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The 27th Legislature
Fifth Session

Alberta Hansard

Thursday, February 23, 2012

Issue 10

The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta
The 27th Legislature

Fifth Session

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Progressive Conservative: 67 Alberta Liberal: 8 Wildrose: 4 New Democrat: 2 Alberta: 1 Independent: 1

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Quest
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Legislative Assembly of Alberta

1:30 p.m.

Thursday, February 23, 2012

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon and welcome.

Let us pray. As we conclude for this week our work in this Assembly, we renew our energies with thanks so that we may continue our work with the people in the constituencies we represent. Amen.

Please be seated.

Introduction of Guests

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

Mr. Berger: Thank you, Mr. Speaker. I rise today to introduce to you and through you to all members of this Assembly a group of junior high students from Rockyview Christian school who have travelled here today from Pincher Creek. It's a great privilege for me to have students here. It's not very often that I get visitors, so I really appreciate their participation. These bright young students are accompanied by their teacher, Miss Brittany Penner, and by parent helpers Myron Koehn, Cheryl Koehn, Dawn Nikkel, Ted Nikkel, Laurel Warkentin, Kathleen Warkentin, Galen Toews, and Gwen Toews. They're seated in the members' gallery, and I would ask them all to rise. Please give them the warm reception of the Assembly.

The Speaker: The hon. Member for Strathcona.

Mr. Quest: Thank you, Mr. Speaker. On behalf of the hon. Member for Sherwood Park it's my pleasure to rise before you in this Assembly and introduce to you and through you a group of 41 grade 6 students from Woodbridge Farms elementary school in Sherwood Park. These bright young students are accompanied by their teachers, Sheryl Dermott, Anita Sisson, and Chris Sudyk, and parent volunteer Judy Andrekson. I hope the students have enjoyed their visit here today and take away many fond memories of their experience. They are seated in the members' gallery. I'd ask that the students rise and that we give them the traditional warm welcome of this Assembly.

The Speaker: The hon. the Premier, please.

Ms Redford: Thank you, Mr. Speaker. It's my pleasure to rise today and introduce to you and through you Colin and Eden Wetter. Eden was born in Edmonton and is currently a grade 6 student at Glenora elementary school. Her class was lucky enough to spend a week at the Legislature earlier last month. We had a visit today, and she thoroughly enjoyed it. They had a wonderful tour of the building and saw all sorts of secret compartments and rooms. I'll tell you that her teacher, Sandy Myshak, is a great supporter of this program and has let Eden come today to question period but has asked that she report back on our conduct, behaviour, and the substance of the discussion.

Her father, Colin, was also born in Edmonton. He's a lawyer with Justice Canada. He comes from a long line of Albertans, primarily from central Alberta. In fact, his grandfather, Gus Wetter, has a high school named after him in Castor, Alberta. They're seated in the

members' gallery, and I would ask both of them to rise and receive the traditional warm welcome of this House.

The Speaker: The hon. Member for West Yellowhead.

Mr. Campbell: Thank you, Mr. Speaker. It's my privilege to introduce to you and through you to all members of the Assembly Mr. Peter Watson. As you know, Peter is the deputy minister of Alberta's Executive Council, and I'll be giving a member's statement on an award he received just this week, that we should all be proud of in government. I'd ask Peter to rise and receive the warm welcome of this Assembly.

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

Mr. Jacobs: Thank you. I'm happy today to rise and introduce to you and through you to all members of this Assembly some of my family that are visiting today. I would ask them to stand as I call their names: first of all, my wife, Linda; my daughter Candice; her husband, Randy; their children Danny, age 6, and Kayla, age 3. It might be of interest for you to know, Mr. Speaker, that Randy's grandfather Alvin Bullock served in this Assembly in the 1960s. I would ask that my guests please receive the warm, enthusiastic response of this Assembly.

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

Mr. Prins: Thank you, Mr. Speaker. It's really an honour for me to introduce to you and through you to all members a group of people representing rural electrification associations from across Alberta. Today we have with us Delores Cherwoniak from Smoky Lake, representing the Lakeland REA; Baynish Bassett from Claresholm, general manager of the southern Alberta REA; Evert Vandenberg from Fort Macleod, also from the southern Alberta REA; and Carl Beniuk from Lac La Biche, with the North Parkland Power REA. I would ask them to rise and receive the warm welcome of this Assembly.

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

Ms Blakeman: Thank you very much, Mr. Speaker. One of the great things about being an elected official and in the opposition as a critic is that you get to keep meeting all different kinds of people. I'm really delighted today to be able to introduce to you and through you to all members of the Assembly three people who are here from the Edmonton and Area Land Trust. Now, if I could get you to rise. We have the executive director, Pam Wight; the board chair, Marg Reine; and one of the directors, Glen Thoman. I'm going to honour these individuals later with a member's statement, but I'd really like to thank you for your work on behalf of all Albertans and particularly Edmonton and area. I would ask my colleagues to join me in welcoming them to the Alberta Legislature.

Members' Statements

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

Organ and Tissue Donation

Mr. Webber: Mr. Speaker, most of us are not aware of organ and tissue donation unless we have been personally affected. For most Albertans awareness never goes further than signing the back of our Alberta health care cards. Few of us realize that in most cases, even if we were to die and wanted our organs to be donated, many things could preclude the chance to be a donor.

Organ donations require a well-thought-out plan. Harvested organs deteriorate after a 24-hour period, so time is of the essence. Medical personnel must co-ordinate between emergency units and organ donation programs, and the plan must involve having trained personnel in emergency rooms to be able to ask sensitive questions of family. Yes, family consent can override even though a person has signed his or her Alberta health care card.

When families know in advance the wishes of a loved one, 96 per cent give consent to proceed with organ donation. In contrast, only about 45 per cent of families that are unclear about their loved one's wishes consent to the donation of organs. If family members hesitate to give timely consent, the odds of a successful transplant taking place decrease dramatically. That is why it is so important that family members are aware of the wishes of loved ones who want to donate their organs upon death. This way, should a tragedy occur, the wishes of individuals are known, and family members will take comfort in knowing that they have carried out their loved one's final wishes.

To raise the profile of organ donations and to bring families together to discuss the wishes of family members, an Alberta organ donor registry should be developed, it should be implemented, and it should be promoted in such a way that the maximum number of usable organs will be available for transplantation.

So to this, I urge all members of the Assembly and all residents of this province to set aside time to talk about organ donation with their loved ones to ensure that their wishes are understood and that they are carried out. I would ask all colleagues of mine to consider becoming an organ donor.

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

Edmonton and Area Land Trust

Ms Blakeman: Thank you very much, Mr. Speaker. Today I'd like to do a shout-out to my guests joining us in the visitors' gallery from the Edmonton and Area Land Trust. This group is a land conservation trust for our region. They steward millions of dollars of donated land in and around Edmonton to conserve natural areas and habitat. Now, that doesn't mean that people are banned from using it, just that it's to be conserved.

So for those that are watching on TV or Internet streaming, consider getting involved in your local land trust. You can volunteer for general tasks or sit on a board or donate money. Now, that's the interesting part. Although these land trusts get land donated to them and there are definitely incentives and tax recognitions for donating the land, there is very little government support for the land conservation trusts' costs in receiving the land.

1:40

Each time land is offered, the trusts must hire professionals to survey, plan, and report on the feasibility of accepting that land grant. As well, there are costs to repair or build fences, repair structures that are there, provide garbage cans, et cetera. In all, each donation costs the land trust about \$25,000 to accept. Now, Albertans are very supportive of land conservation trusts and very generous, but it still doesn't cover all of the costs. The Edmonton land trust has more offers of donated land than they can accommodate within their budget.

Interestingly, the funding streams from this government seem to lack the capacity to deal with land trusts. The community initiatives program routinely turns down applications from land trusts. They get bounced between Environment and SRD as Environment is air, water, soil, and cumulative effects, and SRD does white space but not green space. So we have a funding catch-22.

I hope my short honouring of the work of the land conservation trusts from across Alberta and particularly the Edmonton and Area Land Trust will help government, elected officials, and staff to be more accommodating of these organizations.

Thank you so much for joining us today.

The Speaker: The hon. Member for West Yellowhead.

Peter Watson

Mr. Campbell: Thank you, Mr. Speaker. The Alberta Chamber of Resources is recognized as a leading voice for Alberta's resource industries. It is a resource-based, cross-sectoral industry association that provides leadership for responsible natural resource development in this province.

Each year the Alberta Chamber of Resources selects a person of the year who is "a leader who exemplifies the best of Canadian industry, representing the qualities that make Alberta's resource development companies some of the most prosperous, entrepreneurial and forward-thinking organizations in the world." This year the chamber has selected our friend Mr. Peter Watson as the Alberta Chamber of Resources person of the year.

Peter is no stranger to many of us in this government as he has faithfully served in the public service for over 25 years. Peter began his career with the public service in 1983, where he worked as a water rights engineer for Alberta environment. Since then, he has played a critical role in advancing Alberta's energy and environmental interests through numerous positions, including assistant deputy minister of environmental assurance, deputy minister of Alberta environment, and Deputy Minister of Alberta Energy.

Peter played a strong leadership role, in fact, where I first met him, in developing the water for life strategy, Alberta's provincial energy strategy, and Alberta's carbon capture and storage initiatives. Through all his work he has had a profound impact in advancing our province's energy and environmental stewardship.

His outstanding talent and expertise were further recognized by our hon. Premier, who on October 11, 2011, named Peter Watson as Deputy Minister of Alberta's Executive Council.

Mr. Speaker, I stand today recognizing the accomplishments and contributions made by Peter Watson to Alberta, and I congratulate him on being awarded Alberta Chamber of Resources person of the year.

Thank you, Mr. Speaker.

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

Dr. Marvin Fritzer

Mr. Bhardwaj: Thank you very much, Mr. Speaker. Today I rise to celebrate the achievements of Dr. Marvin Fritzer, a senior health researcher at the University of Calgary and chair of the Alberta Research and Innovation Authority.

Dr. Fritzer, a native of Vulcan, Alberta, recently received the top achievements in health research award from the Canadian Institutes of Health Research and the *Canadian Medical Association Journal*. A panel of Canadian and international experts honoured Dr. Fritzer with this prestigious award based on the considerable impact of his work on Canadians and others worldwide.

Dr. Fritzer is a professor in the departments of medicine and biochemistry and molecular biology and a member of the McCaig Institute for Bone and Joint Health. He has worked tirelessly to identify and test for biomarkers for autoimmune diseases such as

lupus, MS, and rheumatoid arthritis. Dr. Fritzler's discoveries are in wide use in clinical diagnostic and research labs around the world.

As chair of the Alberta Research and Innovation Authority Dr. Fritzler further contributes to the physical well-being of Albertans and the economic health of our province by providing strategic advice to this government on research opportunities, emerging technologies, and policies to enhance innovation.

Please join me in congratulating this extraordinary Albertan for his many accomplishments and for this well-deserved recognition.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for St. Albert.

Distracted Driving

Mr. Allred: Thank you, Mr. Speaker. Lucky. Lucky is a good word most of the time. We're very lucky to live in this province. But when it comes to distracted driving, being lucky is not what it seems. Were you simply lucky that you didn't hit your neighbour's six-year-old daughter? You were talking on your cellphone and didn't notice her crossing the street until you were inches away from her pink jacket.

Were you just lucky that you didn't get hit by a gravel truck? You were texting and didn't look up until you were already through the red light and a truck's grill was at your window.

Were you lucky that you didn't hit your golden retriever? You were reading a report for your meeting and didn't see him bounding across the road until you were a tire's length from his front paws.

Maybe tomorrow you won't be so lucky. Maybe it's time to change your luck by paying attention behind the wheel. This month we're working with our traffic safety partners to remind Albertans about the distracted driving law and the importance of complying with it. While we know that fewer Albertans are talking on their cellphones since the legislation was introduced, it takes time and effort to change behaviour. Through advertising, enforcement, and other awareness initiatives throughout February we are working to ensure that Albertans are safer on the road.

Distracted driving. It's not about being lucky. It's about giving your full and undivided attention to your driving. Drive safely and keep your eyes on the road.

Thank you.

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

Health Quality Council Review Report

Mr. Mason: Thank you very much, Mr. Speaker. The Health Quality Council report released yesterday confirmed what the NDP opposition has been saying for a long time. There are major problems in the health care system, and these problems mean that sick Albertans are not safe in our system.

Doctors and other staff, who have a professional and moral obligation to advocate for better patient care, are constantly bullied. The government is clearly the problem here. The report is crystal clear. The massive reorganization of the system that led to the creation of Alberta Health Services is identified as a significant part of the culture of fear and alienation that physicians say they are experiencing. This reorganization was deliberately initiated by this government under the leadership of the former health minister, now the Finance minister, without a plan or consultation. The chaos created by this massive reorganization destroyed confidence in the system's accountability, leading to an increased culture of fear and

an inability to advocate for better patient care.

To continue to have the chief engineer of this costly upheaval still sitting in an important position at the cabinet table is unacceptable. It reveals that there is no real change in this government. This government continuously disregards the well-being of ordinary Albertans in order to pursue its own agenda.

The same people who are in cabinet now stayed quiet for two and a half years while they had shocking information from physicians about these problems. They continued planning significant and dangerous changes to the health system after the next election. They broke their own promises to build necessary long-term care spaces. Adequate long-term care facilities would have taken much of the pressure off our acute-care system to free up acute-care beds for patients in urgent need of them.

This report makes evident just how important a full judicial public inquiry is. Things that are hinted at in the Health Quality Council report need to be given full investigation. We have to know exactly what this intimidation by politicians in the government consists of.

These are very large issues, that we've only begun to understand, and we need the right process, a full judicial inquiry.

Roseanne Supernault

Ms Calahasen: Mr. Speaker, you and I both know that coming from a small community, we face many challenges. We also know that coming from a small community can bring many opportunities. First and foremost, you learn the importance of knowing who you are and accepting yourself for who you are and what your talents are. Over time, as you excel in the areas you are good at, the community also accepts and recognizes you and your talents.

Today I recognize a beautiful, talented young actor, Roseanne Supernault, who has excelled in the arts. Pride arises in me as I congratulate Roseanne on recently winning the best supporting actress award at the American Indian Film Festival in San Francisco for her role in the film *Every Emotion Costs*. Not only did she win this award; she has also won two straight Rosie awards from the Alberta Motion Picture Industries Association for her role in *Blackstone*. While she has big dreams, including honing her talents in comedic acting roles, Roseanne remains closely connected to her small-town home.

Mr. Speaker, it pleases me to no end when I learn about young Albertans becoming role models in their communities. I know that her actions will inspire not only the youth in East Prairie Métis settlement but young people across Alberta in the film industry.

On that note, I was pleased that the Minister of Culture and Community Services indicated her support for the film industry during budget estimates last night because there are so many talented Albertans just like Roseanne in this industry. I believe the minister's vision for the film industry in Alberta will go a long way in helping many other role models like Ms Supernault reach their potential.

Again, congratulations, Roseanne, on winning your award. You deserve it. I ask my colleagues to give you a huge round of applause.

Thank you.

1:50

Oral Question Period

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

Minister of Health and Wellness

Dr. Sherman: Thank you, Mr. Speaker. Yesterday's Health Quality Council report said that sick Albertans who go to the ER wait 10 to 20 times longer than the national standard. Their safety is at risk, and many needlessly suffer in pain for hours, metres from care. Tragically, those needing end-of-life care spend their last few hours in the emergency department hallways. This report gives the minister of health, who has been part of the PC government's health policy for several years, a failing grade. Will the Premier take the first necessary step to repairing trust in our health system and fire this minister of health?

The Speaker: The hon. the Premier.

Ms Redford: Well, thank you, Mr. Speaker. I am very proud of our minister of health. Our minister of health is working very hard to respond in a meaningful way to all of the issues that he is having to deal with in managing his department. There is no doubt that it's probably one of the greatest responsibilities in our government. We know what a great percentage of our expenditure is spent on health care. What we also know is that this is a man who has committed his life to improving health care administration and to the provision of better health care for Albertans.

