



Province of Alberta

The 29th Legislature
Third Session

Alberta Hansard

Thursday morning, March 16, 2017

Day 9

The Honourable Robert E. Wanner, Speaker

Legislative Assembly of Alberta The 29th Legislature

Third Session

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Westhead, Cameron, Banff-Cochrane (ND),
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Woollard, Denise, Edmonton-Mill Creek (ND)
Yao, Tany, Fort McMurray-Wood Buffalo (W)

Party standings:

New Democrat: 55 Wildrose: 22 Progressive Conservative: 8 Alberta Liberal: 1 Alberta Party: 1

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Legislative Assembly of Alberta

9 a.m.

Thursday, March 16, 2017

[The Deputy Speaker in the chair]

Prayers

The Deputy Speaker: Good morning.

Let us reflect. As we conclude our work for the week, let us think on the work that has been accomplished, and let us focus on the many tasks that lie ahead of us.

Please be seated.

Orders of the Day

Government Bills and Orders Second Reading

Bill 3 Voluntary Blood Donations Act

The Deputy Speaker: Hon. members, before we begin consideration of the bill, I've had a request to revert to introduction of guests. I need unanimous consent.

[Unanimous consent granted]

Introduction of Guests

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

Ms Fitzpatrick: Thank you, Madam Speaker. I am incredibly pleased to introduce to you and through you today to the Assembly the mayor of Lethbridge, Chris Spearman.

I would also like to introduce to you two passionate advocates on PDD, Chris and Ben Rowley, who are my guests at the budget this afternoon. If you would please give the traditional warm welcome of our Assembly.

Government Bills and Orders Second Reading

Bill 3 Voluntary Blood Donations Act (continued)

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

Mrs. Schreiner: Thank you, Madam Speaker. It is my pleasure to rise today to move second reading of Bill 3, the Voluntary Blood Donations Act. This legislation will ban paying individuals for blood donations. Additionally, it will support an integrated and coordinated national blood supply. I introduce my support because blood is both life sustaining and instrumental to providing the level of care Canada is renowned for. As a long-time blood donor it is gratifying knowing that lives are saved by this tremendous gift, and that is what it is: a gift. I began donating blood when I was a 23-year-old student at NAIT. I was a starving student, and my initial attraction, ironically, was the free cookies. Within a couple of months I received my donor card and began my lifelong commitment to being a blood donor. With conviction this is a principle I have bestowed within my family because I recognize that the gift of life is precious and cannot be bought and cannot be sold.

Madam Speaker, this new act will create a barrier to the establishment of private, pay-for-plasma clinics in Alberta that

render sustaining life a profitable business. We often hear of the miracles that happen when Albertans receive the gift of life through organ donations, and I support that voluntary blood donation remain just that: voluntary. For nearly two decades Canada's blood donations system has been successfully operated and managed by Canadian Blood Services.

Madam Speaker, on June 8, 2015, I had the pleasure of representing our government at the Red Deer location for National Blood Donor Week. While recognizing the almost 70,000 Albertans who donate blood, I also had the pleasure of recognizing a local blood donor, Ron Regehr, for sharing what matters most. Ron had been donating blood since he was 17 years old, and many years had gone past. We shared our conviction and dedication by donating blood together.

Paying donors is not a practice that is supported in the current system. Potentially it can lead to a disconnected and fragmented national blood system. Our current system through Canadian Blood Services is regulated as a biologics manufacturer of Health Canada and is primarily funded by the provincial and territorial ministries of Health. As such, it is a not-for-profit charitable organization in alignment with the recommendations of the 1997 Krever report.

Allowing private plasma clinics to set up operations in Alberta will only erode the voluntary whole blood donor base operated by Canadian Blood Services. In 2008 the government of Canada legislated National Blood Donor Week to recognize and celebrate blood donors across the country for their life-saving contributions. It is benchmarked to remind Canadians about the importance of donating blood and the ongoing need for new donors, hence the paramount importance of Bill 3.

Recently a private plasma collection clinic was established in Saskatchewan. Currently this clinic is collecting and stockpiling plasma until they can find a buyer. This is not good news for our country as private clinics can sell the plasma to the highest bidder anywhere in the world. As a result, Canada's much-needed plasma will leave our country, denying its life-gifting properties for Canadians and Albertans who need it.

That is why we are proposing in this legislation to ban private donations here in Alberta. The proposed legislation will ban payment to an individual donor, ban payment for blood donations advertising, exempt Canadian Blood Services so that they can continue with their current practices and any further activities, provide an exemption for blood given solely for the purpose of research, and provide for inspection and enforcement controls.

Madam Speaker, our province will not be the first province to ban the practice of paying for blood products. Currently Ontario and Quebec have already banned paid blood donations as well. By supporting the national blood system operated by Canadian Blood Services, we can ensure that whole blood as well as plasma is available to those who are in need. Our proposed legislation will prevent private blood collection industries from opening in Alberta. I stand behind Alberta banning paying for blood donations and creating a barrier to the establishment of private pay-for-plasma clinics in our province. This will guarantee that our blood remains in Canada and is used to benefit Canadian patients.

Donating blood should not be looked at as a business venture. It is a valuable public resource that saves lives every day. Therefore, banning paid blood donations will ensure Albertans and Canadians have life-gifting access to the blood they need in a safe and well coordinated manner. Our proposed legislation incorporates stiff penalties and enforcement measures. It will allow for inspectors to issue compliance orders, and it outlines clear penalties for individuals and corporations who violate the act.

We have heard people say that Canada is already using plasma, and I want to respond to that directly. It is true. Canada is not able

to meet our demands for plasma products at this time. Canadian Blood Services needs purchased plasma products from the international market to meet the demand for plasma markets in Canada. While we cannot control the actions of other countries, that does not mean we should simply accept that there are no other options to a paid system. Currently we do not have the ability to manufacture the majority of plasma products here in Canada.

For reference, plasma is the yellow-coloured liquid that makes up over half of our total blood volume. Plasma is obtained from either a regular whole donation or through a fractionation process. Plasma is the invaluable product that can be used to treat patients who are bleeding severely or require help to clot their blood. Plasma is also used to manufacture drugs that treat fluid loss in burn patients, transplant recipients, and trauma patients; to treat immune disorders and severe infections; and to treat bleeding disorders such as hemophilia.

9:10

We simply do not have the infrastructure to manufacture these products in Alberta or Canada. As a result, Canadian Blood Services has recognized this risk and is taking active steps to address it. They have developed plans to increase Canada's plasma product self-sufficiency to 50 per cent by the year 2024. Their plan is to expand existing blood collection sites, open new plasma collection sites, and recruit additional plasma donors. They have proven to be a valuable asset in Canada's national blood supply system.

We want to ensure that this legislation does not limit Canadian Blood Services' ability to continue to manage the national blood system, and for this reason, they will be exempt. This exemption will enable Canadian Blood Services to continue providing nonmonetary incentives and appreciation items to their invaluable gift-giving donors as well as not preventing them from considering paying donors for blood or plasma if it is absolutely necessary in the future or in emergency situations.

Madam Speaker, much thought and deliberation has gone into developing this legislation. These amendments are the best way for Alberta to protect the integrity of our publicly funded voluntary blood donor system. I wish to take the opportunity to encourage my colleagues to not only give blood but to support Bill 3, the Voluntary Blood Donations Act, and I look forward to hearing the debate.

Thank you.

The Deputy Speaker: Hon. member, I'd like to confirm that you are moving second reading on behalf of the Minister of Health.

Mrs. Schreiner: Yes.

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

Mr. Yao: Thank you, Madam Speaker. I'm here to speak about Bill 3, Voluntary Blood Donations Act. Quote:

No person shall, either directly or indirectly,

- (a) provide payment to any individual in return for the collection of blood . . . or
- (b) offer to provide payment to any individual in return for the collection of blood.

At first glance this seems reasonable. We're Canadians. We believe in the free and equal access to health care. We don't believe in harvesting organs from prisoners. We rely on people donating organs voluntarily, usually upon their premature death. We are offended by anyone profiting in the financial sense from any person's hardships from their position of desperate need. When we talk about Canadian values, this is probably the epitome of our values. Someone who needs blood: they need it to survive, and

Canadians will gladly provide this valuable product freely with the understanding that the person using it needs it to live. They need it to live so that they can take care of their loved ones or be loved by their families or so they can contribute to our society. Whatever their reason for living, it is not ours to judge, only that they be given the opportunity to live. It's the most precious thing we have, life.

I've given blood personally and professionally as a paramedic. A woman who suffered a traumatic birth: she needed blood. A man who suffered major injuries with multiple traumas to his body: he needed blood. Surgical patients that I've attended to: they needed blood. Blood carries the oxygen in our bodies, it contains the platelets that help us heal, and it helps to remove the CO₂ that causes the acidosis in our bodies.

The underlying concern for this legislation is to ensure that there is no competition for blood, including collection, as here in Canada we seem to struggle keeping up to our demand. We are forced to buy these blood-based pharmaceuticals from American companies. These are products that our fellow Canadians need to live.

There is a hypocrisy in our Canadian society. It is the ability to buffer ourselves from ethically questionable methods, cultures, and societal norms that occur in other countries and saying: we would never to that. Yet we will buy a product that we need from other countries who may acquire it through the very means that repulse us. We are fine with paying American companies for this exact product, who collect it by compensating donors.

I believe Alberta spends at the current quote approximately \$200 million a year to these companies. That said, Saskatchewan and Manitoba currently allow for the free market in this regard, and they haven't demonstrated any issues. They do provide for an interesting hypothesis, though. By allowing it in their provinces, they can monitor it. They can influence it to ensure that it fits their ethics and ensure their own supply instead of relying on international companies.

If we are lacking in our domestic blood supply, the first solution, before legislation, that we should be trying to do is simply promotion and advertising. We need to raise awareness. It's what we politicians do. Let us encourage everyone, all Albertans, all Canadians to go out and donate blood. This government spent \$10 million on carbon tax advertising. Can you imagine if you spent that money on something useful instead of your propaganda to sell your tax? Can you imagine the kind of advertising that Canadian Blood Services could have accomplished with that money? If social media is as powerful as they say, the people in this House can influence every Albertan to donate blood. The media in the gallery can write about the need to donate. They can do stories on someone who's benefited from a blood donation. Let's work together to raise this awareness and need, and let's get people donating.

The issue is that we can't celebrate the movement for only a moment like we do with so many other special days. We have to continuously remind people to donate blood because, quite honestly, people hate needles. Taking blood is an invasive procedure. People faint, they get nauseated, it hurts, and it's uncomfortable: these are the pitfalls of such a procedure, and they sometimes discourage folks from donating blood.

Let's talk about the other aspects of this product. What is it used for? Processed plasma products: the medical industry uses this human product to create pharmaceutical products, especially but not limited to albumin. So that you all understand, albumin is a transport carrier; drugs adhere and bond to albumin, and it gets transported throughout the body. Clotting factors – that's our healing – and immunoglobulins, which are our antibodies: these products created from this fluid from the human body are used in turn for the benefit of humans, to help us heal. Period. Let us be clear on this. This product, that is actively replenished in our bodies,

is used to our benefit after it has been harvested by the medical industry.

Let's talk about this medical industry that uses this product. Let's talk about this sector that plays a major role in Canada's economic performance. This major employer, this key contributor to our economy involves equipment, supplies, medical devices, and pharmaceuticals. It's a sector that employs thousands, not just technical people, not just administrators, not just doctors, nurses, paramedics, and lab techs but scientists and researchers and mathematicians and computer programmers and engineers.

