



Province of Alberta

The 27th Legislature  
Third Session

# Alberta Hansard

Tuesday evening, November 30, 2010

Issue 50e

The Honourable Kenneth R. Kowalski, Speaker

## Legislative Assembly of Alberta

### The 27th Legislature

#### Third Session

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

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

#### Officers and Officials of the Legislative Assembly

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

#### Party standings:

Progressive Conservative: 67

Alberta Liberal: 8

Wildrose Alliance: 4

New Democrat: 2

Independent: 2

## **Executive Council**

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

## **Parliamentary Assistants**

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

**STANDING AND SPECIAL COMMITTEES OF THE LEGISLATIVE ASSEMBLY OF ALBERTA**

**Standing Committee on the Alberta Heritage Savings Trust Fund**

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

**Standing Committee on Community Services**

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

**Standing Committee on the Economy**

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

**Standing Committee on Health**

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

**Standing Committee on Legislative Offices**

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

**Special Standing Committee on Members' Services**

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

**Standing Committee on Private Bills**

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

**Standing Committee on Privileges and Elections, Standing Orders and Printing**

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

**Standing Committee on Public Accounts**

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

**Standing Committee on Public Safety and Services**

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

**Standing Committee on Resources and Environment**

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

## Legislative Assembly of Alberta

7:30 p.m.

Tuesday, November 30, 2010

[Mr. Mitzel in the chair]

### Government Bills and Orders Committee of the Whole

**The Deputy Chair:** I would like to call the committee to order.

#### Bill 24 Carbon Capture and Storage Statutes Amendment Act, 2010

**The Deputy Chair:** Any comments or questions to be offered to this bill? We are speaking to amendment A3. One hour. The hon. Member for Drayton Valley-Calmar.

**Mrs. McQueen:** Thank you, Mr. Chair. Thank you, members, for that. I am pleased to rise in support of Bill 24. I think we have had some good discussion about this bill, and I want to focus on some of the items I have heard during previous debate to address some of the concerns or misunderstandings that have been expressed in this Assembly.

I think there were two major issues that have been identified to which I would like to speak. The first is Bill 24's pore space ownership clause. Let's be clear, very clear. The amendment to declare pore space ownership does not change the definition of land ownership. One member said that landowners have ownership from heaven to hell. In reality we know that's not so. In fact, in most cases there are different surface and mineral rights owners. Even putting that aside, surface rights owners have never been able to lay claim to something they can't practically use. For example, if they truly owned to heaven, no airplanes would be able to fly because landowners would have had the power to stop them or charge them rent. The reality is that ownership of pore space has never been resolved by the courts or in the Alberta Legislature. This bill makes it clear.

Some members question why this bill doesn't focus on taking pore space under Crown land only. At this point we cannot be absolutely sure the best storage sites are only on Crown land. To ensure that the most appropriate site is chosen, we need to have access to more pore space, not just some of it.

Clarifying pore space ownership and accepting long-term liability for the injected CO<sub>2</sub> were recommendations made by two expert panels, the provincial-federal EcoEnergy Carbon Capture and Storage Task Force and Alberta's Carbon Capture and Storage Development Council. Again, let me be very clear. If landowners owned the mineral rights under their land, this legislation does not change that. Landowners still have all the authority to those rights, and this will not change. Companies will still be required to negotiate with landowners for surface access to their land and will be compensated fairly. This also has not changed. Before applicants are given access by the minister and, again, by the Energy Resources Conservation Board, they must demonstrate that the project will not impact resources such as oil, gas, and coal.

I would also like to clarify that this bill does not allow companies to inject whatever they want, whenever they want, as one member stated. The intent of this bill is to facilitate the injection of captured carbon dioxide and, certainly, not "whatever."

Let's talk about taxpayer subsidy for a moment. Some are saying that CCS is a new taxpayer supported industry. It is expensive to implement new technology, and CCS is expensive. The project

proponents are investing hundreds of millions of their own dollars into these projects, so industry is clearly committed to the advancement of CCS. Let me repeat that. Industry is investing hundreds of millions of dollars. This is not a handout. This is a partnership between government and industry investing in a technology that we fully expect will be viable and effective. In fact, just yesterday the global carbon capture and storage initiative, which is funded by the Australian government, announced that it is committing \$5 million to one of the projects we are currently negotiating a grant agreement with.

When I was in Europe in March, I toured many countries pursuing CCS, including Norway, the U.K., and Germany. There is considerable interest in these countries in what is happening here in Alberta relative to CCS, and actually they not only congratulated but commended our government and the Canadian government for our leadership in CCS. Naturally, people are very interested in technological advancement, not just that which can make carbon capture and storage possible on a commercial scale but technology that can bring down the cost of CCS.

There is also a lot of interest from abroad in how Alberta is going about the implementation of CCS. What will the rules and the regulations be? How will we regulate the industry? These are the things we're talking about with Bill 24 and amendments. We're talking about the fundamental things that need to be in place as we move toward putting shovels in the ground.

Be assured that our \$2 billion financial investment in CCS is being made with the future in mind. CO<sub>2</sub> used for enhanced oil recovery is expected to create up to \$25 billion in royalties and taxes for Alberta. Not bad for a \$2 billion investment. This is not a made-up number by government but an estimate from the Alberta Carbon Capture and Storage Development Council, a consortium of experts.

We just have to look to Saskatchewan to find the world's largest enhanced oil recovery project, which has been in operation for 10 years. The project at Weyburn has been piping CO<sub>2</sub> in from North Dakota and using it to revive an aging conventional reservoir. In fact, this project has extended the life of the reservoir by at least two decades and has helped produce more than 1 million barrels of oil. This project has been monitored by CCS experts and teams around the world, and there have been no safety or leakage issues, nor have there been any issues with the pipeline that runs more than 300 kilometres through two countries. In fact, there are more than 2,400 kilometres of CO<sub>2</sub> pipelines in operation in the United States today.

This is an opportunity for Alberta to develop and refine its expertise in CCS, a technology being pursued world-wide. We want to be leaders in the technology and then share our knowledge with the world. That will result in tremendous economic spinoffs like highly skilled jobs for generations to come, and that is the payoff for Albertans, as one member wondered about.

Greenhouse gas emission reductions and increased revenue to pay for health care and schools and other services so that we can enjoy an opportunity to become world leaders in a technology being pursued around the globe: I must say that I think this is a terrific payoff and good leadership, just as we had strong leadership with Premier Lougheed, when we originally explored and developed our oil sands.

I have heard a number of members talk about the overall cost of the \$2 billion CCS program. Some members think there is a better way to use the money. One member suggested getting rid of greenhouse gas emissions by spending the \$2 billion purchasing coal plants in the province and shutting them down. That would force us to move to renewable sources of energy, which is not bad. That would also force us to lose 60 per cent of the electricity capacity in the province, resulting in instant price hikes to consumers. Frankly,

I don't know of any coal plant for sale in Alberta as they are owned by private industry. In fact, a coal plant – that's one coal plant – can't even be built for \$2 billion. So is that a reasonable, logical step to take to reducing greenhouse gas emissions? I would have to say not.

The time to act is now. The International Energy Agency says that there will be a 70 per cent increase in the global cost of emission reductions without CCS. Carbon capture and storage is the only technology currently available in Alberta to address large-volume emissions. The IPCC says that the cost of building and operating CO<sub>2</sub> capture systems will fall over time as a result of technological advances.

One of the most sensational arguments against CCS is to compare it to the unfortunate event in Cameroon, where CO<sub>2</sub> erupted from a lake, killing 1,700 people. To compare the leading-edge technology of CCS to an unfortunate event caused by Mother Nature a quarter-century ago is incorrect. There is just no comparison. There will be an extensive measuring, monitoring, and verification of all injection sites in Alberta. Any release of CO<sub>2</sub> would quickly be detected and remediated. This was not the case there when the incident occurred.

7:40

It is also important as we discuss CCS to talk about exactly where it would be injected. Water sources are typically a couple of hundred metres below surface, well above CO<sub>2</sub> injection depths, which are expected to be as deep as two kilometres. Projects must ensure long-term protection of these shallow aquifers. Alberta's geology is uniquely suited to the safe storage of CO<sub>2</sub> in deep formations. This province's long history of oil and gas exploration provides a wealth of information about deep oil and gas reservoirs and geological formations that can be used to store CO<sub>2</sub>.

A detailed review of regulations around CCS will begin in 2011 to ensure that safety and environmental outcomes are achieved. It will be completed long before large-scale injection begins in 2015. Alberta is leading the way on CCS, but we are not alone. Countries all over the world are pursuing this technology. The United Kingdom, Norway, the United States, China, and Australia all agree that CCS will mitigate greenhouse gas emissions. There are other projects happening around the world, two in Norway alone and another in Algeria.

The second major issue that I see in our debate is that of long-term liability. The province is proposing to take liability for the CO<sub>2</sub> only after the companies have proven it is stable and behaving as it should. The time period required before government will take liability has yet to be worked out, but I expect we are talking about having decades' worth of information and not months or years. Through its existing regulatory framework and the proposed legislation Alberta will impose very strict monitoring requirements on large-scale CCS projects. It would be irresponsible for government to not take liability. Who would be responsible if these companies go out of business? Remember, we are talking about storage of hundreds and thousands of years.

Dr. David Keith from the University of Calgary rates the overall risk from stored carbon dioxide as relatively low and said that experience with storage of more than 100 million tonnes of carbon dioxide, mostly in Texas, bears that out. Dr. Keith also says that should a problem arise, it will do so in the first decade, so it will be up to the operator to fix.

The Crown is taking long-term liability for the CO<sub>2</sub> many years after injection has been completed. Insurance products for CCS projects under construction and operation are available for companies to purchase and have been since January 2009. Bill 24 ensures that CCS operators will finance a fund which will pay for ongoing monitoring and any remedial work.

CCS is an important tool we can use to secure Alberta's place as a responsible energy supplier, but we will move forward carefully and prudently. Albertans were encouraged to give feedback to Alberta's climate change strategy, which developed the province's long-term goal to address climate change. It is expected that once the process required for large-scale CCS projects is determined, it will be similar to the one in place for oil and gas development. The operator will be required to inform the public and receive feedback on the project.

We are moving forward with this technology and are excited about the possibilities that lie ahead. Alberta's pioneering spirit ensures that we are doers, and we are not watchers. All we have to do is look at our oil sands industry, which is unique in the world. Because government and industry embraced and acted on that vision decades ago, Albertans today continue to enjoy a terrific standard of living without paying a high level of personal income tax that would otherwise be required. Albertans also enjoy the plentiful social programs funded by government, in part thanks to the royalties from this resource.

Mr. Chair, the time for CCS is now. I fully support Bill 24 and encourage all members to fully support it as we move ahead with this game-changing technology. Thank you.

**The Deputy Chair:** The hon. Member for Edmonton-Gold Bar.

**Mr. MacDonald:** Yes. Thank you very much. We're on an amendment, correct, Mr. Chairman?

**The Deputy Chair:** Amendment A3.

**Mr. MacDonald:** Amendment A3. Okay. I can appreciate that. I didn't hear a word on the amendment in the hon. member's remarks, but that was a fine speech. I appreciate her support of carbon capture and storage. We first talked about this in the Legislative Assembly close to eight years ago, Mr. Chairman. I for one think it is part of the solution to our fight against greenhouse gasses.

How will amendment A3 change this bill? That question remains to be answered. The difference between permanent and long term as defined by the hon. Member for Calgary-Glenmore is not really going to change the intent of this bill in my view. Certainly, the intent of this bill is to put some rules around the liability issue. Whether it's permanent or long term, regardless of how you describe it, it is to put some liability rules around the issue of CO<sub>2</sub> storage.

I have had a look at the debate so far, and I'm disappointed that in *Hansard* I'm not getting any information regarding comparisons to other jurisdictions. The hon. member talked about Cameroon. Certainly, other hon. members have talked about Weyburn, Saskatchewan, and what's going on there. We have a pilot project going on east of Joffre. We have the Norwegians. We have the Americans that are doing some work. [interjections] Yes, the Norwegians. The Norwegians, hon. member, are doing remarkable things with CO<sub>2</sub> sequestration, as they are with their royalties.

**An Hon. Member:** They're remarkable people.

**Mr. MacDonald:** They are exceptionally remarkable people. They have collected over \$500 billion in 14 years in their savings fund. We, Mr. Chairman, have over 30 years, 35 years of history collecting royalties on our energy resources, and we have \$14 billion.

**Dr. Morton:** Because they don't have Ottawa picking their pockets. What about those transfer payments?

**Mr. MacDonald:** Now, a former member of the federal party, who is the current financial guy in the province here, is talking about how the federal government is picking his pocket. Well, he should stand up once and for all for Albertans whenever we get to the negotiations . . .

**The Deputy Chair:** Hon. members, the hon. Member for Edmonton-Gold Bar has the floor.

**Mr. MacDonald:** Yes. Thank you very much. When we get to the negotiations on the Canada health transfer, I certainly hope he stands up for Alberta, not his right-wing cousins from the University of Calgary. Let's make sure you do that, sir.

Now, when we talk about CO<sub>2</sub> sequestration and the future it has, it does have a very bright future in this province. The hon. member spoke about CO<sub>2</sub> sequestration and how the oil revenue has improved the standard and quality of life in this province, and she's absolutely right. Where CO<sub>2</sub> will come into play in this province is in enhanced oil recovery. Drayton Valley, for instance, is a very mature, established oil field. Hopefully, some of the formations there that have not been swept with a water flood in the past could be used for CO<sub>2</sub> sequestration.

But we have to be very careful with this bill. There are liability issues here that have yet to be addressed in this Assembly, in my view, in the discussion of this bill. We have to be very careful. We have to answer the question about the liability, of course, of the transportation system, the gathering system of the CO<sub>2</sub> from the source to the final well where it is going to be sequestered into a deep formation. We're going to have to clarify the issue around water. I don't think the deep formations are going to affect drinking water, but I think we need some more testing done to make sure, really sure that we're not affecting our water supplies.

Now, CO<sub>2</sub> is already a commodity; it's a tradable commodity. It's sold across the border from America into Canada for the Weyburn sequestration projects, and there doesn't seem to be any problems in Weyburn. Mr. Chairman, to point that out, at Weyburn the monitoring using seismic pressure and geochemical techniques indicates that no leaks had taken place even though more than a thousand wells, dating back to the 1960s, were present within the Weyburn field. This is an important finding because abandoned wells are thought to be an important potential leakage path for CO<sub>2</sub>. That's what they've discovered to date in Weyburn. We know that EnCana's oil production in Weyburn has increased significantly on a barrel-per-day rate

7:50

The Americans – and I would urge all hon. members to have a look at this – have released a carbon capture and storage interagency task force. In February of this year President Obama alerted the heads of 14 executive departments and federal agencies, establishing this task force on carbon capture and storage. The goal in America was to develop a comprehensive and co-ordinated federal strategy to speed the commercial development and deployment of clean-coal technologies. The task force, co-chaired by the Department of Energy and the Environmental Protection Agency, was charged with proposing a plan to overcome the barriers to the widespread, cost-effective deployment of carbon capture and storage within 10 years, with a goal of bringing five to 10 commercial demonstration projects online by 2016.

Now, as this bill was being drafted in Alberta, this task force delivered a series of recommendations to President Obama. I'm sure the hon. minister of Finance is a big fan of President Obama. [interjection] I shouldn't have brought that up because I already knew the answer.

This is what the Americans have done. I heard the consultation process explained by the hon. Member for Drayton Valley-Calmar, but on the issue of liability, when it starts, the issue of how this industry fund is going to work, I'm still not satisfied that we have an explanation. We've got to get this right because if we download or transfer all the liabilities onto the taxpayers very quickly, anything could happen. I'm not going to say it will happen, but it certainly could happen. We've got to make sure that we have the issue of long-term liability and storage frameworks in place.

There are a few options for us to consider. We can look at what's going on now in this bill, and we can leave it alone. We can just ignore the amendment from the hon. Member for Calgary-Glenmore and carry on as usual. We can look at this bill, and we can say: "That's it. We're going to be content with that." The Minister of Energy is going to write the regulations, and we're going to hope that there's no long-term liabilities. We already know that there are significant liabilities left to the taxpayers and to the citizens of this province as a result of abandoned oil wells and gas wells and compressor stations, batteries, gathering systems, liabilities that are measured not in the millions but in the billions of dollars according to the ERCB. So we have to be very careful about this.