Mr. Speaker, as we know, the population in this province is growing, the system is growing, and to have someone who is intimately familiar with this work is something that we should have confidence in.

The Speaker: The hon. leader.

Dr. Sherman: Thank you, Mr. Speaker. Given that this same minister has committed the last few years of his life to breaking this system and that the Health Quality Council states that a culture of fear and intimidation exists and that bureaucratic and political interference is to blame, this health minister's interference, I'll ask again: will the Premier show leadership and fire her health minister, the one that helped break the system, Premier?

Ms Redford: Mr. Speaker, in the past year and a half there have been a lot of discussions with respect to how to manage the health care system. One of the commitments that I made to supporting a publicly funded health care system in this province was to ensure that while I was Premier, there would be no political interference in the health care system, and there won't be.

Dr. Sherman: Mr. Speaker, I'm not sure if this Premier read this report. We all know that the same minister is the principal architect of the PC government's failed seniors' housing policy, the disastrous seniors' drug plan, and now this health system and ER debacle. How can the Premier possibly stand up in this House in front of Albertans and defend him? Premier, will you please show some leadership and fire this minister?

Ms Redford: Mr. Speaker, it's been fascinating for me to travel across the province in the past four and a half months and talk about health care. I'll tell you one thing that there is an awful lot of consensus on, and that's when I say that our minister of health is doing a good job, a strong job, a competent job and that we have to ensure that we support him in continuing to improve the health care system. I believe that's what Albertans want, and we're going to stand behind our health minister.

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

Health System Restructuring

Dr. Sherman: Thank you, Mr. Speaker. What Albertans want is the health care system to be fixed despite the political rhetoric.

Exactly four years ago, in the wake of the Health Quality Council's last such report, the former Premier made many promises, promises on long-term care beds and on how the health care system would be fixed if he won, on this PC letterhead. After the election this government broke all of those promises and actually went on to make the system even worse by forming AHS, by bringing in our code of conduct, and by closing these long-term care beds. What in yesterday's report can the Premier point to that could possibly give Albertans any reason to trust this PC government anymore on health care?

Ms Redford: It's fascinating to review the report because, in fact, there are some very good recommendations in that report. Our minister of health has said that in a continuing effort to strive to improve the health care system, he is going to accept those recommendations, review them carefully, and make sure that we're able to actually make changes in the health care system.

I will tell you, Mr. Speaker, that one of the reasons that Albertans can have confidence in their health care system is that for the past 18 months we've been hearing wild allegations about lists from the 2000s and hundreds of people dying from many members who are hon. members of this House, and one thing that the Health Quality Council did yesterday is that they said that those allegations were completely unfounded.

Dr. Sherman: Mr. Speaker, to the Premier. Let's consider sticking to 2012. In this report the health care system is still broken. Given that the Health Quality Council report says that many of the problems we're experiencing today stem from the hasty dismantling of the regional health system and that there was a report from the Health Quality Council that wasn't listened to in 2007, Premier, while you were in cabinet, why did you and most of these cabinet ministers decide to close long-term care beds and break an already broken system by bringing in AHS? Premier, you were in cabinet.

Ms Redford: Mr. Speaker, first of all, that is an unfounded allegation.

Secondly, I will tell you that I am sticking to 2012. The press release I'm looking at is dated February 22, 2012. What it says is that a number of allegations that have been made in the past by this hon. member were found to not have any foundation. Every single time that an allegation is made in the future, we must question whether or not there's a foundation for it.

Dr. Sherman: Mr. Speaker, it's a sad day when this Premier says that this report is an allegation of patient suffering.

Given that when the former minister was asked about the current crisis, he said that it was an unavoidable result of forming AHS, how can the Premier justify rewarding and defending these rude, insensitive, harmful, and offensive comments made by her Minister of Finance, the former health minister, who broke an already broken system? Answer that question, Premier.

Ms Redford: Discussions with AHS in the last four or five months with respect to work that they're doing to improve and enhance the system involved one very clear message to me, and that, Mr. Speaker, was that where we are right now with the administration of health care in terms of having a provincial board is where we need to stay. What we know is that change is sometimes difficult. There is no doubt that there are comments made in this report that have been identified as things that we need

to improve upon, and there is no doubt that, being open and transparent about that, we have to accept that.

The Speaker: Third Official Opposition main question. The hon. Member for Calgary-Mountain View

Health Care System

Dr. Swann: Thank you very much, Mr. Speaker. I quote from the Health Quality Council association report: “distrust,” “engagement,” and “conflict.” These are terms used in the report to refer to many physician experiences in the health care services today. The report cited “increasing control among unelected deputy ministers and assistant deputy ministers,” clearly creating a conflict for conscientious physicians trying to advocate for quality care. To the Premier: how do you suggest restoring trust in an organization that continues to employ most of the senior staff that created this health care mess?

Ms Redford: Mr. Speaker, I find this a very interesting question. We have one member of this party standing up and saying that they're concerned about political interference in the health care system. Then we have another member standing up, referring to quotes, saying that there's not enough political interference or control in the system.

Now, Mr. Speaker, we believe that there should not be political interference in the system. We have confidence in the health care administrators that are running the system. We believe and Albertans have said that they have confidence, that as we move forward and continue to deliver a health care system, they expect excellence and they expect improvement, and we will continue to provide that.

Dr. Swann: Well, maybe I'll repeat the question as the Premier wasn't listening. I said that “increasing control among unelected deputy ministers and assistant deputy ministers” clearly conflicts with the physicians' duties to advocate for their patients. How do you suggest restoring trust when you have the same people who authored the problems in the first place still managing the system?

Ms Redford: Do I have to answer, Mr. Speaker?

Dr. Swann: I see that she doesn't want to answer that question.

Lack of any accountability has been the hallmark of this government for years. Here is the author of the health care chaos sitting beside her now as health minister, exemplifying the lack of accountability of this government. When are the people truly responsible going to be held accountable? When are heads going to roll, Madam Premier?

Ms Redford: Mr. Speaker, this kind of emotional reaction does nothing to improve health care in Alberta. We are not going to implement any program that's going to suggest that anyone will be punished for wild allegations that have been unfounded.

2:00

Public Health Inquiry

Mr. Anderson: Mr. Speaker, the PC slogan for this upcoming election ought to be: vote PC; we'll tell you our plans after the election. The Premier says that we'll have a discussion about taxes after the election. She says that she'll start balancing the budget after the election. She says that MLAs will vote on their new salary packages after the election. She'll start enforcing the unpopular .05 registry after the election. Premier, will you commit to ensuring that your long-promised public inquiry into physician intimidation and

the ER crisis is up and running before the election is called, or are you going to wait until after the election, just like everything else you've promised?

Ms Redford: I believe that we had a very robust debate with respect to this yesterday in my estimates. The answer to the question is that we put a plan in place in the fall, we passed legislation, and we said that we would wait for the health quality report to ensure that we established terms of reference that made sense for the independent inquiry. There's no reason for anyone to suggest that that's not going to happen, Mr. Speaker.

Mr. Anderson: Still waiting for an answer.

Given that on October 15, mere days after being sworn in as Premier, you told Don Braid at the *Herald* that a full public inquiry into health care would be “up and running before an election next year” – up and running, Premier – were you just saying that to get a reporter off your back, or were you betting on Albertans forgetting you said it, or door number 3, are you going to keep your word and have the health inquiry well under way, meaning actual public hearings, before the election is called? Call the public inquiry.

Ms Redford: Mr. Speaker, I've never in my life not stood by my word.

Mr. Anderson: Well, we shall see.

Given, Premier, that on September 13, mere days before you were selected as PC leader, you told Rick Bell at the *Sun* that the public health inquiry would include a probe into “alleged queue-jumping by the politically connected” and given that former superboard CEO Stephen Duckett recently confirmed that there were dedicated go-to guys in the health regions to help PC MLAs with these requests, will your health inquiry, if you ever call one, include a probe into politically influenced health queue-jumping, or are you just saying that to get elected as well?

Ms Redford: Mr. Speaker, I've always stood by my word.

Health System Restructuring

(continued)

Mr. Mason: And her words have different meanings at different times, Mr. Speaker.

Yesterday's report of the Health Quality Council confirms what Albertans have known all along: wait times are atrocious, doctors are being intimidated, the government's constant restructuring is creating chaos, and health outcomes are worse. All of these things hurt Albertans and threaten their health, and all of these things represent the government's failure to provide good-quality health care to Albertans. My question is to the Premier. Will she apologize to Albertans for this government's disastrous handling of health care?

Ms Redford: Mr. Speaker, what we do in this system is that we ensure that we're making it better. We ensure that we're making decisions and putting resources into the system to make it better, we come up with new ideas about how to improve health care such as family care clinics, and we take advice from people who are experts. There's no doubt that there were experts on the Health Quality Council panel who have given very good advice to this government and to this minister. This minister is undertaking consideration of those recommendations now, and that's what we'll continue to do.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Given that the reorganization foisted on the health system by the former health minister, now the Finance minister “created a sense of chaos and instability” according to the report and given that doctors called it irresponsible and semi-criminal, will the Premier finally take responsibility, hold the minister accountable, and fire him?

Mr. Horne: Mr. Speaker, this Premier, this minister, and this government are accountable. As we have said since the report was released yesterday, unlike other hon. members we are going to take the time to carefully consider this 420-page report and its 21 recommendations influenced by the input of experts such as the former Chief Justice of the Court of Queen’s Bench of this province; a former Deputy Prime Minister of Canada, who was also a Minister of Health; and the head of an international organization that has expertise in cancer treatment. We’ll take the due diligence. We’ll provide hon. members with a thoughtful response.

The Speaker: The hon. member, please.

Mr. Mason: Thanks very much, Mr. Speaker. Well, I didn’t know that the health minister could fire the Finance minister. Isn’t that interesting?

Given that the restructuring caused an increase in wait times and longer hospital stays and given that the report says that major performance deterioration is only now being overcome and given that the minister responsible is still sitting there in her cabinet – not the health minister’s cabinet but the Premier’s cabinet – can the Premier explain why he is still there?

Ms Redford: The Minister of Finance is a fantastic Minister of Finance. He’s given great leadership with respect to building a budget that responds to what Albertans want. One of the things that Albertans want, Mr. Speaker: they want an investment in education, and they want an investment in health care. We’ve made sure that we’ve addressed that.

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

Public Health Inquiry

(continued)

Mr. Taylor: Thank you, Mr. Speaker. [interjection] I have the floor now, hon. member. Thank you.

Health care, an issue that should not be political in nature, has become entirely politicized because of the decisions that were made by this PC government, the most disruptive and damaging of which were made while this Premier sat at the cabinet table. Now Albertans justifiably have no trust in us politicians to fix the very system that we made sick. To the Premier: given the unfortunate reality that the only way to remove the politics polluting our health care system now is to understand the decisions that led us here and who made them, when will the public inquiry begin? Will it be fully independent and led by a judge?

Mr. Horne: Mr. Speaker, if what the hon. member is seeking is a diminution in the politicization of health care, then perhaps the hon. members opposite should look in the mirror and consider what they’re saying in this House each and every day to Albertans about their health care system.

With respect to the public inquiry, Mr. Speaker, the government remains committed to holding the inquiry that was promised. Unlike other hon. members, we do see some redeeming factor in taking the

time to review the report in detail and the recommendations. Our recommendations with respect to the inquiry will be forthcoming.

Mr. Taylor: Wow, Mr. Speaker. To the Premier: since you’re promising an inquiry and since you brought in a bill last fall to have the Health Quality Council conduct it and since the Health Quality Council said yesterday, in essence, “Well, you know, we’ll run it if you want, but we don’t really want to,” will you finally call a fully independent, fully public judicial inquiry and nothing less?

Mr. Horne: Mr. Speaker, the hon. member fails, of course, to recognize all of the other recommendations in the report that point to improvements in the system that have already begun and that we can further enhance. The point of the report is to improve health care for Albertans. The report is not about the hon. members opposite. It is not about individual members of this government. It is not about money and institutions. It’s about delivering better care to Albertans, and in any decisions this government makes with respect to these recommendations or with respect to terms of reference for an inquiry, that will be paramount.

Mr. Taylor: Mr. Speaker, I would expect the government to study and implement the 21 recommendations made by the Health Quality Council anyway. I’m seeking an answer about the public inquiry. Will it be judge led? Will it be fully independent? And when are you going to call it? Simple as that. The Premier, please. [interjections]

The Speaker: Hold on here, okay? Please. Questions to the government can be answered by any member of Executive Council. That’s a long-standing tradition of parliamentary democracy.

Mr. Horne: Well, Mr. Speaker, there is no confusion about the fact that there will be a fully independent, judge-led inquiry called in this province with respect to health care issues. What is in question, I think, is whether the hon. member is expressing support for the findings of the Health Quality Council report or whether he is dismissing those because he somehow thinks that an appropriate study of the matters that were referred to the council has not been completed. We refer again to the expert panel that was part of this process. Some of the other individuals involved include the Hon. Anne McLellan, whom I spoke of earlier, former Health minister of Canada; and Dr. Zaheer Lakhani, known to many members opposite.

The Speaker: The hon. Member for Red Deer-North.

European Union Fuel Quality Directive

Mrs. Jablonski: Thank you, Mr. Speaker. A very important vote was taken today. Today European Union member states voted on a proposed fuel quality directive that rates fuels based on greenhouse gas emissions. The member states did not pass the discriminatory fuel quality directive, but they didn’t reject it either. To the Premier: what does this mean for Albertans?

2:10

Ms Redford: Mr. Speaker, this is a success for Alberta today because working with the federal government, we have been making the argument that anything that was being considered with respect to the sourcing of our resources that might be available in Europe should not be discriminated against based on their source. What we saw today were technical experts in a committee agree

with our position. It gives us an opportunity now to ensure that we can work with people that support our position, understand the people who aren't quite sure and haven't made up their mind, and know that there are some people that may not agree with us. For us this is a tremendous success. It shows that people are listening to what we're saying about Alberta.

The Speaker: The hon. member

Mrs. Jablonski: Thank you. To the Minister of Energy. The European member states did not pass the fuel quality directive, but that doesn't mean the misperception of our so-called dirty oil has been dispelled. What will this government do to mitigate the damage done to our oil industry?

Dr. Morton: Mr. Speaker, the vote yesterday was a small victory but a very significant victory for Alberta and for Canada, and it shows that the success of our communications effort with members of the European Union is working. We've made it clear all along that we support the objectives of the Europeans to reduce carbon intensity in their fuels but that we want it done in a fair way that treats all oil on the same basis; that is, scientifically based. I think yesterday's vote shows that we're making progress.

Mrs. Jablonski: To the same minister: knowing that Alberta was singled out in the fuel quality directive in part due to information on the carbon intensity of our oil, will the minister change the way his ministry releases information in the future?

Dr. Morton: Mr. Speaker, the fact is that the way we both monitor and report carbon intensity of the oil sands is one of the best – the best – in the world. Ironically, we actually get punished for it because the other sources of oil that Europe gets have very shall we say incomplete, if not shoddy, ways of reporting total CO₂ emissions. So it's the very efficiency and comprehensiveness of our system that actually ends up some of the objections that the Europeans bring. [interjection]

The Speaker: Did I hear "Sorry"?

Ms Blakeman: Yeah, you did.

Long-term and Continuing Care for Seniors

Mr. Chase: Mr. Speaker, placing my mother into long-term care was an extremely difficult decision, particularly for my father, who had become her primary caregiver. A year later when she suffered an irreversible stroke, our family, with Dr. Gladman's advice, chose to have her remain in her room to make her last days as comfortable as possible. I am grateful that my mother didn't die in a backless hospital gown on a cold steel gurney, abandoned in a frantic emergency hallway. My questions are to the Premier: why are Alberta seniors denied their final dignity by this government?

