the need to do a better job of engaging directly with physicians and other health professionals, not necessarily by politicians but by the organization that delivers Alberta Health Services, by the colleges that govern our health professions, by the professional associations, by researchers, by all of those, Mr. Chair, who actually have a stake and have some capacity to help us achieve such an important goal. That would be one of the things I would offer in terms of concerns about the amendment as proposed passing.

I guess the second thing is just what it might lead to, Mr. Chair, in terms of legislating maximum wait times for other procedures. There was an initiative in this regard that was launched a few years ago by the federal government under the then minister of health, who attempted through discussion and consultation and consideration of evidence to actually work to try to achieve national consensus on maximum wait times for a variety of services, including elective surgeries like arthroplasty, hip and knee surgery, cataract surgery, cardiac bypass surgery, and many other areas.

You know, I had the opportunity to follow those discussions and to attend a couple of the meetings. I can tell you from listening to other provinces that have perhaps in many ways, I guess at least in terms of health care dollars, less capacity than Alberta to deliver on a commitment to national wait time targets – at the time I can recall hearing about their concerns and, too, those within our system, as fortunate as we are, at least from a dollar point of view, to have the resources to allocate to health care. That's about 41 per cent of our operating budget at the moment, Mr. Chair.

The other concern I would have is whether we could make a commitment that the achievement of these guidelines could be equally delivered in all parts of our health care system. Just going back to my initial point, you know, I did visit a number of rural communities where the emergency department, unfortunately, is functioning in large part as the family practice clinic for that community because of things like lack of physicians and lack of facilities for physicians to practise in.

I think all of these things, Mr. Chair, for me would point to a need to work on a few things; first of all, looking at not just the formal

adoption of these guidelines by either the government or Alberta Health Services as our commitment – I think they're a worthy target that we should work toward – but looking at other wait time targets that we need to establish. Some have been announced, I guess, by the minister today, and people will take the time to review and determine whether those are appropriate.

Looking at how we better engage health professionals in the kind of robust discussion that as elected people we've been able to have over this particular amendment I think has been very helpful, but I'd be the first to admit, not counting the number of members in this House who are health professionals, that we need to hear from a lot more. They want us to hear from them. There was certainly no greater lesson than that in the consultation process over the spring and summer.

The third is that we really need to get our heads around what we can do in primary care. The Putting People First report proposed that the proposed health charter include a commitment that all Albertans would have access to a primary care team. By virtue of being residents of Alberta, Albertans should have access to a primary care team, including a family physician. That needs to be part of the discussion before considering an amendment such as this, I would suggest, Mr. Chair.

Then the other area I mentioned that I'm hoping to have some time to talk to people about and to roll up sleeves and work on is that whole area of continuing care and whether the range of services that we currently have in place is actually meeting the needs of people and actually achieving what we have committed to do, which is to assist people to age in place.

For all of these reasons, Mr. Chair, I don't believe that the amendment as proposed will achieve the sorts of objectives that I've talked about. I'm willing to acknowledge, of course, that it may be to many Albertans an important symbol of a commitment to act on a very urgent issue, but I do not believe that the government would be in a position to be able to be accountable at this stage in time should the overarching bill pass this House. I really don't believe that we've had the level of engagement and discussion with the people who actually deliver the care to justify the amendment. For those reasons I also see risk to the passage of amendment A3.

Mr. Chair, those are my best arguments in terms of acknowledging the merit of the concept but also some of the risks and some of the opportunities we need to pursue to be able to actually deliver on a commitment like that. I hope, regardless of the outcome of the debate on this amendment, that this discussion will in fact lead to serious consideration about how these guidelines are formally integrated into the health care system and that it will lead to a discussion about what other sorts of targets we need to establish, what the evidence should be to support those targets, and how we're going to orchestrate the mechanisms in our health system to measure and monitor and report on the performance.

Thank you, Mr. Chair.

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

Dr. Sherman: Thank you, Mr. Chairman. I'm honoured and humbled to rise and speak to a very important issue to all Albertans, to my family, to every health care worker, and to myself.

I'd like to start off by talking to you about the filibuster. In ancient Rome one of the first known practitioners of the filibuster was the Roman Senator Cato the Younger. In debates over legislation he especially opposed, Cato would often obstruct the measure by speaking continuously until nightfall as the Roman Senate had a rule requiring all business to conclude by dusk. His long-winded speeches were an effective device to forestall a vote.

In this case Raj the Younger wasn't attempting to forestall the vote on the amendment. The point was actually to improve the bill currently before us. Cato made use of the filibuster in 59 BC in response to a land reform bill, and in the end Caesar, who needed to pass the bill before his co-consul took possession of the fasces at the end of the month, immediately recognized Cato's intent and ordered the lictors to jail him for the rest of the day. The move was unpopular with many Senators, and Caesar, realizing his mistake, soon ordered Cato's release. The day was wasted without the Senate ever getting to vote on a motion supporting the bill, but Caesar eventually circumvented Cato's opposition by taking the measure to the tribal assembly, where it passed.