Now, will we have limitations on claims, and what will those limitations be? That's another question I haven't heard in any of the discussions here. The creation of this industry finance trust fund is to support long-term storage activities and compensate parties, as I understand it. How exactly will this work? What types and forms of losses would be allowed to be withdrawn from this fund? Again, we have to be very careful.

Mr. Chairman, I appreciate the latitude you're giving me on this. I know we should be on amendment A3. We should be talking about the difference between permanent and long term, but we're looking, really, at whether it's a long-term liability or not. That's what we're doing.

Now, the transfer of the liability from the operator to the taxpayers is essentially what we're going to get here after the site closure happens. There are rules and ifs, ands, and buts. But that's what we're going to get. I'm not convinced that this bill in this form – I'm a fan of CO<sub>2</sub>. I think it is an answer to part of the problem with CO<sub>2</sub> emissions and how we control them. But I'm not so sure that this bill is drafted to protect owners, taxpayers, in this province. I'm just not convinced of that, Mr. Chairman.

Different jurisdictions have different ways of looking at this long-term liability transfer. Who will ultimately have complete financial responsibility? If one of the hon. government members would answer this in the course of the time we have left – I know we're dealing with closure, and I know time is limited, and I know it's precious. Who will have financial responsibility for the post injection site care? By that, I mean that after the CO<sub>2</sub> is injected, the well is sealed off – and hopefully there's going to be no CO<sub>2</sub> migrating up through the formation into the atmosphere. I can't see it, but we've got to make darn sure that that's not going to happen. In this post injection site care who's responsible? Is it the owner or operator, or is it the citizens? I don't think this bill satisfies that. I think that's very important, Mr. Chairman.

I don't know exactly how this long-term liability transfer is going to work. Are we going to have a certificate of completion, where the operator of a sequestration site can transfer title and liability to the province after demonstrating to an agency – in this case I'm going to pick the ERCB – that the site is stable for a certain period of time after the last CO<sub>2</sub> has been injected and the site has been closed? Who remains liable? For how long? Ten, 20, 35 years?

I would like to know which jurisdictions have accepted liability for pilot projects within their borders. I would like to get more

information from the Alberta Research Council on exactly what is happening with the pure CO<sub>2</sub> stream that's coming in at Joffre and going into the existing oil field just to the east. I would like to know what EnCana thinks about what's going on in Norway.

In conclusion, Mr. Chairman, I'm not going to remind the House again about how much money Norway has in their bank and how little we have in our bank. What exactly are the Norwegians doing right with their CO<sub>2</sub> sequestration in the North Sea? Those would be some questions I have.

**Dr. Taft:** They're sequestering all their money down there.

**Mr. MacDonald:** The hon. Member for Edmonton-Riverview is absolutely right when he says that not only are they sequestering CO<sub>2</sub>; they're sequestering their money. The \$500 billion is, I think, over 1 per cent of the entire equities traded on the globe.

I don't want to be accused of getting off track. [interjection] They're your friends. You deal with them. They're from the Calgary school, and so are you. You're a proud graduate of that school, sir.

8:00

In conclusion, I would like to remind all hon. members that if we pass this bill, we have to make sure that in the future our grandchildren are not scratching their heads after they're left with another enormous environmental liability. I think this bill should be set aside. I think there should be a committee of this Legislative Assembly, perhaps one that one of these fine gentlemen chair. They could have a look at the recommendations that have come from the American task force and compare what the Americans are contemplating doing and what we are doing with this bill. I think that would be an ideal project for one of these policy committees, and they could report back to this House perhaps next spring.

With that, Mr. Chairman, I will take my seat and cede the floor to another hon. member. Thank you.

**The Deputy Chair:** The hon. Member for Calgary-Lougheed.

**Mr. Rodney:** Thank you very much, Mr. Chairman. I appreciate this opportunity to offer my support for Bill 24, the Carbon Capture and Storage Statutes Amendment Act, 2010. We've had some very spirited discussion relative to both the specifics of the bill and to its merits. Bill 24 will set in place some of the framework required to move forward with commercial-scale carbon capture and storage.

There are some people in this House who do not believe that we should move forward on carbon capture and storage. They just don't see the value in it. It's consistent for these people to oppose legislation that establishes the conditions to implement something they just don't seem to believe in. But they should believe in CCS, if for no other reason than that carbon capture and storage is an excellent long-term investment for this province. CO<sub>2</sub> used for enhanced oil recovery, or EOR, alone is expected to create up to \$25 billion in royalties. Mr. Chair, that's \$25 billion with a "b" as in beautiful. As the hon. Member for Drayton Valley-Calmar has stated, that's not a made-up number by government. In fact, it's been computed by a consortium of experts, the Alberta Carbon Capture and Storage Development Council. We can rely on that number.

We just have to look a little bit east of here to the land of my birth, in Saskatchewan, to find the world's largest enhanced oil recovery project, which has been in operation for over a decade. A lot of people don't know that, but I know that because it's very close to my hometown of Yorkton, Saskatchewan. It's in Weyburn. A lot of

folks find it hard to believe, but Beulah, North Dakota, has been piping CO<sub>2</sub> there and has been reviving this aging conventional reservoir. It's going to extend the life of the reservoir by over 20 years, and it's helped produce more than a million barrels of incremental oil. Mr. Chair, we just can't ignore that kind of success story.

Here in this province for Albertans a scenario like this would mean that roads and pipelines and other infrastructure already in place will have their useful lives extended, and that would mean continued prosperity for the communities and the residents near those fields here in Alberta.

Back in Weyburn – we can learn from them – the project has been monitored by CCS experts and teams from around the world. These aren't just local folks, even though they're completely capable. They have all found that there are no safety or leakage issues, as even the Member for Edmonton-Gold Bar has agreed. There haven't been any issues with that pipeline running more than 300 kilometres, through two countries. I think I've heard before that 2,400 kilometres of CO<sub>2</sub> pipelines are in operation in the U. S. today alone.

Mr. Chair, back here in Alberta we've made great strides to advance alternative renewable energy sources. We haven't been resting on our laurels. I think it would be good for other jurisdictions to know that not only do we have oil and gas; we've got 700 megawatts of capacity of wind-generated electricity, and we're upgrading the transmission system to allow even more in the future. We also have a bioenergy program which Albertans can be extremely proud of, and it's generating another 300 megawatts of electricity.

This is all completely pertinent to amendment A3. There are considerable achievements, and there are going to be more as we go forward. But I know when people talk about A3, they're wondering: what can we underline? Despite all of this and similar achievements elsewhere, the world's going to continue to depend on fossil fuels for many, many more years to come and likely decades. Mr. Chair, it's a fact of life. When we burn fossil fuels, we get carbon dioxide. Another fact of life is that this province is blessed with an abundance of fossil fuels, and specific to carbon capture and storage it's coal and oil. Many people are starting to understand as well that the second point we need to underline pertinent to A3 is that Alberta is also blessed with the perfect geology in which to put the carbon dioxide back underground on a permanent basis.

As certain members have been quick to point out, when we get started on the development of carbon capture and storage technologies, there's going to be a significant financial investment. It includes large amounts from private industry. Mr. Chair, these firms will need to answer some very basic questions for their shareholders before they can commit to spending money on CCS technologies.

The first question might be: if I'm going to pump liquefied carbon dioxide deep underground, from whom do I have to get permission? The answer to that would be the owner. This bill provides certainty as to who that owner is and should put the minds of opposition, media, and all others to rest. It is indeed the Crown, the people of Alberta.

Let's be really clear on the question that's been raised in the House around property rights. Bill 24 has no impact on ownership, ownership of land or mineral rights ownership. Mr. Chair, pore space exists in the absence of minerals. Any mineral right will be exactly the same the day after this bill is proclaimed as it was the day before the proclamation.

Then we ask the question: how does this pertain to A3 when it comes to landowners? Well, when it comes to this amendment, again this will not create a change. Landowners who also own minerals rights will continue to own those rights. But, as I've



mentioned, pore space exists in the absence of minerals. I learned that in grade 7 science, but in grade 7 I wasn't a landowner. The question is: does this amendment affect the rights of the landowners; does that mean landowners won't receive any compensation, Mr. Chair? No, it doesn't mean that at all.

Firms that pump carbon dioxide underground will require an above ground injection site, and just as if they were on someone else's land drilling for oil and gas, the firms will have to pay the landowner a surface rights fee for the injection site. The landowner will continue to have the right to negotiate that fee directly with the company, to seek an arbitrated fee through the Surface Rights Board, and if they're unsatisfied after that, they can seek leave to appeal in the courts.

What we're talking about are tiny holes in rocks where there are no minerals. They are deep, potentially kilometres under the surface of the land. So a company which is preparing to invest tens or perhaps hundreds of millions of dollars in CCS would also sensibly want to know what the rules and regulations are. Bill 24 and this amendment enable this government to create the framework for large-scale carbon capture and storage, including policies and regulations needed for this technology to be developed over the next couple of years, long before injection begins.

Finally, Mr. Chair, any company investing its shareholder dollars into CCS obviously needs to understand the technology and the rules and regulations, but they also need to understand the short, medium, and long-term liabilities. That's perfectly reasonable. It's responsible. It's expected. It's the expectation of this bill and this amendment, which respond reasonably and responsibly to exactly that.

The legislation states that while a company is pumping the carbon dioxide into deep underground formations, that company is responsible to ensure that the entire operation is safe and secure. It's the right thing to do. Additionally, the legislation states that once a company has completed pumping the CO<sub>2</sub> underground, they must continue to be responsible for the project until such time as they can satisfy the regulator that they've continued to scientifically monitor the sequestration using the best available technology and methodology and that they can demonstrate that the sequestration is secure.

### 8:10

It's very much how we regulate surface disruption of Crown land. If you disturb Crown land in the course of taking minerals out, you have to reclaim that land once you're finished. You don't get to decide as a company what constitutes proper reclamation; the people's government decides. The company would remain liable for that disturbance until the government is satisfied that the land has been reclaimed to the very high standards that Albertans have set.

It will work the same way for sequestered carbon dioxide. The government will set the standards for injection, the standards for monitoring, and the standard of proof required to show that the injection is stable and secure. It would be irresponsible for the government to not take liability. Who would take responsibility if these companies went out of business? Remember, we're talking about storage for hundreds and thousands of years.

David Keith, a doctor from the University of Calgary, rates the overall risk from stored carbon dioxide as relatively low and said that experience with storage of more than 100 million tonnes of carbon dioxide, mostly in Texas, bears that out. That's not from us; that's from Dr. Keith. I haven't spoken to him about the amendment, but his comments that apply to A3 would be that should a problem arise, it'll do so in the first decade, so it would be up to the operator to fix, which will put the minds of the Albertan taxpayer to rest.

The Crown is taking long-term liability for the projects only, most likely decades after injection has been completed. However, it's

worth noting that insurance products for CCS projects under construction and operation are available for companies to purchase and have been since January 2009. Bill 24 ensures that CCS operators will finance a fund which will pay for ongoing monitoring and any remedial work.

Mr. Chair, countries from all over the world are pursuing this technology: the U.K., Norway, the U.S., China, and Australia. They all agree CCS will mitigate greenhouse gas emissions. There are other projects happening around the world, two in Norway and another in In Salah, Algeria. What we have with Bill 24 is the instrument to make Alberta a global leader in CCS technology.

I offer my full support and encourage all members to do the same. Thank you, Mr. Chair.

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

**Mr. Hinman:** Well, thank you, Mr. Chair. There are two main concerns that I'm hearing from Albertans about this bill: one is the erosion of property rights in this province; the other is the government wasting money on things that are not priorities for Albertans.

I'll just say a few words about the first point. Whether it's Bill 19, 36, 50, or other outrageous bills from the last few years or this session's 26 or 29 or this one, Bill 24, the Carbon Capture and Storage Statutes Amendment Act, 2010, the government keeps passing laws that remove the little obstacles that are in their way for the minister doing what he wants to do but which trample over the property rights of Albertans. The main point of property rights is that they protect people from the government, not that they protect themselves from each other. But this government continues to ignore this basic fact.

This bill is the clearest example of confiscating property of citizens even if it's not the most upsetting. Pore space isn't something that people have thought much about. Many probably don't even know if it's under their land. But it's obviously worth more than people realize because the government is suddenly putting a value on carbon storage. Even if the value is somewhat artificially inflated because of the scheme the government is insisting on pursuing, it is still of value and it still belongs to the landowners.

The government wants to begin storing things in these spaces. Now, if they respected property rights, they could try to keep themselves to Crown land or only use space on land where they are given permission. But that's a hassle, and this whole project is inefficient enough already. So what does the government do? It removes the hassle that individual property rights could pose. It simply declares that it owns all pore space, not just in a certain area but everywhere. It's that simple. Everywhere in the province it all belongs to the Crown. As the owner the minister of the Crown can pump whatever he wants into it, whenever he wants, and you have to take it that way.

Many speakers in the opposition have pointed out that the idea that landowners own the land below the surface isn't a matter of interpretation, Mr. Chair; it's established in common law. This government is confiscating property without compensation. As we so often see, they are putting all of the powers that a minister could possibly use into his hands and are eliminating opposition. It's undemocratic, and it's wrong. That's the property rights side of this, and that's very important. It fits with an utterly disturbing pattern that this government has embarked upon over the last few years.

But, of course, sometimes the government needs to compromise individual property rights for the sake of important projects that benefit Albertans. That right should still be respected in that those affected should be compensated. When there is some great public good, like a railroad or a highway or even power lines, if we actually

needed them, we can't let one stubborn person hold projects for ransom when the province really needs them. We should have the due process of the courts, Mr. Chair. The carbon capture and storage project does not at all seem to benefit Albertans. Therefore, in light of it being the reason for the government to confiscate all of the pore space in the province, I'll turn in the second part of my speech to a summary of some of the obvious problems.

I've been hearing concerns from many Albertans about whether the carbon capture plan really makes sense economically, environmentally. The town of Barendrecht, Holland, was supposed to have a carbon capture space put under part of their own town. The citizens didn't want it. They weren't sure about this unproven technology and just didn't think it was worth the risk, so they exercised their democratic rights and held a municipal plebiscite that forbade Shell from going ahead with a project that would store CO<sub>2</sub> under the city in two former natural gas basins. Citizens in Holland and Germany as well have had their chance to oppose projects happening in their backyards.

Under this bill, as is far too common, Albertans will have no such recourse against the minister's discretion. The Shell carbon capture project in Barendrecht, Holland, has other interesting insights that cast light on the flaws of this government's plan to capture and store CO<sub>2</sub>. As in Alberta, because this is not an economically feasible project that an independent company would invest in, the Dutch government was subsidizing most of the cost. Actually, they were subsidizing 90 per cent of it. Here in Alberta our government claims that they will be subsidizing no more than two-thirds of the cost. Sounds like a deal. It's not. Even at 90 per cent Shell told the Dutch government that it would cost them approximately \$100 a tonne for carbon dioxide. Here in Alberta Shell is telling our government that their two-thirds subsidy will work out to \$865 per tonne. I find it hard to believe that this project costs more than 10 times what it costs to do in Europe, Mr. Chair.

It makes me wonder if this is another case of this government failing to do due diligence with these big companies, kind of like when they went to TransAlta and said: how big do you need your lines to be? They'd come back and ask for the moon to start their negotiations, only to have the government turn around and say: okay. Whether there's a similarity or not, I've never heard an explanation as to why this government is approving a subsidy more than 8.5 times larger than the Holland subsidy. In fact, Rob Seeley, general manager of sustainable development for Shell right here in Fort Saskatchewan, stated that it costs \$80 to \$140 per tonne to build one of these CCS systems. The Alberta government instead is claiming that it costs \$1,300 per tonne.

How did the government end up with a number that is 12 times what Mr. Seeley estimated? Who in this government approved this Enron-like overvaluation? It really seems like there's a shell game going on somewhere here, Mr. Chair, but we can never get to the bottom of it because this government is so secretive. As my colleagues have pointed out, carbon capture projects are being killed around the world, yet here we are clinging to this idea.

Just this weekend Kevin Libin in the *National Post* wrote an article talking about how obsessing over carbon is not nearly as cool as it was a few years ago. Even Greenpeace and Al Gore argue that this kind of project is a waste of money and can never be competitive compared to all of the other things that we could be doing. If so many are turning against it, why are we going ahead? The vice-president of Shell himself was quoted as saying:

Carbon capture and storage is presently generating costs but yields no revenues. It is one of the few technologies that is entirely climate change driven. Without policy intervention to create a market price for CO<sub>2</sub>, development and deployment of CCS will simply not happen.