Let's talk about Alberta's future. Let's talk about the diversification of an economy. Here is a suggestion for this NDP government by this Wildrose opposition. If Albertans are looking to how we diversify our economy, how to break away from our natural resource based economy, then health is the key.

Health is what we deem to be a part of our Canadian identity. Health is the epitome of helping people, which is what we Canadians do. It's also our biggest expenditure.

The benefits of this sector are obvious, but more importantly we can provide it at a very high quality, and we have the educational base to support this industry. We have the educational institutions to develop the talent. We can develop biological physicians and lab technicians and the surgeons and the biochemists and the mathematical biologists and the bioinformatics people and the immunologists and the chemists and the physiologists and the neuroscientists.

We have a building code that reflects the strong standards of engineering associated with our high standards in health. We desire a high standard of cleanliness and hygiene. We measure the very air that permeates through these facilities. We have the rules and regulations, the standards of practice that ensure safe, high-quality environments.

Our workforce is educated in procedure and process. We follow guidelines that ensure isolation and sterility and hygiene. We have a high level of education. We're highly literate, with exceptional problem-solving capabilities.

Madam Speaker, we need to facilitate an environment that supports health innovation, an environment for health-related companies to develop and produce and distribute their life-saving products.

9:20

Bo Cooper, a friend and former colleague of mine, had acute lymphoblastic leukemia, and his experimental treatment trial was only available in the U.S. They had it 99 per cent beat. He still died, but he was so close. There's a young man in my constituency. He's 26 years old with a two-year-old daughter. A few years ago he was in an accident and became paralyzed, lost the use of his legs. This poor young man is trying to raise money to fund a procedure that uses stem cells and epidural stimulation to voluntarily move his legs. This procedure alone will cost him \$125,000 in Bangkok, Thailand. This poor young man is doing a Hail Mary, anything to walk.

I think we can do more to develop our research and development in health. Let us encourage an industry to blossom in our province, an industry that will beat all the things that ail us. Let's supplement what we have in our medical industry and plant a seed that could flourish in our province. This seed is allowing the pharmaceutical industry access to a product that we voluntarily give. What we grow could follow the lead of great Canadians, great innovators like Dr. Norman Bethune and Sir Frederick Banting.

When this government decided to do a royalty review, you shattered the confidence of an entire sector. I ask that this government send a message to the biomedical industry that we

support industries that support health. I'm asking this government to stop sending money to American companies. I'm asking Albertans to not be hypocritical about this. I'm asking for the members of this Legislature to reconsider this bill. I'm asking the hon. members of this House to repeal this bill and send a message that you are saying yes to the biomedical industry.

Thank you.

The Deputy Speaker: I'll recognize the hon. Member for Banff-Cochrane, followed by Vermilion-Lloydminster.

Mr. Westhead: Thank you very much, Madam Speaker. "My name is the Member for Banff-Cochrane, and I'm here to ask for \$1,000 in exchange for 20 per cent of my plasma." That is how the Wildrose would have us do things here in Alberta, pitching essential services on a *Dragons' Den* style reality TV show, where nurses are pitted against teachers, special-needs children are . . .

Mr. Rodney: Point of order.

The Deputy Speaker: A point of order has been raised.

The hon. Member for Calgary-Lougheed.

Point of Order Imputing Motives

Mr. Rodney: I'm not too sure how many times this is going to happen, in which the hon. – and I'll say "honourable" – Member for Banff-Cochrane . . . [interjections] Through the chair, right? Right.

Standing Order 23(h), (i), and (j): making allegations against a member, false or unavowed motives, abusive or insulting language. We don't need the Blues. We all heard it. It just happened here. Madam Speaker, I'm asking you to rule on this because this is a terrible trend, please. Check my tweets from this morning about our Health minister. We need to be respectful and have an exchange of ideas that is for the betterment of Albertans and not about party politics, especially when it comes to things like the very lives, health, and quality of life of Albertans.

The Deputy Speaker: The hon. Deputy Government House Leader.

Mr. Carlier: Thank you, Madam Speaker. I'm not sure if it's a concentrated campaign on this particular member, the Member for Banff-Cochrane, but he had earlier in the week a similar situation where every time he got to speak, someone called a point of order. They were found to not be points of order, I think, four times in a row. This is another time – I think we're counting number 5 now – where this is again not a point of order. He's standing up, giving his opinion, and he barely started on that opinion when he already got a point of order. Now I'm sure that you'll rule that this is not a point of order yet again, but I for one am getting tired of this concentrated campaign against this particular member, and I wish it to stop.

Thank you, Madam Speaker.

The Deputy Speaker: Lac La Biche-St. Paul-Two Hills.

Mr. Hanson: Thank you very much, Madam Speaker. It's unfortunate that the member stood up before the hon. member got to "sewer rats," but we'll carry on from here. The question I have is that the member constantly gets up to speak to bills, but he never speaks to the topic at hand. He uses . . .

An Hon. Member: He was talking about plasma.

Mr. Hanson: He never even mentioned plasma.

Mr. Westhead: I did so.

Some Hon. Members: It was the first sentence.

Mr. Hanson: Selling his plasma. [interjections]
Through the chair, please.

The Deputy Speaker: Hon. members, the hon. Member for Lac La Biche-St. Paul-Two Hills has the floor, please.

Mr. Hanson: Thank you very much, Madam Speaker. What we would ask is that when members – I've got a speech here on this issue. The hon. Member for Fort McMurray-Wood Buffalo spoke quite eloquently, stuck to the matter at hand. That's all we're asking, that if we're going to have a debate on blood plasma and the sale of blood plasma in Canada or the purchasing of blood plasma in Canada, let's stick to the issue and have a debate on that issue. If you want to throw insults back and forth, we can do that in question period.

Thank you.

The Deputy Speaker: The Deputy Government House Leader has spoken. Did you wish to add something?

Mr. Westhead: Yes. May I add to the point of order, Madam Speaker?

The Deputy Speaker: Go ahead.

Mr. Westhead: Madam Speaker, here in the Legislature what we're here to do is have an exchange of ideas, and those ideas should be subject to scrutiny.

An Hon. Member: Subject to standing orders.

Mr. Nixon: Subject to standing orders. Exactly.

The Deputy Speaker: Hon. members, please.

Mr. Westhead: These ideas are subject to standing orders, Madam Speaker, and what I was simply doing is describing what the Wildrose said yesterday about how they would plan to vet essential public services against one another in a *Dragons' Den* style reality TV show. They said it themselves. So here I am trying to talk about plasma, how important it is to Albertans, an essential service, and I'm criticizing the ideas that the Wildrose has. I think they should allow me the opportunity to speak on behalf of my constituents.

Mr. Yao: You work in the health industry.

Mr. Westhead: Exactly. I work in the health industry, and I know why this is important.

The Deputy Speaker: Hon. members. Hon. members, I don't want to see this morning deteriorate into another back and forth of points of order and insults being thrown across the aisle. I'm not going to find a point of order in this particular one, but I will caution the member – and I know this is not the first time; as pointed out by the Deputy Government House Leader, this will be the fifth time – to please be aware of relevance. We're speaking to this bill.

Please, all hon. members, be aware of the terminology that you use. We do not need to inflame each other. Let's be constructive here. Thank you.

Go ahead.

Debate Continued

Mr. Westhead: Madam Speaker, you know, the Wildrose can dish it out, but they can't take it. [interjections] Here we are talking about paid plasma donation . . .

The Deputy Speaker: Hon. members, Banff-Cochrane has the floor.

Mr. Westhead: Madam Speaker, plasma is too precious to be left up to the free market. That's the point I'm trying to make. If the members would stop interrupting, they might actually listen and learn from someone who's experienced in this field. I've thought about this long and hard, and I prepared what I was going to say today. These folks over here don't like to hear the truth, and they want to silence me because they know that what I have to say isn't helpful for their cause.

Madam Speaker, when we try to vet ideas against one another on things like *Dragons' Den*, there are winners and losers. They talk about picking winners and losers all the time. You know who shouldn't be losers? People in surgery that are undergoing emergency surgery. But these folks are opposed to the idea that we should allow people to voluntarily give their blood.

The Member for Fort McMurray-Wood Buffalo talked in his speech about how we give blood freely and voluntarily, and on the other hand he then argued about how we should pay people to give blood, so he's talking out of both sides of his mouth. He's opposing the bill – and this is a trend in the Wildrose. They let evidence get away from them. They turn away from evidence.

9:30

Madam Speaker, he mentioned what the situation is in Saskatchewan and how Saskatchewan has moved to paid plasma donations. [interjections] You know, they're chirping over there about evidence and laughing about evidence, and that doesn't surprise me. I mean, look at what they said about climate change. The Member for Innisfail-Sylvan Lake said: show me the evidence. Well, the evidence is out there. You just have to look, hon. members. I think you need to do your jobs on behalf of your constituents and look at the evidence because what you're saying is absolutely wrong, and it's going to put Albertans at risk. It's going to put Albertans at risk.

I'd like to read at length from a CBC article, published just this past December, about the situation in Saskatchewan. The title of the article, Madam Speaker, is Canadian Blood Services Says Paid Plasma Clinics Are Harming Voluntary Donations. While these people over there idolize Saskatchewan, that has a provincial sales tax, health care premiums, and much higher taxes than we do here in Alberta – they're looking to Saskatchewan as a model. But I can tell you – and I'll read from the article to illustrate here – that what the Wildrose is proposing is dangerous for Albertans.

So let's have a listen to what the CBC had to say when they interviewed the experts in Saskatchewan.

Mr. Nixon: There's a good source.

Mr. Westhead: Well, you know, the hon. members on the other side question the CBC. This is our national broadcaster, Madam Speaker. I know that they prefer to listen to Rebel media. [interjections]

The Deputy Speaker: Hon. members, Banff-Cochrane has the floor, and the hon. member will table the article once he's read it.

Go ahead.

Mr. Westhead: Absolutely, Madam Speaker. I'd be happy to table the article.

You know, on the other side they prefer Rebel media for their news, and on this . . .

Mr. Nixon: Point of order.

The Deputy Speaker: A point of order has been raised. The hon. Member for Rimbey-Rocky Mountain House-Sundre.

Point of Order Parliamentary Language

Mr. Nixon: We were just here, Madam Speaker. I think you were pretty clear about trying to keep the decorum and not using . . .

Mrs. Littlewood: Are you saying that that was insulting?

Mr. Nixon: Thanks to the Member for Fort Saskatchewan-Vegreville. I've really enjoyed hearing her during the point of order. But I'm trying to talk to the Speaker.

Mrs. Littlewood: You're welcome.

Mr. Nixon: You were very clear about keeping the decorum and not making comments that would deteriorate it. The Speaker was very clear yesterday. This member continues to do that.

With that said, Madam Speaker, the member knows full well that he does not know which is the preferred media of anybody in the House. So it's just a silly argument, and he should maybe continue with some of the important things that he's trying to talk about.

The Deputy Speaker: The Deputy Government House Leader.

Mr. Carlier: Thank you, Madam Speaker. I find this quite perplexing, when the very member that stood up on that point of order just told the member that the CBC was not a good news source and then stood up, saying that you can't tell where an individual gets their news from. Very perplexing, very confusing.

Ms McLean: It's a matter of fact.

Mr. Carlier: That it is.

What it isn't is a point of order. Madam Speaker, this is a continuing campaign against this particular member. I wish it to stop, and I encourage you to not now tell the member that somehow, in any shape or form, he incited this. I don't believe in any shape or form that that's what happened. So one thing this is not is a point of order, and it's taking away from the work this Assembly should be doing.

Thank you, Madam Speaker.

