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The 30th Legislature
Second Session

Alberta Hansard

Monday evening, November 1, 2021

Day 121

The Honourable Nathan M. Cooper, Speaker

Legislative Assembly of Alberta The 30th Legislature

Second Session

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Milliken, Nicholas, Calgary-Currie (UC), Deputy Chair of Committees

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New Democrat: 24

Independent: 2

Vacant: 1

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Legislative Assembly of Alberta

7:30 p.m.

Monday, November 1, 2021

[Mr. Milliken in the chair]

The Acting Speaker: Hon. members, please be seated.

Legislative Assembly Debate on COVID-19

The Acting Speaker: Hon. members, pursuant to Government Motion 100, which was agreed to on October 28, 2021, I will first call on the hon. Premier, President of Executive Council, and Minister of Intergovernmental Relations to make a statement not exceeding 30 minutes. Then I will call on the Leader of the Official Opposition to make a statement not to exceed 15 minutes. Following those two statements and for a period not to exceed 30 minutes the Leader of the Official Opposition may pose questions on matters relevant to the Premier's statement or the government's response to the COVID-19 pandemic, and the Premier or any member of Executive Council may respond to those questions.

I now call on the hon. Premier, President of Executive Council, and Minister of Intergovernmental Relations. The floor is yours.

Mr. Kenney: Well, thank you very much, Mr. Speaker and through you to all members for their presence and participation in this important debate on the state of COVID-19 in Alberta. We all know that Alberta, like the world, has been hit hard by this devilish disease that has plagued our lives for some 20 months, upending lives in every part of the world and taking many lives, millions of lives, around the world. Like all of those other jurisdictions, like our fellow Canadians, we have done our best through trial and, yes, through error to keep people safe by protecting lives and livelihoods as our central goal in addressing the pandemic.

I'm often asked what Alberta's objectives have been in the COVID crisis. Very simply, our key goal has been this: to protect our health care system and prevent it from being overwhelmed while seeking to minimize deaths as a result of this disease and at the same time minimizing the damaging impact posed by public health restrictions. In other words, Mr. Speaker, Alberta has sought, admittedly imperfectly, to balance these different objectives of seeking to protect lives and livelihoods while avoiding the kind of large-scale and sustained hard lockdown policies that have led to profound negative health, social, and economic consequences in many parts of the world.

Mr. Speaker, as of today there are 689 Albertans hospitalized with COVID-19, 157 of whom are in intensive care. In addition, I'm pleased to report to the House that as of today over 87 per cent of eligible Albertans have received at least a first dose of a COVID-19 vaccine, and over 80 per cent, now 80.3 per cent, have been fully vaccinated, tremendous progress on that front. New cases, total active cases, the positivity rate, the rate of transmission, and hospitalizations are at their lowest point since September 10.

This province was hit hard, as we know, by the fourth wave of COVID, but thanks to the diligence and care of Albertans this province has risen to the challenge, and we can now say with a high degree of confidence that we have broken the fourth wave. Now, this does not mean that COVID does not continue to pose a threat because indeed we continue to have the highest level of total ICU admissions in our hospitals in the history of our health care system, with the exception of the beginning of the fourth wave. Mr. Speaker, we must continue to exercise great care and caution, but at the same time we should, I think, be grateful for Albertans coming together to respond strongly to this fourth wave, particularly those who have stepped up to get vaccinated.

Mr. Speaker, we went into this fourth wave largely as a result of Alberta being undervaccinated. Together with our neighbours in Saskatchewan we went into the month of September at only 78 per cent first-dose vaccine coverage, about 10 points behind the national average at that point.

Mr. Speaker, I have spoken publicly to the error that was made in terms of Alberta's analysis of the future of COVID-19 this summer. I think that we were right to lift public health restrictions when we saw very low case numbers, very low rates of transmission, and very low hospitalization rates in the middle of this summer. We, however, clearly were wrong to project that we could move durably from pandemic management to endemic management.

That projection and plan was predicated on a careful analysis of the epidemiological patterns in similar jurisdictions with similar levels of vaccination such as Israel and the United Kingdom, which had lifted all public health restrictions. While in the case of Israel they did see significant case growth, for particular reasons I could delineate, they did not see unmanageable pressure on their hospital system, nor did the United Kingdom.

But, Mr. Speaker, as Dr. Hinshaw has outlined, the modelling of our chief medical officer and Department of Health in this respect failed to fully take into account the different coverage over age cohorts of the vaccination program. What we saw effectively in this fourth wave was it hitting middle-aged people who were undervaccinated very hard in this province. Whereas in the United Kingdom they had higher relative rates of vaccination and in Israel higher relative rates of vaccination in the 20- to 50-year-old age bracket, we had a higher level of vaccination amongst 12- to 18-year-olds, 12- to 30-year-olds. Because older people are more susceptible to severe outcomes from this disease, we saw the manifestation of that in the higher rates of infection and hospitalization, severe outcomes, both here and in Saskatchewan.

Nevertheless, Mr. Speaker, Alberta today is 10.5 per cent below the Canadian per capita COVID fatality rate, which is to say that Canada as a whole and some other provinces such as Quebec and Manitoba have a higher fatality rate than Alberta on a per capita basis. I know that is no comfort to the families of the some 3,000 people whose lives have been lost in this province to this disease since its onset in March of 2020, and we grieve for all of them. I know I speak for all members in expressing our sincere condolences to those families, just as we express condolences to those who have passed away from other diseases in that time. We should not forget about those. COVID is not the only health challenge or the only tragedy.

Mr. Speaker, Alberta is also below the per capita fatality rate of COVID-19 for 48 of the 50 United States and 26 of the 28 member states of the European Union. While we mourn the loss of lives here, I think it's important to keep this context and perspective, that while so many jurisdictions have been hit hard, Alberta has been hit less hard than many. Indeed, we have been hit less hard in terms of fatalities than most of the developed western countries and jurisdictions.

Alberta did manage to do that by taking a more balanced approach. According to the Centre of Excellence on the Canadian Federation Alberta had the least stringent COVID-19 public health measures throughout the course of the pandemic, and that is something that's been – in fact, the Blavatnik think tank at the University of Oxford said that Alberta had less stringent COVID-19 restrictions than most EU countries and the United States in 2020. Mr. Speaker, that reflects an effort to have struck a balance, again, between lives and livelihoods, recognizing, as our chief medical officer has frequently pointed out, that public health measures have their own damaging effects and we must address

multiple challenges to human health and the health of our broader society.

Mr. Speaker, there was, having said that, severe pressure on our health care system at the height of this fourth wave, which is why the government implemented advice that we received from the chief medical officer to introduce additional public health measures, central to which were the restrictions exemption program and proof of vaccination program for discretionary activities.

7:40

At the height of the fourth wave, Mr. Speaker, we were experiencing total ICU admissions in our hospitals of over 300, which was about 190 per cent above the total typical baseline ICU capacity of Alberta's 100 hospitals. Had we not taken action, we ran the very real risk of running out of critical care capacity for not just COVID but other patients in need of critical care. That's why action was so critical in September, and it's clear now that those actions were effective.

Now, let me pause, Mr. Speaker, to thank and commend Alberta's brilliant, professional, and courageous front-line health care workers who again and again, wave after wave, after 20 months, like their compatriots all around the world, have risen to the challenge and performed sometimes heroic work to protect lives and to serve their patients.

Mr. Speaker, I'm often asked: why is it that a province as wealthy and as large as Alberta, with 4 and a half million people, a \$360 billion economy, a \$65 billion government budget, a \$21 billion health care budget, the second-highest per capita health expenditures in Canada would be so quickly and so readily under stress that we might be running out of ICU capacity at some point? Well, that is a very good and important question, and I submit that when we can finally turn – please God – the page on COVID in the future, we and other governments in Canada, people all across our society, all across the political spectrum must have an honest conversation about why we encountered such significant limitations in such a well-funded and modern health care system.

We have seen that while COVID numbers in the United States were typically much higher than here in Alberta and the rest of Canada, so too was their hospital capacity. That's not an argument in any means, in any way to replicate the American health system, which has fundamental flaws, Mr. Speaker, but it is a call to humility, to learn why we have, in many cases, one-third as many hospital beds as U.S. states who have much smaller economies on a per capita basis. We need to learn, and I've asked the hon. Minister of Health, first of all, to help us to plan better for any potential future waves in terms of capacity but also to plan for the longer term challenge of a more flexible health care system.

What we had to do in this instance, Mr. Speaker, like provinces across Canada that have faced similar waves, like Ontario and Quebec – Ontario, for example, in its third wave in the spring faced higher per capita levels of ICU admissions than Alberta did in the fourth wave. Manitoba in its third wave in the spring faced much higher per capita levels of ICU admissions such that they had to export patients. Ontario had reached out to us about potentially offering support from Alberta health care workers to their hospitals and taking potential overflow patients from them. The interior and northern British Columbia hospitals faced a similar circumstance in the fourth wave, moving patients to the Lower Mainland. Of course, Quebec, with the highest death rate for COVID in Canada, has faced serious challenges as well. Saskatchewan right now is facing a higher per capita ICU admission rate than Alberta did at the peak of our fourth wave three or four weeks ago.

So this is not simply an Alberta challenge, Mr. Speaker; this is a Canadian challenge. We need to learn because all of these provinces – the only way that we managed to stave off the disaster of having to invoke critical care triage protocols, the only way we in Alberta managed to avoid having to transit patients out of province was by surging 200 additional ICU-capable beds, which required the postponement of approximately 50 per cent of scheduled surgical procedures in Alberta. Those postponements: of course, each one of them creates anxiety, stress, and, undoubtedly, in some instances, negative health outcomes. That is not an acceptable way to manage extraordinary pressure such as this. So we must, within the second-largest health budget in Canada, which is one of the biggest spenders on health care in the OECD for a publicly administered system, Mr. Speaker, come up with a more flexible system, where we can more readily transition health care capacity from surgical to critical care and back to surgical services.

Ultimately, the limitations that we have experienced were a reflection of scarcity of people with relevant training, Mr. Speaker, a scarcity that has been experienced all around the world. I saw an article in the *Wall Street Journal* two weeks ago about the global shortage in certain health trades. One thing that critics of public health measures here have not perhaps fully appreciated is that when it comes to critical care, we would typically only have about 850 registered nurses with ICU experience and certification to support roughly 175 ICU baseline beds, and while we have sought from the beginning to accelerate truncated training programs for new ICU nurses, at the end of the day we have at the same time faced attrition as people of a certain generation have been retiring, and many others have been under extreme stress, unable to take extra shifts. Again, this is a challenge very similar to what's being faced in other provinces.

I do want to appreciate some support that we received from outside the province at the height of the fourth wave, Mr. Speaker, with a team of medical staff from Newfoundland and Labrador. The Premier there reached out to me very thoughtfully at the beginning of September and said that Alberta had been such a huge help to Newfoundland during its challenging times, and they wanted to offer at least some gesture of support. We very much appreciate those medical staff, who were located at the Wood Buffalo regional hospital.

In addition, Mr. Speaker, we were happy to receive support from a team from the Canadian Armed Forces that consisted, I believe, of eight nurses, one senior critical care nurse, and six staff nurses. Thanks to them we were able to support one to two additional ICU beds out of the 380 surge beds that were available, and indeed the Canadian Red Cross provided, I think, 18 staff that were of general nursing capabilities to support the Red Deer hospital in central Alberta.

Indeed, Mr. Speaker, we are all in this together. Just as Alberta shipped planes full of ventilators and surplus personal protective equipment to our fellow provinces in the first wave of the pandemic, we have also received significant numbers of patients from other provinces. Since March of this year Alberta has accepted a total of 440 COVID and non-COVID patients from other provinces. This included 35 ICU COVID patients and 99 non-ICU COVID patients. Tonight I believe we have five or six out-of-province ICU patients in our hospitals.

While we do appreciate support from the rest of Canada, at the same time we should acknowledge that we've been there continually even in dire circumstances to support the rest of the country. We've been helpful for patients. Of course, we are the backup hospital system for the Northwest Territories, that was hit with the harder fourth wave in terms of per capita infections. We've been a backup hospital for border regions of British Columbia and

parts of northern British Columbia, and we've been very helpful to our friends in Saskatchewan as well when they've needed that assistance.

I should also point out that we're all in this together just as I think every province – British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, those provinces – in addition to Alberta at some point has benefited from Canadian Armed Forces support during the history of COVID in Canada, Mr. Speaker.

Let me turn, then, to the future because, Mr. Speaker, as we see, thanks to the diligence of Albertans the fourth wave is coming under control, and in that respect I think we can now say definitively and gratefully that we have not experienced, we have not witnessed the potential Thanksgiving bubble, Thanksgiving spike in cases that we were concerned of.

7:50

As you know, the second wave in the fall of last year seems to have been triggered in part by indoor social gatherings around the time of Thanksgiving and then, later in October, Halloween. We can clearly correlate the second wave to those indoor social gatherings, but we called on Albertans to be vigilant this Thanksgiving, to limit social interaction, and they rose to that call. What we have seen is a continued decline in transmission, new cases, active cases, positivity rate, and rate of transmission since Thanksgiving nearly a month ago, three and a half weeks ago. Indeed, over this past weekend, Mr. Speaker, we, on the 29th of October, saw the testing positivity rate is now 5.1 per cent. It has continued, thankfully, to decline.

But, Mr. Speaker, I think the most important factor in getting the fourth wave under control and the single most important tool that we have to prevent potential future waves that could impose unbearable pressure on our hospitals is the miracle of modern medicine, vaccines. As I said at the outset, the fourth wave here and in Saskatchewan, where we've experienced very similar numbers and pressures, was, not coincidentally, attributable to the fact that our two provinces had identical vaccination rates at 77 per cent, 78 per cent at the beginning of September.

On September 3, Mr. Speaker, Alberta's government introduced the \$100 incentive to reach out to people who had not yet been vaccinated. Our public opinion research from the beginning has suggested that about 7 to 9 per cent of the population are determined not to be vaccinated but that perhaps 92 per cent, give or take, of the adult population either intends to be vaccinated or is open to vaccination. We needed, in our view, to use every tool at our disposal to reach people who have different motivations and different interests. We do know that after the introduction of the \$100 incentive, we saw a measurable increase in first-dose bookings and demand.

Then, Mr. Speaker, following the September 14 introduction of the restrictions exemption program, we saw a very significant increase, a further increase in vaccine demand. In fact, between September 3 and now, the end of October, we have seen vaccination rates for first-dose coverage amongst the eligible population move from 77 per cent to, as I mentioned, 87.1 per cent today. That is very substantial progress. That represents about 320,000 Albertans who have stepped up for their first dose, and the gap between first- and second-dose coverage is closing.

This is so critically important because the vaccines in Alberta have proven to be – I mean, around the world but in particular in Alberta the data is astonishing about the powerful protection that these vaccines offer, yes, from infection and the ability, therefore, to transmit but also, most particularly, from severe outcomes. Consistently, some 90 per cent, since the last several months, of our ICU patients with COVID have been unvaccinated.

Now, sometimes the people who are confused about vaccines say: aha, but what about the 10 per cent that are vaccinated? Well, Mr. Speaker, those are typically very elderly people with multiple severe health conditions who are the unvaccinated who get severe symptoms, but that 10 per cent represents now 85 per cent of the population. We did the math on this. If you are in your 50s, between 50 and 60 years of age, you are 56 times more likely to be hospitalized with COVID if you are unvaccinated than if you're vaccinated; 56 times more likely to be hospitalized if you are an unvaccinated 50-something than if you are a vaccinated 50-something.

Yes, breakthrough infections are possible, and they happen, but they are relatively rare. Breakthrough hospitalizations for vaccinated individuals are a tiny fraction of hospitalizations and deaths for people who are unvaccinated. So the most important thing we can continue to do is to continue pushing those vaccine numbers higher and higher.

Now we're probably getting to a point of diminishing returns. We would estimate that now, at 87 per cent first-dose coverage, maybe, at the outside, based on our research, we could pick up another 5 percentage points of the eligible population, and it will probably be slower going now, Mr. Speaker. We are launching, as we speak, yet another information campaign to address fallacies and myths about vaccine safety and efficacy. In fact, starting tomorrow, a mailer will be arriving at every household in Alberta, a very substantial presentation of the hard facts so that people can make their own decisions.

Of course, what we encourage them to do is to talk to their own medical practitioners, Mr. Speaker, and in that respect AHS reports, per their worker vaccine mandate, that some 96 per cent, I believe, of full-time AHS staff and doctors with visiting privileges have confirmed their vaccination status. We believe a significant number of the remaining 4 per cent simply haven't got around to filling out the paperwork. From that, we could infer that nearly 100 per cent of Alberta physicians believe in the safety and the efficacy of the vaccines in terms of their own personal health care choices.

Mr. Speaker, I've got five minutes just to say that in the midst of this serious public health crisis, of course, we have also been coping with the twin crises, especially last year, of the global COVID economic collapse, the worst since the Great Depression, and the energy price collapse of last year, the worst in history, which really challenged this province doubly hard because – well, we were hit harder than virtually any other jurisdiction in the developed world because of the concomitant collapse in energy prices going from \$64 WTI at the end of February of last year to minus \$40 for a period.

But, Mr. Speaker, I am pleased to report that Albertans have demonstrated yet again their incredible resolve and resilience, their entrepreneurial culture. We see that in a tremendous economic turnaround story emerging from the COVID economic crisis. Indeed, we have in our most recent Treasury Board and Finance quarterly update upgraded Alberta's growth projections this year based on our own and private-sector forecasting from, I believe, 4.4 per cent to 6.7 per cent. There is no doubt that Alberta is leading Canada in economic growth this year. Most economists project that we will do so again next year.