Mr. VanderBurg: Mr. Speaker, first, let me say to the hon. member that we all have had family issues and families that have gone through tough times. I feel for you, and I know the exact circumstance that many in this House have gone through. But to suggest that this government and our Premier does not care for these situations is absolutely wrong. This minister, this government, your government, sir, care about the seniors in our facilities.

The Speaker: The hon. member.

Mr. Chase: Thank you. Again to the Premier: why are recovering seniors forced to occupy badly needed acute-care beds because of

the ongoing shortage of affordable home care, continuing care, and long-term care options in Canada's wealthiest province?

Ms Redford: Mr. Speaker, we have had very good discussions so far with respect to the budget that was tabled in this House two weeks ago. When I look at what we have reflected in that budget in terms of commitment for long-term care, for enhanced home care, and for ensuring that we're creating a system where there are more options available for long-term care for seniors with publicly funded health care in place, this is incredibly important in terms of creating spaces. It is a commitment that we have as this government. We want to ensure that all Albertans, particularly our seniors, are living their last days in dignity.

The Speaker: The hon. member.

Mr. Chase: Thank you. Again to the Premier: given this latest damning report by the Health Quality Council will you at the very least commit to not selling out seniors and their families by removing the cap on long-term care fees? Please make that commitment here and now.

Mr. VanderBurg: Thank you for that comment. I'm going to tell you, Mr. Speaker, that I have no plans on removing the cap right now. I had over the last four months an opportunity to personally review the benefits and the impacts, sir. I made it very clear in the estimates the other night that until I've had a thorough discussion – it's a policy discussion – in this House with all members, with Alberta seniors, with all Albertans, I'm not removing the cap at all.

Electricity Prices

Mr. Ouellette: Mr. Speaker, many of my constituents have brought their power bills to my office looking for answers on high electricity prices. They're confused about the high costs and the different charges, that seem to fluctuate on a monthly basis. To the Premier: are Albertans destined for another winter of ridiculously high power bills?

The Speaker: The hon. the Premier.

Ms Redford: Well, thank you, Mr. Speaker. There is no doubt that we've all heard that volatile electricity prices are a hardship for many Albertans, and while we do have programs in place that can assist people that are vulnerable, we also have to know that for an Albertan who's living in their home, they need some certainty with respect to what those electricity prices will look like.

The first thing we know is that the regulated rate option will drop the price of power to approximately 8 cents in March, which is good news, and that will probably be a 40 per cent decrease over January and February prices. More importantly, Mr. Speaker, I've ordered that an independent review panel take a look at the variable rate option and all ancillary costs, to report back before the summer so that consumers can have protection and certainty.

Mr. Ouellette: Well, Mr. Speaker, my constituents will be very happy to hear that, but it's not only the electricity rates that are the issue here. It's also the distribution costs and all of the other ancillary costs that fluctuate. To the Premier: what can be done about those costs?

Ms Redford: Well, Mr. Speaker, in addition to the review of the variable rate, we will ask the Alberta Utilities Commission to freeze ancillary costs, which are included in other respects. Those

are costs related to distribution, to transmission, to riders, and to administrative charges. We need to bring some certainty to this issue. We can't snap our fingers and fix it, but we are going to fix it for Albertans.

The Speaker: The hon. member.

Mr. Ouellette: Well, thank you very much, Mr. Speaker. If costs are going down, why would we talk about pushing consumers to contracts? To the Premier: is there really any advantage to being on a contract?

Ms Redford: Well, Mr. Speaker, we have had this discussion many times in this House, and we do believe that in a deregulated system there is an advantage to having a contract. We also understand, though, that it's sometimes a challenge for people to be able to enter into contracts.

I have directed the Minister of Service Alberta to ensure that regulations are in place that will ensure that people who are having difficulty getting into contracts right now, Mr. Speaker, will be able to get into contracts and have that dealt with through a deposit.

The Speaker: The hon. Member for Edmonton-Centre, followed by the hon. Member for Cypress-Medicine Hat.

Land Conservation Trusts

Ms Blakeman: Thanks very much, Mr. Speaker. Land conservation trusts receive donated land to steward and conserve. For each donation of land offered, trusts must raise money to assess the suitability and then raise money for fencing, removal of garbage, upkeep, safety precautions, et cetera. Conservation land trusts in this province are being stymied in their valuable work by this government, and I'd like to know why. My first question is to the minister of AGLC and lotteries. What is the reason the land conservation trust organizations have been consistently denied casino licences?*

Do you not know who that is? Pick somebody.

The Speaker: Hon. member, second question, please.

Ms Blakeman: They don't know who's in charge of AGLC. That's bad.

Okay. Well, how about to the Minister of Tourism, Parks and Recreation: why do these conservation land trusts not qualify for funding under Alberta Sport, Recreation, Parks and Wildlife?

The Speaker: The hon. minister.

Mr. Hayden: Thank you, Mr. Speaker. I can take a look at the regulations that deal with that, but I can tell you that we have 480 parks in Alberta, more parks than any other jurisdiction in our country, and all Albertans are within one hour of them. I can check into it, but we're doing pretty well.

Ms Blakeman: Minister, there's a difference between conservation land trusts and parks, but I'll help you figure that out later.

Okay. The last question, then, is to the Minister of SRD. Where in the Land Stewardship Act is the place for land conservation trusts?

2:20

Mr. Oberle: The hon. member should know, Mr. Speaker, that the Alberta Land Stewardship Act is about long-range land

planning out there, land-use planning, not about the granting of funds to organizations. As a matter of fact, the land conservation trusts are funded through my department through the land trust grant program. The hon. member should have known that as well.

It sounds to me, because she's got guests in the gallery, that she's got an issue. I would advise her to, rather than scaring them, have them come and talk to me, and maybe I can work that issue out. [interjections]

The Speaker: The hon. Member for Cypress-Medicine Hat, followed by the hon. Member for Calgary . . . [interjections] Whoa. Whoa.

Mr. Mason: It wasn't me.

The Speaker: It wasn't you today, hon. member. Aren't you lucky. The hon. Member for Cypress-Medicine Hat.

Long Gun Registry

Mr. Mitzel: Thank you, Mr. Speaker. I'd like to preface my questions today by saying that I'm talking about long guns and the long gun registry. Many years ago, when the long gun registry was proposed and passed, there were many here in western Canada who did not register them, and they were concerned about whether their guns would be seized. The owners' responses ranged from registering them to hiding those in places where they were boarded up. My first question is to the Premier. With the present announcement that the bill passed the House of Commons to abolish the long gun registry, Madam Premier, can you reaffirm Alberta's position now and into the future?

Ms Redford: Mr. Speaker, from the very beginning of the introduction of this registry this province, this government, and me personally as minister have been opposed to the registry. We have worked in partnership with the federal government to ensure that other Premiers could follow that same direction. I think it's very good news today that we've finally seen success with respect to a piece of legislation that simply did not need to be there.

The Speaker: The hon. member.

Mr. Mitzel: Thank you, Mr. Speaker. My first supplemental is to the Solicitor General and Minister of Public Security. Given that illegal guns, whether handguns or rifles, are still illegal and should be confiscated, when the bill passes the Senate as proclaimed, will the law enforcement people recognize this bill if they find a lawfully owned firearm in a vehicle they stop for whatever reason?

Mr. Denis: Mr. Speaker, in a word the answer is absolutely. There are many, many hard-working peace officers and police officers throughout this entire province that work to keep us safe every day. They enforce many laws, and they will enforce this new law when it is passed in the Senate.

Mr. Mitzel: My second supplemental is to the same minister. What will happen to present regulations regarding storage and carrying of rifles and ammunition, and will the existing restrictions continue to exist with regard to such things as the purchase of ammunition? I'm talking about the firearms acquisition certificates and the firearms possession certificates.

The Speaker: Go ahead.

Mr. Denis: Thank you very much, Mr. Speaker. I'm pleased to advise this member and this House that we will continue to

*See page 295, left column, paragraph 8

enforce the new regulations and the existing regulations as they come to pass.

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

Health Care System (continued)

Mrs. Forsyth: Thank you, Mr. Speaker. This government's record on health care is truly unforgivable. I don't know if the minister of health gets it, but it is the patients, everyday Albertans, who lose out when the doctors can't advocate for them. Worse yet, the Health Quality Council report states clearly that this government's political mismanagement is responsible for creating a top-down culture of fear and intimidation for our doctors. Does the minister of health even understand the important role of doctors in advocating for their patients, and does he honestly think his government is not at fault for the declining state of our health care system?

The Speaker: Well, if this is policy, proceed.

Mr. Horne: Mr. Speaker, this government completely understands the importance of physicians and other health professionals being able to advocate for their patients effectively. What I will say to the hon. member is that the Health Quality Council report does a very good job of citing some of the conditions around the creation of Alberta Health Services, such as a very short transition period and lack of opportunity for physicians to have input into the transition process, that are part of the reason for the concerns that are expressed in this report. We take those concerns very seriously, but we also note that much has been done since then to address them.

Mrs. Forsyth: You don't get that it's not a workplace issue; it's bullying.

Given that yesterday's report quotes physicians who feel that obvious systemic harassment and intimidation does have a negative impact on patient safety, could the minister please clarify if his government believes a task force that is held away from the public eye is enough to cure the ailing state of our health care, or will they do the right thing and include the rampant bullying of our health professionals in a full judicial public inquiry?

Mr. Horne: Mr. Speaker, I'll refrain from commenting on the characterizations that the hon. member has made about myself and the government and physicians. What I will tell you is that it was very important that this report provide the opportunity for physicians and others to tell their stories about their individual experiences and the very real challenges they faced in terms of advocating for their patients. The Alberta Health Services Board has put in place a very rigorous set of medical staff bylaws since then that not only provide a clear process for physicians to advocate for patients but actually puts resources in place to actively support them in doing so.

Mrs. Forsyth: It's peculiar, Mr. Speaker. The minister called it a workplace issue; I didn't.

Given that this government refuses to accept responsibility for their incompetence in managing our health care and has lost its credibility and given that Dr. Cowell has said that the government has a problem implementing recommendations made by the Health Quality Council, how can the health minister expect

Albertans to trust this government to preside over the health care system any longer?

Mr. Horne: Well, Mr. Speaker, it's hardly a question of government policy, and the hon. member can call things whatever she wishes, of course. That's her prerogative. What we have acknowledged, I think, once again, are the very real challenges that were faced by physicians and other people who worked in the health system at the time of the creation of Alberta Health Services and in the transition process that followed. I think this government, Alberta Health Services, and the health professionals themselves have learned a lot from that experience. All have provided very meaningful and real suggestions for solutions and improvements to the process in the future. They're well under way now, and there's more that we can do that's cited in this report.

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

Health System Restructuring (continued)

Mr. MacDonald: Thank you. Regarding the formation of Alberta Health Services the Health Quality Council's report yesterday states, "The decision to create a single regional structure was made by the government without physician consultation." My first question is to the minister of health. Why would this government make a radical change to a health department with a \$12 billion budget without consulting physicians in the first place? That's incompetent.

Mr. Horne: Well, Mr. Speaker, I'm not going to attempt to speak to all that the report has to say about this issue. It is certainly much more dimensional than the one issue the hon. member has raised. What I will say is that in my experience and I think in the experience of most people that have worked in health care any major change in health care delivery requires full consultation with the people who are going to be affected by those changes, not just health providers but the patients themselves.

Mr. MacDonald: Let's talk for a moment, Mr. Speaker, about taxpayers. The Health Quality Council report yesterday indicates: "If money is being wasted, you have to blow the whistle on that." What exactly is being talked about here? Is it the fact that someone is complaining about Jack Davis, the former regional health authority CEO in Calgary who received a \$22,000 per month pension, or is it the legal fees that were racked up to fire the nine health authorities and create the superboard?

Mr. Horne: Mr. Speaker, the hon. member's question invites a speculative answer, and I'm not prepared to do that. I don't know what specific portion of the report he's referring to. What I can tell you is that this government, while we certainly pay attention to the total cost of health care, is much, much more concerned with the value of the health care dollars that are spent. That value is expressed in things like wait times. It is expressed in things like efficiency of administration and many other performance measures, all of which have been adopted by this government and are reported on publicly for all to see.

Mr. MacDonald: Again, Mr. Speaker, to the minister of health: given that over a long period of time this individual has been one of the masterminds of this flawed plan, this radical change to our public health care system, if the Premier will not fire you, will you

do the honourable thing now and resign because of this incompetent performance?

Mr. Horne: Well, all I'll do, Mr. Speaker, as in response to a similar question from members opposite on one of my first days as minister of health, is that I will repeat again that in some cases there are questions that are asked that simply do not warrant an answer.

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

2:30 Health Quality Council Review Report (continued)

Mr. Campbell: Thank you, Mr. Speaker. My questions are to the Minister of Health and Wellness. Now that the Health Quality Council has released its final report, it shows that we face challenges in the health care system that would not be uncommon to any large corporation. As a matter of fact, a number of these matters could be characterized as labour relations issues. Could the minister please tell us what will happen next?

Mr. Horne: Mr. Speaker, Alberta Health Services is indeed a large organization with over 90,000 employees. In terms of the process, following up on the Health Quality Council report, we're taking the next few days to review the recommendations and the findings in detail. The government will respond fully to all 21 recommendations as well as present our plans for the public inquiry that's been promised by the Premier.

The Speaker: The hon. member.

Mr. Campbell: Thank you, Mr. Speaker. After reviewing the report, it's clear that the Health Quality Council did not substantiate the allegations made in this Assembly by the hon. Member for Edmonton-Meadowlark. To the minister: what were the report's actual findings?

Mr. Horne: Mr. Speaker, the report refers to allegations made in this House with respect to, first of all, the existence of a lung cancer surgery waiting list and then, secondly, the alleged death of 250 patients waiting for treatment on that waiting list. The Health Quality Council and the panel of experts that I referred to earlier examined all of this evidence, interviewed many people regarding these allegations, and found them clearly to be unsubstantiated.

The Speaker: The hon. member.

Mr. Campbell: Thank you, Mr. Speaker. To the same minister: how will the minister be addressing the recommendations in the report, and how will Albertans learn about what he's planning to do?

Mr. Horne: Mr. Speaker, I was in discussion yesterday with the Health Quality Council after they released the report. I'll be meeting by telephone with the Alberta Health Services Board tomorrow. Over the weekend I'll be meeting again with the board of the Health Quality Council of Alberta and speaking as well with the College of Physicians & Surgeons. Because all of these organizations are mentioned in the report and are the subject of recommendations, I'll obviously be consulting with them prior to any government formal response to the recommendations. We expect the formal response to occur within a week or so.

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

Education Funding

Mr. Hehr: Mr. Speaker, I have noticed a distinct pattern in the minister's responses to questions regarding educational supports in this province: blame the school boards. In Alberta classrooms today there are 450 fewer teachers than there were at this time last year. Why are there 450 fewer teachers, and who is to blame, the school boards or your government?

Mr. Lukaszuk: Mr. Speaker, this is a good question because I think that what this question really does is show clearly the difference between this government and the opposition. They tend to be focused on blame. There is no blame, and no one should be blamed for anything. As a matter of fact, indeed, our school boards in Alberta have duly elected trustees, and they are the employers, and they make the staffing decisions.

We will be debating the Alberta Education budget in a few days, Mr. Speaker. Trustees will get their share of the money, and again they will be making staffing decisions. No blame.

Mr. Hehr: Mr. Speaker, that's a different answer than I got last week when he did blame the school boards when I asked him that question.

Nevertheless, given that schools across Alberta have more than a billion dollars in deferred maintenance debt and kids are going to schools with leaky roofs and the like, who's to blame for this deferred maintenance? Is it this government or is it the school boards' fault?

Mr. Lukaszuk: Again, Mr. Speaker, perhaps the confusion lies in the fact that this member doesn't differentiate between responsibility and blame. The Minister of Education has a wide scope of responsibility, and we are living up to it. Boards have their range of responsibility, and they are living up to it. If he has issues with local authorities and locally made decisions, he would be well advised to meet with the board in question. At the end of the day, Mr. Speaker, what he forgets is that we are all, the boards and the government of Alberta, together delivering a superb education throughout this entire province. We work in collaboration; they're focusing on blame.