8:20

The Canadian and Alberta governments announced that they would spend a combined \$865 million to help Royal Dutch Shell build commercial-scale carbon capture and storage for Alberta's oil sands for a project that will store 1 million metric tonnes of CO<sub>2</sub>. This government could have bought an equivalent amount of credits on the Chicago exchange for \$50,000. Maybe that would have helped keep the exchange afloat, for whatever that's worth. If the rest of our projects are as efficient, then the \$2 billion would work out to about \$130,000 worth of credits in the defunct exchange that they set up in Chicago. If the world market wouldn't even pay \$200,000 for carbon we're storing, why are we forcing Alberta taxpayers to spend \$2 billion to store it?

The only answer is that this government is so desperate to be politically correct, they are willing to pay any cost for this CCS. It was a very politely fashionable concept a few years ago, when they embarked on it, but as my colleagues have been explaining, many commentators are pointing out that this is falling out of fashion as even the environmentalists realize that it brings so little benefit for what it costs.

These are some of the kinds of questions that I've asked and I'm concerned about for my constituents especially. Albertans know we need to have a strong environmental record, but they think clean air and water and beautiful parks for recreation are what the priorities should be. That's why the government heard from so many Albertans on Bill 29 but will never hear about the support for this boondoggle. They aren't persuaded that this huge undertaking is going to make a meaningful contribution to the planet. They worry that it's a huge expense, and the idea of tanker trucks driving around the province to put plant food in the ground raises a lot of questions. How much energy will be used to separate the gases? How much will be used to compress it? How much will be used to transport it? I'm opposed to this bill because, like citizens across Alberta, I am very uncomfortable with it in the ground and taking away from our property rights.

I'll repeat my call, instead, for a world-class symposium so that we can have the proper, informed discussion that this deserves. Then, hopefully, we can make a better decision about the most effective and responsible things Albertans can do to protect our environment and make the most of our resources at the same time.

Mr. Chair, the most important thing that we can do is to continue studying this problem. There are many scientists on both sides talking about CO<sub>2</sub>, talking about the cost of storage and what we can do. I very much agree with the hon. Member for Edmonton-Gold Bar in that this bill should be set aside, as was Bill 29. That would be the right thing to do. It would be very easy to bring forward a couple of pilot projects that we have, as pilot projects and not all inclusive.

The most important thing that we can do if we're really concerned about the environment is to move to a cleaner fuel, a one-carbon fuel, natural gas. There are many new and exciting ideas on what we can do with natural gas versus the burning of long carbon chains like diesel and coal. We need to be looking at this. If we're going to spend \$2 billion, the question that we should be asking Albertans is: is this where you want it spent? Do you want it spent on carbon capture and storage? I believe the resounding remarks coming back from Albertans would be saying: "No. We haven't studied this enough."

Mr. Chair, with that, I'll sit down and allow someone else to discuss it. This bill should be following Bill 29, should be pulled aside. We could do some more studying and listening to Albertans on how they want to spend our ever short dollars that we have in the province of Alberta, running a \$7 billion cash deficit.

Thank you.

**The Deputy Chair:** The hon. Member for St. Albert on the amendment.

**Mr. Allred:** Thank you, Mr. Chair. I'd like to speak on a very specific issue that's been raised a number of times in debate on this issue, and that's the concept of the ownership of a parcel of land. The heaven-to-hell concept has been raised in a number of issues. It's called the infinite carrot, where you, in fact, own from heaven to hell, right to the centre of the Earth. Now, that's basically the concept of land ownership. The Crown was the initial owner of the land, and the Crown is the only absolute owner of land today. Land ownership can be equated to a bundle of rights.

Mr. Chair, am I out of order on this?

**The Deputy Chair:** I'd like you to speak to the amendment.

**Mr. Allred:** What is the amendment?

**The Deputy Chair:** Striking out "permanent" and substituting "long-term."

**Mr. Allred:** Okay. Mr. Chairman, I guess I'm out of order, then. [interjections] Keep going?

Mr. Chairman, a number of people have raised this issue, and I think it needs to be clarified. As I indicated, the Crown is the absolute owner of the land, and the Crown initially owned all the land from heaven to hell. The Crown at various times granted land. Initially they granted the whole parcel of land, but the Crown always retains certain rights. The Crown has the right of taxation, police power, the right to expropriation, et cetera.

By the end of about the 1890s the Crown decided that mines and minerals were very valuable, particularly coal initially and later petroleum and natural gas, so the Crown in grants after that period of time withheld those minerals. Now, they didn't withhold all of the land under the surface. They only withheld that parcel of coal that was within that infinite carrot or that oil that was within that infinite carrot, et cetera. We've got a system of split titles, where we've got a lot of confusion in the issue. At an even later date the Crown decided to retain gold and silver.

Now, the issue of airspace has also been mentioned. Yes, you own the airspace. However, we all know that planes fly over our airspace all the time. That was the subject of a court case. I believe it was called *Lacroix versus The Queen* in 1954. I'll just quote from the case. "It seems to me that the owner of land has a limited right in the air space over his property, it is limited by what he can possess or occupy for the use and enjoyment of his land." I would suggest, Mr. Chair, that this bill, that grants the Crown ownership of the pore space, is analogous to that ownership of the airspace. If you can't use it, you can't really, effectively, own it. You can't possess it, and you can't occupy it.

Mr. Chair, just to sum up, landownership, as I indicated, is really composed of a bundle of rights. As I indicated, the Crown owns all the sticks in the bundle of rights and has absolute ownership. They can give out certain sticks in that bundle, so to speak. They can give out mines and minerals, as they have done in the cases I've mentioned. They can give out leases, or an individual owner can give out leases or life estates or easements, et cetera.

I just wanted to clarify that, Mr. Chair, because it's come up a number of times during the debate, and I think it needs to be clarified. Thank you.

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

**Mr. Chase:** Thank you very much. It's an honour to follow the Member for St. Albert. The Member for St. Albert stated that the Crown historically owned lands from heaven to hell. The question regarding amendment A3 to Bill 24 is: are we going to hell in a handbasket? That's kind of what amendment A3 to Bill 24 is all about. My Wildrose colleagues there have no doubt that not only are we potentially going to hell with Bill 24, but we have no idea how long our period in purgatory is going to be, and that's part of my concern. The hon. Member for Drayton Valley-Calmar talked about potentially decades before the government assumes the responsibility of the pores underground throughout Alberta.

My biggest concern with this bill has to do with liability. We know, for example, that the government has committed to invest \$2 billion worth of taxpayers' money in this particular undertaking. We do not know to what extent they'll be successful. Using the example of what has happened with orphaned wells and the insolvency associated with a number of companies, particularly foreign-owned companies, what's to say that if certain companies experience recessions, Norway with Statoil excluded, how do we know that they wouldn't simply pull out and leave us literally holding the CO<sub>2</sub> bag? I'm concerned that we don't have a sense of what the actual liability is. So much of this is a trust, and we know for a fact with regard to orphaned wells that what the government is requiring is basically 10 cents on the dollar to be set aside. We have seen with the development of the oil sands . . .

8:30

**The Deputy Chair:** I hesitate to interrupt the hon. Member for Calgary-Varsity, but pursuant to Government Motion 24, agreed to November 30, 2010, which states that after one hour of debate, questions must be decided to conclude debate on Bill 24, Carbon Capture and Storage Statutes Amendment Act, 2010, in Committee of the Whole, I must now put the questions to conclude debate.

[Motion on amendment A3 lost]

[The clauses of Bill 24 agreed to]

[Title and preamble agreed to]

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

**Hon. Members:** Agreed.

**The Deputy Chair:** Opposed? That is carried.

The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Chairman. I'd move that we rise and report Bill 24.

[Motion carried]

[Mr. Mitzel in the chair]

**Mr. Johnston:** Mr. Speaker, the Committee of the Whole has had under consideration a certain bill. The committee reports the following bill: Bill 24. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

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

**Hon. Members:** Concur.

[Ten minutes having elapsed, the Assembly divided]

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

[Mr. Mitzel in the chair]

### Government Motions

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

#### Time Allocation on Bill 17

23. Mr. Hancock moved:

Be it resolved that when further consideration of Bill 17, Alberta Health Act, is resumed, not more than two hours shall be allotted to any further consideration of the bill at third reading, 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. I need not reiterate, I don't think, much of the discussion of this afternoon. Suffice to say that with debate this afternoon there is well over 30 hours of debate on this bill. The bill, as members opposite have pained to observe, is not a very big bill, but it is a very important bill. The opposition has very clearly indicated and said on the record that they would like us to bring the appropriate motion to deal with the bill because it's the only way that they would allow it to be dealt with.

It is a very important bill. It should be dealt with, and I would ask members to support this motion.

**The Acting Speaker:** Pursuant to Standing Order 21(3) the hon. Member for Calgary-Varsity on behalf of the Official Opposition.

**Mr. Chase:** Thank you very much. Of course, Mr. Speaker, the concern, as always, is how much time is sufficient to solve a problem. Now, I'll use the analogy of thieves in the night, a shadow of darkness. I would rather be debating this bill during the daytime, during a thoughtful period, but I am aware of the reality that we can do nothing to Bill 17. The amendments have been rejected by the government. The government is committed, come hell or high water, to push this thing through, and they have the majority, given to them by the people of Alberta, so it's going to happen.

But, Mr. Speaker, the democratic process is being subverted by this need to have a four-week session, to push things through the evening to the point where last week it became absolutely ridiculous. I agree with the hon. Government House Leader that any thought of decorum was potentially lost. Because it's only 8:30 tonight, we're actually rather civilized, and it's my hope that that civilized attitude will continue, but it does not take away from the fact that we have been short shrifted on the amount of time to come together to create a bill that would actually have consequences, timelines, standards, and guidelines. Bill 17 doesn't do it, but we might as well get on with the process.

I mentioned previously this afternoon my concerns over the document Alberta's Health Legislation: Moving Forward. I don't know which document the government is talking about when it talks about Bill 17. It was the other document, a Bill 18, that's going to be introduced in the springtime to further push privatization. There are so many unanswered questions, Mr. Speaker, and not sufficient time to hold the government to account.

Thank you.

[The voice vote indicated that Government Motion 23 carried]

[Several members rose calling for a division. The division bell was rung at 8:37 p.m.]

For the motion:

Ady	Evans	McQueen
Allred	Griffiths	Morton
Amery	Hancock	Redford
Benito	Hayden	Rodney
Berger	Horne	Rogers
Bhullar	Jacobs	Sarich
Campbell	Johnston	Tarchuk
DeLong	Knight	VanderBurg
Drysdale	Lukaszuk	Zwozdesky
Elniski	McFarland	

Against the motion:

Anderson	Hinman	Pastoor
Boutilier	MacDonald	Sherman
Chase	Notley	Taft
Forsyth		

Totals:	For – 29	Against – 10
---------	----------	--------------

[Government Motion 23 carried]

8:50

### Government Bills and Orders Third Reading

#### Bill 17 Alberta Health Act

[Adjourned debate November 30: Mr. Hancock]

**The Acting Speaker:** A reminder, hon. members, that the debate will conclude at about 10:50.

The hon. Minister of Education.

**Mr. Hancock:** Thank you, Mr. Speaker. This afternoon in debate I think I finished by saying that access to emergency in the health system, while important, is not the whole system. The challenge is not just simply the expansion of emergency or dealing with the issues in emergency although those are very important; the challenge is to deal with the whole system and the needs of the whole system.

I want to start by saying: let's be perfectly clear. I think there needs to be, after all of this discussion, a statement made to Albertans that really sets the record straight. The Alberta health system is a fantastic health system. In Alberta we have top facilities, we have leading-edge equipment, and most importantly we have some of the finest health care professionals in the world. We can be truly proud of the capacity, the ability, and the comprehensiveness of our system.

There are issues, of course, and those issues need to be dealt with. But it's also important to focus not just on the immediate issues, while they are important, but on the long term and the big picture to create a framework for a system going forward that will enable the system to continue to adapt to meet the challenges of change and growth. That is, of course, where the issues come from.

This province continues to grow, and population continues to shift both in terms of demographics and geographics. This puts pressure on parts of the system in parts of the province. People age, and as we age, our health needs grow. As we discover new drugs, new techniques, and new technologies, we can do more things for more people, and we do, and we want to.

In just the last 13 years that I've been in this House, the number of MRI machines, for example, has grown from somewhere close to zero to somewhere over 50. Every time we've added an MRI machine, up until recently at least, the lines didn't get shorter; the lines got longer because each new MRI machine that came in had new abilities, new capacities, and could be used for more things. Many thousands of MRI scans are now done each year. For many years we've been doing more hips, more knees, more hearts, more of everything in this system by an exponential growth factor. By any measure the system is responding exceedingly well, but again there are issues that need to be dealt with. There's no question about that.

The population that can be treated in our health system has grown not only because our population has grown but because of new techniques, new technologies, and drugs. You can now do major surgery on 90-year-olds that you never used to do on anybody over the age of 70. In just the past month Ray Nelson from Lloydminster passed away. He was, I think, aged 78 – it might have been a little older – when he had a heart transplant. In my short lifetime, Mr. Speaker, we started on doing heart transplants, and now we're doing them as almost routine procedures on people who never ever would have had that available to them and many other types of surgeries and many other types of treatments. So the population that can be treated has grown.

As we continue to improve, we'll continue to have problems that need to be addressed. And as we continue to improve, we need to ensure that while we address the immediate issues and pressures, we ensure that we have a comprehensive and nimble approach, a strong framework on which to build the next health system, build on the excellence we have today for excellence we can have tomorrow.

That's where Bill 17 comes in, Mr. Speaker. Bill 17 helps to create that new framework so that we can build on that excellence that we have today and the excellent work that's being done today by health care professionals, so that we can focus forward on a sustainable, accessible, publicly funded health system that provides quality care on a timely basis to Albertans without regard for their ability to pay. The act provides for a number of things, Mr. Speaker, that are very important as we build that long-term framework.

Principles. It's important for any future decision-making and any future decisions that those be founded on basic principles, and those principles are set out in the proposed Alberta Health Act.

The creation of a health charter to create a clear understanding of what Albertans can expect from their health system and what each of us has as responsibilities within that system: very important.

The appointment of a health advocate to assist persons who have difficulty with the health system. There will always be people who have difficulty with the health system. No system can do everything perfectly, so when there are problems with the health system, when there are problems that a patient has, they need to have a clear way to have those problems solved and resolved in an easy way. A health advocate is a very important addition to the system to make sure that people know exactly where they need to go if they have problems with where they are in the system or the service that they get in the system or their access to the system.

Roles and responsibilities. We've talked a lot about roles and responsibilities in terms of the fact that we have a health board and what its roles and responsibilities are. Under a new health act we'll be able to clearly delineate the role of the department of health and the ministry of health and the role of the health board. And that's important. It was important when we had nine health boards; it's important when we have one health board. It's important because there are issues of policy and direction which are clearly the purview of the province on behalf of the citizens of Alberta.

Then there's the board to implement those policies, to make sure

that they adhere to infection prevention control standards, for example, that they adhere to the policies and directions that are set on behalf of Albertans by the government through the ministry. There are distinct roles, and those roles and responsibilities need to be clearly understood.

The Health Act provides for reporting. It allows the minister to request of health providers, whether they're inside the publicly funded health system or otherwise, if they're paid for with the public dollar, to require that they provide certain data and information, and that is important. It's very important. It's appropriate because if we want informed decision-making, it has to be data based and, if necessary, ensured that appropriate data is collected and that data that's collected is used appropriately.

Nonidentifiable information can be utilized in health planning, but it can also be utilized in accountability for the system. Decisions can be made on the basis of the best data, and appropriate nonidentifiable data can be reported to the public for transparency and openness with respect to systems performance.

Most importantly, Bill 17 provides for public input and involvement in future regulation and development.

**Mr. Boutilier:** Who wrote that for you?

**Mr. Hancock:** The hon. Member for Fort McMurray-Wood Buffalo asks who wrote this for me. I can assure him it's in my own handwriting.