Mr. Rodney: The Deputy Government House Leader, I think, as well as the Opposition House Leader, the third-party House leader, and every member in this House wants this to stop, as you've just said, and that will happen if we abide by these rules. We've referred to Standing Order 23(h), (i), and (j) on a number of occasions. There was an allegation made. That was clear. That's (h). And (i): "false or unavowed motives." Why would he say that? It's (j): "abusive or insulting language." I will commend this member for the one statement that he made earlier. It was a good point. It was made in the third person. It made the point very well. It did not contravene any of these standing orders, including 23(h), (i), and (j). I would like to hear the rest of the speech. I would like to hear it according to the standing orders. They're there for a reason, so that people won't be interrupted on either side of the House.

I once again refer to the fact that this morning I wrote a rather complimentary tweet about the Health minister and the abuse she's received. I don't want him to receive abuse, but I can tell you that the world is watching. Please be respectful, and people will respect you.

Mr. Westhead: Just briefly on the point of order, Madam Speaker. We here in this Chamber are allowed to express opinions on the matter of debate. The fact that I think that their preferred news source is Rebel media is bolstered by the fact that they appear at rallies sponsored by this news organization. It's just my opinion, so I think they should allow me to express my opinion. That's all I'm asking for.

The Deputy Speaker: Hon. members, I'm not going to call this a point of order, but, again, I did hear inflammatory comments from both sides. Please tone it down. Keep things to the bill at hand, and let's be conscious of the words that we use so that we are respectful. Please continue.

Debate Continued

Mr. Westhead: Thank you, Madam Speaker. What I was getting to is talking about Canadian Blood Services. You know, I respect that this is a news article from CBC, which some members may not appreciate, but in the article they interview CBS, Canadian Blood Services, experts. So that's what I'm trying to get at.

Here we go.

The head of Canadian Blood Services . . . says the agency plans to open dozens more collection facilities in the coming years amid signs it is losing volunteer donors to a for-profit clinic that pays people to give plasma.

Canadian Plasma Resources, a private operator that gives gift cards to plasma donors, opened a collection facility in Saskatoon in February.

Although the national blood agency said in April that paying donors for plasma was an option, it has now ruled that out. Then they go on to describe what plasma is.

The CEO of Canadian Blood Services is quoted as saying:

"There's marked confusion as to who is operating in the Saskatoon market," . . . Donor numbers have also dropped in that city.

"We've begun to see some early impacts of having this private, for-profit enterprise operate in our jurisdiction."

The CEO goes on to say:

"It is early evidence, but it's certainly consistent with what other countries are seeing when you see large-scale ramp-up of the paid plasma industry side by side with the blood industry.

"We in Canada are at risk, if we don't collect more of our own plasma, that we're not going to be able to access the global supply of these plasma drugs," . . .

"We have to collect more plasma, control it, and keep it in Canada for Canadian patients, which the private industry is not obligated to do. They will sell it to the highest bidder."

Madam Speaker, that was the point that I was trying to make about *Dragons' Den*.

Demand for pharmaceuticals derived from plasma is increasing by up to 10 per cent a year in Canada . . . There's similar growth in the U.S., Australia and Europe, and it's anticipated China and India will clamour for more, too.

I'll skip to the part where it talks about undercutting volunteers.

Michael Decter was an adviser to the Krever Commission into the tainted blood scandal, and is a former deputy health minister in Ontario.

He is quoted as saying:

"As an economist I'm not surprised that once you allow paid plasma donation in, it's going to undercut the volunteer sector," . . . He's delighted with the change in direction at CBS.

That change in direction from CBS is a move against paying donors for plasma.

He says about CBS:

"It's a Christmas gift that they've come to their senses and they're going to try to collect more blood on a voluntary basis from Canadians."

Madam Speaker, I'm really proud of our Health minister. I think our Health minister is the best Health Minister Alberta has ever had. She is generous, she's kind, she's caring, and she listens to the people of Alberta. She restored the cuts that the PCs were proposing to make in the 2015 election, and she has done an admirable job with the board of AHS. She's worked collaboratively with them. She's also worked collaboratively with the doctors and saved Albertans \$500 million. That's what I call leadership. Our Health minister is working so hard every day that, you know, I don't know how she does it. She has to keep all of these things in her head. She's got a massive portfolio. She's also the Deputy Premier.

Madam Speaker, this is the kind of leadership that Albertans deserve.

Mrs. Littlewood: She visits everybody's hospitals.

9:40

Mr. Westhead: She visits everybody's hospitals.

Madam Speaker, I want to talk a little bit about my personal experience as an operating room nurse. Earlier I talked a bit about how things like plasma are too precious to be left up to the devices of the free market. Albertans want to know that these types of products are there for them when they need it. I've had first-hand experience.

I respect the Member for Fort McMurray-Wood Buffalo as a first responder. I can't imagine the things that he's seen. You know, I could never do that. I've seen a lot of things in the operating room, but I have a lot of respect for that member and for all first responders.

Madam Speaker, by the time people get to the operating room, they may have lost a lot of blood, and they expect the plasma to be there when they need it. I know that by banning paid donations, it'll ensure that we have a secure supply. We've seen in other jurisdictions where they have a profit-driven motive for people to sell their plasma that it depletes the donor base. [interjections] Well, you know, the members on the other side are disputing the evidence that I just read about, the Saskatoon experiment. It's an experiment. We're seeing the results of this experiment because it's new. We have to look at other jurisdictions that have gone through this.

I don't think we should leave our blood donor base up to an experiment, a wild, crazy idea from the folks over there, who don't even want to replace front-line workers when they quit, Madam Speaker. This is dangerous. The Wildrose can't be trusted with our health system. They want to send people to other provinces and to the U.S., and now they're talking about having people paid for their donations. We see in Saskatchewan that this is not working. It's not working. The CEO of Canadian Blood Services says that this is not working. That's why we are moving to ban paid donations. And it fits the evidence. That's what we need to make decisions on: evidence.

For example, I'll talk about one particular instance, that I recall, in the operating room. A gentleman was skiing in the winter – well, of course, in the winter – and he fell on his ski pole, Madam Speaker. It went into his abdomen. It didn't penetrate his abdomen, but he had a really hard blunt-trauma incident. I don't know which facility he was skiing at. You know, the closest one, maybe, would

be Nakiska. So think about the transport after he's been found and airlifted out of there, travelling to the Foothills medical centre. Then he has to go through emergency to be assessed. Oftentimes they have a CT scan to see what kinds of internal injuries they have, and then the trauma surgeons.

We kind of get called all of a sudden. It's like: okay; there's a patient coming to the operating room. If you were on your lunch break, you know, now you've got to go back to work. And we are proud of that, Madam Speaker. I'm not trying to disrespect other units, but in other units nurses would often, when they'd go on their breaks, leave the unit to try to get away from things. And I totally respect that. I did that, too. In the operating room – I'm not trying to say that operating room nurses are any better – we would make sure that we sat in the lunchroom that's close to the emergency operating room so that if there was an emergency, we could go back immediately, because we knew that things happened quickly.

That was the case in this situation, Madam Speaker. The gentleman came in. He was actually talking to us. He was alert, oriented, everything. He just seemed fine. So we put him to sleep. As soon as we put him to sleep, his blood pressure started to crash, and things happened really quickly.

If I remember correctly, I think this was actually one of my first trauma emergencies. I was feeling a bit confident, so I sent my fellow circulating nurse for her break. I'm, like: oh, I've got it under control. And that was a big mistake. As soon as the surgeons cut into the gentleman's abdomen, the blood hit the ceiling. He had so much internal bleeding and there was so much pressure inside his abdomen that there was blood everywhere. You know, I might've had to change my scrubs after that. It was a pretty traumatic moment. I called some help back right away because what you need right away is sponges. But you know what? Another thing you need right away, Madam Speaker, is plasma. We needed plasma for that patient.

I hesitate to consider what it would have been like if we had a paid plasma donation system. What if we left it up to the free market? What if people were more interested in selling their blood for profit? And I can't necessarily blame those people. They might be in a tough situation that they need the cash, and I get that, but that's why we're doing things like increasing the Alberta child benefit system to expand supports for low-income families. That's why we're reducing school fees for low-income families and, well, all families, for that matter. Madam Speaker, there are other ways that we can look after people that may be financially motivated to sell their blood products. This is too much of a precious thing to leave up to chance.

Albertans, when they're doing any kind of activity, want to know that there's a system there that is going to protect them and support them, and things like our public health care system . . .

The Deputy Speaker: Standing Order 29(2)(a) comes into effect. Five minutes of questions and comments. The hon. Member for Calgary-Currie.

Mr. Malkinson: Thank you very much, Madam Speaker. It's a pleasure to get up on 29(2)(a). I have some questions and comments for my colleague the hon. Member for Banff-Cochrane, who I think made some very passionate points. As somebody who's a fellow skier, I hope to never fall on my ski pole because that sounds terrible. You know, I thank you for the work that you and other medical professionals do throughout the province to help those who have unexpected trauma incidents and who, I'm sure, get very fine care from the nurses and doctors in our health care system.

You just sort of talked at length about, you know, how selling to the highest bidder would be a problem versus our current system.

You also spoke about some logical inconsistencies that the opposition often puts forward. Since you had a bit of an interrupted speech due to various points of order – I think some of them related in an “I can dish but cannot take” sort of way – I was wondering if you could sort of draw a line through your argument of how selling to the highest bidder, Saskatchewan’s risky ideological experiment that they’ve been doing, hurts Albertans, how it doesn’t help everyday Albertans, and how the logical inconsistencies of what the opposition had been proposing also do not help everyday Albertans. I’m just wondering if you can give us a quick summary there just to sort of draw the line since you were a bit interrupted during your presentation.

Mr. Westhead: Thank you very much to the Member for Calgary-Currie for those insightful comments and the question. I’ll talk a little bit more about the Saskatchewan experiment, Madam Speaker. I’ll just read a little bit more from this article here because as I was listening to the member, I was kind of looking at this a bit further. This is a great article, actually. I encourage all members to read it once I table it this afternoon. It’s got a lot of quotes from experts, and that’s why I like this article. You know, sometimes news is some opinion mixed in with quotes, and this has a lot of quotes from experts.

I believe this is, again, the CEO for Canadian Blood Services that was quoted as saying: right now what’s happening is that the private companies are actually putting Saskatchewan at a deficit supply. He continues on: they’re not helping us become more self-sufficient, so we’re very happy that Canadian Blood Services is speaking out, but the government of Saskatchewan and our federal government have to listen.

They have to listen, Madam Speaker. That’s a key point. And what this government is doing is listening to people like Canadian Blood Services’ experts. They’re listening to people like front-line workers and doctors and nurses who know about this, who live this every day. Like I said earlier, this isn’t something that we can put up to chance. The free market works great for certain things. Like, when I want to go buy a car, it makes sense for me to shop around, look for the best deal I can find, and compare and contrast. That is a perfect example of the free market, and I support that a hundred per cent.

9:50

But things like health care – you know, we see instances in the United States where they have a profit-motivated system. People go bankrupt when they can’t afford that. They get cancer, and they lose their house, Madam Speaker, because they can’t afford to pay their bills. That’s not what it means to be Canadian. In Canada we look out for one another, and we do that in a fair way by paying taxes.

I may not know people who go into the health care system, but I know as a Canadian that it’s part of my duty to support people when they’re down. That’s why we have a social safety net in Canada. Here in Alberta we are an important part of that social safety net. I’m proud that on this side of the House we are supporting a publicly funded and publicly delivered health care system because that’s proven evidence and how you get results and how you take care of people.