Mr. Chairperson, the reason we're talking about this very important bill is because I was in Dr. Paul Parks's position, and I had brought this matter up to the hon. Member for Sherwood Park when she was the Minister of Health and Wellness. My colleagues before me had brought this matter up in 2002, 2003, 2004, 2005. In 2007 we worked with the hon. Member for Edmonton-Whitemud. We achieved some short-term gains, but the hon. member was busy passing Bill 41, beating up the doctors and the College of Physicians and Surgeons, and dropped the ball. All of these 322 cases and these deaths have been under the hon. Member for Edmonton-Whitemud when the hon. Member for Edmonton-Rutherford was his executive assistant.

Then, come 2008 and the election in 2009, we had a decent health care system, that was jackhammered by the hon. Member for Calgary-West. The health care system became worse.

4:10

That sequence of events led to Dr. Paul Parks writing a letter on October 8 to the Premier saying that the emergency medical services are on the verge of a catastrophic collapse. This is after letters were written to all these ministers and reassurances were given. Announcements were made in my home of God knows how many long-term care beds to address this issue. Mr. Chairperson, God knows what's going to happen after 2011.

We have made the largest investment into health care in the largest economic downturn in history. Part of the things that led me to speak out was when Dr. Paul Parks spoke up. My friends and family members and I became aware of many bad outcomes and deaths, and I had a moral and an ethical duty and a covenant as a physician to inform the public. Those who manage the system and run the system were a threat to the public safety of the emergency medical system.

How did this happen? The problem really is that our seniors have inadequate home care and home supports, so they plug up our acute-care beds. The number of ALC days in acute care since 2006 has gone up at a 60 per cent rate, which in turn leads to admitted people plugging up the emergency department, which in turn leads to sick people plugging up the waiting rooms, which in turn also leads to a whole ambulance fleet waiting metres from care with sick patients for hours on end until the patients decompensate, which in turn would lead to no ambulances on the street to respond to urgent 911 calls. We recently have had red alerts in not only Edmonton but Calgary and rural Alberta, which in turn also led to record numbers of sick patients leaving without treatment.

I counted about 80 patients six weeks ago at the Royal Alexandra hospital alone: two stabbings, six major traumas, six suicidal patients, four overdoses, three miscarrying mothers, six elderly men with crushing chest pain and two elderly men who were unable to urinate, four seizures, God knows how many children with fevers, and God knows what their diagnosis was. These were people who left without treatment.

Mr. Chairperson, the health care system is broken. This government broke it. This minister has done his very best. I worked with him. The previous minister smashed it. These are the problems.

Secondly, the problem is that we have a 16 per cent readmission rate. Once you go through that whole tortuous journey, you actually get started again 16 per cent of the time because there is no family doctor to follow up with. We have a broken primary care system. This government broke it.

What brought me to this point? It was a sequence of events that all occurred at the same time after Dr. Paul Parks's letter. I had to read in the newspapers who the four new board members were. As the parliamentary assistant I did not have the opportunity to say if there was a good idea or a bad idea. Secondly, all these performance measures were brought up at a last committee meeting before they went to caucus. The one performance measure that should be the number one performance measure for a system was worth 5 per cent of it, hugged, buried, deep within the document. I did not agree with it. It was brought back from caucus. I had no input into it, still have had no input into it.

By 2012 the length of stay was supposed to be eight hours at the 90th percentile before the big bailout of billions of dollars. That goalpost got moved to 2015. That measure got reduced to 60 per cent and by mixing in the top 15 sites. The hon. member from across the way raised legitimate concerns about the Foothills hospital. The care for those patients will be no better because the data will be diluted by the fantastic work done in Lethbridge and in Medicine Hat.

We've had deaths and bad outcomes for years on end. Health care staff have been afraid to speak up. If they speak up, they get hammered. You know how I know this? I spoke up 11 years ago, and I got hammered, just like I got hammered now. This is the same old movie. What they do with anybody that complains is predictable. They either find something that you did wrong and try to take your licence away, or you get upset and then they say that you're crazy. This is an old, boring movie, Mr. Chairperson.

We've had an emergency debate that was rejected. Then we had an emergency debate that was accepted. Mr. Chairman, we have many other amendments that need to be debated. We've only worked for five weeks in this Legislature, after the biggest pay raise in history for the cabinet ministers. Albertans expect us to earn our wage for an honest day's work. Can we honestly tell them that we have done that after the largest pay raise?

We've had a CEO that was fired. We've had four board members that have resigned. The confidence in the health care system is in the boots. The morale of front-line staff is at 25 per cent. I think the front-line staff, starting with this one right here, are sick and tired of the gibberish and the gobbledegook and the rumours and the innuendos. We've had a leaked document to privatize health care. When the Premier said that the third way is DOA, it appears that it's alive and well, and we have all seen it in caucus, behind the scenes.

We've had billions of dollars. Not only that, but more importantly there are a hundred thousand health care workers, from cleaning staff to nurses and doctors and paramedics and firefighters, working hard each and every day while 3.5 million Albertans wait metres from care with their family members. Mr. Chairman, the number one perception of the health care system of Albertans is their experience in the emergency room, and the second is access to a family doctor.

Mr. Chairman, if we don't look at past mistakes – we've had many mistakes. The Health Quality Council hasn't been called in to do a system review. If this was the airline industry and the patient was an airplane, we would have an airplane crashing every 15 minutes in this province.

I would have to say that as a doctor we have a mental health certificate form when you're a danger to yourself or others. I would have to say that the decisions made by this government, which I was a part of, are a danger to themselves and to patients. That would be reason to certify this government under the Mental Health Act to Alberta Hospital Edmonton. But guess what? There's no room. They were going to blow it up.