Since the beginning of July, from July to the end of September, Statistics Canada reported in its labour force survey the creation of nearly 60,000 net new jobs in this province, some 90,000 net new jobs since the beginning of 2021. We have effectively seen all of the jobs lost during the COVID crisis last year replaced in our labour market. As more people come back looking for work and as more and more employers report labour shortages as their primary current challenge, Mr. Speaker, the great part of this good news is

that it is not simply a reflection of stronger commodity prices. While that is helpful, it is not actually translated into any meaningful increase in capital spending or hiring in the energy sector, which is still repairing balance sheets from the catastrophic damage of last year's price collapse. What we are seeing is, I think, a historic acceleration of the diversification of Alberta's economy right across the economy.

We're in our second year of record best years for the Alberta forestry industry. Last year was the second-best year on record for Alberta agriculture. This year: bad weather but still hundreds of millions of dollars of new investment in agri-tech and food processing.

We are experiencing, by orders of magnitude, the best year ever in our film and television industry since launching the expanded Alberta film and television tax credit. We have seen the investments reach a billion dollars this year as studio space is being created, tripled, quadrupled in capacity. Crews are flying here from other parts of Canada as that creative industry takes off.

The best year ever, by orders of magnitude, in venture capital investment, which is the jet fuel of tech start-ups in the digital industry. The best year ever in the digital information and technology industries, with global giants like Infosys and Mphasis coming here but also Rogers and RBC announcing major centres of excellence with hundreds of new staff in Alberta.

8:00

In the next couple of weeks we are going to hear a historic investment from a major global company, I think the single most important, game-changing investment in the tech sector in Alberta history. Air Products announced their billion-dollar investment in the world's first net zero hydrogen project here in Alberta, and they said that they would likely triple that, and that was thanks to the determination of this government. I can tell you that we are looking at billions more in investments to make Alberta a world leader in the future multi-trillion-dollar hydrogen economy.

Mr. Speaker, just two weeks ago we announced the historic Dow investment, the largest investment in Alberta in at least a decade. I could go on. Let me just wrap up by saying that we still have very real challenges ahead of us, but the future looks bright.

The Acting Speaker: Thank you, hon. Premier.

I will now cede the floor to the hon. Leader of the Official Opposition for a statement not to exceed 15 minutes, after which we will get into the first of the question period sections, on which I will have more to say at that time. The Leader of the Official Opposition, please.

Ms Notley: Well, thank you very much, Mr. Speaker. This fourth wave, which is the actual subject of our discussion tonight, is a tragedy, made all the more so by the fact that it was entirely and utterly preventable. This UCP government simply refuses to learn from its mistakes, and the fact that we had the worst outcome in this province on the fourth wave is clear indication of that fact.

Now, in the first wave we know that Alberta, like most provinces – all provinces, in fact, across the country – had what we didn't know at the time were relatively low numbers of infections and tragic losses as a result, but even in that situation we managed to distinguish ourselves as the province that had the worst workplace outbreak in North America with respect to our profound mishandling of Cargill and JBS and the infections that took off there.

In the second wave we had deaths in long-term care, and we had a Premier who went missing for 12 days in the middle of the height of that pandemic, and then ultimately we had the beginning of what became a trend – acting least, the latest – such that we ended up

having to entirely cancel Christmas for all Albertans except for members of the UCP caucus.

Then we had the third wave: another uncontrolled spread, the highest cases in Canada, reimposed restrictions even as members of this cabinet were seen enjoying Scotch on the sky palace in breach of the rules.

Then we had the fourth wave. At its height in late September Alberta was reporting more than 1,500 cases per day and two dozen deaths per day, more than 20,000 active cases, the most in Canada. There are lessons that this UCP government must learn on how to stop the spread and how to save lives while supporting businesses, supporting families, supporting children in school, but in order to learn those lessons, we must actually have either a public inquiry or an all-party inquiry.

You know, in Walkerton, where 2,000 people got sick and six people died, there was an inquiry. This is much worse. So while it is great to be able to be here to debate and engage in rhetoric, I don't believe that we are getting anywhere close to the level of accountability that the people of this province are owed by the members of that UCP government.

Nonetheless, how did we get here? Well, quite honestly, I think that when we're talking about the fourth wave, it didn't begin with public health. It actually began with the Premier's poll numbers. He was in political trouble, and somebody over there got the idea that if they could just say, "Best summer ever" and make a bunch of hats with that on it, somehow maybe there was hope that they could recover. So he ignored the warnings. He called public health experts and doctors fearmongers. He accused them of spreading fear porn. He accused the opposition of making up a fourth wave. We're yet to get the apology on that one. He drove ahead with the reopening plan based on modelling that he claimed he didn't have and later claimed and again even tonight claimed didn't work, based solely on U.K. data, making faulty assumptions. He claimed that 70 per cent first dose was good enough, but Theresa Tam had already said that we needed 75 per cent of two doses before we let go everything else.

By Canada Day we were at 42 per cent, but away we went, lifted all the restrictions. He and his staff told Albertans that the pandemic was over, that we were moving into the endemic. They announced plans to stop testing, stop contact tracing, stop isolation protocols. Albertans had to protest, Mr. Speaker, just to get those extended.

By August it was clear the plan was failing as active cases were climbing, more than 3,000 by August 10. What did the Premier do? Well, he went on vacation, and we have no idea who was watching the store while he was gone. After he'd left, everyone else either started calling for or implementing the very measure that the Premier now admits is working, which is vaccine passports. What did these folks do? They started fundraising against them. New cases passed 800 per day, and at the end of August AHS started cancelling surgeries. The Premier returned on September 3, announced his \$100 plan – let's be clear; you would need a nanomicroscope to measure the impact that that had – and then he waited two more weeks in order to actually announce passports.

That's the summary, in short, of what happened. But meanwhile what were the consequences? This is really important, Mr. Speaker. This lack of leadership caused a fundamental collapse to Alberta's health care system. I am actually quite shocked and troubled to hear the Premier beginning to position into the mode of actually trying to blame our public health care system for the mistakes that he and his cabinet colleagues and his caucus colleagues made. Shameful. At least 8,500 surgeries cancelled, ICUs overwhelmed, front-line workers so exhausted that, as the Premier mentioned, we had to call in people from other provinces.

We also saw more economic hardship. Businesses had to react to vaccine passports with almost no notice because they were told over and over and over again that they would never happen – I don't know why – but they got very little notice and no support to do it. Meanwhile we've got the other so-called business supports, the SMERG payments, jobs now. None of that stuff is happening. It's now jobs TBD, not exactly what people in this province need in terms of support, what small-business owners need in terms of support from their government.

We had chaos in schools, parents deeply stressed, teachers deeply stressed, outbreaks all around the province, and children who are suffering from unprecedented levels of mental health issues. I know this because I hear people. People come to me on the street and talk to me about this day in and day out.

It caused pain and suffering to Albertans whose supposed elective surgeries were cancelled, and by elective I mean somebody with a brain tumour who now has to wait, somebody with cancer who has to have their radiation and their chemo rescheduled, somebody waiting for an organ transplant who had to have it put off, children who needed critical surgery, that was absolutely fundamental to their actual development over the rest of their life, delayed. All that happened, 30,000 more Albertans got sick, more than 700 passed away, and each of those people has a family and loved ones, who should never have had to deal with it.

Now, this Premier likes to roll out a lot of excuses. I don't have time, actually, to go through all of them, but let's start with other jurisdictions. All experienced a fourth wave: that's what the Premier likes to say. Let's be clear. Ontario, led by a Conservative Premier – a nonpartisan observation here – learned from their lessons, established a science panel. It wasn't perfect, but they learned some lessons, and what happened? Well, Ontario during the fourth wave experienced one-sixth the number of new cases per capita. They experienced one-fifth the number of fatalities per capita. That's the difference. Five times more people died here. Six times more people got infected here on a per capita basis.

8:10

So don't tell us that this happened in other provinces and that we should just be okay with it. It was worse here because of bad decisions made by this UCP leadership. They say, "We did everything we could to push vaccines," and by that I think they mean push vaccines as a means to fund raise around and to promise to Albertans and to create a wedge issue and say, "We will never have vaccine passports, and we will never use the word, and then we'll fund raise against it." Congratulations.

The problem is that that is the thing that actually got our vaccination rates moving again, and we delayed a month after the rest of the country. The Premier himself acknowledged that once he announced that we were open for summer on June 18, Alberta's vaccination rate moved three points between June 18 and the middle of August. Why do you think that is? Who is to blame for that? He'd like to blame Albertans. I would argue that he delivered a message that he should never have delivered, and then he failed to act on the thing that would have moved the dial for far too long.

The other argument that he likes to make: the only other alternative, what the NDP is calling for, what the Chicken Littles are calling for, what all the fear porn mongers are calling for, is a hard lockdown. Let me tell you, Mr. Speaker, that that is so disrespectful. It is disrespectful to the people of this province who were concerned, who were scared, who wanted to see their government show leadership. That was never what we were proposing. That was a false choice, another false choice, another demonstration of empty rhetoric by a Premier and a leadership that did not have the strength to make the choices that were necessary

to protect the public health of Albertans. That was never what we were proposing. We were simply proposing that Alberta act with the same balance and measure that every other province, other than Saskatchewan, in this country acted with. Yes, we are similar to Saskatchewan, and there's a reason for that, because they followed the same bad advice that this Premier was peddling. Other than that, we could have done so much better. One-fifth the fatalities, one-sixth the number of cases: that's what we could have done.

Ultimately, this is not just about this Premier, though. Everyone wants to make it about this Premier, but this whole cabinet, this whole government is complicit. It was clear for weeks that the open for summer plan was failing, that the so-called decoupling theory was decoupled, and that hospitalizations were going up and that Albertans were getting dangerously ill, and nobody did anything. Nobody said anything. The Premier left the country for two or three weeks. We have no idea who was in charge while he was gone, and nobody said a word. Nobody stood up over there on behalf of their constituents, on behalf of front-line health care workers in their riding, who desperately needed somebody to stand up for them. Nobody did, so it's not just the Premier's problem. It is the whole cabinet's problem.

But now, as the Premier rightly said, we do have to move forward. There is a series of very, very important things that need to happen in order to protect Albertans. You know, we've been through four waves. I hope to goodness we're not all going to wipe our hands of it and say: "Okay. Well, that's COVID. Bye-bye." I hope that by now we've learned that we need to be on our guard. We need to be measured. We need to dispense with decision-based evidence-making, and we need, instead, to start coming up with a plan to protect the health of Albertans. We need a science table, an independent science table, to restore public trust, that has been desperately lost and, sadly, lost as a result of the actions taken by this government over the summer.

We need an aggressive plan, a thoughtful plan to get vaccines into our schools so children from five to 12 can get access to them quickly. We need to have a plan to get boosters out there. We need a plan to go to those rural communities that still have vaccination too low, and we need to get those folks vaccinated, too.

We need to support our front-line health care workers and the health care system. Let's not demonize them. Let's not threaten to go after them for the mistakes they made. Seriously? Wow.

Let us instead think about how we address the point the Premier actually correctly raised. We don't have enough well-trained nurses. We don't have enough front-line health care staff. We need to treat them with respect. We need to recruit them into this line of work, something that will not happen under this government's record of constant, unflinching demonization and attacks claiming that they earn too much money, and then when things get tough, we cancel their vacation – not the Premier's vacation but their vacation is cancelled – and their overtime is mandated, and they are forced to work when they are desperately tired and exhausted. They still are.

We need to acknowledge that, and we need to find a way to support them right now. And we need a plan. We need a plan to figure out how we're going to catch up with those surgeries, and we need more than the vague generalizations we've been getting from the Health minister. We need numbers and metrics so we can track them and keep this government accountable.

We need to support our schools, as we've been begging this government to do since the beginning of this pandemic and they have failed to do at every turn. We need contact tracing. We need safe classrooms.

This government needs to finally get money out the door to small-business owners who are desperate for it. The SMERG, the

jobs TBD, all these things: they need to be done, not talked about but delivered. They haven't been, and I look forward to further conversation throughout the remainder of our time.

The Acting Speaker: Thank you.

Hon. members, for a period not to exceed 30 minutes the Leader of the Official Opposition may now pose questions relevant to the Premier's statement or the government's response to the COVID-19 pandemic. [interjections] Order. Order. The hon. Premier or any other member of Executive Council may respond to those questions. Neither the questions nor the responses may exceed two minutes at a time.

I will now call the hon. Leader of the Official Opposition.

Ms Notley: Well, thank you very much, Mr. Speaker. This is a new format, so I'm going to try and get some good questions in there and, hopefully, get some good answers. I want to talk a little bit about modelling back in June, and we'll start there. Now, the Premier told us that he relied on modelling for his open-for-summer decision. On June 16 he rose in this House and he told us that he didn't have any modelling. Two days later he went out and had a press conference and announced that July 1 was the day that we would have freedom.

So my question is this as a starting point: did he receive that model, that he claimed he didn't have on June 16, on June 17, and make the decision on the basis of one day's worth of modelling and reviewing it? Conversely, did he make the open-for-summer announcement on June 18 without the benefit of modelling? This is an important question because it is absolutely critical to get an understanding of exactly what happened when, and what we're told by this Premier is that we did not have modelling two days before he announced that we would be going ahead to open up on July 1. Can the Premier please answer that question?

Mr. Kenney: Mr. Speaker, just for clarification, I have how much time?

The Acting Speaker: Two minutes for questions, two minutes for responses is the max.

Mr. Kenney: Thank you to the hon. Leader of the Opposition for the question. Mr. Speaker, I don't recall a modelling presentation at that time. The open-for-summer plan was predicated on advice provided to cabinet from the chief medical officer of health to remove public health restrictions broadly two weeks after the province had received 70 per cent first-dose coverage of the eligible population for vaccination and 55 per cent, I believe it was, second-dose coverage for vaccination.

Those were the key thresholds articulated earlier in the month, in late May or early June, based on the chief medical officer's analysis of the outcomes in similar jurisdictions with similar rates of vaccination. That was the key predicate. That was the key input into the policy decision.

8:20

I would point out further, Mr. Speaker, that we did not see an increase in cases or hospitalizations following the reduction of public health measures. In fact, when they were lifted – most of those measures were lifted on July 1 – we continued to see four or five weeks of declining and low case numbers. There was not a correlation between those measures and the increase that we later saw.

Now, Mr. Speaker, fundamentally, I think what the member opposite is discounting is, as I've mentioned, that there was a flaw in the analysis, for which we take responsibility. We had not seen

that the United Kingdom had higher rates of vaccination amongst older people, particularly in the 30- to 50-year-old age bracket. That was an analytical error, for which I apologize.

The Acting Speaker: Thank you.

The hon. Leader of the Official Opposition.

Ms Notley: Well, thank you. Just to be clear, then, I think I got from the Premier that, in fact, the decision was made without actually getting the modelling or actually asking for it before making the decision, which I find striking, that you would decide to go against what was happening in the rest of the country, forge your own path, be the first, and not actually ask to see the modelling. That is shocking to me.

Nonetheless, you didn't ask to see the modelling, but you knew it was based on U.K. numbers. On June 14 the U.K. itself delayed their own reopening strategy. So four days before you announced yours would open based on recommendations of the CMOH, based on modelling that was based on the U.K. experience, the U.K. actually announced that they were slowing down their reopening strategy because it wasn't working the way they thought it would. In addition, in and around that time Israel, the Netherlands, South Korea also backtracked. Did your cabinet not see that information? Did your Health minister not go through that information?

I've been in cabinet, Mr. Speaker. I know what a thorough consideration of these kinds of issues looks like. I remember the Member for Calgary-Mountain View questioning these things up the yinyang. Nobody could question these things like the Member for Calgary-Mountain View, for example. I assume there are other members in that cabinet that would have questioned, too. Are you suggesting that not a single one of them asked any of these questions? They were happy to go without the modelling, without seeing it? They were happy to not look at what was going on in other jurisdictions? They were happy to ignore that? Are you suggesting that they all just said, "Yeah, sure, no, sounds good; let's forge ahead; we don't need to see the modelling"? Is that what happened in your cabinet when you decided to make the announcement that you did on June 18?

Mr. Kenney: Well, the answer is no, Mr. Speaker. Every time we have reached important inflection points in COVID policy decisions, I can assure the hon. the Leader of the Opposition that there have been extensive, detailed, exhaustive discussions, requests for information, and a sharing of views, including cross-jurisdictional analyses.

Mr. Speaker, the United Kingdom at that time, in the month of June, had much higher relative case numbers, hospitalization numbers than Alberta, but I would point out that many other jurisdictions around the world – in Europe and in the United States, many U.S. states, states that were hit hard later in the fourth wave – in the spring and summer saw a significant abatement of cases at vaccination rates lower than what Alberta was experiencing. You know, the state of Texas comes to mind, for example, that eliminated all public health measures in mid-March and saw a collapse in cases and hospitalizations.

I think perhaps one challenge that the Leader of the Opposition has is she imagines COVID is kind of a common experience in every jurisdiction across the world regardless of the many complex factors that feed into this: climate conditions, age structure of the population, the willingness of the population to comply with public health measures, and so many other conditions that feed into this. She mentioned Denmark, Mr. Speaker, which a month ago completely lifted all public health measures and has continued to see durable low cases.

As I've said before – and I know the Leader of the Opposition doesn't want to accept this – every government has been trying to navigate its way through this through a process of trial and error. Many of the jurisdictions to which she has just referred have completely lifted public health measures, following the direction that Alberta was headed in in the summer, including the U.K., Mr. Speaker.

Ms Notley: Well, thank you to the Premier for explaining to me all the things I don't know. Here's what I do know. I know what the Premier himself based his decisions on, and you know how I know it? That's what he told Albertans over and over again. He said that it was based on U.K. modelling and not U.K. modelling now. Please don't confuse the conversation.