Madam Speaker, I’m really proud to support the Health minister in this, and I’m really proud of our government for moving to ban plasma donations for profit. You know, I was listening to the Bill 2 debate . . .

The Deputy Speaker: The hon. Member for Vermilion-Lloydminster.

Dr. Starke: Madam Speaker, thank you. It’s my pleasure to rise to speak today on Bill 3 with regard to voluntary blood donation. I

want to give a little bit of personal history first. My father in 1988 was diagnosed with chronic lymphocytic leukemia. He succumbed to this illness some six years later. In the latter stages of the treatment for this disease he received several blood transfusions at the W.W. Cross cancer centre.

I’ve been a blood donor since I was in my teenage years. I first donated blood when I was a student at University of Alberta, and my motivation was that we wanted to beat the engineers, as ag students, and we did. The ag students always had a competition with the engineers. I had been a blood donor consistently up until about 20 years ago. This is after my dad had passed, and one of the reasons I always wanted to give blood is that I wanted to give back into the system that had supported my father. I got a letter from what at that point in time was Red Cross – it was before Canadian Blood Services was on the scene – telling me that there had been a false positive on a blood sample that I had provided for hepatitis B and that, therefore, I was asked not to donate blood anymore.

I will tell you that that is one of the saddest letters that I’ve ever received in my life. I fought the letter. In fact, I offered to have additional testing done. I wanted to stay on the donor list. But I was told that I wasn’t allowed to, and I haven’t been able to give blood since that time. That’s a source of great sadness to me, Madam Speaker, because I believe that it is important that, wherever possible, we provide this to other people in our society. I feel the same way about, for example, organ donation. I’ve signed my organ donor card, and I supported our government’s bill last Legislature to set up an organ and donor registry.

Madam Speaker, that’s my personal history. I want to make it very clear that I support voluntary blood donation. But I also want to say a few other things that have to be very clear in this debate, and that is that there are an awful lot of myths being perpetuated in this debate. Unfortunately, we are having the debate inflamed by some real rhetoric, and I have to say that’s on both sides. It’s unfortunate, bringing in issues that are completely unrelated to the debate at hand.

We’re talking here about plasma donations for the purpose of manufacturing plasma protein products. We’re not talking about plasma donations for transfusion. We need to be very clear on that. We’re not talking about blood donations. These are voluntary and will continue to be voluntary in Canada. In fact, in most countries there are voluntary and paid donor systems that run parallel to each other. In most of those countries the voluntary donor rate is, in fact, higher than our voluntary donor rate here in Canada. So to suggest somehow that this will be a negative or that this will somehow affect our voluntary donor base is not borne out by the evidence in other jurisdictions.

Now, the Saskatchewan example was brought forward. Well, that clinic has been operating for approximately a year. Maybe let’s look at the Manitoba example, where in Winnipeg there has been a paid-for plasma collection centre operating for 30 years, and Canadian Blood Services states on multiple occasions that it has not affected its voluntary donor base in any way.

Madam Speaker, I think it’s important that when we discuss an important issue like this, we do not cloud the issue with things that are not exactly true. Donations of plasma for plasma protein product development and manufacture are completely different from donations that are being used, for example, in the operating room for medical emergencies.

The problem is that Canada does not currently have enough donors of plasma to produce these products for our domestic needs, and we must purchase them from other countries, mostly from the U.S., and those countries pay their donors. In fact, there is not a single jurisdiction in the world, anywhere, that can meet its needs for plasma protein products from a purely voluntary donor base.

Nowhere. So to suggest that somehow, magically, we will be able to do it here in Canada by offering better cookies or better soup or a more enhanced donor program is preposterous. What Canadian Blood Services wants to do is to get \$100 million to build out a system that will still only collect enough plasma for 50 per cent of Canada's needs and only do that in eight years.

In the meantime there is a private company, which I know is something that is a little uncomfortable for some people, that's prepared to invest in jobs and prepared to invest in laboratory facilities for the processing of these materials because right now in Canada we don't have that.

Canadian Blood Services has failed Canadians, quite frankly. Our donor rates are falling. Our number of collection centres in rural Alberta and rural areas in general is decreasing. Canadian Blood Services is making it harder, not easier, to donate, and now, out of the blue, when all of a sudden there's some pressure from the private sector, they come up with this scheme as to how they're going to improve things. Now, look, I don't mean to be negative on Canadian Blood Services, but they have not done the job for Canadians, and they, quite frankly, need a bit of a wake-up call.

Madam Speaker, I think one of the biggest things that bothers me about this is the basic hypocrisy of this, and it's been talked about before. We don't like the idea of paying donors. We think that it's somehow dirty to pay donors, and it's been one of those sort of Canadian-American things for as long as I remember. You know, we could always sort of puff up our chests as Canadians and say: "Well, you know, we don't have to pay our donors; we have voluntary donations. Those Americans. They have to pay their donors." It gives us a bias against something, but the reality – and that's what we have to deal with – is that we cannot collect sufficient plasma for the needs.

Now, there are two main objections to this. One is that the payment will somehow impact voluntary donations. Well, I'm quoting here from a national round-table on plasma donations. This was held in 2013, and I'll table this document, but I will just quote from page 2 of the document.

Payment by a private company for plasma donations has never and will never have any impact on Canada's voluntary system for collecting blood for transfusion... This is a completely voluntary system and will remain so. Private companies in Canada do not collect blood or plasma for transfusion.

That's a critical thing to understand and to remember.

So the security of the supply, despite what, perhaps, the chair of Canadian Blood Services – and I'm going to suggest that he's got a bit of a vested interest in this. Regardless of what he says has been the limited time in operation of the Saskatoon clinic, I will tell you that the Winnipeg clinic has been operating for 30 years. Other clinics in other countries have been operating for years. Both the chair of Canadian Blood Services and Health Canada four years ago made this unequivocal statement that it will not affect the voluntary donor system.

10:00

I'll quote from this report.

The payment of plasma donors... for the purposes of creating pharmaceutically derived plasma products does not represent a change in practice for Canada. Private, for profit plasma collection has existed in Manitoba for several decades.

And I might point out: in Manitoba under primarily NDP governments.

Now, the other thing that is important is safety. Well, of course, we're very concerned about the safety of our blood supply in Canada, especially after what we went through in the '80s with the tainted blood scandal, where some 32,000 Canadians received blood that was infected with one or another virus, either the HIV

virus or one of the hepatitis viruses. It then gave birth to the Krever inquiry.

I know that the government says, "Well, this is consistent with the Krever inquiry," which was published in 1997. That inquiry is now 20 years old, and for that inquiry to say that we should rely on a purely voluntary basis is perhaps something that may have been realistic – maybe – in 1997, but with the burgeoning growth in demand for plasma protein products, it is simply impossible to meet that demand on a purely voluntary donor basis. No country has been able to do it, and I think we are fooling ourselves that somehow in Canada we can pretend we're going to go from 17 per cent to 100 per cent. Even Canadian Blood Services says that with a government infusion of \$100 million they hope to get to 50 per cent. Madam Speaker, that's the first myth.

The second myth is that somehow donations from private donors or from paid-for donors are somehow less safe. Let's put that myth to bed right now. There is absolutely zero – zero – evidence that donations from paid donors have any different safety profile than volunteer donors. In fact, that whole process is governed by Health Canada. We have one of the strongest and most stringent systems in place – that's why I'm no longer a blood donor – and those stringent systems are in place largely as a reaction to what happened in the '80s. Safety is not an issue. What is an issue is saying, you know, that CBS is so successful. CBS provides a service, but quite frankly we should all have some issues with the services Canadian Blood Services provides us, and its ever-shrinking donor base is because they are making it harder for people to donate, not easier.

Now, Madam Speaker, another important group that I have spoken with – I've taken some time to speak to them – is donors. I spoke earlier this week to a gentleman who donates and has made over 300 donations of plasma, of platelets, and of blood, and he speaks very proudly of his contribution to our system. He is concerned about how we would implement this. Certainly, it has to be implemented with care. I'm not pretending that this is something that could be done easily. I'm not pretending that this is something that could be done without at least some level of monitoring, but to pretend that we can go on purchasing annually some \$200 million worth of plasma protein products and other products from paid donors while we ban the practice here is the height of hypocrisy, the absolute height of hypocrisy. The only way morally and ethically we can stand on this would be to say that we will ban it here and that we will not accept plasma protein products from any jurisdiction that pays their donors. That's the only way we could take the moral high ground on this.

But I would say that then we have some other people, as the member said, we have to listen to. We have other people we need to answer to. We need to answer to, for example, five patient organizations that advocate for paid-for plasma donation: the Canadian Immunodeficiencies Patient Organization, the Canadian Hemophilia Society, the Canadian Organization for Rare Disorders, Hereditary Angioedema Canada, and the Network of Rare Blood Disorder Organizations. These patient organizations all advocate for paid-for plasma donation here in Canada so that the plasma can be collected and eventually processed here in Canada. That's the plan of the company that is being criticized here. They want to develop a made-in-Canada plasma industry.

Let's not ignore the advances that are being made in biomedical technology. Let's not ignore the fact that treatments have evolved. We have to move forward. We cannot be applying the systems and the procedures from the 1980s and 1990s. Our world is changing. To continue to spend hundreds of millions of dollars paid to profitable United States pharmaceutical corporations: I don't think those folks are your friends. You're paying 200 million taxpayer dollars annually to profitable U.S. pharmaceutical corporations

whereas those dollars could stay here in Canada, could stay in Alberta if we get over this situation and recognize that there is a fundamental difference between plasma and blood donations for transfusion and plasma and blood donations for processing.

You know, I've also talked to other Health ministers. Specifically, the Health minister for Saskatchewan, obviously, supports this. But the Health minister for British Columbia, who is a former colleague of mine, a veterinarian, supports paid-for plasma donations as long as it is sufficiently regulated by Health Canada and by the Health department in his province. He has the utmost confidence that that can and will be done. But to ignore . . .

The Deputy Speaker: Under 29(2)(a), Calgary-Lougheed.

Mr. Rodney: I would just like to make a very quick comment, with a follow-up question. I certainly appreciated all of the research done, the personal expertise and experience. I know that the member has more to offer this Chamber and all Albertans, and I wonder if he would continue his remarks. I'd like to hear the end of his speech.

Dr. Starke: I thank the hon. member for the opportunity. You know, I really feel very strongly about this. I recognize that we have some biases, that we have some biases against the idea of paying people to donate blood, to donate plasma, to donate organs. I get that. I have a bias against it, too. But here's the thing, folks. If we ban this, all we are doing is pushing the problem somewhere else and trying to pretend that somehow we're better than others because we've banned it. That's just something that, to me, is unacceptable. If we're going to ban it, then we should make another statement, that we will not purchase products from paid donors, derived from paid donors. But if we do that, we are depriving Albertans of life-saving medical treatments.

So think about that. I think that that is a fundamental question. Now, is it an easy question to answer? No, it isn't. But we need to set aside sometimes as legislators, Madam Speaker, some of our pre-existing biases and learn about the broader context of things. For example, a plasma donation takes 90 minutes to make, not the roughly 20 minutes of a typical blood sample, and plasma donors are asked to donate weekly. It's because of those onerous requirements that voluntary plasma donors, for the huge amount of plasma that is required, are very hard to build up into that donor base. That is why plasma donors are paid. Like I say, it's a situation that recognizes the reality of what it takes to make these donations. Once again, I will point out that in other jurisdictions that have paid donations – Germany, Austria, the U.S. – their voluntary donation level, those rates, are in fact higher than Canada's.