Mr. Chairman, I would like to talk about solutions. Solutions are very simple. One is: let's work on the output of health care. Let's concentrate on home care, home care, and home care, and home supports. Let's call in those nurses that were recruited that were turned down, bring them in as nursing aides. Let's call in the Red Cross or the Victorian Order of Nurses. We have one of the most underresourced home care systems in the country despite the recent investment. We need to do better. Let's keep seniors in their own homes with their own family members.

Let's invest after that in subacute care, rehab care, palliative care, hospice care. Let's allow our seniors to die with dignity with their loved ones around them, not in a waiting room metres from care, half-naked in a skinny little gown, as the world walks by.

Let's not examine our children in tents anymore. It's not an emergency problem. This is a health care system problem that manifests itself in the emergency room.

Then let's concentrate on long-term care beds. If we need any acute-care beds, let's do the acute-care beds, but first let's get the bed blockers out.

Secondly, let's concentrate on input. The real problem is that we have too many sick people because of our broken primary care system. That's the underlying problem. We need to get these primary care networks. Patients who are discharged from hospital must be the first ones rostered on. Maybe those patients should be worth a hundred bucks a pop, and money should follow that patient into a primary care network because they're likely to get readmitted. You know why? They have no family doctor to follow up with. Let's roster them into the PCNs first. Let's get those seniors whose family doctor is retiring or is sick – maybe 75 bucks a pop – a family doctor and a PCN second because they are likely to get admitted. Those with two or three chronic diseases – you know what? – let's get them rostered third because they are likely to get admitted.

The healthy patient in Edmonton-Whitemud, which is probably a doctor married to a doctor, with three healthy kids: they've got lots of money. They're healthy as can be. You know what? They probably don't need a primary care network in that area because they are all health care professionals anyway, and they're doing the right thing.

It's the inner city that needs the resourcing. It's Edmonton-Meadowlark, where all the seniors are, that needs the resourcing. It's rural Alberta. It's Bonnyville. It's Cold Lake. It's southern Alberta. Let's concentrate on wellness: school place, workplace, and community-based wellness and especially injury prevention.

So input and output, then lastly is throughput. Throughput is where the performance and accountability measures come for those who work in and administrate and run the health care system. There is no legal liability with this legislation. The fact that we have these airplanes crashing every 15 minutes, that is what causes legal liability. To sue the health care system: there were six major lawsuits settled with the Calgary health region two weeks after I became the parliamentary assistant because of delays in care. This will actually save on legalities. This is not a wait time guarantee for patients that will sue; it's actually a performance measure for those who do administrative work in health care. Members on the other side are mistaken.

4:20

Today if we had an advocate, they would get at least 2,000 to 5,000 complaints a day. With these performance and accountability measures let's fix up the system with the toughest accountability measures in the nation, and then bring in the advocate. You're going to need a thousand advocates to deal with all of the complaints that we get today.

Mr. Chairman, I'd like to talk about mental health. Everyone's talking about mental health, and I'd like to change the conversation from my mental health. To be honest, I've admitted that, of course, I'm crazy, you guys. I gave up a world-class career to run for politics. I fully admit that I was crazy as hell to do that. Guilty as charged.

But I'll tell you: I ain't stupid, and I know what I'm talking about. Nobody over there has listened, and they've got to listen now. There are a lot of well-meaning people over there, but to be honest, they have no clue about what's going on in the business of health care because they have no health care background, just like I have no clue about what's going on in the oil industry. Anything I know is the result of what other health care workers have taught me. I do not have the arrogance to say that I know everything, but I do listen, and I listen a lot to those who know what they're talking about.

Mr. Chairman, this is a sad day for Alberta. A province that prides itself on excellence chickened out – it chickened out – on being excellent. We settled for probably not even second best, probably not even third best. Some other province is actually going to do this before us. Dr. Chris Evans, who is the head doctor in the nation, is the one who worked on these measures, our homegrown guy. Must some other province do this?

I'd like to read quotes by Gandhi. My grandfather was his friend. They freed a nation.

Non-cooperation with evil is a sacred duty.

You assist an evil system most effectively by obeying its orders and decrees. An evil system never deserves such allegiance. Allegiance to it means partaking of the evil. A good person will resist an evil system with his or her whole soul.

Nonviolence is the greatest force at the disposal of mankind. It is mightier than the mightiest weapon of destruction devised by the ingenuity of man.

You must be the change you wish to see in the world.

Whether humanity will consciously follow the law of love, I do not know. But that need not disturb me. The law will work just as the law of gravitation works, whether we accept it or not. The person who discovered the law of love was a far greater scientist than any of our modern scientists.

Mr. Chairman, I challenge all of my friends here to put their partisan beliefs aside. There's no possible way a hundred per cent of the people on one side can agree. All of these folks from the left and the right and the middle and the centre and the independents have all come to agreement – in fact, one of these people may actually form the next government – and they said: we're willing to be held accountable by these performance measures. I challenge my colleagues on the other side to have the moral courage to show leadership and stand up for what they believe in, for what is right, for what is just, for what the doctors believe in, for what Albertans deserve, for what all those patients deserve. I challenge you to vote your conscience and vote for your constituents.

May God bless Alberta. May God bless us all. Thank you so much.