Mr. Hehr: Last week in the paper the minister blamed the school boards for parents having to pay hundreds of dollars in school fees to send their kids to school. Now are you retracting that statement here today that you made last week, or do you stand by it?

Mr. Lukaszuk: Mr. Speaker, one should never read his own quotations in the newspaper. It very often leads you to wrong conclusions. I have clearly said to the newspaper and I will repeat it again today that, indeed, there are parents in Alberta who are concerned about school fees. Those school fees are put upon students by locally elected officials, by boards, and we will be reviewing those decisions. Again, there is no blame. Locally elected officials have the ability to make local decisions. We support that, and we will be working in collaboration with them.

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

Residential Construction Standards

Mr. Rogers: Thank you, Mr. Speaker. Today the city of Leduc announced an evacuation order for a partially completed apartment-condo complex, which will require some 150 individuals to find new accommodations by March 31. To the

Minister of Municipal Affairs: what is the province doing to protect my constituents and all Albertans from shoddy construction practices?

The Speaker: The hon. minister.

Mr. Griffiths: Thank you very much, Mr. Speaker. I, my colleagues in this House, and this government sympathize very much with the residents of Bellavera Green condominiums. This is an incredibly stressful situation, and it's incredibly unfortunate that anyone would be taken advantage of by what can only be seen as unethical developers or builders. We have legislation in place that provides the necessary tools for safety officials to enforce compliance with the building and safety codes. The city of Leduc is taking the appropriate steps necessary to protect the public and to protect those who are in the condos, and our ministry is willing to work hand in hand with the city of Leduc to help those people who are being evicted from those condos.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker. Again to the same minister. Building codes represent the bare minimum that builders are expected to adhere to. Shouldn't Albertans expect at least this and more?

Mr. Griffiths: Absolutely, Mr. Speaker. Albertans are entitled to have homes and buildings that meet the safety codes. Our fire and building codes are based on the National Research Council standards and are adopted in conjunction with their development, but no matter what those standards are, they will always be the minimum. Anybody in Alberta who is building a building or a house can ask their builder to exceed those codes at any time. That's their prerogative.

The Speaker: The hon. member.

Mr. Rogers: Thank you, Mr. Speaker. Last year a number of people in Fort McMurray found themselves in the same situation that we're now faced with in the city of Leduc. There seems to be a problem with the system. Mr. Minister, is there something wrong, and what can you do to deal with this?

The Speaker: The hon. minister.

Mr. Griffiths: Thank you, Mr. Speaker. I understand that litigation is proceeding in the Bellavera Green condo association and the Penhorwood Condo Association cases, so it would be inappropriate right now for me to speak on those particular cases. But I can promise the hon. member and all Albertans that we're working very hard right now to improve the safety training for officers. We're working on a new home warranty program to help protect people who are making the largest purchase in their life. We're working on updating and improving the safety codes and on improving and extending the limitations and fines that go along with violations of the safety codes.

The Speaker: The hon. Member for Calgary-McCall, followed by the hon. Member for Bonnyville-Cold Lake.

Heartland Electricity Transmission Project

Mr. Kang: Thank you, Mr. Speaker. My questions are to the Minister of Infrastructure, but he is not here today. Albertans recognize the need for proper electrical infrastructure in Alberta, but

with Bill 50 this government bulldozed the requirement for a needs assessment for new transmission lines. This week concerned parents of Colchester elementary school, which is right in the shadow of the transmission lines in Sherwood Park, took to the radio to defend their school. To the Minister of Infrastructure: why didn't the government think it was important to do a comprehensive needs assessment of the schools, daycares, and homes within close proximity of the heartland lines?

The Speaker: The hon. minister.

Mr. Lukaszuk: Mr. Speaker, I guess I'll take it. I'm not sure. This is not an Infrastructure/Transportation issue. The government of Alberta is not in any way suggesting that any schools in that particular area have to be closed. However, we will be respecting the choice and the school board will be respecting the choice of the parents if they choose not to send their children to that school in September. If that decision indeed happens, we are already discussing with the affected school board the possibilities of accommodating those children in other schools that will provide them with adequate space.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. To the same minister again: given that the Colchester school is less than 200 metres from the two-storeys-high towers, will this government provide the Elk Island public schools with the \$20 million to renovate the school in Sherwood Park that it needs to move these students to?

Mr. Lukaszuk: Mr. Speaker, what will happen is that Elk Island school division will make a decision whether they want to renovate an existing school, whether they want to move the children to other schools that don't require renovation, whether perhaps there is a number one priority under their capital plan to construct a new school. There are a number of combinations of what may happen, and parents will still have to make a decision as to whether they will indeed decide not to send their children to the affected school. Once those decisions are made, our Ministry of Education together with the affected school board will find accommodations for all the children so that they will have adequate space to continue learning.

2:40

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. The issue is the money. Will the minister commit to providing the funds to move those kids to a different school?

To the same minister again: given that Colchester school was built long before the transportation and utility corridor was created, why didn't this government already have a plan to relocate the students and staff of Colchester? Why didn't it consider their needs?

Mr. Lukaszuk: Mr. Speaker, I think you can help me on this one. The utility and transportation corridor was put in place, I believe, in 1967, so I would have a very difficult time to respond to that question in this position right now. But I can tell you one thing, this government in co-operation with the school board will do what we have to do to make sure that the children of the affected area are properly accommodated in a school that provides them with adequate space to continue learning up to the internationally renowned standards of Alberta Education.

The Speaker: Hon. minister, I may be older than you, but if you don't make an issue out of my experience, I will not make an issue out of your inexperience.

Today 17 members were recognized; 101 questions and responses. Might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests

(continued)

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. On behalf of the Minister of Intergovernmental, International and Aboriginal Relations I'm very pleased to introduce to you and through you to all members of the Assembly about 90 representatives of the Alberta native friendship centres. We have elders, presidents, executive directors, and youth who have travelled here from all across Alberta to visit our Legislature and to participate in their workshop called How Governments Work. Alberta native friendship centres provide great support for aboriginals, as we know, and have been doing so since 1950.

Among our guests are five individuals whom I'd like to introduce personally, and I'd ask them to rise as I call out their names: President Merle White; Vice-President Bob Oshanyk; the secretary, Lucille Cook; the national board representative, Kevin Provost; and the national youth board representative, Jessie Johnson.

Mr. Speaker, in my capacity as chair of the secretariat for improving outcomes for aboriginal children and families I'd ask all of our guests seated in both galleries to now please rise to accept our thanks and our gratitude.

Presenting Reports by Standing and Special Committees

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

Mr. MacDonald: Thank you very much, Mr. Speaker. As chair of the Standing Committee on Public Accounts I am pleased to table five copies of the committee's report on its 2011 activities. Additional copies of the report have also been provided for all members of the Assembly.

Thank you.

Notices of Motions

Ms Notley: Mr. Speaker, on behalf of the Member for Edmonton-Highlands-Norwood and pursuant to Standing Order 30 and after having provided your office with the appropriate notice, I wish to inform you that upon the completion of the daily Routine I will move to adjourn the ordinary business of the Assembly to hold an emergency debate on a matter of urgent public importance; namely, the issues of patient safety as described by the Health Quality Council of Alberta report titled Review of the Quality of Care and Safety of Patients Requiring Access to Emergency Department Care and Cancer Surgery and the Role and Process of Physician Advocacy.

Tabling Returns and Reports

The Speaker: The hon. Member for St. Albert.

Mr. Allred: Thank you, Mr. Speaker. I have the requisite number of copies of a document from St. Albert protestant schools, which

is headed The St. Albert Protestant Separate School District #6 Board of Trustees Statement Regarding Bill 4, the St. Albert and Sturgeon Valley School Districts Establishment Act.

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

Ms Notley: Thank you, Mr. Speaker. I have a number of tablings today. First, I'd like to table a letter and an electricity bill from William and Marie Chascha of Grande Prairie. They wrote to say: "Our charges are ridiculous . . . I have to work full-time just to pay these bills." Their January 2012 statement from Direct Energy was \$521.16.

I'd also like to table a letter and a bill for the month of January 2012 from Annalee Swensrude of Lac Ste. Anne for the amount of \$603.95. She writes: "Living is getting worse and worse . . . Someone in the government needs to take action and help the working people."

Ray Welsh of Vegreville sent us notes and a bill from January and February for \$507 and \$475 respectively.

As well, I have a tabling where we can see the effects of high power prices on small businesses, too, which includes EPCOR power bills for Independent Bath Products Ltd. where their bill was \$432 and \$967 at their two locations.

Those are all.

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

Mr. Anderson: Thank you, Mr. Speaker. I have two tablings today. One is an article from the *Calgary Sun* back in September, which I quoted today in my questions, that talks about the Premier's then position that we should call a public inquiry into the queue-jumping. I'll table five copies of that.

The other tabling, again with regard to my question, is the article of October 15 in the *Calgary Herald*, where the Premier is quoted as saying that the public inquiry will be up and running before an election is called next year, referring to this election coming up.

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

Mr. Chase: Thank you, Mr. Speaker. I have two tablings. My first tabling is an e-mail from Alison Ainsworth, who I introduced previously in the House along with her daughter, Emily, and son, Nathan, and Emily's service dog, Levi. After 10 years of closed doors and dead ends in trying to secure funding from FSCD for her daughter Emily, Alison recently announced the formation of a community resource consulting service. Alison's website is www.communityresourceconsulting.com.

My second tabling, Mr. Speaker, is a further 20 e-mails out of the hundreds I've received from the following individuals who are seeking the preservation of the Castle wilderness: Jacques Thouin, To and Alison Martin, Chris Hooymans, Krystal Kamanos, Alison Luco, Andrea Becker, Erinn Collier, John Davis, Teena Cormack, Amir Shams, Andrea Hull, Eva van Loon, Michael Callaway, Jill Lutz, Samanta Zbinden, Frithjof Lutscher, Carolyn Ferguson, Justin Wheler, Irv Gerling, and Lorna Lyons.

Thank you, Mr. Speaker.

The Speaker: Are there others? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Speaker. I'd like to table the appropriate number of copies of petitions.

- Alberta government and Industry Canada [need to] audit . . . CCI Wireless with respect to the terms and conditions regarding competition with private industry.

- Claw back any infrastructure that has been deployed in defiance of the terms and conditions regarding competition.

Recently grants were provided by Broadband Canada and Alberta Government for improving high speed internet access in areas of Alberta where internet is unavailable or unsatisfactory. The recipients of the grants were restricted from competing with existing private enterprise that was already providing high speed internet . . .

I've got hundreds of receivers of those Internet providers that are very concerned and are asking that government audit the data that CCI Wireless submitted to the government in order to get their contracts.

The Speaker: Are there others? The hon. Leader of the Official Opposition.

Dr. Sherman: Thank you, Mr. Speaker. I have 11 tablings today. Today I asked an hon. member to resign, and I'd like to table tablings concerning the interactions and involvement that he's had with the health system. Here's an e-mail dated November 10, 2006.

The Speaker: No, no. Just table them.

Dr. Sherman: I have five copies of this e-mail discussing the policy for the hon. Member for Edmonton-Whitemud when he was running for leadership.

On November 11, 2006, I have five copies of a tabling from the hon. Member for Edmonton-Rutherford thanking me for the advice and said he would tweak the policy with respect to the emergency crisis that was present at that time.

Here's another letter dated December 19, 2006, between myself and the hon. Member for Edmonton-Rutherford. I was asking for help as there were medical disasters in the waiting rooms of Edmonton and Calgary. The hon. Member said he was starting work as the EA to the minister at that time, and he was wondering if he could take a rain check.

2:50

Here's another letter between myself and the hon. Member for Edmonton-Rutherford dated December 27, 2006, wishing ourselves a Happy New Year and me requesting a meeting with the minister at the time, the hon. Member for Edmonton-Whitemud, an emergency meeting to discuss the emergency crisis at the time.

Here is a comprehensive letter, five copies, dated January 14, 2008, which happened just prior to the last election, regarding the ER crisis that occurred during the election.

Here are another five copies of an article titled Crisis in the ER – Mr. Speaker, that's when I was a handsome young lad and practising freely – saying: this is a severe crisis. This is in 2007.

Shortly after that letter, that article that appeared in the *Edmonton Sun*, here's an e-mail between myself and the hon. Member for Edmonton-Rutherford dated January 27, 2007, and a copy of an e-mail, dated January 23, 2007, between myself and the hon. Member for Edmonton-Whitemud, who was the health care minister at the time, discussing the ER crisis.

Here is a letter, Mr. Speaker, a signed letter on PC Alberta letterhead, dated February 23, 2008, I believe exactly four years ago today, when the previous Premier of the province promised to build 600 long-term care beds and 200 replacement beds and to convene an expert emergency panel to fix this ER crisis. It's my understanding the hon. Member for Edmonton-Rutherford helped draft this letter.

Here, Mr. Speaker, I have five copies of a graph. It's labelled Historical Expenditure: The Big Two, Nominal, which are Alberta Health and Education expenditures, from the Institute for Public Economics at the University of Alberta, showing the health care spending curve under this PC government.

We're almost done, Mr. Speaker. I have five copies of the performance measure that's used in the United Kingdom, the same performance measure applied to the Capital health care system right here in Edmonton from when a patient presents to ER to being discharged to a hospital ward bed at the 95th percentile. This is a graph from between June 2005 and December 2010. It highlights the average length of stays, up to 75 hours at the 95th percentile, when the international standard is only four hours in the United Kingdom.

Lastly, Mr. Speaker – I thank you so much for your patience – I have five copies of a presentation dated July 12, 2010. It's from the government of Alberta, Alberta Health Legislation: Moving Forward. It's a process and timing map of the Alberta Health Act, part 1, which was building public trust, and part 2, which was physicians opting out into a parallel private medical system and, as well, private insurance: basically, the Americanization of health care. It shows evidence where the hon. Minister of Health and Wellness, the Member for Edmonton-Rutherford, presented this to the government caucus.

Thank you very much, Mr. Speaker.

The Speaker: Well, hon. member, that was only six minutes' worth of tablings. One question, though, for you. Have you tabled any of these documents in the House previously? If you have, sir, you know that's a no-no.

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. Oberle, Minister of Sustainable Resource Development, a listing of full-time equivalent employment for the Department of Sustainable Resource Development for the fiscal year 2012-13, tabled by the hon. Mr. Oberle in response to a question by Ms Notley, hon. Member for Edmonton-Strathcona, during policy field committee consideration of the estimates for the Department of Sustainable Resource Development on February 21, 2012.

On behalf of the hon. Ms Klimchuk, Minister of Culture and Community Services, a listing of full-time equivalent employment for the Department of Culture and Community Services for the fiscal year 2012-2013, tabled by the hon. Ms Klimchuk in response to a question by Ms Blakeman, hon. Member for Edmonton-Centre, during the policy field committee consideration of the estimates of the Department of Culture and Community Services on February 22, 2012.

Projected Government Business

The Speaker: The Official Opposition House Leader.

Ms Blakeman: To the Government House Leader: would he be so kind under 7(6) as to share the government House business for the week commencing March 5? Thank you.

Mr. Hancock: Thank you, Mr. Speaker. Monday, March 5, of course, is private member's business.

On Tuesday, March 6, in the afternoon in Committee of Supply the estimates of Education will be considered. It's also day 10 of the consideration of His Honour's Speech from the Throne; and as per the Order Paper.

On Wednesday, March 7, in the afternoon in Committee of Supply the estimates of Health and Wellness will be considered as per the schedule that was previously provided to the House, and thereafter as per the Order Paper.

On Thursday, March 8, in the afternoon we anticipate for second reading Bill 2, the Education Act; Bill 4, the St. Albert and Sturgeon Valley School Districts Establishment Act; Bill 5, the Seniors' Property Tax Deferral Act; and Bill 6, the Property Rights Advocate Act; and as per the Order Paper.