You know, to suggest that somehow this will eat into our system that we use for transfusions, for both blood and plasma transfusion, is simply not true, and to say it and to repeat it is to simply try to create fear in Albertans, in Canadians, and that is wrong. It is wrong to do that. As legislators we should be seeking the truth, and we should be making our decisions based on those truths and getting over our personal biases.

Again, I have a personal bias in favour of voluntary donation, but in this particular case, in order to provide for the huge growth in demand for these life-saving products, where no other jurisdiction in the world has been able to provide the need through purely voluntary donations, we need to at least look at allowing paid-for plasma donations. To not allow it in Alberta, Madam Speaker, in my view, is hypocritical and is something that, you know, we should not stand for here in this Assembly.

10:10

The Deputy Speaker: Any further questions or comments under 29(2)(a)? The hon. Member for Edmonton-McClung.

Mr. Dach: Thank you, Madam Speaker. I'm pleased to rise and ask a couple of questions and make a few comments towards the Member for Vermilion-Lloydminster, a former high school colleague of mine. I'm always pleased to engage in debate with him because his opinions are usually considered and followed up with evidence.

One of the things that he did say during his comments and discussion of this debate with respect to providing blood products to Canadians and Albertans is that he is in favour of a voluntary system and supporting a voluntary system of blood donation and that that would be his preference, but he's suggesting that we've failed to do so, that Canadian Blood Services has failed to meet the demand. I think that that's what we all lament, that Canadian Blood Services has not come up to meet the challenge of supplying the Canadian demand or need for blood products. I think that a critical question we should be asking ourselves is why and whether we should be giving up on Canadian Blood Services as the route or channel through which we should be seeking to fulfill Canadian demands.

I'm not fine, either, with buying blood products to the tune of \$200 million a year. That's the figure that was quoted by the member most recently.

Thank you.

The Deputy Speaker: Time has expired for that standing order.

I will recognize the hon. Member for Edmonton-Ellerslie.

Loyola: Thank you, Madam Speaker. I believe that many of us, when we ran for office, ran because we have particular values and principles that we believe in. For me personally, I have to say that when it comes to this issue, it has to do with a very important principle that I will maintain till my dying days, and that is that life and even the gift of life should not be turned into a commodity.

You know, having come from another part of the world where you see these practices being implemented – perhaps they're not regulated the same way that we would do it here; that's a given – you see the negative side of people who are low income resorting to donating because they're trying to make ends meet. I ask people in this House: is that the kind of Alberta that we want to have here, where low-income people are selling their blood plasma because they're trying to make ends meet, make it to the end of the month? That's what's happening in other places in the world. Now, I hope that that would never be the case here, and that's why I stand up strongly to support Bill 3, the Voluntary Blood Donations Act.

This act will create a barrier to the establishment of private pay-for-plasma clinics in Alberta. Our government-proposed legislation will prevent private blood collection industries from opening up in Alberta. I want to say that our province will not be the first province to ban the practice of paying for blood products. Ontario and Quebec have already banned paid blood donations as well, so we wouldn't be the first within Canada to do so.

Now, for me, at the end of the day, this is about a private, for-profit setting up a parallel system to compete for donors within our public system. That's something that we have to be very careful about. You know, the proposed legislation that we're bringing forward will ban payment to an individual donor, ban payment for blood donations advertising, exempt Canadian Blood Services so that they can continue with their current practices and any future activities, provide an exemption for blood given solely for the purpose of research, and provide for inspection and enforcement powers. Banning paid blood donations will ensure that Albertans and Canadians have access to the blood that they need in a safe and well co-ordinated manner.

The Member for Fort Saskatchewan-Vegreville talked about how our government is hypocritical. [interjections] Pardon me. There you go. Vermilion-Lloydminster. The hon. member from across the way – sorry – talked about how it would be hypocritical, and I want to address that.

It's correct that currently approximately 80 per cent of the Canadian supply of plasma products is manufactured from the plasma-paid donors and primarily from the U.S.A. Less than 20 per cent of the plasma products used by Canadians is made from Canadian plasma that is collected from volunteer donors via Canadian Blood Services. One of the questions that we need to ask ourselves before we go to a private, for-profit setting of a parallel system, I would think, is: okay; well, how can we better support Canadian Blood Services and the work that they're doing so that we can meet the needs? Canadian Blood Services plans to increase Canada's plasma products self-sufficiency to 50 per cent by 2024 by expanding existing blood collection sites, opening new plasma collection sites, and recruiting additional plasma donors.

I want to go back to some of the examples that the hon. member from across the way was making, saying that Manitoba has been doing this for a while. Studies show that in countries where not-for-profit and for-profit blood collection organizations co-exist, it negatively impacts the voluntary donor base. Where paid-for plasma clinics exist, concerns have been raised that our national voluntary program may be impacted as donors may choose to donate where they will receive compensation. Not only that, over the past year, since Canadian Plasma Resources opened in Saskatoon, Canadian Blood Services observed a double-digit decline in Saskatoon donors between the ages of 17 and 24. So we've got to ask ourselves – okay; we have some data that says this, and we have other data that says to the contrary, but the more research you do, it demonstrates that by having a parallel system, it actually drives down voluntary blood donors.

An Hon. Member: Germany. United States.

Loyola: There are other jurisdictions where it might be, but we're also seeing in some jurisdictions where it actually drives down voluntary blood donors. You know, the member across the way is saying that I'm telling falsehoods, when I'm actually saying: no; this is research that has demonstrated that this is what the case is.

Now, the other thing that we need to consider is that a private company collecting plasma would sell to the highest bidder on the international market, and there's no guarantee that that would come back to help Canadians. It's something that we have to be open to and acknowledge. I mean, that's the way that the free-market system works, right?

I'm sure that there's much more that could be said, but I want to go back to the important premise of which I started on, and that is that the gift of life should not be a commodity. That's the real reason why I'm standing up to speak in favour of this bill. I would encourage all members of this House, based on that principle alone, that we should vote this bill through.

Thank you, Madam Speaker.

The Deputy Speaker: Questions or comments under 29(2)(a)? Calgary-Currie.

Mr. Malkinson: Thank you very much, Madam Speaker. It was a pleasure listening to the hon. member go on about, you know, his passion for this issue. I think one thing that was very interesting was that he, you know, drew a very nice line going through the facts. For the Canadian experience in Saskatchewan he quoted at length from their experience there on how by having paid plasma, it reduced the amount of donors to Canadian Blood Services.

10:20

I think he brought up some very excellent points about how when you have paid donors there's no guarantee that that plasma ends up back in the Canadian health care system. You know, I could really see how that would in fact increase the costs for our health care system as we are suddenly going to be bidding against the world for our plasma. I don't see how that would help us. I don't see how that would help the citizens of Alberta who rely on us to be good stewards of the public purse.

We also heard from a previous speaker as well, from Banff-Cochrane, who spoke at length on the same subject about the experience specifically in Saskatchewan from experts there who came to the same conclusion. I know there have been some comments that perhaps this may partially work in other countries, but the Canadian experience shows that it would negatively affect us.

The hon. member, as mentioned, is a passionate advocate and very true in his convictions that things like blood donation and plasma should be for the public benefit and not for the profit of companies. I was wondering if he would like to expand or elaborate any further on that or if he had any further words he didn't have a chance to say before time ran out.

Thank you.

The Deputy Speaker: Edmonton-Ellerslie.

Loyola: Thank you, Madam Speaker, and thank you to the member for the question. I think that it's really important that we look at what's happening in other jurisdictions across the country, especially because we will get a better sense of how Canadians are interacting with the system. Now, we talked about Winnipeg. We've also talked about Saskatchewan. We talked about lower donations as a result of a parallel private system. I'll go back to my comments regarding Canadian Blood Services and looking into ways that we can help Canadian Blood Services reach the goals that it has and the goals that we have in common for the Canadian population so that we can work towards self-sufficiency in order to secure domestic blood products not only for today but for future generations to come.

I know that everybody in this House has their particular values. They have their particular principles. They have their way of looking at the world, but I need to stay true to my particular way of looking at the world and those principles. Blood should never be a commodity.

Again, I point to other places in the world, nondeveloped countries, where not only are individuals going and giving their blood for money but they're even going and giving organs for money. Now, I know that the members across the way would never want to see that happen here – would never want to see that happen here – and we have a good system whereby those who want to donate their organs to others can do so.

I encourage and I want to take this opportunity to all those who may be watching us: please make sure to sign up to be an organ donor, and please tell your family as well.

Thank you.

The Deputy Speaker: Thank you, hon. member.

The hon. Member for Lac La Biche-St. Paul-Two Hills.

Mr. Hanson: Thank you very much, Madam Speaker. I'd just like to start by saying that I've been a volunteer blood donor for years. My wife and I both go at every opportunity. Unfortunately, out in the rural areas the clinic only comes in about twice a year. We'd like to donate a lot more often, but we just can't seem to get there.

For starters, the federal government, through Health Canada, is ultimately responsible for regulating the safety of Canada's blood supply. That's a great thing; however, provinces and territories are responsible for distribution of the blood supply. Furthermore, the provinces and territories can decide to either allow or disallow payment for donors of blood or plasma. While we know that there is a problem with ensuring there's enough domestic supply of plasma here in Alberta and in Canada and the problem has to be fixed, limiting paid plasma collection in Alberta is not the answer.

All this bill ensures is that the U.S. paid plasma industry continues to thrive. The fact of the matter is that Canadian Blood Services provides almost 75 per cent of our plasma supply here in Canada for pharmaceutical use purchased from paid donors in the United States. Three-quarters of the plasma for Canadian pharmaceuticals is from paid U.S. donors. While the goal is admirable, to have a completely voluntary donor pool for blood and blood products, the mechanisms to achieve that goal are simply not introduced in this bill. Collecting enough plasma to be self-sufficient under a volunteer model is neither operationally nor economically feasible. In fact, in order to collect enough plasma from voluntary Canadian donors, there would need to be a 300 per cent increase in donors.

This is not about collecting blood or plasma for direct transfusion, as was brought forward by the Member for Vermilion-Lloydminster. The blood we collect is for direct transfusion, and it will continue to be done through a publicly run, voluntary donor system. I will continue to donate blood on a volunteer basis even if there is a paid clinic to go to. I will continue to go. This is about collecting plasma required to manufacture pharmaceutical products, besides the fact that the U.S., Germany, and Australia, who are all countries with paid plasma programs, have some of the highest numbers of voluntary blood donations in the world.

Currently different provinces are taking different approaches to this complex issue. We've heard that Saskatchewan, Manitoba, British Columbia, and New Brunswick are allowing for-profit plasma donation clinics while Ontario and Quebec have outright banned these clinics. We have a Canadian company – that's right; a Canadian company – that is looking to expand, and they have stated that they intend to open 10 plasma collection centres. It would be great to have them here in Alberta. After they have secured their supply, they intend to build a facility, which would also be great to have here in Alberta, to transform the plasma into the pharmaceutical products so many Canadians need to live. They have a made-in-Canada and could be made-in-Alberta approach to our problem. Madam Speaker, they will increase the competition in the international plasma market, and competition is good. It can help lower the cost.

Quality isn't the question as there are no differences in safety from paid or unpaid plasma because every donor is treated the same through strict regulations, and it will be under the guidelines of the Canada Health Act.