Let's go back to what was in front of you right before you made the announcement on June 18 to forge ahead and open up all the restrictions conveniently in time for your Stampede breakfast. Let us look at that. You talked to us, you talked to Albertans about U.K. modelling, and what I am telling you is that that U.K. modelling was flawed and that on June 14 the U.K. was now stepping back, yet nobody in your cabinet asked to see the modelling that the CMOH apparently based her decision on. No one asked what was going on in other jurisdictions, and off you went.

Now, you talked about vaccination rates. Let's talk about that. On June 25, five days, six days before your freedom day, Dr. Tam came out and said: "You know what? This delta thing is really worrying us. It's worrying us a lot, and now we think we cannot move ahead to no-holds-barred opening until we get to 75 per cent first dose and second dose." Did the Premier stop and think? Did he question? Did he wonder whether that was the right thing to do? No. We went ahead on July 1 with 70 per cent first vaccination and 42 per cent second vaccination. On what planet did the Premier think that without the benefit of modelling somehow he knew better than Canada's public health officer in order to forge ahead and create what turned into Alberta's fourth wave?

Mr. Kenney: To be honest, Mr. Speaker, I have no idea what the Leader of the Opposition is carrying on about. I have never claimed to have access to the United Kingdom's modelling. I do know that our chief medical officer of health provided her advice broadly to lift Alberta public health measures in the summer, when cases were extremely low, hospitalizations were below a hundred, our positivity rate, our rate of transmission, all of these things had been stable and low for several weeks. She also based it on an analysis of the impact of a similar rate of vaccination in the U.K. and in other jurisdictions. I don't have access to those countries' models.

[The Speaker in the chair]

What I do know, Mr. Speaker, is – I have to point out another thing. The Leader of the Opposition has said that Alberta was the only province to lift public health measures. This is simply not true. Saskatchewan and British Columbia did broadly the same, and most other jurisdictions did as well. Some maintained capacity limits for large events, and that's about it. But most of Canada was broadly open.

Mr. Speaker, is the member really suggesting that we should have maintained stringent public health measures in place in a province where we had extremely low levels of transmission, a low positivity rate, very low active cases, very low daily cases, and very low hospitalization rates? On what basis – on what basis – would she have restricted people's fundamental rights, liberties, and their lives? On no defensible basis.

As I've pointed out, for several weeks after those measures were lifted at the beginning of July, we saw cases continue to decline. I

believe that Alberta Health has only been able to identify roughly a hundred cases traceable to transmission or presence at the Calgary Stampede. Why does she keep focusing on the Stampede? The Leader of the Opposition attended events at the Stampede and other events around the province this past summer. You know what? She was right to do so.

Mr. Speaker, the critical thing is that we adjust as circumstances have changed, just as this government did following the emergence of this wave.

The Speaker: The Leader of the Opposition.

Ms Notley: Well, thank you. First of all, Mr. Speaker, the rest of the country did not open the way Alberta did. They took a more measured approach. Once again the Premier is trying to create this false choice between a hard lockdown and party down, and that's not actually what the options were, as evidenced by what B.C. did, as evidenced by what Ontario did, as evidenced by what Quebec did and most of the Maritimes and all the other places. Just Saskatchewan followed in his footsteps, and it's working out really well for them.

But let's talk about what our CMOH had to say. The Premier claims that, oh, five weeks after July 1, everything was looking super good. Well, on September 13 when Dr. Hinshaw was not in front of the media, she said, and I quote: within a couple of weeks of July 1 we weren't seeing the decoupling we expected. Within a couple of weeks. That's what she said behind closed doors talking to other physicians. The Premier is now saying: oh, it all looked good for five weeks. That is not what Dr. Hinshaw told physicians. She could tell it wasn't looking good.

8:30

The Premier keeps saying, "Well, you know, we had to take a light touch and we had to adjust," but we didn't see any adjustments. In fact, two weeks after July 1 he was still accusing people of fearmongering. He was still calling people names. He was still demonizing people who were raising concerns. So just a simple question, Premier: if Dr. Hinshaw said that she could tell that the decoupling that they had premised the decision to open completely on July 1 on was not happening and that there were concerns, why didn't the Premier act? More importantly, why didn't anybody else in the UCP caucus act? Were they told, or was it hidden from them?

Mr. Kenney: Well, once again, Mr. Speaker, throughout the month of July and into August Alberta continued to experience very low and stable numbers in terms of new cases, positivity rate, rate of transmission, hospitalizations, and all of these key metrics, both leading and lagging indicators. I think it would have been indefensible to have maintained widespread restrictions on personal liberties and on this society in those circumstances.

I will once again point out that we had seen many jurisdictions with substantially lower levels of vaccination much earlier last year lift all public health measures and continue to see numbers decline for quite some time. Mr. Speaker, at this point we must, I think, take greater confidence in the much higher levels of vaccination in Alberta today, surpassing 87 per cent first-dose coverage of the eligible population, surpassing 80 per cent full vaccination amongst the eligible population. We also know that, of course, a larger number of Albertans now have some degree of an immune response from prior infection.

We need to continue to be careful, and we are likely to maintain many of the current measures in place through the balance of the winter as we are headed into cold weather season and we may also be experiencing a waning effect of both immunity through prior infection as well as protection from vaccines, which has been

experienced in some other jurisdictions. Our focus now is on ensuring that we take the right steps with prudence and caution as we move forward, but, Mr. Speaker, there are increasingly positive signs in many jurisdictions around the world that we are following as well.

Ms Notley: Well, that didn't answer really any of the questions that I just asked, but nonetheless.

On July 28 the CMOH announced that test, trace, and isolate was going to end, and as usual when people were shocked and upset and concerned, because they all were, the Premier took to Twitter to say, quote: it's time for the media to stop promoting fear when it comes to COVID-19, and it's time to start actually looking at where we're at with such huge vaccine protection. You know who else used that word. Nonetheless, by the Premier's own admission, between June 18 and the third week of August vaccination rates had basically stalled. More people were not getting vaccinated. We didn't even get to the first target – we didn't – and we were nowhere close to what Dr. Tam had recommended.

My question, first of all, is: why did the Premier not take that opportunity to say that our vaccination rates aren't going up and that, in fact, vaccination is a problem? Why, instead, did he say that our vaccination is huge? Why did he say that? He knew it wasn't happening.

My second question is this. A couple of days later, two or three days later, we know that the Ministry of Health was provided with modelling from independent modellers from other provinces that said: "You know what? Your data is wrong. Your modelling is flawed. You're heading for a problem. Oh, my Lord, please stop. Please listen to us. Here is why your data is wrong. The U.K. is not the right place to emulate; you need data from the U.S. If you follow that, you are headed for big trouble. Please stop. Please rethink." That was in the first week of August. Why didn't you act then? You had the information. Why didn't you stand up to protect Albertans then?

Mr. Kenney: Mr. Speaker, I think there were several questions there. First of all, with respect to vaccination, at that point at 70 per cent first-dose coverage Alberta and much of Canada were well ahead of the rest of the world, so it's certainly relative to – I mean, 70 per cent: we've never received that, I think, ever in a vaccine program in our history, certainly not in four or five months. Certainly by historical standards and relative international crossjurisdictional standards it was an extremely high number. Thankfully, we've continued to add to that, now to 87.1 per cent first-dose coverage as of today.

In terms of the second question I can assure the hon. the Leader of the Opposition that Alberta's chief medical officer of health has been in constant communication with her peers across the country, taking onboard their advice and their views and sharing those when relevant with the emergency management committee of cabinet.

Once again, Mr. Speaker, the vaccination rates, you know, we had a particular challenge here in certain more remote communities. We've fortunately begun to see those rates move up significantly. In many rural areas we've seen about 15 to 20 points in additional vaccination over the past six or seven weeks, so I'm very gratified to see that. As I said, as of tomorrow exhaustive public health information will be arriving at the doors and mailboxes of Albertans across the province to help reach out to the remaining 13 per cent who have not yet received a first dose.

The Speaker: The Leader of the Opposition.

For the benefit of the Assembly, there are 10 minutes remaining in this block of questioning.

Ms Notley: Well, thank you very much, Mr. Speaker. Let's go back, then, to the CMOH and what she was doing. We didn't get an answer there. What I said is that we know that independent modellers from other provinces had reached out to the Ministry of Health and to the CMOH in the first week of August to point out what the Premier subsequently relied on as one of his excuses in mid-September of why their modelling wasn't working and that there was a problem. But nobody did anything.

Now, when she was having her conversation with doctors in early September, Dr. Hinshaw also stated, quote: by kind of mid- to late August we realized that we had a significant problem. My question now. The CMOH, mid-August, knows that we have a significant problem. Maybe it's because she's read the modelling even though nobody is acting on it. Why was there no action then? Did she recommend action, Premier? Did she recommend action to the Health minister? Why was there no action? Why did you go on vacation then instead? Why was nobody left in charge when you were away, probably on a different continent? When Dr. Hinshaw herself admits that by mid-August she knew that there was a significant problem, why did everybody go dark? Why did you leave, Premier? Why weren't there decisions taken then to protect the health and safety of Albertans?

Mr. Kenney: Mr. Speaker, in point of fact, action was taken. The hon. the Leader of the Opposition will recall that the chief medical officer announced a series of measures – I forget the precise date – at the end of July, I believe, to formally move Alberta from pandemic management to endemic management, measures related to contact tracing and a number of other things that emanated from her discussions with many peers and colleagues across the country, who were observing positive trends in jurisdictions around the world with similar rates of vaccination, and based on an understanding that at an appropriate time we have to learn to live with COVID and address the multiple health and other social challenges that we face, including public health challenges.

In mid-August Dr. Hinshaw, the chief medical officer, reached out to me through the Minister of Health to indicate concern and a decision to suspend most of those measures that had been announced in late July. I chaired an Emergency Management Cabinet Committee meeting in mid-August to accept her recommendations to pause those measures that had been announced in late July. I continued to be in daily contact with my staff and senior officials during the two weeks that I took personal time, the first two weeks I've taken that much time in over three years, now over four years, Mr. Speaker. I continued to be in daily touch. Had there been further recommendations later in August to take additional measures, I would have immediately convened a cabinet committee meeting to approve those.

Ms Notley: Mr. Speaker, let me get this straight. I believe that the Premier is trying to give himself credit for the fact that the utterly ridiculous decision to stop contact tracing and asking infected people to isolate was reversed. I am sorry. That is not what I meant.

8:40

What I meant was this. You lurched forward: open for summer. Everything is fine. Get together in a room with 2,000 of your favourite friends and drink a lot. You did that because you were convinced that there would be a decoupling from case numbers and hospitalization. By mid-August it was utterly clear that that was not true, that that was not happening, and that the cases were going back up but also the hospitalizations were going back up, and the CMOH had modelling that showed that it was all happening, and you want us to give you credit for the fact that you reversed the decision . . .

The Speaker: I might just remind the Leader of the Opposition to speak through the chair. If you were speaking through the chair, you might say, “the Premier did this; the Premier did that,” as opposed to: you, you, you.

Ms Notley: Anyway, thanks for that time there, Mr. Speaker.

The fact of the matter is that the Premier and his cabinet had this information in the middle of August, and they did not do what was happening in every other province, which was a measured approach. My question is: why was nothing else done?

Also, let’s talk about what could have been done, and that is vaccine passports. By this time the Chamber of Commerce, the Flames, the Oilers, and, interestingly, the province of B.C. had all concluded that this was the way to move forward. What happened here? The Health minister declared that we will never go forward with a vaccine passport. Was that something that the Premier advised from his vacation somewhere in Europe when he was calling his Health minister, or was that a decision taken just by the Health minister?

Mr. Kenney: Well, first of all, Mr. Speaker, the Leader of the Opposition really reveals something about her approach to politics with her obsession over credit and blame. I wasn’t seeking credit, but I know that the Leader of the Opposition is obsessed with assigning blame.

I’m here to talk about the facts, and the facts are that we received advice from the chief medical officer to move from pandemic to endemic management at the end of July, and we accepted that advice. Ultimately, it’s the politically elected officials who must take responsibility for the advice that they take, and I have taken responsibility for that. Then we received advice in mid-August to delay a number of those measures, and I immediately convened a meeting of the emergency management committee of cabinet to ratify those recommendations. Those are simply the facts.

With respect to what the member opposite calls vaccine passports, the proof of vaccination or restrictions exemption program, it wasn’t simply the position of the Minister of Health in the month of August; it was the position of every government in Canada until not long ago. [interjection] Mr. Speaker, she laughs, but I was on calls with all 13 Premiers and the Prime Minister as late as April or May, when we were unanimous in our opposition to proof of vaccination programs for a number of valid reasons. A number of valid reasons.

Now, over the course of the summer as new data began to emerge and as every province started to see their vaccination rates start to stall out, provinces, one by one, began to take a different approach; Saskatchewan and New Brunswick after Alberta. Mr. Speaker, we had legitimate reasons around privacy concerns, a number of other issues. Frankly, we were concerned that the perceived compulsion of that program would actually, potentially reduce vaccination rates, so that explains why every government . . .

The Speaker: The Leader of the Opposition.

Ms Notley: Well, Mr. Speaker, again I was talking about the delay in implementing what was clearly an important public policy decision in the month of August while Alberta was leading the country in case growth and hospitalization, while Alberta was being told that it was in deep, deep trouble. The rest of the country wasn’t facing that. Just Alberta was, yet nobody was around to make a decision.

We know that on August 27 30 per cent of surgeries in Edmonton were cancelled. They were not elective surgeries. They were cancer surgeries. They were organ transplant surgeries. They were cardiac surgeries. They were surgeries on children. We know that 30 per

cent of them were cancelled on the 27th, and then subsequently far more were later.

We’ve all seen the AHS dashboard. We’ve all seen that they do projections there. We know what that looks like. So it’s simply this: when exactly was the Premier or the Health minister or anybody else in that cabinet over there advised that we were moving to the point of having to cancel up to 30 per cent of surgeries in Edmonton and ultimately 100 per cent of elective surgeries everywhere else? When were you advised? The dashboard probably had to give you at least two weeks’ notice, probably more. When were you advised? What did the documentation look like?

Why didn’t you act on it? Why did we not hear from you, from your vacation, wherever you were on the 27th of August, when the decisions of your cabinet to not take action resulted in 30 per cent of elective surgeries in the city of Edmonton being cancelled and, subsequently, elective surgeries across the province being cancelled?

Mr. Kenney: Well, Mr. Speaker, I don’t have a detailed diarized record of every bit of information I’ve received over the past several months, but I believe I was presented with broadly that situation at a verbal briefing at McDougall Centre in Calgary at or around that date. That is when we began to consider additional measures that were taken onboard by cabinet and announced on September 3 and then further measures that were announced on September 14.

Mr. Speaker, whenever we’ve received advice to take additional public health measures, we’ve acted promptly. We have taken into serious consideration the public health advice that we receive and acted promptly. I would say that overwhelmingly over the course of the past 20 months, not in every respect on every detail but broadly, the Emergency Management Cabinet Committee has accepted the advice that we’ve received. Ultimately, it’s the elected actors that must accept responsibility for these matters, as we do.

At the end of the day, we believe the focus now must be on continuing to get those vaccination rates up and continuing to act with care and prudence.

The Speaker: Hon. members, the debate will now continue in the following manner. For a period not exceeding 10 minutes, the hon. Minister of Health may make a statement. Immediately following the Minister of Health’s statement, for a period not exceeding 15 minutes, members who are not members of Executive Council may ask questions on matters related to the statement or the government’s response to the COVID-19 pandemic. Any members of Executive Council may respond to those questions. Neither questions nor answers may exceed two minutes at a time.

The hon. the Minister of Health.

Mr. Copping: Thank you, Mr. Speaker. The COVID-19 pandemic has taken a toll on Alberta, as it has done across Canada and virtually every country in the world. This global health crisis has tested health care, the economy, and civil society in every jurisdiction it has impacted. We naturally focus on the impacts within our own province, but we must remember that this is a global pandemic, and no country has been immune to its devastating effects. It is not unique to Alberta, not in the challenges it has posed, the impacts it has had on vulnerable people, the pressure it’s created in the health system, the way we responded to it, or the ways we’ve had to change to adapt along the way.

From the early days of the pandemic Alberta has followed the science and made decisions with the information we had at the time. That’s why in March 2020 we quickly scaled up a best-in-class testing program, so we could test, trace, and isolate the virus. That’s why we ramped up our provincial immunization program last

winter, so we could get doses into the arms of vulnerable Albertans and dedicated front-line health care workers as fast as possible. That's why we've implemented the vaccine incentives and the restrictions exemption program, to reduce transmission and to help businesses keep operating safely and provide another incentive for Albertans to get vaccinated.

As we acknowledged many times, the move to managing COVID as an endemic, back in July, was too soon, and we've since modified our response to get through the fourth wave and reduce pressure on our health system. Going forward, my mandate from the Premier is to continue to work to get past the fourth wave and prepare for the future. This mandate includes three priorities: increase baseline permanent health care capacity, increase surge capacity to ensure health care is not disrupted again if we have future waves of COVID-19, and increase vaccinations.

Mr. Speaker, we are getting through the fourth wave. New daily cases have been falling for five weeks, and they're down by more than half from the peak in late September. Hospital admissions have also been declining, slowly but steadily, for nearly five weeks. But they're declining from numbers that were far too high, and they're still too high.