**Mr. Boutilier:** Did you write it, Dave?

**Mr. Hancock:** Yes, I did. I wrote this all by my little self.

**The Acting Speaker:** The hon. Minister of Education has the floor.

**Mr. Hancock:** What's important is that all Albertans want to be involved in writing the next chapter, so that piece in Bill 17 is very important, the commitment that regulations under this act will be discussed in public with the public before they are approved. That discussion with the public, obviously, Mr. Speaker, will be done in an informed way and in a responsible way and in a respectful way, not at all like the debate we heard from the Wildrose earlier in the Chamber.

All of those pieces in the Alberta Health Act, Mr. Speaker, provide us important fundamentals for the future. The minister of health today laid out more groundwork by publishing *Becoming the Best: Alberta's 5-Year Health Action Plan* and accompanying performance measures. This five-year action plan deals with a wide variety of matters within the health system.

Mr. Speaker, this takes us forward, but it's not the whole picture. Bill 17 recognizes in its preamble that Albertans want "reasonable access to timely and appropriate care, including primary care." Primary care is an essential piece going forward. Primary care networks are well advanced in Alberta but with much more to do to ensure that primary care networks are available to all Albertans, that primary care networks are established in a way which allows for and ensures that the wide variety of health care providers and caregivers that we have in this province can participate at their highest level of ability and capacity, and that the focus of primary care be on helping Albertans stay healthy and to manage their chronic conditions. In other words, to help Albertans stay out of the acute-care system rather than being the gateway into the health care system.

9:00

There is simply no question that if we want a sustainable, affordable acute-care system that is there for every Albertan on a

timely basis, when they need it and with the fullest range of capabilities and leading-edge care, most of us have to be healthy most of the time. We'll never be able to afford a health care system which allows every Albertan in the door all the time; therefore, it's incumbent on us to focus on prevention, to focus on health, to focus on keeping ourselves healthy, and to focus on primary care accessible to all Albertans, which will assist us in managing chronic conditions, which will assist us in keeping ourselves healthy rather than focusing on how we get into the acute-care system.

That means that where possible, and there are times when it's not, we must . . .

**Mr. Boutilier:** But "I" wrote this stuff.

**Mr. Hancock:** I did write it myself, and I can't read the darn writing.

There are times, of course, Mr. Speaker, that through no fault of our own we come down with illness or trauma or disease, but where possible we must take responsibility to be as healthy as possible and have those primary care networks there to support us in staying healthy and, as I said before, to manage our chronic conditions.

Primary care networks, as I've said, can help us with chronic conditions and staying healthy, but they also have other important opportunities and functions. In geriatric care, for example, I have personal experience with my own family. I've been to emergency many, many times, and I've stayed overnight in emergency. It's not a pleasant experience, and it's not what we want for our parents as they age. I don't want to go through that again, quite frankly, and we shouldn't have to because for most in many, many cases, certainly in many of the times that I was there, emergency wasn't the place where we ought to have been; it was the door in to have certain procedures done. But if we had the kind of primary care networks and the kind of support systems to those primary care networks that I'm talking about and that we've been talking about in this province, we would be able to deal with many of those conditions that our aging parents have outside of emergency, with a lot more respect, quite frankly, and dignity. That's what we need to look to to build on the system.

Albertans need to have early access and preventive access to mental health care and community treatment. We have examples already of primary care networks that have psychiatrists and specialists in mental health attached to them.

**The Acting Speaker:** Hon. members, under Standing Order 29(2)(a) five minutes for questions and comments are available. The hon. minister of health under 29(2)(a).

**Mr. Zwozdesky:** If the hon. Member for Edmonton-Whitemud would just elaborate a little bit more on some of the experiences that he had in emergency, that he referred to, which is one of the major performance target areas that we've had. It's generated a lot of debate in this Assembly. I don't mean to take too much time. I just wondered if he had some suggestions on what we might do to make that experience better than he has experienced through the pain and suffering that he may have had himself or through pain and suffering that some of his relatives may have gone through.

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

**Mr. Hancock:** Thank you, Mr. Speaker. I have so much more to say, but I'll leave that for another day, and I will answer the hon. member's question. I was in emergency a number of times with my mom because she had a congenital heart condition, and oftentimes

we attended in emergency because that's where we were told we needed to go so that they could deal with the buildup of fluids and those sorts of things. It came to a point where I believe I could have done that process myself, but I wouldn't dare. The reality is that there could be a geriatric care area where you could go for that kind of care. You could set that aside with its own special entry model and deal with people on a much more timely basis and with a lot more dignity.

Quite frankly, there's a hallway at the Royal Alex that I was going to put up a sign in because that was my mom's parking spot. That's not what we want to do in the future. There are issues we can deal with in terms of making it possible for greater so-called throughput, and that's important, but it's also important to understand who needs to go to emergency and why and what we can do, particularly in geriatric care. There's a lot more that can be done if we focus on how to do that properly and if we focus on the patient, the dignity of the patient and the procedures that need to be done that are not emergency procedures but are very important and need to be done on a timely basis.

**The Acting Speaker:** Standing Order 29(2)(a) is available. The hon. Member for Edmonton-Meadowlark.

**Dr. Sherman:** Thank you, Mr. Speaker. I'd like to ask the hon. Member for Edmonton-Whitemud and former health minister this. I, too, was in emergency during the time when you were the health minister. I was working in emergency along with the 300 emergency doctors and the thousands of emergency nurses. Those 322 cases that became public were from a two-week period at the University of Alberta hospital. My father nearly died in the emergency department during the election. He spent 10 days in the ICU because he waited eight hours in the waiting room for care. Those 322 cases were from a two-week period at one hospital alone, under your leadership when you were the health care minister. Having understood the issue and being a family member of an ailing parent, did you call in the Health Quality Council? What did you do to improve the situation other than to beat up the College of Physicians and Surgeons and the AMA over Bill 41, over a minor infection prevention matter, which is an important issue, by the way?

The second question. The primary care networks are a good thing, but are you aware that of the \$149 million spent, there are only 425 full-time equivalents, allied health professionals, which works out to about \$352,000 per allied health professional? The people that really need to be rostered into the primary care networks are the poor and the vulnerable, especially the ones in the inner city. They're actually not rostered onto them. They are the ones admitted to acute care, and 16 per cent of the time they end up back in acute care within seven to 14 days. Are you aware of that? You as the minister were in charge of those primary care networks, and that's currently what's happening. The people that are rostered are all the people in Edmonton-Whitemud and Calgary-West.

So if you could answer those two questions: what did you do as minister, and did you call the Health Quality Council?

**Mr. Hancock:** Mr. Speaker, I'm happy to answer the questions. The hon. member already knows the answer because he was with me when I went to meet with both the Calgary health authority and the Capital health authority and encouraged them – I more than encouraged them; I perhaps even browbeat them a little bit – to establish the full capacity protocol which that member brought to my attention as an appropriate way to deal with that kind of an issue on a short-term basis as we dealt with the long-term issue. So he knows full well that I was there making a difference in emergency at the

time that I was health minister, and I was doing it with his advice and direction in terms of what we should be doing.

With respect to that system, the hon. member will also recall that that particular time that he spoke about, in February, it was the middle of flu season. Capital health put up the emergency response tent in their parking lot at that point in time, right in the middle of the election. So there was no secret about what was happening. It was being done in full sight of the public, and we were dealing with the issues in emergency at that time.

With respect to the rostering of members the hon. member is actually very correct on that. We need to make sure that everyone is allowed the opportunity to be rostered to a health authority on a voluntary basis, if there's one available to them.

**The Acting Speaker:** The hon. Member for Calgary-Fish Creek, followed by the hon. Minister of International and Intergovernmental Relations.

**Mrs. Forsyth:** Well, Mr. Speaker, thank you very much. I have found this whole debate fascinating. I sometimes think that I'm here but not really here.

You know, it's interesting. The former minister of health from Edmonton-Whitemud had the opportunity to fix the system. The former minister from Sherwood Park had the opportunity to fix the system. The former minister from Calgary-West had an opportunity to fix the system, and now the Member for Edmonton-Meadowlark has an opportunity to fix the system because, quite frankly, we still have a broken system.

I'm saddened to be speaking once again on Bill 17, the Alberta Health Act, which is cut short by a time allocation that the government has put forward. I've stood in this House over and over debating, and I've spent hours and hours listening intently. The Member for Edmonton-Meadowlark has provided a solution to the crisis we are facing in our emergency room, as has the Wildrose caucus. The amendment, that was defeated, included the guiding principles that no unnecessary deaths, no unnecessary harm to patients, no unnecessary delays in care, and no unnecessary waste of resources should occur, with some straightforward criteria that had to be met.

9:10

Bill 17 the way it is written talks only in the preamble about reasonable access to timely and appropriate care. Albertans want the wait times in legislation, not performance measures on a piece of paper. If the government is transparent, accountable, and serious about providing the best health care in Canada, then put your money where your mouth is and put it in legislation. The minister goes on to say that while there is nothing wrong with legislated time frames, the court system would become more involved than it already is. The Member for Edmonton-Meadowlark indicated that four conditions must be met for a successful lawsuit.

Mr. Speaker, where I'm struggling and, more importantly, what Albertans are saying is that if the government is serious about fixing the system, they first have to acknowledge that it is in crisis. We have heard from the health minister, and not only does he disagree that we are in a crisis, but he also doesn't believe that the health care system is broken. Since October 25 the Wildrose caucus has continually asked the government pointed questions, which they respond to by saying that they don't know. They dance around the question. They continue to repeat answers that are irrelevant to the questions, and I could go on and on.

Albertans want answers, and they want to know numbers, like how many net new acute-care beds there are in the health care

system and how many beds have been closed. They want to know how many family doctors there are in the province and why it is so difficult to find one. They want increased home care and want to know how many nursing beds are available. They want to know how many long-term care beds are available, and they want our beloved seniors to quit being nickelled and dimed to death.

The government's own documents indicate that Alberta's health system is highly complex and confusing. People have difficulty accessing health services, and their own public service feedback indicates significant skepticism and mistrust of government. It goes even further to say that the Alberta Health Act is not on the public's radar and that wait times and access to family doctors are the number one concern and the number one priority of Albertans. What is interesting here, Mr. Speaker, is that the government's own MAC committee also recognizes that wait times and access to family doctors is the number one priority of Albertans. Now, once again the government has evoked time allocation on an amendment that Albertans have clearly articulated they support.

Mr. Speaker, in my 15 years in this Legislature I can't remember an amendment that has pulled at the heart of Albertans this much. Not only are they upset about how the Member for Edmonton-Meadowlark was treated; they are appalled at the government refusing to listen to a front-line, well-respected emergency physician. What is and has happened to this individual is criminal; nothing more, nothing less. You know, when an issue is resonating with Albertans, they let their own MLAs know by the phone calls, the e-mails, tweets, Facebook messages. They stop you on the street asking and questioning: why is the government doing this?

The government pretends everything is all right. While they can live in their la-la-land, Albertans know differently. Albertans are tired of the government not listening. Albertans are tired of the government's gobbledygook. Albertans are proud people. They want their MLAs to do the job that they were sent to do. They want their MLAs to listen and to represent their views. They want their MLA to stand up on their behalf, for them and their loved ones. What is truly sad, Mr. Speaker, is that the government has let the people of Alberta down. That is not acceptable.

I was in the government, Mr. Speaker, for many years. I know how they act, I know how they bully, and I know how they intimidate. I know how they always feel that they are right and that it doesn't matter what Albertans want or think. I left that government on January 4 of this year because I couldn't pass the mirror test anymore. When you have trouble not being able to look in the mirror anymore, it's time to move on. My role as the MLA for the constituents of Calgary-Fish Creek is to represent my constituents, and as a member of the PC government I couldn't do that anymore. Ten months ago I stood before the press and I stood before Albertans, telling them why I was crossing the floor for a number of reasons, health care being one of the top priorities.

Today, Mr. Speaker, is a sad day for Albertans, it's a sad day for democracy, and it's a sad day for health care in this province.

**The Acting Speaker:** Standing Order 29(2)(a) allows for five minutes of questions and comments.

Seeing no one, the hon. Minister of International and Intergovernmental Relations.

**Ms Evans:** Thank you, Mr. Speaker. It's indeed an honour to rise this evening and to speak on behalf of the government on Bill 17. When I review the Alberta Health Act, it seems like for the past 13-plus years that I have been a member of this caucus in this government, we have been waiting for just such an act that clearly identifies principles, access, reasonableness, the Canada Health Act, and rolls

into one piece of legislation a framework that Albertans can rely on to deliver health. Surely, there can be no better act of a Legislature than to pass a framework in support of the health that we hope to have for our families and for our loved ones and for our communities as a whole.

Within this act there are words in the preamble such as enhancing the health and wellness and the quality of life of Albertans, that is influenced by their economic, social, cultural, physical, and spiritual contexts. I'm especially proud that the word "spiritual" is included because in my background training as a nurse at the Holy Cross, spiritual was a great part of what we talked about when we talked about the health of an individual and recognized that it was integral to the health of the individual. This Alberta Health Act enshrines that, that our system should strengthen the overall health and wellness of Albertans.

Clearly, a good part of this will involve the public education of Albertans on how we can best take care of our own health. Surely, access to our facilities would improve if Albertans right from day 1 were taught about keeping themselves well, keeping themselves safe, and keeping themselves in a position of maximizing their potential. It's great preventive medicine to teach a child how to cross the street safely, how to wipe their nose, wash their hands, and care for their own, immediate person. As we grow to adults, to keep care of each other is a very important thing. Our legislation contradicting smoking is a direct path of where this government intends to go. In other words, try to compel people who have not their best interests at heart to really take a look at the net impact not only to themselves but to their community and fellow man of doing those kinds of practices that are deleterious to their health.

The act speaks of individuals, families, and community receiving quality health services that are safe, and safe is an important element of why we have the Health Quality Council and why so much of our direction in hospitals is dedicated to making hospitals make health care facilities safe.

That Albertans have reasonable access to timely and appropriate care, including primary care: clearly, since the time we had the hon. member now with us as our representative in Washington working on establishing primary care networks, the primary care networks are singularly one of the beacons of light that this government can look back on to say that we have advanced this considerably, and in doing so, we have provided people access to care that would not otherwise have it.

When we talk about publicly funded health services based on need and not the ability to pay, here enshrined in this Alberta Health Act is clearly the statement that I think Albertans can rely on to look at the fact that this is a publicly funded health system, not contingent on their capacity to pay.

9:20

Again, the reference to physical, spiritual, and mental health, Mr. Speaker, mental health is hugely important and hugely influential on the overall health of the individual. I am glad now to note that we have a mental health advocate office to look after the very particular needs that we have to emphasize in culturing a society where mental health is consistently looked after in the proper fashion, where treatments are available, where early identification and triage are successfully put in place so that people with mental health issues can receive their services.

Where it discusses health services being delivered in ways that understand the experience, recognize perspectives, and respond to the health needs of individuals, Mr. Speaker, this is consistent with the legislation for family supports for children with disabilities, recognizing the potential, recognizing the need, recognizing the

unique characteristics of individuals, recognizing the unique characteristics of families and communities.

This act talks about long-term planning, innovation, adaptation, and continuous improvement. One of the reasons why I think this particular piece of legislation is a quality framework is that the canvassing that was done by the hon. Member for Edmonton-Rutherford has set the stage for us putting in place something that can be continually evaluated in terms of a future charter, in terms of health decisions, financial stewardship, and the allocation of those resources.

The definitions, Mr. Speaker, are most appropriate, talking about promoting and maintaining physical or mental health, preventing illness, diagnosing, treating, or rehabilitating, and taking care of the health needs of the ill, disabled, injured, or dying.

Mr. Speaker, I've spoken many times recently about the issues for my mother, and I'm very happy to say that her experience in the Foothills hospital was one of genuine caring, expedient action, and the most appropriate kinds of delivery of service imaginable. She has commented many times about the professionalism of the staff, the capacity they had for calming her down even though she went through a series of tests and X-rays. Even though that evening it was very busy in the emergency department when I found her, she was magnificently cared for by quality and caring staff. We can do no less than to offer an act that will enable us to perpetuate this kind of opportunity.

The advancement of a health charter contained within this act recognizes that health is a partnership among individuals, that families, communities, and health providers must work together with the government and acknowledge the impact of the individual's health status and other circumstances on the individual's capacity to interact with the system but must not be used to limit access to health services. I think that admonition is a reasonable caution for whomever is in the position of evaluating the individual's health status so that, in fact, the charter itself becomes something that we can rely on as something that sets the highest possible standards and does not diminish in any way the opportunity an individual would have to access the proper services.