I repeat that this is not about collecting blood or plasma for direct transfusion. That is and will continue to be done through a publicly run, voluntary donor system. What this is about is collecting the plasma required to manufacture pharmaceutical products, and the need for these products just keeps on growing. This is a fantastic opportunity for Canada and Alberta to diversify our economy, bring in high-paid, highly skilled jobs. B.C., Saskatchewan, Manitoba, and New Brunswick all welcome the development of a domestic plasma industry. They will welcome investment. We are going to lose an opportunity here. In fact, even the former NDP government in Manitoba was supportive of the domestic plasma industry. If this bill passes, this Canadian company simply will not invest in Alberta. Just another company that will not invest in Alberta.

I have a few questions for the government. First of all, how does this government plan on increasing the number of blood donation volunteers by 300 per cent? That's going to take a lot of advertising. What are the costs associated with only using voluntary plasma donors to fulfill our needs? If there's a market that can lead to an increased supply of plasma, why are we putting up barriers?

10:30

The cost for Canadian Blood Services to purchase plasma protein products internationally is very high and rising dramatically. We should carefully weigh the arguments to be sure that we're getting the best deal for Canadian taxpayers and Alberta taxpayers.

I would urge all my fellow colleagues to vote against this bill. Thank you.

The Deputy Speaker: Standing order 29(2)(a)?

Seeing none, I will call on the hon. Member for Edmonton-Centre.

Mr. Shepherd: Thank you, Madam Speaker. It's a pleasure to rise today to add to the debate on this bill, the consideration of banning the purchase of plasma here in the province of Alberta, moving to a system where we would allow payment for plasma donations. We've been listening to a lot of arguments here so far this morning from members on both sides of the House.

I did hear some members in the Opposition who were putting forward the idea that by allowing paid plasma donations, provinces can then better monitor and control the supply rather than relying on foreign countries. Now, I don't see how paid plasma donations would in any way actually increase control or supply because currently there is no shortage of plasma in the Canadian market. We have the plasma that we need to be able to treat patients. Hospitals are not running out, so the supply is present; it's currently there. In fact, Canada at times has some surplus plasma, left over after whole blood is broken down into its various components.

Now, yes, currently we do lack a facility in Canada to process that plasma, so that surplus plasma that is generated in Canada is sent to the U.S. to be made into plasma products, which are then imported back into the country, but as members have noted, currently the remainder of the plasma that we need for the Canadian market is in fact purchased under contract from the U.S. pharmaceutical firms. I agree, Madam Speaker, that this is not ideal. You know, I'm in favour of moving away from dependence on plasma from outside of Canada, much as I'm in favour of moving away from dependence on oil from outside of Canada. Indeed, I would far rather see Canadian products used in the Canadian market. However, moving to paid donations in Canada does not address that issue.

Now, we just heard a member who was standing and talking about saving costs. The CEO of Canadian Plasma Resources, the gentleman who is running the company that is collecting paid plasma currently in some other Canadian jurisdictions, said: we are not going to be substantially cheaper, but we will be able to compete with U.S. plasma. We are not going to be able to be substantially cheaper. The CEO of the company himself has said that he cannot provide any significant cost savings for what he is proposing. So that negates that argument from the opposition because the price, Madam Speaker, is not based on a shortage of plasma. It is instead set by the international pharmaceutical companies who control their supply of raw plasma through networks of paid plasma clinics throughout the U.S. They choose to collect more or less, as they feel that they need it, so there will be no savings in terms of cost.

Currently not one drop of the plasma being collected by CPR is going to help anyone in Canada or elsewhere. That plasma is

currently being stockpiled until they feel they have enough to offer for sale. Once they have collected that critical mass, there is no guarantee that that plasma will be sold here in Canada. There is no contract in place. There is no legislation. There is no regulation. It is a free market company which has the right to sell that plasma to whatever jurisdiction it feels will give it the best price.

I agree with what some of the members have said here this morning, that we do need to find ways to increase our own supply of plasma here in Canada, absolutely, but I am not comfortable with placing that in the hands of a private corporation who has no regulation and no requirement to put Canadians first, to put Albertans first, frankly. This is a company who can simply choose to do what they wish. Now, I would like to believe in their good intentions, but the private market does not exist for the purpose of always protecting people. That is why we have government regulation. That is why there are some things that we keep within the public sphere, just as in Canada we currently prohibit the sale of blood, organs, tissue, sperm, eggs, and embryos, and that is why Quebec and Ontario have both chosen to ban paid plasma in Canada.

Only a handful of countries currently permit people to sell their plasma. Yes, the U.S. is one, a few countries in Europe. But the World Health Organization and, in fact, the European Union maintain that voluntary blood donation, voluntary plasma donation is the preferable course to take. That's why I believe, Madam Speaker, that this is a prudent move on behalf of our government to protect the public, to set a reasonable precedent, to follow what has generally been the precedent in Canada, to not create financial products out of things that are essential for people's health and safety, specifically biological products.

Canadian Blood Services indeed recognizes that this is a problem. You know, we owe very much to Canadian Blood Services for safekeeping our voluntary blood supply, for providing so much for individuals for many, many years, Madam Speaker. Indeed, we recognize that on this front there is still work to be done, absolutely, but I would far, far rather see there be public discussion, public investment, and public control over improving this system than to simply hand it off into the hands of private industry. Now, I recognize that that is generally a preference of some members across the aisle for many, many aspects of services and other aspects that Albertans depend on. Fair enough. We're each entitled, I suppose, to our ideology, risky as it may be in whatever respect.

That said, my personal belief is that we should be working with Canadian Blood Services to build a better public system for the collection of plasma here in Alberta and indeed across Canada. I would be very happy to see a national discussion regarding how we can work together as provinces to improve the collection of plasma here in our country through voluntary means and build proper protections into our system to ensure that people are not being exploited, that those who are in need are not having to sell their very bodily fluids to try to support themselves, as we have seen happen in some jurisdictions.

Now, I appreciate what the Member for Vermilion-Lloydminster noted, that in fact it is a more arduous process to donate plasma. It takes more time. Fair enough. That's something we need to consider and we need to take into account in how we can provide through the public system better incentives for people to participate. Certainly part of that, Madam Speaker, I think is going to be education because, frankly, until this issue came up as an issue of debate in some other jurisdictions, I personally was not aware of the issues that there are in the plasma system. I think that probably goes for a large portion of the public. So, if anything, I think this debate that we're having here in the Legislature is very beneficial in that

we have the opportunity now to raise more public awareness about this important need.

10:40

Certainly for myself, I think I will look into the opportunity and see if there is some way that I may be able to make a donation of plasma. I've had some challenges in the past because of some medications that I've been on, but I'm willing to look into that, and I think many members of the public would be, too, if they had a better understanding of that need. Frankly, Madam Speaker, I believe that we accomplish much more when we come together as a public. We accomplish much more, and we have much greater strength than when we simply always say: we will leave that to the market.

There are things that the market does very well, Madam Speaker. I believe absolutely that there are many, many, many products that are best served by the market, but when we are talking about people, real individuals with real needs, there are public services that should remain public. It's my opinion that one of those things is the collection and provision of blood and plasma products. I'm very happy that the Minister of Health has brought forward this bill. I think it's timely. I think it's appropriate. It gives us an opportunity to have a very important discussion, to follow in the footsteps of other jurisdictions, as I said, like Ontario and Quebec, who have seen fit to ban this practice and to show leadership as a province.

That is what Alberta does, Madam Speaker. We've shown leadership on many, many issues in the nearly two years since our government came into place. I'm proud of that work that we've done. Likewise, I am proud to stand by this principle and this decision to ensure that the blood we collect remains in Canada, and if there is need, then to work towards developing more of a biomedical industry here to support that, something to fractionate and create the plasma products here that we are currently buying from the U.S. Then, by all means, I say: let us have that discussion. That is a public good, that is something where we should come together, then, as public governments with the government of Canada and sit down and talk about how we can best support the Canadian people. I don't believe that something this important and this essential should simply be handed off to private industry, particularly when, as I noted, they can offer no significant cost savings.

I thank the minister, Madam Speaker, for bringing this bill forward. I thank her for her leadership in helping ensure that Alberta will protect the public, will protect our constituents, and work with Canadian Blood Services to develop a better public blood and plasma collection system.

Thank you, Madam Speaker.

The Deputy Speaker: Questions or comments under Standing Order 29(2)(a)? Calgary-Hawkwood.

Connolly: Well, thank you very much, Madam Speaker. To be honest, to begin with, I'm not a big fan of Canadian Blood Services. I'm not allowed to give blood because I've had sex within the past 12 months, and as a man who has sex with men, I am... [interjection] Yes. Thank you. However, I'm not allowed to give blood. As an openly gay man who has sex with men, I am not allowed to give blood. So that is why I'm not a big fan of Canadian Blood Services.

I've never been able to give blood because, even before that, I think I had to be abstinent for seven years or something along those lines or three years. It was a very long time. Now it's one year, which is still a long time because I don't plan to be abstinent for a

full year just to give blood. Not that I'm trying to be kind of – what is the word? – selfish. That was the word that I was looking for.

I know that in Saskatchewan they are stockpiling plasma and looking for the highest bidder, which, for myself as an Albertan and as a Canadian, I am kind of worried about. If I am in need of blood or in need of plasma and there's a large stockpile in Saskatchewan but they don't want to sell to Alberta health care because we're not paying the same premium price that possibly someone in the States is giving, I find that dangerous, and I don't want that in Alberta. I don't want us to have to be worried about having large amounts of plasma available but not being able to access it because we don't have the money to pay for it.

I don't believe that the lowest paid individuals in our province should have to give blood in order to receive money to pay for groceries. I just don't think that that is a normal thing that society should have to do in order to live. I don't think that donations for pay is a good idea. So I'd like to ask the member perhaps to expand on what he was saying about paid donations and why he doesn't think it's a good idea.

Mr. Shepherd: Well, thank you to the member for his comments and his questions. Madam Speaker, I represent a significant number of individuals in the Edmonton-Centre constituency who are part of Edmonton's LGBTQ-plus communities, and certainly that is something that I've heard from some of them as well, you know, for gay men who are in the course of their normal lives, as so many of us are, sexually active are not able to donate blood. That, indeed, is a problem.

That is something that I would call on Canadian Blood Services to address because, indeed, if we want to expand our base of donors, if we want to expand the number of people who are able to take part in the system and donate blood or plasma or some of these other things which we do need, then we should be making that as open as possible and looking to remove some of these traditional stereotypes about communities who are very civic minded and would love to have the opportunity to engage. Certainly, that's one area I think we need to look at addressing – I mean, that Canadian Blood Services does, and I hope that we can call on them to continue to look at that.

In regard to what the member was saying about stockpiling, I noted that when I was speaking, that indeed that's currently the situation. CPR is in fact stockpiling the plasma that they currently have, waiting until they feel they have a critical mass, which they then feel gives them enough to begin to operate and go to market.

That's part of my concern, Madam Speaker. Certainly, I respect that in the case of private industry, you know, when they make an investment – they invest in real estate; they invest in stock; they invest in other things – it's reasonable for them to decide how to dispose of that so that they get their best return. They may choose to sit on that for extended periods of time in order to improve their return or for other reasons, business reasons. I respect that. That's part of our market and that's part of our industry.

But that is not something that we need in our health care or in our health products. What needs to come first, Madam Speaker, is the public good. Now, that's not in any way to necessarily impugn CPR. I don't know them personally, and I don't know their intent. But that, in itself, is part of issue. We don't know, and we have no control. When it comes to things like our blood supply, our plasma supply . . .

The Deputy Speaker: The hon. Member for Edmonton-McClung.

Mr. Dach: Under 29(2)(a)?

The Deputy Speaker: No.