Ms DeLong: I want to say thank you very much, first of all, to the Member for Edmonton-Meadowlark because I think that he has added an awful lot of emotion to this debate. I believe that as Canadians we tend to be a little too acquiescent, so he has added emotion. But as the government . . .

The Deputy Chair: I hesitate to interrupt the hon. Member for Calgary-Bow, but pursuant to Government Motion 22, agreed to on November 30, 2010, which states that after one hour of debate all questions must be put to conclude debate on Bill 17, the Alberta Health Act, in Committee of the Whole, I must now put the following questions.

[The voice vote indicated that the motion on amendment A3 lost]

[Several members rose calling for a division. The division bell was rung at 4:25 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For the motion:

Allred	Forsyth	Notley
Anderson	Hehr	Pastoor
Blakeman	Hinman	Sherman
Boutilier	Kang	Swann
Chase	MacDonald	

Against the motion:

Ady	Griffiths	McFarland
Amery	Groeneveld	Morton
Benito	Hancock	Ouellette
Berger	Hayden	Quest
Bhullar	Horne	Rodney
Calahasen	Jacobs	Sarich
Campbell	Johnston	Tarchuk
Dallas	Leskiw	VanderBurg
DeLong	Lindsay	Zwozdesky
Elniski	Marz	

Totals: For – 14 Against – 29

[Motion on amendment A3 lost]

The Chair: Now the chair shall call the question on the bill. On the clauses of the bill are you agreed?

[The voice vote indicated that the clauses of Bill 17 were agreed to]

[Several members rose calling for a division. The division bell was rung at 4:39 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For:

Ady	Elniski	McFarland
Allred	Groeneveld	McQueen
Amery	Hancock	Morton
Benito	Hayden	Ouellette
Berger	Horne	Quest
Bhullar	Jacobs	Rodney
Calahasen	Johnston	Sarich
Campbell	Leskiw	Tarchuk
Dallas	Lindsay	VanderBurg
DeLong	Marz	Zwozdesky

4:50

Against:

Anderson	Hehr
Blakeman	Hinman
Boutilier	Kang
Chase	MacDonald
Forsyth	

Totals: For – 30

[The clauses of Bill 17 agreed to]

The Chair: The chair shall now ask the question on the title and preamble.

[The voice vote indicated that the title and preamble were agreed to]

[Several members rose calling for a division. The division bell was rung at 4:53 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For:

Ady	Griffiths	McFarland
Amery	Groeneveld	McQueen
Benito	Hancock	Morton
Berger	Hayden	Quest
Bhullar	Horne	Rodney
Calahasen	Jacobs	Sarich
Campbell	Johnston	Tarchuk
Dallas	Leskiw	VanderBurg
DeLong	Lindsay	Zwozdesky
Elniski	Marz	

Against:

Anderson	Hehr	Notley
Boutilier	Hinman	Pastoor
Chase	Kang	Sherman
Forsyth	MacDonald	

Totals: For – 29 Against – 11

[Title and preamble agreed to]

The Chair: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. I wonder if it would be appropriate at this stage to ask for the unanimous consent of the House, in the event of further bills this afternoon in committee or in the House, that the time between bells might be shortened to one minute.

[Unanimous consent denied]

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

[The voice vote indicated that the request to report Bill 17 carried]

[Several members rose calling for a division. The division bell was rung at 5:07 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Cao in the chair]

For:

Ady	Griffiths	McQueen
Amery	Groeneveld	Morton
Benito	Hancock	Ouellette
Berger	Hayden	Quest
Bhullar	Jacobs	Rodney
Calahasen	Johnston	Sarich
Campbell	Leskiw	Tarchuk
Dallas	Marz	VanderBurg
DeLong	McFarland	Zwozdesky
Elniski		

Against:

Anderson	Hehr	Notley
Chase	Kang	Pastoor
Forsyth	MacDonald	Sherman

Totals: For – 28 Against – 9

[Request to report Bill 17 carried]

The Chair: The hon. Government House Leader.

5:20

Mr. Hancock: Thank you, Mr. Chairman, I move that the committee rise and report Bill 17.

[Motion carried]

[The Deputy Speaker in the chair]

The Deputy Speaker: Hon. members, please take your seats.
The hon. Member for Whitecourt-St. Anne.

Mr. VanderBurg: Thank you, Mr. Speaker. The Committee of the Whole has had under consideration a certain bill. The committee reports the following bill: Bill 17. I wish to table all 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 Assembly concur in the report?

Hon. Members: Concur.

The Deputy Speaker: Opposed? So ordered.

Government Bills and Orders Third Reading

Bill 17 Alberta Health Act

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I'm pleased to rise and to move third reading of Bill 17, the Alberta Health Act.

Mr. Speaker, we've now had over 30 hours of debate and time spent on this bill, and I know that we will have yet another two hours or more as we go through the final stage, or what is called third reading. Bill 17 responds to the principles that Albertans told us that they want to see enshrined in legislation that would guide actions

and decisions in our health system. The principles, acknowledged in word, in deed, and in law, reflect and acknowledge our commitment to the principles of the Canada Health Act and also to a set of made-in-Alberta principles, principles that are progressive and that reflect Albertans' values.

More specifically, Mr. Speaker, the proposed bill will require the minister to establish a health charter that sets out principles and responsibilities within the health system, establishes a health advocate to resolve citizen concerns with the health system as they relate to that charter, and provides for public input in the development of health regulations under the act.