8:50

The reality is that our health care system remains under very significant pressure. As of yesterday there were 689 patients in hospitals with COVID-19, including 157 in the ICU. That's a big reduction, and it's good news, but remember that there are other patients who need ICU care. In total AHS reports today that they have 247 ICU patients compared to a baseline capacity of 173. So we're going the right way, but we need to get these numbers lower. AHS has done a tremendous job, adding as many as 200 surge spaces to the ICUs at peak, but that's a short-term solution. It's not optimal for care for patients, and it's not sustainable for staff and physicians. A lot of that surge capacity was created by converting spaces and resources that are normally reserved for patients who are getting major surgery, so those surgeries had to be postponed. That's a tremendously difficult decision, and I feel for all of the patients and families who have been impacted.

As we get through the fourth wave, AHS has been carefully increasing surgical volume to include a growing proportion of urgent surgeries as well as emergency cases. They've also started redeploying surgical staff and anaesthetists back to their surgical roles following temporary ICU deployment. A few weeks ago, at the peak of the fourth wave, AHS warned that they might have to postpone up to 75 per cent of all requested surgeries on a given day. In fact, they were able to keep doing slightly more than half of all surgeries, and they've made progress in improving since then. Most recently they've been doing about two-thirds of all requested surgeries, and they're working hard to bring that number up. We'll update Albertans on the timeline to clear the backlog and begin to reduce wait times as soon as AHS can get back to more normal operations. Looking down the road, we're still firmly committed to the goal of doing every scheduled surgery in a clinically appropriate time.

When we talk about the impact of COVID-19 on health care and on patients, obviously we need to talk about continuing care. This pandemic has taken a heavy toll on continuing care residents, families, and the system itself in Alberta and in other jurisdictions. We've worked hard from the start to support our operators in giving residents safe care, and we continue to work with them to protect vulnerable seniors. We're continuing to provide a \$2 wage top-up for health care aides at contracted continuing care facilities, addressing a key pressure on the workforce in contracted continuing care facilities during COVID-19. This past March we committed up

to \$68.5 million in grant funding for supportive living operators as well as home-care services, hospices, and residential addiction and mental health treatment centres.

Most recently we put a priority on a third dose of vaccine for all residents of congregate living facilities for seniors. That includes a total of 58,000 people in publicly funded continuing care as well as privately funded facilities. As of October 29, Mr. Speaker, nearly 38,000 of those residents have received third doses. That's about two-thirds of the total. We also introduced additional masking, testing, and quarantine measures for all continuing care facilities as of October 25, and operators can put in place any additional measures that they think would be suitable for their residents, staff, and visitors. The result is that cases and outbreaks are down sharply, as they are in the wider community.

We're going to learn from the pandemic to make continuing care better and safer in the future. That's the goal of the facility-based continuing care review, and we're making changes to improve care right now as well as planning for legislative changes that we'll bring forward in the spring. We're moving right now to improve public reporting on continuing care inspections, eliminate ward rooms shared by more than two people, and provide capital grant funding for Indigenous groups to develop continuing care capacity. As well, in September we committed \$36 million to increase home-care capacity. This supports the shift to more care in the community, which is among the core directions recommended by the review.

For right now, though, I'm focused on getting past the fourth wave. The key to that is vaccination, and we're making real progress. Just today we announced that we've reached 80 per cent of eligible Albertans fully vaccinated. That's more than 3.2 million Albertans out of the total of 3.8 million aged 12 and over. Since September 15 about 264,000 more Albertans have received a first dose of vaccine, and 293,000 have received a second dose. Over 87 per cent of eligible Albertans have at least one dose, just 2 per cent from the national average of 89 per cent. Mr. Speaker, we are closing the gap through our incentives, the mandatory vaccination for the public service, and encouraging people through the REP. We're working to put the pandemic behind us through vaccinations.

In the meantime, as we've done from the start, we've brought in public health measures in the most targeted and balanced way possible to reduce transmission of the virus and preserve capacity in our health system while at the same time minimizing harms caused by the restrictions themselves. Mr. Speaker, we need to be clear. COVID is a real and urgent public health crisis, but restrictions also have harms of their own. There is not and there never has been any simple answer to COVID that comes without a cost. Restricting people from doing the things they value, including just visiting in each other's homes, closing businesses and depriving people of their livelihoods, turning kids away from school: these things have a profound cost on our quality of life and well-being as well as on our shared prosperity. There are things that we should only do when we have to and only to the extent we have to in order to get COVID under control and protect our health care system. So we continue to try to strike the right balance based on the evidence and the advice of our chief medical officer of health. The REP is just the latest example of striking that balance, and it's working. Just recently the same B.C. modelling group that had predicted an even worse fourth wave has said that the REP has been a big factor in bringing it down.

Before I close, I also want to acknowledge our health care professionals, who have worked tirelessly through this pandemic. I am so deeply grateful for everyone in the system who has helped make sure Albertans get the care they need throughout the pandemic, including getting us through the current wave. To everyone in AHS, in Covenant Health, and across the entire health

care system, in family physician practices, continuing care, and home care: thank you for all you've done and continue to do.

To conclude, the Alberta government will continue to do everything in our power to encourage every eligible Albertan to get vaccinated. We will do so because we know it will help to spare them and those around them from the severe outcomes that COVID-19 can cause. We know it'll help keep them out of the hospital and reduce the strain on our health system so that every Albertan who needs care can get it, whether it's surgery, a procedure, treatment, or a specialist visit. We'll keep building capacity in our health care system so we're ready for future waves in this pandemic or any other health crisis that might hit. We'll continue to learn from our experience here in Alberta and other jurisdictions, and ensure we'll make the right policy moves.

We're pleased with the progress that we're making with the REP, and that's why the REP will stay in place till at least the first quarter of the new year before we consider re-evaluating. We'll take whatever steps are required to get cases down, Mr. Speaker, and keep them down. We'll continue to make the best decisions on the best information available and the recommendations from our chief medical officer of health, and we'll continue to support the health system for all Albertans.

Thank you.

The Speaker: Hon. members, for a period of 15 minutes from 8:58 to 9:13 any member not of Executive Council may ask a question for a period not exceeding two minutes, and any member of Executive Council may answer that question for a period not exceeding two minutes.

I see the hon. Member for Edmonton-City Centre, and that will be followed by the hon. Member for Cypress-Medicine Hat.

Mr. Shepherd: Thank you, Mr. Speaker. I'd like to start by talking about surgeries. Now, we know, as the Leader of the Opposition said, that by the end of August we had seen AHS move towards cancelling 30 per cent of all surgeries. It did not take long to progress to the point where more or less all surgeries in the province of Alberta had to be halted. Now, we had certainly heard from front-line health care workers – I know that I was hearing from surgeons and others on the front lines – about the building pressure, warning that we were going to arrive here, yet the government let things drive to the point that we reached.

We have been asking the Minister of Health about this. On October 25 and 26 we asked him specifically how many Albertans had their procedures postponed, and both times he could not or would not provide an answer. He's had a week, and we know that as of about a month ago AHS could say definitively that there had been 8,500 surgeries cancelled. Now, things, I'm sure, have advanced since then, and I'm sure that AHS is tracking these numbers. I'm sure the minister is in conversation with them about these numbers, and he has had a week to assemble those numbers, so we'll ask the minister again tonight: will he tell us to date how many surgeries have been cancelled? How many Albertans have had their procedures postponed? If he deflects to say, "Well, we will talk about that later," could he clarify if that is because he does not have that information? Can he explain why AHS is not tracking that information, or can he identify why he has that information and is refusing to be transparent and accountable and share that information, those specific numbers, with Albertans?

9:00

The Speaker: The hon. Minister of Health.

Mr. Copping: Thank you, Mr. Speaker. First of all, I just want to correct the record. The hon. member across the aisle indicated that

all surgeries were postponed. That is simply not correct. As I noted in my remarks, you know, AHS was prepared to postpone up to 75 per cent of surgeries and procedures. Fortunately, they did not have to postpone that many to be able to create capacity. They postponed, at the worst, 50 per cent, and now we're on the long climb back to be able to recover that. We're up to about two-thirds of surgeries that are requested that are being done right now.

[Mr. Milliken in the chair]

Mr. Speaker, in regard to the question about the actual number, as I indicated to the hon. member and as I'm sure the hon. member recognized, we're not at 100 per cent yet, and the system is still fragile. We're still moving staff who are providing support for temporary ICU beds back into surgeries, so that number fluctuates from day to day in terms of the – you know, it's about two-thirds – number of surgeries that we're getting done.

As I indicated beforehand, I am prepared to come back to the House with a plan with the number of surgeries that the backlog is; not only the backlog, but also, when we talk about backlog, it's the number of surgeries and the days of waiting for particular individuals that they're past the recommended time. I'll be able to come to the House not only to be able to explain that but with a plan moving forward because, Mr. Speaker, that's our focus right now. Our focus right now is getting past the fourth wave, and that's what I've asked AHS to do. I've asked as part of this, as the numbers start coming down, to actually plan more surgeries so we can get caught up.

I will explain to the members of this House, to the member opposite in regard to the backlog, and that backlog is continuing to accrue. But we will explain when we have the plan, and that will come in the coming weeks.

The Acting Speaker: Thank you, hon. minister.

I see the hon. Member for Cypress-Medicine Hat has risen.

Mr. Barnes: Well, thank you, Mr. Speaker. This is frustrating. Sixty private members representing millions of Albertans are sharing 15 minutes in Alberta's huge, huge, biggest health crisis ever. It's incredible. We asked for a Standing Order 30, an emergency debate. The Official Opposition did it, and it was denied, for 15 minutes amongst over 60 of us.

Guess who else isn't getting the opportunity to speak? The chief medical officer of health. You may recall under Bill 66, supported by the Official Opposition, that I and my hon. colleague from Central Peace-Notley proposed an amendment so the chief medical officer of health would go to the Committee on Families and Communities, answer written questions from MLAs so we could truly represent the thousands of Albertans we represent. The Premier came out of his office one night and shut that down.

So the first part of my question is to the government: what are you hiding? Why won't you let us talk to the chief medical officer of health? You know what I'd ask her? I'd ask what the hon. Member for Athabasca-Barrhead-Westlock asked the Health minister yesterday – and I don't think he got an answer – how come we're not considering natural immunity? How come we're not pairing natural immunity with a negative test? How come we've totally disregarded what many, many scientists are saying needs to be looked at?

Mr. Speaker, while we're here, how come we're not discussing paying for rapid tests for lower income people? This pandemic has been so hard on so many families and so many lower income people, and I barely hear a word of that from the government. While we're at it, I just heard the Premier and the Leader of the Official Opposition so concerned about open for summer, the best plan, and

all the PR that was around that. How come weather wasn't considered in the pandemic as we're into the 20th month? Where has this government been? Let's talk to the chief medical officer of health; natural immunity; and let's help the poorer families.

The Acting Speaker: Thank you, hon. member.

Are there any – I see the hon. Minister of Health has risen.

Mr. Copping: Well, thank you, Mr. Speaker. I just wanted to speak to one item that the hon. member raised there. This is in regard to, you know, our focus. Our focus is on vaccinations. We know that vaccinations work. They have been incredibly successful throughout COVID-19. We know that one of the challenges Alberta faced was a lower vaccination rate than certain other jurisdictions, and that led, unfortunately, to a number of people with severe outcomes. We know that during the fourth wave over 90 per cent of people in ICU were not fully vaccinated and over 80 per cent of hospitalized not fully vaccinated.

That is why my approach and the approach of this government is to focus on increasing vaccinations, and we have been successful in doing that through a number of measures, including, as the Premier spoke to, providing more information about vaccination to deal with vaccine hesitancy, including putting in programs that would actually focus on incentives; the \$100, for example. Also, one of the side benefits of the REP program was actually for people to turn their minds to getting vaccinated and be able to get that vaccination done as quickly as possible.

Through that, Mr. Speaker, over the course of September until now, we've been able to increase first doses from 78 per cent to 87 per cent, just 2 per cent shy of the average in the country. Also, we've also been able to increase our second doses to 80 per cent and get protection for not only Albertans, the protections that they need from severe outcomes, but also, very importantly, we've been able to see the numbers come down in regard to hospitalizations and ICU, provide relief for our health care workers, and be able to get more surgeries scheduled. We're going to be focused on the backlog and continue to get the vaccinations up.

The Acting Speaker: I see the hon. Member for Lac Ste. Anne-Parkland has risen.

Mr. Getson: Yeah. Thank you, Mr. Speaker, and thanks to the fellow colleagues, all MLAs, nonpartisan items here, getting a chance to talk, and ministers and former ministers as well dealing with this. I think we've all been public pinatas for the last 20 months, trying to walk the minefield of what's right, what our constituents feel, and, quite honestly, some of the social engineering that's taken place. We've got people's emotions all amped up.

Prior life: I keep coming back to our resource planning, Minister. You know that full well. If AHS was working well, we never would have campaigned on trying to fix it. We wouldn't have had all the surgical backlog, everything else that's taken place. We've done a stress test with the system, and it keeps coming back to ICU capacity, the training, how we get folks in there.

I've heard lots of talk about vaccine passports being the passport for the future. I don't accept that. Nothing is so permanent as temporary. Let's make sure that a lot of these measures and controls we're putting in place have a definitive end date because the folks in my area will not tolerate it, nor will Albertans if this keeps protracting too long. If we're looking at jurisdictions in the world, the biggest superpower to the south of us: only six states have vaccine passports. Everybody else is either blank or they've ruled against it. I get very concerned when we start talking about making

mandatory vaccinations. We all voted against that. Let's not go down that road. We also voted against vaccine passports.

Restricted access programs. Again, you know, the metrics have to be based on some empirical testing: crowd size, rapid tests, all those things I can get on side with. You know, my constituents, to show you some opposite ends of the stick: one lady is telling me that the only jurisdiction that got it right was China; we should install communist law. Another one says: don't do anything at all. So I honestly empathize with you. But, again, the folks in my area have vaccine hesitance for a lot of very valid reasons, including 63 health care professionals. I tabled all of their items internally.

AHS is pushing a lot of folks to the limit. We have to understand that this is getting polarized, and it's pushing a lot of people that we need as resources out the door, that have tons of experience. So I humbly request that everyone ratchet down the conjecture and partisanship, and let's get back to work and figure out the system.

The Acting Speaker: Thank you.

I see the hon. Minister of Health has risen to respond.

Mr. Copping: First of all, I want to thank the hon. member for your thoughtful comments, particularly in regard to treating everyone with compassion and respect. This discussion: there have been polarizing views on either side, and we have to remember throughout all of this that we are all Albertans. We all want to build this province together, and we all want to get through COVID-19 together and come out the other end stronger as a province, stronger as a society, and, you know, focus on jobs, the economy, and improving our province as we work together.

The hon. member made a couple of comments regarding capacity and some of the concerns regarding ICU capacity. First, I want to thank AHS, Covenant Health, and all health care workers for stepping up during the fourth wave to create the capacity that we needed. As I indicated earlier in this House, Mr. Speaker, we were able to create sufficient capacity with the combination of restrictions that were in place to bring the cases down so we had enough capacity and so we didn't have to turn anyone away. That was incredibly important.

9:10

But I also understand the comments made by the hon. member. We need to look at this going forward. We need to look at the capacity. How do we create permanent capacity, and how can we create capacity that is more flexible to be able to handle the potential next wave of COVID-19 without such a negative impact on our health care system? Mr. Speaker, that is one of my key priorities that I indicated earlier. That is what the Premier asked me to do. We're doing work on that right now to try to understand the capacity question so we're not going to be in this position again and we have the capacity to be able to protect Albertans and Albertans' health care going forward.

Thank you.

The Acting Speaker: Are there any other – I see the hon. Member for Edmonton-City Centre.

Mr. Shepherd: Thank you, Mr. Speaker. Now, it was obvious for weeks that the health care system was already straining to keep beds open due to a staffing shortage. We know this began back in May. In fact, I recall in early May the 12-hour closure of the emergency department at the Fairview health complex. That was followed by closures of beds or emergency departments in Edson, Boyle, Rocky Mountain House, St. Paul, Galahad, Westlock, Consort, Fort Vermilion, McLennan, Spirit River, Sylvan Lake, Fort Macleod, Milk River, Daysland, and Manning, not to mention the ER bed

closures at the Royal Alex hospital and the Red Deer hospital. So it was very clear, well before we got to the worst of this fourth wave, that we had a crisis building, yet we saw no action from this government.

These front-line health care workers, who we had a critical shortage of – physicians, nurses, anesthesiologists, others who were required to keep these facilities running – were speaking out about the pressures that they were facing, about the concerns they had, about the case counts they saw rising in their emergency departments and coming to their hospitals.

All along what we saw through May, through the end of July, was the then Minister of Health standing and saying that we were lying – I apologize; I won't use that word – or that we were giving misinformation about the situation and, indeed, that the front-line health care workers themselves that were speaking out were giving misinformation. To the Minister of Health: why did you not take this into consideration, or was this discussed at the cabinet table? At what point did you recognize that the increasing pressure on our hospitals, the critical care shortage, the critical staffing shortage were going to combine with the rising fourth wave to force us into exactly the position that we find ourselves today?

The Acting Speaker: Thank you for the apology on that.

I will also just give the hon. minister 15 seconds should he choose to take it on this, and then we'll move on to the next minister.

Mr. Copping: Recognizing that we're short of time, I'll just comment. As I commented to the previous member, my focus is actually addressing capacity issues moving forward. That is the mandate given to me by the Premier. I fully recognize there are going to be human resource issues associated with this, and that is on the top of my radar.

The Acting Speaker: Hon. members, debate will now proceed in the following manner. Any member of Executive Council may make a statement not exceeding 10 minutes. Immediately following each statement made by a member of Executive Council and for a period not exceeding 15 minutes, any member who is not a member of Executive Council may pose questions on matters relevant to the statement or the government's response to the COVID-19 pandemic. Any member of Executive Council may respond to those questions. Neither the questions nor the responses may exceed two minutes, as we have seen up to this point. Immediately after all statements and related periods for questions and responses have concluded, the debate is considered to have been concluded by the Assembly without decision. The debate may be adjourned at any time.