Emergency Debate

Health Quality Council Review Report

The Speaker: Hon. members, we'll now deal with brief arguments about urgency with respect to the Standing Order 30 application by the hon. Member for Edmonton-Highlands-Norwood. I repeat, brief urgency.

The hon. Member for Edmonton-Strathcona.

Ms Notley: Thank you. I'll be making the comments on behalf of the hon. Member for Edmonton-Highlands-Norwood. As I've indicated, I put forward a motion under Standing Order 30, and the motion reads as follows:

Be it resolved that the ordinary business of the Legislative Assembly be adjourned to discuss a matter of urgent public importance; namely, the issues of patient safety as described by the Health Quality Council of Alberta report titled Review of the Quality of Care and Safety of Patients Requiring Access to Emergency Department Care and Cancer Surgery and the Role and Process of Physician Advocacy.

The report released yesterday by the Health Quality Council of Alberta described several factors in the management of the health system which have compromised patient safety, including excessive crowding in emergency departments, reorganization of the health system under one health board, and the ongoing perception of more than half of physicians surveyed that their ability to advocate for their patients' safety is constrained. This is clearly an important public issue which requires a full debate in the House. I note *Beauchesne's* paragraph 390 states:

"Urgency" within this rule does not apply to the matter itself, but means "urgency of debate", when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately.

Mr. Speaker, I am making this motion under Standing Order 30 because I see no other opportunity for the House to address this issue. I see nothing on the Order Paper related to the health care system or patient safety. I would further suggest that the public interest demands that this discussion take place immediately as the conditions described in the report released yesterday represent an ongoing threat to the health and safety of Albertans who are in our hospital system throughout the province, and there was no indication within that report that those conditions are being ameliorated in any fashion.

In addition, the Premier has stated that the government will make a decision within a week about its response to the report and the appointment of an inquiry, including the terms of reference for such a public inquiry. Today is the only opportunity the House has to discuss this before these decisions are made. As you know, Mr. Speaker, the House is scheduled to adjourn for a full week following this day and will not return until Monday, March 5, so this would be the last opportunity we would have to discuss this matter at least before the 5th of March.

3:00

House of Commons Procedure and Practice, page 689, says that the motion must relate to "a specific and important matter requiring urgent consideration." I would suggest that the specific matter that we are referring to, Mr. Speaker, is the health and safety of patients in Alberta in emergency rooms across the province. I would suggest that it is an important matter because, in fact, in the report itself the authors of the report, who engaged in extensive surveys and discussions with stakeholders across the province, concluded that patients have suffered as a result of unreasonable wait times and that the margins of safety experienced by those patients were substantially compromised. Indeed, the authors of the report noted that in some cases the wait times to which urgently ill patients are subjected are 10 times that of what is recommended as the best practice. As a result, I would suggest that speaks to both the urgency and the importance outlined under the section that I just quoted.

The Health Quality Council report points to a number of ways that safety has been compromised, including reorganization of the health care system.

The Speaker: Hon. member, get to the urgency, please. It's not the issue. The issue has nothing to do with this. It could be about anything. It's the urgency. Please.

Ms Notley: Okay. Well, again, the authority that I was referring to actually speaks to specificity as well and the degree to which this is something within the authority of the government and of this Legislature. The report that I'm referring to talks about organization of the health care system, the relationship of political interference with the ability of doctors to advocate for the health and safety of their patients, and, of course, the excessive crowding of emergency rooms as a result of an inadequate number of long-term-care spaces.

I would suggest that all of these are within the jurisdiction of this Assembly to discuss, and as noted this all, of course, would amount to urgency both in the minds of Albertans and also in terms of the ability of this Assembly to address the matter in a timely fashion.

I hope you will give due consideration to this motion, Mr. Speaker.

The Speaker: Government House Leader, do you want to make a comment on this?

Mr. Hancock: Thank you, Mr. Speaker. I would like to comment on this. The Health Quality Council has been tasked with a very major task of looking into a number of allegations. One of the things that's very important to Albertans is to have confidence in their health care system. Normally I would not believe it is appropriate for the House to take time away from its normal practice to debate issues that it cannot actually come to resolution on, but I think it is important for Albertans to know that their health care is in good hands, and it is important for Albertans to understand what the Health Quality Council was doing and what the effect of the report is. Therefore, I would encourage members to support this motion for a Standing Order 30 debate this afternoon.

The Speaker: Well, I gather the hon. Member for Edmonton-Centre wants to say the same thing. If you want to have the debate, I'd better make a ruling on this. Otherwise, it'll go on for another 45 minutes on procedural matters.

Ms Blakeman: Well, I would like to believe that I'm going to add to it, not repeat. But, of course, if the Speaker would like to rule on it, I will make way for the Speaker.

The Speaker: Well, hon. members, I am prepared to rule on it. I've had this petition before me since 11:25 this morning, so it meets the requirement. We've already heard what the motion is. I have a long way to go to try to find that this would be a conducive motion that I should actually put the question for. I've heard no argument whatsoever about urgency and emergency with respect to this matter other than one. There is always an out. If the mood of the House is such that it wants to do this, I am prepared to accept the mood of the House with respect to this. So I will put the question forward.

As I repeat again, I heard no argument to suggest that I should, but I will because of the mood of the House and the position of the House. You all know the rules with respect to this. They were dealt with last week. They're all very, very clear. Shall the debate on the urgent matter proceed? You know what you have to do. Okay. Then I'll repeat what you have to do. If 15 or more members rise, the debate will proceed.

[Several members rose]

The Speaker: Okay. Yes. It will proceed.

Shall I recognize the hon. Member for Edmonton-Highlands-Norwood or the hon. Member for Edmonton-Strathcona? Just a second. Before we do that – you determine who it is I should recognize – I just want to draw the attention of the Leader of the Official Opposition and the hon. Member for Calgary-Mountain View. When I had recognized the hon. Member for Edmonton-Strathcona, the two of you violated the standing orders of the Legislative Assembly of Alberta. You might want to think back to how you violated the standing orders when the hon. Member for Edmonton-Strathcona was speaking, and you can think about that later.

Here is the process. I will recognize the hon. Member for Edmonton-Highlands-Norwood. Then I will recognize a government spokesman, I presume the Premier. Then we'll go to a rotation back and forth. We will conclude at 4:30. The rules are 10 minutes maximum speaking time each. There's no resolution. It's an open debate.

The hon. Member for Edmonton-Highlands-Norwood. Proceed.

Mr. Mason: Thank you very much, Mr. Speaker. I appreciate the support of members of the House to have this emergency debate. I think that it would be good to begin with a brief recapitulation of the history around this issue. Of course, initially allegations were made by emergency room physicians, in a letter that was released publicly, that their repeated efforts to get the government to address very poor emergency room waiting times had fallen on deaf ears. As a result of that, a series of events unfolded, and it became very clear that not only was there a serious problem with emergency room waiting times and in other areas of the health system but that doctors who had attempted to advocate on behalf of their patients were being systematically intimidated.

[Mr. Zwozdesky in the chair]

It's also important to note, Mr. Speaker, that at the time the government denied that this was happening. We did not have accurate information relating to the actual waiting times coming forward from the government, and the government, of course, denied and ridiculed claims that there was intimidation of doctors. But more and more doctors did come forward, and the demand

that had been put forward for a judicial inquiry was met, instead, by a government response of asking the Health Quality Council to look into the matter. That was, in our view, insufficient in order to get to the bottom of it. The Health Quality Council then proceeded. They issued an interim report, and they significantly delayed the final report, which was finally released just yesterday.

Nevertheless, Mr. Speaker, the report that came forward yesterday underlines very clearly that what physicians and opposition members have been saying about what's going on in the health system is, in fact, verified. They have concluded that emergency room wait times in this province are extremely poor and that patients have suffered as a result. They claim in the report that there is no evidence that anyone has actually died as a result of this, but we do know of some suicides and other things in emergency rooms that have taken place. They do talk about people in the final stages of their lives dying in emergency rooms because there are not suitable beds for them, and that is, of course, a real tragedy.

The report also deals with the question of certain allegations that have been made by one of the members of this House with respect to cancer waiting lists and deaths of 250 individuals on the waiting list and has concluded that there is no evidence for that.

Interestingly, Mr. Speaker, it does talk about the sense that the reorganization of a number of health regions into one superboard was done in a way that was very high handed, very arbitrary, very quick, and which caused very considerable disruption to the health system.

3:10

So, Mr. Speaker, in that sense it is clear that this government's own policy has reduced outcomes in our health care system very substantially. People are spending more time in hospitals, more time waiting for beds. There are longer emergency wait times, more demoralization of physicians, and it also fanned the culture of intimidation that was already there.

That leads us to the fourth part of the report, the part which is, in my view, completely unsatisfactory. That is that while they talk about a culture of intimidation, they don't trace its source. They don't say where it comes from. They say that it's widespread. They say that doctors feel very much intimidated, including by the College of Physicians & Surgeons, which is seen to be a body that doctors fear arbitrary punishment from for speaking out. But it doesn't say where it came from.

It's clear, Mr. Speaker, that it comes from the government. It comes from the political level. I believe that the culture of intimidation took root originally with some of the major cuts that took place in this province in the 1990s. Obviously, health outcomes deteriorated significantly, and it became a major problem for the government in terms of managing public opinion. So they bore down on those people who were most vocal, speaking out on behalf of their patients and on behalf of the health system, and that was physicians. That is where the culture took place.

It's clear that the irresponsible reorganization undertaken by the former minister of health, who is now the Minister of Finance appointed by this Premier, had an enormous negative impact on our health care system. There is a word for doctor-induced illness. It means something that is not naturally occurring but is caused by a terrible mistake or a bad decision or bad judgment, and that is exactly what's happened here. This government has complete and full responsibility for the damage it has created in the health system, and they don't want to take responsibility for it, Mr. Speaker.

This Premier has not only kept that former minister in her cabinet; she has made him the Finance minister, and he is now pushing through her pre-election budget. There is no accountability. A person who is the health minister forces a reorganization of the health system that causes chaos, is considered by some in the health system to be semi-criminal, that reduces the outcomes very dramatically in the health system – and we're only just recovering from it now – and that person is given a promotion by this Premier, Mr. Speaker. This government is very, very responsible yet refuses to be accountable.

Now, I believe that there should be a judicial inquiry. I don't think that the body that we've just had the report from is going to get any further into this. They pulled their punches on where the culture of intimidation came from because it came from the very people who created them and who appointed them and to whom they are responsible. So they're not really in a very good position to point the finger at this government, Mr. Speaker. In actual fact, a judicial inquiry with an independent judge could do it. I think that that's what we need to do: look at the intimidation and look at why this government can't run health care.

Albertans do not trust this Progressive Conservative government with our health care system. We've seen over and over again the government hiding its true plans for health care before an election. In the case of the 2004 election we had the third way appear just months afterwards. After the 2008 election we had the former minister, now the Minister of Finance, foisted on the health care system. And we know, also, that the current health minister presented a paper to the PC caucus a year and a half ago talking about the delisting of services, creating private insurance, and allowing doctors to practise both in the public and the private system. That's the current minister of health, that has been appointed by this Premier.

This Premier is clearly not the champion of public health care that she claims to be. This Premier is appointing people who have done great damage to or are planning to do further damage to our health care system to important positions in her government. So it is not – it is not – a government that is going to be different from previous PC governments. It's going to be a continuation of the same thing.

Mr. Speaker, unlike this government, that introduced as its Bill 1 a bill to do value-added budgeting – what's it called?

Ms Notley: Results based.

Mr. Mason: Results based is what they call it. Our private member's bill was a bill that would have strengthened public health care. We don't just talk about publicly funded health care; we talk about publicly delivered health care. We talk about extending medical coverage in the areas of dental and pharmacy. Mr. Speaker, those are the things that we stand for.

We would get rid of the private clinics. We would make sure that there's no need for private insurance. We would make sure that our public health care system is strengthened, that accessibility is improved, and that people do not take profits before people get better. That's this government's vision. We can see it with respect to their plans for long-term care, something that has created massive problems in our emergency rooms because the government doesn't get the connection between long-term care beds and mental health beds and emergency room time.

Mr. Speaker, I think my time is almost up, but I want to say that I appreciate the opportunity to have this debate. This government cannot be trusted with our health care system, and I think this report shows it.

Thank you, Mr. Speaker.

The Acting Speaker: Thank you.

Hon. members, just before we proceed with the next speaker, as you know, we have 10 minutes each at this time, which leaves us room for about seven, maybe eight speakers before the House time runs out today, so we will proceed in the following order. The Premier will speak next, followed by the Leader of the Official Opposition, followed by the minister of health, followed by the Member for Calgary-Fish Creek, followed by the Government House Leader, followed by Edmonton-Strathcona, followed by the Minister of Education, followed by Calgary-Mountain View, followed by West Yellowhead, then Airdrie-Chestermere, and there's a list that goes on after that. I would ask people to please bear in mind the 10-minute rule and also the fact that there are 15 speakers so far on the list who wish to address this point.

The hon. Premier.

Ms Redford: Well, thank you, Mr. Speaker. Today our Government House Leader supported the standing order because, while there might be a suggestion that the particular issue isn't of urgency to this House today, there is no doubt that Albertans on a daily basis are thinking about their families, they're thinking about health care, and they want to make sure that in government and in this Legislature we're having the opportunity to clearly understand what our successes have been, what our challenges are, and what we need to do in the future to move forward.

Fundamentally, for me personally and also for this government, we believe that Alberta needs to have a public health care system, exclusively a public health care system. We are fully committed to supporting a public health care system so that every single person in Alberta, whether they're a mom or a dad, a child or a senior, will all get access to the services that they need to allow them to excel and have the quality of life that they need to have.

Now, if I look at the budget that was tabled in this House two weeks ago, I think that the percentage of expenditure with respect to health care is well over 40 per cent, perhaps over 45 per cent. When I look at that, Mr. Speaker, I know that it is an issue that dominates what we talk about in this House, what we talk about in government, and what Albertans are talking about.

The other thing it does in a budget of this size, Mr. Speaker, is that it tells us that's it terribly important to understand how big the system is and that we have very important partners in this system. The government has a role, Alberta Health Services has a role, and professions have a role: doctors, nurses, licensed practical nurses. Our pharmacists have a role in this system.

What Albertans have been saying for a year is that they want to have more ownership of the health care system. What they mean by that, as we all know, is that in our families we're taking responsibility for our own health care. We know where we want to go. We know how we want to be treated. We're often very well informed with respect to the issues that we're facing and in some cases even have ideas about whether or not the treatments that we want to have can be or should be provided by a doctor or perhaps by an LPN, perhaps by a chiropractor. And that's a good thing because that allows us to have a real discussion and design a system and change a very big system so that we're not only dealing with acute care.

There's no doubt that in the Health Quality Council report there are issues identified with respect to the fact that you can't run a health care system based exclusively on acute care. When you do that, you end up putting all of your money into emergency rooms, into acute-care beds, and very often into the services the doctors are providing in order to keep up with that demand.

3:20

One of the things that we need to talk about in this debate – and I hope it can be a constructive process – is: what does health care look like in the future for Albertans? What have Albertans told us they want health care to look like? When I think about the report that the Health Quality Council put together and the fact that they put some very constructive recommendations in place that the minister of health is committed to reviewing and responding to, not alone but with our partners at the Alberta Health Services Board, with the Health Quality Council, and with professions, we know that we can design a health care system that will meet the needs of Albertans.

We talk about family care clinics. We've had primary care networks, and we're very proud of the fact that this government implemented primary care networks. Primary care networks were a new model of delivering health care. It allowed for a team approach. It allowed for multilevels of practitioners, let's say, to work together to support a family and to have ongoing support, whether they be doctors, whether they be nurses, whether they be dietitians. That was innovative, and it was strong.

