



Province of Alberta

The 27th Legislature
Fourth Session

Alberta Hansard

Monday, March 14, 2011

Issue 12

The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta The 27th Legislature

Fourth Session

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Quest
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Standing Committee on Community Services

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Blakeman
Hinman
Lindsay
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Notley
Quest
Rogers

Legislative Assembly of Alberta

1:30 p.m.

Monday, March 14, 2011

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon.

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

Hon. members, I am now going to invite Mr. Paul Lorieau to lead us in the singing of our national anthem and would invite all to participate in the language of one's choice.

Hon. Members:

O Canada, our home and native land!
True patriot love in all thy sons command.
With glowing hearts we see thee rise,
The True North strong and free!
From far and wide, O Canada,
We stand on guard for thee.
God keep our land glorious and free!
O Canada, we stand on guard for thee.
O Canada, we stand on guard for thee.

The Speaker: Please be seated.

Introduction of Visitors

Ms Evans: It's a great privilege to rise today and introduce to you and to all members of the Assembly some very special guests who have joined us here this afternoon. Dr. Andrew Pocock and his wife, Julie Pocock, who are resident in Vancouver, are here with the consul general of the United Kingdom, Alexander Budden, and a trade commissioner from Calgary, Tracey Grindal. The British high commissioner was only appointed a scant two months ago, and within the first seven weeks on the job he determined that he wanted to come to Alberta and make this a priority. He recognized very quickly that there are incredible trade opportunities between both large and small companies, including technology companies, in Alberta. He wanted to be here. Most of all, Mr. Speaker and members of this Assembly, he wanted to visit our oil sands. We congratulate him for that choice. We're thrilled that he's here. He is seated in your Speaker's gallery with his delegation. I would ask Dr. Andrew Pocock and his delegation to please rise and receive the very warm welcome of this Assembly.

Introduction of Guests

The Speaker: The hon. Minister of Transportation.

Mr. Ouellette: Thank you, Mr. Speaker. It always gives me great pleasure to rise and introduce to you and through you to all members of this Assembly a group of bright young students from my constituency. We have with us today 38 grade 6 students from Bowden Grandview school, who are seated in the members' gallery. They may not be in here yet, but I'll introduce them anyway. I've said many times before that they will be tomorrow's leaders, so it's great for them to be able to come and experience the Legislature on a tour. With them they have some teachers and parent helpers. They have Mrs. Jo Anne Pearson and Mrs. Jill Admunson as teachers. They also have parent helpers Mrs. Cheryl Bradshaw,

Mr. Gordon Wood, Mrs. Brenda Stacey, Mrs. Tammy Bodman, Mrs. Lianna Scott, Mrs. Dana Fox, Mrs. Alicia Heit, Mrs. Carla Sparks, Mr. Kees Verhoef, Mrs. Kyra Bona, Mr. Kevin Robinson, and Mrs. Tammy Cocke. I'd like them to rise if they have gotten here. If not, I'd still like to have the members give them a warm welcome.

The Speaker: The hon. Member for Whitecourt-St. Anne.

Mr. VanderBurg: Thank you, Mr. Speaker. It's my pleasure to introduce on behalf of the MLA for Spruce Grove-Sturgeon-St. Albert the Camilla school group. There are 37 students here and teachers Amanda Murray and Jessica Garner. I'd ask them to please rise and receive the warm welcome of this Assembly.

As well, I have three guests from the Northern Gateway school division. They had a meeting with me today. I have Chair Judy Muir; Jim Govenlock, with whom I served 15 years on town council; and superintendent Kevin Andrea. I'd ask them to rise and receive the warm welcome of this Assembly as well.

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

Ms DeLong: Thank you very much, Mr. Speaker. There's a beautiful little school in my constituency called Chinook Winds Adventist Academy. I'm very pleased that they have come to the Legislature to learn more about government and to get a little taste of it themselves in case this might be something that they want to do in the future or just to get more of a feeling for how government works. I'm very pleased that they're here. There's one teacher with them, Mr. David Elias, and two parents, Mrs. Wendy Dobbin and Mrs. Darlyne Lessard. If they could please stand and if all the members would welcome them, that would be wonderful.

Thank you.

The Speaker: The hon. Member for West Yellowhead.

Mr. Campbell: Thank you, Mr. Speaker. I rise today to introduce to you and through you to all members of the Assembly 15 grade 9 students from the Yellowhead Koinonia Christian school. They are accompanied today by their teachers, Mrs. Pamela Graham and Miss Michelle Stewart, and parent Mr. Henry Fousert, who is also the chairman of the board. I'd ask them to rise and receive the warm welcome of this Assembly. They're in the members' gallery.

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

Mr. MacDonald: Yes. Thank you very much, Mr. Speaker. It's my pleasure to rise and introduce to you and through you to all hon. members of this Assembly a visiting group from St. Gabriel school. There are 40 visitors from the school, and it is another fine public school in the Hardisty-Capilano neighbourhood of Edmonton-Gold Bar. This group is led today by teacher Mrs. Svetlana Sech. She is accompanied by Mr. Zdunich and Ms Zapisocki. I would now ask this group—they're in the public gallery—to please rise and receive the warm traditional welcome of this Assembly.

Thank you.

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

Mr. Horne: Thank you very much, Mr. Speaker. I'm delighted to introduce to you and through you to all members today 86 visitors from St. Augustine school in my constituency of Edmonton-Rutherford. The students are accompanied today by teachers Mrs. Nancy Ellestad, Ms Carmen Chevalier, and Ms Roberta Stevens

and also by parent helpers Mrs. Leanne Hafso-Shepherd, Mrs. Marivic De Guzman, and Ms Maria Fiorini. I've had the pleasure of visiting with these students on a couple of occasions, and I'm just delighted to be able to introduce them today. I'd ask them all to please stand and receive the warm welcome of the Assembly.

The Speaker: The hon. Minister of Children and Youth Services.

Mrs. Fritz: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to all members of the Assembly five members of the Alberta College of Social Workers who are seated in the members' gallery today. They've joined us as we celebrate National Social Work Week. I would ask that our guests rise as I introduce them and to please remain standing until we can give them the warm welcome of the Assembly. We have Alison MacDonald. She's the associate registrar at the college. Derek Chewka works for Children and Youth Services and is a council member. Scott Stewart is with Covenant Health and is the chair of the gerontological social work committee for the college. Brandy Delaire is a caseworker in adoptions, and Peter Smyth is the supervisor of the high-risk youth unit in Old Strathcona. Peter's son Braden is a page here in our Assembly. I'd ask that the Assembly please join me in thanking these wonderful people, that work hard on our behalf every day on behalf of children and youth, and give them the warm welcome of the Assembly.

1:40

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

Mr. Denis: Thank you very much, Mr. Speaker. It's an honour for me to introduce to you and through you to all members of this Assembly some students who are here today from Greenview elementary school and volunteers from the Ladybug Foundation. These students, inspired by the Ladybug Foundation's efforts to help the homeless, fund raised and donated money to help the homeless in Edmonton. One of the best things about this job is visiting schools, and I had the privilege of meeting with these students and their local MLA last month, when I was rather moved by their efforts to help homeless people as well as raise awareness of the particular topic in this province. The students are joined by their school principal and student helpers. They're seated in the members' gallery, and I'd ask that these great Albertans rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Minister of Infrastructure.

Mr. Danyluk: Well, thank you very much, Mr. Speaker. I am very pleased to introduce to you and through you to this Assembly two very distinguished individuals, Sheila Thompson and Jim Hawkins. They are both educators that have worked in the Elk Point-St. Paul area since 1975. They have been very active volunteers in the community. Sheila has been a leader and an integral part of the establishment of the trail systems in our area, in part the Iron Horse Trail. Also, Jim has been very involved in minor hockey and in being a mentor for so many youth in the community. As an aside, I'd also say that he played hockey with the hon. Member for Stony Plain and was his bodyguard for many years. It is indeed a pleasure for me to introduce to you my honoured guests. Jim and Sheila, would you please stand and receive the traditional warm welcome.

The Speaker: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Well, thank you, Mr. Speaker. I'm very pleased to introduce to you and through you two good friends of mine, Mr.

Jeff Carlson and Mr. James Carpenter. They are both very successful businessmen from the Olds-Didsbury-Three Hills constituency association, and I'm very pleased that I have the benefit of their counsel as board of directors for my constituency association. They've often heard me talk there of the time-honoured traditions of this Assembly and especially about the exemplary and respectful decorum that's exhibited in this House on a regular basis. They're here today to experience that for themselves, and I trust we won't disappoint. They're seated in the members' gallery, and I'd ask them to stand to receive the very warm welcome of this Assembly.

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

Mr. Mason: Thank you very much, Mr. Speaker. I am pleased to rise today to introduce to you and through you to all members of the Legislature two remarkable Albertans. William and Susan Prettie are dedicated volunteers, celebrated artists, and passionate members of my constituency. William and Susan are very active in making the area of Highlands-Bellevue a more livable, accessible, and beautiful place for all. They've taken a strong role in the Walkable Edmonton initiative and are currently working with a neighbourhood planning group to encourage the green streeting of 112th Avenue.

In addition to this, Susan and William have been nominated several times for the city of Edmonton's good neighbour award as well as its front yards in bloom award. They're both photographers and provide all of the photos for the Highlands-Bellevue Highlights quarterly magazine, and they strive to facilitate community awareness and participation through their work. Susan has won photography awards in a province-wide competition called Open Photo and in the Edmonton Horticultural Society's annual Bench Show. William was recently a featured artist at the Spruce Grove gallery. Susan and William will also be showing in an exhibition at the Jubilee Auditorium this summer. I would ask William and Susan Prettie, who are seated in the public gallery, to please rise and receive the warm traditional welcome of this Assembly.

Ministerial Statements

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

Japanese Earthquake and Tsunami

Ms Evans: Thank you, Mr. Speaker. I rise today not as a minister or MLA but as a citizen of humanity. I speak now mindful of the compassion expressed by the Premier in his words over the week-end. It has been only four days since an earthquake of horrific intensity struck Japan on March 11 at 2:40 p.m. When the shaking finally ended and tears of emotion began, northern Japan was struck by yet an even greater disaster. A 30-foot wall of water engulfed the region around Sendai, swallowing villages and in an instant changing lives.

Thousands of lives have been lost, and tragically the numbers continue to rise while hundreds of thousands more are displaced from their homes and living in evacuation camps. The suffering and the distressing images we see taking place are both heartbreaking and difficult to watch. It reminds us all of our human fragility and that a natural disaster can strike anywhere at any time on any continent.

On behalf of Albertans I join our Premier and members of this Assembly to extend our deepest sympathy and heartfelt condo-

lences to the Japanese people, to all Albertans, to all Canadians of Japanese descent as well as to the many Canadians living in Japan. Our thoughts and prayers are with our friends in Japan.

Mr. Speaker, while this is a disaster of incredible proportions, we're encouraged by the tenacity and resilience of the Japanese people during the last few days. It gives all nations hope that individuals can come together as one to overcome what is almost insurmountable adversity through acts of compassion, bravery, and inspiration. While we recognize the enormity of this tragedy, we're inspired by the strength of the human spirit. I believe Mother Nature only has one equal, human will.

Mr. Speaker, I take this opportunity to share with all members of the House a letter I received from dear Kyoko Minemura, wife of Yasuo Minemura, who departed recently for Japan to assume another post. She writes:

When the earthquake hit at 2:40 p.m. on the 11th, I was on the 10th floor of the Takashimaya Department Store in Shinjuku.

I felt swinging and heard screaming. Some china started to fall off and break. I was grabbing onto a huge pole to hold myself. It lasted for a long time and before it became stable, the second one came. I have never felt that big of an earthquake before. I tried to reach my husband and my son but my phone didn't work at all.

I knew that no train service was available. I was left alone to imagine the worst. But at last I received a phone call from my son at 7:30 p.m. while I was sitting on the stairs at the station. Later I had new information that some train lines were moving, and it would take me close to my house. So I headed to the subway station. I waited a few hours more and managed to finally reach home at 1:45 a.m.

I feel so sorry for the folks in Tohoku. This earthquake was the biggest one I have ever felt in my life – I have never experienced this kind of emergency whatsoever.

She goes on to thank me for my concern and says: Iris, I feel I am not alone.

It warms my heart that my good friend was able to make it home to see her family; so many didn't. It does also to know that our office staff in Tokyo are all safe.

Mr. Speaker, I know Japan is not alone and that Albertans, Canadians, and the international community are ready to provide whatever assistance is needed to help survivors start over. It reminds us all of our resilience and of our shared future on this planet. I am confident that Japan will find the strength to overcome the sorrow and the courage to rebuild. We are with them in spirit and in the strong hope that they, indeed, will.

Thank you.

The Speaker: On behalf of the Official Opposition the hon. Member for Lethbridge-East.

Ms Pastoor: Thank you, Mr. Speaker. Thank you, Madam Minister, for those words of understanding. Like all members of this Assembly – indeed, like hundreds of millions of people around the world – I was horrified by the images and the videos of the devastation in Japan. The toll of human suffering caused by this massive earthquake and the following tsunami is already horrific and only grows in scope with each passing day. Like the dreadful Indonesian tsunami of 2004, once again humanity is faced with a natural disaster of epic scale. Our thoughts and prayers go out to the people of Japan, who now face what their Prime Minister has called the greatest calamity they have faced since the Second World War.

There are many ways in which Albertans can help: the Red Cross, Doctors without Borders, Save the Children, Salvation

Army, GlobalGiving, and a host of other charities and nongovernmental organizations are rushing to deliver assistance to victims of the disaster. All of these organizations are accepting donations, and thanks to the Internet and smart phones, it's now much easier to be able to do this. The issues that we debate in this Assembly are important; there's no question. The Official Opposition will continue to do its duty and hold the government accountable for the people of Alberta. That's our job. But a disaster like this really puts everything into perspective.

1:50

In Sendai entire communities have been utterly destroyed, mercilessly washed out to sea. I can't even wrap my head around something like that, thousands of people lost in an instant. I'm very proud of the countless Albertans who have already donated to the relief efforts, and I know that more will join them. A disaster of this scale touches everyone on the globe, and we Albertans are certainly there in spirit.

The Speaker: I've been advised that additional members would like to participate. In order to do so, unanimous consent of the Assembly must be given. I will raise one question. Is any member opposed to allowing additional members to participate in response to this ministerial statement?

[Unanimous consent granted]

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

Mr. Boutilier: Thank you very much, Mr. Speaker, and thank you to the Assembly. Albertans are citizens of humanity, as the minister mentioned earlier. It is a sad circumstance that I speak to the tragic situation in Japan. I know all members of this Assembly and all Albertans' and Canadians' thoughts and prayers are with the people of Japan as they recover from this massive earthquake and the subsequent tsunami that struck last week. Thousands upon thousands of lives have been lost. Homes and entire villages have been wiped out and have disappeared as Canadians, Albertans, and the rest of the world have looked on in horror.

Because Japan is home to the most earthquakes in the world, they are the most prepared in dealing with natural disasters, yet no one could have ever imagined the devastation of an earthquake that was 8.9 on the Richter scale. I applaud the people of Japan, as I know all members of this Assembly do, in their organized response because the devastation to people and to the environment could have been much worse, even with the horror that we looked onto.

The Japanese are a resourceful and resilient people. Earthquakes and tsunamis literally are a fact of life. The Japanese people have pulled themselves up before and, clearly, have built one of the most advanced and largest economies in the world. No matter what the setback the Japanese have always moved forward stronger than ever. We believe in the power of spirit, and now the world must join together. Every brick we lay in rebuilding Japan will honour those who have been lost in this horror, in this tragedy.

I've also been inspired by the charitable spirit of Albertans. When Haiti was struck by an earthquake, Albertans stepped up and raised money. Every dollar helped to aid relief efforts. The same spirit when Hurricane Katrina struck New Orleans. I do have hope, Mr. Speaker, about the future, and I thank all Albertans who continue to do their part in helping those less fortunate in times of suffering such as what is being experienced today with the Japanese people. Our thoughts and prayers are also with Albertans and all Canadians who are currently in Japan and with our Japanese

community right here in Alberta, in our province. Our thoughts and our prayers are with them all, and God speed.

Thank you, Mr. Speaker.

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

Ms Notley: Thank you, Mr. Speaker, and thank you also to the minister and to the subsequent members for their kind thoughts on this day. The past days have deeply touched the hearts of Albertans as we've see the terrible news coming from Japan. The loss of lives is tragic. The continuing suffering and anxiety as people search for loved ones and as authorities struggle to deal with the problems at their nuclear power plants are situations that we feel here in Alberta despite the distance from our nation. Our world is very closely connected today, and we see the images and even here can feel just a little of the horror and pain that this means for those in the midst of the catastrophe. At the least we can be clear that we care about the agony that so many are experiencing, and we can also be clear that we are inspired by the heroic efforts that have been demonstrated by the Japanese since these tragedies occurred.

People of Japanese origin have been contributing to life in Alberta for many decades. To these friends and neighbours in particular we extend a caring hand. We know distance does not reduce the feelings when something like this happens, and we are ready to support you in every way.

None of us ever know when disaster might strike or how, and the events of the past days in Japan are a clear message that when this happens, it is essential for us to remember our common humanity and to add our caring hearts and our practical services to support those who are afflicted. It is good to see people and nations around the globe moving forward with offers of assistance.

These events also remind us that we must be as careful as possible with all human developments that add to dangers in the world such as nuclear power because it is clear that there are already so many matters over which we have no control.

Mr. Speaker, the NDP opposition sends its deep condolences and sympathies to every person in Japan and especially to those who have lost loved ones or who are dealing with injuries. We look forward to coming together with Albertans from all walks of life who will reach out in efforts to raise money and provide whatever support is needed to ameliorate the tragedy suffered by the Japanese nation.

Thank you.

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

Dr. Sherman: Thank you, Mr. Speaker. What happened recently was an absolute tragedy. I'd like to thank the hon. minister for her kind words and thank everybody else here. Our collective humanity has faced major challenges recently from the earthquakes in Haiti to the floods of Hurricane Katrina as well as the floods in Pakistan. This is a time for us to remember that Canada and Alberta are the world's hope. We are from everywhere in the world, and Albertans have a value of giving back to their community. This is a tremendous opportunity for us to do what we've always done, come to the rescue of people most in need.

It's just an honour for me to be an Albertan. It's an honour for me to be a member of this Assembly. I look forward to Alberta playing a major role in helping these poor people in Japan. As human beings this is the one thing that unites us all when we suffer, and I believe that we can do much more.

Thank you.

Oral Question Period

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

Health Quality Council Review

Dr. Swann: Thank you, Mr. Speaker. With a dark cloud hanging over this government by increasing allegations of intimidation and misconduct, Albertans have no reason to trust this Tory government. If this Premier truly cared about the health of the people he leads, he would immediately support the united opposition call for an independent public inquiry. The opposition will not allow our doctors and nurses to be threatened for telling the truth, and we will not allow public health care to be destroyed by this government's dishonesty. To the Premier: will he finally recognize that this health care investigation on the fly won't suffice for these damning new allegations of government misconduct and that Albertans deserve a fully independent, public inquiry?

Mr. Stelmach: Mr. Speaker, my interest is in having the best performing publicly funded, publicly administered health care system here in Alberta, and I also want to support the 90,000 or so people that are working in the health system every day that are bringing care and compassion to Albertans. I informed this House that if emergency care or cancer care has been compromised in any way by waiting lists, we want the Health Quality Council to ensure they bring that evidence forward and tell us why and how to prevent it in the future. And if there are any other allegations out there that are going to be made by physicians or nurses or anybody in the health care system, they are free to bring that evidence forward to the Health Quality Council.

Dr. Swann: Of course, Mr. Speaker, that's not at all true. They cannot bring anything forward without threat to their future, to their career. Only a public inquiry can do that.

Are you willing, then, to come clean about your government's dishonesty and incompetence by disclosing all cases where the government, Alberta Health Services, regional health authorities . . .

An Hon. Member: Point of order.

Dr. Swann: . . . paid any form of compensation to people for their silence? Are you willing, sir?

The Speaker: I have that point of order.

Mr. Zwozdesky: Yes. Thank you, Mr. Speaker. There is a point of order there. The hon. member should know better. We'll deal with it later.

Let me make it very clear to this House and to the hon. member asking the question that I have ordered an independent review by the Health Quality Council of Alberta, which even he himself is on record numerous times over the past several days supporting. In fact, he asked for the Health Quality Council to be brought in. They are going to do an independent review. It will be made public. They will set their own terms of reference, Mr. Speaker, and they will determine exactly who participates as the review panel. That's very, very accountable.

2:00

Dr. Swann: Mr. Speaker, will this Premier support the united opposition call for an emergency health care debate today to openly discuss these allegations from doctors that were intimidated, punished, and paid for their silence by this government?

Mr. Zwozdesky: Mr. Speaker, I find it really interesting that a group of politicians stands up on a little stage on Friday, and after jostling each other to get to the microphone first, they say this has nothing to do with politics. Come on. This is all to do with politics, and you know that.

The important point here is what they're trying to do with these innuendoes. They're standing up there besmirching the College of Physicians and Surgeons, the Alberta Medical Association, and the two faculties of the University of Alberta and the University of Calgary for political reasons.

Mr. Anderson: Point of order.

The Speaker: We have another point of order. One thing is clear to me. We've now arrived at 2 o'clock, and if I look at the time, we're never even going to get to the subject on the agenda called Notices of Motions before 3 o'clock.

Second Official Opposition main question. The Leader of the Official Opposition.

Dr. Swann: Thank you, Mr. Speaker. Only this Premier would have the audacity to blame his failures in health care on the opposition. In his statement yesterday, the Premier said, "Let's focus back on the facts and less on the theatre." Well, the fact is that this Premier and ministers knew about the 322 cases of compromised ER care over three years ago and failed to act. This Premier again failed to act when these cases became public six months ago. To the Premier: why has it taken three years for the Premier to finally act on these 322 cases of compromised ER care? What were you hiding?

Mr. Stelmach: Mr. Speaker, once again the hon. member is raising a letter that was sent to me, I think in March '08, where I clearly identified to the writer of that letter the steps that we are taking as a government. We have met all those commitments that I made in '08.

With respect to all of the other allegations, as the minister of health said: anything and everything can come forward to the Health Quality Council under absolute confidence. I have huge trust in the Health Quality Council to do their best.

Dr. Swann: Well, absolute confidence my ass, Mr. Speaker. I'm one of those . . . [interjections]

The Speaker: Okay. Please. [interjections] Please. [interjections] Please. [interjections] There are children in the galleries today. They have schoolteachers. I believe the schoolteachers would reprimand their children.

The hon. Leader of the Official Opposition.

Dr. Swann: I apologize for that statement, Mr. Speaker. But I was one of those this government fired in 2008. I know you cannot speak with impunity to this government. Don't give me that.