More than that, review of the health charter at least once every five years is a responsible opportunity to measure the performance, to look at the performance measures, the regulations, to review them to see if they're still current and relevant. I think this is extremely important, Mr. Speaker, because Alberta geographically is the size of three European countries, has many remote spots, has many places where service delivery may not be as easily accessed. I think the health charter, with the principles enshrined in here considerate and concurrent with the principles in the Canada Health Act, behooves us to look every once in a while, at least every five years, to make sure that we are staying current with new technological advances and that we are providing the best possible health service.

The advocacy contained in this act, the appointment of a health advocate: we should do not less. We should in fact make sure that there is somebody to whom complaints can be leveled if there is a belief that the health service provided is not contingent with what this health act outlines. That person, following a review, must report. That particular acknowledgement that the advocate shall prepare and submit a report summarizing the activities will in fact assure that this is transparent, that the people of Alberta have an opportunity to review what the advocate has said and whether or not the particular roles and responsibilities of the health act have been maintained.

Again, this particular section strengthens the health system in Alberta because it assures, beyond the people that are charged with



the responsibility of delivering health to our citizens, there is somebody that is monitoring that health, somebody that is acting as a sober, cold-eye review of whatever complaint is brought forward and considers carefully not only the acknowledgement within this act but the Canada Health Act to make sure that we are accountable, that we're dealing with it in a comprehensive fashion, that reasonable access, above all, is maintained.

Now, I do agree with the hon. Member for Calgary-Fish Creek, who acknowledges the two issues that I think are uppermost in the minds of the people in my constituency: access and how long they have to wait for service. I recognize that putting in place this act in itself will not accomplish all of the things that the health minister, that the people in the health care delivery mode have to do, but it gives some type of framework and guarantee that this province means to service the public health system in the best way possible. It acknowledges the need for looking at access as a primary portion of it, and the principles and the performance measures that have been further expanded on in the five-year action plan that the health minister has delivered today fit contiguously into the cycle of the health act, setting out a broad-stroke policy document with principles, with wait times, with assurances to Albertans that we expect to see some results within the next five years.

Mr. Speaker, there is an expression. Rome was not built in a day. I am absolutely convinced as a Member of this Legislative Assembly that if I were to return here in 15 or 20 years, there would still be significant conversations in this Legislative Assembly about health care. Why? Because that will always be what we cherish the most as a society. That will be the hallmark of how Alberta either performs better or at least as well as the minimum standards that are established in Canada and perhaps even the world.

Mr. Speaker, at the time that I was privileged to be in the health file, I remember a physician relocating back to Oxford to look at the alma mater that he was trained at and to contemplate whether or not he could do more there to deliver better management of strokes and various circulatory issues. The framework that he established here and that we ultimately expanded upon for stroke treatments and early diagnosis in Alberta has made us leaders in the kinds of things that we deliver for people who have suffered a stroke or people who may be in need of receipt of some kind of medication or medical treatment throughout Alberta to assure that they get the best opportunity to maximize their return and rehabilitation.

We have made strides step-by-step, stride-by-stride, and we have been acknowledged for the many things that we have done to improve the system. I have a hope, when I read this Alberta Health Act and contemplate it in the Canadian context, that a great part of what we will do in the years ahead is to enable the minister as the appointed and elected leader of the health care delivery system to expand upon the research and development that will further improve best practices in the health management of our system and also on the individual's health and wellness. When we look at the kinds of things that have been delivered today in the five-year action plan, I respect and believe that that will take place.

The ministerial regulations here are not a large, lengthy list of what the minister may do. It is, in fact, in the broad strokes of this health act that we find the real truth of the publicly funded system that the minister intends to deliver in this piece of legislation.

9:30

One final comment, Mr. Speaker, relative to public input. Again, if we came back here 10, 15, 20 years from now, we should be proud that we are encouraging public input not only from the complaints management position of the advocate but from the opportunity to continually inform ourselves either through the website or new

technology that will enable us to learn more about the health system, that will enable us in the future to manage our own electronic health care record. My hope is that my grandchildren someday will look at their own electronic health record, see how they've performed, be able to weigh the evidence from one year to the next, not only their weight, what their dietary implications would be, but be able to measure it against performance measures that would be posted that would have been approved by perhaps the College of Physicians and Surgeons, that would talk, in fact, about the kinds of things that would make them a healthy, well person.

Thank you, Mr. Speaker.

**The Acting Speaker:** The hon. Member for Calgary-Glenmore under 29(2)(a).

**Mr. Hinman:** Mr. Speaker, I have to ask the hon. member, a former health minister: is there anything in Bill 17 that enables them to do something that they already cannot do? This is such a hollow bill. What is in here that is one thing that is essential to their five-year action plan or anything else that they could not do without this bill?

**Ms Evans:** Mr. Speaker, I think that this sets the framework for a charter, something that has been long a subject of debate here. What people have been asking us for is the opportunity for that public input. Yes, we could do it, I'm sure, without a bill, but this bill strengthens that, gives people the right.

I'm just going to answer this way. After we passed the Family Support for Children with Disabilities Act, people wept. People who had children that needed supports wept because they could finally look at not just one line contained in some bill on child welfare. It spelled out clearly what they could expect as families. This spells out clearly what people can expect in a public health system that we would deliver. It also acknowledges the minister's role in making sure that a health charter would be provided, that public health would be there, that public input would be there in a way that I think Albertans are expecting. I think Albertans are expecting this. In fact, Mr. Speaker, in my constituency I think they're demanding it.

**The Acting Speaker:** The hon. Member for Edmonton-Gold Bar under 29(2)(a).

**Mr. MacDonald:** Thank you, Mr. Speaker. What the citizens in the constituency of Sherwood Park are demanding is a hospital. Now, the minister indicated in her remarks that Rome wasn't built in a day. Well, Sherwood Park has been waiting years for a hospital. You were talking about reasonable and timely access to care for all citizens, and you also mentioned that, certainly, citizens in Sherwood Park want access to the system and do not want to wait a long period of time for service. My question to you would be: why is there not a public hospital in the constituency of Sherwood Park after so many years of promises?

**Ms Evans:** Well, Mr. Speaker, to be germane to this particular piece of legislation, this speaks to the broader health context. I would say that initially, in 1977, there was a study done, and it was determined that likely Mill Woods would have the greater numbers of population, and population projections and demographics at that time precipitated that the Grey Nuns hospital as it currently stands would be built. It's only in the last few years, when we've had expanded population, that the study that was then done by Capital health implemented a different type of acknowledgement of the birth rates, the demographics, and the population east of Edmonton and acknowledged that because of the attendance area there may be reasonableness in building a different type of facility.

Mr. Speaker, if I could invite the hon. member, phase 1 of that facility is already up. There are at least frameworks there of steel, which gives me great hope that the emergency services and access to the emergency services in my community will be more evidenced than, let's say, 10 years ago. Ever since the tornado ripped through that green space, we've had certainly a lot more interest in a facility there, and we have actually seen the beginnings of that.

**The Acting Speaker:** The hon. Member for Edmonton-Meadowlark under 29(2)(a).

**Dr. Sherman:** Thank you, Mr. Speaker. I'd like to thank the hon. Member for Sherwood Park for her remarks. My understanding is that she was a nurse years ago, and as a nurse she should know that on the front lines talk is cheap and that we're more interested in action. I heard the hon. member speak when I was at the AMA forum in 2006, and I was really encouraged by the words, but I was disappointed by the action.

On the spiritual side what we've recently done at the Royal Alex hospital is that we fired God's representative, Dr. Neil Elford. We fired the Provincial Health Ethics Network. We fired the ethical and the moral people in the health system. The front-line staff have a major mental health problem. Twenty-five per cent morale is in the absolute boots. Rome wasn't built in a day, and the health care system wasn't torn down in a day.

**The Acting Speaker:** The hon. Member for Edmonton-Strathcona, followed by the hon. Member for Edmonton-Rutherford.

**Ms Notley:** Thank you, Mr. Speaker. I'm pleased to be able to join the debate, this very limited and abbreviated debate, on Bill 17 in third reading. I have to say that when I think about Bill 17, my first thought, of course, is that it's a very empty piece of legislation and that it's in many ways exceptionally meaningless. In fact, the Member for Calgary-Glenmore asked a very excellent question when he asked the previous speaker what exactly it is that this act allows someone to do that couldn't be done before because, of course, it is meaningless.

That being the case, why, then, are we so concerned that the government has chosen to limit debate on this bill? I will say that the reason for that is because at the eleventh hour, much to the chagrin of this government, the actual explanation for the role and the meaning of Bill 17 was leaked and became apparent to Albertans. With that context now in place the significance of Bill 17 becomes greater. Unfortunately, at the same time that that new information inadvertently has come out, much to the chagrin of this government and despite their attempts to keep this information away from Albertans, the government this very day has chosen to limit debate on Bill 17.

It's really frustrating, Mr. Speaker, and I think it's disrespectful to all Albertans because, quite frankly, the information included in the document Alberta's Health Legislation: Moving Forward is the kind of thing that Albertans deserve to have substantive and substantial debate on in this Legislature, not to have the rules of closure and bully through this act and try to get out of the Legislature so that they don't have to talk about this document. That's not what Albertans want. When this government did their consultation this summer on what Albertans wanted, I'm pretty sure that Albertans did not say: "Put up a piece of fluffy legislation. Don't tell us what's behind it. Bring down closure if that information happens to get out." I'm quite sure and I can say with some certainty that that is not what Albertans asked for.

Now, many people have said already that what Albertans actually want is a functional health care system. It's truly unfortunate that we're not able to say that that's what they have right now, but we're not able to say that. I believe that the reason we have so many challenges within our health care system is because this government is actually quite interested in creating an appetite for more private delivery and more private funding within the health care system, and I've thought that for a very long time.

I have to say – I mentioned this in question period today – that the level of incompetence that this government has demonstrated in the management of our health care system is unfathomable. One cannot imagine how you could accidentally make as many mistakes as this government has made. So when it becomes the case that it's not just a 50-50 flip of a coin – will they get it right; will they not? – that, in fact, they make mistakes that are against all odds, then you think that there has to be something more to it. This document, Alberta's Health Legislation: Moving Forward, is in fact the explanation for what it is the government actually wants to do.

**9:40**

This bill, originally perceived by most engaged Albertans to be something that was nothing but an empty shell, a bit of fluff, something put together by the government in a desperate attempt to regain some level of public trust in their administration of health care, does in fact have a very clear purpose, and it's set out in this document. The purpose of this bill, Bill 17, is to, quote, build public confidence because one thing that this government heard about this summer was that there is no public confidence in the health care system.

How are they going to build public confidence? Well, in Bill 17 we have some vague principles saying that we are in support of the Canada Health Act. That's just great except that any health policy analyst knows that the Canada Health Act is only one of a number of acts that protect Canadians from having their health care system privatized. Just as important to that scheme of protective legislation is a whole series of provincial acts. These are the provincial acts that the government is not committing to. These are the provincial acts that are touched on by this document. These are the provincial acts that the government plans to change after the next election to open the door to more private delivery and more private funding of health care in Alberta.

That principle, that statement, "We commit to the Canada Health Act," is somewhat duplicitous because the fact of the matter is that most people know that that is not the full answer to the question. The government knows that it's not the full answer to the question, but they are not telling Albertans that fact.

What else does this Bill 17 create? Well, it creates a patient charter. You know, I have to say that I listened with much amusement over the extended debate about the amendment that was put forward by the Member for Edmonton-Meadowlark. All government members got up and said: oh, we couldn't possibly include in the charter this issue of wait times because, you know, that would just grind the system to a halt. But that was, really, a truly duplicitous argument because we all know that this charter is in and of itself meaningless. It has no force and effect. It's not enforceable. It doesn't have any legal authority. Like this whole act, it's meaningless. It's fluff. It's PR. That's all it is. It's just another part of the build public confidence piece that someone in the PAB cooked up together with whomever in the ministry of health.

Also, this act is supposed to lay out a scheme for further public engagement. Well, that one, Mr. Speaker, really got me giggling. Here's the scheme for public engagement that's set out in this act.

The minister will give notice of no less than 30 days, and then the minister will tell cabinet that he gave notice. Then the minister will go ahead and change the regulations to do whatever the heck he wants. Well, let me tell you that that is not what Albertans perceive as public consultation. That's notice that we're going to do something that you don't like, and you don't have any guaranteed right to say anything back or in any way to hold us accountable for what you tell us. That's what that is. That's not consultation; that's nothingness. Moreover, it's such a meaningless, laughable system of public engagement; the only thing that makes it more meaningless and more laughable is the provision which allows the minister to waive it. That's as close as this act gets to providing for any kind of engagement. It's as empty and as meaningless as the rest of the stuff in this act.

What's important about this act? Why do we care if it's so meaningless? Well, here's why we care. This act according to this document is, in fact, phase 1. When you have a phase 1 and you get through phase 1, then you have to be worried about what's going to happen when you get to phase 2. Well, phase 2, my friends, is where the rubber hits the road. Phase 2 is where this government plans to put one over on Albertans. Phase 2 is something that this government will not have the courage to bring forward or admit to Albertans until after the next election. That is very clear.

Phase 2 includes opt-in, opt-out privileges for physicians. Let's just be clear. Having a privately funded parallel system does not magically create more doctors. It does not magically create more nurses. It does not magically create any of that. What it does is that it allows doctors to practise in both. So for those doctors who decide to put a few more hours of the day in the private system and for whomever can afford to walk into that private system, they get their services first.

The public system is starved. The public system gets less. The services that we've talked about being so inadequate, the pain and the suffering that we have heard about in excruciating detail over the course of the last few weeks: it gets worse, Mr. Speaker, if possible. That's what happens when you allow physicians to opt in and opt out of the public system, to do both.

What else are they talking about doing? Well, they're talking about coming up with evidence-based assessment to decide what the real essential health care services are. Well, we all know. Again, anyone who followed the debate through the Romanow report and the Mazankowski report knows that's the crux of the matter. If this government starts giving itself permission to delist services, those services that are delisted become privately funded. This is not rocket science, folks.

If there comes an agenda to limit the scope of publicly funded essential health care services, the remainder becomes privately funded, which is only available to those with the resources to pay for it, and the rest of us will just have to do without. That's the direction this government wants to take Albertans in through phase 2, and it's wrong. I would suggest that not coming out openly and talking about this with Albertans is dishonest. All members of the government who had anything to do with this document should be apologizing to Albertans for the dishonesty which is inherent in this document.

What else does this document talk about? Well, we talk about exploring new benefit models for providing those not quite essential health care services. What that means is coming up with private insurers to insure things like – hmm, let's think about this – somebody making you a meal when you're in long-term care because you can't possibly get out of your bed. Well, we know now chiropractic is already off, maybe physiotherapy next time, maybe more eye exams, maybe speech pathology services for children

under 12, maybe dietitian services for diabetics who are in long-term care. Who knows the plethora of services that this government could decide are only partially essential, that would benefit from an alternative model of insurance?

All of that means more money out of taxpayers' pockets to pay for health care that we as a community, as a province, as a country have always all believed ought to be something that is equally available to all of us at no cost. That's what this government wants to do, and that's what's included in this document, and that is what this government plans to follow up this meaningless, fluffy piece of legislation with. So that's why it matters.

The other thing that, of course, the government wants to do and has talked about in this document is this idea of changing the rules so that more public dollars can go to undesignated, unregulated facilities, again, something else which is currently monitored or overseen by the Hospitals Act, another one of those pieces of legislation that this government intends to deal with after the next election, Mr. Speaker. After the next election, not before, because they wouldn't dare go to the public with this agenda right before the next election.

Well, guess what? It's out now, and the most they can do right now is try to pretend that it's not their document, that this document with government of Alberta written all over it by people within the ministry of health, not Alberta Health Services, not that amorphous little board that they sometimes have control over and sometimes don't have control over. No, no. This is from the department of health, that which is directly accountable and responsible to the minister of health. They created this document with these ideas inside it.

I've listened to the minister of health try to suggest that he had no idea, that it wasn't his document, that they weren't his ideas. Well, that is the most ridiculous thing I have ever heard, Mr. Speaker. Absolutely ridiculous. Either the minister is in charge of his ministry or he's not.