Mr. Dach: Speaking to the bill. Thank you, Madam Speaker. I'm pleased to rise and speak to Bill 3 and discuss our blood supply system in the country. We all, as hon. members in this House, lament the fact that our blood supply does not meet the need that we have for blood products in this country. But I think the real hypocrisy that would befall us is not to oppose the private supply of plasma products but would be to actually cave in and to buy these blood products from foreign suppliers on a continuing, ongoing basis without giving real consideration as to why we're in the situation we are in today.

I've alluded in previous remarks that I made in the House that other members have talked about the \$200 million a year that we spend in this province on purchasing blood products from foreign sources to supply our needs here in the province. I'm not fine with this at all. It was mentioned by other members in the House as well that CBS, if given a \$100 million infusion of capital, would then be able, over time, to supply up to 50 per cent of Canada's needs for blood products. So if you extrapolate those figures and if you take the \$200 million a year that we spend in Alberta buying blood products from foreign sources and suppose that that represents about 10 per cent of the cost that all Canadian provinces and territories, including the federal government, are spending on purchasing foreign blood supply products, that would give you a number of about \$2 billion a year that we're spending on bringing plasma products into the country.

10:50

If CBS says that they're able to expand our blood supply up to 50 per cent with an expenditure of \$100 million, it seems to me that if we spend a fraction of what we're spending right now on blood products to bolster the needs of CBS, we could very easily afford to have the CBS supply blood products right across the country in relatively short order, eliminating the need to go abroad and continue buying blood products and expending the kinds of dollars that we're doing right now, which seems to me to be about \$2 billion a year, which is a scary amount of money.

I think there have been efforts made in other health areas in Canada that demonstrate very well how a concerted education effort can channel the results that we want to health outcomes that we need. For example, in recent decades we've really focused on the reduction of smoking in Canada. What happened was that education was focused on young people, and it's young people now who are very effectively getting their parents to quit smoking.

That's the type of angle that I'd like to see us take and have CBS take and inculcate a real social responsibility upon all people in this country, starting with an education system to encourage people to see the real value in giving blood and not to give up on the voluntary system of blood donation that we have in this country.

It's a system that, I think, is too easily blamed for failing. We should be looking at reasons why CBS has failed to supply the demand here in Canada that is found to be supplied with foreign blood products and paid-for blood products. That, to me, calls out for a real examination of what CBS has been up to and why we've fallen to this point where CBS isn't living up to its mandate, in my opinion.

Many people across this country really, really depend upon CBS, and I think it's incumbent upon us to invest the dollars necessary from that pot of money that we're now shipping out of the country to spend on foreign blood products to make sure that our voluntary system of blood supply is maintained, improved, and perhaps becomes an example for the rest of the world of how to have a voluntary blood supply, satisfy your national needs not only in transfusion but in plasma products requirements.

We know that we don't have the infrastructure to manufacture these products in Alberta or Canada. CBS has actually recognized this risk and is taking steps to address it. It seems to me they really should be bolstered in that effort with capital that is now being spent on buying foreign blood products. They've developed plans to increase Canada's plasma product self-sufficiency to 50 per cent by 2024. Imagine how much more quickly that goal could be achieved if indeed some of the money we now ship outside of the country would be redirected towards that effort.

They're looking to expand existing blood collection sites, open new plasma collection sites, and recruit additional plasma donors. Well, Madam Speaker, what I'd suggest they do is to start right here in this House, this Legislature, this Assembly by at least twice a year holding a blood donor clinic on our grounds and having us challenge each other as members of the Assembly to see who gives the most blood. I was really, actually kind of shocked to learn that there wasn't a blood donation clinic regularly here at the Assembly – and this is something I'd really like to see – in an effort to raise awareness amongst us of the value of our blood donation system and how the voluntary system can really be used effectively, to challenge each other to serve the needs of Canadians in supplying our own blood products, whether it be for transfusion or for plasma development.

With that, I'll conclude my remarks.

The Deputy Speaker: Any questions or comments under 29(2)(a)?

Seeing none, are there any other members wishing to speak to the bill?

The hon. Member for Red Deer-North to close debate on behalf of the Minister of Health.

Mrs. Schreiner: Thank you, Madam Speaker. I'd like to take a moment to thank all the members on both sides of the House for participating in the debate today. I would like to reiterate that a lot of thought has gone into developing this legislation. These amendments are the best way for Alberta to protect the integrity of our publicly funded voluntary blood donor system.

For almost 20 years Canadian Blood Services has been successful in ensuring that Canadians have blood products when they need them, and I thank them for that. And I thank Canadian Blood Services for developing plans to increase Canada's plasma product self-sufficiency to 50 per cent by 2024 and for looking into expanding existing blood collection sites, opening new plasma collection sites, and looking into recruiting additional plasma donors.

With that, Madam Speaker, I would like to again remind all in the House today to please consider donating blood when you can, and I would like to close debate on Bill 3, the Voluntary Blood Donations Act.

Thank you.

[Motion carried; Bill 3 read a second time]

Bill 2

An Act to Remove Barriers for Survivors of Sexual and Domestic Violence

[Debate adjourned March 15: Mr. Orr speaking]

The Deputy Speaker: Are there any other members wishing to speak to this bill? The hon. Member for Calgary-North West.

Ms Jansen: Thank you, Madam Speaker. I want to rise to speak to Bill 2, the sexual and domestic violence limitations act, which is an incredibly important bill to me and to all of those people that I've

previously worked with over the years on issues surrounding domestic violence.

I was incredibly moved by members of our own caucus who shared their personal stories. As we all know, it's always challenging to get up and talk about your issues in this House. What is more challenging is to get up and talk about a personal experience that has affected you so profoundly and to be able to do it in a way that not only gets your message across but – to do it without becoming too emotional is a difficult thing to do, and it's a hard road to walk. For my female colleagues who shared their experiences in the past, I have so much admiration.

In a previous government, when I was associate minister of family and community safety and responsible for domestic violence supports, I was often asked the question when I did interviews: why don't women come forward and talk about what's happened to them? Why do they wait so long? Why do they go back to situations where they had previously been abused? Oftentimes people would express puzzlement that that was the case. It really speaks to a lack of understanding about the experience of domestic violence, what women go through, you know, long-term domestic violence, where you have been subjected to it year after year after year. I think a lot of people don't realize how it wears away your very sense of humanity.

For all those women who can turn around later to put their lives back together and to stand up and, as in the case of my female colleagues, become advocates for this, to me it's just an amazing thing. I am so grateful that they are using their voices in such a powerful way. And I'm so grateful to this government because for those people who don't have the courage, the strength initially to get up and to say those things and need to rely on other people to build that courage and need time to process what's happened to them, this bill becomes very important.

11:00

Oftentimes when we go through difficult times, we feel like we don't have the courage, and we need that support from our wonderful groups, our families, our support networks to help us get through and to a place where we can stand up and ask for justice to be served. Sometimes that can take two months, and sometimes that can take 10 years. Whether it is an attack or whether it is sustained, long-term sexual violence, you need to be able to have that time to process what's happened to you and to be able to come forward when you feel that you are in a safe enough place to do it. Sometimes that can take a very long time.

One of the things that I think can be a huge challenge is when a survivor feels worried about whether anyone is going to believe them. That's often a problem. When women come forward and talk about their experiences, quite often they're met with: "Well, why didn't you do this? Why didn't you leave? Why didn't you do that? You know, how can we believe you?" It still happens to this very day. It happens with all kinds of abuse, Madam Speaker.

We'd like to think that we are a progressive province. We have a progressive government, which is amazing, and I'm so proud to be a part of it, proud to be able to actually stand up and cosponsor a bill like this because it's so important. At the same time, there are still people in the province who believe that when someone goes through something like this, they still have to prove to the world that it happened, and that can be a very challenging thing.

You know, survivors need the kinds of supports that they haven't gotten enough of in this province so far, and we're acknowledging that with this bill and saying that they need more supports. They need to know that someone has their back when they are ready to come forward and talk about what they've been through, and I think it's wonderful that this government is saying that, is giving out that

very message: we have your backs when you're ready to come forward and when you're ready to tell your story.

Alberta's legal system cannot impose deadlines on survivors. We can say it, but now we're actually putting it into law. One of the most rewarding things we can do as legislators in this House is to craft the kind of legislation that makes lives better for Albertans, and this is one of those pieces. This is one of those pieces that we can look at where we can actually say, not only across our province, not only across our country but in the world, that we have a piece of legislation that ensures that this province in Canada is progressive, thoughtful, compassionate, and considerate of the lives of people who have suffered sexual and domestic violence.

You know, many of us had heard from survivors about their inability to take action because of a deadline, the struggles they've experienced, whether it's mental health struggles or physical health struggles. When we know that we have the ability to remove these barriers, what we're saying to people is that we're taking some of the pressure off them – and that's really important – so that they have the ability to heal in their own time and to come to terms with what's happened in their lives and then to move forward and take action when they're ready to.

Debra Tomlinson is the chief executive officer of the Association of Alberta Sexual Assault Services. She is a wonderful woman that I was very lucky to work with in my previous role in family and community safety. She has said that it's time to lift the veil of silence for survivors. She is absolutely right. That's exactly what this bill does.

Mary Jane James, the executive director of the Sexual Assault Centre of Edmonton, said that when survivors are believed, when they're listened to, when they can reclaim the kind of life they had before their assault, they can most definitely reclaim a life that they deserve to have. That is incredibly important, and that's what this piece of legislation does.

There are people who will come forward as a result of this legislation and talk about their experiences and find closure. One of the things that I think is so incredibly important is that when they do that, they will begin to live a quality of life that they didn't have before, a quality of life they didn't have before this piece of legislation.

In closing, I would just like to say how proud I am that Bill 2 is going forward, that it speaks to so many people who need that helping hand. When the NDP talks about making lives better for Albertans, this piece of legislation is exactly that. It says: we are here behind you, and we want you to know that this government believes in you and believes that you deserve to be happy and that you deserve to have the kind of life that is free from sexual or domestic violence. That's why I'm very proud to cosponsor this bill.

Thank you.

The Deputy Speaker: Any questions or comments under Standing Order 29(2)(a)?

Seeing none, the hon. Member for Vermilion-Lloydminster.

Dr. Starke: Well, thank you, Madam Speaker. It's a pleasure to speak on Bill 2 this morning. I certainly appreciated the comments from the hon. Member for Calgary-North West and acknowledge the work that she did in her capacity as a former associate minister of family and community safety, and I appreciate that work that was done.

I will say, Madam Speaker, that this is a piece of legislation that I, too, am very much behind and very much in support of. This is the kind of thing that needs to be done in order to address a number of different concerns in the large and complex issue relating to

domestic violence. You know, I do commend the government for bringing this forward, and I certainly hope that it has the intended results it was designed to have.

What I want to talk about a little bit today – and I'm hoping that you will allow me a certain degree of latitude – is that while this is a good measure, as was the measure that was introduced by the Member for Calgary-Bow with regard to the breaking of residential tenancy leases, these are, unfortunately, measures that deal with the after-effects or at least deal with a response to an issue, a response to a problem. You know, once again borrowing on my medical background, I like to try to address root causes of problems. I like to try to drill down to: why did this get to this situation in the first place? As something that I'm not sure all members are aware of – I think that at some level many members may be aware of this intuitively – I'm going to bring forward some evidence and some results from some research that was done right here in Alberta, some outstanding research that was done right here in Alberta, that talks about the link between domestic violence and animal abuse.

The reason I talk about it in this context, Madam Speaker, is because if we can do a better job of recognizing the early stages of those who are at risk of becoming abusers, of those who potentially have a proclivity for domestic abuse, then perhaps we can address it at an earlier stage. Perhaps we can address these problems at an earlier stage.