I believe that there are a few ministers that are looking to join with comments. I see the hon. Minister of Finance has risen.

Mr. Toews: Well, thank you, Mr. Speaker. It's always a pleasure to rise in this House and provide a perspective from the government, a perspective that will encompass the last 18 months, 18 months that have been very difficult for so many Albertans.

I want to take us all the way back to February 2020, when it became evident, apparent, that we would be dealing with a pandemic in this province. I want to again take us back to our final deliberations around Budget 2020, when really at the last minute we added \$500 million to the Health budget for Budget 2020. That was because even at that point in time, while we didn't know the time, we didn't know the duration and certainly not the severity of the pandemic, we knew that we would be dealing with a pandemic, so this House agreed on adding \$500 million to Health's budget. We did that because the number one priority, back in February 2020, back in the spring of 2020, and during this fourth wave, from a financial standpoint, from a financial perspective, was to ensure

that health care was resourced adequately to deal with the pandemic challenge.

When we were deliberating about Budget 2021, Mr. Speaker, we added \$900 million to that budget and in every year the fiscal plan to deal with the surgical backlog that arose during the pandemic. At the same time, we added a \$1.25 billion contingency to Health because we knew we weren't past the pandemic when we developed the budget, and we wanted to ensure that Health would be adequately resourced to deal with the pandemic challenges. These funds were to be used and, in fact, have been used for testing, contact tracing, personal protective equipment for our health care staff and workers, for acute-care costs as we've had to ramp up ICUs right across the province. I can say that in addition to the \$500 million that we added to the 2020 Health budget, we spent a further \$1.5 billion in Health to combat COVID-19.

Mr. Speaker, the battle has been costly. The battle has been costly, certainly, to Albertans who have lost loved ones due to this pandemic. The battle has been costly to our front-line health care workers, who have battled on the front lines in our hospitals and our ICUs, who have battled in our nursing homes and continuing care homes. The sacrifice has been significant for so many Albertans as we've struggled economically with the pandemic and, of course, with all the other factors that have surrounded the pandemic.

In fact, I do want to talk a little bit about the economy, because we've characterized it in this way in the past, and I think it fits. For Alberta, we really experienced a triple black swan event. This was not just one event that affected the province, but it was really three events. We were dealing with a global pandemic and a pandemic that had reached our borders and, in fact, was inside our province. We were dealing with the largest global economic contraction in modern history. We were dealing with the largest collapse in energy prices in modern history as well, and of course that disproportionately affected Alberta.

Mr. Speaker, we did respond quickly, and again I would like to take us way back to the spring of 2020, when it became clear that we were going to have to move forward with very significant public health measures, public health measures that would affect businesses and Albertans. During that time thousands of Albertans lost their jobs as restaurants closed and businesses closed and some retail services closed. We moved forward with programming for our most vulnerable, for the homeless, for all Albertans to support them with their mental health. We immediately brought forward the emergency isolation program, a program that would allow individuals without any other form of safety net to step away and isolate if they believed they might in fact have been in contact with somebody with COVID.

Mr. Speaker, for businesses we deferred business taxes, corporate taxes. We froze education property taxes. We deferred and abated Workers' Compensation Board premiums. We provided commercial rent assistance, and we provided small-business relaunch grants, in fact almost \$800 million worth of small-business relaunch grants. We provided assistance for families, for child care support, education supports, the critical worker benefit, and I could go on and on. I've got about six pages of programming that was all earmarked for Albertans and Alberta businesses to help us get through this very difficult and challenging time.

9:20

I could go on, but, Mr. Speaker, at the same time, we recognized that we also needed to position the province for economic recovery. We needed to position the province for better times, and we needed to do it for a number of reasons. Firstly, there were tens of thousands of Albertans that desperately needed a job opportunity. We had tens

of thousands of Albertans that lost their jobs during the early days of the pandemic, and we desperately needed to find them a job opportunity.

We also needed to position the province for economic recovery to ensure that the government had sustainable revenues to pay for necessary government services going forward, so, Mr. Speaker, back in June 2020 we launched the first version of the Alberta economic recovery plan. At that point in time it was largely a framework, but we felt it was largely important to communicate to Albertans, to Canadian investors, and, in fact, to the global investment community that in spite of our challenges Alberta was open for business, and we were going to do all that we could to position the province for disproportionate investment attraction, job creation, and economic growth.

Mr. Speaker, our plan had several pieces to it, but the fundamental principle, the foundational part of this plan, was to ensure that we had the most competitive business environment broadly in this province. As part of our announcement we fast-tracked the job-creation tax cut, moving business taxes expeditiously from 10 to 8 per cent, which ultimately left us with a tax environment, a tax rate, one-third lower than the next closest province in the country and amongst the lowest jurisdictions in all of North America.

We introduced the innovation employment grant, Mr. Speaker, an important support and incentive for businesses across sectors to invest in necessary research and development activity, because we know that it's critical – critical – to maintain the competitiveness of Alberta businesses going forward. Research and development, technology, innovation, and commercialization are critical and vital.

We continued to reduce the regulatory burden on Alberta businesses. We continued to work on modernizing our regulatory environment. Mr. Speaker, I can say that on that front we have taken our province from an F grade to an A grade based on the Canadian Federation of Independent Business, yet our work is not done. We continue to work to modernize our regulatory environment.

Mr. Speaker, as I see my time is running out, I do want to say this: our plan is working. I am very pleased to announce today that major banks, economic think tanks across this nation are predicting Alberta to lead the nation in economic growth this year and next year. In our Q1 fiscal update we're projecting Alberta's real GDP growth to be 6.7 per cent. We've fully recovered the jobs lost during the pandemic, and investment is returning. Energy investment is rising. The agriculture industry has had a tough year, but even there we see commodity prices that leave me encouraged. Our economy is recovering.

The Acting Speaker: Thank you.

Hon. members, we will now move to a period not exceeding 15 minutes where any member who is not a member of Executive Council may pose questions. I do want to just also take this moment to remind all those that the rules of this debate do call for questions, so within that two-minute period of standing up and making comments – it could have been that one member in the last round simply just ran out of time, and that's fine. However, I just want to remind all members that the purpose of that question period is to ask questions.

The individual who caught my eye is the hon. Member for Central Peace-Notley.

Mr. Loewen: Thank you very much, Mr. Speaker. Listening to the previous speaker, the Minister of Finance, talk, I just wanted to make, I guess, a couple of comments before I get to my questions. He talked about the front-line care workers and how they battled, and of course we've seen health care workers. He mentioned how

they've battled through these last 18, 19 months of COVID. I guess my concern is that the thanks that these people get is to be laid off. I think that's truly unfortunate. We're sitting in the middle of a health care crisis, and our answer to a health care crisis is to lay health care workers off.

He talked about the economy suffering. Of course, yes, the economy is suffering, and people are losing their jobs, but a lot of it is inflicted by government regulations. We see long-haul truckers who now can't access restaurants, so when they have a chance to stop and have a break, they can't go into the restaurants. They have to take their food out and eat in the sleeper of their truck or outside or wherever.

Also, the minister talked about so many benefits, dollars being handed out to businesses, but I think businesses don't want handouts. They just want to operate their business, and they want to do it safely, and I think they should be respected for that.

But I'll get to my questions now, and this is, I guess, to the Minister of Health. I asked these questions earlier, so I'll ask them again. If the purpose of a vaccine passport is increased vaccination rates, what is the target vaccination rate?

The second question is: what percentage of ICU usage does Alberta need to hit before this government will lift emergency restrictions, including vaccine passports? I think what Albertans want to see at this point, anyway – there's a lot of frustration, a lot of anger, you know, a lot of divisiveness that this government has created. I think we need to at least give people just a little bit of hope and tell them what the plan is. There has to be a plan. There have to be numbers. Somebody must have discussed this and come up with something on when all of this can come to an end.

Thank you.

The Acting Speaker: Thank you, hon. member.

Are there members from Executive Council looking to respond? I see the hon. Minister of Health has risen.

Mr. Copping: Thank you, Mr. Speaker. To the hon. member, in terms of your question that you were asking in regard to, you know, the purpose of the REP being increased vaccination, actually the primary purpose of the REP is to enable businesses to operate while protecting individuals. Really, it was all about reducing the increase in the case count so that we can reduce the strain on our hospital system and reduce the strain in our ICUs.

Now, we all know, Mr. Speaker, that, you know, one of the side effects of the REP is actually that it says to people: now, for those who haven't been vaccinated, you can either be vaccinated, or you can choose to get tested and use that as part of the REP program. But many people have chosen to get vaccinated, and I was very pleased to see that. We've had an increase.

Mr. Speaker, the hon. member asked a question in terms of: well, what is the number that we need to hit before we can pull this off, can remove the restrictions? When are the restrictions coming off? I fully appreciate that there are a number of Albertans who are asking those questions. As indicated by the Premier already, we are moving – even though the numbers are coming down, which is very helpful, our ICU count is still incredibly high. As indicated earlier, we still are not back to 100 per cent of regularly scheduled surgeries at this point in time, and as a result it's incredibly important that we maintain the measures at this point in time.

As well, we're coming into a period of time, seasonality, with people moving indoors, the risk of spread not only through this season but also potentially into next year, the winter season, which is another flu season. So, Mr. Speaker, as indicated by the Premier, we are not looking to remove the REP until at least the

first quarter of next year, at which point in time we'll actually take a look at that.

The Acting Speaker: Thank you, hon. members.

The individual who caught my eye is the hon. Member for Edmonton-Manning.

Ms Sweet: Well, thank you, Mr. Speaker. I'm going to go back again to the Minister of Finance because I have a very serious question that I think Albertans have been looking for an answer for for a long period of time. We're still waiting and haven't had it yet. According to Dr. Hinshaw, during the month of August COVID became a significant problem. Her decoupling theory decoupled. We have the FOIP calendar for August for the Premier. I know the calendar is important because, of course, it shows staff and the public sector where the Premier is and how to get a hold of him. In the calendar it indicated the Premier was on personal time from August 13 to August 30, and for most of the time the Premier was out of the country. So to the Minister of Finance. You are second in order of precedence. This means that legally you have a responsibility to take over for the Premier. Were you assigned that duty, and if not, who was?

9:30

The Acting Speaker: I see the hon. Minister of Finance is rising to respond.

Mr. Toews: Well, thank you, Mr. Speaker. I do want to say that the notion, the assertion that the member opposite made is correct. I think the Premier and Health minister have done a good job tonight laying out the circumstances in August, the advice that we received, the modelling that we were privy to, and how in September, when it became apparent that our situation here in the province was different than what it first appeared to be or it appeared to be based on the modelling, there were very quick, nimble adjustments made to our approach to public health in this province.

Mr. Speaker, I will take the time to note that, yes, I was here in August, and I was pleased to rise and provide a fiscal update during that time, in fact, I believe, the second-last day in August. That fiscal update demonstrated the fact that while we were dealing with the pandemic and we were necessarily in September required to make adjustments and solely focus on our response, the financial update did reveal that our economy was on track and that revenues were improving exponentially. In fact, I was able to rise at that point in time and share with Albertans that revenues exceeded the budget by over \$10 billion. It really demonstrated that our economic recovery plan in this province was on track. We were attracting investment, and we were creating jobs and opportunities for Albertans.

All of that ensures that this government has the necessary revenues to deal with challenges that we might find ourselves in such as the pandemic and the required adjustments we had to make in September of last fall.

The Acting Speaker: Thank you.

I see the hon. Member for Drayton Valley-Devon has risen.

Mr. Smith: Thank you, Mr. Speaker. I know that the COVID pandemic has been very hard on everyone across this province and especially in my constituency, and it literally breaks my heart when I receive almost daily phone calls from constituents that are losing their jobs because of the mandatory vaccination policy. I have doctors, I have nurses that are absolutely some of the best in their field that are losing their jobs as a result of mandatory vaccinations.

The questions I have – perhaps, Minister, go ahead and take a seat. When will the government – and I know that this government

values the workers of this province. When will the government be prepared to adopt a policy of proof of immunity and rapid testing rather than the proof of vaccination? I know that there are vaccine-hesitant Albertans who do not trust the mRNA vaccines and who would be willing to take a J & J in order to keep their jobs. Can you tell us and the people of Alberta tonight when we will be able to receive J & J and when we will be able to see a policy shift away from proof of vaccination to proof of immunity? We know that this is important for the people of my constituency and for the people that are looking to keep their jobs.

Thank you.

The Acting Speaker: Thank you.

I see the hon. Minister of Health has risen to respond.

Mr. Copping: Thank you, Mr. Speaker, and thank you to the hon. member for the question. First, I would like to deal with the Johnson & Johnson and Janssen, the vaccine. This is a vaccine that Alberta has requested along with six other provinces. Again, it's the federal government that's responsible for procuring the vaccine. I spoke with my federal counterpart several weeks ago, asking for a supply of J & J, and I understand that the federal government is working very diligently to bring in a supply from Europe.

As well, I understand that Health Canada has gone down to the plant that manufactures the vaccine in the United States from which our first shipment came, but there was a problem with that shipment. They couldn't use it, so they went back to inspect it again. I understand that was a successful inspection. I can't give the hon. member an exact time, but I am told that there is a shipment coming from Europe. We've requested 20,000 doses. You know, the initial shipment may be about 5,000 because it wasn't a full amount, and we expect that very soon, within the next few weeks, to be able to arrive, but we'll be able to update the House and the member towards the end of the week and maybe early next week in terms of J & J. Once we actually get confirmation that we actually can receive it, then we'll actually be able to roll out the process so that those who are interested in Janssen can get access to that.

In regard to the other question in regard to AHS and their policy, again, this is an AHS policy, as the hon. member knows. There has been an extension that was announced to be able to provide more time for AHS to assess the employees and the numbers that are vaccinated, and they're continuing to have conversations with employees at this point in time.

The Acting Speaker: Thank you, hon. minister.

I see the hon. Member for Edmonton-Manning has risen.

Ms Sweet: Well, thank you, Mr. Speaker. I'm going to go back to the Minister of Finance again because I do want to appreciate that he did stand and make some comments, but I'd like to pivot to supports for businesses because I think ultimately that is one of the priorities and one of the things we do need to be focusing on here. The concern that I have and that the opposition has had is in regard to the supports for the economy through the different waves of COVID.

Now, we've heard the minister stand and speak to SMERG or whatever we're calling it, SMERG payments, and how that's supposed to be helping the small and medium-sized businesses. The issue that we've seen here, though, is that many of those businesses – and we have the FOIP to demonstrate that 4,600 businesses have already been denied those supports. We're also hearing on the significant impact – and I've spoken to small businesses who, given the immediacy of some of the restrictions that were put in place, were significantly financially impacted during different times throughout the last wave.

The question that I have for the minister – and, you know, one thing I also want to highlight, too, is recognizing that the Calgary Chamber of commerce and other organizations were also calling for a vaccine passport way before the government ever put it in place because they recognized part of the barrier was the fact that people weren't willing and wanting to go out to eat or weren't even able to have in-dining services because of the fact that there was no mechanism in place.

To the minister: why was the government so delayed in putting in these supports for small and medium-sized businesses? Why was the government not listening to places like the Calgary Chamber of commerce when they were saying that we needed these supports to be able to keep our businesses running and to keep them open? We've seen this throughout all of COVID.

The Acting Speaker: I see the hon. Minister of Jobs, Economy and Innovation has risen.

Mr. Schweitzer: Thank you, Mr. Speaker. I'll try and answer at least a couple of the questions that were posed there that are within my ministry. As it relates to the relaunch grant, we've had numerous iterations of the relaunch grant during different waves of the pandemic. In kind of a sum total businesses could qualify for up to \$30,000 depending on the revenue of that business. We provided funds to 125,000 applicants. Well north of \$700 million flowed through that program to businesses across Alberta.

On top of that, right now as well we have followed up in August and September with every applicant where information may not have been complete or where we had further questions. So when the member references their FOIP request that they have there, each and every one of those parties would have been reached out to. Sometimes as well, though, the contact information that's provided may be missing a letter in an e-mail. Maybe it missed a number and a phone number. We have diligently reached out to every single one of those parties to make sure that we get that final information. Again, we're asking all members of this House that if they have people, we'll gladly follow up with them as well.

The Acting Speaker: Thank you. Good timing because that ends that block.

I would now offer the opportunity for another member of Executive Council to make a statement should there be interest on that front. I see the hon. Minister of Education has risen.

Member LaGrange: Thank you, Mr. Speaker. I am pleased to rise today and provide an overview of the many ways Alberta's government has supported students and schools during the COVID-19 pandemic. Learning during this pandemic has been a challenge for the entire education community, not just here in Alberta but right across Canada and, I dare say, around the world. We know how important it is to be flexible and to respond effectively to the needs of students as the public health situation changes.

Mr. Speaker, I want to begin by restating that the safety of staff and students has always been our number one priority throughout the whole pandemic, and it always will be. We have monitored the situation very closely and have followed the advice of Alberta's chief medical officer of health to ensure that students can continue to learn safely in their classrooms.

9:40

Alberta students deserve and should expect the best education possible, and I'm proud to say that we have supported them during every phase of this pandemic. Our announcement last Wednesday of additional supports is just one such example. On Wednesday we announced, as part of Alberta's recovery plan, that we are distributing

\$45 million to school authorities to address learning disruptions to our youngest students, that were caused by the pandemic. This followed on the heels of literacy and numeracy assessments done by school authorities earlier this school year, when we had earmarked those dollars to address this very issue.