Now, 10 years later, we know that there's something different going on in our communities, and that is that people are being terribly proactive with respect to managing their wellness. They want to have clinics in place that are in their community, that are consistent for their families, and where people can go to get a full spectrum of services not only for themselves individually but for all members of their family.

You know, my husband is 46 years old, and it's absolutely a struggle every year to get him to go for a physical, and I know that. I think there are probably a lot of people that feel that way. I have a nine-year-old daughter, and I have an aging mother-in-law and father. They all need different supports. What I want to have, through what we're doing with respect to family care clinics for all Albertans, is the ability for families to manage where those services are, what they need, and how they can access those services.

I believe, Mr. Speaker, that that is going to transform health care. It's not pulling back on everything we've done before – there are lots of doctors and nurses and patients that are very satisfied with the work that primary care networks are doing – but we're going to continue to strive to deliver different approaches, again in a public health care system.

The other thing that's important about family care clinics is that they are connected to communities. They are based in communities, and they can respond to the needs of a community. You could very well have a family care clinic that had one or two doctors and perhaps six or seven licensed practical nurses. As we move forward, what we have in our minister of health is a person who understands health policy, who has trusted relationships with people in all aspects of health care, and who can begin to change the way that we deliver health care, and that's real change, Mr. Speaker.

I do want to speak for a minute yet again about an independent judicial inquiry. There's going to be more discussion about this in the next two weeks, just as there has been in the past two days. We as a government and I personally have been very clear as to what steps we believe need to be taken in order to ensure that we have an inquiry.

As I've said before in this House, standing up and saying something different over and over again doesn't mean that it's the truth. We know – and we've been very clear – that we introduced legislation to ensure that we could have an independent inquiry, that after we introduced that legislation, we said that we would

wait for the results from the Health Quality Council report, which were quite comprehensive. We're now at a point where, as the minister of health has said, we will establish terms of reference for an independent inquiry.

[The Speaker in the chair]

I don't expect people to stop asking for one, but to somehow suggest that when the government announces an inquiry, it's related to anything other than our fundamental commitment last year to hold one would be wrong. I'll tell you, Mr. Speaker, that when we move through that process, the important part of that is that we're going to be able to clarify some of the issues that have become so political in the past couple of months and particularly, I would say, in the last couple of weeks.

I listen to the opposition, to many parties in the opposition, and to many hon. members who in one breath criticize the Health Quality Council and in another breath cite the report as evidence that the system is collapsing. We hear many discussions with respect to the fact that there is evidence of problems in the system, usually through very select quotes, and then we hear that we can't actually trust the work of the Health Quality Council because they're somehow associated with government.

Very clearly, Mr. Speaker, the Health Quality Council report was tabled in this Legislature yesterday, and the reason it was done was because we passed legislation saying that that's where the report had to come. It must be a public report, and we're going to be honest and transparent about what the health care system is and how it needs to be improved. As we move ahead, we're going to be able to get clarity with respect to where Alberta Health Services can improve, and in some cases perhaps policies will need to be changed. We're completely open to that. We know that government has to respond continually to change.

The other thing that government has to do is drive change. That's what we're doing with respect to health care, Mr. Speaker, so that it's responding to the changing needs of Albertans. This is a government that's committed to delivering a health care system that's going to ensure that Alberta families are getting the services that they need.

Thank you.

The Speaker: The hon. Leader of the Official Opposition, followed by the hon. Minister of Health and Wellness.

Dr. Sherman: Thank you, Mr. Speaker. It's an honour for me to stand before you to discuss one of the most significant issues in our nation and our province facing our people not only in terms of financial expenditures but, more importantly, in terms of human suffering. I tabled an article earlier where I called it a crisis in the emergency room in February 2007. Subsequently the Health Quality Council conducted a thorough review in September 2007 to fix this emergency room crisis.

I advised the current minister, who was an EA to a previous minister, on the solutions. I along with many other colleagues put patients in hallways and in between two beds in a room as a short-term solution to a crisis where people were dying metres from care. The government implemented the short-term solutions, and they wrote a letter on letterhead, on PC letterhead, a promise to Albertans to solve the medium- and long-term problem, which is long-term care beds, family doctors, and engagement of front-line staff, an expert panel. Mr. Speaker, it's not an ER crisis; it's a health care system crisis that sits in the ER. True experts in this area call the ER crisis a canary in a coal mine. That's all it is.

Here we are again, four years to the day of the previous Premier's letter and commitment and promise, before an election.

Here we are, again, with a 428-page, exhaustive report – 428 pages – examining just about 800 cases of emergency visits, a small number of cases in Alberta amongst more than 1 and a half million cases, one small snapshot in time.

The conclusions of that report, one with respect to the system – here we are still despite the promises and the rhetoric from that government for years – are that half of emergency patients, the CTAS 2 and 3 patients, the sick ones, Mr. Speaker, waited 10 times longer, that 20 per cent of the patients waited 20 times longer than the Canadian standards, suffering metres from care, either in a waiting room chair or an ambulance stretcher, with the ambulance fleet waiting to get sick patients into the departments.

It states that this demonstrates that

the system was incapable of responding faster to patients whose well-being was at . . . risk.

The safety of patients at risk.

Half of the patients who were suffering with pain waited to receive analgesia for more than 4.5 hours and 20 per cent . . . waited more than 7.5 hours.

Wow. Patients suffering, metres from care, for at least seven and a half hours.

Mr. Speaker, we on the front lines call these third-world conditions. In the Third World human beings do not wait for eight hours metres from care from a doctor or a nurse to get an analgesic, a painkiller. This is tragic and devastating. What's even more tragic and devastating is that still despite report after report, announcement after announcement we have many people at the end of their lives who spend the last few hours of their lives half naked in a cold bed in a cold hallway all alone, with the world walking by. It's in this report.

3:30

It talks about front-line staff not being engaged. It talks about how when there was a crisis, they actually broke a very broken system and brought in a system where staff were even less engaged. That led to what was called a potential catastrophic collapse of the health care system in 2010.

Mr. Speaker, I would like to remind you that a doctor's brother successfully hung himself in an emergency waiting room at the Royal Alex hospital. His name was Shayne Hay. It was September of 2010. Nowhere is he mentioned in this report.

A certain doctor's father waited for eight hours during this time period in an emergency department. His heart had failed, and he spent eight days in an intensive care unit, five days on a ventilator tube, and nearly died. That's my father. He is not in this report, only a small number of cases and a small snapshot in time in one ER. This was happening in every ER in the province.

Secondly, cases of physician intimidation. The colleague next to me spoke up and spoke the truth. Another elected member of this House, who was working for a region, fired him because he supported the Kyoto protocol. I stood up and spoke the truth. This government was a threat to public safety. I stood up here and spoke the truth. The current minister of health stepped out of the Legislature, called Dr. P.J. White, his friend and AMA president, and made very serious and slanderous allegations. He, in turn, called an ER department. The College of Physicians & Surgeons' registrar, Dr. Trevor Theman, and a psychiatrist showed up at my constituency office the following day, when I was doing my job in the House with 30 members and the hon. member, who is a doctor, right here. That's called intimidation, Mr. Speaker.

There were many doctors who came forward that that Alberta Medical Association supported physician intimidation. Many doctors have come forward and risked their lives and careers, said

that this happens when we are just doing our job, Mr. Speaker. I was just doing my job as a legislator.

The third issue. I did ask a question. Doctors who I trust told me very serious information, and I asked a question. Dr. Ciaran McNamee and Dr. Tim Winton are thoracic surgeons whose surgeries were delayed because surgeries were cut by 25 per cent in 1999-2000, and these doctors have publicly said that they will not appear. In the Health Quality Council review that was recently done, they were not compelled to testify; they were not subpoenaed to testify.

I'd like to table evidence from *The Lancet*, a report dated January 8, 2011, volume 377. It's an internationally respected publication, which states that in Alberta the five-year survival rate for lung cancer from 1995 to 1999 was 13.8. In the years in question, when the Dr. McNamee and the Winton affair happened, the survival rate went down to 13.1 per cent. From 2005 to 2007 it was 15.1 per cent. During that time period in Canada nationwide the survival rate was 15.7 between '95 and '99, 15.9 between 2000-2002, and 18.4 between 2005-2007. In Ontario in those same time periods the rate was 16.6, 16.7, and 19.1. The survival rate went up in the nation and in every province. In that two-year time period the survival rate in Alberta went down, and we are still not leaders in the nation, Mr. Speaker. Here is evidence, in fact. This is not a part of this report. International, irrefutable evidence.

Lastly, Mr. Speaker, let's talk about tomorrow. The real solutions lie in fixing the health care system. The real solutions lie in the solutions here. Number one, let's immediately get all of our seniors out of hospital – immediately – by investing in world-class long-term care, nonprofit long-term care, where seniors are not used as commodities to be sold to private entrepreneurs who support a political party.

Number two, let's actually stop our seniors from coming into hospital or long-term care in the first place with a massive investment in home care. Keep our couples and our seniors and grandparents together. Keep them together in their own community and their own home. We propose a \$400 million investment – a \$400 million investment – a massive investment. It's an investment because it saves on building hospital beds.

We need accountability, Mr. Speaker, true accountability, which I tried to legislate with many other political parties here in the fall of 2010, legislate true performance accountability measures. Let's take these primary care networks, put nurse practitioners and health care workers in there, and connect them to hospitals and to seniors' facilities and to the school system. Primary care networks. Great idea. But they're not resourced adequately with enough staff.

At the end of the day, Mr. Speaker, let's get every Albertan a family doctor. Let's guarantee emergency and surgery wait times and guarantee to get you a family doctor. Let's fix this problem once and for all.

With respect to the allegations I made regarding cancer treatment, the Premier, who is a QC, knows that nondisclosure agreements and patient files of thoracic surgeons are not accessible.

The Speaker: I'm sorry, hon. member, but the time for this segment has now expired.

The hon. Minister of Health and Wellness.

Mr. Horne: Thank you very much, Mr. Speaker. I'm pleased to take part in this debate this afternoon with respect to the findings of the Health Quality Council. I would like to spend the majority of the time allotted to me talking about what I think Albertans are really interested in, and that is the measures that are currently in

place and the measures that are planned for the future to address some of the issues that were raised in the report.

What I do want to say, Mr. Speaker – and I do this with greatest respect to the hon. Leader of the Opposition – is that I want to remind the House once again that this report is the result of a number of allegations that were raised in this House with respect to emergency department wait times, with respect to alleged deaths of people awaiting lung cancer surgery in this province, and with respect to allegations about physician intimidation.

I sincerely hope, Mr. Speaker, that the hon. Leader of the Official Opposition is not in these proceedings questioning the independence, the credibility, or the competency of the Health Quality Council in doing the work that they have been asked to do. I would like to be the first to say on record, at least in the course of this debate, that I think they have done an excellent job in thoroughly reviewing the matters that were referred to them and providing us with some very substantive recommendations that will guide not only changes in the health care system in the future but the development of terms of reference for the public inquiry that has been promised by this Premier and which this government will deliver.

I also take exception, Mr. Speaker, to the hon. Leader of the Opposition's remarks with respect to the Health Quality Council's response to his allegations about alleged deaths of patients awaiting lung cancer surgery. I'm not sure whether to interpret from his comments whether he's simply saying that the Health Quality Council didn't do an adequate job of review of this matter. I am not certain whether he is answering their findings by raising new allegations in this House this afternoon, and I sincerely hope that is not the case. I certainly hope he is not ignoring the fact that this review was guided by an expert panel that included some of the individuals I mentioned earlier in question period, and that includes, with respect to cancer, Simon B. Sutcliffe, president of the International Network for Cancer Treatment and Research and past president of the B.C. Cancer Agency.

Mr. Speaker, if the hon. Leader of the Opposition is suggesting that he has a monopoly on the findings and the truth with respect to this allegation or with respect to any of the other allegations and findings of the Health Quality Council, then I suggest we have a much more serious problem than we're going to have the capacity to debate here in this House this afternoon. But I will leave it at that, and I will not respond to the personal remarks that the hon. leader made. I made a very thorough explanation and account of my involvement with respect to his allegations last November in this House, and it does not serve Albertans and it doesn't serve these proceedings to spend the time recounting that once again. So I will not dignify that with a further response.

What I do want to talk about, Mr. Speaker, in my role as Minister of Health and Wellness, is what we are doing about the issues that are raised in this report. With respect to emergency department wait times I think the hon. leader does his colleagues in emergency medicine a disservice by not acknowledging their valiant efforts over the last year to 18 months, working in collaboration with the government, with Alberta Health Services, and with other stakeholders, to implement real solutions. Many of these solutions were alluded to by the hon. member both before he joined the Liberal caucus and after he joined the Liberal caucus. He should know full well – and I'm sure he does know full well – that since these allegations were raised, his colleagues have played a meaningful role in the development of strategies within emergency departments to improve throughput and to reduce wait times.

3:40

Some of these, Mr. Speaker, include procedures within the emergency department to move patients who have been admitted to hospital out through an initiative called the overcapacity protocol. That has met with significant success. Some of it has included initiatives in triage and in the waiting room area to identify patients who need to be seen immediately and cannot endure a lengthy wait and to also identify other patients who would more appropriately benefit from a referral to a family doctor or to a primary care provider.

As well, Mr. Speaker, we have worked diligently to address some of the root causes of emergency department wait times, which include access to primary care. This Premier spoke very eloquently about our vision for enhancing primary care networks and implementing family care clinics; in short, giving every resident of this province a place to go to access the health care system, a place where they only have to tell their story once, a place where there is a team of professionals awaiting to provide them with appropriate service, and many of the other features that the hon. the Premier explained.

We now have 41 primary care networks across the province of Alberta. We have three family care clinics, pilot projects that will be implemented by the end of March, and we have over 40 communities that have expressed an interest to this minister in developing a family care clinic as a viable, community-based, appropriate solution that will meet the needs of their citizens.

With respect to continuing care, Mr. Speaker, this has been a source of great debate in the House. I'm pleased to inform the House that we have increased the number of continuing care spaces through the leadership of the hon. Minister of Seniors. We are well on track to achieving our goal of 5,300 additional spaces over five years. This year we expect to again open over a thousand spaces. This is by far the most aggressive capital infrastructure program for health in the country that I am aware of.

A number of comments have been made about access to long-term care. While I would agree that long-term care is extremely important, what we are doing, Mr. Speaker, is that we are facilitating a shift away from the focus on institutions and money and providers to providing affordable housing for seniors that brings health care to them in accordance with their needs and as their needs change over time. In fact, I was pleased to announce our two first continuing care centre demonstration projects in Red Deer a few weeks ago. These are 100-bed projects that are under development by Covenant Health, 100 beds in each city. They will offer seniors the opportunity not only to age in place within a facility but to age in place within the same unit. We hope that, in particular, couples who live in these communities will be able to take advantage of these services within a year or a year and a half.

That involves a significant commitment of capital. In order to facilitate aging in place, it involves a lot more than labelling a bed a long-term care bed, Mr. Speaker. It involves a commitment to staffing, a particular staffing mix, a construction design, and a community that is willing to support seniors over the long term aging in place and being appropriately supported in their own communities.

This government will continue to lead Canada in the development of innovative thinking around continuing care. We will not be bound by a 1970s model that focused – well, it focused on attempting to deliver good care and was very much focused on institutions, the needs of institutions, and the needs of providers. We are focused on serving the needs of patients, residents, and families in communities in or near where they live.

With respect to the future, Mr. Speaker, the Health Quality Council report did talk about an additional strategy, which I'll be looking at very closely over the next few days, that is focused on more efficient management of acute-care bed capacity in our hospitals. The analysis, if members had a chance to read it, indicated that we are currently operating at somewhere between 95 and 100 per cent occupancy of acute-care beds most of the time. They suggested that 90 to 95 per cent would be a more appropriate indicator for this. If we take a moment to think about that, we need flexibility in the acute-care system in order to be able to accommodate things like flu epidemics, to be able to accommodate large-scale motor vehicle accidents or other disasters in the community. We need to be able to adjust our level of acute-care service as the needs of Albertans change.