We have spent a lot of time listening to what Albertans said they want in their health system and how they want to be involved in decisions about their publicly funded health system. This bill as proposed, otherwise known as the Alberta Health Act, will allow us to deliver and to address those expectations. Bill 17 is an integral part of our ongoing work to build the best performing publicly funded health system in Canada. My Department of Health and Wellness will lead the work to establish the health advocate I referred to and to finalize the health charter in consultation with Albertans. I'm looking forward to more public discussions and to more input as we complete this important work.

Our next steps will be to validate that charter, once it's arrived at with the people, and ensure what was first proposed in the document Putting People First as presented and advocated to me by the Member for Edmonton-Rutherford. This will involve input from the public and from key stakeholders, and it will also include health providers and numerous health organizations. Following that feedback, Mr. Speaker, the health charter will be finalized, and it will be made available to the public, but I want to stress that the public will be involved in the design and development of that particular charter once we conclude this debate and get started on it.

Health professional regulatory bodies will also be required to align their bylaws, codes of conduct, and operational guidelines to be consistent with that charter.

The health advocate will be established at the same time, prior to the implementation of the health charter. The health advocate will address citizen concerns that relate to the health charter and will report annually to Albertans through the Minister of Health and Wellness. The health advocate should be in place by the end of 2011 or sooner if possible.

Mr. Speaker, the Premier has set out a bold vision. As I've mentioned numerous times, that vision is the best performing publicly funded health system in Canada. This bill, once it's passed, finalized, and brought into law, will help us get there.

Earlier today, alongside the acting CEO from Alberta Health Services, I announced our concrete commitment to Albertans to achieve that vision. This plan that I announced today, called Becoming the Best, outlines five key strategies to drive improvements in our health system, improvements that this bill pledges to see through.

Those five strategies include improving access and reducing wait times, providing more options for continuing care, strengthening primary health care, staying healthy, and building one health system. Under each of these strategies we outline where we want to be in year 1 of the plan, in year 2 of the plan, in years 3, 4, and 5 of the plan. Our five-year health action plan, Becoming the Best, is a serious step toward what Albertans have asked for, and that is action. That action plan is accompanied by specific performance measures, which have been talked about with reference to this bill even just earlier this afternoon. This means that we're going to have a health system that is more focused than ever before on the things that Albertans have told us they want from their health system.

This bill, Bill 17, the Alberta Health Act, is about many things, and it includes, as referenced on page 2 of the Bill, "reasonable access to timely and appropriate care." It enshrines that accessibility to publicly funded health services, and it says that it will be based on need, not on ability to pay. I want to repeat that. It enshrines that "accessibility to publicly funded health services is based on need, not on the ability to pay." So anybody who is out there telling you that there is some agenda to the contrary is wrong. There is nothing to do with privatization here. There are no hidden agendas. There haven't been any, and there won't be any.

Albertans have told us clearly what they want. They want shorter wait lists, and that's what they're going to get with this action plan, shorter wait lists for key hospital services. That's one reason why we're opening 360 new hospital beds as part of this plan.

Albertans want more access to primary care. That means expanding the current 38 primary care networks, and we'll do that as well.

Albertans want more access to continuing care. That's why we're opening 1,400 or so new continuing care spaces in the community.

Albertans also want more focus on wellness, which is why I'm hosting Alberta's first-ever wellness forum in Edmonton starting tomorrow for three days.

Albertans also want one health system, and that's one reason why we're expanding our current electronic health records system and establishing a patient portal to deliver on that promise as well.

On the topic raised in the bill that deals with access, we will have better access to key services like emergency, like surgery, like cancer care and continuing care. The announcement I made today, which flows right out of this bill that we're debating here today, outlines the most ambitious, the most aggressive, and the most comprehensive set of commitments to improve health access in Canada, Mr. Speaker, and it's backed by a solid plan to deliver on those commitments. For example, during the course of the five-year funding plan, that I announced today with CEO Dr. Chris Eagle from Alberta Health Services, here are some of the things we are going to do to "strengthen the overall health and wellness of Albertans," to quote from the top of page 2 of the bill we're debating.

We're going to reduce wait times for hip replacements by more than half, from 35 weeks last year down to 14 weeks.

5:30

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

Mr. Hehr: Yes, sir. I think this relates in that the hon. minister is talking about his five-point plan that he introduced today. He's not really talking about the act and what is implemented. I think we heard a lot about a plan, but it's not about the act. I don't know. Maybe I was mishearing you. Maybe, if you do that, that would be fine. On the act.

The Deputy Speaker: The hon. minister.

Mr. Zwozdesky: Thank you. I don't know if it was a question of mishearing, but perhaps I didn't make it as clear as I would have liked to. I'm quoting the act itself.

The Deputy Speaker: Hon. minister, continue on.

Mr. Zwozdesky: Yeah. It says on the top of page 2 of the bill that we "should strengthen the overall health and wellness of Albertans," and I'm telling you now some of the things we're doing to deliver on that. I'll be as brief as I can, Mr. Speaker, because this is a very comprehensive set of things we'll be doing.