Why do you believe that both you and your minister should escape accountability? Why, Mr. Premier? Why should you escape this?

Mr. Zwozdesky: Mr. Speaker, you know, on March 3 this same Liberal leader said: ask the Health Quality Council to investigate the cases of delayed or compromised care. Well, we're doing that. On the same day he said: can the Health Quality Council give confidence to the people by looking into this seriously? Well, they're going to look into it seriously. Then, a couple of days later he said: return these 322 cases to the Health Quality Council. He went on making good references about a good organization that he

knows very well has the trust, faith, and confidence of every member of this House and of all Albertans.

Dr. Swann: Mr. Speaker, are Albertans expected to believe that it was merely coincidence that this Premier finally agreed to the Health Quality Council review just hours before McNamee's allegations of intimidation and compromised patient care surfaced?

Mr. Zwozdesky: Mr. Speaker, again, you have a statement of claim by one doctor against a statement of defence where another doctor is implicated, as is a health authority, as is a credible hospital in our province. This is a statement of allegations. This is a statement in defence against that. Allegations are not necessarily fact, and you don't substantiate one allegation by raising more allegations. I expect that by the time the day is over, we'll see even more allegations but no proof and no evidence.

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

Dr. Ciaran McNamee

Dr. Sherman: Thank you, Mr. Speaker. The Premier said in this House that health care workers have an obligation to come forward when they see compromises of patient care, yet it is alleged that a senior executive of the Capital health region told a prominent surgeon who raised these patient safety concerns that advocacy would not be tolerated. This is the same surgeon who presented his concerns to the current minister of health, who was the Associate Minister of Health and Wellness at the time, as well as several members of the PC caucus in this cabinet, all of whom now conveniently claim they have no recollection of him. Mr. Premier, were you aware of Dr. McNamee's presentation to caucus and that the Capital . . .

The Speaker: The hon. Premier. [interjection] The hon. the Premier.

Mr. Stelmach: Mr. Speaker, I don't know the doctor that the member is referring to. All I know is that the allegations have been made and raised by the member that just rose. They were made in this House under immunity. There were allegations made against third-party members, and as of this minute there is no substantiating evidence tabled in this House.

The Speaker: The hon. member.

Dr. Sherman: Thank you, Mr. Speaker. Given the fact that the Premier just said that there's no substantial evidence tabled, I have tabled Dr. McNamee's statement of claims to the Legislative Assembly.

My second question is to the Minister of Health and Wellness. Were you aware when you were the Associate Minister of Health and Wellness, way back when, in 1999 to 2001 that the Capital health region made claims against Dr. McNamee about his competency and mental health prior to . . .

The Speaker: The hon. minister.

Mr. Zwozdesky: Mr. Speaker, I believe he's talking about a time before I became the associate minister. I became the associate minister approximately May 15 or so of 1999, and I was in that position until approximately March 15, or whenever the election was called, in 2001. Do I have any vivid recollection of any sort regarding Dr. McNamee? Absolutely none. Did he appear before

some committees where I may have been in the room? Possibly. I just don't recall it at all, hon. member.

The Speaker: Hon. member, I'd just refer you to *Beauchesne* 409(6). "The Minister to whom the question is directed is responsible to the House for his or her present Ministry and not for any decisions taken in a previous portfolio."

Please proceed.

Dr. Sherman: Thank you, Mr. Speaker. My last question is to the Minister of Justice. Given that the Premier has said that health care workers have an obligation to come forward when they see compromises to patient care, will you release Dr. McNamee from his nondisclosure clause in his out-of-court settlement to allow him to come forward and speak publicly to the Health Quality Council and to a public judicial inquiry?

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

Mr. Olson: Thank you, Mr. Speaker. I would just point out that there is ample protection for whistle-blowers. The Criminal Code has protection. The contractual documents that Alberta Health has has protection.

One of my concerns about this whole process is that there have been some very serious allegations, allegations that could point towards some criminal activity, financial mismanagement, and so on. We have a process for that. It's called the police. The police can investigate. They're professional investigators. If there is evidence, then they can move on to prosecute.

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

Health Quality Council Review (continued)

Mr. Boutilier: Thank you. Mr. Speaker, last week in this House the health minister said no, no, and no on Monday, Tuesday, and Wednesday to a Health Quality Council investigation. Then on Thursday in a stunning display of crude politics the Premier said yes just before a news broadcast that would shine light on allegations of his government's silencing and intimidation of a prominent Edmonton surgeon. To the health minister: why did you resist our demands on those days and months before and put the health of your political party ahead of the health of Albertans?

Mr. Zwozdesky: Mr. Speaker, it's so unfortunate that you have a number of members making allegations, and we are living with that. Now you have a member misquoting, again for some simple political gain. At no point did I say: no, never. I said clearly: "No, not at this time." I said clearly that I will take appropriate action at the appropriate time with the appropriate information. I took that action, and I think Albertans understand that even though this member may not.

Mr. Boutilier: That's unbelievable, Mr. Speaker. He should have said: not at this time.

Given that the current health minister was the junior minister from May of '99 to March of '01, the entire period in question as it relates to allegations of silencing and intimidation, does he not see the obvious conflict of interest in having the Health Quality Council investigate the actions of his department and then report directly back to him?

Mr. Zwozdesky: Well, Mr. Speaker, I find it very interesting that this hon. member can on one day stand up and say one thing and

then just flip right over and say something else totally erroneous. He's asking for an independent review by the Health Quality Council. That was on March 8. He made other references in the days before and after that where he said the Health Quality Council said that there should be an investigation. Well, I agree, hon. member. And you know what? There will be. It will be made public, and it will be totally independent of this House. Even that member can appear if he wishes to.

2:10

Mr. Boutilier: Given that the Health Quality Council investigating the health minister and then reporting back to him constitutes an obvious conflict of interest, will the Premier of Alberta call an immediate and full public inquiry independent of conflicting political interests? To the Premier.

Mr. Zwozdesky: Mr. Speaker, let's be really clear. It's true that I was an associate minister of health. I was responsible for AADAC. I was responsible for bringing in the electronic health records. I was responsible for early detection and screening of important diseases and so on. That was my responsibility as an associate minister. I was not the minister of health in any way, shape, or form. Perhaps this member would like to stand corrected on that fact at least.

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

Mr. Mason: Thanks very much, Mr. Speaker. I've got here a letter to the Premier signed by the Leader of the Official Opposition, the Wildrose Party, the NDP opposition, the House leader of the Alberta Party, and the MLA for Edmonton-Meadowlark calling for a full, independent public inquiry. Why will the Premier not call a full, independent public inquiry?

Mr. Olson: I'd just like to clarify. I think a lot of people are confused by all this talk of inquiries. An independent public inquiry, first of all, is directed by the Lieutenant Governor in Council, so it would be the government that would be creating that. Now, I suspect that that may fall under some criticism, but that's what the law says. You have a judge or somebody else who is appointed as a commissioner, and at the end of the day what you get is a report. You do not get action. You get a report.

The Speaker: The hon. member.

Mr. Mason: Thanks, Mr. Speaker. Well, perhaps action would be too much to hope for from this government.

I want to come back to the question about the conflict of interest inherent in a Health Quality Council that reports to the minister of health and has to investigate activities under the minister of health's purview. How can you think that's acceptable?

Mr. Zwozdesky: Mr. Speaker, I'm going to table copies so that this member can maybe read it and understand it. This is an independent review in which the Health Quality Council itself is going to set its own terms of reference. They will choose whom they wish to speak to or people who wish to come to them to speak. They will make that report public. They will determine who is going to be on the interview or review panel, and that, as was said this morning on a popular radio show, may likely include people from outside the province to give it yet even more independence. As soon as that report arrives, it will be brought forward and made public.

Mr. Mason: Mr. Speaker, given that the Health Quality Council is not competent to investigate whether health professionals were

intimidated or fired or coerced and given that it's not independent from the government, then I want to ask the health minister once again: why are you trying to prevent an adequate investigation into this very, very serious matter? It doesn't even have the power to call witnesses or to subpoena evidence.

Mr. Zwozdesky: Mr. Speaker, they can contact whoever they want, and I'm sure they will. They do have credibility because they are from and with and part of the community that delivers health care or they're formally involved in it. People feel confident and comfortable coming to them. That's the reason we appointed them to do it, an independent review. Otherwise, as the Justice minister just said, you would have cabinet determining a public inquiry. That's not what I hear Albertans asking for. They want an independent review, and that's what they're going to get.

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

Dr. Sherman: Thank you, Mr. Speaker. Usually what the guilty always say is: show me the proof. The current Minister of Health and Wellness was associate minister of health at that time. He completely sloughed his responsibility. I was his associate minister of health. I spoke up, and I have a duty and a responsibility not only as a physician but as a legislator when I'm aware of these cases of physicians begging for resources, and the minister completely sloughs any responsibility he has as a legislator. Minister, can you . . .

The Speaker: The hon. minister.

Mr. Zwozdesky: Mr. Speaker, the last I recall, in this country you are innocent until proven guilty. I challenge this member to provide some evidence that would make somebody feel guilty before they have had a chance to prove it otherwise. Stand up and provide it. Stop this game playing. You're making a bunch of wild accusations, and you're bringing forward allegations. Hon. member, we're giving you a chance here. You've got the stage. You've got the platform. Do something with it that is evidentiary.

The Speaker: The hon. member.

Dr. Sherman: Thank you, Mr. Speaker. All I've heard is: we have no proof; show us the proof. To the Premier: are you actually the Premier of this province, and do you have the authority to investigate these matters, or do you require me to give you the proof that you are the Premier before you act?

Mr. Zwozdesky: Mr. Speaker, there are questions that deserve answers. Then there are questions that don't deserve to even be asked, and that would have been one of them.

What we have here again is something that has been requested even by this member himself, who on February 28 said, "Will he call the Health Quality Council of Alberta and carry out a fatality review?" Well, they're coming in to carry out an independent review. If there were fatalities caused as a result of some negligence, I can assure you that the proper steps will be taken, the proper bodies will be brought in, the proper mechanisms will be kicked into force, and they will get to the bottom of it.

The Speaker: The hon. member.

Dr. Sherman: Thank you, Mr. Speaker. Doctors have over the years pleaded for help and no inquiry, no immediate action was taken until a CBC report was going to come out. Doctors will be coming out in droves, and I will be tabling further evidence in the near future. If the Premier and the current Minister of Health and

Wellness refuse to order a full public investigation with the ability to subpoena witnesses . . .

The Speaker: The hon. minister.

Mr. Zwozdesky: Mr. Speaker, if this member inside this House or outside this House has evidence or knows of evidence that has to do with real corruption, as he is alleging, or some other performance with respect to fraud or other words that he has used, you have a duty to take that to the police, hon. member. You have a duty to do that, and I would encourage you to do that because the police have ways of dealing with allegations like that. If you have proof, take it there. If you have financial malfeasance proof, take it over to the Auditor General.

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

Health Services Financial Reporting

Mr. MacDonald: Thank you. Between 2003 and 2009 the Calgary health region provided a detailed breakdown of the \$1.7 billion incurred in expenses under its Other column in the annual reports of Alberta Health. In the same time period Capital health had \$1.6 billion in other expenses and failed to provide a breakdown like Calgary. To the minister of health: why did this government allow these two health authorities to report some of their expenses so differently over a seven-year time period?

Mr. Snelgrove: Mr. Speaker, what the hon. member leaves out of the Auditor's report is probably the most telling statement. It says, "Our auditor's opinion on [the ministry and department's] financial statements for the years ended March 31, 2010 and 2009 is unqualified." That means they are without question and correct. Read the whole story.

The Speaker: The hon. member.

Mr. MacDonald: Thank you, Mr. Speaker. I'm talking about the period between 2003 and '09 and the annual reports from the ministry of health, nothing to do with the Auditor's report.

Now, again, given that the Capital health authority failed to provide any details on over \$300 million of a \$1.6 billion expense that they incurred in the seven-year period, why did this government allow Capital health to avoid any disclosure of the \$300 million in expenses while Calgary gave an account of the money?

Mr. Snelgrove: In their entries held to by their predecessors, there are different auditing types. One of them in the \$500 million was misclassified expenses that needed to be corrected in the topside ledger, and with Covenant Health as, too, with Capital health they had a unique classification that was not picked up by the topside ledger, and approximately \$420 million of expenses were omitted. The topside ledger layered on top of multiple legacy general ledgers does increase the risk for error. However, it took considerable time to reconcile the two accounts.

2:20

Mr. MacDonald: Again, Mr. Speaker, I'm talking about Alberta Health and Wellness annual reports, not the Auditor General's report, but I appreciate the minister's earnestness.

Now, again to the minister of health: has any of the \$300 million undisclosed by Capital health been used to fund any of the court settlements, the lawsuits, or legal fees against doctors who have spoken out against this government about your policy and direction on public health care?

Mr. Snelgrove: Mr. Speaker, none of the \$300 million that he's alleging is unaccounted for. They are all audited. Alberta Health Services, Capital health, and Calgary health: all the health regions were audited. All of our books are audited. They are included in our consolidated statement, which has been given unqualified support by the Auditor General.

The Speaker: The hon. Member for Calgary-Bow, followed by the hon. Member for Calgary-Buffalo.

Vulnerable Infant Response Team

Ms DeLong: Thank you very much, Mr. Speaker. I have heard from constituents in the community of Bowness increasing concerns about infants at risk of harm, so I was pleased to attend an announcement on Friday by the Minister of Children and Youth Services that a million dollars was being allocated to establish an Alberta Vulnerable Infant Response Team in Calgary. My question is to the Minister of Children and Youth Services. What has changed with at-risk infants to cause you to establish this rapid response team?

The Speaker: The hon. minister.

Mrs. Fritz: Thank you, Mr. Speaker. Six months ago I was very concerned when I saw increasing reports of infants aged zero to three months in Calgary who were at risk of harm due to abuse or neglect. That's between 45 and 55 infants per month. Sixty per cent of the concerns were raised by health professionals; 15 per cent were raised by the Calgary Police Service. The minister of health, the Solicitor General, and I developed a partnership with our child and family service authorities, with public health, and with the Calgary Police Service to address this serious situation.

The Speaker: The hon. member.

Ms DeLong: Thank you, Mr. Speaker. It's heartbreaking to hear of infants coming to harm through abuse and neglect, but it's also heartbreaking to hear of babies being separated from their parents during those critical early parent-child bonding days. To the same minister: can the minister please explain how this one initiative will help protect those vulnerable infants without the need to take them into provincial care?

Mrs. Fritz: Well, Mr. Speaker, we know that many parents are not prepared for having babies, and for some it can be very overwhelming, especially families that have complex issues like addictions, mental health issues, or family violence. So that's why we'll have four CFSA caseworkers, four public health nurses, and one Calgary police officer all working together as a critical response team. They will assess at-risk infants and their families, they'll develop safety plans, and they'll connect those families with intensive supports in the community. I hope that that will help to ensure that their babies are safe and cared for.

The Speaker: The hon. member.

Ms DeLong: Thank you very much, Mr. Speaker. To the same minister: why is the Alberta Vulnerable Infant Response Team only benefiting children in Calgary?

Mrs. Fritz: Mr. Speaker, I anticipated that that question would arise. This member has discussed that with me. We know it is vital, as I said earlier, for new, at-risk parents to get the assistance they need with their babies early on. This is the first time in Canada, actually, that we're going to have an integrated approach

where we provide immediate resources and supports for infants aged zero to three months with the four caseworkers, four public health nurses, and a police officer working closely together. Our plan is to take that information from that model and to ensure that it's developed in Edmonton by August.

Nuclear Power

Mr. Hehr: Mr. Speaker, due to the tragic events in Japan it's come to light that there's a clear danger of a nuclear leak occurring. Given our proximity there's a possibility of the jet stream carrying radiation through the upper atmosphere to Alberta. To the Minister of Environment: is there any action being taken by emergency services, our air monitoring systems, or other protection agencies to prepare for the possible risk of radiation spreading to Alberta through the jet stream?

Mr. Renner: Well, Mr. Speaker, the responsibility for emergency management in Alberta falls under the Ministry of Municipal Affairs, so I won't begin to try to answer on behalf of that ministry. But I can assure this member that all kinds of contingency plans lie within their responsibility, and I'm sure that they have begun putting some contingencies in place.

The Speaker: The hon. member.

Mr. Hehr: Well, thank you, Mr. Speaker. To the Minister of Energy: given the events with the nuclear power stations in Japan and the Bruce Power application that is being included in the AESO long-term capacity forecast, does the minister support nuclear power in Alberta?

Mr. Liepert: Mr. Speaker, first of all, there is no assumption of anything happening relative to nuclear power in Alberta, and to sort of tie this together at this time I think is inappropriate.

The Speaker: The hon. member.

Mr. Hehr: Well, thank you, Mr. Speaker. To the same minister. What role, if any, does the Alberta government play in assessing safety impacts of nuclear power development in Alberta? Or is that inappropriate as well?

Mr. Liepert: Mr. Speaker, any applicant under our open, competitive generation market makes application and has to abide by a certain number of rules and regulations. Until such time as an application may be received, it's hypothetical.

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

Farm Safety Advisory Council

Mr. Berger: Thank you, Mr. Speaker. Farm safety is an important topic in my constituency. My question is for the Minister of Agriculture and Rural Development. In November the minister announced the creation of a Farm Safety Advisory Council. Can the minister tell us what has happened since then?

The Speaker: The hon. minister.

Mr. Hayden: Well, thank you, Mr. Speaker. Actually, today we announced the 15 members of the Farm Safety Advisory Council. They include members from diverse backgrounds in primary agriculture, agribusiness, and safety areas. The council will be co-chaired by one of my assistant deputy ministers. It came about

through recommendations from a consultation process that involved groups that represented 50,000 primary and agrifood businesses throughout the province.

Mr. Berger: To the same minister: how do we know one sector of agriculture will not overly influence the direction of this council? In other words, is this council going to work in the interests of all agricultural producers, not just one sector of the industry?

The Speaker: The hon. minister.

Mr. Hayden: Well, thank you, Mr. Speaker. In fact, all areas of agriculture are represented: forage, grain, beef, and dairy. Even beekeepers are represented. These people are all well known within the industry and all have a good background in concerns with respect to safety. I know that they're going to work very well together and be a good board.

The Speaker: The hon. member.

Mr. Berger: Thank you. My final question is: what will the council be doing in regard to on-farm industries that actually have nothing to do with food production?

Mr. Hayden: Well, Mr. Speaker, a priority of the council is going to be to develop a joint industry and government action plan on farm safety. In addition, the advisory council is going to be responsible for helping government enhance the safety programs and training that we have in place right now and co-ordinate a communication approach and strategy with the industry. Agriculture is a very unique industry, and we've always said that government shares the responsibility for the safety of these people.

The Speaker: The hon. Member for Lethbridge-East, followed by the hon. Member for Whitecourt-St. Anne.

Farm Worker Safety

Ms Pastoor: Thank you, Mr. Speaker. The former member probably looked at my questions because this is an excellent segue. When an explosion at a natural gas well in Edson injured 12 workers earlier this month, provincial safety inspectors rushed to the scene to investigate. But when two Albertans were tragically killed in December, safety inspectors sent to the site had to turn around and go home. Why? The second incident involved paid farm workers, meaning that occupational health and safety inspectors are not allowed to investigate. To the Minister of Agriculture and Rural Development: will the minister support the Alberta Liberals' call earlier this year to make investigations mandatory for serious farm safety accidents?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. What the minister will support is what has been recommended by the industry. Alberta's farmers and rural Albertans are no different than urban Albertans. They want government out of their face. They want us to help them with the tools that are available, and we're going to do that. We're not going to complicate their lives. But what they are unanimous on in rural Alberta and urban Alberta is that they have no respect for ambulance chasers.

Ms Pastoor: How is the government supposed to design an adequate program to reduce the number of farm worker deaths and injuries when you don't even investigate the causes of the incidents?

Mr. Hayden: Mr. Speaker, we do investigate. We take a great deal of pride in the work that we do along with the producers in the province and the different organizations to try and ensure that we save lives of Alberta farmers and agriculture industry people by reducing injuries, and we're doing that. That's where our concentration is now, and that's what the industry has asked us for.

2:30

Ms Pastoor: Will any of those investigations be made public, and will the newly appointed farm safety council have any power to request inquiries? A simple order in council could address this. I might add that there's only one representative south of Calgary.

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. We will do as we've done with the original consultations: we'll take very seriously any recommendations that come forward. We do have Laura Nelson from Raymond, Alberta, in southern Alberta, which is very close to the border. We've got people throughout the province. I suppose it depends where you want to put a pin on the map. If you want to go to the middle of our province, that's Swan Hills, then all but two members are in southern Alberta.

The Speaker: The hon. Member for Whitecourt-St. Anne, followed by the hon. Member for Calgary-Fish Creek.

Land Sales

Mr. VanderBurg: Well, thank you, Mr. Speaker. My questions today are all to the Minister of Energy. Last week Alberta had another land sale record, earning approximately \$160 million for the province. This follows a record year of land sales with revenues over \$2 billion for the first time in history. Mr. Minister, can you tell me if these land sales are because of the price of oil, because of the new finds, or because of our new competitiveness review?

Mr. Liepert: Mr. Speaker, the short answer is probably all of the above. What it really boils down to is that it's a situation where as government we worked with industry to see what needed to be done in order that these land sales could take place. I think a lot of what we did last spring in changing the fiscal regime was around new technologies that are now being employed, things that I don't know much about but that certainly are part of the industry – horizontal drilling, multifracking, those kinds of things – and it's paying off.

Mr. VanderBurg: Well, again to the same minister. All of those technologies are centred in my constituency of Whitecourt-St. Anne, a very important service sector. Can you tell me how soon these benefits will reach the northwest part of our province?

Mr. Liepert: Well, I think that it's pretty evident that it's reaching all of the province, Mr. Speaker. It doesn't matter what corner you go to in this province, from High Level to Milk River, the activity is very buoyant. I know that last week's and a couple of the other major sales that happened recently were actually in my colleague's constituency of Grande Prairie-Smoky, but they're very close to where this particular member represents, and I'm sure the economic spinoff will impact positively his constituency.

Mr. VanderBurg: Well, in our part of the province we all know that in Whitecourt-St. Anne we service the Grande Prairie-Smoky area as well, and we do that, you know, with a lot of the sector that's in Grande Prairie and in Whitecourt and in Edson.

The Speaker: Now, finish with your question there.

Mr. VanderBurg: So, Mr. Minister, when will we expect to see the wheels rolling on our machinery?

Mr. Liepert: Well, I think the wheels are rolling right now. In some cases I know industry is expressing concerns about labour shortages, about inflationary costs relative to input costs. But it's a good problem to have. I was very interested on the weekend, Mr. Speaker, where one of the economists was quoted in the daily media as calling Alberta the job creation machine.