I will be placing a considerable emphasis on reviewing that recommendation in the report. I've already had a number of discussions with Alberta Health Services about things that we might try, not just to add acute-care beds to the system, Mr. Speaker, but to make more efficient use of the beds that we do have. That requires a proactive approach. It requires the commitment of physicians and other health professionals and administrators, but I'm very confident that we can make it happen.

Since the allegations around deaths on lung cancer surgery waiting lists were found to be unsubstantiated, Mr. Speaker, I'm not going to comment on that part of the report other than to remind the House that those allegations were determined to be unfounded.

What I would like to spend the last few minutes talking about is the culture within our health care system, Mr. Speaker, and particularly the comments in the report regarding physician intimidation and other difficulties physicians and other health professionals are facing in advocating for their patients. I want to say again that while this government wholeheartedly believes that the policy decision to move to one health region for the province was the right policy – we are beginning to see benefits from that policy now – we are quite willing to acknowledge that the transition to Alberta Health Services was a very quick transition. We need to pay more attention to how to improve.

The Speaker: The hon. Member for Calgary-Fish Creek, followed by the hon. Minister of Human Services.

Mrs. Forsyth: Thank you, Mr. Speaker. It saddens me to stand up in this Legislature and once again debate an emergency debate that has been brought forward by the hon. Member for Edmonton-Highlands-Norwood. You know, it talks about: pursuant to Standing Order 30 he wishes to advise that on Thursday, February 23, he intends to adjourn the ordinary business of the Assembly "to discuss a matter of urgent public importance; namely the issues of patient safety as described by the Health Quality Council," and it goes on to what the report is.

Mr. Speaker, I've listened very, very intently, and I listened to the Premier, who, in my mind, was giving an election speech instead of talking about what's really important and what the issue is that we should be talking about, and then to the minister of health. The problem with the government that we're facing right now is that they're not talking about the issue. You know, it's where you were, where we are now, and where we're going.

I still hearken back – I think it was last November – to when I was questioning the minister on the physician intimidation. We have it in *Hansard*. We have it on YouTube. We have it on video. He stood up in the Legislature and spoke about the physician intimidation as a workplace issue. I have been in this Legislature a long time. It takes a lot to knock the socks off me, and I've got to tell you that that comment knocked the socks off me. My

immediate reaction was: he just doesn't get it. He just does not get it.

I have been the health critic as a member of the Wildrose for just a little over two years, and I have to tell you that it's consuming probably 90 per cent of my time. I can't even tell you at this particular time how many physicians I've talked to, talked to in confidence. Some of them, like Dr. Parks, Dr. Maybaum, and Dr. Magliocco, have come out in regard to the physician intimidation. I've got probably another 20 doctors in my BlackBerry that will not come out publicly. One of them, that I spent two hours with yesterday, said to me – and he actually came to the press conference with us – immunity from what? The long tentacles of this government? They may not get you today, but they'll probably get you tomorrow or a year from now. That is clearly, clearly indicated in this report. We have had many heartfelt discussions and heard very heartfelt comments in this report in regard to how our physicians are feeling in this province.

I had the opportunity on the 15th of February, which was a week ago, as a member of Public Accounts to have the Health Quality Council come before us, which was very interesting because a week later we got the report. It was absolutely fascinating in the Public Accounts meeting with Dr. Tyrrell and Dr. Cowell when we were asking them what their major struggle was. Well, their major struggle is the fact that the government accepts their recommendations but that they don't implement them.

3:50

I found his comments very, very fascinating. When I asked both Dr. Tyrrell and Dr. Cowell about that, they shared their frustration, and they shared their concerns about there being no powers in any legislation whatsoever to follow up in regard to the recommendations that you, the government, have accepted. So you can go back to the H1N1 Health Quality Council review, you can go back to the medevac review and all of those recommendations – I can't remember exactly how many have come out – but the government hasn't done anything.

So here we are – fast forward a week later – and we have the 420-page report that I even haven't had the opportunity to read and which I will be reading this weekend because it's amazing what can be buried in a report when you take the time to read it word for word and start absorbing some of the things that you're reading. Even in the executive summary they talk about some of the recommendations that the government should do. Some of them are absolutely fascinating, and some of them are what I would consider alarming.

I went home last night after I'd been at the press conference and then had another meeting – we were in budget – so didn't get home till probably 9 o'clock at night, tired. I had the opportunity to sit and try and absorb what transpired through the whole day. I'm thinking: surely to goodness, Albertans are going to start waking up after this report. Contained in this report is some very, very alarming information. When we start looking at recommendations that are contained in this report, it's as simple as talking about: the Canadian triage and acuity scale in regard to emergency patients is defined as five levels of patient acuity, and they number them.

When EDs [emergency departments] become crowded it is impossible for these ill patients to be assessed in a reasonable time frame. In basic terms ED crowding occurs when the demand for ED services exceeds the capacity of the ED to provide them.

We had the problem in 2008. We had the problem in 2009. We had the problem in 2010. We had the problem in 2011. Here we are in 2012, and we still have the problem, and the government is

not even making the numbers that they're supposed to be making, and we had a problem with that. So now the minister stands up and he says: "Albertans, trust us. We're going to fix this problem. Just trust us." And I'm just going back from 2008.

We go on in this report, and we talk about conclusions in regard to the waiting times to see emergency department physicians experienced by significant percentages of ill patients. The report goes on. "The crowded space, the excessive waiting times for care, and at times the suboptimal space available to provide necessary care compromised patients' margins of safety." Frightening. Frightening. We're in 2012. We're talking about Alberta, one of the richest provinces in the country, and we still can't seem to get ourselves together.

I love this one. It goes on to talk about: let's form a task force. This task force is going to go out and tell docs how to be advocates for their patients. Oh, my gosh, Mr. Speaker. When I read that, I thought that we have probably the best physicians in this province, and their job is to advocate on behalf of the people that they're taking care of. They tried to go through what was set before them by the government: go see your supervisor; then go do this.

Hence Dr. Parks in 2008, after extreme frustration, even writing a letter to the Premier of the province, comes out and says: Albertans, we have a problem. Now we're going to teach them how to advocate on behalf of their patients? Who are really losing on that recommendation, quite frankly, are Albertans, patients. You can have an orthopaedic surgeon who decides he's fed up and had enough because he can't get enough OR time. He has gone through all the proper channels, he has got patients that are waiting two years to get surgery, and he can't get them into the OR. So he finally comes out. We've had that happen. That's just one.

It's the same thing for a psychiatrist who is trying to advocate on behalf of his patients that are mentally ill, and there are no beds. All of a sudden he comes out and says: "We have a problem. We have no beds in this province. I can't tell a patient, 'Come back to me in three weeks if you're contemplating suicide because we have no beds.'" That's the role of the physicians in this province on behalf of the people that they're taking care of. They take the Hippocratic oath to take care of their patients, and we're going to establish a task force?

The Speaker: The hon. Minister of Human Services.

Mr. Hancock: Thank you, Mr. Speaker. It's a great privilege to serve the people of Alberta. I've had the privilege of serving the people of Alberta in a number of capacities, and some of them actually are relevant to the debate today. I served on a hospital board before regionalization. I had the ability through that service to understand the complexity of the acute-care delivery system and the challenges of dealing with the varying demands, requirements, and needs within that system: the constant need when you're in that circumstance, whether it's a hospital, whether it's a regional health authority, whether it's a provincial health authority or, indeed, the ministry of health, and the constant difficulty of dealing with competing demands for resources and also dealing with many people who have the considerable ability and much passion for their service to Albertans.

I think we need to start by saying thank you. We need to start by saying thank you to the people who work in the health care system across this province each and every day, whether it's in an acute-care facility or whether it's in a long-term care centre or an extended-care centre or a designated assisted living care centre, the people who provide the very technologically assisted, significant,

and invasive procedures that might happen in a cardiac centre, or whether it's the day-to-day loving and giving care that they provide to individuals who are resident in a facility or in their own home through home care. I think we need to say thank you.

We've had a lot of talk over the last couple of years about how destroyed the system is, how bad the system is. The fact of the matter is that we have a very good quality of life in this province, and that quality of life is very much supplemented and supported by the quality of the health care services that are available right through the system, whether it's the ability to support people living in their own homes, whether it's the ability to support people who are living in lodges or in designated assisted living, whether it's the ability to support people with health care services and long-term care, or whether it's in acute or subacute situations. That is very important.

I think we do need to recognize it because one of the things that has to come out of it and one of the things why I thought it might be appropriate for us to deal with the debate this afternoon and deal with the Health Quality Council of Alberta's report is that one of the most significant things that government can do – and when I say "government," I'm including in this circumstance all of us here in this Legislature as the Legislature is part of the governance of this province – is to provide assurance, provide assurance to Albertans that there is a system in place to take care of them when they're most in need.

When you talk to Albertans, certainly there are struggles. There are struggles at emergency. I've been to emergency with my mom. I've been to emergency with my daughter. I've been there sometimes for lengthy waits and have always been concerned about those waits, but I've also been there knowing that one of the reasons that I was waiting was because someone had a greater need than we did, than our family did at that particular moment in time. That's triage. The emergency system is there for people when they need it.

4:00

One of the things that we can give assurance to Albertans on – and I think this report does a good job of helping us to give the assurance to Albertans – is that while there are lengthy waits in emergency and while there is much work to be done to improve our health care system and to continue to keep up with the pace of growth in our population and the aging of our population and all those factors which continue to put pressure on a health care system, we can give Albertans the assurance that the care they need will be there when they need it. I think this report goes some way to assuring Albertans that some of the reckless comments of the last couple of years have no basis in fact.

In fact, what we have is a system which is a very decent system for Albertans. Could it be better? Absolutely, Mr. Speaker, it could be better, and it will be better. We will do a lot more. There's been a lot of work done on, for example, quality of life for seniors. There's been a lot of discussion that one of the problems for emergency is being able to admit patients to hospital and that one of the problems about admitting patients to hospital is having acute-care beds available.

The hon. Member for Edmonton-Meadowlark indicated in his comments that when he was providing advice to me as health minister, one of the things he talked about was the full capacity protocol. Yes, indeed, there were mechanisms put in place and processes put in place to help move people through emergency and into care when they needed it. Those protocols are being used now, and other processes have been put in place. In fact, one of the things that's clear from the Health Quality Council's report is

that this is not a stand-in-place system. This is a system which has been improving and continues to improve.

In fact, Mr. Speaker, I would reference a couple of the recommendations. Recommendation 3 – I don't have a page number – says:

Alberta Health and Wellness and Alberta Health Services review the current need for long term care and supportive living facilities based on detailed forecasting created by appropriate models . . . to further reduce the percentage of alternate level of care bed days.

“To further reduce”; in other words, an acknowledgement that progress is being made, that work is being done, that the issues that we deal with on a day-to-day basis and that we are concerned about on a day-to-day basis are, in fact, subject to progress.

In fact, recommendation 6 in that same portion of the report says that “Alberta Health Services continue” – continue, Mr. Speaker – “with innovative solutions to support palliative care patients in their community setting and prevent, wherever feasible, the transfer of these patients to emergency departments.” That's an issue that's been dear to my heart.

My mom had congestive heart failure, and we were in the hospital a number of times when she needed treatment, but it wasn't an emergency. The problem that I was facing was that this was not an emergency situation, but that was the only place to go for that kind of treatment.

Could we do better? Yes, we could. Do I advocate for changes so that instead of sending patients to hospital, there can be a different place where they can go for the kinds of treatments that they need, particularly for our seniors, who need sometimes specialized care, with frail skin, with the need for particularly trained health care professionals? Emergency isn't necessarily the best place to go. We can do some work on improving that, and that kind of work is being done.

It's interesting that the Health Quality Council in their report, in looking into a lot of these allegations that have been made and tossed around about our system not being there for Albertans or about the system being broken, doesn't say that you need to start doing this. They say that you need to continue with innovative solutions, an acknowledgement of the fact that there's some very good work being done between the department of health and Alberta Health Services and the health care professionals in the system.

Mr. Speaker, I think we need to focus on what's important to Albertans. Yes, there's work to be done in the health care system, and there will always be work to be done in the health care system, but there needs to be an assurance for Albertans that we do have quality care. People throw around the concept of third-world countries. I think that sometimes the people that talk about third-world countries have never been to a third-world country because what we have in Alberta is certainly not third-world country.

What we have in Alberta is a very, very high-end, technologically savvy, technologically supplied system with well-trained, very well-educated health care professionals, in some cases some of the best in the world, who are attracted to Alberta by the quality of life that we have in Alberta and by the opportunity that they have to further the knowledge in the area of health care. In fact, Mr. Speaker, we could talk about the fact that we've done some leading-edge research into health care and the provision of health care services in this province, both on the acute-care side and on the wellness side, and the reason it's being done here is because we have some of the best facilities in the world. We can attract some of the best people in the world to do it,

and they bring others, and that provides an even higher standard of care for Albertans.

Mr. Speaker, I'm straying from where I started, but I really did want to emphasize that, first and foremost, we as legislators, we as governors, we as people who are leaders in the province should be careful about what we're yelling out there. Fundamentally, one of our first roles is to provide assurance to Albertans that care will be there when they need it. That doesn't mean we shouldn't be critical. That doesn't mean we shouldn't point out where there are problems. We should, but we do need to be careful about how we do that because there is nothing more important to most of us than the health of our children, the health of our parents, and, indeed, in some cases even our own health.

The Speaker: The hon. Member for Edmonton-Strathcona, followed by the hon. Minister of Education.

Ms Notley: Thank you, Mr. Speaker. I'm pleased to have the opportunity to get up and speak on this very, very, very important issue. The reason we're here, of course, is because we've gotten what I think can be characterized as a reasonably objective description of the current state of certain elements of our health care system. Notwithstanding what the Premier and other speakers have said in the past, I think that it is quite legitimate for members of the opposition to take seriously and find credible the description of the health care system that is found within the Health Quality Council report while at the same time potentially rejecting or not completely agreeing with the recommendations that flow from that report.

It is clear that the members of the Health Quality Council spent a great deal of time interviewing thousands of people within the health care system, so it is quite reasonable, then, that their description would be an accurate reflection of what's going on there. They did not, however, ask the vast majority of those people they interviewed for their specific recommendations on how to make things better. So while the credibility and the value of that report can be founded on the breadth of the surveys and the conversations they had for the purposes of the descriptors, the same credibility would not necessarily flow to the recommendations.

I think those recommendations were constructed after the fact, and that's fine. I'm not saying that the Health Quality Council itself doesn't bring a great deal of expertise to the table – of course it does – but it's completely reasonable for members of the opposition to take as a matter of course the very detailed descriptions as a legitimate subject of debate while at the same time perhaps having a different view about how best to move forward.

I want to be very clear. There are many recommendations which are found in the Health Quality Council report which I think are very accurate and which, in fact, in many ways reflect many of the representations that our NDP caucus has been making for many, many years. That's one of the points that I wanted to speak to.

I wanted to just briefly comment on a couple of points that members opposite have made and just respond to those very briefly. The Minister of Human Services spent the majority of his speaking time suggesting that it's our role as members of the Assembly to engage in public assurance. I would suggest to you, Mr. Speaker, that were we to simply focus on engaging in public assurance to the exclusion or at the expense of passionately and thoroughly and constructively advocating for the change that we know needs to happen, then I think that we would not be doing our job. I do not believe, in fact, that it is the role of members of

this Assembly to engage in sort of a 1984-esque assurance process for the public.

4:10

I think we always need to be prepared to subject our public enterprises to a critical eye and a critical analysis because that's how we get better. I think that the notion that was just articulated by the Minister of Human Services is something that comes from a government that's been here for 40 years, which sort of seems to think that the first priority is to kind of placate everybody and to make them think it's okay and that then we'll quietly work on teeny, little problems behind closed doors, but anyone who suggests more outwardly that there's a problem is somehow an enemy of the state. I think that that's why we run into the kind of problems that we've run into here.