This funding will now enable school authorities to offer focused programming above and beyond classroom learning to those students identified as in need of extra supports. It means that schools can increase supports to improve reading and writing and numeracy skills for younger students who have fallen behind during this pandemic. School authorities have the flexibility to use funding to design programming interventions that best meet the needs of their students such as introducing new programming or enhancing or extending existing programs and supports.

In addition, this could mean increasing the intensity of programming for students, including forming small groups or one-to-one support; hiring additional staff; implementing new numeracy programming for early-year students; increasing targeted parent communication programs or involving parents in more programming; or ensuring that staff who are providing these interventions to students have the necessary supports and tools that they need such as subs to release teachers for this particular time.

Based on feedback we received from school authorities, the initial focus of this programming will be on students in grades 2 to 3 this fall, with targeted supports for students in grade 1 starting in February 2022, once their assessments have been completed. Approximately 60,000 literacy and numeracy program opportunities for students in grades 2 and 3 will be supported with this funding, and some students would qualify for both supports. Once grade 1 students are assessed in the new year, we will know how many students in that grade will need extra supports.

In addition to those measures, we have also been flexible and responsive to the needs of our students. For example, we recently heard concerns from older students about the stress and anxiety related to academic achievement during COVID, particularly for grade 12 high school students writing diploma exams. This includes members of my minister's youth advisory council, who were very frank and eloquent in providing me with their perspectives on the value and challenges of those exams and offering well-thought-out solutions.

Last Wednesday we responded to those concerns and suggestions by announcing that the weighting of the grade 12 diploma exams will be lowered to 10 per cent from the usual 30 per cent for this school year. This change will give students the crucial exam writing experience they need if they choose to go into postsecondary while recognizing the impact the pandemic has had on their learning. That same afternoon the Minister of Advanced Education and I also sent a joint letter to Alberta's postsecondary institutions to advise them of the change in the grade 12 diploma exam weighting. We encouraged them to consider the ongoing impacts the pandemic has had on students who are applying to their postsecondary institutions, because we know what they have been going through.

In response to the fourth wave we have also begun offering and distributing at-home rapid COVID tests to staff and to students who are currently too young to be vaccinated. They are being offered first to kindergarten to grade 6 schools across the province that are on outbreak status. These tests will provide a way that is quick to identify people without symptoms who may have COVID-19. The tests are simple to administer and offer results within 20 minutes. They provide an effective way to slow the spread of the virus in areas with higher case rates, which is why the initial focus of this program will be on schools in outbreak status. The program is voluntary, and it's free.

Resources such as instructional videos and fact sheets have been posted with other COVID-19 resources on the [alberta.ca/COVID](https://www.alberta.ca/COVID) website. These will help parents and other guardians administer the tests. Mr. Speaker, I would remind the House that we continue to voice our support for school authorities to consider adopting proof of vaccination policies or proof of negative rapid tests for adults, including staff that enter schools.

Of course, these are just some of the more recent examples of how we have been supporting and responding to the needs of students and the educational system. These build on all the other supports and measures in place in our schools that keep them safe for in-person learning such as ensuring that teachers and support staff were eligible for vaccines in early May, with children 12 and older becoming eligible soon after, as well as the at-home rapid test program that we put in place last school year and the in-school vaccination clinics.

[The Speaker in the chair]

Throughout the pandemic, school authorities have been provided generous amounts of funding and resources to manage COVID-19. Since the pandemic began, school authorities have had access to over \$1 billion in funding for COVID-related costs. This included a \$120 million increase in operating funding for all school authorities across the province in the 2020-2021 school year, \$10 million in PPE for students and staff, \$250 million in accelerated capital maintenance and renewal funding, of which approximately \$44 million went to HVAC and ventilation upgrades, and access to taxpayer-funded school board reserves, which at the start of the pandemic were \$363 million and now are well over \$400 million, and this is available across the province.

Additionally, the \$262 million that the federal government transferred to our province for the safe return to school program funding was distributed fully throughout the province to all school authorities. On top of that, Budget 2021 also provided school divisions with \$130 million in COVID mitigation funding for the '21-22 school year. We also gave school authorities as much flexibility as possible for COVID supports as school authorities know their local context best. They could use the funding in the ways that are most important for their schools and their school communities.

Mr. Speaker, as I stated earlier, I want to reflect on the amount that school divisions have available to them through their reserves. At the start of the pandemic, school divisions had \$363 million available in taxpayer-funded reserves. Now, as I said earlier, early indications show that there is over \$400 million available. This means that school divisions have been able to save more than \$40 million during the pandemic. I'm confident they have the financial resources they need to support their students.

One challenge that we have all faced during this pandemic is maintaining good mental health, and I'm proud to remind the House that Alberta's government has provided more than \$53 million to make it easier for Albertans, including students and their families, to access mental health supports and referrals from anywhere in the province during and after the pandemic. Part of this funding went towards expanding the Kids Help Phone, the mental health helpline, and the addiction helpline. We also partnered with Jack.org to create a resource hub for youth mental health. I encourage everyone to become familiar with these tools and resources and supports and to share them with students, children, and youth in their lives. I'm sure that the child and youth well-being panel will also further provide recommendations to share with all Albertans, and we look forward to seeing that report.

Mr. Speaker, these are just some of the many actions we have taken and supports provided for students and the education system as a whole since the pandemic began.

I'll say this again, Mr. Speaker, because I believe it is the most important point to make. The safety of students and staff has been and will always be our number one priority. As we have always done, we will continue to monitor the situation as this pandemic evolves, follow expert medical advice, and be flexible enough and thoughtful enough and balanced in responding to the needs of Alberta's students.

I want to close now.

The Speaker: Hon. members, for a period not exceeding 15 minutes, the nonmembers of Executive Council have the opportunity to ask questions not exceeding a period of two minutes, and any member of Executive Council may respond. That will take us to 10:05.

The order as it stands is the Official Opposition, the hon. Member for Edmonton-Glenora, followed by the hon. Member for Cypress-Medicine Hat, followed by the hon. Member for Drayton Valley-Devon, followed by a member of the opposition if time allows.

The hon. Member for Edmonton-Glenora.

9:50

Ms Hoffman: Thank you very much, Mr. Speaker. I certainly do hope that time will allow because I have to ask a question that stems from a response from the Minister of Finance. I'm going to keep it incredibly brief because I do have many education questions that I hope that we will have an opportunity in a second round to address.

Based on the Minister of Finance's previous answer regarding responsibility, it appears that he was in charge, that he admits he was in charge when the Premier was away on vacation. Does the Minister of Finance take responsibility for the inaction of government as we encountered the fourth wave?

The Speaker: The hon. the Minister of Finance.

Mr. Toews: Well, thank you, Mr. Speaker. I do want to again state that the Premier and Health minister have laid out the events of August and September. They've identified and communicated, I think, very clearly and accurately both the modelling that precipitated the decisions that were made, the decisions we took over the summer to reopen, and also the modelling that we received in September that prompted a change in health policy. It required a nimbleness that was important. It required us to take some action, very serious action, on public health measures and change our approach, and we were willing to do that as soon as the information became apparent.

The Speaker: The hon. Member for Cypress-Medicine Hat, followed by Drayton Valley-Devon.

Mr. Barnes: Thank you, Mr. Speaker. I am wondering how this government is going to gain Albertans' trust. First, they said that there'd be no vaccine passports. That's what we have. Now they're saying that the restriction exemption program – they may repeal it in the spring. Pick a day, pick a number, pick a target: these goalposts are bound to move again.

I'm grateful to represent the people of Cypress-Medicine Hat for 10 years, and I remember when the Redford government lost Albertans' trust and were polling at 18 per cent. Now we have the Premier's UCP government at 22 per cent. It sure feels the same. Albertans have lost trust. Albertans have lost confidence. How is this government going to gain it back?

Mr. Speaker, I fail to see the substantial difference between mandatory vaccinations and the forced vaccinations. Coercion, economic coercion of job loss, the restriction exemption program, and the problems we're hearing for front-line workers and truck drivers, and the stress and the fear and the lack of trust that this government has missed from day one.

Mr. Speaker, last, I remember the Premier just at the very, very end of a press conference three or four weeks ago saying something like: oh, yeah; we're looking at natural immunity, too. I have not heard a word since. As in my earlier question, a test proving natural immunity coupled with a negative COVID test: why not?

The Speaker: The hon. Minister of Health.

Mr. Copping: Well, thank you, Mr. Speaker. As indicated and as the hon. member knows, the REP provides choice. It is a program which allows proof of vaccination, but it's also a program which allows for those who aren't vaccinated – and perhaps they have some concerns, and they're not ready yet to get vaccinated. I understand that for people who have concerns about vaccination, that fear is very real, and we have to understand that. We have to acknowledge that but, at the same time, then provide information in regard to the vaccine, about how it can protect them, and how it can protect our health care system. But the REP allows individuals to access nonessential services by getting a test, so they don't have to get vaccinated. We put that in place to ensure that there was choice associated with that in terms of the REP.

Mr. Speaker, the hon. member is quite right. You know, the Premier at one point in time looked at: should we assess other methods to be able to have individuals access the REP? We put our program in place in September, recognizing the incredibly high increase of cases and increasing hospitalizations, and we needed to move quickly to be able to get those numbers down. Fortunately, those numbers are coming down.

I can tell this House and, through you, the hon. member that as we move forward, we're going to be looking at the lessons learned through the fourth wave. We'll look also at how we set up our program so we can maintain our principles in terms of having the least amount of impact on people while still protecting Albertans and the health care system.

The Speaker: The hon. Member for Lac Ste. Anne-Parkland, followed by Edmonton-Glenora.

Mr. Getson: Thank you, Mr. Speaker. I'd like to thank my colleague from Drayton Valley-Devon. We're trying to co-ordinate our time here. I really appreciate him for ceding that to me so we could ask some joint questions, and I'll make sure I rattle off as many as I can, just to be expedient.

To the Minister of Education. We've heard concerns about masks with little kids riding on buses. Dr. Suva down in southern Alberta: her little boy had a real major incident. That should be a warning sign to us all.

The second one is, Mr. Speaker, to the minister, through you to her, also on the mandatory vaccinations: a lot of concerns from parents in our area when we start just signalling or talking about kids and mandatory vaccinations in schools. I want to make sure that we understand that that wouldn't be a policy that would be put in place. There are a lot of grave concerns there.

We're talking about the economic recovery. "Billions of dollars" seems to roll off people's tongues here when we talk about health care. To put it in context, \$21.9 billion is what our national defence program is. We spend \$23 billion a year on AHS, plus the \$1.25 billion contingency, plus the \$2.1 billion. So to the Minister of

Finance: are we getting our bang for the buck for that? I'd really like to know.

The other part comes down to the global economic recovery. We have supply chains that are backed up all over the place: Long Beach; you've got the port of Los Angeles; we're missing sea containers coming into our ports. If we didn't keep the lines open, the border crossings, we'd literally starve within a week in this province, in the country because of our trading relationships. We've got tons of impacts that are taking place out there, both on the economic recovery – because we don't have the resources. We have a labour shortage, and we've got supply chain issues that are going to be driving up cost of service, getting our products to market, getting fair value for it plus inflation. Although we've got a real upside, I'd like to hear what the minister is working on on those files so we can hopefully lessen the impact and maximize the growth in the province.

Thank you.

The Speaker: The hon. Minister of Education is rising.

Member LaGrange: Thank you, Mr. Speaker. I think we'll tag team this one. At least I'll answer the beginning ones. Thank you for the question on the masks. I was distressed to hear what happened to that young child, and I totally understand the concern that parents have. Of course, we are following the advice of the chief medical officer of health. The instruction to have students on school buses masked in all grades simply is to deal with the possible spread given that there are students coming from various locations that get on to school buses. It's a little different than trying to cohort a group of students in a classroom.

That being said, I know that the chief medical officer of health continues to monitor it very, very closely. In the summer she was the one that recommended that we do not have masking for all students, so we started the year with no masking as the requirement. As things changed and the pandemic went from what was perceived to be an endemic back to a state of crisis, then we had to change along with that, so right now masking is required in grades 4 to 12 and all staff members as well as on buses. But we will certainly take that back to the chief medical officer of health to review to see if there are any further recommendations that she would make in that regard.

In terms of mandatory vaccinations in schools for students I can assure you that students cannot be denied access to education throughout all grades, K to 12, and that it is the right of students to be able to attend school and ensure that they get an education. We have no intention to bring forward mandatory . . .

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

Ms Hoffman: Thank you very much, Mr. Speaker. We all know that August is a very busy time for anyone who works in education. Watching my parents as teachers and a principal prepare for back to school was certainly one of the most intense periods in preparation for back to school.

We didn't see the Minister of Education or the Premier answer questions of the public when we were already seeing signs that the fourth wave was well upon us.

10:00

We saw fourth-wave numbers much higher than they were when kids went back to school the September prior, yet the minister says that there were no recommendations around increased measures to protect students, staff, or families. We saw schools where parents had kept their children home for a year and a half, sent them back to school, and within the first two weeks their child contracted

COVID, brought it home, and of course the consequences in that household and the broader community were significant.

We've asked many times for the minister to bring to this House the actual numbers of students and staff members in schools who have been infected with COVID-19 during the fourth wave. I ask again tonight if the minister will present those numbers in this place either tonight or later this week through tablings. That's certainly welcome. I don't expect that she will have every number at her fingertips, but I expect this is one that she's getting briefed on very regularly. I know that in my time as minister there were certain things that I asked for daily or weekly updates on, and I expect that this is one that the minister is asking for.

I want to know specifically as well, by a variety of schools, how many children did have COVID-19 in their school during this fourth-wave period. For example, for Westglen school – it's in my riding – many of the parents reached out to me and have disclosed that over 80 students in that school had COVID-19 during the fourth wave, during this last little portion of time. I'm hoping for confirmation because certainly it isn't fair to rely on parents to have to disclose this information to one another and to their MLA for us to have a clear picture. Will the minister do so?

The Speaker: The hon. the Minister of Education.

Member LaGrange: Well, thank you, Mr. Speaker, and thank you to the member opposite for the question. What I can say is that we had provided school authorities early on, towards the end of June, the return to school plan so that they could in fact make sure that they were ready for the upcoming school year. At that time we also indicated to them that mid-August we would further supply health guidelines and additional measures, which we did. I believe it was August 14 that the chief medical officer of health and myself made an announcement giving them those details, again predicated on the advice that we got from the chief medical officer of health.

At that time it was on the chief medical officer of health's guidance that we, as we were in, by her terminology, an endemic, would look at recording numbers differently, that school authorities would in fact not be so focused on individual cases of COVID but on all respiratory illnesses. As such, I know the member opposite just recently had privilege to get an AHS document, and she's well aware that mistakes can be made, that those documents can be misinterpreted. As such, that document was misinterpreted by the member opposite when a school was listed as having a number of cases. I'll just pick one of the top schools, the Bentley school. The member opposite indicated that there were 65 cases of COVID when, in fact, there were only nine cases. There were other examples.

The Speaker: Hon. members, there are two minutes remaining. If it's reasonable, I might suggest to the hon. Member for Edmonton-Glenora that if she wants to allow the minister one minute, I'll provide her a notice at one minute of when that time is coming to an end.

Ms Hoffman: It seems fair, Mr. Speaker. Thank you very much.

I have to say that I'm not asking the minister to elaborate on these other numbers that she keeps referring to. I'm just asking for the actual hard number of how many kids in each school have had COVID – I'm glad she's got the Bentley number – during the fourth wave. I would love, through you, Mr. Speaker, for the minister to table in this House the number of students and the schools with COVID either by COVID OG or COVID variant, which I think those documents often refer to. I think that information would be helpful to parents and would give them a greater understanding.

Again I'll state that for Westglen school over 80 parents have self-identified COVID in that one school here in Edmonton to the minister. Of course, there are many other questions that parents have regarding that.

Another question I would have. The Premier says that he was in regular, constant contact. When did the minister brief the Premier during his vacation about the increased incidence of COVID-19 and her concerns for back to school given that the numbers were so much higher in the community than they were the previous summer?

Thank you.

The Speaker: The Minister of Education. There's one minute remaining.

Member LaGrange: Thank you. I'm sure the member opposite would be quite happy to hear that the cases today in schools are significantly less than even a few days ago. On October 29 we had 225 schools that were on two to four alerts; today we have 161. On October 29 we had 39 schools that had five to nine alerts; today we have 25. On October 29 we had five schools that were on outbreaks of 10 plus; today we only have three. So the number continues to decrease. It's similar to the pattern we saw last year through the last school year, where the COVID cases that were reflected out in the community were reflected in our schools. I'm very happy to say that less than 1 per cent of students have COVID in our schools.

The Speaker: Hon. members, this concludes the time allotted for that section of debate.

If members of Executive Council would like to make an additional statement related to COVID, I have on my list the hon. Minister of Jobs, Economy and Innovation if he's still inclined to do so.

Mr. Schweitzer: Thank you, Mr. Speaker. I'm quite looking forward to the Q and A session that we're going to get into here momentarily. When I started this role in the summer of 2020, late August, there was an immense amount of uncertainty at that time. We didn't know if the vaccines were going to work. We had just experienced negative oil prices. There was a massive global economic recession, Alberta was impacted significantly, and we had approximately 300,000 Albertans lose their jobs.

When we took a look at how to approach this file, there were the immediate supports that were needed to help small businesses across Alberta. We've already had exchanges here about the 125,000 small businesses that were helped with the relaunch grant. We had many deferrals. We dealt with workers' compensation fees to make sure our businesses could withstand the pressure of COVID and the health restrictions that were brought in.