The Speaker: The hon. Member for Calgary-Fish Creek, followed by the hon. Member for Calgary-McCall.

Health Quality Council Review (continued)

Mrs. Forsyth: Thank you, Mr. Speaker. As the Wildrose health critic I've been hearing all week from doctors and health care professionals, and these are not preposterous allegations despite what the health minister has indicated in the past. One doctor – let's call him Dr. X – called me to say that he knows of nondisclosure agreements that have been signed by health care workers who were silenced after advocating for patients. My questions are all to the health minister. Given that there is more than one doctor willing to testify, will you immediately call a public inquiry?

Mr. Zwozdesky: Mr. Speaker, I don't know who Dr. X is, but Dr. X is certainly welcome to speak to Dr. Y, and Dr. Y is Dr. John Cowell.

Mrs. Forsyth: Well, Mr. Speaker, the health professionals I'm hearing from indicate that that's not enough.

Given that I was e-mailed a letter, that I'm now happy to table, from a doctor – and let's call him Dr. Y – who indicated that there are many cases of physicians being intimidated and discredited and that there's a daunting culture of silence that needs to be broken, Mr. Minister, will you please immediately call a public inquiry?

Mr. Zwozdesky: Mr. Speaker, I don't see the need for a public inquiry at this time because we already have an independent review going on, and I've explained that.

What I'd like this hon. member to do is explain to us how five politicians would stand there from the opposition on Friday and make some outrageous remarks that somehow infer that there was some grand conspiracy, which there never was, that involved the College of Physicians and Surgeons, the Alberta Medical Association, the two faculties of university in Edmonton and Calgary as well as a former health authority, and they stand united by that.

Mrs. Forsyth: Minister, I don't think that Albertans would call what we did on Friday outrageous, quite frankly.

Given that it's not only doctors I'm receiving calls from – as well, there's the case with Nurse Z who complained to me this weekend about the silence imposed on everyone because of the strict Alberta Health Services code of conduct – will you immediately call a public inquiry?

Mr. Zwozdesky: Mr. Speaker, in this case I think she referred to a nurse. I would encourage that nurse to get in touch with the Health Quality Council. They can also get in touch with CARNA or any other organization if they wish. The point here is that there is a process in place where all of these suggestions or points can be

made, and that process is to contact the Health Quality Council of Alberta, a credible, knowledgeable, and very skilled organization.

The Speaker: The hon. Member for Calgary-McCall, followed by the hon. Member for St. Albert.

Fort McMurray Apartment Evacuations

Mr. Kang: Thank you, Mr. Speaker. Over the weekend more than 300 people were evacuated from several apartment buildings in Fort McMurray after engineers found the buildings unsafe. Albertans have a long list of complaints when it comes to oversight of the construction industry. To the Minister of Service Alberta: beginning with the home inspections can the minister explain what interests continue to delay action on this issue 18 months after Service Alberta announced it was consulting with the stakeholders?

The Speaker: The hon. minister.

Mr. Danyluk: Thank you very much, Mr. Speaker. This is a serious situation, and the regional municipality of Wood Buffalo has taken action in the interest of safety. There are multiple legal issues involved, and I will take this under advisement and refer it to the Minister of Municipal Affairs.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. Albertans are hurting out there, and the government is so slow taking any action about the plight of Albertans. To the minister again: with the Alberta economy heating up, when can Albertans expect the minister to finally put forward amendments to the Fair Trading Act to give some protection from shoddy workmanship?

Mr. Danyluk: Well, Mr. Speaker, the independent municipalities are responsible for, I guess, the enforcement of the safety codes. There's no doubt that the safety codes and building codes are brought forward by this government, but municipalities are responsible for making sure that those safety codes and building codes are implemented.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. All those codes are inadequate, and we should have some uniformity there and some enforcement in the building codes. To the minister again: given that in the Fort McMurray episode the condominium association had to shoulder the costs of the inspections, can the minister tell us when we might expect some results from the long-running Condominium Property Act review?

Mr. Danyluk: Well, Mr. Speaker, first of all, I want to say that as far as building codes and safety codes, they are being readjusted all the time and being updated, and the hon. member has an opportunity for input.

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

Métis Settlements Land Tenure

Mr. Allred: Thank you, Mr. Speaker. In 1990 the government of Alberta passed the Metis Settlements Act, giving the Métis settlements a form of self-government. The legislation also established a unique form of communal land tenure on the Métis settlements.

Unfortunately, this communal land tenure does not allow for the land to be mortgaged. To the minister of aboriginal affairs: has the effect of this legislation been reviewed by the Métis settlements and/or your department?

Mr. Webber: Well, thank you, hon. member, for that interesting question. I can say that yes, absolutely, the legislation effects have been reviewed by the Métis settlements, and it was done a number of years ago. They did submit a business case to the government back in 2007, which did recognize some of the challenges that they face with the current Métis land structure, but the business case, Mr. Speaker, also identified a number of options to deal with these challenges, including investment through land planning and creating long-term land leases.

2:40

The Speaker: The hon. member.

Mr. Allred: Thank you, Mr. Speaker. Given that the noted economist Hernando de Soto has posited that citizens need to have title that they can leverage by way of mortgages in order to establish themselves economically in society, does the hon. minister feel that the Métis settlement system of land tenure is viable to establish self-reliant communities in the Métis settlements?

Mr. Webber: Mr. Speaker, the Metis Settlements Act does have the ability for them to develop and carry out policies that will contribute to self-reliance. I can tell you that the settlements did insist on the current land structure when the legislation was passed back in 1990. Over the years the settlements have remained consistent in wanting their land secured the way it is for their future generations.

The Speaker: The hon. member.

Mr. Allred: Thank you. Given that the Metis Settlements Act has been in place for 20 years now and the original monetary settlement has been extended for three years, when does the minister think that the Métis settlements will become self-sustaining?

Mr. Webber: Well, Mr. Speaker, first I need to clarify that the original funding agreement ended in 2007. We entered into a transitional funding agreement in 2008, which provided an additional \$18 million over three years, and it does come to its scheduled end here this month. In regard to the hon. member's question on self-sustainability the settlements have made a lot of progress since the legislation came into effect, but like any local government each settlement is at a different level of achieving its goals.

The Speaker: The hon. Member for Edmonton-Centre, followed by the hon. Member for Leduc-Beaumont-Devon.

Abandoned Wells

Ms Blakeman: Thanks very much, Mr. Speaker. This government talks big when it comes to the oil and gas industry covering the costs of cleanup after development, but collecting \$12 million this year to cover the cost of cleaning up abandoned or orphaned wells and \$820 million for the life of the fund for reclaiming the oil sands simply won't cover it. To the Minister of Environment: when the government has collected only \$12,000 per hectare from industry to pay for a cleanup that will actually cost closer to \$150,000 per hectare, why is the taxpayer inevitably on the hook?

Mr. Renner: Mr. Speaker, let's be very clear. It is the industry who is on the hook to do the cleanup. The funds that the member

refers to are only contingency funds in case the circumstance should arise that the industry that created the disturbance is no longer economically viable. That is by far the exception, not the rule.

Ms Blakeman: Sorry. The bottom line is that the buck stops with the taxpayers if there's no oil company to cover it.

Still to the minister: why won't the minister require companies to put up the cash for cleanup at the start of a project with the opportunity for top-ups as the project expands instead of allowing oil sands companies to push payments to the end of the life of the project? That increases the risk and the liability for taxpayers if the companies go bankrupt or walk away.

Mr. Renner: Mr. Speaker, I'm a little confused. I don't know if the member is referring to oil sands development or oil and gas well development.

Ms Blakeman: Both.

Mr. Renner: Well, she says both, Mr. Speaker. Unfortunately, there are two sets of rules, so I can't answer the question in the way that it was asked. I will say that we have been developing a very robust new revised regime for mine liability. I announced last week that we would be coming forward with the details, and I encourage the member to stay tuned because it should be later this week.

The Speaker: The hon. member, please.

Ms Blakeman: Thanks. The final question is to the Minister of Energy. Why did the minister give cleanup of the environment no consideration at all when developing the oil sands progressive reclamation strategy, proposing virtually no payment from the oil sands sector for reclamation until the end of the life of the project, where they can determine when the end of the life is?

Mr. Renner: Mr. Speaker, the program that the member refers to was developed by Alberta Environment, and that's the program that I referenced earlier. Despite the fact that the opposition felt it necessary to release the documents in advance of our scheduled announcement, the announcement is still scheduled, and it will be later this week. I encourage the member to come and get all of the details.

The Speaker: The hon. Member for Leduc-Beaumont-Devon, followed by the hon. Member for Calgary-Varsity.

School Construction in Beaumont

Mr. Rogers: Thank you, Mr. Speaker. The town of Beaumont is one of the fastest growing communities in Canada, with about 25 to 30 per cent of the population being of school age. The schools are bursting at the seams. To the Minister of Education: why was nothing included in this year's budget to rectify this situation, and when can the parents and the students of Beaumont expect some relief?

The Speaker: The hon. minister.

Mr. Hancock: Well, thank you, Mr. Speaker. There are a number of communities across this province which are suffering from the same issue. That's a wonderful issue to suffer from. It's an issue of growth, it's an issue of people wanting to come to this province and work in this province because of the good opportunities here, and it's an issue of people having their families and raising their

families in Alberta. The fact of the matter is that the capital spending for a new school in Beaumont wouldn't hit the actual budget for two years out or three years out. We're working on the issue with respect to the capital plan. We hope to be able to do some things which will help communities like . . .

The Speaker: The hon. member now, please.

Mr. Rogers: Well, thank you, Mr. Speaker. To the minister: thank you for that answer. It's encouraging, Mr. Minister, that you suggest that there may be some relief coming in the near future on the capital side, but assuming that an announcement is sometime soon, nothing would start for three to five years. What is your department doing to work with St. Thomas Aquinas and Black Gold schools to mitigate the current overcrowding?

Mr. Hancock: Actually, Mr. Speaker, as the hon. member knows, I've met with both of those jurisdictions on a number of occasions over the past year to discuss the issue. We have moved forward in approving STAR, St. Thomas Aquinas Roman Catholic, to move ahead to lease space, not the best space possible but at least where they can start a school in Beaumont and have some accommodation for students. We're working with the Black Gold board to acquire more modulars so that they can deal with their population growth.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker, and I do thank you for that, Mr. Minister, on behalf of the parents of Beaumont. That temporary school really has made a big difference in the community, but with the growth that is going on not only in Beaumont but in Leduc and many other parts of the area that I represent, how can the parents be assured that this situation will not occur again in the future?

The Speaker: The hon. minister.

Mr. Hancock: Thank you, Mr. Speaker. In the Department of Education we have some very good people who have developed with help a very strong demographic modelling tool which allows us to work with school boards to predict growth in student population, to take a look at where we need the new schools, where the growth is going to be, where the student spaces are needed. We also have in our capital development department a group that works with school boards in regions to do value reviews to see how we can make the best use of the public space that's available regardless of what school board owns it. We can do appropriate planning to determine what we need to do with respect to improvement of schools that we already have and where we need to build new. There's a considerable amount of work that's happened and considerably more work now in terms of how we finance and build.

The Speaker: Hon. members, that now concludes Oral Question Period for today. Seventeen members were recognized. There were 102 questions and responses.

Because of the time and the requirements of our standing orders and the 3 o'clock situation, we are going to move forward immediately now with Members' Statements, and I'm going to call on first of all the hon. Member for Bonnyville-Cold Lake.

Mr. Hancock: Mr. Speaker, rather than interrupt a speaker while they're speaking in Members' Statements, I wonder if it might be appropriate now to ask for unanimous consent to waive the standing order and allow the Routine to move past 3 p.m.

The Speaker: I can certainly do that. The request is that we allow the Routine to move beyond 3 o'clock p.m., and I'll ask it in such a way: if any member is opposed, please say no. Is any member opposed? Okay.

[Unanimous consent granted]

Members' Statements

The Speaker: Hon. members, we have received on behalf of the Legislative Assembly of Alberta a message from Her Majesty the Queen, Head of the Commonwealth, a message for dispersal this Commonwealth Day titled Women: Agents of Change! I now would like to invite the hon. Member for Bonnyville-Cold Lake, Alberta's representative on Canadian Women Parliamentarians, to present Her Majesty's message as part of her member's statement today.

Commonwealth Day Message from the Queen

Mrs. Leskiw: Thank you, Mr. Speaker.

Last week, on the 8th of March, we marked the hundredth anniversary of the first International Women's Day. The idea of having a women's day was first proposed against the backdrop of the rapid industrialisation in the early twentieth century. From small beginnings, this idea has grown to become a widely recognised way of celebrating women around the world. While some people use this day to acknowledge the love, admiration and respect for women, others use it to remember the great social and political strides made both by and for women in the last hundred years. There is no right or wrong approach.

[Mr. Mitzel in the chair]

In the Commonwealth, every year, 26 million girls are born; and this equates to one new baby girl arriving almost every second of every day. In the time it takes to hold the Commonwealth Observance Service at Westminster Abbey, nearly four thousand girls will have been born in Commonwealth lands. And every one of these births marks the start of a new life, a journey which begins with the hopes of parents, families and communities, and which is continued through the aspirations of those girls themselves.

2:50

This year, the Commonwealth celebrates the important role that women already play in every walk of life and in every Commonwealth country – from the richest to the poorest areas, across continents and oceans, from villages to places of international debate, in every culture and faith – recognising that women are "agents of change" in so many ways: as mothers and sisters, teachers and doctors, artists and craftspeople, smallholders and entrepreneurs, and as leaders of our societies, unleashing the potential of those around them.

And also this year, the Commonwealth reflects on what more could be achieved if women were able to play an even larger role. For example, I am encouraged that last year the Commonwealth launched a global effort to train and support half a million more midwives worldwide. In all this work the commendable goal is to create a greater opportunity for women as children and adults to pursue their hopes and dreams, to attain their goals, and to make best use of their talents and knowledge.

Thank you.

Health Care System Public Inquiry Request

Mr. Hehr: Trust, accountability, and openness are absolutely vital to Canadian democracy. When a government loses the confidence

of its people, when citizens take everything the government says with a huge grain of salt, our entire society suffers. This government's mismanagement of public health care and its ham-handed approach to criticism from health care professionals at the heart of the system have shaken people's trust and confidence.

That's why on Friday representatives of all opposition parties as well as the hon. Member for Edmonton-Meadowlark issued a joint call for a full public inquiry, an independent inquiry with full protection for witnesses, led by a justice of the Crown. This unprecedented step was taken because of startling new suggestions that at least one doctor was intimidated into keeping quiet about problems in health care delivery. If there is even a grain of truth in these allegations, then we must get to the bottom of the affair and any others that have yet to come to light.

It's time to clear the air. It's time to stop intimidating doctors. It's time to learn the full sordid truth about this government's mismanagement of health care and its alleged attempts to cover up this mismanagement. I urge this government to leave a legacy it can be proud of, to allow a full public inquiry free of government censorship and interference so that Albertans can regain their trust in government and so that our health care professionals can finally feel free to speak out about the challenge they face in properly treating their patients. It's the right thing to do.

Thank you, Mr. Speaker.

The Acting Speaker: The hon. Member for Strathcona.

National Social Work Week

Mr. Quest: Thank you, Mr. Speaker. I'm pleased to rise today in recognition of National Social Work Week, which celebrates an important profession with a long history of commitment to improving the well-being of people in our province. Social workers help people facing some of the most difficult and challenging circumstances of their lives, assist families in need, and reach out to others facing social, health, and financial problems. They provide counselling, advice, and support for people who want to better their situation. This year's National Social Work Week theme is Social Workers for Dignity and Inclusion: Upholding Human Rights.

In promoting human rights and inclusion, social workers help to improve the dignity and well-being of all. Social workers ensure that children and youth are kept safe, that people with disabilities receive assistance, and that families receive the support they need to be strong and to stay together.

Alberta is privileged to have skilled and dedicated professionals delivering programs and services to our children and families. Thank you to all of those who are in this honourable profession and who undertake the task of working with our most vulnerable.

I encourage all members to take the time this week to recognize the important contribution social workers make to the lives of all Albertans.

Thank you, Mr. Speaker.

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

Vulnerable Infant Response Team

Mr. Bhullar: Thank you very much, Mr. Speaker. A sad reality in our world is that an increasing number of vulnerable infants are coming to the attention of Calgary and area child and family services authorities each month because of neglect or abuse. We must deal with such circumstances proactively, before a precious child suffers. We must aim to keep families together.

That's why I'm very pleased that this past Friday the Minister of Children and Youth Services announced a new Alberta Vulnerable Infant Response Team in Calgary. This new, \$1 million initiative is a team of child and family services caseworkers, public health nurses, and a Calgary police officer working closely together to assess families with vulnerable babies, develop safety plans, and provide immediate and strong supports to families before a crisis occurs.

[The Speaker in the chair]

Depending on the challenges a family faces, supports may include addictions or family violence counselling and access to mental health care. Mr. Speaker, through this initiative at-risk parents will get the assistance they need early on so they are able to provide a safe and nurturing home environment for their child. The new Alberta Vulnerable Infant Response Team will help at-risk parents with challenging life situations learn parenting and coping skills to keep babies safe and well cared for and families together.

Thank you, Mr. Speaker.

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

Community Initiatives Program

Mr. Elniski: Thank you, Mr. Speaker. Churchill said that the loudest sound he usually heard was that of axes grinding. We live in a noisy world, and we work in noisy places. All the noise, however unpleasant, cannot drown out the sound of the good such as the sounds of a senior with Alzheimer's clapping her hands to a long-forgotten song played on a new baby grand piano or the cheering of a gymnasium full of junior high students celebrating the work of their principal and teachers in getting them a new workout centre. These are the sounds and the joys of small yet mighty community initiatives program grants.

Each of the two groups I talked about used roughly \$16,000 in grant money to make a big difference. In the first example the Rotary Club of Edmonton West raised \$32,000 for a baby grand piano for the Grandview seniors' home in the Edmonton-Riverview constituency. I'm told that Senator Tommy Banks has offered to christen the piano and that the hon. Member for Edmonton-Riverview has offered to sing the opening song. I look forward to being there as it should be a night to remember.

Spruce Avenue school principal and former Edmonton Eskimo Chris Morris raised a similar sum to turn part of his school's stage into a fitness centre. Spruce Avenue school is in my constituency of Edmonton-Calder. The fitness equipment supplier sold the school a fully refurbished workout centre, exactly the same equipment he sells to the football team. It's high-quality stuff. If it stands up to the players, it should last a long time in a junior high.

So to groups like the Rotary Club of Edmonton West, the downtown Rotary, the staff and parents of Spruce Avenue school, thank you for your foresight, your creativity, and efficiency in making these things happen. I have listed but two of hundreds of small expenditures that make big differences. You have in your own way made life a better thing for those close to and around you. It didn't cost much, but it is worth a great deal.

Thank you.

The Speaker: The hon. Member for Edmonton-Mill Woods.

Community Facility Enhancement Program

Mr. Benito: Thank you very much, Mr. Speaker. I rise today to recognize an outstanding program and speak to how it benefited

the constituents in my constituency of Edmonton-Mill Woods. The Ministry of Culture and Community Spirit established the community facility enhancement program to help foster the unique characteristics of Alberta's many communities. This program has been designed to respond to local facility enhancement needs and to work in partnership with community groups and volunteers.

The community facility enhancement program assists communities with the construction, renovation, or redevelopment of community public-use facilities and is designed to help enhance the quality of life in communities across the province.

Mr. Speaker, two Saturdays ago I was able to see first-hand how the community facility enhancement program benefits local communities. In my constituency I was able to present a cheque for \$125,000 to the Ghana Friendship Association for the purchase of a community centre. The cheque presentation coincided with the 54th anniversary of Ghana's Independence Day, Edmonton's Ghana Week, and it saw a large number of Ghanaians and members of the African community on hand. I feel that this \$125,000 cheque for the purchase of the community centre will make Mill Woods a better place to live and raise a family.

Thank you very much, Mr. Speaker.

The Speaker: The hon. Member for West Yellowhead.

3:00 Firefighters at Robb Gas Well Blowout

Mr. Campbell: Thank you, Mr. Speaker. I'd like to rise today to acknowledge the events which happened at the Husky natural gas well near Robb last Monday. In an unfortunate incident 11 workers, including four firefighters, were injured due to a flash fire caused by fracking operations at the well. The firefighters showed great courage in their battle to contain the blaze as they fought to extinguish the flames and rescue injured individuals despite suffering burns to their hands and faces.

These firefighters were employees of HSE Integrated, an industrial safety services firm, and the company president, David Yager, stated: "Every single one of our firefighters came out with another injured worker. They're heroes."

Mr. Speaker, I'm pleased to say that our government is committed to ensuring that these firefighters and all firefighters injured on the job have the best care. The burn unit at the University of Alberta hospital is among the best in the world, and I'm sure these four firefighters will receive unparalleled treatment through the duration of their stay.

While the names of these injured firefighters have not been yet released, I commend them for their valour and courage, and I wish them the very best in their recovery.

Thank you, Mr. Speaker.

Notices of Motions

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

Ms Blakeman: Yes, Mr. Speaker. At this point I'd like to give oral notice of a Standing Order 30 request, and I have the appropriate number of copies to be distributed. The request is that we would suspend the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, the new evidence that has surfaced demonstrating that the government silenced critics of the health care system, thereby contributing to the crisis in Alberta's health care and undermining confidence in public health care.

Thank you.

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

Mr. Anderson: Thank you, Mr. Speaker. Under Standing Order 30 I'd like to serve notice that

the ordinary business of the Legislative Assembly be adjourned to discuss a matter of urgent public importance; namely, that given the willingness of multiple health professionals to now come forward under the protection of a full and independent public inquiry, the need for the government to immediately appoint a commission under the Public Inquiries Act to investigate allegations that health care professionals may have been intimidated or faced the loss of employment or professional certification or had their character or mental health questioned unfairly in order to prevent them from speaking out publicly about deficiencies in the delivery of health care such as excessive wait times for cancer surgeries, leading in a number of cases to unnecessary death, and, further, that individuals may have received payments from public health authorities in exchange for their silence.

I have the requisite table copies.

Introduction of Bills

The Speaker: The President of the Treasury Board and Minister of Finance and Enterprise.

Bill 13

Appropriation (Interim Supply) Act, 2011

Mr. Snelgrove: Thank you, Mr. Speaker. I request leave to introduce Bill 13, the Appropriation (Interim Supply) Act, 2011. This being a money bill, His Honour the Honourable the Lieutenant Governor, having been informed of the contents of this bill, recommends the same to the Assembly.

[Motion carried; Bill 13 read a first time]

The Speaker: The hon. Member for Grande Prairie-Wapiti.