Now, I'd like to move fairly quickly to the issue of the solutions, that I think are really very, very important, that we need to focus on. Clearly, we have a problem in our emergency rooms. Clearly, we have a problem in our health care system. The Health Quality Council very clearly identified that people's safety was put at risk, that the margin of safety was compromised, and that we are not meeting anything close to the guidelines and the standards that experts would recommend that we should attempt to meet.

Then how do we deal with that? Well, it's definitely a complex problem. We could all sit here, and if we removed our political hats, we would probably have very good conversations that would address a number of issues. I do think that what this report points to are at least two issues that we have tried to raise with this government repeatedly and which they have not addressed yet and that I think it's vital for us to talk about.

The first of those issues is, in fact, the issue of appropriate long-term care. As you know, Mr. Speaker, going into the last election, the former Premier committed to Albertans that somewhere between 750 and a thousand long-term care beds would be constructed. After the election that promise was broken, and subsequently a document that was internally generated by this government suggested that, in fact, we would slowly reduce the number of long-term care beds and that, instead, what we would do was that we would build sort of quasi-care beds that were publicly subsidized but privately run and that those would be the model of what we'd move to. Ever since then the government has clung desperately to the language that their communications folks have come up with around that: "Oh, we want to move away from institutions" or "Oh, we want to age in place," all those kinds of things.

Now, even if we take, however, the government at its word on this, I have to say that we are extremely concerned about what is going on in this area. As I raised in question period last week and as I raised in estimates last week, the fact of the matter is that this government is unable to tell us, of the 4,000 or so new beds that they're so proud of having created in the area of continuing care, what kinds of beds they have built. Are they AL 1, are they AL 2, are they AL 3, are they DAL 4, or are they long-term care? The fact of the matter is, Mr. Speaker, that there's a significant difference between those categories of spaces and the degree to which those spaces can act as the recipient of these patients who are otherwise in our hospitals accounting for the crisis that we see in our emergency rooms.

You know, the Health Quality Council says that we need to plan to have appropriate places, alternative places for these people to go. They say – I'm not sure of the page as I don't have the page numbers – under recommendation 1, under their analysis:

Reducing inpatient occupancy rates begins with accurately estimating the number of acute care and long terms care beds that are required in order to have enough resources available for the demand that exists now and over the next few decades. This estimate should include detailed human resource planning.

Well, Mr. Speaker, we have kicked about half a billion dollars out the door. We've built somewhere between 3,000 and 4,500 beds – we never know for sure – but we don't know if those beds are capable of providing the care that is necessary because our Minister of Seniors and his staff, even though I have asked them for three years in a row to describe to me the kinds of beds that we are building with all that half a billion dollars of money, can't tell us. What I'm saying is that with the very solution that the Health Quality Council is saying is absolutely critical to fixing this problem, this government has spent three years not knowing what they're doing on it. That is an emergency, and that has to change. I mean, I still don't actually think that the model they are proposing is the right model, but even if you think that it is the right model, you should be able to then describe to Albertans what it is you've just done, and that hasn't happened yet. That's a very, very serious concern, and it should be a concern for all Albertans, who want to see these recommendations followed and met and see the improvements that we're talking about.

The other issue that we've raised repeatedly in this Legislature is the whole issue of mental health services. Now, even before we had the elimination of the regional health boards with everything moving into Alberta Health Services, previously we had the Mental Health Board, and it was chronically underfunded. Being able to sort of count the amount of services through that Mental Health Board was an extremely difficult process. Well, it's become far more difficult now with it being embedded in Alberta Health Services.

Every now and then when we ask the minister of health about the mental health services, we have these cavalier references to: well, under the Minister of Justice we had the safe communities project, and we opened up 30 beds in Calgary, and we had a great press conference, and we had lots of people there for tea and lots of media showed up, and we provided 30 beds for people who would otherwise be in jail and yada, yada, yada. But finding out what the overarching investment is in mental health in this province – nailing Jell-O to the wall is a thousand times easier than getting an answer from this government on what they're doing to deal with the fact that we are grossly underfunding mental health services.

Anybody with an expert in emergency room care will tell you that that's the other problem, so what we need to do is . . .

The Speaker: The hon. Minister of Education, followed by the hon. Member for Edmonton-Centre.

Mr. Lukaszuk: Thank you, Mr. Speaker. Thank you for this opportunity to speak to the House on this important issue. I have to tell you that the reason I voted in favour of having an emergency debate was not because I believe that there is suddenly an emergency as such that Albertans lives are at stake. I would agree with your comments that perhaps this debate may not have met all the requirements of what this procedure is meant to accomplish. But I do believe that it is important, and perhaps it is somewhat of an emergent nature to advise Albertans on what truly is going on in the health care system, perhaps even more importantly what truly is going on in this House and how this very important topic of health care, that I think every single Albertan, if not on a daily basis then at least from time to time when they're found in need of using health care, finds very dear and important

in their life, is being manipulated and used for purposes that simply are inappropriate.

Mr. Speaker, let me give you a few examples, some personal ones. I will be the first one to tell you that there is a great deal of room for improvement in the health care system, as there probably always will be. Yes, we have pressures. During the cabinet tour in the town of Athabasca at a great meeting with a number of physician specialists and support staff and nurses and other allied professionals they were telling me what the issues are in the system. One of the main issues in the system is the fact that Albertans have a difficult time accessing family physicians. We know that. As a matter of fact, I have to tell you that I'm personally concerned because my physician of some 30 years is considering retiring, and I will be in a situation where I will have to look for a GP.

I have to tell you one thing, Mr. Speaker, and I know this for a fact, and the reason I know this for a fact is because not only have I been told of it by a number of constituents and Albertans, but I have actually experienced it in my own family, on my own skin. When you need medical care in this province, you will receive world-class medical care in this province.

I'll give you an example. Just about three months ago my three-year-old needed medical care. At the time when it happened, I took her to Sturgeon hospital just in St. Albert. Yes, Mr. Speaker, she and I waited there for about three hours, but she wasn't truly an emergency. The only reason I was in that room with her was because there was no family physician available at that time to go to, so I had to utilize that service, perhaps myself contributing somewhat to the problem. When she finally got to see the physician, she received the care she definitely deserved.

Mr. Speaker, I would insist that the members of the Wildrose and NDP actually not interrupt me and listen to the conversation because it is after all they who wanted this debate to occur, but obviously they are more interested in other topics. I know that I'm not allowed to speak on the attendance in this House, but it's very tempting to. Those who are here, it would be good if they would at least allow me to speak.

Nonetheless, Mr. Speaker, when she did receive care, it was top notch.

4:20

The cabinet tour as well, Mr. Speaker, gave me an opportunity to get away from education issues. We visited the Calgary Children's hospital and the new trauma room that was put in for children, showing me not only the calibre of specialists that, I would say without much hesitation, the rest of the world would probably be envious of but the quality of equipment and the technology that is available there to assist children when they are in trauma. Also, the soft services, the support services and psychological services for traumatized parents who are waiting to find out what the results of an emergency surgery would be, were simply world class.

We know that, Mr. Speaker. We are attracting doctors to this province from all over the world, renowned specialists from all over the world, not only because they want to work with other specialists of equal calibre but because there is equipment over here which they have access to to do their research and to provide quality care.

Mr. Speaker, there has to be some balance to what's being said about Alberta health care. Is it perfect? No. Will it ever be perfect? One would hope so but perhaps not. Is there room for improvement? Yes. But I do have full confidence in our minister of health not only because I know him to be a friend but because I

know that he actually cares. He lives in this province. His family lives in this province just like other members of this particular Assembly.

I have to tell you, Mr. Speaker, that what really concerns me is that the confidence of Albertans is being undermined. Situations where the Leader of the Opposition and his colleague, who are both trained medical doctors – those are the individuals that we think of and we turn to when in trauma. If a car hits you or me, you hope that there is an emergency room doctor waiting there for you to provide you with quality professional service. Now, to have that very same individual stand up the House, mind you not in the capacity of a medical doctor but now a politician, to tell us all in this House and, de facto, tell all Albertans that Alberta has third-world class health care really not only disturbs me but it offends me.

I would hate to know that somewhere out there there is an Albertan who is in dire need of help and prays to God to be saved or a mother or a father looking over a child hoping that their child will be saved, and they hear from an emergency room doctor that this province has third-world health care. That's simply shocking, Mr. Speaker, and unbecoming not only of a politician in this room but unbecoming of a medical practitioner, who should be working hard to increase Albertans' confidence in the system and pulling together with government, pointing out constructively how the system can be repaired, as opposed to engaging in such damaging activities and behaviour simply by tabling over and over and over again the same package of letters.

Mr. Speaker, if you were to look into this Legislature's archives, I bet you have multitudes of copies of the same letters and newspaper articles that the leader of the Liberal opposition has tabled because those are all he really has.

One has to ask him- or herself a question: are we here in this Chamber debating this emergency because there is a true emergency that needs to be resolved today, or is there really a bona fide emergency at all, or is this for political gain? I hate to question the motives of any individual member in this Assembly, so I will give them the benefit of the doubt that they actually are well intended but horribly misinformed, and perhaps that is what leads us to having to debate this particular issue.

I can tell you, Mr. Speaker, that having had numerous discussions with colleagues in our caucus and particularly the minister of health, undeniably there is a hundred per cent commitment on this side of the House to work constructively with allied health care providers, medical doctors, and others to make the system as good as it can be at any given time and be open to criticism.

I think that the report that has sparked this debate is just that. You know, some members of the opposition – I can't refer to them now – would say that it's a damning report, that it definitely convicts this government in many different ways. The members of another opposition party would say that it's a whitewash, as a matter of fact, that it doesn't point out anything, that it is some kind of a cover-up. Well, the fact is, Mr. Speaker, and you know well enough, that if you have opponents equally upset at the report, one saying that it is too good and another one saying it is too bad, odds are you actually ended up dealing with a fair report that fairly reflects what the situation in the system is.

This government is not about to deny sections of the report. We will take it as constructive criticism and work with this report to continually improve the system. The fact is, Mr. Speaker, that many of the comments are subjective. The Premier has made a commitment, our minister of health has made a commitment to further investigate those issues and get to the bottom of it and

make sure that Albertans have confidence in their medical system, particularly at the most crucial time when they truly really need it.

I know Albertans are busy. They're raising families, and they're working hard, and they don't have time to pay attention every day to what happens in this House. But there's an interesting development, Mr. Speaker. For months members of the opposition were demanding an inquiry. The moment the Premier said, "Yes, we're going to have an inquiry," then this inquiry wasn't good enough. It had to be a judicial inquiry with subpoenas. The moment the Premier said, "Yes, you will have an inquiry that will meet all the requirements" of what she feels is appropriate and reflects, actually, what the opposition was asking for, now the request is that it has to happen before an election. Well, it's obvious that it will never . . .

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

Ms Blakeman: Thank you very much, Mr. Speaker. Well, I can always tell when the dart has hit dead centre of the board because I just heard it here repeatedly, and that's when the government gets up and says: "There's no problem, and if there is, we'll fix it. Anybody that's complaining about this has just got, you know, problems."

It's a consistent pattern, and after the number of years I've been in this place, I can speak to that pattern. As any member of opposition brings up issues, the first thing that happens to us is that the government members trivialize the issue: "Oh, that's really not," or "It's a labour problem," or "That's just not an issue," or "I've never heard that," et cetera, et cetera. Then they demean the questioner by commenting on their heritage or their ignorance on the subject or their presence or absence in the House or some other thing. So they demean the person asking the question. Then, finally, they diminish the problem: it's really not a big deal.

Where have I seen this? Well, I've seen this happen on electricity deregulation. I've seen it happen on the education system and teachers in the education system, full-day kindergarten. I've seen it

happen around a savings plan for the government and royalty rates. I've seen it happen around health care more than once. It has become a pattern, and it tells me that this government is in big trouble.

They've all had very good speaking notes today. My compliments to the Public Affairs Bureau.

What did we actually get out of this report that we are here to talk about this afternoon? Well, what we got was: there is a huge problem with wait times in urban emergency rooms. That's in the report. It says that there's a problem. It says that acute-care beds are blocked by frail, ill seniors who need to be in a care facility with a high enough level of care to look after them. In this system in this world in this province those are called long-term care beds. They have a medical component to them that is co-shared between the government and the individuals.

This also talked about physician intimidation. Yes, it happened. Yes, people were intimidated. Yes, people were blocked or punished when they tried to advocate for their patients. And it talked about the fact that massive reorganization over and over again in the health care system in Alberta destabilized the system and messed up the authority and accountability.

Despite a huge elected majority, despite astonishing revenues in the bank, despite 40 years of control and the power to do what they want to do, this system has suffered under this government a series of crises in labour relations, in access and wait times, in cancer treatment times, and in a failure to integrate poverty reduction strategies, mental health strategies, and social determinants of health.

Thank you, Mr. Speaker.

The Speaker: Hon. members, pursuant to Standing Order 4(2) I must advise that it is now 4:30 on a Thursday night, and pursuant to the calendar published under Standing Order 3(7) the Assembly will stand adjourned until Monday, March 5, at 1:30 p.m.

[The Assembly adjourned at 4:30 p.m. to Monday, March 5, at 1:30 p.m.]

Bill Status Report for the 27th Legislature - 5th Session (2012)

Activity to February 23, 2012

The Bill sponsor's name is in brackets following the Bill title. If it is a money Bill, (\$) will appear between the title and the sponsor's name. Numbers following each Reading refer to Hansard pages where the text of debates is found; dates for each Reading are in brackets following the page numbers. Bills numbered 200 or higher are Private Members' Public Bills. Bills with lower numbers are Government Bills. Bills numbered Pr1, etc., are Private Bills.

*An asterisk beside a Bill number indicates an amendment was passed to that Bill; the Committee line shows the precise date of the amendment.

The date a Bill comes into force is indicated in square brackets after the date of Royal Assent. If it comes into force "on proclamation," "with exceptions," or "on various dates," please contact Legislative Counsel for details at (780) 427-2217. The chapter number assigned to the Bill is entered immediately following the date the Bill comes into force. SA indicates Statutes of Alberta; this is followed by the year in which it is included in the statutes, and its chapter number. Please note, Private Bills are not assigned a chapter number until the conclusion of the fall sittings.

1 Results-based Budgeting Act (Redford)

First Reading -- 4 (Feb. 7 aft., passed)

Second Reading -- 31-38 (Feb. 8 aft.), 125-34 (Feb. 13 eve., passed)

Committee of the Whole -- 124-34 (Feb. 14 aft.), 160-61 (Feb. 15 aft., passed)

Third Reading -- 164-65 (Feb. 15 aft., passed)

2 Education Act (Lukaszuk)

First Reading -- 115 (Feb. 14 aft., passed)

Second Reading -- 152-59 (Feb. 15 aft.), 187-88 (Feb. 16 aft.), 182-85 (Feb. 16 aft.), 256-57 (Feb. 22 aft., adjourned)

3 Appropriation (Supplementary Supply) Act, 2012 (\$) (Horner)

First Reading -- 115 (Feb. 14 aft., passed)

Second Reading -- 150-52 (Feb. 15 aft.), 161 (Feb. 15 aft., passed)

Committee of the Whole -- 185-86 (Feb. 16 aft., passed)

Third Reading -- 251-56 (Feb. 22 aft., passed)

4 St. Albert and Sturgeon Valley School Districts Establishment Act (Lukaszuk)

First Reading -- 236 (Feb. 22 aft., passed)

6 Property Rights Advocate Act (McQueen)

First Reading -- 236 (Feb. 22 aft., passed)

201 Alberta Bill of Rights (Property Rights Protection) Amendment Act, 2012 (Hinman)

First Reading -- 69 (Feb. 13 aft., passed)

203 Tobacco Reduction (Protection of Children in Vehicles) Amendment Act, 2012 (Sherman)

First Reading -- 69 (Feb. 13 aft., passed)

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