When we take a look at where we are today from where we started, at least from when I came into the role in the summer, and we take a look at where we are right now in what I call our traditional economy – we take a look at energy, agriculture, forestry – the fact is that every single one of those industries is in a very good position right now for future growth. We've got WTI at \$85, natural gas prices hovering around \$5, so it significantly changed the financial picture as well for the province, with our budget deficit this year going from \$18 billion down to about the \$8 billion range, so a significant swing in the traditional economy of Alberta.

We've also seen significant growth in the diversification of Alberta's economy. A lot of this as well is in our strength in energy, all things energy, when it comes to the cutting-edge projects that have been announced already in hydrogen, with Air Products, ATCO, and Suncor partnering together as well on carbon capture, leveraging that technology in the hydrogen process to make sure we

have clean hydrogen for the future. These are not insignificant projects. We haven't even seen the jobs materialize from these projects, yet we've already recovered all the jobs that were lost during the pandemic: 60,000 jobs in the last three months alone.

There are other exciting projects, and a lot of this is policy driven, Mr. Speaker. The petrochemical investment that was announced by Dow Chemicals for a potential cutting-edge project, the first of its kind in the world, right here in Alberta, leveraging technologies developed in Alberta, leveraging the policy framework that this government has put in place to attract a multi-billion-dollar project to develop petrochemicals right here in our home.

We also saw the announcement today with Emissions Reduction Alberta and the leveraging of the TIER fund to be cutting-edge when it comes to hydrogen fuel for rail, when it comes to water purification technologies, carbon capture, all of the different parts that go into that, Mr. Speaker. Not even leaving the topic of energy and mines and minerals, we also have put in place a geothermal regime where you have a leading company here in Alberta, with funding raised from some of the largest energy companies in the world ever. That's happening because of the efforts taken by this government to put in place the right policies.

We also have companies like E3 Metals that are taking lithium right out of active wells right here in Alberta to try and meet the demand of battery-powered vehicles, battery-powered almost everything that they're trying to turn into battery powered these days, and that's happening right here in Alberta. Our mines and minerals strategy and the investments we're making in research and development through Alberta Innovates, looking at our bitumen beyond combustion program, looking at carbon fibre, the other minerals that are here in our province: there's amazing opportunity for Alberta to continue to lead when it comes to all things energy, not just when it comes to conventional drivers but all things energy. The policies that this government is putting into place are winning, and they're attracting significant investment.

10:10

We take a look at diversification as well. We take a look at the tech sector, Mr. Speaker, and we've seen record growth in our tech sector here in Alberta. When you take a look at where we were in the last year of the previous government, in 2018, they had 1,200 tech companies in Alberta. They had \$100 million of venture capital in the last year of the previous government. Fast-forward to 2020: over 3,000 tech companies in Alberta, \$455 million of venture capital investment, a record year for venture capital in Alberta, over four times the last year of the previous government in venture capital and more than double the number of technology companies in our province.

That's not by chance as well. We've put \$175 million of additional funding into the Alberta Enterprise Corporation, which is fund to fund, to attract venture capital into our province. We've put in place the innovation employment grant. We've also recently invested, in partnership with the city of Edmonton and OCIF, out of the city of Calgary, to attract major accelerators, Mr. Speaker, that bring venture capital into the tech companies here as well as providing customers for the companies that go through their program. We've got Plug and Play, 500 start-ups, world-leading brands with their Canadian headquarters here in Alberta.

We've also been able to attract Mphasis, Infosys, major international technology companies, Mr. Speaker. Our Premier hinted that there is more to come here in the near term, some very exciting announcements coming for the province of Alberta. We've also seen RBC announce its innovation hub in the city of Calgary, 300 jobs going there. We've seen Rogers announce, if their merger with Shaw goes ahead, 500 engineering and tech jobs in the city of

Calgary. We've seen mCloud move its head office to the city of Calgary as well, so significant growth here in the technology sector. We've seen the city of Edmonton for the first time break into the top 50 for innovative cities in North America. The city of Calgary is in the mid-20s as well. This is an exciting time to see these cities rise in the rankings quickly. No longer are we a fly-over destination when it comes to innovation. We're a fly-to destination that's attracting a significant amount of investment.

We've also seen, through the policy work of this government, an immense amount of growth in the film and television industry. We fixed our tax credit. We reached out to the HBOs and Netflixes and Disneys, asked them for feedback. We fixed our tax credit, and right now, Mr. Speaker, we have the largest TV production in Canadian history being filmed in the province of Alberta. It was filmed right here in the Legislature. It's been in towns like Fort Macleod. It's been in Calgary. It's been in High River. It's going to be in the mountains later on this winter. It's exciting to see that huge project, employing thousands of Albertans, happening right here because of the policy work that was done by this government to engage with industry and bring those investments right here at home.

I'll be very brief here, Mr. Speaker, in summing up. Alberta has been through a lot in the last two years, just like everybody else in the world during this pandemic. We lost over 300,000 jobs, but the good news is that we've recovered every single job that was lost during this pandemic. That's something to build on. We still have a lot of work to do. We're encouraged by what we're seeing. Who would have thought a year and a half ago that we'd be talking about labour shortages in industries from hospitality, restaurants, construction to oil field services?

We're working diligently right now as well with our minister of labour through our jobs now program, the \$370 million program there, as well as with our Advanced Education minister on his 2030 strategy as it relates to microcredentialling, as it relates to the trades. We're going to be working with the Minister of Finance as well, going forward, and making sure that we have that right strategy in place for the labour force of today and tomorrow and to make sure that we can have those jobs filled by Albertans.

Lastly, Mr. Speaker, Alberta's rebound is real. We've gone through this immense amount of work on our recovery, and very soon every Albertan in every corner of this province is going to start to feel this economic recovery, and we're going to start talking more and more about future growth for the province of Alberta.

The Speaker: Hon. members, for a period not exceeding 15 minutes, nonmembers of Executive Council may ask questions. Questions are not to exceed two minutes, nor are answers. Any member of Executive Council can provide an answer.

The list as I have it is the hon. Member for Edmonton-North West, followed by Drayton Valley-Devon, followed by Cypress-Medicine Hat.

Mr. Eggen: Well, thank you, Mr. Speaker. My questions are directed around the vaccine passport program, for which this minister was directly responsible. We had significant problems in the past, in the present, and seemingly will in the future as well. I would like to know why and how it is that Alberta managed to not get a QR code before all of these other provinces. You know, I had people in other provinces sending me examples of these QR codes, from Manitoba and Quebec, from Ontario and B.C., and it was simple. It really helped for businesses to be able to reopen in each of those provinces. What happened here in Alberta is that we had an embarrassing stumble where, you know, we had these

pieces of paper – I still have mine glued to the back of my phone, right? – which in any other jurisdiction or any other place would not be worth the paper that it's printed on, quite frankly.

We saw the Calgary Chamber of commerce, we saw literally thousands of people across the province asking for a coherent vaccine passport system. I'm curious to know: when did this minister get briefed on the utility of having a passport system? When was he working through this, and why did it take so long in this province to have a coherent vaccine passport system in place? I would like to know when he was first briefed and when he first realized that it was beneficial. If he realized that, of course, the restrictions exemption program is, in fact, a vaccine passport, and if we would have done it in a coherent manner from the beginning, why did we wait so long to get a QR code, which is still stumbling along here in the province as we speak?

The Speaker: Just for the benefit of members, this period of debate will conclude at 10:30.

The hon. Minister of Jobs, Economy and Innovation.

Mr. Schweitzer: Thank you, Mr. Speaker. I don't want to interject too much in a kind of tit-for-tat with the member opposite on this, but a lot of his questions that he asked actually are more on the Health-related file when it comes to putting in place the QR codes and everything else. I can answer at least some elements of the question as it relates to my ministry.

Obviously, we've been following business trends around the world, you know, how different restrictions have been put in place throughout this pandemic in collaboration primarily with the Health department, Mr. Speaker. We did have business groups like the chamber that was mentioned advocating for different policies. They referred to it as the vaccine passport. Ultimately, Alberta put in place the restrictions exemption program.

On that front, I want to thank all the small businesses, the chambers, the business groups, the advocacy groups from across Alberta as well that we've met with on a weekly basis over the last two months now that we have this restrictions exemption program in place, the month and a half that we've had this in place. Mr. Speaker, I just want to say thank you to them. We've gone through this, a perfect example, to try to troubleshoot issues, get clarity, and work with the Health department. I want to thank the people that are working there in the Health department, Dr. Hinshaw and her team, to provide clarity to those industry groups.

One perfect example of that, when we put this in place right out of the gate, would be food courts that were in a mall setting, making sure that we were able to have a proof of vaccination program there for them. We solved that challenge within 24 to 48 hours. There have been many other nuances that we've been working through with industry in real time to make sure that, you know, while restrictions are needed right now in Alberta due to the case count and the delta variant in particular, we did it in a way that could allow businesses to be as effective as possible in light of that environment, Mr. Speaker. I know it's challenging. It's a challenging time as well with lots of people that have different policy suggestions on it. We're trying to do this in a way that allows businesses to operate in this difficult health environment.

The Speaker: The hon. Member for Drayton Valley-Devon.

Mr. Smith: Thank you, Mr. Speaker. I have two questions that I would like to get addressed; the first by the Minister of Education and then from the Minister of Jobs, Economy and Innovation.

The first one to the Minister of Education would simply be this. I really appreciate the fact that you say that children have a right to an education, and I think we would all agree with that in this House.

But the question I have is this. It revolves around parental consent. When it comes to the administration of vaccines through schools or a rapid test, will parents have to have and provide their consent for that to occur?

Secondly, for the Minister of Jobs, Economy and Innovation. We've spent a lot of money on helping workers and businesses survive the COVID pandemic, and I guess the question I've got is this. I know that we've got lots of workers that could lose their jobs as a result and really at the cost of their conscience, so the question I've got is this. Is the government or this minister prepared to support a policy that would subsidize the cost of rapid testing for workers so that they can afford to keep both their jobs and their conscience?

Thank you.

Member LaGrange: Well, great question. Yes. Absolutely. For any student to be vaccinated in one of these school immunization programs as well as rapid tests, they have to have parental consent. Any medical procedure, et cetera, has to have parental consent. That is nonnegotiable in our schools.

10:20

The Speaker: The hon. Member for Cypress-Medicine Hat.

Mr. Barnes: Thank you, Mr. Speaker. To the Minister of Jobs, Economy and Innovation to start with, please. That was a lot of information. Minister, I've seen a different world, and I don't know if it's rural Alberta versus urban Alberta or if it's big business versus small business. I was going around the province quite a bit in the effort to help get a strong yes vote to end equalization. Minister, there are empty buildings everywhere. There are businesses at low, low capacity. Downtown Medicine Hat just lost another couple of restaurants and other businesses. There's a lot of despair.

It brings me back to the Premier's apology a year and a half or so ago, when he said that he got it wrong using the criteria of essential versus nonessential and that it should have, instead, been safe versus unsafe. Small, small business workers that were doing everything to protect their employees and protect their customers were forced to close, were forced to have lower capacity, and then the CFIB comes out and says that these businesses have taken on, on the average, \$200,000 worth of debt. An apology is great, but it doesn't pay the bills.

What are we going to do to give these people hope? I've suggested that we eliminate the 2 per cent provincial small-business tax for these people. Let's give them some hope. My goodness, Minister. In Medicine Hat, like so much of Alberta, the mental health crisis is so despairing. It's through the roof, and I'm fearful that as this government can't get its goalpost correct, its direction correct, it's only going to magnify.

To the Minister of Education. I'm also so worried about the mental health of our kids. What we've done on this yo-yo for two years is frightening. Small businesses had huge hardship, our hard-working men and women had hardship, and our youth. What are we going to do about it?

Mr. Schweitzer: I want to thank the member opposite for the thoughtful question on this topic area. When it comes to small businesses across Alberta, the impact of COVID a lot of the time also depended on the type of industry that they were in. We see this in the tourism industry, that has been impacted quite a bit, as well as the aviation sector and people that rely on people flying into Alberta for their livelihoods, hosting people, or people that are in that service industry. We've also seen small businesses across Alberta, again, that have struggled through this pandemic, Mr. Speaker. There's no question about that.

We've tried to do everything that we possibly could to provide them with supports. We've got, you know, over \$700 million through the relaunch grant. We've had numerous deferrals, supports. We accelerated the job-creation tax cut to stimulate further growth in Alberta. And the one thing that I express to those small-business owners is actually an immense amount of gratitude for the sacrifices that they've made for all of our health throughout this pandemic. It's challenging. The mental health issues that you've raised: I mean, that's one of the reasons why we put \$50 million into mental health right out of the gate in this pandemic, to make sure that we could be there to support people.

The one thing as well that I would just hope that the people see right now as we start to see, you know, the job recovery happen in Alberta – we've recovered all the jobs that have been lost – and as we're starting to move towards growth, every forecast that's out there is forecasting Alberta is going to lead this year or next year in all of Canada, job creation as well, and we're starting to see that tangibly happen, in the last three months in particular, that turnaround in Alberta. The rebound for our province is tangible.

You're starting to see it in more and more announcements on a daily basis, and for all those small businesses that are out there, that have survived throughout this pandemic, you know, they're going to start to see more and more of their local customers, have strong employment. They're going to start to see that happen in their economy. They're starting to see it as well for those that rely on natural gas prices and oil prices, that's been really strong. We're going to start to see more and more investment in those industries as well across Alberta.

The Speaker: The hon. Member for Edmonton-North West has the call.

Mr. Eggen: Well, thank you, Mr. Speaker. Again, I want to address the impacts of this UCP government's poor decision-making, always acting last, always acting least in regard to small businesses. You know, when they started with the restrictions exemption program, I could see exactly what they were doing. They were trying to deflect the decision that should have come from the province, that should have come from the top, and were putting it onto the responsibility of each individual place to choose to have the vaccine passport system. So you went into some businesses and it was there; other businesses, it wasn't there. It created a tremendous amount of resentment so that businesses actually lost customers. I ask the jobs minister again: why did he fail to show leadership to make sure that we had strong restrictions in place and then move to the vaccine passport system?

Small businesses put in good money, restaurants especially, on places like patios and so forth – they said, you know, that we're open for good; we're open forever – people investing \$50,000 or more on a patio and then having these things close down a few days later. It was a yo-yo, roller coaster of a ride that cost us literally thousands of businesses across Edmonton and Calgary and Medicine Hat and all places in between. I'm asking the minister, I'm imploring him, to show leadership. We don't know what the next steps along the way are. Do not fall into that same trap in saying "open for summer; open for good" or whatever, and then just having to pull those things back again. Every time you do that, you lose businesses. Every time you do that, our economy suffers. Quite frankly, I'm frustrated for businesses in my constituency, but I'm frustrated for small-business owners all across this province.

Mr. Schweitzer: Mr. Speaker, I'll provide some context here as well. I represent a Calgary constituency that's urban, you know, big

city in Calgary. We've got a big city in Edmonton. Sometimes when I talked to the business community there, small businesses there, in the weeks leading up to the REP program coming into place, they were advocating hard.

It was through the engagement and talking with many of my colleagues in rural parts of Alberta, where some of those communities had 20 and 30 per cent vaccination rates whereas the city of Calgary at that point in time was around 85 per cent. When we took a look at policy levers that were available to us to address the immediate issue in front of us, which was the pressure on the health system, we came with the restrictions exemption program as that balance to allow businesses, depending on where they were in Alberta, the best option for them to allow them to have the ability to continue on. We didn't want to come in with a blunt instrument, Mr. Speaker, that may not be operable in certain communities given, potentially at that point in time, where the vaccination rates were versus where they are now, today.

Fortunately, the REP program has been effective. We've seen cases come down, we have seen vaccination rates go up, but we have also seen that the worst case scenario, that we were worried and concerned about at the time, was avoided. To that effect, I just want to say thank you for the feedback and patience of colleagues on both sides of this debate. You know, some were adamantly opposed to putting these things in place, but their feedback helped us get to the right balance in a program that works for Alberta, that works for our big cities as well as working for our smaller cities.

I know it's still challenging in a pandemic, but we've also given certainty going forward that this is going to be in place until the first quarter of next year, to let those businesses know what that framework is going to be. It doesn't mean we can't improve it and try to find tweaks, but at least they know that it's going to be in place.

The Speaker: Hon. members, there are two minutes remaining. I might just suggest – of course, it's not a requirement – that you provide the minister a little bit of an opportunity.

The hon. Member for Edmonton-North West.

Mr. Eggen: Yes. Of course, Mr. Speaker. We all know – and we can loop back to the same thing – that the best tool we have to fight COVID, to get back on track is through vaccinations, but the second best tool that we have, and we can see it through jurisdictions around the world, is a coherent vaccination passport system. I implore, Mr. Speaker, through you, to the jobs minister, to continue to work with that and work at the very highest level. The best thing that we can do here is to provide direction through this House and to provide leadership through this House. I would venture to say that one of the strongest messages that we can send is to have a vaccine passport system right here on the floor of this Chamber, of this House. That's a way to set an example which the rest of the province can follow so we can get past this COVID.

The Speaker: The hon. Minister of Jobs, Economy and Innovation.

Mr. Schweitzer: Thank you, Mr. Speaker. I'd largely refer the member to my earlier commentary reflecting, you know, how we came to the decision around the REP program and the effectiveness of this program. It has largely been adopted across this province, and businesses can make their decision largely depending on what region they're in and what's effective for their type of business.

One other point that I just want to raise – I know that we're short on time – is that we're going to continue to make sure we improve programs. We've done that in real time, giving people clarity throughout. You know, working in collaboration with Health, we're going to do a regular review of this to make sure that we have the

right framework in place. It is going to be here through, you know, early next year, so we want to make sure that we improve it, have it ready.