Bill 14

Wills and Succession Amendment Act, 2011

Mr. Drysdale: Thank you, Mr. Speaker. I rise today to request leave to introduce first reading of Bill 14, the Wills and Succession Amendment Act, 2011.

The Wills and Succession Act governs how and to whom property is transferred when a person dies. Bill 14 will amend this legislation to clarify that the new court powers to validate or correct wills may only be exercised in respect of wills of those who die after the act comes into force. This amendment corrects an issue in the original act which seems to allow correction powers such as the power to rectify a will by adding words that were mistakenly omitted to apply to wills of people who are already dead. We want to avoid uncertainty and to avoid costs or delays caused by people trying to open closed matters or hold up administration of estates.

Thank you.

[Motion carried; Bill 14 read a first time]

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I move that Bill 14 be moved onto the Order Paper under Government Bills and Orders.

[Motion carried]

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

Bill 15 Victims of Crime Amendment Act, 2011

Mr. Oberle: Thank you, Mr. Speaker. I rise and request leave to introduce a bill being Bill 15, the Victims of Crime Amendment Act, 2011.

Mr. Speaker, this bill seeks to amend the Victims of Crime Act, hence the crafty name. We hope to ensure that the services we provide in Alberta to victims of crime are both timely and fair.

Thank you, Mr. Speaker.

[Motion carried; Bill 15 read a first time]

Tabling Returns and Reports

The Speaker: I have down here the hon. Member for Calgary-Mountain View. Is there a tabling? Hon. Member for Lethbridge-East, proceed.

Ms Pastoor: Yes. Thank you, Mr. Speaker. I will be tabling on behalf of my colleague the Member for Calgary-Mountain View, Leader of the Official Opposition. These are actually tablings from last week that had been corrected. It's the five copies of a letter concerning gender reassignment.

Nine letters are from physicians who are again asking why there's going to be a cut in the physician support programs.

Thank you.

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

Mr. Chase: Thank you, Mr. Speaker. I am tabling e-mails from the following individuals concerned about block cutting, otherwise known as clear-cutting, in the Castle wilderness: Roger Gagne, Larry Semchuk, Julie Walker, Katrina Kellner, Richard Collier, Annette Le Faive, Timothy Petkau, Lisa Hurst, Sean Willis, Joan Poulsen, Morris Prokop, Margaret Roberts, Rebecca Hohnsbein, Debra Bornhuse, Wendy Francis, Catherine Diebel, Adrian Thyse, Jeremy Derksen, Leanne Silva, Daniel Rudy, Elaine Roberts, Gene Oleksin, Robert Reeves, Terry Hrudehy, and Dorothy Tovell.

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

Mr. Mason: Thank you very much, Mr. Speaker. I have two sets of tablings today. The first is a letter to the Premier that was sent to him today, signed by the hon. Leader of the Official Opposition, the leader of the Wildrose Alliance Party, the House leader of the Alberta Party, the MLA for Edmonton-Meadowlark as well as myself, leader of the NDP opposition. The letter calls for a public inquiry, and it goes on to say that the Health Quality Council cannot compel witnesses to testify nor require evidence be produced and lacks power to overrule non-disclosure agreements. It does not have sufficient independence from government, or sufficient separation from the medical establishment.

My second set of tablings, Mr. Speaker, is a series of documents outlining the public statements of the Premier. The first one, from March 9, is entitled Premier Rejects Health Inquiry. The second one, from March 11, reads: Health Inquiry Ordered. Finally, on March 14 it says that the Premier quashes inquiry calls. I'm expecting another one in a few days.

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

Ms Notley: Thank you, Mr. Speaker. I'd like to table the appropriate number of copies of a poll recently released regarding the

future of the Castle special management area. The poll finds that over 85 per cent of Lethbridge and Coaldale residents oppose logging in the Castle special management area west of Pincher Creek. A similarly overwhelming majority instead support the establishment of a wildland park, and 94 per cent of residents favour protection of the Castle watershed and wildlife habitat over recreational use. The Legislature, therefore, ought to act to protect this special area.

Thank you.

3:10

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

Dr. Sherman: Thank you, Mr. Speaker. I wish to table three separate tablings. The first is a letter dated September 10, 1999. It's on Capital health letterhead. It's about a physician who had a conflict with the hospital administration over patients suffering and dying in emergency rooms. It's a notice under the Trespass to Premises Act for the physician not to attend the hospital facilities anymore.

My second tabling is a letter dated September 14, 1999. It's on Capital health letterhead. It's about that same physician and his privileges being brought into question, and it's signed by an executive vice-president and chief clinical officer of Capital health, also the associate dean of clinical affairs for the Faculty of Medicine & Dentistry.

Then I have a third tabling dated June 5, 2000. It's from the deputy registrar of the College of Physicians and Surgeons about the said physician in question, saying that there is "no negative entry in your personal file at the College offices. You are in good standing at this time," and you're free to practise medicine. There are no impediments based on competency or mental health issues. Mr. Speaker, that physician is this current member of the Legislature.

Thank you.

The Speaker: Are there others? Calgary-Fish Creek.

Mrs. Forsyth: Thank you, Mr. Speaker. I'll be tabling a letter that I got from Dr. Y and that I referred to in my questions in question period, where he said:

There are so many of us, wanting to do the right thing for patients, but who are working in fear of retribution if we speak out.

I have direct knowledge of several health professionals, who were negatively impacted by their efforts to advocate for better healthcare. They were silenced or worked out, or discredited, one after the other. I have also been . . . impacted by this "muzzling of physicians voices", and this "culture of silence" was simply reinforced. Anyone questioning the status quo would be "dealt with" rapidly and effectively.

He goes on: "Our moral distress continues . . ."

The Speaker: Hon. member, table the letter. It is not necessary to read the whole letter.

The hon. Minister of Health and Wellness.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. It is my pleasure to rise and table with you the appropriate number of copies in follow-up to an answer I gave during question period earlier today. It's basically my letter to Dr. Tyrrell, chair of the Health Quality Council of Alberta, in which I am asking them to do an independent review and "determine, to the extent possible, the impact of wait times on a group of emergency department patients identified by emergency department physicians, and others." The letter goes on similarly with respect to the impact of wait times on

cancer patients. This, again, will be a fully public document once they finish their review.

Thank you.

The Speaker: Okay. Thank you.

Tablings to the Clerk

The Clerk: I wish to advise the House that the following documents were deposited with the office of the Clerk. On behalf of the hon. Mr. Stelmach, Premier, a partial transcript dated March 9, 2011, from the *Rutherford* show, CHQR/CHED radio, with guest Dr. John Cowell, Health Quality Council, with attached 630 CHED web page dated March 9, 2011.

On behalf of the hon. Mr. Hayden, Minister of Agriculture and Rural Development, pursuant to the Livestock Identification and Commerce Act the Livestock Identification Services Ltd. summary of activities April 1, 2009, to March 31, 2010, fiscal year 2010, with attached financial statements dated March 31, 2010.

On behalf of Dr. Sherman, hon. Member for Edmonton-Meadowlark, Court of Queen's Bench amended statement of claim dated August 27, 2002, between Dr. Ciaran J. McNamee and Ciaran J. McNamee Professional Corporation, plaintiffs, and the University of Alberta hospital, Capital health authority, and Dr. Robert Bear and Dr. Tim Winton, defendants.

The Speaker: Hon. members, we also have three points of order to deal with. The first one is from the hon. Government House Leader, who rose on a point of order. The hon. Government House Leader.

Point of Order Parliamentary Language

Mr. Hancock: Thank you, Mr. Speaker. Earlier today during question period the Leader of the Official Opposition was very intemperate with his remarks on a number of occasions, as he has been both in and outside the House. Specifically, I would raise a point of order under 23(j), "uses abusive or insulting language of a nature likely to create disorder," and (l), "introduces any matter in debate that offends the practices and precedents of the Assembly."

I would also draw the Speaker's attention to a number of citations in *Beauchesne's*, referencing at least one of the statements that was made by the member, where he talks about: "come clean about your government's dishonesty and incompetence by disclosing all cases," et cetera.

Now, Mr. Speaker, it is parliamentary practice to ask questions and even to be aggressive in asking questions, but under *Beauchesne's* 409(7) at page 121 "a question must adhere to the proprieties of the House, in terms of inferences, imputing motives or casting aspersions upon persons within the House or out of it." *Beauchesne's* 411: it must not be hypothetical and be only in relation to current portfolios; it must not reflect on character. The short of it is that as parliamentarians there's a duty on us to act in the public interest, and that includes letting the public know. That's 410(4), that I was going to cite. "In the view of the watching public, decorum is of importance."

It is absolutely inappropriate to use language alleging dishonesty and corruption except in one very, very important circumstance, and that is the circumstance where you're prepared to bring evidence to show it. In that case it's appropriate to have that referred to the appropriate officer of the House or to the police for investigation. But if you do not have evidence of dishonesty or corruption, it is absolutely without the proprieties of

the House to use that language to describe members or a collective of members in this House. The hon. member today offended that propriety with his language.

Mr. Speaker, I raise this as a point of order because it is important. We've talked about this on a number of occasions in the past. We can disagree on important matters of public policy and on issues important to the public without being disagreeable, and in fact we have an obligation to do so. If we cannot engage in this House in appropriate levels of public discourse and exchange of ideas and viewpoints without rancour and without allegation and without bringing in accusations about other members, what kind of an example are we setting for the discussion of public policy in this province?

This is a very important role that we have. It's important that we carry out this role with a sense of dignity and decorum, as befits this House, and I would ask you to ask the hon. member to apologize for his offensive language.

The Speaker: The hon. Opposition House Leader.

Ms Blakeman: Thank you very much, Mr. Speaker. I do rise at this time to refute that there is a point of order in this particular instance.

Now, I'm going to take it that the Government House Leader was referring specifically to the one phrase that he put on the record, that had been uttered by the Leader of the Official Opposition. I agree with him that there are many times where we can find language to disagree with each other in this House, but I will say that over a prolonged period of observation, especially in this session but going back several years, there is a movement on behalf of members of the government that genuine questions, backed up by proof of any kind that you wish, are asked by any member of the opposition, and they are met with, generally, a denial, then a trivialization of the issue, and then some sort of insult about the intelligence of the person asking the question or their ability to comprehend the issue or the problem at hand or some other offhandedness. So the respect in this House, for both sides, has been disintegrating for some time. That tone does get set, and it does get set by the government members.

3:20

Now, we have had a particularly spirited discussion back and forth about the need to have an inquiry to investigate the issues that have been brought up around the deaths of the 322 people in emergency care and various forms of care. What we have had from the government is: "Well, we don't answer these questions. I'm not the minister any longer, so I'm not going to answer that question." Or the administration says, "That was then; this is now; that's not our problem" as though it were somehow a different government that was in charge, and that's simply not true.

From the position of the oppositions in this House and, particularly, the Official Opposition we have to try a little harder, yell a little louder, and dig a little deeper to try and get the information out. In fact, I believe that when the Leader of the Official Opposition talked about coming clean and about dishonesty, we have one that has been presented with proof, and that is that we've had a doctor who was in fact chased out of the province, lost their licence, lost their privileges. There was a deal made – and that has been brought on the public record – and there was a payment. If there was nothing wrong – I've never seen the government move with such alacrity to settle something as they did in that particular case.

So proof is on CBC and on their website and now in a number of other media. [interjection] Well, there are interviews with the

individual, and if you don't want to listen to the interviews, I can't help you. But it's certainly public reference. It's certainly available from a number of places. If the government wants to argue about how much proof is enough, okay. We can have that argument. But you said, "Prove that this has happened," and that proof has stepped forward in public, on the record.

To say that the government was dishonest in saying, "This has never happened; it's not our problem; we've never heard of this," yes, I think that a person on the street would see that as dishonest. We have had a number of high-profile medical personnel who've left their positions, Mr. Speaker. We've had four medical officers of health in the Edmonton region, the previous head of the Provincial Laboratory of Public Health. We've had a medical officer of health with Palliser, who is now known as the Leader of the Official Opposition. We've had Dr. O'Connor, a physician for the Fort Chip area, where the government asked both the college and the AMA to review his record. So right there are a number of examples where we have brought forward or the individuals have brought forward that there was an issue, and we can't get any information from the government.

As far as whether or not the language should have been used, it has to be looked at in context, Mr. Speaker, as you have well advised us many times. As I reviewed the citations that were made by the member and that appear for us in *House of Commons Procedure and Practice*, clearly there are examples where on language and decorum the deciding factor is: did it create disorder in the Chamber? Through that question period there were a number of times that disorder was created, and I cannot say that that particular time was the largest disorder. I think, in fact, it was one of the smaller disorders. I can give the Speaker 619 as that particular quote and also, on the previous page under 618, a ruling on the basis of the context in which the language was used.

I would respectfully argue back to my colleague that he believed at the time that he used it – he probably still believes it – that that particular choice of language was in order based on what we have seen and that that was an appropriate choice of language for that time. It's not hypothetical in this case, which was quoted using 411(5). This is not a hypothetical case anymore. It's not. And that's what keeps happening to the opposition. We bring issues up, we're pooh-poohed by the government, and then we're able to back it up. This is another example. We've backed it up. You asked us for evidence. We provided the evidence. Now the evidence isn't good enough; that's not the language that we should use to present it.

Thank you very much for the opportunity to speak, but I do deny that there is a point of order in the context of what was said today and in the context of the larger question period.

Thank you.

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I want to support what the hon. House leader on our side has said, and I want to draw some clarity to the issue in terms of some of the allegations and some of the references that were just made by the previous speaker.

I don't think there's anyone in this House or anyone out there who would not understand the difference between an allegation and truth. I don't think there's anybody who would not understand the difference between a statement of claim, which is a statement from one particular party's interests and from one particular party's side of the argument, and what a statement of defence would be. The fact is that some of the issues they've dealt with seem to fuzzy the issue. They don't provide any clarity.

What the hon. member on the opposition side did today is, in my view, a point of order. I would hope that you will find in that respect. But let's not start dragging in all kinds of other issues to do with clinical skills or practices in medicine that do or don't apply in this case. Let's stick to the point of order. I'm hoping you'll find that there wasn't one.

We'll have ample time perhaps, if the vote goes a certain way, to discuss some of the other issues that this member wishes to raise. Until then, let's get back onto the business of the House.

The Speaker: The hon. Member for Edmonton-Meadowlark on this point of order.

Dr. Sherman: Mr. Speaker, thank you. Having taught medicine and law to medical students for years and having served as an expert witness many times on medical lawsuits, lawsuits are settled three ways. Either the person drops the action, or they go to court, or it's settled. In that particular action Dr. McNamee is unable to speak. The action, therefore, I assume, is settled.

The Speaker: Hon. member, there were no names mentioned in the point of order before us. Let's stay on the point of order. Are you continuing on the point of order? No names mentioned.

Dr. Sherman: My apologies.

With respect to the evidence that was produced in the statement of claim, with Dr. McNamee not being able to speak openly, there are certain allegations . . .

The Speaker: Please sit down. Okay? I think we'll move on if you don't mind.

Who else would like to participate on this point of order? We've got all afternoon. The hon. Member for Edmonton-Riverview. Don't hold back. We're dealing with a point of order.

Dr. Taft: On the point of order, if there was no evidence, then why did the government pay a settlement?

The Speaker: Anybody else want to participate? No?

Well, okay. Here's what happened, just so that everybody can remember, because it's important to get back to the point. The hon. Leader of the Official Opposition is already partway through his answer, but I think these are the words that caused the hon. Government House Leader to rise.

Are you willing, then, to come clean about your government's dishonesty and incompetence by disclosing all cases where the government, Alberta Health Services, regional health authorities paid any form of compensation to people for their silence? Are you willing, sir?

I do believe that it was at that point the hon. Government House Leader rose and dealt with this matter.

Now, it's very, very clear that in our rules – and they've been commented on by various speakers in here already this afternoon – you cannot say that deliberately about any individual member. We have a situation here where it was not really deliberate to one particular member, but the comment was about "your government's dishonesty and incompetence," so clearly some people could make the argument that you are making a direct accusation against another member.

3:30

I'm going to just read again because it's kind of important for us to be reminded of these things: page 618, chapter 13, Rules of Order and Decorum, *House of Commons Procedure and Practice*, second edition, 2009, under Unparliamentary Language.

The proceedings of the House are based on a long-standing tradition of respect for the integrity of all Members.

Good way to begin.

Thus, the use of offensive, provocative or threatening language in the House is strictly forbidden. Personal attacks, insults and obscenities are not in order. A direct charge or accusation against a Member may be made only by way of a substantive motion for which notice is required.

If language used in debate appears questionable to the Speaker, he or she will intervene, as happened this afternoon, when a particular member stood up and referred to a part of his *derrière*.

Nonetheless, any Member who feels aggrieved by a remark or allegation may also bring the matter to the immediate attention of the Speaker on a point of order. Points of order may not be raised during Members' Statements or Question Period, however, the Speaker may address a matter of unparliamentary language at once if he or she believes the matter to be sufficiently serious to merit immediate attention, which happened.

Normally, the matter is dealt with at the conclusion of Question Period. Since the Speaker must rule on the basis of the context in which the language was used, points of order raised in regard to questionable language must be raised as soon as possible after the alleged irregularity has occurred.

And that certainly did happen.

Then there's something in here about if the Speaker didn't hear the words. Well, the Speaker did hear the words, so that paragraph doesn't apply.

In dealing with unparliamentary language, the Speaker takes into account the tone, manner and intention of the Member speaking; the person to whom the words at issue were directed; the degree of provocation; and, most importantly, whether or not the remarks created disorder in the Chamber. Thus, language deemed unparliamentary one day may not necessarily be deemed unparliamentary the following day.

This really helps in arriving at a conclusion, by the way, hon. members.

The codification of unparliamentary language has proven impractical as it is the context in which words or phrases are used that the Chair must consider when deciding whether or not they should be withdrawn. Although an expression may be found to be acceptable, the Speaker has cautioned that any language which leads to disorder in the House should not be used. Expressions which are considered unparliamentary when applied to an individual Member have not always been considered so when applied "in a generic sense" or to a party.

Therein, I think, is where we arrived at this afternoon.

I certainly do not believe that the language is parliamentary in terms of the tradition of the province of Alberta, but by the same token it was not against a particular member although some might argue that it is. No member can accuse another of a deliberate falsehood, and in this case the Leader of the Official Opposition does not directly accuse another member, but it's pretty close to the line. So this is not good reflection – not good reflection – but it's also not going to be upheld as a point of order.

Hon. Member for Airdrie-Chestermere, you have a point of order.

Mr. Anderson: Mr. Speaker, I shall be very brief.

The Speaker: Oh, take your time.

Mr. Anderson: Yeah, exactly. Shovel it under the rug, right?

The standing order is 23(j). What I would just say is that the hon. minister of health said that at a news conference on last Friday members of the opposition besmirched and attacked the

credibility of the members of the College of Physicians and Surgeons, the AMA – that's the Alberta Medical Association – and other health professionals. This statement is categorically untrue and, I think, is abusive and insulting language, and I would hope that the minister would retract that completely untrue statement that he talked about. But with that, I withdraw my point of order. I just wanted to make sure that was on the record.

Thank you, Mr. Speaker.

The Speaker: Sorry. You made an accusation against someone and then withdrew it?

Mr. Anderson: Well, no. Sorry. Mr. Speaker, I just wanted to make sure that it was clear that we did not in fact besmirch the College of Physicians and Surgeons and the AMA, as was alleged by this minister. I'm not asking him to withdraw his comments, and therefore I'm withdrawing my point of order.

The Speaker: I don't know what point you're rising on, but go ahead.

Mr. Zwozdesky: I'm not sure. I think at the very least we need some clarity because at the beginning of his point of order he made some innuendoes about the Speaker shoving something under the rug, and I think he should be held to account for that. I know we don't do points of order on points of order, but since there wasn't a point of order at the end – he's withdrawn it – I'm raising a point of order.

Point of Order Reflections on the Speaker

The Speaker: If the hon. Member for Airdrie-Chestermere said something similar to what you've just said, I would have no choice but to have him disembowelled, but I'm going to give him a chance. I did not hear that. If you said that, honourable sir, have the integrity to stand up and take responsibility.

Mr. Anderson: You know what? This guy wouldn't know the truth if it hit him in the head.

The Speaker: No, no. I want to know.

Mr. Anderson: It's a very shameful comment. I didn't say anything to you about that, and he should withdraw that remark. He's being untruthful and dishonest with this House. [interjections]

The Speaker: Okay. Look. [interjections] Whoa. Settle down here, please. I did not hear any such comment, okay? I asked the hon. member in front of all of you if he'd said the comment. He said he had not. So I'm cool, okay? I feel good about myself. I feel okay, and I don't feel challenged. I'm not taking the medical procedure against the hon. Member for Airdrie-Chestermere.

We have no point of order, and the hon. Minister of Health and Wellness is happy because he's got a smile on his face. You're okay? You're happy?

Mr. Zwozdesky: It's okay. Fine.

The Speaker: That's good. That's good.

Okay, hon. Government House Leader. The third point of order.

Point of Order Allegations against a Member

Mr. Hancock: Well, Mr. Speaker, again rising under 23(h), (i), and (j), (h) being making allegations against another member – in

this case it was against another member; it was against the current minister of health – “imputes false or unavowed motives to another Member” and “uses abusive or insulting language of a nature likely to create disorder.” Also, I’m rising under the appropriate rule in *Beauchesne’s*, which indicates under 409(7), “must adhere to the proprieties of the House” and one of the other rules, that says you can’t ask somebody about . . . Oh, sorry. On page 122, 410(16), “Ministers may be questioned only in relation to current portfolios.”

The language which was offensive essentially was when the Member for Edmonton-Meadowlark persisted, actually, in asking questions about a previous portfolio and actually did so after he was admonished by you that it’s not appropriate to ask those questions. But when the first question was responded to by the minister of health, the minister of health very clearly indicated that at the time the member was talking about, he was the associate minister of health, and I very clearly heard him enunciate the responsibilities that he had in that context.

The Member for Edmonton-Meadowlark then went on to say something to the effect – and I don’t have the benefit of the Blues on this one – that he completely sloughed off his responsibilities. Now, that would seem to be a milder characterization than what we heard previously, but again I go back to the propriety of the place. If we want to really have discussion on public policy that’s meaningful, if we want to engage the public in discussions, then we really do have to be people of good order in this House and set an example in debate. The hon. member was specifically admonished by you not to ask questions about previous portfolios, so he turned the question into a slur and made an allegation against another member and, in his language, made aspersions about the member’s character and conduct.