I was saying that we're going to reduce wait times for hip replacements by more than half, from 35 weeks last year down to 14 weeks during the course of this plan. We're going to reduce wait times for cancer patients to see an oncologist by two-thirds, from seven weeks down to only two weeks over the course of the plan. We're going to reduce the amount of time that seriously sick patients – and I'm talking here about patients who require hospitalization, otherwise known as an overnight stay for one or more nights – spend in emergency. That will be a maximum of eight hours before they move to a hospital bed. That means having 90 per cent of patients admitted to an overnight bed within that time frame as compared to 38 per cent last year, and this applies to the 15 biggest emergency departments. That's all about access, Mr. Speaker, as referenced here in the act on page 2, four paragraphs from the bottom, "that Albertans [will] have reasonable access to timely and appropriate care," and it goes on.

It also means that those patients who do not require hospitalization but have gone to an emergency room for whatever reason should be into and out of that emergency room and on their way back home within four hours if they don't need an overnight stay. Again, that's all at the 90th percentile over the course of the plan.

Our goals here are in line with the standards set by Canadian physicians, and in several cases, Mr. Speaker, we plan to exceed those national standards, and we've debated some of those national standards here as part of our discussion.

Under the issue also of a person's physical, spiritual, and mental health, as referenced on page 2 of the bill, two paragraphs from the bottom it says that "Alberta's health system recognizes that health encompasses a person's physical, spiritual and mental health, from birth to the end of life."

I want to tell you that with respect to the physical side Canada's orthopaedic surgeons have said that hip replacements should be done within 26 weeks. Our target is to do far better than that. We're targeting 14 weeks. Similarly, regarding radiation treatment, the provinces have adopted a common goal of four weeks to start radiation after seeing an oncologist. Alberta has also adopted a target of a maximum of four weeks to see a radiation oncologist; that is, after referral from a general practitioner. Now we're stepping that target up to two weeks.

Regarding ER targets, which was the subject of an amendment pertaining to this bill not long ago, it's important to note that our emergency targets are the same as those in Ontario, for example, where 90 per cent of patients who are in need of an overnight stay will be admitted within eight hours of first arriving in the emergency room. If they don't need an overnight stay, they will be seen, and they will be discharged and sent home with proper care having been given within four hours. Our wait times at present are actually slightly better than many provinces', I understand.

With this new plan and now that we have the new act going forward through the final stages, we will see the improvements that we seek. That's what this bill is all about, Mr. Speaker. It's a bill that talks about how we can help Albertans navigate the system. That's why an important part, to me, of this bill, other than what I've already mentioned, is on page 9, where it talks about public input. It's important for Albertans to know that any time we are addressing some of these issues I've just talked about, the more comprehensive ones, the more substantive ones, there is a clause – well, it's more than a clause. It's a significant amount of text dedicated to public input.

I just want to refresh people's memory quickly on it. On page 9 it reads:

14(1) Neither the Minister nor the Lieutenant Governor in Council shall make any regulation under this Act unless

- (a) the Minister has published a notice of the proposed regulation on the public website of the Minister's department,
- (b) the notice complies with the requirements of this section,
- (c) the time period specified in the notice, during which members of the public and stakeholders may submit comments, has expired, and
- (d) the Minister has reported to the Executive Council in accordance with subsection (4).

(2) The notice referred to in subsection (1)(a) must contain . . .

And it goes on to say:

- (a) a summary of the proposed regulation and the proposed text of it;
- (b) a statement of the time period during which members of the public and stakeholders may submit written comments on the proposed regulation to the Minister and the manner in which the comments must be submitted;
- (c) any other information that the Minister considers appropriate.

It's very transparent. It's very inclusionary.

I'll just close by saying, Mr. Speaker, that this act will help us move the system forward to where we believe it needs to go. It needs to go to where people can better understand what we're trying to do to improve it, it needs to go to where the public has continued, meaningful input in the dialogue and the discussion on things that are of critical importance to them, and it goes to where we as a government are accountable for it, where we have made the approach through a very open form of dialogue, engaging Albertans, and it speaks to our commitment to the principles of the Canada Health Act and to those principles of highest regard in the minds of Albertans.

With that, Mr. Speaker, I will take my seat so that others can comment, and I would ask everyone to please now allow Bill 17 to be moved and adopted and passed in this Assembly so that we can get on with the actions that were announced today and with the performance measures that need to be met tomorrow.

Thank you.

The Deputy Speaker: Hon. members, I have a list of people who sent me a note: in sequence here the hon. members for Edmonton-Strathcona, Calgary-Varsity, Calgary-Fish Creek, Edmonton-Meadowlark.

All right. We go through the parties: the Liberals, the WRA, and the NDs in sequence – right? – and then back to the government. Opposition, government, but in the sequence I just said about the parties.

The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Speaker. Bill 17, the Alberta Health Act, has been touted, trumpeted by this government as the cure to what ails the system. However, it offers nothing in terms of timelines or targets, nothing in terms of financial commitments. The escape clause is: over the course of the plan. The escape clause is "that the Minister considers appropriate."

Rien, nyet, nada, nothing is being promised. Targets can be changed. Timelines can be changed. Any of the requirements can be left to ministerial discretion. How is this going to move us from where the destruction of the system began back in 1993-1994? I don't see it. Simply coming up with numbers – for example, the Sesame Street number of the day brought to you by the minister of health is five, so we keep hearing about five this, five that, five the other. This is a wish rather than a plan. There's no commitment, no obligation. Publishing notices is the lowest form of consultation.