I'm going to be quoting from a document which was published in 2013. It's entitled *The Cruelty Connection: The Relationships between Animal Cruelty, Child Abuse and Domestic Violence*. It was published by our very own Alberta SPCA. What is alarming, Madam Speaker, is some of the statistics that were found in the study that was done. Some 59 per cent of abused women delayed leaving their home, where abuse was occurring, because of concern for their animals. Some 36 per cent of abused women with animals reported that their abuser had threatened or harmed their animals. Some 85 per cent of the threats against those animals were carried out. Further, 85 per cent of the women with both children and animals reported that the children witnessed the threat or the harm to the animal, and in 50 per cent of those cases it was the child's own pet that was threatened or harmed.

11:10

What makes these statistics even more shocking and more disturbing is that those numbers are tracked in other jurisdictions, and the numbers in Alberta are actually higher than what they are in other jurisdictions. The link between animal abuse and domestic violence is becoming increasingly recognized and increasingly acted upon, but I think that in Alberta we have a tremendous opportunity to expand on that.

Last spring, Madam Speaker, I attended a weekend-long seminar on animal forensics. Now, that's part of my requirement to keep up my veterinary licence, which I have kept up. They say that in politics you should always have a backup plan. I have maintained my veterinary licence, and I'm required to do 30 hours of continuing veterinary medical education every year, so I signed up for this plan. Actually, it was my wife, who's also a veterinarian, who encouraged us to both sign up. We said that it would be a wonderful weekend away in Calgary.

I will tell you that it was perhaps one of the most difficult periods of continuing veterinary education that I've ever attended. The stories of animal abuse and the investigations by one of the world leaders in animal forensics that were presented there were disgusting. They were just absolutely heart-wrenching, the sorts of things that had happened to animals, and what makes it worse is that for most abusers it is a very small step to then do the same to another human being. You know, there was a comment made at the

end of one of our days when we were feeling particularly beat up. Our lecturer said to us, “You know, now we all need to go home and watch a Disney movie” because it was that disturbing. I will tell you that it was one of the most difficult things that I went through.

Recognizing this link I think is important, but what is more important is what we can do about it. What’s encouraging is that, at least in the city of Calgary, there is co-operative work being done between the Calgary Police Service, the Calgary Humane Society, and the Calgary shelters for women. That’s encouraging. For example, one of the problems we have is that most shelters in our province won’t accept animals, so if you’re in an abusive situation and are trying to escape and your dog or your cat is also being abused, you can take your kids but you can’t take your dog or your cat. For a lot of people, as I’ve said, for 59 per cent, that delays their departure from that abusive situation, and that’s a problem.

You know, even more heart-wrenching in some ways than the statistics I’ve quoted are some of the quotes from the survivors that told their stories. For example: “I had called 911 before, but I was too scared to leave. I didn’t know what was going to happen to the dogs . . . so I just sucked it up and kept going on.” Another quote: “The animals were a big part of why I didn’t leave for a shelter, a really big part. I was their caretaker, they depended on me and supported me and I didn’t want to let them down.” Finally: “I went back to get the cats and they’d all been poisoned.”

Madam Speaker, the link between animal abuse and domestic violence is so profound, in fact, that it can be traced back in the history of some of the most heinous criminals that we have seen, and that, too, is documented here in this document. For example, David Berkowitz, the Son of Sam, who admitted to 13 charges of murder or attempted murder, had previously abused his neighbour’s Labrador retriever, claiming that the dog was possessed and compelled to kill. Jeffrey Dahmer, who confessed to killing and dismembering 17 men and boys, as a child had impaled frogs, decapitated dogs, and staked cats to trees in his backyard.

Those are things that should have been noticed. Those are things that should have been recognized. Clearly, this is an individual that needs help, and one has to wonder, if help had been provided, if an intervention had been placed at a more appropriate time, if an intervention had been put in place, whether that, in fact, would have made a difference. You know, I guess it’s hard to say after the fact.

Finally, Ted Bundy, which I think is a name that we all remember for terrorizing college campuses in the 1970s after killing three women at Florida State University. He’s suspected of killing many, many more. During his childhood he witnessed his father’s brutality toward animals, and he himself tortured animals. Madam Speaker, you know, it’s sometimes been said that if you can do something to an animal that’s mean or harmful or abusive, in your mind you don’t recognize the separation between doing that to a human being.

I would only encourage our government – and I’ve spoken to some members about this – to look into some of what is going on in the city of Calgary and see if we can’t expand it further across our province, expand the working relationship between animal shelters and animal welfare organizations, our police services, our social service agencies. I think we have to work with animal welfare agencies and our animal shelters so that we can set up some form of co-operative agreement so that women and families fleeing domestic abuse situations can know that they can take their pets with them when they’re fleeing that situation and that that pet will then be cared for. If it’s not in the shelter, which I think is the ideal situation, – let’s remember that pets provide a critical support to people that are going through really difficult times – at the very least let’s make sure that those pets could be housed, whether it be at nearby veterinary clinics or foster homes or by some other means.

In a very effective public service campaign in the United States that showed a woman who obviously had been abused and then in the other half of the poster showed a picture of a dog that also had been injured, the caption beneath said: she won’t go back to save her toaster. But women do go back, and women put themselves at risk in order to save their pets. Recognizing and understanding how profound that linkage is, I think, is an important thing that we need to recognize and acknowledge in Alberta.

I think that one of the things we can be – I mean, it was talked about here in the course of the last debate, but this is no different. Where we can be leaders is in recognizing that things don’t exist in silos and that if we work together across different jurisdictions and across different fields of expertise and fields of responsibility, in fact, we can do something that is beneficial for Albertans right across the board but especially to try to address and recognize and, hopefully, provide some intervention that is helpful before someone becomes an abuser. I mean, ultimately, that would be our goal. Ultimately, it would be to recognize that what is going on here in someone’s young life has the potential of spiralling into something much more grisly, much more heinous as they get older.

Madam Speaker, I am very pleased to support Bill 2. I think this is a good piece of legislation. I’m glad that the government is bringing it forward, but I would encourage this government to go further. As opposed to, you know, looking at ways to remedy a situation that has already existed, I would encourage this government, whether it’s the minister of social services, whether it’s the Solicitor General and Minister of Justice, whether it’s the Health minister, for that matter, to work with authorities that have expertise in this area to recognize this vital link between animal abuse and domestic violence, to recognize it for what it is, and to recognize that we can make a meaningful difference in our society if we take steps to address these problems in their infancy, before they spiral out of control.

Thank you, Madam Speaker.

The Deputy Speaker: The hon. Member for Calgary-North West under Standing Order 29(2)(a).

11:20

Ms Jansen: I want to thank the Member for Vermilion-Lloydminster. We have spoken, of course, about this very topic in the past, and I appreciate so much his compassion in this area. You know, this is where, when we drop the partisanship and the name calling, we can work together and actually do great things.

The member actually said something that I thought was quite interesting. I think it’s really important for us to first of all consider what he said very seriously, to look at the fact that these markers are out there, to understand that the police know that these markers are out there, and we have the ability to use this as a tool to identify victims in situations where there is a potential to go in and offer help but also to ensure that people who want to leave situations of domestic violence aren’t prevented from doing so because they’re worried about the vulnerability of their animals.

I want to ask the member. You mentioned briefly the idea of perhaps housing pets at veterinary clinics, and I’m wondering if as a veterinarian there is the potential to have a conversation with veterinarians across the province and find out if there is the ability to have a level of co-operation in ensuring some short-term care so that victims of domestic violence can leave and know that they have access to their pet even if the shelter they’re in won’t accept the pet.

The Deputy Speaker: The hon. member.

Dr. Starke: Well, Madam Speaker, thank you. Thank you to the hon. member for the question. In fact, in some communities that’s

already happening, which is certainly encouraging. After my wife and I attended this seminar last year, we actually called on the clinic that we used to be involved with and encouraged them to make that offer to our shelter in Lloydminster.

You know, the one thing, of course, that we have to really worry about is that abusers are nefarious people, and if we put, for example, these animals in a shelter, quite often shelters are run by volunteers, and if the abuser knows that that's the arrangement, the abuser can sometimes go in and say, "Oh, you know, that's my dog; I'll take him home now; he must have been a stray" or whatever, and they have to have very careful training to know about the security that would be required.

You know, I absolutely agree that we can develop networks, whether it's through veterinarians – and I think the Alberta Veterinary Medical Association would be very open to this. And not only that, whether it be in private homes, in safe houses, if you will – I mean, it sounds incredible to even say that – but temporary foster homes where these pets could be housed. Again, I would really encourage our network of women's shelters, whether they are primary- or secondary-level shelters, to consider providing for housing of pets because, again, the separation is one of the things that is an issue, and even if we house them in foster homes or in veterinary clinics, these pets are not only not with the people who care for them, but the pets care back for the people. That support travels, of course, both ways, so I think that ideally we'd want these pets to be housed in the shelters, but if that's not indeed possible, then we should look for alternative arrangements and make that well known so that women and children who are in these situations can know that they can leave safely and that their animals will be cared for. That's certainly something that I would like to see in Alberta. I think that would be a very positive development.

The Deputy Speaker: Further questions or comments under 29(2)(a)?

Seeing none, any further speakers to the bill? The hon. Member for Calgary-Mountain View.

Dr. Swann: Just a few comments, Madam Speaker. Thank you. I very much appreciate this bill, long overdue. The statute of limitations has obviously been arbitrary and inappropriate in a number of cases. Child abuse, clearly, has been relieved of that statute of limitations, and this is certainly another area that should be relieved of it.

I would say that in the medical profession one of the gaps, I think, in our training for physicians is to ask every woman, especially women that come into emergency rooms, if they feel

safe at home. There's kind of a reluctance, it seems, to go there, and it would open up the door in a lot of cases for women who are reluctant to speak or who feel in danger but are unwilling to actually share the true cause of their bruise or their injury or their indication of threat. That's an important initiative that's gone through emergency rooms across Alberta. I hope it's being followed. Even our EMS colleagues could probably be helping by raising that question if it is unclear how an injury occurred and simply asking the woman or the man, if he's been abused, whether he or she feels safe at home.

The other issue that I will be raising later in the Legislature is whether this bill actually covers harassment. It doesn't appear to cover workplace harassment, and I hope I'll be bringing forward an amendment at some point to ask that that be included. I'm thinking obviously, or perhaps not obviously, of the Calgary Police Service concerns around women in the workplace and harassment. Many of them could not make their appeal to the Human Rights Commission because they were longer than two years since the incident. In fact, it's my understanding that none of them were within the two-year statute of limitations. So I would like to make sure that this bill covers harassment in the workplace.

Thank you, Madam Speaker.

The Deputy Speaker: Questions or comments under 29(2)(a)?

Seeing none, are there any further speakers to the bill?

Anybody to close debate?

All right. Then we will just proceed to the question.

[Motion carried; Bill 2 read a second time]

The Deputy Speaker: The hon. Deputy Government House Leader.

Mr. Carlier: Thank you, Madam Speaker. After getting rid of some pent-up energy this morning, we had a very good debate. I enjoyed the debate on both sides of the House, but now I would ask that same House to adjourn for the morning and reconvene at 1:30 this afternoon.

The Deputy Speaker: Just before I call that question, I would like to echo that. Thank you very much to all members of the House for the decorum this morning. I think we had a very wonderful debate. I enjoyed it. Let's continue on with this mood for this afternoon. It would be wonderful. I know the Speaker would appreciate it as well.

[Motion carried; the Assembly adjourned at 11:27 a.m.]

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