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

Mr. Zwozdesky: Thank you, Mr. Speaker. I want to respond to this, too, because I do believe there is a point of order that has to be made. The hon. Member for Airdrie-Chestermere made some statements here that are simply not true. They don’t even actually probably deserve this much level of debate. I want to assure the member that everybody was listening and watching when five politicians, five opposition politicians stood together on Friday on a platform and, united they stood, said things like:

Investigate whether or not Health Authorities, the Alberta Medical Association, professional organizations or any other body, including medical faculties, participated in any of the activities included in [the first point raised] and whether or not they did so in conjunction, directly or indirectly, with the Government of Alberta, any of its ministries or with any of its officials, elected or non-elected.

What was item 1, that they all stood there united and solidarity reigns forever? Item 1 was:

Investigate whether or not health care staff and professionals were subject to intimidation, including retribution, professional or employment discipline or the threat thereof.

The quote goes on.

3:40

Another member standing there on Friday said words to the effect of: all of these organizations – the universities, the Alberta Medical Association, College of Physicians and Surgeons, the government, and health authorities, and perhaps others – engaged in a climate that fostered fear and intimidation. They all stood together, and now they’re trying to distance themselves from it.

The Speaker: Hon. Minister of Health and Wellness, I very much enjoyed the last few minutes. I’m trying to conclude in my mind what it has to do with the point of order that has been raised.

As far as I can understand, the hon. Member for Edmonton-Meadowlark said the following.

Thank you, Mr. Speaker. Usually what the guilty always say is: show me the proof. The current Minister of Health and Wellness was associate minister of health at that time. He completely sloughed his responsibility. I was his associate minister of health. I spoke up, and I have a duty and a responsibility not only as a physician but as a legislator when I’m aware of these cases of physicians begging for resources, and the minister completely sloughs any responsibility he has as a legislator.

I believe, hon. Government House Leader, that it was at that point in time that you rose on a point of order.

So we’ve now heard from the hon. Government House Leader and the hon. minister of health. Does anybody else want to get involved in this point of order? Oh, the hon. Member for Edmonton-Meadowlark, by all means.

Dr. Sherman: Thank you, Mr. Speaker. It is truly an honour to be served my first point of order as an elected official for speaking up on an important issue of public safety for Albertans. I was faced with an ethical and moral dilemma. I became aware of something very serious.

The Speaker: Hon. member, with the greatest degree of delicacy, please would you just have a chair. The point here is about the words you used, not about you. It’s about what you said today in the House. It’s not about you. It’s not about the past, not about three weeks ago, four months ago, but today, this afternoon, in the House, the words you used. That’s what this issue is about.

Dr. Sherman: In that case, Mr. Speaker, with respect to using the word “sloughing,” I will apologize to you and the Assembly.

The Speaker: In the history of our Assembly when we receive an apology, we move on. We accept everything, and we move on. So that has now been dealt with. I do believe that that’s cleaned up the three points of order that we had this afternoon. Thank you, hon. member.

Emergency Debate

The Speaker: Now we have the hon. Member for Edmonton-Centre on a Standing Order 30 application, urgency being the key.

Health Care System

Ms Blakeman: Yes, sir. Thank you very much for the opportunity to bring this standing order before the House. I did do the oral notice as required, and it was delivered to the Speaker’s office and also a copy to all of the other caucuses and the independent member. If I may be bold enough to say, I have been asked to make sure that people understand that all of the opposition parties and the independent member are asking for this emergency debate to take place.

I just want to quickly run through the requirements of urgency given that we’re looking for issues that are specific. They are urgent and important and require urgent consideration. Under *Beauchesne* 387 and 389 as well as – I’m sorry; this is the older version – *Marleau and Montpetit*, parliamentary reference, 585 and the parameters set out in *Beauchesne* 387 to 398 we’re looking at an opportunity for debate.

Now, the budget debate, Mr. Speaker, is on April 13. However, that is four weeks from now, and this issue has more immediacy than four weeks away. As well, the format for the debates is now very narrowly focused and doesn't allow for a back-and-forth, wide-ranging debate. There was no mention of this particular issue in the throne speech regarding public inquiries, the 322 cases, or the wait times that connect to them. There was nothing outlined in the government media release of February 14 on the spring session. There's no private member's public bill or private bill on the Order Paper. There are no government motions. There are no motions other than government motions that are likely to come up in any kind of a short time order. The department of health was not included in the supplementary supply budget at all.

In Oral Question Period, obviously, this issue has been raised a number of times, particularly around the issue of public inquiries, but *Beauchesne* 408(1)(e) and (f), 408(2), and 410(7) all speak to brevity, and none of them encourage the kind of debate that we're actually seeking under Standing Order 30. The written questions: there are questions on health and recruitment, but the government did not call them today, and otherwise they are not called and due until day 17, so they are not available to us at this time. There is a motion for a return sponsored by the Member for Edmonton-Highlands-Norwood, again not due until day 24.

None of this is giving us anything that we can work with on an immediate basis given how pressing the public interest is on this particular issue. In that, I'm referencing *Beauchesne* 389, that the public interest will suffer if this issue is not given immediate attention. Certainly, the government has been aware of the 322 cases and the surrounding controversy since 2008. There was no public inquiry called. We're not aware of an internal inquiry.

The Health Quality Council is not sufficient for the level of whistle-blower protection and witness immunity or to address issues of health care professionals' intimidation or the loss of employment. The recruitment and retention of health professionals has been an ongoing challenge in this province, and the urgency of this issue for a public inquiry continues for this House and for Albertans. It is so urgent that the opposition parties and the independent member have joined together, and despite the derision that the health minister seems to hold for that, I think that is generally recognized in the public as a very strong illustration of the seriousness of this issue.

We have had a number of examples that the opposition members have brought forward – and I'm speaking wider than the Official Opposition – and those as general situations and some specific ones have been denied by the government. Then when we try to press further, we're told, "No, I'm no longer the minister there; I'm not responsible," or we get the general response from the government: that was then, this is now, and we're not responsible for what the same government with the same political party made choices about four or five years ago or three years ago. Well, somehow they're not responsible for any of the choices that were made although most of the people there were there for that decision-making process and are still there. Somehow they forget. I guess it's selective amnesia.

It is a crisis of confidence for the public. We know from the recent polling that two-thirds of Albertans do believe that there is an issue around management and mismanagement in the health care system. We wanted to be able to allow a public inquiry and a debate around a public inquiry to allow the government to show their proof, and certainly we've already put ours on the table. Where we're lacking is in the response from the government on why they wouldn't do this.

We have to be able to offer immunity to the witnesses. We have to be able to conduct this as a public inquiry with the full protocol

of the quasi-judicial structure. We need to be able to compel witnesses, sir, because otherwise those witnesses may not come before us. That would be including some of the people that are opposite me on the government benches as well as people working for the government. The government has always denied these allegations, but there is proof, specifically in the case of Dr. Ciaran McNamee, and that is definitely on the record.

What needs to happen today is that a debate needs to go forward. There is no structure or venue for doctors to speak out, and that is why a public inquiry is needed and why we need to hold the debate in this House, suspending the regular order of business in order to debate that public inquiry. I ask the Speaker respectfully to rule in favour of this motion and to put the question to the vote of the Assembly.

Thank you.

3:50

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I would dearly love to stand here and take the same amount of time to refute the rather spurious allegations that have been made by the hon. Member for Edmonton-Centre. However, I do agree with her on one particular issue, and that is that there is an issue of urgent public importance. It's none of the ones that she has raised. I feel a bit like a boxer taking a fall in a fight. It's none of the issues that she has raised. The issue of urgent public importance, that is framed rather ineptly in the motion, is these allegations that are being made about government being corrupt, about government being dishonest, about all those things, referring to character of members of this government rather than to the public importance of issues. It says in the motion, "The new evidence that has surfaced demonstrating that the government silenced critics . . . thereby undermining confidence" in the health system, clearly referring back to earlier statements about allegations that have been made.

Now, a statement of claim is not proof of anything. A statement of claim is, in fact, an allegation. The Member for Edmonton-Riverview said: well, if a statement of claim is issued and an issue is settled, that means there's proof of something. It means absolutely nothing of the sort. Lawsuits are settled all the time for all sorts of reasons and usually without any acceptance of responsibility whatsoever. The hon. member really cannot say that the issuance of a statement of claim means anything.

But there is a matter of urgent public importance here, and that is that we have a discussion in this House, which is the most appropriate place for the discussion, about the allegations that have been raised by the members opposite with respect to the conduct of this government, and that doesn't need a public inquiry.

Members opposite should be prepared to come this afternoon – I presume they've been planning this in concert as a coalition over the weekend – with whatever proof they might have, not just allegations, not just insinuations, not just recklessness. Bring some proof and have some discussion this afternoon of where the government has done wrong. If all they can allege is that some HR manager someplace did something or that management throughout the health system resulted in somebody being fired, that's not proof of corruption. That's not proof of dishonour. That's not proof of fraud. That's not proof of payment of people to go away. Bring the proof, bring it this afternoon, bring it before this Legislature, stand behind what you say, and then go outside and say it again.

The Speaker: Hon. members, under the rules the chair can hear from a number of speakers with respect to this, but here's the dilemma that I have for you. Normally we can get to Orders of the

Day by 3 o'clock. If we would have addressed this matter prior to 3 o'clock and if the ruling would have been in favour of waiving the Routine for the day, there would have been upwards of 180 minutes available for debate. The rules say 10 minutes per speaker. That could have been 18 members to participate. We've now arrived at 6 minutes to 4 o'clock in the afternoon, and I can invite additional people to participate on this, or I can come up with my ruling now. If I invite additional people to participate in this, I suspect we're going to be here until 20 after 4, which means that the number of speakers, if it were to be in the affirmative, would be limited to very few.

There's a real dilemma when we have the Routine of the type that we had today, with lengthy introductions, lengthy tablings, ministerial statements, responses from everyone, 14 members' statements. There is very, very little. So I'm going to look at your body language, and I'm going to conclude in my head that the appropriate thing for me to do is to deal with this matter now.

I have listened to the debate. We received the notice at the appropriate time, by 10:12 this morning. I'll let you read *House of Commons Procedure and Practice*, pages 689 to 696. The motion has already been dealt with.

There's one thing that is very apparent in dealing with one of these matters dealing with emergency debate, and that is of the willingness by the hon. members to proceed with the debate on this matter. I believe that in looking at and hearing what I've heard in the last several hours, there is a willingness to proceed to waive the ordinary business of the day, so I find that the request for leave is in order primarily because of the willingness of the members to participate. By saying that the request for leave is in order, if members are opposed to my decision, you can stand. Well, all right.

Hon. Member for Edmonton-Centre, proceed with your motion under Standing Order 30. Ten minutes per speaker. Oh, by the way, just before you proceed, we do have an issue at 5:15 this afternoon in that we have to deal with the motion that says: in reply to the Lieutenant Governor's speech. At 5:15 the Speaker must put the question, and following that, there's a question on Government Motion 10. So if everybody wants to speak 10 minutes, there is a small number of people who are going to participate. If you speak five minutes, you double up the numbers. I'm going to go in rotation: one opposition, one government, one opposition, one government. That's the way we're going.

Proceed, Edmonton-Centre. You have the floor.

Ms Blakeman: Thank you very much, Mr. Speaker. Just as a point of clarification, then, my 10 minutes starts over?

The Speaker: It starts right now, 15 seconds ago.

Ms Blakeman: Excellent. Thank you so much. I appreciate the willingness of the House to approach this subject because it's clearly one that has caused a great deal of discomfort, if I can say that, on the government side or perhaps anticipation. [interjections] Outrage? Outrage. I'm corrected. My colleagues opposite want to make it clear that they feel this has caused them outrage.

On this side of the House it has created, I have to say, an unprecedented coming together of opposition members, which has indeed made for some interesting coalitions. This is clearly an issue which has transcended the normal boundaries of ideological differences, and people have come together on it, so it is an important one.

Now, let me go back to where this all started because this is about a health care system. Really, do I believe that this health care system is going to end tomorrow? No, I don't, but we as leg-

islators are dealing with the public trust and the credibility of the health system, and every time the government tries to make the system better, they fiddle with the administration, which actually impairs the delivery of the system, so we have a declining public belief in the government's management of a health care system.

Well, what makes that level of belief improve? Generally it's fresh air, sunlight, openness, transparency. If somebody says something and someone else says, "No, it isn't," then you need to be able to show your proof and get it out in the open so that the public can look at that and go: "Okay. Person A said this. Person B said that. All right. I've looked at both of them, and this is who I believe."

Our problem on the opposition side is that repeatedly we see things happen in the health care system. We question the government on it, and as I said, you know, first of all the issue is trivialized. "Oh, that's not a problem." Well, it is a problem. We raised it. People have identified it to us as a problem, and therefore we put it on the table, so to speak, on behalf of Albertans, on behalf of citizens.

4:00

The second part of that is that then they somehow are derisive of the person asking the question, that we don't understand and that we don't have the intelligence to do it, et cetera. That's not transparent. That's not giving us the information that we're looking for. I mean, this government is repeatedly voted the most secretive government in Canada, and I know they're proud of that, but it's not something that Albertans are proud of because we're just trying to find out.

I mean, freedom of information and protection of privacy, as is often said in Alberta – and this involves swear words, so I'm going to put asterisks in place – doesn't mean asterisk off; it's private. It means freedom of information and protection of privacy. It was intended to give the government a process by which they could open the doors of information and give it out to the public so the public could see what they were doing and how they had made decisions.

So what do we have here? We have the case of 322 cases that were brought to the attention of the government several years ago, three years ago now, backed by health professionals the government had hired. These health professionals said: "There is a problem with these cases. Things have gone wrong. You need to do something." Now, the government may well have answered them at the time. I have no idea because they won't tell me, and they won't give me any records that show me that they did answer that. What we see are more health professionals that come forward and go: I'm really concerned about the state of health care, and nobody will listen to me on the government side.

I'm trying not to use people's names, so I wrote down the titles. The representative of the ER doctors in Alberta also had a long e-mail that went public, again describing and referencing many of those original 322 cases and continuing to talk about wait-lists and problems in accessing ER. This time there came out the concern that they were not able to speak out, that there was consternation about the government putting something in place that was muzzling them. Then we get other people coming forward. In fact, that's when we get a member of the government's old caucus coming forward, saying: "That's absolutely right. That's what's happening. Doctors are feeling they can't speak out, that they're muzzled, and more than that, aside from their concern about it doing damage to their patients, it's doing damage to them."

I referenced a number of people that as a citizen I go: "What the heck happened there? Why can't we know what happened?" I am not interested in prying into delicate human resource negotiations.

If there was something else going on there, fine; it's enough that you can say that to me. But nobody did. So we don't know why we ended up with three respected health professionals who were medical officers here in Edmonton who all left their jobs and, I think, even left the province: one, two, three. What?

Now we've lost a number of pathologists from Calgary. Gone, gone, gone. What? Why? If you've got a good workplace and you're supported and you're being well paid and you're not being incredibly overworked, why would you be leaving? These people don't feel they can tell us anything, or perhaps they've signed something that means they can't tell us anything. What does that mean for the citizen? That means they can't find out what's going on in the health care system. How do we find that out? Well, generally, I'll have to say that in the worst-case scenario – by that, I mean in the penultimate scenario – we have to keep pushing this government until everything explodes.

I mean the whole episode with the flight manifests and the flight logs and the: well, you use this word; I use that word. Tomayto, tomahto. It rolls and rolls and rolls. It took a year, and finally all of this stuff comes out. Not incredibly complimentary to the government; I'll give you that. I can see why they didn't necessarily want all that information out there, but finally we did get it out there. It took a lot of pushing to get it, and in this case the pushing is about a public inquiry, and thank you, all, for your willingness to hold that.

I'm not getting it from the body language, but I'm hoping that members of the government will have the information to be able to stand up and actually give us some information about why these people that have signalled there's a problem, you know, why there's no need to look further into what they've raised, or tell us that they will do a public inquiry or that we'll get some kind of information about what's actually gone on here. Since 2008 we've had a series of these.

Let me reassure you that, honestly, there's enough work on my desk and in my constituency office that I don't need to make stuff up. I don't. There's lots for me to do. So if the opposition has gone to the point – well, hey. I'm the critic for Environment. Do you think I wouldn't have done four environment questions if I could have gotten on the board? But I can't get on the board because the rest of my colleagues are so concerned about trying to dig out some answers around what is happening in health care. We don't give over those kinds of presents to others to be able to raise questions without a fight, but those ones, clearly, are going to trump me on the board. They did today, and they did last week, and they did the week before that.

Now we get down to the thing about: you put your evidence on the table or button it. Well, frankly, I'm willing to . . . [Ms Blake-man's speaking time expired]

The Speaker: Hon. members, I have a minimum of 16 speakers ahead that I have on my list, and I'm still dealing with members. So please remember the time frame. We're going to go in this regard for the next four speakers: the Minister of Health and Wellness, then the hon. Member for Calgary-Fish Creek, then the hon. Minister of Justice and Attorney General, then the hon. Member for Edmonton-Highlands-Norwood. Proceed, please.

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I rise in support of this Standing Order 30 having come forward because I think we do need to have this discussion and to clarify several things. I can tell you from the calls that I'm getting, from the e-mails that I'm getting, from letters, and from people stopping me on the street that Albertans have had enough of these unsubstantiated allegations. What they really want is for someone, anyone

who is making these allegations or someone they might know who is behind these allegations or somehow connected to them to come forward with something along the lines of some evidence, preferably with some proof to back that up. If they can, then let's get on with the next steps that might be necessary.

But at this time and at this stage there's just nothing to substantiate such outlandish allegations from the opposition politicians: you know, allegations and claims that people may or may not have died on cancer wait-lists, allegations that doctors were somehow paid hush monies, allegations, for example, that there were possibly two sets of financial records or to cover up payments are absolutely ludicrous. I can't imagine that the Auditor General of this province would ever have signed off in the past or would ever sign off in the future anything that caused him some kind of concern. I'm sure that he would stand by that.

I also want to mention this coalition that occurred last week. The coalition of opposition politicians who stood so valiantly together, united, who provided a brave, unified front last Friday was all about politics.

Mr. Anderson: Hear, hear.

Mr. Zwozdesky: I hear the Member for Airdrie-Chestermere saying, "Hear, hear," which means to me that he supported everything that was said there because they stood behind each other. If that's the case, then let them stand up and say so.

[Mr. Mitzel in the chair]

What they alleged but offered no proof of whatsoever were comments such as that the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, the two faculties of medicine in Alberta, the former health authority, the government, and Lord knows who else somehow colluded in some alleged conspiracy to create a climate of fear and intimidation. That's what some of their members said at that press conference. I know they stand united behind all of that, and if they don't, then stand up and distance yourself from it. We'll see how long you stay united, because those comments were made. So let's hear what you have to say about that.

4:10

Let's also hear what you have to say about some of the other allegations to do with the alleged two sets of books. If somebody here has information about two sets of books or some other phony, nonsensical notion of that sort, bring it forward or take it to the police. It's that serious. If you don't, then kindly withdraw the statements, make the apology, as has been shown and demonstrated in this House earlier today, and let's move on with it. I'm not going to stand here and have these innocent people and these innocent health and health service organizations be maligned by these malicious comments that the members over on the opposite side in the opposition there feel so united behind. If you have proof, offer it up.

But what do they offer? They offer some disagreements. Mr. Speaker, people who understand the democratic system, the court system in this province understand what a statement of claim is, and here is one. Here's a statement of claim made by one doctor in which he is saying that his clinical skills were brought into question, that his clinical skills were deficient. In the same statement of claim he says that somewhere there was incomplete or preoperative staging, and investigations were incomplete. In this same statement of claim he's indicating that people were accusing him of an overly aggressive approach to surgery, of unplanned pneumonectomies, which is the unplanned surgical removal of certain

body parts. The list goes on of allegations that this doctor is trying to comment on.

Then you have a statement of defence saying: no, none of that is true. None of that is proof. None of that allegation is evidentiary. As a result, they have a disagreement.

So you have a statement of claim alleging one thing over here. You have a statement of defence denying those claims over there. [interjections] At the end of the day, Mr. Speaker, the two sides got together, as is parliamentary rule – did you want to rule against the interjections on the other side?

The Acting Speaker: Hon. member, are you on the list for later on?

Mr. Hehr: No. I'm just wondering if he'll tell us what a settlement is. No, I don't want to be on the list for later on.

The Acting Speaker: Well, then the hon. minister has the floor.

Mr. Zwodsky: Thank you. I don't frequently interrupt them, and I'd appreciate if they could stop interrupting me.

The point here, Mr. Speaker, is that disagreements do occur. They occur in every profession in every province of this country. When people have a disagreement, there's a process to follow. If it gets to the point where one feels it has to hit legal parameters, then that's what they do. They bring forward a statement of claim. But a statement of claim is simply one person's opinion about something. In this case it's one doctor arguing with two other doctors, a health authority, and a university. That's what that is all about. That's not proof of anything. That's not evidence of anything. That's simply a disagreement. It was settled somehow between the two parties, and good for them. They went their separate ways.

I want to also talk really quickly here about some of the comments that have been made in Standing Order 30, which talks about "undermining confidence in public health." Mr. Speaker, nothing could be further from the truth. We are not undermining public confidence. The opposition are trying hard to do that. Why? For political gain. When you have five opposition politicians standing up on stage together, vying for the media's attention, saying one thing and then coming in here like they're chatting and yapping today, trying to distance themselves from that, you know it's all about politics. That's all it's about. It's about pure politics. They are the ones undermining it.

What we're trying to do is strengthen it. Are there problems in health care, Mr. Speaker? Of course there are. There always have been, and there probably always will be some. Are we doing something to address those problems? That's the question. The answer, directly and honestly, is absolutely. That is why our government made a commitment to a five-year funding plan which guarantees certain incremental increases in each of the next five years. At the same time we backed it up with a five-year health action plan and with 50 key performance measures. Why did we do that? Certainly not to undermine the confidence in the system, as the hon. Member for Edmonton-Centre is alleging in here and as others over there are agreeing with, I'm sure. However, the fact is that we did that to put confidence into the system, more confidence, to improve that confidence. That's what we're doing.

We're also doing other things. For example, we know that as a result of the tablings that were brought into this House, in particular the issues that were brought to me by the emergency docs shortly after the Thanksgiving Day weekend last fall, the number of emergency in-patients is dropping. This is a very good thing. That means we're moving them through the hospital system to a proper bed more quickly.

How are we doing that, Mr. Speaker? We're doing that by adding at least a thousand – in fact, probably closer to 1,300 – new continuing care spaces in our province as we speak. We're doing that by adding 360 new – net new – in-hospital beds, acute-care beds, mental observation beds, medical assessment unit beds, palliative care beds, mental health beds. The list just goes on and on. We're doing everything we can to help strengthen the system while the opposition members are doing things that would hurt it. We're adding 3,200 more cataracts over and above the 30-plus thousand that we do per year right now. We're adding 5,000 more general surgeries. We're adding 9,000 more MRIs. We're already doing about 165,000 MRIs in this province, and now we're adding 9,000 more to help speed up access, to help reduce wait times. We do over 250,000 surgeries per year. We're adding 5,000 more to that. We're adding dozens if not hundreds more staff – more health care providers, more doctors, more nurses – more of everyone who is needed to help out, and that we're doing to strengthen it, certainly not to undermine it.