5:40

Basically, the bill has two parts. It has a patients' so-called bill of rights or a charter of rights, and it has the provision for a patient advocate. Health advocate is the other terminology used. But the health advocate has no power. The health advocate can bring something to the minister's attention, but there's no requirement that whatever is brought to the minister's attention actually gets fixed. I would suggest that we're starting off with a health advocate who has been fixed to begin with. How is that health person going to accomplish anything other than raising an issue that can be filed in that file 13, the round one at the end of the desk? The patient advocate has no power, so let's get rid of the idea of a patient advocate. Unless you have a patient advocate who reports directly to this Assembly, as has been the case that we have asked for, for the children's advocate to report directly, reporting to the minister, potentially behind closed doors, serves no purpose.

Now, the biggest problem with this whole bill is what the minister has referred to as a charter or bill of rights. It's actually, Mr. Speaker, a bill of wrongs. What we have here are wishes that we're going to improve cancer care, wishes that we're going to improve home care, but there are no commitments. We've already seen the minister move from targets established at 90 down to 60. Why should we trust this government to move forward? Forget the fourth way. The document that was revealed to the Liberal caucus and to the NDP caucus and to the Wildrose caucus is actually the fifth way. Premier Klein tried his third way; it didn't work. The government has fiddled and fuddled for two, two and a half years with the superboard – we'll call that the fourth way – and now we're into the fifth way.

There is nothing in this circumstance that increases the number of front-line workers, for example. Without an increase in front-line workers, without a requirement of guidelines and standards, as was proposed in amendment A3, there is no way of evaluating that you've actually hit this imaginary moving target that's been set forth. There is nothing in this new act in terms of increasing the number of staff within the emergency circumstance to prevent, for example, the suicides that we've previously seen. When those approximately 300 reports that were given back prior to the 2008 election were provided to the then minister of health, that was from one hospital, Mr. Speaker. We have hospitals throughout this province that have similarly ugly lists of patient failures, and it's not the fault of the front-line staff; there aren't enough of them.

Now, we have talked about the need to cure the problem. We've suggested that if you started the emergency care provisions and worked backwards, that would be part of the solution. This government has played musical beds for, basically, 16 years. With the blowing up of the General, with the loss of the Holy Cross and the Grace, we lost capacity. We lost beds. With all the beds the hon. minister of health has promised, we'll be barely over half the number of beds we had back in 1994 with a population towards a million less or, not to exaggerate, at least half a million people less.

Until there is a financial commitment by this government to increase the number of seats at university for training medical professionals, a requirement to hire the graduates – not 70 per cent of the graduates. This system needs every single graduate that has the academic requirements to fulfill the positions. It's not enough to operate on a 9 to 4 system with the exception of emergency. As the Liberal plan called for, we have to extend the hours of diagnostic testing. We have to extend the hours of laboratory test results.

There are simple things, Mr. Speaker. When we discharge a patient from a bed, we need an orderly in that room immediately cleaning that bed, preparing it for the next patient to come along. We need home care, not promises of home care. We need funding

for home care, and that home care will gradually help relieve the pressure on the emergency system.

Mr. Speaker, the hon. minister of health talked about increasing the number of primary health care networks. Well, that requires having a sufficient number of doctors to operate those primary care networks. The reality, despite what was said in this House yesterday by the minister of advanced education, is that the government is reducing the number of seats for doctors, not only for doctors trained in Alberta, but they've reduced the number of accreditation spots for foreign doctors from 60 to 40. There is nothing in Bill 17 that guarantees that within such-and-such a time, with such-and-such an expenditure we're going to have the medical staff necessary to provide that relief.

This government has gone through a series of failed experiments, and what they've come up with is this rather thin gruel, this promise that things are going to be better: trust us. Yet while they're saying, "Trust us," we've got a document that's talking about delisting of services. We've got a document that's talking about having doctors with one foot in the public system and one foot in the private system but publicly funded.

The minister talks about his upholding of universal health care. The key component of universal health care is publicly delivered. So what are we to believe in terms of plans? Are we supposed to believe Bill 17? Are we supposed to believe in the July 2010 document? How many plans over the next five years, Mr. Speaker, are we going to see revised? How many targets are going to be reduced? The reality is that if you keep reducing the target, if you keep reducing the goal, eventually, probably sooner than later, you're going to meet it.

Albertans do not want a reduction in services; they require an increase in services. Mr. Speaker, in our plan we said: utilize the existing beds that we have. Take them out of mothballs. That requires hiring the staff to support them. We've talked about opening as opposed to closing long-term health care centres such as we've seen in Red Deer. The reality is that the equipment exists. The diagnostic equipment exists. The beds exist. We have trained individuals within this province who we could hire tomorrow, who are qualified and would be glad to be a part of the system even as it fragments at the top. These people on the front lines at the bottom of the system have the capability, with the proper governance, to bail the government out in its failures. But that doesn't show up in Bill 17.

There is no guarantee that by Christmas, for example, the long-term beds are going to be there and in place and staffed. I said long-term care beds as opposed to assisted living beds. Mr. Speaker, there is no guarantee even that Caritas, that was supposed to be finished in the summer, is going to be finished before January. That's another example of a target being moved, being moved, being moved. We're about to enter into the flu season. Is the government going to erect another soccer dome in front of the Stollery hospital and call it a treatment centre? Are we going to have the MASH units bailing us out?