Based on what this province and the people of this province have told this government over and over and over again about their opinions with respect to the privatization of health care, if staff within the ministry of health are coming up with a 40-page PowerPoint presentation on how to privatize health care and the minister of health doesn't know about it, well, then that sounds to me like the most ridiculous waste of wages, and in fact those folks ought to be fired, but I suspect they were only doing what they were asked to do. But someone ought to go, probably this government.

9:50

You know, I guess that at the end of the day we have staff sort of arbitrarily creating this document, and we have the minister of health suggesting he didn't know it was there, that it was actually just sort of a combination of ideas that people gave to the government. Then, of course, the now parliamentary secretary of health, who was actually overseeing that collection of ideas – well, it wasn't his document either. Everyone is throwing the document around like a metaphorical hot potato. But, really, you can dance around it all you want. You can come up with five-year plans and 10-year plans and performance targets and new beds and old beds and net beds. Then you can turn around and not make your targets. You can delay your targets, and you can lower your targets, and you can reprofile your hospital openings. I love that one. I loved it when I heard the minister say: we're reprofiling the opening of that hospital. Good Lord, the words that the PAB comes up with. It is unbelievable the way they redefine language. It's really quite a work of art. They can say all those things, but it doesn't matter.

Albertans told this government they wanted their health care fixed. Albertans told this government they wanted long-term care beds. The government broke their promise. They wanted home care; the government isn't even spending the money they've dedicated to it so far. They didn't want their nurses fired; they wanted them kept. They wanted more acute-care beds, not less, and they want mental health addressed once and for all because this is one of the biggest issues causing problems in our health care system throughout.

Thank you.

**The Acting Speaker:** Five minutes are available under Standing Order 29(2)(a). The hon. Member for Edmonton-Gold Bar.

**Mr. MacDonald:** Thank you very much, Mr. Speaker. To the hon. member. We're looking at closure here by this government, not only on this legislation but on two other bills as well. When the count is done, this government will have used closure six times in scarcely more than a day of legislative debate. We have the Health Services Board, where four of them have resigned. We have emergency room doctors who are pointing out how this government has mismanaged the system. We have billions of dollars in deficits as a result of health care mismanagement. We also have, incredibly, a document which you referred to, and you correctly referred to it. But do you find it suspicious that now we're having these closure motions, yet the government saw fit in July of this year to have a secret consultation process regarding public health care and the future direction that we're going in?

**Ms Notley:** Well, thank you, hon. member. I would say that I find it incredibly disingenuous, and I would say that the government has completely lost touch with what their relationship should be with the voters of Alberta. I suspect that their current polling will tell them that that's really true if it wasn't already true and that they're going to have some real difficulties. But, you know, hon. member, I have to say that it doesn't surprise me. It does not surprise me. This is a government that's been in power for 40 years, that has completely become so enmeshed in its own need to justify everything that it does, it can't distinguish reality from mythology.

They've got their Public Affairs Bureau, that just recharacterizes the truth and spins it around and around and around, and I think the people whose heads spin the most probably are most of the members over on the opposite side. They've lost touch with what's real and what's, in fact, just a PAB document. But I will say that it doesn't surprise me because that's the way this government has been operating. It is – and I will say it again – the most secretive government in the country, and it is a government that is dedicated to undermining our public health care system, and it's a government that is deathly afraid of coming clean with Albertans about that agenda. It has once again, very cynically, decided to move forward on an agenda which is very much in opposition to the majority of Albertans' beliefs behind closed doors.

So, hon. member, I will say that it is unfortunate, but with this particular government it is hardly surprising.

**The Acting Speaker:** Any other members wish to speak under 29(2)(a)?

Seeing none, the hon. Member for Edmonton-Rutherford, followed by the hon. Member for Edmonton-Meadowlark.

**Mr. Horne:** Thank you very much, Mr. Speaker. I'm pleased to stand this evening and speak in support of third reading of Bill 17, the Alberta Health Act. I'm going to cover a few areas, but I'd like to begin by thanking the literally thousands of Albertans who

participated in two important consultation processes over the last year and two months.

The first process was under the auspices of the Minister's Advisory Committee on Health, which I had the privilege to co-chair. That work paved the way for a broader consultation with Albertans that took place over the last spring and summer. In fact, that subsequent work provides the detailed foundation for the Alberta Health Act bill which is before the House at this time.

Mr. Speaker, I want to take a minute and acknowledge the effort and dedication that was exhibited in every corner of this province by people who chose to participate in this process. Not surprising, I'm sure, to any of us in this House, the process confirmed that publicly funded health care, our public health care system, is indeed our most important public good. Albertans view it that way now, they have always viewed it that way, and they will continue, I believe, well into the future to regard the excellent health care system that we have here and the dedicated professionals that deliver the care as really in many cases the most important thing that we can possibly strive to achieve and to improve as a society.

Now, that said, there were some strong messages from Albertans through these two processes as well. You know, in previous discussion on this bill I have talked about the legislative framework and the reasons for looking at the legislative framework as a basis to set a foundation for the future and to provide some parameters that would guide the continuous improvement of our health care system.

I just want to mention again, Mr. Speaker, you know, that legislation does not stand alone, as we all know, as the only basis to look at the quality of our health care system, but it does play an important role, as does the Canada Health Act, as did the Health Insurance Act of 1935, which was passed in Alberta, the first kind of such legislation in the country. It does stand as a very important statement of what we believe in as a society when we talk about health and health care, because both are important, as one of our most valued public goods.

That message was delivered loud and clear by Albertans over the last several months. When we initially began the consultation process, you know, we mentioned that while we're looking at legislative change, legislative improvement as part of this process, it was also accompanied by two other key initiatives. Improvements in the delivery system we've talked about and have had some really good discussion about the need for open and transparent performance measures. The minister has released some of those today. There is a very high demand and, I would say, a very high level of knowledge, very sophisticated knowledge on behalf of the people that we spoke to in the consultation process, basically saying: you are not going to be able to effectively manage what you cannot measure. In part, you know, I credit their messages and their suggestions as put forward in the Putting People First document as also being able to have an impact on that area of the delivery system and how we go about making improvements.

The second area. I think, you know, as a society we have been perhaps preoccupied with the question of funding for health care. I say "preoccupied" in a sense not because financial resources are not important but because Albertans recognize two things. One is numerous attempts over the years to find a magic bullet, to find one approach, one fix to the issues in health care. What they told us quite convincingly and quite strongly right at the beginning of the consultation was: "We're not interested in a search for a magic bullet. Neither are we interested in a debate about the right amount of money the government should be spending on health care." People would frequently say to me: "Well, whether you ask me if \$10 billion is enough or \$15 billion or \$20 billion, I'm not going to know that answer. I'm not interested in cost. What I'm interested

in its value. If you're going to talk to me about the third initiative, which is the legislative framework for health, then I want to focus on that question of the value that we are getting for the resources expended, both financial and the very precious resources that are in the form of the health care professionals that deliver care." That was an important message, and I believe that the spirit of that, which is documented in the report, is reflected in this bill.

10:00

So I want to expand on that a little bit, Mr. Speaker, as part of my argument as to why I'd encourage hon. members to support the bill. The first is that attitudes toward health and the purpose of a publicly funded health care system, I believe, have changed. Our current legislation, which is dated, much of it, from the 1960s and earlier, focused on the health care system as it existed in the early days of medicare, the years around 1962 in particular. That, of course, was when health care consisted of physician services and hospital services largely based on the principles of insurance, so basically ensuring that no citizen would suffer undue financial hardship as a result of their inability to pay for health care services.

Well, I can tell you, Mr. Speaker – and the Alberta Health Act bill before us bears this out; Bill 17 bears this out – that Albertans have a much broader view of both the purpose of our health care system and what it should consist of today. You know, we've talked about questions around specific services that are included under the Alberta Health Care Insurance Act bill and things that are listed and things that may be delisted or have been delisted in the past. I can tell you that Albertans are very interested in accessing the services that they need. But their predominant concern – and it's something that's spoken to extensively in this bill – is as the hon. Minister of International and Intergovernmental Relations said: it's to do with access; it's to do with getting in the front door of the health care system.

I'm sure we've all heard from constituents the frequent comment that, you know, the system works great once you can get into it. The debate over this bill and the amendments that were proposed to this bill have, I think, illustrated very well that point over the last few weeks.

That begs the question, Mr. Speaker, then, of how using legislation we show that we are focusing on the things that matter most to Albertans, not in terms of immediate decisions, decisions that are important and that have been made and will continue to be made around things like increasing continuing care bed capacity, having proven evidence-based strategies to deal with things like emergency room wait times. Those are all extremely important. We heard about those in the consultation. But Albertans were very interested in not what does the government stand for, but what do we as a society, what do Albertans as a people stand for when it comes to health care. The answer was that we stand for a system that recognizes health in the true sense, that is well-being, as being the most important, the primary purpose of having publicly funded health care in Alberta or, in fact, anywhere in Canada.

That's why, Mr. Speaker, the bill before us speaks in the preamble and in other places in the bill to questions such as the need for an integrated approach to policy development in the health care system. That means being willing to look at education and housing and income support and all of those other things that have a very direct bearing on the health status of our people at the same time as we're talking about the bricks and mortar of the health care system, which, I believe, we do a lot. We probably do more talking about the bricks and mortar than we talk about the social care in the truest sense.

Albertans through the consultation and as reflected in the bill talked about the need for things like spiritual care, consideration

around end-of-life care issues, better primary care, looking at how we integrate the public health care system with services in housing and income support and other areas. They talked about the health of this generation and, most importantly, of this bill being able to provide hope for better health for the generations to come. That is one of the foundational elements of this bill, Mr. Speaker, and why it is important, perhaps not for the immediate discussion of the issues of the day – we've had a long vetting of those over the last couple of weeks – maybe not as important to those questions, but certainly very important in terms of establishing clearly where we in 2010 stand as a province and as a people and, most importantly, what we are prepared to do and stand for in terms of improving the health of the generations to come, including the children and grandchildren of the members here and of the people that participated in the process.

That brings me, Mr. Speaker, to some other feedback from the consultation, and perhaps it will explain to some extent questions that have been asked about what is not in this bill. It was very clear when we began. We asked people, quite frankly, as part of this what they were open to in the future if we were going to be developing overarching legislation that would guide decision-making, that would set clear parameters in terms of principles and a patient charter. When we asked them about those components of this bill, we had an obligation and a duty – and we did so – to ask them what they are open to and what they are not open to.

Mr. Speaker, you know, it was very clear – and it should be a surprise to no members in this House – that the majority of people that we spoke to are not in favour of additional privatization of the health care system. You know what? There are no avenues that open that in this bill. In fact, there are some very stringent restrictions in this bill that would not allow the consolidation of some of our existing legislation or future legislative changes without consultation. There's nothing in this bill that allows a Minister of Health and Wellness to unilaterally by ministerial order or by order in council amend any existing legislation and move what's in statute today into regulations tomorrow. That is not enabled by this bill in any way, shape, or form.

Albertans were very clear that they want above all engagement and dialogue. As the individual that had the responsibility of leading this process, I believe that we have begun the process, Mr. Speaker, of moving from conflict about health care, at least in terms of the discourse in the community, to true dialogue about health care. Maybe we should take a moment to reflect on what the bill might do to enable that in the future.

Now, there's been some criticism this evening about the provision around consultation, that would require the minister to provide notice, consult with Albertans about proposed changes or new regulations, and to consider the feedback that is provided. While I can agree that in and of itself such a mechanism may not adequately reflect the spirit that we want to employ when we conduct dialogue in the future, it is nonetheless a very important development in health care legislation in this country to have such a requirement placed in legislation. That is in direct response to the wishes of Albertans.

In the report *Putting People First*, that supports this legislation, we do see some suggested principles to guide consultation in the future. In very practical terms, Mr. Speaker, what do people want? Well, what they don't want is to be asked to pick from two or three options in response to a problem that they've had no involvement in framing. What they do want is to be actively engaged in a discussion about what the problems are, to have the opportunity to reflect those issues, those challenges and the opportunities in the context of their own community, not just the province as a whole but what will

work in their community and, most importantly – and I believe that we achieve this in the consultation process – that we reflect back to them after the fact what they said and we show them very clearly what impact that had on final decisions that were made. This is one of the transitions that I think will be enabled by the Alberta Health Act in the future.

The other area I wanted to just touch on briefly is – and we've talked about it a bit earlier tonight – this whole question of the health charter. Now, a number of hon. members have raised concerns about the provision that's in here for a charter not providing an enforceable charter. In other words, some surprise, I guess, that we did not propose in this bill a rights-based patient charter. [Mr. Horne's speaking time expired]

10:10

**The Acting Speaker:** Standing Order 29(2)(a). The hon. Member for Calgary-Glenmore.

**Mr. Hinman:** Thank you, Mr. Speaker. We just heard a very smooth, shrewd, silver-tongued former deputy health minister, now parliamentary secretary to the minister of health, talk about Bill 17 and how important it is and how enabling it is and the consultation that they went through, but I'll ask him the same question. What they're really saying in all of this long-drawn-out speech is that for the last four health ministers we've failed Albertans. Now, though, we've gone out and consulted with them to listen to them and say: well, what promise do we need to do to put in a bill so that you'll have confidence in us? This is what they think this promise is: a flat, hollow bill with a charter and an advocate in there that is accountable to the minister.

What in this bill, Mr. Speaker, enables or changes anything that the health minister couldn't or shouldn't have already done? The last health minister wouldn't answer my question. I'll ask this one. What is one thing in this bill that they couldn't already do if they actually wanted to do it? They're all talk, no walk, no action. Why do they need to pass this bill on closure? There is nothing new in here other than a promise on a piece of paper that, like I say, Chamberlain would be embarrassed to bring home and wave to the people and say: oh, look what I've passed.

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

**Mr. Horne:** Thank you, Mr. Speaker. In response to the hon. member's question, if all one is interested in is changes to existing programs and services, if your focus is on institutions and the transfer of money and beds, I suppose that this bill in and of itself would not offer you a lot of reason to think that your particular expectations would be met. I believe that there are many citizens in this province who are interested in how we are going to approach building the health care system of the future, acknowledging the challenges that exist today and with every responsibility, of course, to deal with those challenges.

If you're interested in the future, if you recognize the complexity of the decisions that will have to be made in response to things such as our aging population and technology and other factors that influence health care, if you acknowledge that there are finite resources within which we must work in order to make all of this possible, and, most of all, if you want hope as a citizen of this province that you will actually have a say and have an opportunity for some direct influence in shaping that system, not only for yourself but perhaps on behalf of the aging parents that you're caring for or the generation that's going to follow you, then I think this bill has an awful lot to offer, Mr. Speaker.

I would be remiss if I didn't say that despite a lot of the challenges that we've talked about in the House and some of the minister's recent announcements designed to address those challenges, those came up in the consultations. Those weren't off the table, Mr. Speaker. Those were the first questions that we asked to try to get a sense of what was going on in each community.

The most important thing that we heard was that people want hope and they want engagement and they want involvement in shaping the health care system of the future. While it's true there was support for recommitting Alberta to the principles in the Canada Health Act, I think anyone who takes an opportunity to look at this bill, Mr. Speaker, will see that the additional principles that have been developed and proposed by Albertans through the consultation are an important reflection of where we stand as a society.

The principles that we want to see applied, that I would suggest citizens want to see applied and for which we as elected members of this Assembly will be held to account: they want to see those in writing. They want to see the mechanism for consultation in writing. It was the feeling of the majority of the people that participated that they wanted to see not a rights-based Charter of Rights and Freedoms type document, not a way to enable more litigation and more conflict in the health care system, but a health charter to chart the course for the future, Mr. Speaker. That is what the charter is all about, and Albertans were very willing to talk about roles and responsibilities in that context, both in terms of government, health providers, and also citizen roles and responsibilities with that very important provision, that the charter under no circumstances could be used to deny anyone care.

Mr. Speaker, these are important thoughts. This is the thoughtful consideration and investment of time of our people, and we should . . . [Mr. Horne's speaking time expired]

**The Acting Speaker:** The hon. Member for Edmonton-Meadowlark, followed by the hon. Member for Whitecourt-St. Anne.

**Dr. Sherman:** Thank you, Mr. Speaker. I'm truly honoured to have another opportunity to speak to this very important issue. You know, I'm not sure if I'm allowed to use this word. I should ask your permission. Am I allowed to use the word "malarkey" in this honoured, hallowed Chamber? I looked up the definition of malarkey. It means exaggerated or foolish talk usually intended to deceive.