I'll talk about a couple of other things here. In the area of cancer care, Mr. Speaker, we've just made the most significant commitment to cancer care facilities and cancer care improvements in the history of this province. We're adding hundreds of millions of dollars to build three new cancer radiation therapy corridors. One has just opened in Lethbridge. Another one will open in a couple of years in Red Deer. Another one will be part of the \$520 million hospital, the brand new one we're building in Grande Prairie. I'm sure we'll probably need more elsewhere, perhaps even in Fort McMurray at some point, and we'll look at that. We're adding more equipment, we're adding more staff, we're trying to get more physicians here, and we are succeeding.

Finally, I just want to say that I have ordered the Health Quality Council to conduct a full, independent review of emergency wait times and of cancer wait times. Why do we do that? We're doing that because it's time to put those facts on the table and to have people come forward and talk to the Health Quality Council, which is highly respected, as members in this House have said on numerous occasions.

Mrs. Forsyth: Oh, my gosh, Mr. Speaker, he talks and he talks and he talks, and he dances and he dances and he dances, but he doesn't get anywhere near the facts. You know, I've been in this Legislature a long time, 15 years with the government, now as a member of the opposition for a year and about six weeks. There's a reason that happened. It's something that one doesn't take lightly after being a member of the Progressive Conservatives since 1976. I reflect back to the press conference that I was at on the 4th of January last year. I reflect back on the rationale that I gave Albertans and the reasons why I crossed the floor, and one of them, the number one priority at that time, was health care. You know, I quietly listened to this minister and sat here thinking: no wonder I left.

I don't know if the government thinks that as members of the opposition we have tea together every day and we sit around and we chat about how we're going to take down the government and that we get together and we have beer and we have lunch and we have coffee and we even maybe pray together about how we're going to take the government down together. Mr. Speaker, what happened last Friday was unprecedented. You do not get opposition members coming together in a joint press conference and agreeing. You had the member of the opposition from the Liberal Party, the Wildrose . . . [interjection] You can have your time to speak, Mr. Treasury Board. He's giving me this. Albertans should see this and see how polite the government members are on the

other side. That's the minister of the Treasury, for Albertans that are watching. That's how serious he thinks this debate is.

We had the independent member, we had a member from the NDP, and a member from the Alberta Party, which, in my mind, is unprecedented.

I'm going to read a letter that I received. I want to make something very clear, and I want to make it crystal clear. The government minister has said that we do not support the Alberta Medical Association, nor do we support the College of Physicians and Surgeons. I want it on the record that as the Wildrose we support the AMA; we support the College of Physicians and Surgeons. I've met with the AMA. We've had numerous discussions about what's happening with health care. We've discussed with and talked to the College of Physicians and Surgeons, and we have a great deal of respect for what they do in this province.

4:20

I will talk about, though, as the health critic for the Wildrose the number of calls, the number of e-mails that I'm getting in regard to what is happening. I tabled a document in the House today from a doctor that I'm going to call Dr. Y. The reason I'm reading this into the record is that I would probably guess that 80 per cent of the people sitting in this Legislature right now haven't bothered to even look at the tabling, and I need to have this on the record. I received this from him today.

Many of us within the system were not surprised. We had noticed the problems worsening over time, and the ongoing lack of leadership was evident. There are so many of us, wanting to do the right thing for patients, but who are working in fear . . . if we speak out. This culture continues to this day. It causes moral distress as we are placed in an impossible position.

What had been especially troublesome was the direct observation among peers that no level of public dissent would be tolerated by the Health Region (I worked in Capital Health) or by the later AHS. I have direct knowledge of several health professionals, who were negatively impacted by their efforts to advocate for better healthcare. They were silenced or worked out, or discredited, one after the other. I have also been negatively impacted by this "muzzling of physicians voices," and this "culture of silence" was simply reinforced. Anyone questioning the status quo would be "dealt with" rapidly and effectively.

Like colleagues around me, it was evident that the political decision-makers had a strong-hold on what had become a centralist, non-patient focussed health system. Like many other physicians, I felt and continue to feel intimidated by AHS and Government. Many of us are afraid to advocate for our patients. Yet, we have an ethical duty to advocate in the best interest of our patients. We have repeatedly observed the punitive consequences in those who did so, and realize that the risk is immensely high.

With the involvement of the AMA (Optics couldn't be worse on calls to MDs about Sherman's mental health; November 30, 2010, Edmonton Journal), many of us realized that the age-old strategy of discrediting dissenting voices was perhaps now at play. We learnt that upon receiving a phone call from Hon. Horne, Dr. White started questioning the mental stability of Dr. Sherman. Like had been the case with other outspoken doctors in the past, insinuations appeared very effective in making an example of Sherman. Physicians were reminded (yet again) that this fate might befall them if they chose to speak out against the system. The voices of several physicians were drowned out of fear for the repercussions, simply because the political appetite was not aligned with their advocacy efforts.

Our moral distress continues and is getting worse. Why is the Health Quality Council mandated to only investigate the wait times and cancer-deaths? What about the slew of suicides

we experienced in Alberta? Like the one some of our Politicians knew about during the ceremony at Villa Caritas, but no-one spoke a word?

Anything short of a judge-led public inquiry, with full power and accountability, will not restore any level of trust in this Government and its Health portfolio. Many of us feel that we may be beyond a point of "repair."

The Acting Speaker: Hon. member, we have a point of order. What's your citation?

Point of Order Allegations against a Member

Mr. Hancock: Standing Order 23 (h), (i), and (j). With respect to the comments the hon. member is making, she just referred to a suicide at Villa Caritas. The hon. member is not allowed to skirt the rules of the House by reading from a document, whether using the names of members in the House, which she's used several times, or by casting aspersions on a member. By reading someone else's comments, she's adopting them as her own, and she is casting aspersions on a member of the House.

The minister of health a number of days ago, in response specifically to a question, indicated that he had not any knowledge of the suicide until it was raised in the House, which was after the ceremonies, and the hon. member ought to know that.

The Acting Speaker: The hon. Member for Airdrie-Chestermere on this point of order.

Mr. Anderson: On the point of order. In the interest of time I will keep it short, but I will just say that this hon. member is reading a letter from a health professional. She has every right to read those words into the record. She's not adopting them as her own. She's saying that this is more evidence that exists, and she's reading it into the record. For this member to say that that is not permitted is utter nonsense, Mr. Speaker.

The Acting Speaker: Well, I'm willing to rule on this. First off, yes, the hon. member did mention the names of members in the House here. I know the hon. member said that she had tabled this particular letter earlier today. That doesn't give her the leeway to actually use their names. I let that go. I was waiting to see whether you were going to continue using them or not and ask you to withdraw that, but you didn't use them anymore, so fine.

With regard to that, as far as I can understand it, the letter was tabled. You were reading a letter that was tabled. With that, I don't call a point of order.

Mrs. Forsyth: Thank you, Mr. Speaker, and I apologize. You are correct on reading the members' names, so I will call him the Member for Edmonton-Meadowlark. You know, the doctor that sent us this letter doesn't understand House protocol.

Debate Continued

Mrs. Forsyth:

Anything short of a judge-led public inquiry, with full power and accountability, will not restore any level of trust in this Government and its Health portfolio. Many of us feel that we may be beyond a point of "repair." Physicians who are intimidated do not make the best partners in rebuilding the healthcare system, and Albertans continue to pay the price with their lives.

As I do not consider myself immune to reprisal from those within AHS and [the government], I respectfully ask that you keep my identity secret if you wish to refer to this letter in any way.

The point is, I guess, that we sat in this Legislature in December and had yet another emergency debate on health care, about the length of time in emergency. The government stands up and they pretend that they all of a sudden are interested in that.

The letter came from a Dr. Parks in 2007, and I can guarantee you as a former member of this government that that would not have become front and centre if it had not been leaked to the press. All of a sudden we're dealing with all of these emergencies. The minister of health stands up, and he brags away about the protocol and talks about his emergency protocols that he's put in place. He feels like he's, you know, the star. Then he starts talking about the 1,300 continuing care beds that he's putting into this province. Well, I can tell you, Mr. Speaker, that there's a huge shortage of long-term care beds in this province. The government can brag all they want about the continuing care beds, but as the minister had indicated, I don't think he's talked to people.

Let's talk about the seniors when they can't fit into the continuing care model anymore and all of a sudden they have nowhere to go. I live that every day when I deal with my mom at her assisted living and some of the seniors that are dealing with that. I brought that up to the minister of seniors during estimates. I guess that's another subject for another time.

The Acting Speaker: The hon. Minister of Justice and Attorney General, followed by Edmonton-Highlands-Norwood.

Mr. Olson: Thank you, Mr. Speaker. I want to just add a few comments to the discussion specific to some of the allegations that relate to criminal wrongdoing and financial mismanagement and wrongdoing. I think my colleague the hon. Minister of Health and Wellness has very eloquently set out the reasons why the Health Quality Council is a good organization to do what we're asking them to do here. That's exactly why they were set up. The rules are set up to allow them to investigate. The minister has gone to some lengths to explain that he's going to be asking them to be very liberal in their approach.

4:30

I want to talk about some of the other allegations that have been made that don't maybe specifically relate to the management of the health care system, which is what I would see the Health Quality Council working on. I want to talk about the allegations of things like pay-offs, fraudulent hiding of money, and so on and so forth. Those are serious allegations, and they need to be dealt with, I would submit, in a very efficient manner. Now, some have suggested that we need a public inquiry. I would just point out that public inquiries are provided for in the Public Inquiries Act, but they do not bring you to any action at the end other than a report from the commissioner.

I would suggest that if there are these serious allegations out there, anybody who knows of them, who has that evidence needs to bring that evidence forward and turn it over to the police. Certainly, if they are members of this Assembly, they should be doing that because I think it's a question of demonstrating our respect for the institutions of our government and our society. We have police there who are trained to investigate, to analyze evidence, to look at evidence. Again, I would agree with my colleagues who have commented on it that an allegation in a statement of claim is not evidence. Were that so, then any statement of defence that is filed with also allegations or, certainly, denials would, I presume, offset the allegations in the statement of claim. Then you're nowhere. Those allegations and the denials in a statement of defence all have to be weighed, and that hasn't been done in anything we've seen so far.

I would submit that if somebody has evidence, turn it over to the police. Let them look at it, and if there is fire where the smoke is, then charges will be laid. A court will deal with it, and at the end of the day there will be sanctions against anybody who is found guilty rather than just a report. I very firmly believe that that is the process that should be used when it comes to allegations that could be criminal in their nature.

I'd just also like to comment on the issue of financial mismanagement, financial fraud, and so on. The Auditor General, as has been pointed out, is somebody who is very thorough in what he does. Now, he doesn't work for this ministry. He works for this Assembly. He's an officer of this Assembly, and he decides what he's going to investigate. If anybody puts information before him that would be of interest to him, he could and, I'm sure, would investigate. There again, we have a process in place.

All I'm asking of my hon. colleagues who are talking about a public inquiry is to consider that there would be a more efficient way of getting to the bottom of some of these allegations and then actually doing something about them if they are substantiated by evidence.

Thank you, Mr. Speaker. Those are my comments.

The Acting Speaker: The hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Minister of Finance and Enterprise and President of the Treasury Board.

Mr. Mason: Thank you very much, Mr. Speaker. Well, I'm very glad that we've had a chance for at least a few members of the House to debate this issue today. I really did regret the scene that went on before we got around to having the debate with the points of order and the delays that that engendered.

Now, I believe that we need a public inquiry, Mr. Speaker. We clearly need something that is as independent as possible from the government. The Public Inquiries Act, in my view, is the right tool to use. Hopefully, the government would see fit to appoint a federal judge or a retired judge to oversee this.

There's been a lot of talk about whether there's proof or not, and the government is setting a very high standard of proof before they're even willing to consider this. Mr. Speaker, I submit that what we need is not absolute proof to have an inquiry because if we had it, we wouldn't need the inquiry. What we do need is evidence, and that is what the government has been calling for. The government has been calling for evidence to back up the claims from the hon. Member for Edmonton-Meadowlark, and that evidence is starting to flow. Quite frankly, I think that if the government doesn't seize this opportunity to have an inquiry, the evidence will flow in a way that they'll find very, very difficult a little bit down the road. We have evidence.

Now, the hon. Justice minister has talked about the need for criminal charges to come forward to the police if there are criminal acts. Many of the things that we're talking about, Mr. Speaker, are simply acts of intimidation and job-related actions, profession-related actions that are not crimes, but they are entirely inappropriate, and they need to be investigated. For example, when a physician is threatened with the loss of their licence, that is not a crime, but it's something that the public needs to know about and we need to know about, something that this government doesn't want us to know about.

I want to take the instance of Edmonton-Meadowlark because we all know some of the facts around there. I know that the minister has made a big stink about any mention of the Alberta Medical Association or the College of Physicians and Surgeons being bodies not accused of anything but whose roles are to be investigated

as part of the terms of reference that the opposition parties put forward. They should be.

We saw, for example, that when the hon. Member for Edmonton-Meadowlark was in debate, at the behest of the hon. Member for Edmonton-Rutherford the president of the Alberta Medical Association phoned a number of colleagues of Edmonton-Meadowlark's and said that there were some issues around his mental health. There have been suggestions made – and I think they've been substantiated – that specific types of mental illness were attributed to the hon. member. Then within a day or two the College of Physicians and Surgeons sent a psychiatrist to the hon. member's office in order to perform a psychiatric assessment on him – that's the Alberta Medical Association and the College of Physicians and Surgeons – based on a call from a politician on the government side, which was under a great deal of pressure at the time.

Mr. Speaker, here I very much regret not having been able to come forward with my point of privilege because those actions by those two bodies or officers of those bodies were taken not based on Edmonton-Meadowlark's performance in his job as a doctor but based on his behaviour in this Chamber. I think those officers and those organizations should have been brought before the bar of this Assembly and made to account for their attempts to interfere with the hon. Member for Edmonton-Meadowlark.

We now have a statement of claim by Dr. McNamee. His experience, as recounted in his statement in a legal document, is eerily similar to that of Edmonton-Meadowlark: faced with a loss of licence. He was speaking up for his patients, and they were prepared to take away his licence. There were allegations made about his mental state and so on, and he eventually had to sign a confidentiality agreement, which prevented him from speaking about this, I would assume – I don't know – in exchange for financial compensation. That's normally how it's done. He left the province.

Then we have Dr. Maybaum. Dr. Maybaum is the president of the Calgary & Area Physicians Association, and he said that he received a warning letter in 2008 when he spoke out about this government's postponement of a new psychiatric wing in the south Calgary hospital. He said just this weekend: we need this judicial inquiry desperately; this is our chance to make a change in the system.

Mr. Speaker, also, a former member of the Calgary health authority by the name of Mairi Matheson has said, quote: an inquiry would reveal some shocking numbers; there have been untimely deaths in large numbers as an outcome of the closure of acute-care beds.

4:40

So, Mr. Speaker, people are starting to speak up. Now, is this proof? Of course it's not proof, and we do not require proof in order to have a public inquiry. What we need is evidence, and we need professional people who have been involved in the system and who have experienced this to come forward in increasing numbers to substantiate the experience and the allegations of the hon. Member for Edmonton-Meadowlark.

Paul Parks, another doctor, says that the health system is becoming toxic. There are many others. A lot of people will come forward, and I think that this is what the government fears.

So I want to say that I've wondered for some time now why we can't seem to fix the health care system. Certainly, the government throws money at it. I will give them that. They certainly put money into the health care system. Although two years ago they wanted to cut a billion dollars out of it, now they're putting some money in. But we can't fix it. Why? I think this is one of the reasons, Mr. Speaker, that we can't fix it, and that is because we've

got a culture of intimidation in the health care system. The people who see problems for their patients, who see people dying unnecessarily are afraid to come forward. That is why this public inquiry is so essential. We need to change the culture in the health care system, which has come down from the government and infected the whole system, in my view, in order to make sure that people can speak up and carry out their Hippocratic duty to speak and put their patients' welfare first.

Mr. Speaker, I want to deal just briefly, while I can, with the whole question of why a public inquiry with a judge is appropriate and why what the government has proposed is not. Now, the Health Quality Council, as we've said, is not a bad organization, but its mandate is to look at health quality issues. So I think it's quite appropriate for this body to deal with, for example, some of the problems with wait times in emergency rooms. Perhaps it could deal with the relationship of the government's backward policy on long-term care wait times. It can look at cancer wait times. It can go back. It can examine many of these functions. But in terms of the policies of the government and, potentially, some other organizations in the health system acting as agents for the government in order to create this culture, it's not competent. It's not within its terms of reference, and it's not competent to do that.

The minister has strived to assure us that they'll be allowed to set their own terms of reference, but I think we need to be clear what the terms of reference are. I think that it's very important that those things include whether health care professionals were subject to intimidation, including retribution, professional or employment discipline or the threat thereof, or attacks on their character and professional reputations, in order to prevent them from speaking about issues which affect patient care and the effective delivery of health care.

Now, the other thing here, Mr. Speaker, is that the medical establishment in our province is relatively small. It's a small world, so you find, for example, that Dr. John Cowell, who is the CEO of the Health Quality Council, is a member of the same consulting firm as Dr. Bob Bear, the same guy that fired Dr. McNamee. So it's a pretty tight little group. I'm not saying that there's any problem with that relationship whatsoever, but it does say that we need a degree of separation. We need to get outside the medical establishment and have a truly independent look at it from outside.

Finally, Mr. Speaker, the last reason is that the Health Quality Council cannot subpoena witnesses. If someone doesn't want to voluntarily come to answer questions, they don't have to. They can't subpoena evidence, and they can't protect people, so they can't get to the bottom of it. They won't be able to get to the bottom of it, which is exactly what the government wants. They don't want to get to the bottom of this, and that's the bottom line.

Mr. Snelgrove: Mr. Speaker, it is quite a stretch for the hon. member to say that what we really want is just a cultural change in the way that we look at our health care system. That's quite a stretch from accusing doctors of both giving and taking bribes. That's quite a stretch from accusing them of malpractice. That's quite a stretch from accusing the health authorities of keeping two sets of books. That's just about where they've gone. They seem to have forgotten what was put out on the table to start with. They're talking about the freedom of information. There's a balance that you are well aware of. It's called the protection of privacy, and people deserve that balance, so they can make all the allegations they want and say: well, we can't get the information.

Occasionally, Mr. Speaker, you have the right as an individual in this province to protect your privacy. It's a red herring that they want to throw out. They talk about how hounded they are for just sticking up and looking for more money. Well, I can let you in on

a little secret. If everybody that worked for this government in Alberta got chastised for asking for more money, we don't have enough chastisement to go around. There isn't a department that doesn't come looking for more money, for goodness' sake. As if somehow health care would be immune from that or that somehow other provinces aren't faced with exactly the same challenges for money that we have, that their doctors don't feel the same pressure to provide more.

The amazing part of the coalition over there is that they cannot truly argue in one day. "Spend more. Spend less. No, it's something else. We're just mad, so we'll find a vehicle to somehow raise our level, and if we distract the public enough from what was actually said and what's actually going on, then it'll work to our favour."

The fact, Mr. Speaker, is that we have a democracy because of the rule of law, not in spite of it and not in the absence of it, and the law is used in a couple of ways. One, it can be used to prosecute people who deserve to be prosecuted on the basis of evidence, or it can be used to protect the innocent, and that is equally important. But one thing that law has to have is due process. People have to have access to the information about which they're being accused. You cannot in any moral character or fibre stand up in this House under the protection that this House offers and say things about people that they cannot defend themselves from. That is maybe within the law, but it's clearly outside any moral authority given to man. If you don't have the courage to face your accuser and let your accuser face you, then you have a very, very serious imbalance of priorities and certainly of respect.

To suggest, as even the hon. Member for Edmonton-Gold Bar tried to allude to the other day, that somehow there were inaccuracies in the books and, to the allegations from the hon. opposition, that there were two sets of books – yet here we have an Auditor General, Mr. Dunn at that time, who certainly would never be accused of playing favourites. That man got to the bottom of every issue he went after. Yet for those years that they're talking about, he says that the government of Alberta's books, including the regional health authorities, Alberta Health Services, the Department of Health and Wellness, are unqualified. It means every question that he could ask or everywhere that he could put processes or checks and balances in place to make them better was accepted, addressed, and moved on.

It does take time when you are bringing nine regions into one. Just the medical opportunities, the medical challenges, are enormous, and you have nine sets of books to try and bring together and get them into the same format with a \$12 billion budget. It would be a real stretch to think that that would have gone like clockwork without the Auditor saying, "Well, you may have to do this," and they know that. To say in here, "You're running two sets of books so you can pay off doctors," well, giving a bribe and taking a bribe, Mr. Speaker, are against the law. There should be no one out there that should look at it any differently.

As the Justice minister has said, there is a part where the Health Quality Council can look. If they can find changes or improvements or things that we need to do in the medical system that they could recommend on, that's good. If they find something in there that might indicate to the Auditor that there are differences or something that doesn't add up, well, they can go to the Auditor first. If the Auditor finds that, then he goes to the police. You don't get a free ride because you're in government. If you cook the books, if you steal the money, you go to jail. It doesn't matter whether you're in health or education or out in Joe's Sand and Gravel.

4:50

If you get around to the fact that they find evidence, criminal evidence is exactly what it is. If someone has accepted a bribe to

keep quiet over something they know to be wrong, then that person probably didn't deserve to ever have a licence of any kind for anything. You are as guilty as giving it.

They talked about no one feeling comfortable enough to come forward. Well, Mr. Speaker, I can assure you that where I live, that's not the case. What my doctors and nurses tell me is that they are sick and tired of being in the middle of a charade of political posturing. They joined these fraternities because they genuinely care about people, and they want to heal, care, and cure people and get them back out into their lives. But in any group, whether it's a union or whether it's a bunch of farmers having coffee or whether it's a professional association, there will be those that seek publicity, that love to be in front of a microphone.

When you have 90,000 employees in Alberta Health Services, the biggest employer in Alberta, I would have bet there would be some disagreements, and occasionally there will be people that need to move on. It would be quite unrealistic to accept anything different. I would expect that if they wanted to put a tenth of the effort into looking in Advanced Education or Education, with their 65,000 or 70,000 people, there have been people that signed agreements and said: "This isn't working for either one of us. It's time to go." You come to a mutually agreed upon deal that both protects your privacy and the privacy of the people that you're dealing with, and you move on. That happens not just in government, Mr. Speaker; that happens in business.