5:50

Mr. Speaker, the Liberal plan called for an immediate medically trained and understanding team to create the solutions. Bill 17 is about widespread, loosey-goosey motherhood: we'll meet in five years. What we need is a medical team right now saying: "Okay. Here's the problem at the Misericordia. Here's the problem at the Foothills. We need this number of staff. Here they go. Let's knock down those wait limits." We need consequences for the government, not for Alberta Health Services or the superboard, if the fleeting goals are not met. There is nothing in Bill 17 that has a consequence for the health minister if the targets aren't met.

Mr. Speaker, when Bill 17 gets passed, without amendments such as A3 to provide standards and guidelines, we are not going to be any appreciably better than we were before. All we have is rhetoric, unsupported, unqualified rhetoric. I have no desire to add to that rhetoric. I'm looking for results. I'm looking for standards. I'm looking for guidelines. I'm looking for measurable results. I'm looking for commitments. There is nothing in Bill 17 as it stands that would provide myself or any Albertan assurance that when they need health care, there will be a family doctor available, that the office will be open sufficiently long for them to go there instead of going to emergency. There is no guarantee that there will be urgent care centres that are properly staffed so that I or my loved ones don't have to show up at emergency. None of the proposals, the seven solutions, that the Liberal plan provided are raised in this Bill 17.

Trust is gone, Mr. Speaker. Thank you.

The Deputy Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. Bill 17 is a very important act as we move forward in ensuring that we have the opportunity and the ability to take what is an excellent health system in the province today and build on that excellence to ensure that we have an excellent health system for Alberta and Albertans tomorrow.

We spent a considerable amount of time in this House debating the bill, over 30 hours. However, unfortunately, most of that time was spent discussing an amendment about emergency wait times. The House has very rightly agreed that the bill has fundamental importance but that emergency wait times, while extremely important, do not belong in this particular bill. Emergency, while important, is not the whole system. The challenge is not the expansion of emergency, but the challenge is to deal with the whole system. That's what Bill 17 is about: building a very strong foundation to take the excellent health system that we have today and to continue to build it into an excellent health system tomorrow.

I have much more to say, Mr. Speaker, with respect to Bill 17, but the time will probably not allow us to get into it. So at this point I would move that we adjourn debate.

[Motion to adjourn debate carried]

Government Motions (*reversion*)

The Deputy Speaker: The hon. Government House Leader.

Time Allocation on Bill 24

24. Mr. Hancock moved:

Be it resolved that when further consideration of Bill 24, Carbon Capture and Storage Statutes Amendment Act, 2010, is resumed, not more than one hour shall be allotted to any further consideration of the bill in Committee of the Whole, at which time every question necessary for the disposal of the bill at this stage shall be put forthwith.

Mr. Hancock: Thank you, Mr. Speaker. There's just sufficient time remaining to conduct this piece of business. It's clear from the debate that happened earlier with respect to this particular bill, Bill 24, Carbon Capture and Storage Statutes Amendment Act, 2010, the five hours and 17 minutes that have been spent in debate on it, that

members of the opposition have no intention of passing it out of committee. In fact, we've been asked to deal with it by way of providing the appropriate motion, I think was the term that was used by the House leader from the Wildrose Alliance. The appropriate motion is now here, and we're asking them to support an allocation of time in committee so that we can deal with it further.

The Deputy Speaker: We have five minutes for the opposition to speak on this motion. The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Yes. Thank you, Mr. Speaker.

The Deputy Speaker: Hon. member, please sit down.

Mr. Anderson: Okay.

The Deputy Speaker: There is a standing order here, Standing Order 21(3), that a member of the Official Opposition may respond for five minutes, so an hon. member of the Official Opposition.

Thank you.

Ms Pastoor: Thank you, Mr. Speaker. Where does one start when, clearly, although this is certainly how the rules are played in the House, everyone on every side, of course, tries for the advantage? However, I do believe that perhaps five hours isn't enough. Maybe we should have more. Maybe we should have more time to speak to other people outside of this House that would like to perhaps give us more information.

I still think that the bottom line and the crux of this whole matter, no matter which way you cut it, no matter whatever you say about it, is closure. Filibustering is a very difficult thing to do. It's certainly more successful when there are larger opposition numbers; however, it is a legitimate method whereby people can try to stall a bill and, in fact, hope that perhaps that bill could be lifted off the table and sent back to committee so that it could be reviewed. Clearly, if people are willing to stay up for 30 hours, someone is behind that idea to say: no, don't give up; keep working away on it. Hopefully, the light would be seen and the bill would be perhaps sent back and reworked.

I'm not just speaking about Bill 17, which had closure, or Bill 24, which had closure. I believe Bill 28 will probably have closure as well. The whole point of it is that these are games. These are games that are played, and they actually can be named games, but truly they are legitimate ways of the opposition being able to say to the government: no, you guys are wrong; don't walk over us. Listen to what we're saying. See if we can't work together to make the bill better, which is what the opposition would try to do, or, in fact, as I've said, pick it up.

It's also the government's ability to call for closure. Again, that is part of the way the House is run. It does boil down, unfortunately more often than not, to partisan politics, and that is a shame. We really should be working together in here.

With that, Mr. Speaker, I will take my seat.

[Government Motion 24 carried]

Mr. Hancock: I move that we adjourn until 7:30.

[Motion carried; the Assembly adjourned at 5:59 p.m.]

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