Well, Mr. Speaker, I've heard a ton of malarkey in this House. I'm just telling you. I've heard a ton of malarkey behind the scenes. I've got a whole bunch of questions where I'm thinking: holy cow. My son is a 15-year-old. He loves *Star Wars*, and he was telling me about the Jedi Knights and the Sith. The Sith clouded what the Jedi would normally see.

I'll tell you that these are a couple of things that I've pieced together. I may be wrong on a couple of these, so other members may correct me. These are facts. First, the hon. Member for Edmonton-Mill Creek was associate minister of health in the late 1990s, when the minister at that time was really interested in privatization.

**Mr. Hinman:** What was the name of the minister?

**Dr. Sherman:** Oh, geez, I have no idea. I don't think I was much interested in politicians at that time because they sort of wrecked health care.

He said nothing, didn't have the courage to stand up to say, "This is the wrong thing" at that time. Now he's the Minister of Health

and Wellness, bringing Bill 17 and this document. I sat with him at a committee meeting, and I said: “Whoa, whoa, whoa. Hey, this is the third wave.” The Premier said that the third wave is DOA. The previous Premier, Klein, had already said that we’re not going to do this. The public already was banging on the doors of the Leg. I said: “You’re going to get crucified on election day.” They decided: “Hey, let’s split it up. Let’s do the good stuff before the election; we’ll do the other stuff after the election.” I was there. I was his assistant. I was there at caucus when the hon. Member for Edmonton-Rutherford presented this document to caucus. That’s the hon. Minister of Health and Wellness today.

It is my understanding – and I may be wrong; I’ve been told this – that the hon. Member for Edmonton-Rutherford had taken over the whole third floor of the Telus building when the whole Bill 11 debate was happening. He can correct me on that. And he’s been on Agenda and Priorities. As a parliamentary assistant I never saw this stuff until the decision was already made.

In this leaked document the issues: the word “prescriptive” to “enabling.” That’s a very dangerous change to the public health care system. There’s a reason Premier Lougheed, Premier Getty, Premier Klein kept that word in. That is such an important change, the word “prescriptive” to “enabling.”

Secondly, there are reasons that most of these things are under the act, in the legislation, because health care is the most cherished thing that Albertans and Canadians find important to them. This is what differentiates us from our cousins south of the border. This is the most important value to Canadians. To simply put it under a regulation when it’s holiday time – a minister gives 30 days’ notice. When the whole province is working hard all year long and takes some summer holidays, they make a regulation change, and the minister and the bureaucrat of the day does God knows what to the health care system.

That’s another very dangerous thing to the Canadian health care system. You guys on that side need to know about this stuff. You guys are sleeping at the wheel. I didn’t understand this stuff. I thought: geez, I was clouded by the Sith. My son calls me the Jedi Knight.

The other issue is that the stars are aligned. Now the former associate minister of health and wellness, who didn’t have the courage to stand up with the previous minister in the late ’90s, has got the parliamentary assistant who brought up the Bill 11 debate.

The stars are aligned for this thing to happen. I’ve got nothing to do with this, guys. I had nothing to do with this as a parliamentary assistant. I heard about it. I advised the minister: bad thing for the election, that privatization stuff. The question is that I wish that somebody would actually be honest. If you want to privatize, just say, “We want to do it,” and do it. Have the courage to actually bring it up and have a real debate on it.

#### 10:20

Now, if you actually, really want to fix the public health system, all of those folks over there – there are two past ministers of health, a current minister of health, an ex associate minister of health, and a major adviser to this government for a decade – have not brought in accountability measures. Now we’re bringing them in, and they’re probably the most mediocre measures I’ve ever seen on the planet. You know how I know that? Because I just toured the planet. I’ve been to the top hospitals in Canada, the top hospitals in the U.S. I’ve been to the top hospitals in India. I just went to the top hospitals in the U.K., that have the top performance measures on the planet. I know this because I actually toured the planet, and I sort of know what I’m talking about. These are the guys who buggered up health care when I was working on the front lines. I’ll take the

words “buggered up” back. I apologize. Wrecked. Maybe “wrecked” is better. And the minister that smashed it: he ain’t here.

The stars are aligned. The problem is that they’ve actually upset the right because no one has the courage to say, “Hey, we want to privatize it,” and they’ve upset the left because we’re not actually looking after the people that well.

Once they get in, they get great care, Mr. Speaker, without a doubt. We’ve got the best health care staff on the planet, and I think we’ll all agree on that, the hardest working health care staff. You know what? I’ll tell you that the evidence is that they’re the most demoralized staff in the nation. It ain’t his fault. It ain’t his fault. It’s you guys’ fault, and it was my fault when I was there because I didn’t have the courage to speak up.

Let’s just stick to facts. Let’s just stick to facts. Here are the facts. Dr. Paul Parks said that the emergency medical services of this province are on the verge of a catastrophic collapse. The CEO was fired. Four board members have quit. There’s a major confidence motion here, people. The board that this government put in is just all resigning en masse. In fact, the funny thing is that it’s actually the good guys that resigned. The good guys are actually the ones that resigned. The one doctor on the board resigned. Linda Hohol, a smart, bright woman, resigned. Tony Franceschini ran a very successful business. He resigned. The same government that designed the health care system and the board is the same government that intervened.

Geez, Mr. Speaker, I’m just telling you that it’s just so hard sitting here. Yes, all the health care staff do have a mental health problem. They are all depressed. They are all depressed because of the decisions made by this government. No other government has been here. You can’t blame anyone else. Here’s objective evidence right here. This is why, when I sent that e-mail to the Premier, I wasn’t kidding or lying. I apologized for hurting his feelings, but I wasn’t lying.

I’ll tell you why. This is from Alberta Health Services. The community long-term care access block: increasing ALC days in Calgary hospitals from 1999 to 2009. Under the previous Premier the number of bed days went anywhere from – in fact, they were actually down at the bottom when the previous Premier left in 2006, at 15,000 bed days in 2006-07. Have a look at that line. It’s gone at a 55 per cent angle up. That’s why people are dying in waiting rooms, because this government has failed the seniors.

The minister from Edmonton-Whitemud announced 600 long-term care beds in my home, and the other guy shows up – first, to be honest, the Member for Edmonton-Whitemud did the right thing. He did the overcapacity protocols. He’s absolutely correct. He listened to us doctors. He did. I like that guy. That’s why I ran for public office. He also announced all these beds. He had the workforce action plan to get more doctors and more nurses. He did the right things, but the other guy showed up, Calgary-West: let’s cut the number of doctors, cut the number of nurses, stop building long-term care beds. Mr. Speaker, if that isn’t schizophrenic, I don’t know what is, seriously.

Now this other minister shows up, and this guy is doing the right thing, too, to be honest. He listened to me, and he’s doing his best. He is, honestly. He’s a good guy. I like him. Now we’re hiring all the nurses and doctors again. Now we’re in a big rush. Do you understand why the front-line staff are thinking: what the heck are you people in the Legislature doing? Do you understand why they’re demoralized? You make a decision just before election to cheer them up. Then you make a knucklehead decision right after the election. Then you try to cheer them up with the gobbledygook and gibberish and malarkey and all this stuff, whatever you want to call it. This is a mental health problem that this government has, to be honest.

Mr. Speaker, you can censure me all you want. I can't take that back because that's what the front-line staff are saying. They say: you guys all deserve to be locked up in a mental health institution. But guess what? There are no beds. There are no beds. They were going to blow it up. They'd have to wait for God knows how many hours in the Royal Alex emergency department. My friend's brother hung himself, unfortunately, God bless his soul, and God bless his family. That's what front-line staff see, patients suffering metres from care, and they feel helpless.

I don't know how I can communicate in any other way. I've appealed to the humanitarian side of my colleagues. I've appealed to the evidence-based side of my colleagues. I've appealed to the common-sense side of my colleagues.

How about the money side? The hon. member over here, the Finance minister, must just be, geez, soiling himself because he's the one who's going to have the big deficit. Why? Because the number one cost expenditure is health care. It's not the policy and the legislation. We have to understand, people, that it's actually the mismanagement, the lack of understanding of what the underlying problem is, the acknowledgement that this government broke the health care system and just smashed it again. They broke primary care. They broke long-term care. This graph is proof. The hon. minister from Sherwood Park, when she was health minister: these decisions were made under her.

The hon. minister from Edmonton-Whitemud came in after her, and he made an announcement. He made an announcement, but I'll tell you: he didn't do anything about it. Then the other guy, Calgary-West, showed up. Well, he was at least honest about it. He wasn't going to build them at all. All of these members sat back quietly and let it happen.

I'll tell you that at CPC on Health, when this long-term care policy came up – I can't use this word. The letter starts between the letter E and the letter G. I told the minister of health: "I'm telling you that in the third year people are going to be dying in the waiting rooms. The emergency docs are going to go crazy. I'm going to say that I told you so, and I'm going to be hammering you." I told them this, everyone who was in the CPC on Health. This hon. member was there. Hardly anyone even voted for it. Wasn't that right?

Geez, I really don't know what to say. The hon. Member for Edmonton-Castle Downs sat there telling me: "Look, Raj, nobody is listening to these speeches. The galleries are empty. When it really mattered, they were banging on the doors of the Leg., 10,000 of them, on Bill 11." I'd say, Mr. Speaker, that the Sith has pulled the cover over the eyes of the Jedi Knights, which are the hard-working Albertans, the 100,000 hard-working staff who bleed every day, 24 hours a day, while we sleep comfortably in our beds and snicker and cheer and slam our hands on the desks.

You vote for something you don't actually understand and you haven't even read, and you've got to whip the vote because you're going to lose your job and you're going to get chucked out if you vote against it. They're just shaking their heads.

I am not going to give you any inspirational speech here. I'm going to cut through the malarkey and just be brutally honest. I think this government needs to go

10:30

**The Acting Speaker:** The hon. Member for St. Albert on Standing Order 29(2)(a).

**Mr. Allred:** Yes. Thank you, Mr. Speaker. The hon. member has talked quite a bit about emergency wait times, and of course he's got a lot of experience with wait times. I know the previous speaker made the comment: once you get into the system, you get great care. I know I've heard the hon. Member for Edmonton-Meadowlark say essentially the same thing.

Something that really concerns me is that it seems that a doctor cannot admit a patient directly into the hospital. They have to go through emergency. I had a case recently reported to me where a patient came into a doctor, and he had broken his foot, and the doctor sent for X-rays. "Yes. You've got a broken foot. You've got to go to the hospital." He went to the hospital, he went to the emergency, and what did they do? They had to reX-ray the foot before they would do anything. Now, that seems like a waste of money, a waste of time, and causes wait time backups. Perhaps the hon. Member for Edmonton-Meadowlark could comment on what the situation is with having to go through emergency to get into the hospital for something that's referred from another doc.

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

**Dr. Sherman:** Thank you. I'd like to thank the hon. Member for St. Albert for that very good question. In the CAEP document for health care to function appropriately we need some flexibility in the system, which is that you need to function at 85 per cent. It's just like a car: it shouldn't redline at 7,000 rpms; 5,000 is okay. So 85 per cent is the 5,000 level. Health care for the past, oh, geez, 10, 12 years has been redlining at 104 per cent capacity.

There have never been any empty beds upstairs on the ward to do a direct admit because upstairs is plugged up by long-term care patients, 20 per cent of the beds are, because of the decisions made in 2005-2006 by these ministers of health here. Because upstairs is plugged up, even the ER beds are plugged up by admitted patients. I have yet to admit a patient straight up to their room without coming through the ER, simply because there's no bed upstairs, hon. member, because they're plugged up by long-term care, the bed blockers.

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

**Mr. MacDonald:** Yes. Thank you very much. I enjoyed the hon. member's speech. Specifically around this issue, now, I know the hon. member earlier said that he implored his physician colleagues not to go public – and this is leading up to the 2008 election – because he had been told that "if you bother the Conservatives, they will beat the heck out of you if they get lots of seats."

Now, it as been reported in a published newsletter that one physician leader says that they actually stayed quiet in response to a request from the minister of health at the time leading up to the 2008 election, which was the hon. Member for Edmonton-Whitemud. Did the hon. member hear such threats leading up, prior, and during the 2008 election from the health minister?

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

**Dr. Sherman:** Thank you.

**Mr. Hancock:** Point of order, Mr. Speaker.

**The Acting Speaker:** Okay.

**Point of Order**

**Allegations against a Member**

**Mr. Hancock:** Under 23(h), (i), and (j), making allegations against another member, the hon. member is raising a question which has nothing to do with Bill 17 to the Member for Edmonton-Meadowlark, who can't answer it relative to the actions that I took as a member of the Legislature and when I was minister of health. It's totally inappropriate for him to be raising that question. If he



wants to raise that question with me, he's certainly able to. He could have raised that question with me when I spoke earlier.

**Mr. MacDonald:** There's closure on it. You can't.

**Mr. Hancock:** No. You actually could have raised that question with me because I spoke earlier, and there's a five minute comment and question. It's totally inappropriate for him to be raising questions in this House tonight and making innuendoes about what I might or might not have done and casting aspersions on my character and ability.

That's the type of activity we talked about yesterday. That's the type of problem that we had relative to issues that were raised in the point of order yesterday, Mr. Speaker. The Speaker, while he ruled against that particular point of order, did agree that it was totally inappropriate to have that kind of drive-by smear and innuendo.

Now, I can tell the hon. member that I acted entirely appropriately during the last election. There was no secret about anything that happened. In fact, as I mentioned earlier in my remarks, there was an emergency tent put up at the University of Alberta hospital by the Capital health authority during the election to deal with issues around emergency. There was no secret about the issues around emergency, and there was no keeping the emergency docs quiet during the election. There was an emergency tent, a big tent put up outside the University hospital to deal with the overflow in emergency at that time.

So to suggest, as that hon. member is, that somehow I was meeting with and beating people down and intimidating them is an absolutely obnoxious and outrageous comment, and I'd ask that he be called to account.

**The Acting Speaker:** Hon. Member for Edmonton-Gold Bar, do you wish to speak?

**Mr. MacDonald:** Yes, Mr. Speaker. I can understand the hon. minister's sensitivity, but certainly there's no point of order here. I refer to *Beauchesne* 496: "a Member may read excerpts from documents, books, or other printed publications as part of a speech" provided that there's no infringement of the rules. There's certainly no infringement of the rules here.

If you've got an exception, you call Mark Lisac from *Insight into Government* on a point of order. He's the one that's reporting this in his weekly newsletter published last Friday. If you've got a problem with that, you talk to him, not to me or other members of the House. The hon. member has every right to express an opinion on that question.

**The Acting Speaker:** Hon. members, the hon. Member for Edmonton-Gold Bar has the floor.

You're finished?

**Mr. MacDonald:** You bet.

**The Acting Speaker:** Does any other member wish to speak to this point of order? The hon. Member for Edmonton-Meadowlark on the point of order.

**Dr. Sherman:** Thank you, Mr. Speaker. First, maybe I could clarify. When I was section president, I was advocating during the election campaign. I met a Mr. Jim Dau, who was the communications person for Premier Ralph Klein when the cutbacks happened. He sat me down at Century Grill and said: Raj, I've got to tell you that you don't want to criticize the Conservatives because they'll get

you after the election; it's best to work with them. He advised me that he was working with the hon. Premier. He said: it's better to work behind the scenes.

**Mr. Hayden:** On the point of order.

**The Acting Speaker:** Hon. member, we're speaking to a point of order.

Do you have another point of order?

**Mr. Hayden:** No. I'm just saying: on the point of order.

**Dr. Sherman:** In February 2007 I met with Capital health. As section president my colleagues had asked me: look, you've got to say something. I called it a crisis. The hon. Member for Edmonton-Rutherford, who at that time was executive assistant to the hon. minister, phoned me and said: "Raj, how come you're calling the media? I thought we had a deal here."

So I just thought I'd add to the point of order here. There has been intimidation of front-line staff any time you speak up.

**The Acting Speaker:** Hon. members, listening to this, it is my decision that the question that was asked was certainly not relevant to the bill. We will move on. Also a reminder that the clock does not stop while we're doing this.

The hon. Member for Whitecourt-St. Anne.

#### Debate Continued

**Mr. VanderBurg:** Thank you, Mr. Speaker. It's an honour to speak on Bill 17. A thing I'd like to talk about, that has been widely talked about in this last day or two in the House, is this issue of privatization. I want to read to all of you that are listening out there from page 2 of Bill 17.