They talk about: the information is coming high and fast now. If you keep writing yourself e-mails, most judges wouldn't agree that was a preponderance of evidence. As a matter of fact, they might think you have too much spare time on your hands. The one member talks about Dr. McNamee. His own member in the coalition says: "No, I never talked to him. He wasn't the reliable source I've got." Then to go on and say: "The doctors all know it. All of the doctors know." Oh, come on. With a single swing of the bat they can besmirch the reputation of every physician in this province and then get away with it and then pretend it's them that they're sticking up for? Their little charade on Friday made it very clear, Mr. Speaker. Whatever we can do to get attention and to distract from what's actually going on in there and the good things that are going on in health, we'll do. They say that politics makes strange bedfellows. That was quite a bed full, and it was certainly strange.

[The Speaker in the chair]

Mr. Speaker, I feel a little bit guilty that the hon. private member didn't have his opportunity to debate his bill today, but as the hon. Government House Leader said, it's time Albertans heard both sides to this story. I for one am sick and tired of the innuendo, the allegation, the accusations of malpractice against a 90,000-strong workforce, where 89,995 just go to work every day to provide Albertans with the best health care in this country, and that's what they want to get back to doing. That's what you guys ought to think about.

The Speaker: The hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Rutherford.

Mr. Taylor: Well, thank you very much, Mr. Speaker. It's an odd pleasure to join this debate, that's been going on as long as it has now and would have gone on longer if we had just been able to get down to business sooner today, closer to 3 o'clock rather than the time that we finally did.

I think the hon. minister of finance has kind of labelled us the Coalition of the Strange over here, so as a member of the Coalition of the Strange who was not present for the unified news conference that was held on Friday but who understands that it went very well

and very effectively and as someone who gets one set of questions a week in this House and one member's statement every two weeks, as someone who has not been able to participate on a daily basis in the developing story around the public trust or lack thereof in Alberta's health care system, I feel like I can take a somewhat arm's-length, somewhat objective view of this whole thing.

Standing here, Mr. Speaker, I honestly cannot imagine how the government can take the fact that four opposition parties and an independent member of this House joined together to call for a full public inquiry, a judicial inquiry, presided over by either a working or retired judge, with the ability to subpoena witnesses, to call evidence from wherever, whenever, in order to clear the air around the allegations that have been made and could then say that this is some kind of political opportunism on the part of the various opposition parties.

Look, if we are the Coalition of the Strange, it's because there are many things about which we don't agree. I see the Member for Airdrie-Chestermere and the Member for Edmonton-Highlands-Norwood chit-chatting back and forth in the House from time to time, and knowing their respective political philosophies, I'm amazed that they're actually able to carry on a civil conversation. It gives me hope that we might actually be able to move beyond the polarization that governs this House and governs politics in this province on a day-to-day basis and actually work in a bipartisan or multipartisan fashion on behalf of the public interest for a change. That those two members can actually chit-chat and not come to fisticuffs is a good sign.

I mean, day in and day out there's no particular consistency to the various parties' views of how this province should work, and that, Mr. Speaker, is a very, very good thing because that's the essence of democracy, too. The more voices who get to be heard, the more opinions that get to be shared, the more opportunity we have to actually make an intelligent decision. I think it's come to the point where we need to hear some voices that are, quite frankly, protected from retribution, who can speak out and tell what they know. Then at the hands of a judge they can be put to the test as to whether their testimony actually stands up or not. A report can be written, and the air can be cleared. Public trust in our health care system, I would suggest, holding the recent Environics poll upside down to read the results that you want to see as opposed to the results that are in there notwithstanding, is at a low ebb right now.

Now, the Member for Edmonton-Meadowlark a few weeks ago – what was it? – two weeks ago now, I think, two to three weeks ago made some fantastical allegations in this House, and they are, essentially, to this day unsubstantiated. The proof has not been provided by that member. We can all have our own thoughts, our own opinions as to whether that member is handling this situation appropriately or not.

The interesting thing is that at the end of last week, at the end of our last legislative work week, which ends on a Thursday, of course, after three straight days of denying opposition requests to have the Health Quality Council of Alberta investigate, which had made the offer to investigate, some of the goings-on that we've been talking about since last fall in health care in this province, dating back many years, suddenly the Premier and the health minister jump up in this house and say, "Well, we're going to give it to the Health Quality Council, and as soon as we make up the terms of reference" – we're doing this on the back of an envelope, Mr. Speaker – "We're going to get that thing going, and we're going to clear the air."

Not three hours later, Mr. Speaker, it comes out that Dr. Ciaran McNamee went through – I'll use the word "ordeal" – a situation about a decade ago not unlike the scenario that had been concocted, laid out by the Member for Edmonton-Meadowlark. Now,

the Member for Edmonton-Meadowlark also said that he had not spoken to Dr. McNamee, that this was as much news to him as it was to the rest of us. And good on the reporters who ferreted out the court documents. You know, it gets to the point where you have to feel that if you have one case that pretty much lines up with the allegations that have been made, that are unsubstantiated, that the government has gone to great lengths to absolutely say are without any foundation whatsoever, and then you get an independent case that turns out to kind of have the same smell to it, well, then I think you have grounds to look further.

5:00

You have grounds even if you're one of those on the opposition side who called for the Health Quality Council to investigate. You have grounds to say: yes, we did call for the Health Quality Council to investigate, and now we're calling for a public inquiry because there is new information and the Health Quality Council investigation is no longer enough. The Health Quality Council does not really have the mandate to go as deep as a judicial inquiry would. That's why we're calling for a judicial inquiry.

You know, there are a few things that we in the Alberta Party believe would help address over the longer haul the issue of public trust and public confidence in our health care system in this province: the creation of an independent health auditor, reporting to the Legislature, who ensures that the health care system remains responsible and accountable to Albertans – the government has sort of gone down that route, except that they want their health guy to report to the minister – firm and fair whistle-blower protection, and the creation of internal disclosure mechanisms that would give fair options to health care professionals to speak to their employers before you get to the need for whistle-blower protection.

You need that there. There are jurisdictions in other parts of North America that have that, and it gives doctors and nurses and the guy who sweeps the floor in the hospital cafeteria the surety, the confidence that they can speak out about what they see that they feel is wrong and then find out whether it's wrong or not without any repercussions coming back to them.

The government wants evidence, Mr. Speaker, and the public inquiry can determine whether that evidence is there. Absent the public inquiry what we do have are unsubstantiated allegations, some of them pretty horrible, maybe overstated, maybe not. It's not for me to say; I think that's for the inquiry to say. We have a number of cases, brought up by a number of different people connected with the health care system, of substandard care, of problems in the emergency room. We have anecdotal reports going back 10, 11, 12 years from various health care professionals, that all basically end up sounding like this: things are not good in the acute-care system, and we're scared to speak out about it because even though we have an ethical duty to speak up for our patients, there's a chill imposed by management on us, and we could lose our jobs if we do.

Now, Mr. Speaker, members opposite have tried to portray allegations of the giving and taking of bribes. That's a long, long way from something that is absolutely legal, which is the paying of money in exchange for nondisclosure. [Mr. Taylor's speaking time expired]

Thank you.

The Speaker: Thank you, hon. member.

The hon. Member for Edmonton-Rutherford, followed by the Leader of the Official Opposition.

Mr. Horne: Thank you very much, Mr. Speaker. I appreciate the opportunity to participate in the debate this afternoon, and I cer-

tainly support the decision of the House to set aside Routine business in order to make this possible.

Mr. Speaker, I'd like to talk about two things. First, I'd like to speak briefly about the Health Quality Council of Alberta review that has been ordered by the Minister of Health and Wellness and why I believe that process, in fact, is going to assist us not only in resolving the issues that have been put forward in this House and elsewhere but position us for the future to help ensure that elements in the culture of health care, if you will, that need to be addressed are in fact addressed, not in a punitive fashion but in a proactive fashion that truly engages the 90,000 people that deliver care in this province and those who support them.

I guess the second thing that I'd like to talk about just briefly, Mr. Speaker, is this whole question of our focus as an Assembly on the issue of health care and whether or not we might want to pause to believe it is well placed at this time, given the issues that we've chosen to raise in this debate so far.

First of all, Mr. Speaker, in terms of the Health Quality Council I think there are many members of this House that will have sufficient familiarity with their role and their review processes that they would be able to appreciate not only the powers of the council as set out in the Health Quality Council regulation, including the fact that quality assurance reviews operate under section 9 of the Alberta Evidence Act, but, I think, more importantly, the degree of engagement that we haven't seen this council demonstrate in previous reviews.

Most recently, perhaps, we could point to the H1N1 review that took place and was recently reported on. I think that, more importantly, for example, Mr. Speaker, we think of the review into infection prevention and control procedures in the East Central health region a number of years ago, where we saw a report that talked not only about facts that were identified in the course of the review that had to do with internal procedures within institutions and other health facilities but that also very pointedly spoke to cultural issues within that health region that led to situations where perhaps people were not comfortable in expressing concerns, where there was a culture that did not encourage people to report patient safety issues that were identified. It made some very substantial recommendations for how to change that for the future.

Mr. Speaker, I think that this review, that has most recently been ordered by the minister, has the potential to do the same and to go even further. In the letter of direction the minister tabled today, that he wrote to Dr. Lorne Tyrrell of the Health Quality Council – you know, a number of members have talked about this process not going far enough. If you take a moment to review the letter, you'll see that, certainly, in the first paragraph the council is directed to review issues with respect to emergency department services and cancer care services in the province and to make recommendations for system improvements. That is, of course, ultimately, the thing that is going to result in better experiences and better outcomes for patients.

If you go down a bit, Mr. Speaker, you will see that the minister has specifically directed the council to look at the question of the impact of wait times on a group of emergency department patients that were identified by emergency department physicians in the province and to determine whether as a result of that information, which has been tabled in this House, any patients experienced compromised care.

Similarly, in the next point the council is directed to determine if a group of patients waiting to receive cancer care and who were recently alleged to have died during their wait for care can be identified in this House. In the event that group can be identified, the council is directed to review the cases specifically and to make recommendations based on factual findings to improve, as re-

quired, health system performance. So, Mr. Speaker, I think that some of the claims in this House, that this review will not address some of the specific allegations that have been raised, are without merit.

The other thing, Mr. Speaker, that I think we've got to consider is the powers of the council. As the Minister of Justice and Attorney General has pointed out, section 9 of the Alberta Evidence Act protects those who bring forward testimony before the council or who provide information to the council from any liability as a result of their testimony or that may result due to the information that they choose to share with the council.

Mr. Speaker, I think as well that the minister in his letter instructs the Health Quality Council, as is their purview, to exercise their full discretion in bringing in any external experts to support the review process, and that is as it should be because as we've found in this province on many occasions, year after year, the expertise and the experiences and the strategies that are employed by health systems that are perhaps better performing than Alberta's or Canada's as a whole are invaluable to learning how we can improve performance in the future.

5:10

I guess the next thing I want to talk about, Mr. Speaker, is something that I think is as important as any individual allegation that has been raised in this House over the last few weeks. In doing so, I want to say that I'm not suggesting for a moment that Albertans should not be concerned by what they're hearing in this House or should not be concerned by what they may be reading in the media. In fact, I know that a number of my own constituents have expressed great concern that some members in this House or the totality of our debate as a whole could be seen to amount to playing fast and loose with public confidence in our health care system. I recognize that there are, you know, many members around this House who may share those concerns. Nonetheless, I think what we've got to zero in on here is: what do Albertans really want us to do?

As someone who has spent a considerable period of time in the last year travelling the province talking to Albertans about issues in the health care system, discussions that resulted in recommendations like the establishment of a health advocate for Alberta, I can tell you that people are concerned about overall policy direction for the health care system and, more importantly – and we've seen this in recent months – the performance of the health care system, Mr. Speaker.

That performance is expressed in a number of ways. It's expressed through wait times for things like emergency department services and cancer care, performance in terms of access to family physicians, but equally important, Mr. Speaker – and this was certainly something that came out of the report that I delivered to the minister in the fall – they are concerned about opportunities for meaningful engagement in discussions about health care, and this is not limited to citizens who use the system. It is very much a feeling of providers of care, not just physicians but nurses, pharmacists, other health professionals, support workers who want to have a say in what issues the system chooses to focus on and strategies that will help us get to the outcomes that we're trying to achieve.

That, Mr. Speaker, I think is the larger challenge, and I think in many respects that the tone, if I may say, of the debate and some of the decorum that's been observed in this House has fallen short of Albertans' expectations. The way we're going to get to that is not by focusing on some of the rather outlandish allegations we've heard. If we spend all of our Assembly time on that, we're obviously not going to get to the issues of access and quality that

Albertans want us to focus on. What I think will get us to those questions is exactly what the Minister of Health and Wellness has directed the Health Quality Council to undertake.

I think that as members of this Assembly we have two obligations. We have an obligation to support an honest and forthright and thorough review of the performance of our health care system in these two critical areas. We have an obligation as part of that same review to support the council in investigating the question of opportunities for engagement, the opportunity for staff to raise concerns, and any role that those things may have played in a resulting poor performance that we may have perceived in the last year and before. In doing so, Mr. Speaker, as parliamentarians we demonstrate that our focus is on building a culture of continuous improvement in the health care system in this province.

As has also been pointed out, Mr. Speaker, those who would stand in this House or outside this House or through whatever means make allegations of financial wrongdoing, of clinical malpractice, of improper treatment of employees by agencies, boards, and commissions of this government need to also take the responsibility to bring forward not just evidence but sufficient evidence, substantial evidence so that these can be . . .

The Speaker: I'm sorry to interrupt the hon. member, but your speaking time has now evaporated.

I'm going to recognize the hon. Leader of the Official Opposition but advise that in one minute from now I'll be rising to deal with Standing Order 19(1)(c).

Dr. Swann: Thank you very much, Mr. Speaker. It's an honour to step up to the plate and talk about something as close to my heart as health care and the freedom to speak in this province. I need to say that this is the first real opportunity I've had to address the reason I'm in politics, and I welcome that opportunity. I did not choose politics; it chose me when the Member for Cypress-Medicine Hat, then chair of the board of the Palliser health region, fired me for no cause except that I was speaking out on issues that were affecting public health in relation to climate change.

I feel very passionately about the notion that this whole issue needs to go to a public inquiry. There is no confidence in the professionals today that they can speak with impunity. I myself spoke and am a living example of what happens when you speak.

The Speaker: Sorry to interrupt you, sir. I will come back to you. You still have nine minutes and 13 seconds of speaking time left.

Hon. members, pursuant to Standing Order 19(1)(c) I must now put the question on the following motion for consideration of His Honour the Lieutenant Governor's speech.

Consideration of His Honour the Lieutenant Governor's Speech

Mr. Drysdale moved that an humble address be presented to His Honour the Honourable the Lieutenant Governor as follows.

To His Honour Colonel (Retired) the Honourable Donald S. Ethell, OC, OMM, AOE, MSC, CD, LLD, the Lieutenant Governor of the Province of Alberta:

We, Her Majesty's most dutiful and loyal subjects, the Legislative Assembly, now assembled, beg leave to thank Your Honour for the gracious speech Your Honour has been pleased to address to us at the opening of the present session.

[Adjourned debate March 10: Mr. Campbell]

[Motion carried]

Government Motions

Address in Reply to Speech from the Throne

10. Mr. Hancock moved on behalf of Mr. Stelmach:
Be it resolved that the Address in Reply to the Speech from the Throne be engrossed and presented to His Honour the Honourable the Lieutenant Governor by such members of the Assembly as are members of Executive Council.

The Speaker: This is a debatable motion. If no further participants are to be found, I will deal with the motion now.

[Government Motion 10 carried]

Emergency Debate

Health Care System

(continued)

The Speaker: We now return to where we were. The hon. Leader of the Official Opposition.

Dr. Swann: Thank you very much, Mr. Speaker. As I indicated, it's purely as a result of the actions of the Palliser health region that after 10 years of rather exemplary service, with no identification on my file that there was any problem at all with either my communications, my standard of conduct, or my work for the health authority, I was summarily dismissed. Only after huge public outrage and a letter-writing and phone-calling campaign did they invite me back to talk about the conditions there and made it very clear to me that I would not be welcome back there, that I would not be welcome as a medical officer of health, and that I needed to stop talking about issues that might inflame the public around the connection between political decision-making, public policy, and the health of Albertans.

It's very clear to me after seven years in this House, very clear to me, again, from members that I've talked to in the public, members of the professions, including nursing and other professions – teaching and social work – that are funded by this government, that there is a prevailing concern about their jobs, their future, their opportunities if anyone speaks out of turn or challenges what the government is doing or where their priorities are.

I need to say at the outset, Mr. Speaker, that the Health Quality Council is a reputable body that can do good work in relation to process issues, access to the health care system, outcome quality. They cannot deal with the questions of financial impropriety, mismanagement in the leadership. They cannot deal with health professionals who are intimidated, who have been threatened, who have lost their jobs as a result of this kind of activity that we're seeking redress and an open and accountable response to.

As far as other physicians who have been affected, we've heard about Dr. McNamee today. I need to let you know about two more physicians who announced on television just tonight that they're going to come forward – and they have come forward – to say that they, too, were silenced. One was fired; the other was moved on. In one case a significant amount of money was transferred. Dr. Anne Fanning, who was the head of tuberculosis in this province, is now saying that she herself was fired as a result of challenging this government on its lack of leadership, lack of commitment to Albertans.

An Hon. Member: Where is your evidence, Dr. Swann?

Dr. Swann: Well, just listen to the news. Dr. Anne Fanning will be presenting her evidence. A senior retired official with tremen-

dous credibility now working with the World Health Organization in Africa because she was dismissed by this government.

Four medical officers last year were dismissed under a cloud of uncertainty about why they were not rehired, particularly at a time just leading up to the H1N1 epidemic, and why we have the highest death rate in the country raises questions about, again, mismanagement, how we deal with professionals, how professionals are intimidated from speaking out and dealing with the very fundamental issues of caring for people, making sure that we get value for money, improving efficiency at the front line, and ensuring that people, especially those with an ethical duty, as physicians, nurses, other health care workers have, are free to speak and make the kind of changes that all of us know must be made to make this the best, most efficient, best accessible health care system in the world.

5:20

I come back to the need again, Mr. Speaker, for a public inquiry. We are not saying that the emergency room cases, the 322 cases, need to have a public inquiry. The Health Quality Council is well able to deal with this. What we are saying is that the culture of fear and intimidation across this province – the suppression of information, the lack of open and accountable financial information that we've been able to get as opposition members, and the clear indications from a host of professionals that they have been terminated, that they've been given a fee, and that they were to sign a confidentiality or a nondisclosure agreement – is becoming more and more open now to the public, and there's no way of eliminating this through the Health Quality Council. They simply don't have the powers to subpoena. They don't have the ability to make immune those people who are risking their careers, their futures, as a number of physicians have now experienced, including myself.

There's no question that if this government has nothing to hide, they have nothing to lose from a public inquiry. They have everything to gain from bringing forward people – respected professionals, nurses, others – who have been harmed or not by this government's mismanagement of our health care system.

I am in politics today, as I say, because I want a better health system. I want a more accountable government. I want freedom to speak for all Albertans, including my family members, my future generations, and all Albertans who care about the future of this place and, particularly, this most sacred trust that we've been given as members of the Legislature to protect the health care system of millions of people in this province. There is no question in my mind that if you're serious as government members about getting to the bottom of the issues that we are raising and that physicians are now coming forward with at risk to their own futures, we have to go to a public inquiry.

I don't see and I don't think Albertans will see any excuse now for this government to back off on a public inquiry, which can protect professionals, can protect patients who want to speak, and can protect this government if they're willing to open up the books, if they're willing to open up the information that physicians and the law courts have available as a result of actions taken either by government against physicians or nurses or the reverse, actions taken by health professionals against this government or against the health services or against the previous health authorities.

The evidence is incontrovertible now. We have two members in the House who have suffered from the question of intimidation, threats, and ultimately dismissal, and now we have increasing numbers of health professionals saying: it's time for us to come forward as well. If you are serious about trying to eliminate this problem and moving on to solutions, as the hon. member has

asked before, then be serious about installing a public inquiry. I see no other opportunity to clear the air and ensure that people in this province have confidence again, trust in the leadership in this health care system, and move on to getting solutions, listening to the front lines, and ensuring that the management of this system is trusted and that people are dealing with issues as they emerge with much more of a sense of purpose, clarity, integrity, and fulfilling their own ethical duty to make constructive solutions to the problems we face today.

I can tell you that the morale of the front-line health workers has never been lower. I speak to physicians and nurses intermittently during the week. They have never felt so demoralized about the management of the system, about where health care is going, about their ability to make a difference. There's just no question in my mind.

I, like most of you, want to see solutions. We want to see action. We cannot get there under the current climate of fear and the culture of intimidation. We simply cannot get there. I'm imploring the House that if there's nothing to hide, move on. Let the Health Quality Council do what they can do on the emergency cases. Let us move on with a public inquiry to look into the potential – I'm saying: potential – intimidation, threats, severance packages with confidentiality or nondisclosure agreements, the violations, basically, of the principles of health professionals to speak their truth, to see change enacted in good faith and not be faced with the possibility of being eliminated or having their future compromised since we now have only one hiring mechanism in this province for all health workers. It's even more difficult, with only one health authority in this province, to find any work in this province if you say something that offends or discourages or in some way compromises the leadership of the health care system in this province.

Again, Mr. Speaker, I thank you for this opportunity. I see an option; I see a practical solution. It's the reason we had the emergency debate today. It's the reason we have united as opposition members. There is simply no question that we cannot go on as we are, stumbling from one solution to another, one crisis to another, when the underlying issue is public trust.

The Speaker: Thank you, sir.

The hon. Leader of the Official Opposition sent me a note. Do you want to deal with that matter contained in your note now?

Dr. Swann: Yes, please.

The Speaker: Proceed.

Dr. Swann: I would like to request the unanimous consent of the House to extend the debate to the usual time of adjournment, 6 o'clock, Mr. Speaker. There's much more to say about this issue.

The Speaker: That would be a point of order or a point of administrative – I'm going to come back with that prior to 6 o'clock. We're going to continue so that we do not deny an opportunity for other members to participate at the moment.

The hon. Minister of Housing and Urban Affairs, followed by the hon. Member for Airdrie-Chestermere.

Mr. Denis: Thank you very much, Mr. Speaker. It's a pleasure to rise today to discuss this important matter. Dealing with rule 30 does not happen that often, and I don't take it lightly. I was prepared to vote in favour of having this debate today as there has been a lot of discussion in and outside of this House about this particular issue ever since two weeks ago, when the Member for Edmonton-Meadowlark made the allegations, that I took very seriously, allegations of payoffs, bribes. These are things that I

take very seriously. Over the weekend, then, in fact, a statement of claim was filed. That's something that greatly interests me as someone who's got a legal background.