Whereas policies, organization, operations and decisions about Alberta's health [care] system should be guided and measured and sustained consistent with the following principles:

that Alberta is committed to the principles of the Canada Health Act.

I think the Canada Health Act says very clearly that we're not putting for sale signs up on our hospitals. We're not about to see who comes to my community, and the highest bidder runs the health care system. The day that happens, I'll be sitting right beside you, hon. Member for Edmonton-Meadowlark, and so will many of you. Our Premier made it very, very clear that the system in Alberta will remain public and will remain strong. I see it right here in the bill, the bill that everybody is so afraid of: "Alberta is committed to the principles of the Canada Health Act." Well, I think that lays that issue to rest, Mr. Speaker.

Another thing that I want to tell you about – and I know very well about the great staff and the dedication and the love and the caring that Alberta health care workers have given in the number of years that I've had the honour to use the system. I have a daughter-in-law that works for Alberta health care, and she, too, is frustrated. Not frustrated with Bill 17, she's frustrated with all the bad publicity and the BS that seems to have been overwhelming the great services and the work that they do.

10:40

You know, Mr. Speaker, I'm going to tell you that I've had the chance to use the health care system, and the Member for Edmonton-Meadowlark knows why. May 12, May 19, May 26 I was in the University hospital. June 2, June 9, June 16, June 23, June 30 I was in the University hospital. July 7, July 14, July 21, July 28 I was in the hospital. August 4, August 11, August 18,

August 25 I was in the hospital; September 1, 8, 15, 22, 29, October 6, 13, 20, 27, and next week again.

You know, all I see is good work and darn dedicated people. Do they think the system can be better? Yes, they do. Do they want to work within the system to make sure it's better? Yes, they do. There's no greater place in this province than in this Legislature, in this government working with the opposition to create change and to create a better health care system.

I think that when we look at the opportunities that are in this bill, the health charter must "recognize that Alberta is a partnership among individuals, families, communities, health [care] providers, organizations that deliver health [care] services, and the Government of Alberta," not solely the government of Alberta. The health charter must "acknowledge the impact of an individual's health status and other circumstances on the individual's capacity to interact with the health [care] system."

I heard many times the member from Calgary ask people that have spoken today: well, what is Bill 17 going to do for us? Well, I think the health care advocate is a big, big positive in this bill. You know, those of you that have health services in each corner of your city, there are lots of people that your constituents can go to. But in rural Alberta most times they end up at the MLA's office, and the MLA's office could use the Alberta health advocate. I will make sure that in order to carry out my duties as a representative from a rural constituency in Whitecourt-Ste. Anne, a health care advocate can exercise powers that can help out my constituents and people that are in need of access to the medical system.

I had the opportunity today to have lunch with a good friend of mine, and his two next-door neighbours are doctors at the Stollery hospital. They told him again and over and over again that there is no better place in the world – these are two foreign doctors – than to work in the Stollery hospital in Edmonton, Alberta, Canada.

You know, just recently in Whitecourt, a community of 10,000 people, we have 15 doctors, doctors from all over the world that have come to practise in a little community, in Whitecourt. I think that says a lot about the opportunities that these doctors had. They could have gone wherever they wanted, but they came to Alberta, they came to Whitecourt, and they came to serve the people of northern Alberta.

You know, there have been an awful lot of back-and-forth accusations. Nobody has ever, ever held a gun to my head in this caucus on which way to vote, what to speak on, and what not to speak on. I talk freely. I always have. At times I agree, and at times I don't agree. You know, sometimes democracy sucks, but I don't know a better system, Mr. Speaker. You know, sometimes you win, sometimes you lose, but all the time you do it with respect for your fellow colleagues on all sides of the House. You do it in here. The business is done in here, and the business is done with respect and decency to the office that each and every one of us serves.

Mr. Speaker, I want to go back to the health advocate in this act and the way the health advocate can really serve each and every one of us that serves our constituents. Many, many times as an MLA in a small community it's frustrating when people are looking to you for help and advice and you don't know which way to turn. You have the minister's office and you have the other colleagues to turn to, and you have some contacts, but sometimes you need someone with that legislative authority, that authority that's given here in this bill, to act on constituents' concerns. It might be complaints, because not everybody has had a great experience, and it might be just to help get some access. Many, many times that's what I hear from constituents, the issue of access.

The Member for Edmonton-Meadowlark spoke about when you're

treated or when you have a parent or a child that needs health care services, the people that treat you do so with compassion, with dedication, with love, with great enthusiasm about their job. They care about their patient. I think that goes back a bit to the education system that we have here and the opportunities for young Albertans to become medical doctors. When we saw the Member for Edmonton-Meadowlark's guests here, it made me feel a little old when looking up at the group because they were about the age of my sons. I thought: what a great opportunity for young people to get involved in the health care business in this province and make a darn good living at it, too.

Further on I look into the bill, and we talk about the directions by the minister.

Subject to the regulations, the Minister may, by order, direct a regional health authority, a health provider, professional college or operator or any other person involved in the provision of a health service to do any one or more of the following as specified . . .

(a) comply with the Health Charter;

That doesn't talk about privatization.

**Mr. MacDonald:** No. But this document does.

**Mr. VanderBurg:** No, it doesn't. I'm talking about Bill 17, not about some document that someone may have discussed at one time. I'm talking about the bill that's in front of us, sir.

It also says that the minister may

(b) develop and adopt a charter, consistent with the Health Charter, specific to that person's role in the health [care] system.

I see a lot of opportunity to make and deliver a better health care system through this bill.

Will we in the future need more regulations and maybe miscellaneous amendments to this bill? I would say yes. My nine years here tell me that we evolve and technologies change and services change and expectations change. We know about the expectations of Albertans. They're high, and they deserve to be high. We're spending close to \$15 billion on this health care system, I think a great percentage higher per capita than any other province. Should we get results when we pay good money? Yes, we should. We all work darn hard for those tax dollars, and Albertans deserve that service.

I want to talk a bit about the opportunities to keep people out of the emergency departments and talk on the wellness side. The Member for Edmonton-Meadowlark came out to my constituency, oh, I would say a year and a half ago, and the discussion we had with my constituents had nothing to do with wait times . . .

**The Acting Speaker:** I hesitate to interrupt the hon. Member for Whitecourt-Ste. Anne, but pursuant to Government Motion 23 agreed to on November 30, 2010, I must now put the question.

[The voice vote indicated that the motion for third reading carried]

[Several members rose calling for a division. The division bell was rung at 10:50 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[Mr. Mitzel in the chair]

For the motion:

Ady  
Allred

Evans  
Griffiths

McQueen  
Morton

Amery	Hancock	Redford
Benito	Hayden	Rodney
Bhullar	Horne	Rogers
Campbell	Jacobs	Sarich
DeLong	Johnston	Tarchuk
Drysdale	Knight	VanderBurg
Elniski	McFarland	Zwozdesky

Against the motion:

Anderson	Hinman	Sherman
Boutilier	MacDonald	Swann
Chase	Notley	Taft
Forsyth		

Totals: For – 27 Against – 10

[Motion carried; Bill 17 read a third time]

**Bill 24**  
**Carbon Capture and Storage Statutes**  
**Amendment Act, 2010**

**The Acting Speaker:** The hon. Member for Drayton Valley-Calmar on behalf of the hon. Minister of Energy.

**Mrs. McQueen:** Thank you, Mr. Speaker. I'm pleased to rise to move third reading of Bill 24, the Carbon Capture and Storage Statutes Amendment Act, 2010.

**The Acting Speaker:** Hon. members, this is a money bill. I've just noted it has to be moved by a minister.

The hon. Government House Leader.

**Mr. Hancock:** Thank you, Mr. Speaker. Nice catch by the table. My apologies to the hon. Member for Drayton Valley-Calmar. I would move Bill 24 for third reading.

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

**Mr. Chase:** Thank you very much, Mr. Speaker. I have concerns. I've expressed my concerns about the liability associated with carbon sequestration. I've mentioned that committing \$2 billion is a tangible amount, but we have no idea what the cost of keeping the CO<sub>2</sub> underground will be. I would have preferred to have what I would consider to be a double-barrelled approach where rather than committing \$2 billion to sequestration, which I hope will be partially successful as a solution for CO<sub>2</sub>, I would have liked to have seen a billion dollars spent on Green TRIP initiatives, where we could see immediate results in terms of reduced traffic on highways, improved commuting, LRTs in major cities, and eventually – we don't have the money now – moving on the rapid rail transit, the equivalent of our bullet train, from Calgary through to Edmonton, with a significant stop at Red Deer.

Mr. Speaker, what I'm worried about is the technology and the advance, as the hon. Member for Drayton Valley-Calmar mentioned, the potential of liability being assumed decades from now. I've been asking myself: are we entering into a brave new world of technology, or are we continuing to fly by the seat of our pants, operating on a wing and a prayer? That's the whole question with regard to CO<sub>2</sub> sequestration. CO<sub>2</sub> is the equivalent of a genie in a bottle, which we hope won't escape, or the winds tied in the bag in Pandora's box that were released with dramatic consequences. Before I'm sequestered, I want to have sound scientific assurance that my

grandsons won't be dealing with the fallout of another failed government experiment.

Mr. Speaker, I would like to move adjournment on Bill 24.

[Motion to adjourn debate carried]

**Government Motions**  
*(continued)*

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

**Time Allocation on Bill 28**

26. Mr. Hancock moved:

Be it resolved that when further consideration of Bill 28, Electoral Divisions 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. This is the third time, unfortunately, I've had to move a motion today with respect to time allocation in committee. Now, there's nothing inherently wrong with time allocation. Time allocation is actually a tool that's used in the federal Parliament rather regularly with respect to bills, setting out a period of time for debate so that there can be a planned process and allotted time for each bill that comes before the House. In our House we don't use it that way. We use it only sparingly, and we only use it when it's very clear that the opposition is using their tool, which is the abuse of time.

Clearly, on Bill 28, which I might remind the House is the Electoral Divisions Act . . .

**An Hon. Member:** Is it 28 or 26?

**Mr. Hancock:** It's Motion 26 with respect to Bill 28.

It's a very simple bill. It puts into effect the report of the Electoral Boundaries Commission. There's no issue with respect to the number of seats. That was decided in a previous bill that was enacted, yet the opposition wants to talk about the number of seats.

There's no issue about the boundaries. There's no suggestion that boundaries should be changed in the House. The DVD was filed. It was very clear that if people wanted to make adjustments to that, that should have been done when the motion was passed. Yet we have spent, by my calculation, six hours and 30 minutes debating the Electoral Divisions Act. Six hours and 30 minutes, Mr. Speaker. We had one amendment to the bill, which was quite an interesting and quite an appropriate amendment, and I was pleased to do a subamendment so that Dunvegan-Central Peace could be named Dunvegan-Central Peace-Notley in recognition of a person who actually did serve with honour in this House, someone who died while in office in this House. That amendment was made, and it was quite appropriate.

Then we heard a bunch of scurrilous debate for a long period of time until the Wildrose members could discover how to put together an amendment, and they started running in an amendment that I think is the amendment that's on the floor right now. Obviously, it's to change the name to Calgary-Preston Manning. Who knows what the next one will be?

Mr. Speaker, it's very clear and the opposition again is on record saying that they want to debate this one forever. It's clear from the record. I'm not talking about all of the opposition, actually. The

Liberal opposition hasn't done that; the NDP opposition certainly hasn't done that. But the Wildrose seems to believe that it's appropriate to take the Electoral Divisions Act and use it as a tool to disrupt democracy, and that just can't be allowed.

**The Acting Speaker:** The hon. Member for Edmonton-Riverview on behalf of the Official Opposition.

11:10

**Dr. Taft:** Yes. Thank you, Mr. Speaker. I wanted to take this opportunity to get on the record that because of time allocation on the previous bill, I sat here for two hours and had no opportunity. I thought it was pretty rich listening to the Government House Leader speak about the abuse of time. What we're really seeing here is the abuse of power, the heavy-handed abuse of power.

The Member for Edmonton-Whitemud, Government House Leader tonight, said that six and a half hours of debate was more than enough to cover this piece of legislation. Well, let's think about six and a half hours. Six and a half hours is less than one working day. Somebody goes to work from 9 in the morning until noon, takes an hour for lunch to go back at 1, you know, and before their workday is over, six and a half hours have passed. That's the amount of time that we've allowed for this debate, and the debate on this bill, Mr. Speaker, is important.

Admittedly, in the middle of the night when I was here a few days ago, some of the debate got a bit silly, but that's because we were forced to take it through the middle of the night, Mr. Speaker. Six and a half hours is not an abuse of time. I think it's telling, and I think it's important to think about an attitude that's become engendered in a government that's been in power for 40 years, that thinks that a six-and-a-half-hour debate – that's moving through first, second, and committee – is somehow excessive. This is not a minor bill; this is a significant bill. It will affect every single member of this Assembly, and it will affect every single citizen of this province.

I am disgraced by the kinds of comments I heard a few minutes ago, and I think this Assembly is disgraced by a government that has so often in the last day brought in time allocation, which is closure by any other term. Clearly, I'm unhappy. This habit cost me my right to participate tonight. I have sat here for two hours wanting to debate third reading of Bill 17 – I am the health critic – and I never had the opportunity, Mr. Speaker, because of the heavy hand of this government. So I have no sympathy for the comments.

**Mr. Hancock:** That's not even true.

**Dr. Taft:** I am getting heckled by the Member for Edmonton-Whitemud, and it is true. [interjection]

**The Acting Speaker:** Hon. members, the hon. Member for Edmonton-Riverview has the floor.

**Dr. Taft:** Anyway, I think that if there is a conscience over there on the government side – and I know in some members there is – I hope it needles them at least a little bit to think that in a democracy six and a half hours of debate on a major bill is seen as excessive.

Thank you.

[The voice vote indicated that Government Motion 26 carried]

[Several members rose calling for a division. The division bell was rung at 11:13 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[Mr. Mitzel in the chair]

For the motion:

Ady	Evans	McQueen
Allred	Griffiths	Morton
Amery	Hancock	Redford
Benito	Hayden	Rodney
Bhullar	Jacobs	Rogers
Campbell	Johnston	Sarich
DeLong	Knight	Tarchuk
Drysdale	McFarland	VanderBurg
Elniski		

Against the motion:

Anderson	MacDonald	Sherman
Chase	Notley	Taft
Hinman		

Totals: For – 25 Against – 7

[Government Motion 26 carried]

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

**Mr. Hancock:** Mr. Speaker, I would move that we adjourn until 1:30 p.m. tomorrow.

[Motion carried; the Assembly adjourned at 11:26 p.m. to Wednesday at 1:30 p.m.]





## Table of Contents

### Government Bills and Orders

#### Committee of the Whole

Bill 24 Carbon Capture and Storage Statutes Amendment Act, 2010 .....	1717
---	------

#### Third Reading

Bill 17 Alberta Health Act .....	1724
Division .....	1738
Bill 24 Carbon Capture and Storage Statutes Amendment Act, 2010 .....	1739

### Government Motions

Time Allocation on Bill 17 .....	1724
Division .....	1724
Time Allocation on Bill 28 .....	1739
Division .....	1740

If your address is incorrect, please clip on the dotted line, make any changes, and return to the address listed below. To facilitate the update, please attach the last mailing label along with your account number.

Subscriptions  
Legislative Assembly Office  
1001 Legislature Annex  
9718 - 107 Street  
EDMONTON AB T5K 1E4

---

Last mailing label:

Account # \_\_\_\_\_

New information:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Subscription information:

Annual subscriptions to the paper copy of *Alberta Hansard* (including annual index) are \$127.50 including GST if mailed once a week or \$94.92 including GST if picked up at the subscription address below or if mailed through the provincial government interdepartmental mail system. Bound volumes are \$121.70 including GST if mailed. Cheques should be made payable to the Minister of Finance.

Price per issue is \$0.75 including GST.

On-line access to *Alberta Hansard* is available through the Internet at [www.assembly.ab.ca](http://www.assembly.ab.ca)

Address subscription inquiries to Subscriptions, Legislative Assembly Office, 1001 Legislature Annex, 9718 - 107 St., EDMONTON AB T5K 1E4, telephone 780.427.1302.

Address other inquiries to Managing Editor, *Alberta Hansard*, 1001 Legislature Annex, 9718 - 107 St., EDMONTON AB T5K 1E4, telephone 780.427.1875.