Mr. Speaker, a claim is just that. It's a claim. It's something that has yet to be proven, and indeed anybody can put anything in a claim. As the hon. Minister of Health and Wellness had stipulated earlier, the claim itself was defended. It has not gone through any discoveries. There have been no examinations. There have been no witnesses called. Again, it is just a claim. It is not, in particular, evidence. When I started to look at this, somebody said to me over the weekend, you know: is there any proof for this? It reminded me of the infamous Jean Chrétien quote dealing with: a proof is a proof. Everybody knows that infamous quote as well.

There have also been some suggestions that some people are silenced when they say something untoward. This is really just the opposite in the policy that I was actually able to find earlier, and the policy that I was referring to is from Alberta Health Services. It states:

Any member of AHS Personnel who has a reasonable basis to believe that Improper Activity has occurred or is occurring within [Alberta Health Services] is required to disclose the information on which the belief is based.

In the next question it does give: well, what about that person's protection? Well, you can just look down further in the policy.

AHS will not take or condone any adverse action (including demotion, suspension, termination, harassment, or denial of service or benefits) against any AHS Personnel or other individual who: (a) is the purported perpetrator of the Improper Activity, in the absence of reasonable evidence; or (b) in good faith and without malice or desire for personal benefit, reports Improper Activity in accordance with this policy.

Mr. Speaker, that is pretty clear. That not only talks about protection, but it talks about a positive duty to go and report these particular things and about that particular protection from any reprisal that that individual may have as well. The hon. Minister of Justice and Attorney General spoke earlier about Criminal Code protection, and I won't go and berate that dead horse.

There are a lot of accusations here, but the one thing that is very clear to me just from what I have heard in and outside of this particular issue is that there is an established lack of proof. I want to look at some of the allegations here. The hon. Member for Edmonton-Meadowlark on Twitter called my party a gestapo. He later apologized for that. I give him credit for that. He said that physicians were silenced while people were dying. He said that good guys have been railroaded. He said that he's playing the middle card of a royal flush. Mr. Speaker, again, these are very, very serious allegations.

5:30

I've talked about the positive duty to report, but in addition to the positive duty to report, I would also put out there that any one of us has a moral duty as an officer of this House to actually report anything negative that we see. Who do we report that to, Mr. Speaker? Well, if you see some wrongdoing, I would put it to every member of this Assembly that we should report it, in fact, to the police. These allegations are serious, and they erode public confidence in the system and members of all parties. We have a positive duty to report this to the police. If we want an independent inquiry, what's more independent than if we report something to the police? They go and lay charges if there are any, and it goes to that particular court.

I have seen quite a few more allegations, again, on this particular topic over the last little while. The Member for Airdrie-Chestermere today in the *Calgary Beacon* said: with such revelations beyond any reasonable doubt. Wow. I didn't know that we

had gone to court on that yet. He also alleges criminal wrongdoing. I would suggest, Mr. Speaker, that this member has a positive duty to go to the police and tell the police what exact evidence he has. Those are very, very serious allegations.

There are some other allegations. The hon. Leader of the Official Opposition talked about corruption. There was a leader of another party who said that she wanted a federally appointed judge. Well, if you go to the police and they lay charges, Mr. Speaker, you actually get, typically, a federally appointed judge if it's an indictable offence. The leader of the Alberta Party, whom I have not met, at Friday's news conference talked about fear and intimidation. I suggest to her – again, she talks about fear and intimidation – that intimidation is a tort. Go to the police. The Member for Calgary-Buffalo suggested earlier today about intimidating doctors, censorship, interference. Again, if that's the case, this member should go to the police.

Moving forward here, Mr. Speaker, I don't see any evidence that warrants that, but, you know, I'm not a law enforcement official, and that is exactly where this belongs. An impartial body? Well, that's what the police, in fact, are there for.

So, Mr. Speaker, in conclusion, there is no evidence that I've seen that warrants an inquiry beyond the Health Quality Council. The Member for Edmonton-Rutherford quite correctly stated that there is an immunity under the Alberta Evidence Act, section 9(5). [interjections] Even though I get all these rude comments and gestures from these members across here, I will pay no attention. As much as they may talk, the reality is that there is no evidence here. If there is, the proper place to go is to the police.

Thank you.

The Speaker: Hon. minister, I do believe you quoted from a document. Are you prepared to table that document with the appropriate copies?

Mr. Denis: I quoted from several documents, actually.

The Speaker: Then we'll do it tomorrow at the appropriate tabling time.

Mr. Denis: Absolutely, sir.

The Speaker: The hon. Member for Airdrie-Chestermere, followed by the hon. Member for Calgary-Mackay, followed by the hon. Member for Edmonton-Strathcona, followed by the Minister of Employment and Immigration.

Mr. Anderson: Thank you, Mr. Speaker. When he tables those documents, I would ask that everyone read them. It's a very good read, I must say.

The hon. opposition leader has first-hand knowledge. He's been through a situation where he lost his job for speaking out. The Member for Edmonton-Meadowlark got kicked out of caucus for speaking out about health care and for not retracting his comments. As someone who's coming into this – obviously, I have no background in medicine, any of those things. The thing is that when I came in to join this party over on the other side of the House there, the PC government, I have to say that, you know, I was excited. I really was. I mean, I really felt that here was an opportunity to contribute. I met some of the members over there, awesome people, you know: the Justice minister for example, the Member for Athabasca-Redwater, from Calgary-North Hill, and others. I mean, these are awesome people that, for my part anyway, I still call friends and respect a great deal.

There is an insidious culture that I was not aware of. I don't know who all over on that side of the House is involved in that

culture. I really don't know. I do hope that it is a small group, if any, of people over there. I hope, you know, that if there are folks over there, hopefully it's just people under them, who report to them, and that maybe they've been kept out of the loop. I don't know if the minister of health is involved. I don't know if the Premier had any knowledge. I don't know, and Albertans don't know.

That's the point, Mr. Speaker. There are a lot of things going on that just aren't right. You see it every day right now in the allegations coming forward. You're right; they are just allegations. They are. But there is evidence because people keep coming forward. Has it been proven beyond a reasonable doubt? Has it been proven in a court of law? No, not yet. It hasn't.

What clearly has come to light is simply this. Look, I was in that room behind there when the Member for Edmonton-Meadowlark let me hear the phone message that he had on his cellphone, and it clearly was a doctor warning this member, after a call from the Member for Edmonton-Rutherford to the head of the AMA, that, you know, he was essentially trying to drum up support to look into the mental state of this member. That's a fact. I heard it. [interjection] I heard it on the phone. You can deny it all you want. You haven't heard it on the phone. I have heard it on the phone. [interjection] Good. Well, there you go. That is exactly what was said.

The fact of the matter is that that's the culture of intimidation we're talking about. That's evidence. Now, does it prove that everything that we're saying is true? Does it prove everything that the Member for Edmonton-Meadowlark has alleged in this House? No, it doesn't. But it's a start. It is evidence; there's no doubt about that. It's evidence, and a judicial inquiry should be given the opportunity to see if there is anything to these allegations.

We have Dr. Fanning on the CBC just a few moments ago coming forward and saying: I need to step forward now and take a risk because I don't like what's happening in our health care system, and people need to know about the culture of fear and intimidation that exists. They're all using that wording. They're all using that.

There was the quote from a woman doctor. Her face was blacked out, but the CBC was talking with her, and she said that there was a culture of suppression and even vindictiveness, that when she started speaking out and advocating for her patients, she was demoted, marginalized, and eventually fired. And here's the kicker. Her mental sanity, her mental state was questioned by the health authorities.

Are we seeing a pattern here? We saw this with the allegations of Dr. McNamee. Those need to be looked into. These are all pieces of evidence, and I don't know where the puzzle leads. Hopefully, it's just a couple of, you know, tyrannical bureaucrats that are running around making a mess of things, and their stupidity is causing great shame upon the entire health care system. Maybe it's just a couple of people. Well, let's find those people. Let's make sure that they are not in a position of trust anymore. Let's clear everyone's name in this House from wrongdoing, if that's the case, if there was no wrongdoing by any member of this House. I hope that's the case. I really do. I know that the vast majority of the members opposite – I just cannot fathom that they would be involved in something like this.

I'll tell you what I do believe. There's no doubt in my mind, let's put it that way, that there is a culture of fear and intimidation out there. I don't know who is involved. All I know is that we keep getting e-mails from this good doctor.

The Member for Calgary-Fish Creek said, you know, Dr. Y. Well, we have to say Dr. Y. The members opposite were laughing at that. We have to say that because he asked us to. He says: as I do not consider myself immune to reprisal from those within the

government and Alberta Health Services, I respectfully ask that you keep my identity secret if you wish to refer to this letter in any way. We did look him up. He is a credible senior physician in this province, someone who's been around a long time, someone that, if you knew, you'd say: wow, that guy is not lying.

5:40

These are serious allegations. There is no doubt. But there is serious evidence to say that something is the matter here. If we bury our heads in the sand right now, hon. members across the way, and close our ears – you know, see no evil; hear no evil – and pretend it's not happening, then what happens is that you become culpable in this. You become culpable in the wrongdoing. Your job is to protect the trust that Albertans place in their health care system. These are your constituents. These are your constituents. It's just a matter of calling a public inquiry and giving this former or current justice the right, the power to subpoena witnesses, the power to compel documents that are relevant to his investigation. These are things that a judicial inquiry is suited to do.

You can't ask the Health Quality Council to look into potential wrongdoing like this, into allegations of wrongdoing. That's not what they're qualified to do. They're qualified to look into issues of health quality, so they should be and they are investigating the 322 cases of suboptimal outcomes, I guess you would say, in the emergency rooms. They're investigating the long cancer waits and whether or not people may have passed on while sitting on those wait-lists. That's what they're qualified to do. They look at the system. They kind of take it apart and say: "Okay. Why are these long wait-lists happening?" Then they make recommendations to stop it from happening again.

But that's not what a public inquiry is for. A public inquiry gives these justices the powers they need to find the truth, to get to the bottom of it, to look into the wrongdoing. That's something we can't ask the good doctors at the Health Quality Council to do. They don't have the tools to do that nor the expertise. We all know that. The Minister of Justice knows that. The former Minister of Justice, who's running for the leadership, knows that. The hon. Member for Calgary-Egmont, who just got up before me, knows that. This is absolutely tailor-made. You could not get a better, a more relevant, a more appropriate situation to call a public inquiry than what we have right now.

Let's just clear the air. Let's all clear the air here. If you've got nothing to hide – and I honestly believe that the majority of the government members, if not all of the government members, have nothing to hide. If that's the case, let's call the inquiry. Let's get it all out in the open. Let's find the people who are responsible for these allegations if they, in fact, are true. They're still alleged. But if they are true, let's find the people responsible, and let's relieve them of their duties. Let's make sure that they are not allowed to perpetuate this culture of fear and intimidation over and over and over again.

You listened to the letter that the hon. Member for Calgary-Fish Creek received at 10 a.m. today. He says: we had noticed the problems worsening over time, and the ongoing lack of leadership was evident; there are so many of us wanting to do the right thing for patients but who are working in fear of retribution if we speak out, and this culture continues to this day, and it causes moral distress as we are placed in an impossible position.

The Speaker: Thank you, hon. member. The letter in question, that was just referenced, was returned to the hon. Member for Calgary-Fish Creek because it did not abide by the rules of the Legislative Assembly for filing. I want all members to know that.

The hon. Member for Calgary-Mackay, followed by the hon. Member for Edmonton-Strathcona, followed by the Minister of Employment and Immigration.

Ms Woo-Paw: Well, thank you, Mr. Speaker. I rise to speak today to provide an added perspective on the subject matter that we are speaking about today. I wish to speak today as someone with family members that have had close interactions with our health care system over the last number of years as well as having close family members who are part of the system.

Mr. Speaker, my mother was diagnosed with lung cancer five years ago. Our family actually discovered her cancer quite by accident. In a very short time her family doctor and all of us in the family realized that she was in need of a heart operation to start with. She immediately received that operation, and from there she was put through a number of tests and finally diagnosed with a small cell aggressive lung cancer. She was almost immediately put through consultations, orientations, and linked to the appropriate health specialists in the system, and in December 2005 she went through both radiation and chemotherapy.

Our family was very impressed with the care and quality of service she received and the fact that she was admitted into the system in a most timely way. She was connected with other related service agencies and volunteers, and together the system and the service agencies and family supported her through that treatment and recovery process. I'm very pleased to say she was told by her oncologist just a few months ago – and I was with her – that she no longer needed to see him every three to six months, a relationship my mother deeply treasured and appreciated.

Some of the recent discussions and focus on health have made me reflect on my own relation to the health care system in Alberta. Mr. Speaker, I was reminded that my father was involved in a car accident just under a year ago. Even though he got a clean bill from the initial assessment and tests, we realized a few months later that he was suffering from hemorrhaging in his brain. Once his symptoms and conditions were recognized by the urgent care centre, he was immediately admitted, examined, operated, and also linked to the therapist to assist him with recovery. In both of these cases my parents received quality care and very timely services.

Two of my children actually are currently proud members of the 90,000 of the Alberta health care system, and I'm reminded regularly that the hard-working, dedicated health care providers do recognize the need for change and improvements in our health care. As young people they do expect to see concrete and constructive changes in a reasonable time frame from all the people who share the responsibility to sustain an effective and efficient system.

Mr. Speaker, it is hard as relatively new members of the system, after all the long hours and long days of very hard work, whether it's transporting patients, looking after abuse victims, 15 straight hours of surgery, or working in full neonatal intensive care units, to be bombarded by the created public confusion about the roles and performance of the various health entities, to become frustrated by the political rhetoric that has dominated the public discourse on health. These are the current practitioners in the system and future leaders of our health care system, and they're not impressed by the level and form of the debate on the health discussion today. The health care providers that I have spoken to are aware of their obligation to report on patient safety issues, and they do take that obligation very seriously.

My life prior to becoming an elected official did include taking on the role of community advocate from time to time, so I do have some understanding that it is indeed not easy to be an advocate, a

road that is often driven by a deep sense of concern and commitment to an issue, to a cause. People who take on that role not only require courage, dedication of time and resources but also have to face public scrutiny, threats, and intimidation. However, people who have concerns and wish to advocate for change must be clear and fair about ownership and responsibility for the problems. We owe it to the public and to this House to ensure that we provide clarity in our debate, and we're also responsible for upholding the integrity of this House.

Mr. Speaker, to close, my intent this afternoon is to try to bring this discussion back to the ground with the hope that we can actually have this very important discussion with a greater degree of balance. Let's all be reminded that Albertans by and large are receiving high-quality health care in a reasonable time frame in our province. I would also like to reinforce that we have many people who are working very hard every day to provide quality care to Albertans. Many of these people do share the interest and desire with all Albertans to see an even more effective and responsive system to an evolving population and environment. We know people are getting quality care once they get into the system, and the system is responding very responsibly to those with acute-care needs. There is no doubt a need to take a critical look at the wait time issue, and that should be our priority focus.

A public inquiry which will not provide resolutions and must be based on an investigation of all the facts, which is precisely what is being put in place as we speak, should be given the time, space, and support to do its job as the most appropriate immediate action.

Thank you, Mr. Speaker.

5:50

The Speaker: Hon. members, the rules with respect to the Standing Order 30 application, rule 30(5): "the debate will conclude . . . at the normal hour of adjournment in the afternoon." That's at 6 o'clock today. The only way that this could be waived would be unanimous consent of the Assembly.

Mr. Hancock: I wasn't asking for that. I was just asking to go to 6.

The Speaker: We are going to 6.

Dr. Swann: I have requested beyond 6.

The Speaker: Listen. This is not going to be a debatable thing. If you want to raise it, Leader of the Official Opposition, raise it now because we're denying another member the opportunity to speak.

Dr. Swann: Thank you, again, Mr. Speaker. I respectfully request that with the unanimous consent of the House we extend the emergency debate on this vital issue to all Albertans.

The Speaker: I take it: beyond 6 o'clock to whatever time it terminates. Okay. Such a request will require unanimous consent of the Assembly; that is, to go beyond 6 o'clock to an unknown destination point on this debate. I'm going to ask one question. Does any member object? If so say no.

[Unanimous consent denied]

The Speaker: Hon. Member for Edmonton-Strathcona, you're good till 6.

Ms Notley: Thank you, Mr. Speaker. I am disappointed that I am, unfortunately, the last person that gets to speak to this because I know there are many members who would like to, particularly given that, basically, with only 45 minutes or an hour left in this

debate, even additional information was reported, which, of course, was not dissimilar from the kind of information that was first discussed late last Thursday, which generated the need for this debate. That new information is information coming from yet two more doctors, one who has come forward in his entirety and another who has come forward although wishing to remain anonymous.

In both cases those doctors raise some very, very serious concerns, concerns that, strangely, replicate the types of concerns that have been identified by previous people. In the case of one doctor we have that doctor suggesting that when she went to raise concerns with the region for which she was employed and with, ultimately, the College of Physicians and Surgeons, her issues were not heard and there was really no response. Then her employer engaged in what she believed was a process of, first, marginalizing her administratively and then, ultimately, her being demoted and then dismissed. That, obviously, is the type of thing that we've heard about from other doctors as well.

Then, the other doctor suggested that, in fact, when she raised concerns about the effect of funding cuts to the TB program on her ability to do her job and, more importantly, on the health of the patients for whom she was required to care, once again, she was fired for raising that issue.

We now have one, two, three doctors that have come forward since Thursday who are prepared to talk to the media about this culture of fear and suppression. So this is something that I think the government has to take seriously. Now, members from the other side have suggested: wow, you are putting forward some pretty crazy allegations, and you should take those to the police. Well, first of all, it's not us putting them forward; we are simply bringing into the House statements that have been made by a number of physicians from within the system.

But more to the point, my question back to members opposite is this: is this government really suggesting that the standard of behaviour for a government should drop as low as, "Well, no one's proven that we've breached the Criminal Code yet; therefore, nobody has any right to be concerned"? That is exactly the argument that the government is making at this point, and it is specious. There are repeated allegations that have been made out there by a number of people that go to the very heart of our ability as legislators and as the government, who are administrators, to get at what's really going on within our system.

Now, the government says: "Well, it's all right. We can send it over to the Health Quality Council, and they'll deal with it." But here's the problem with the Health Quality Council. That may well be the place to look at sort of best practices and what can be done in order to improve the ER wait lists and the cancer wait lists, and that's fine, but the Health Quality Council, first of all, are not appointed with a view to their ability to assess whether coercion or intimidation has occurred.

Secondly, the Health Quality Council regulations which govern how they function very clearly state that any report that they prepare must first be reviewed and must be approved by the minister of health, which, of course, right away raises the issue of the degree to which we can count on the independence of that body. That's not a function of the individual members of the body; that's a function of the process that this government wants to subject this inquiry to. It is the government's decision to make the body accountable that much to the minister that makes the work that they do less than entirely trustworthy as it relates to that issue.

The final thing about the Health Quality Council is that the regulation itself says that they will be given "reasonable access to

information." It doesn't even say full access to information, just reasonable access to information. So quite clearly the Health Quality Council will not be given anywhere near the scope or the ability to seek information that it needs in order to address this issue, which is one of a decade of suppression and coercion and intimidation of public health professionals within the health care system. They have no ability to subpoena, and most importantly they have no ability to provide immunity to those staff members who would come before that council to talk about the problems in the system.

Let us be very clear. We've had members here talk about this ridiculous AHS policy. Well, anybody who practices law in this area knows that an employer policy is not binding when you get before an arbitration. The employer gets to fire you first, and you get to use whatever means at your disposal afterwards to try and get your job back, and you may or you may not be successful. An employer policy like that is in no way binding nor does it set out any kind of remedies. So if I were a lawyer for a doctor, I would look at that policy and say, "Sorry. That gives you no protection." If I were a lawyer for a union that was helping nurses or other health care professionals, I would say, "You know what? That document gives you no protection."

Members of this government know that that document gives their employees no protection, yet they continue to speciously refer to it as though somehow that will ensure an inquiry that is fair and open. But it's not. It won't do it. They are clearly setting up a kangaroo court that is not designed to get at these very serious allegations that deeply undermine the ability of our system to improve itself and serve the best interests of Albertans and their health needs.

Ultimately, I mean, that really is where all of this ends up. What we all want to do is make sure that we have a system that will work effectively, that will deal with the wait times in ER, that will deal with cancer wait times, that will deal with our impending and extensive crisis in seniors' care, that will deal with our failure with respect to mental health and our failures with respect to children's mental health. None of that can be done within the chilled climate that currently exists within our Alberta Health Services, and none of that can be done through the Health Quality Council given its limited scope. The government knows that. They are not interested in getting to the truth; Albertans are. Albertans care about their health care system.

By the way, that is a political decision. People who care about their health care system getting genuinely better, talking about it in a political setting, that's what they should be doing, and anyone who suggests that people should not be linking this to their democratic right to ultimately vote this government out of office is someone that does not respect democracy. But we do, and the members on this side do.

That's why we came together, because this government right now is doing everything in its . . .

The Speaker: Thank you, hon. member.

The Assembly stands adjourned until tomorrow afternoon at 1:30 p.m.

In 30 minutes from now the policy field committee will reconvene in this Assembly for consideration of the main estimates of the Department of Employment and Immigration. This evening's meeting will be video streamed.

[The Assembly adjourned at 6 p.m. to Tuesday at 1:30 p.m.]

Table of Contents

Prayers	315
Introduction of Visitors	315
Introduction of Guests	315
Ministerial Statements	
Japanese Earthquake and Tsunami	316
Oral Question Period	
Health Quality Council Review	318, 320, 324
Dr. Ciaran McNamee	319
Health Services Financial Reporting	321
Vulnerable Infant Response Team	322
Nuclear Power	322
Farm Safety Advisory Council	322
Farm Worker Safety	323
Land Sales	323
Fort McMurray Apartment Evacuations	324
Métis Settlements Land Tenure	324
Abandoned Wells	325
School Construction in Beaumont	325
Members' Statements	
Commonwealth Day Message from the Queen	326
Health Care System Public Inquiry Request	326
National Social Work Week	327
Vulnerable Infant Response Team	327
Community Initiatives Program	327
Community Facility Enhancement Program	327
Firefighters at Robb Gas Well Blowout	328
Notices of Motions	328
Introduction of Bills	
Bill 13 Appropriation (Interim Supply) Act, 2011	328
Bill 14 Wills and Succession Amendment Act, 2011	328
Bill 15 Victims of Crime Amendment Act, 2011	329
Tabling Returns and Reports	329
Tablings to the Clerk	330
Emergency Debate	
Health Care System	333, 344
Consideration of His Honour the Lieutenant Governor's Speech	344
Government Motions	
Address in Reply to Speech from the Throne	344

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