We know as well from, for instance, small businesses that we're heading into, you know, the holiday season and Christmas shopping and things like that. We've heard feedback around retail and other things. Hopefully, we'll continue to improve this program going forward.

10:30

The Speaker: Hon. members, that concludes the time allotted for this section of debate.

We will proceed, as you know, again to another 10-minute period where a member – well, I think you all have a pretty good grasp of how the hullabaloo works here.

It seems to me that the hon. Minister of Indigenous Relations was rising.

Mr. Wilson: Well, thank you, Mr. Speaker, and good evening. It's a privilege to join in today's emergency debate on COVID-19 and to speak on the ongoing work Alberta's government has been doing with the Indigenous communities in this province. I also want to touch on some of the work that we've done to reach Indigenous people off-reserve and off-settlement. This can be very complex, and it needs to be a team approach. More than anything, the work Alberta's government has done during the last 20 months recognizes that there are unique needs between First Nations and Métis, between Indigenous people who live in rural and those that live in urban centres, and the roles of the various jurisdictions.

Before I get too far into the discussion about the collaborative work that Alberta has done to help keep people safe, it may be beneficial to explain how government work may overlap and how that takes extra effort to be sure people have the information they need to make good choices. While I know some members may be up to speed on this facet, others may not be, so please indulge me.

First Nation and Métis settlement governments lead the public health emergencies and communications in their communities. They work with a variety of governments for program and service support like Indigenous Service Canada, which includes FNIHB, or the First Nations and Inuit health branch. This is the organization that provides health resources for First Nations.

The treaty relationship with First Nations is with the Crown, or, as we say now, the government of Canada. Because the government of Alberta also provides services for people in Alberta, Indigenous people are also eligible. Likewise, municipal governments provide services that include Indigenous people who live in rural and urban municipalities throughout the province. Other organizations like friendship centres, treaty organizations, tribal councils, the Métis Nation of Alberta, and the Metis Settlements General Council have all been working to connect Indigenous people with the services that they need. As you can see, there are many tentacles, so no one falls through the cracks, but sometimes too many chefs in the kitchen, as they say, can affect the bottom line. We all need to work together to be sure that people who need the information, the resources, and the help can get it.

Every loss is a tragedy for their loved ones and those who must keep going. It's also hard on the community at large, which loses talent and expertise. For Indigenous organizations and communities COVID-19 has been especially hard. Sadly, the Indigenous people of Alberta bore the brunt of the COVID deaths and hospitalizations. The reasons for this are complex – historical, cultural, and institutional in nature – and we must do better by them. We're talking about communities that frequently lack the same economic opportunities as the rest of Alberta, so the extra hit from COVID-

19 has been especially tough. I have been talking with Indigenous leaders about this since early in the pandemic, and the worry sits on their shoulders, Mr. Speaker. This summer I talked with leaders and community members, and they've had to close or restrict tourism destinations, slow down natural resource development, and watch their businesses fight for survival.

One hit that has affected all First Nations comes through the First Nations casinos. Revenue from Alberta's government-owned slot machines in those casinos is redirected to all participating First Nations through the First Nations development fund. We call it the FNDF. Less capital available through the FNDF cuts funding for on-reserve social and economic programs, programs that people need. Complying with the health orders by closing casinos was the right thing to do to curb the spread of COVID-19, but we see there are also economic consequences. For participating First Nations, one consequence looks like \$55 million less projected to reach them through the FNDF this year. The Alberta liquor and cannabis commission expects gaming revenue to increase in the coming years, but for now that's just a promise of better times, not a reality that people can count on.

Because COVID-19 has also hurt Indigenous employment prospects, job numbers, typically far lower for Indigenous people than the general population, call out the chronic poverty too many people live through. According to Homeward Trust 60 per cent of people experiencing homelessness in Edmonton right now identify as Indigenous. Only 6 per cent of Edmonton's whole population is Indigenous. People move to the city for opportunity, not to find themselves without a home, without a community near them to help them when they need it most. Some statistics are more available than others, so my focus for the next part relates specifically to First Nations. Here's where the numbers hit home and are devastating me to even think about, never mind talk about, but I must let you have an idea of what occurred this past year in the Indigenous communities.

First Nations people have an increased risk of severe outcomes of COVID-19 due to pre-existing health conditions and socioeconomic factors like I just talked about. COVID-19 has heightened other epidemics within the First Nation. Opioid overdose: deaths increased by 61 per cent between 2019 through the first six months of 2020. There was an increase in the general population, too, and that was only at 36 per cent. Infant mortality rates are up. Chronic diseases like chronic obstructive pulmonary disease, diabetes, and heart disease are up. Communicable diseases like STIs, HIV, and hepatitis C are up.

One number is down, and that is life expectancy amongst First Nations people, with a gap between First Nations and the general population that increased from 7.3 years in 1999 to 16.3 in 2020. There are real, serious gaps between Indigenous and other communities in Alberta. We see it, and we're working to make meaningful change. It takes governments working with each other to lead the type of meaningful change that Indigenous communities need.

The federal government, for example, has contributed \$25 million to help elders and vulnerable community members. This is to address food insecurity, provide educational supports to children, improve mental health and emergency response services, and boost preparedness measures to prevent the spread of COVID-19 in communities. Alberta's government is taking a broad-based approach because we know good health outcomes are tied closely to socioeconomic safety. Provincial grant programs for community sports, social agencies, small businesses, and cultural industries have helped to get more people back to some sort of normal. Wage subsidies included Indigenous communities, and isolation supports were opened to First Nations to be sure that they had a safe place to

isolate and some funds to help ease the challenge of being away from work for up to two weeks.

Projects like the site rehabilitation program, which made \$100 million available only to First Nations and Métis settlements in Alberta, get Indigenous people working while managing their lands. The Aboriginal business investment fund has put another \$5 million back into Indigenous communities to build or complete capital projects, leading to long-term jobs on top of the construction jobs needed to create new tourism centres and spaces, greenhouses, warehouses, and other similar buildings. We've also boosted Indigenous tourism funding over the next few years, and we have seen the Alberta Indigenous Opportunities Corporation make new, financially stable projects possible for more Indigenous communities. The latest we just announced only a few weeks ago in the regional municipality of Wood Buffalo, that saw eight Indigenous communities become true partners in prosperity. Five of those were Métis.

We've also taken action towards better health outcomes and have seen Indigenous communities rise with resilience, compassion, and foresight to care for each other. I think about the work Siksika First Nation has done in partnership with Calgary friendship centre to set up the Aisokinakio'p, an urban Indigenous vaccination clinic. I was there, and they were literally going out on the streets and bringing people in. Launched in 2021, the partnership operates two clinics and four mobile units to keep vulnerable Blackfoot community members safe. With help from the government of Alberta, this COVID clinic now offers influenza and pneumococcal vaccines. There are also going to be more public vaccine clinics available through this clinic soon.

Indigenous-run clinics like this create safe spaces for people to ask questions and get some of the care they need. Aisokinakio'p alone has delivered 8,000 immunizations while other clinics led by the Métis Nation of Alberta, Confederacy of Treaty Six First Nations, and the Treaty 8 First Nations of Alberta have also created safe immunization spaces. Alberta's government is about to launch mobile clinics, a highly successful vaccine bus that will be available at no cost to First Nations and Métis communities. We're going to have elders onboard and nurses going door to door if we have to, Mr. Speaker. No appointments necessary, no cost for service, and no need to travel makes this option really helpful for people who have struggled to make time to get the vaccine. I am proud we are able to add this option and take away another barrier. Vaxx Fest 2 continues to bring vaccines to Indigenous youth by connecting with community influencers and health information. One was being held on the Stoney Nakoda land at the end of the summer that saw dozens of inoculations.

10:40

Countering myths is one of the biggest challenges in getting people vaccinated against COVID-19. Alexis Nakota Sioux Nation has been a leader in getting accurate, accessible information to Indigenous people wherever they are. Starting with the Protect Our Elders campaign, Alexis used humour to remind people that it is on all of us to keep older people safe. Through social media, web traditional media, and other channels the campaign has been critical in fighting against misinformation.

In conclusion, good health services have to deal with many different and connected factors that affect wellness. I'm proud of the work this government has done and even more proud of the work we have done across governments with Indigenous communities. Alberta's government has committed from the start to be partners in prosperity with Indigenous communities. Prosperity goes far beyond dollars. Indigenous people need more access to community well-

being and more chance of stability and ways to thrive. In that way, we will become partners in reconciliation.

Thank you, Mr. Speaker.

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

Mr. Feehan: Thank you, Mr. Speaker. I appreciate the opportunity to talk about this very important debate we're having this evening. I'd like to start by thanking the minister for his informative speech and providing some information. I think the point of my first question really will be about getting us back to the discussion of COVID. We heard a lot of information about economic development and other things, which actually I fully support, but it's not the focus of the conversation. I'm much more interested in how the government is dealing with and handling issues of COVID and not all the other things like the FNDF and other things that were talked about. I'm hoping the minister can respond to me.

Actually, the first question I have comes not so much from me but from members of the North Peace Tribal Council, who have asked me to address a few things. I'll just remind people that there are four bands that are part of the North Peace Tribal Council: the Beaver First Nation, the Dene Tha' First Nation, the Little Red River Cree Nation, and the Tallcree Nation. The concern that they would like the minister to address was an announcement made by Dr. Hinshaw on September 8 in her press conference about a decision that had been made to provide a masking exemption to Fort Vermilion school district. This was of deep concern for these nations as many of their children attend this school district. It is located, of course, in Mackenzie county, which is the region that had the second-highest COVID rate in Alberta at the time. Their concern was that what they were seeing is that none of the First Nations were consulted, and they would like to know why they were not consulted in this particular case.

The Speaker: The hon. the Minister of Indigenous Relations.

Mr. Wilson: Thank you, Mr. Speaker. I was up there the summer as well and visited all those communities he talked about, actually. We had some really good discussions around COVID. Of course, that's the first thing that we discussed when we sat down at the table. What are your numbers? Where are you at? What kind of help do you need? Then we got into the reconciliation, and we had some great discussions with them. We did talk about the masking issue there. We did engage with them to see what we could do. I also get frequent calls from Chief Adam up there. Day or night – it doesn't seem to matter what time – he lets me know when there is a concern, and that was a concern that he brought forward. I brought it forward to our Minister of Education as well, and we worked through it with them.

Mr. Speaker, we're constantly engaging with the First Nations and the Métis communities to see what their concerns are. I can tell you that they've been working hard, like, really hard, to keep their communities safe. When I show up there, you've got to go through security. They ask you the COVID questions, rapid testing – they make sure that their communities are safe. We've been working hard with them to put all the safeguards in place that we possibly can.

I did talk a little bit about the COVID bus that we've been working on, Mr. Speaker. I really want to thank the Minister of Health for working with me on this and making that accessible to those communities. Thank you so much for that. This is going to be a great help in those communities. Like I say, we're going to go door to door. We're taking elders with us so they can explain what the vaccine is all about. We'll have a nurse with us. We can vaccinate them right on the spot. We're making sure that we're

doing everything we can to work with those communities to keep them as safe as we possibly can.

The Speaker: Are there others wishing to join the debate? The hon. Member for Drayton Valley-Devon, followed by Edmonton-Rutherford again.

Mr. Smith: Thank you, Mr. Speaker. I would like to direct my questions to the Minister of Health and to perhaps the Minister of Jobs, Economy and Innovation, whichever one feels appropriate to answer.

I believe that healthy people should not lose their jobs or face unreasonable restrictions due to COVID. I believe that healthy people should not be restricted from worshipping. That's why I believe that rapid testing is truly one of the answers in the panoply of options that we have in the government. Rapid testing is the answer, in my mind, for finding an appropriate balance.

So I guess the question that I've got is this. Is the government prepared to support a policy that would help workers and churches to subsidize the cost of rapid testing so that they don't have to make a choice between their conscience and their job or going to church or not?

Thank you.

The Speaker: The Minister of Health.

Mr. Copping: Thank you, Mr. Speaker, and thank you to the hon. member for the question. You know, as we've spoken to in this House, COVID represents a challenge for all governments. It represents a challenge in terms of what policy options you put on the table, on the one hand, to be able to balance the need to protect our health care system and protect Albertans and protect each other while at the same time the least amount of impact of the restrictions, whether it be on social life or whether it be on businesses. Finding that balance is extremely difficult. There are no right answers; there are just less bad answers as we move through this.

Now, the hon. member spoke to the REP. You know, in terms of putting that program in and then also in terms of the program and this government taking the lead, with its own employees as the employer, of putting in a process where there is in essence proof of vaccination or testing – and, again, each employer makes their own choice, because they have a responsibility under health and safety to ensure that not only you protect employees to the greatest extent possible but also to protect those who the employees serve.

Now, I do appreciate that other approaches have been taken by other jurisdictions and much greater use of rapid testing. Mr. Speaker, what I say to the other members, you know, is that we are getting through this fourth wave with the REP. This is a process that is actually working, and we continue to use it. However, moving forward, can we learn from other jurisdictions in terms of rapid testing and how that could be used? I think we can. I can say to the House that one of my objectives and one of my key priorities moving forward, after we get through the fourth wave and build capacity, is to look at other measures so we can respond thoughtfully to other ways, with the full knowledge of what's going on around the world.

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

Mr. Feehan: Thank you very much, Mr. Speaker. I'm very disappointed that the government side can't even stay with Indigenous issues for two minutes in this kind of important debate, frustrated that they are forgotten so quickly. So I'd like to go back.

You know, in La Crête there were outbreaks in the continuing care centre and in the Heimstaed seniors' lodge and repeated

complaints from all the Indigenous communities and, of course, Peavine Métis settlement, all of which use the community, that businesses were not respecting closures. They were not respecting mask regulations, not respecting distancing. As a result, there was deep concern that many of the cases on the First Nations of the North Peace Tribal Council came as a result of very lax government oversight in La Crête, and they're very concerned that the government did little or nothing about that while these cases started to explode all over the place.

You know, I'm very concerned that the minister sort of talks about, well, that we're finally planning now, this late in the game, to maybe send up these buses. I can't believe that those buses weren't sent up eight months ago. Here they are this late. So far the minister hasn't told me one specific thing they did to make things better for Indigenous people.

You know, he mentioned Chief Adam although I must remind him that he's not part of the North Peace Tribal Council. He seemed to think he was. But he mentioned Chief Adam, who on October 1 came out and said: you need to do more. Can you tell me what you did in response to Chief Adam's concerns? Can you tell me what you've done for the North Peace Tribal Council?

The Speaker: The hon. the Minister of Indigenous Relations.

Mr. Wilson: Oh. I'm falling apart here, Mr. Speaker.

Thank you so much. Well, one of the first things we did for the Indigenous people was that we lowered the age group for the people that had to be vaccinated because we know that they are a very vulnerable population, so we put them in with the age group of the seniors, who are so vulnerable. We worked really hard with all the First Nations communities and the Métis to make sure that the most vulnerable and the elderly got vaccinated first. That really saved us on the first wave.

10:50

We went right across the province and worked with – I literally was on the phone daily with every First Nation that we possibly could call, and we set up calls with Dr. Hinshaw. She did weekly calls. We set up a weekly newsletter with all the information we could put in there so that all the First Nation and Métis people would know what's happening. The friendship centres. We included everybody, Mr. Speaker, because it was so important to get that information out there. That's what we really wanted to do, make sure that the information is out there so that the people know what's available and where they can get personal protective equipment.

The First Nations worked really close with us. I can even say that down south . . .

An Hon. Member: You sent vaccines to them.

Mr. Wilson: Oh, absolutely.

We had them working with the communities, Mr. Speaker. They were setting up vaccine clinics and helping the outside communities. They were welcoming them in to help get other people vaccinated because that helps protect their communities as well.

There was a lot of stuff that happened right out of the chute to help them to get that done, and, like I said, we constantly – I never took a day off all summer, Mr. Speaker. We worked the province from one end to the other, north, south, east, and west. We went to every community that we could possibly get to. I think we visited over 20 First Nation communities, seven of the Métis settlements. We were all over the place, just trying to get that information, that feedback as to what they needed. It was important to see what their communities were lacking and where we could possibly help. All

the ministries worked so closely with me. I know that one night we were up till over midnight helping out the communities there.

The Speaker: Hon. members, are there others? There are three minutes remaining, I think it might be. I guess he'll have some time to respond either way.

The hon. Member for Edmonton-Rutherford.

Mr. Feehan: Thank you, Mr. Speaker, and I do thank the minister for some of the specifics. I certainly want to hear about them. I agree with the minister that the nations really have stood up and taken care of their communities. I've been in contact with many of them. The MNA, the MSGC as well have really put their resources in to ensure that the information is out in the community. I guess I've always just wondered whether the government was helping them at all, you know. I went to the Métis Nation of Alberta vaccine clinic, and it really was a Métis Nation of Alberta event that was done by them with their resources. I left questioning, "Where was the government here?" particularly after the Premier in April blamed Indigenous communities for the spread of COVID and has still yet to apologize. Very concerned about that, and I wish that the minister would stand up and ask the Premier to make that kind of an apology.

But I also have a very specific question that I'm hoping the minister can get to now, and that is that many of the people who live on-reserve did receive vaccinations through the health centres on-reserve that are run by the First Nations and Inuit health branch and subsequently cannot download their vaccination records from Alberta Health because the province hasn't co-ordinated with the First Nations and Inuit health branch to put the information together. So even if they are vaccinated, very often they cannot demonstrate that they are vaccinated through the Alberta system and as a result are still finding themselves being kept out of restaurants and movie theatres and so on. I guess I'm just wondering if the government has done anything to co-ordinate for the significant group of people in the province who need to have that kind of co-ordination given that the two governments are involved.

The Speaker: The hon. Minister of Health. You have one minute remaining.

Mr. Copping: Thank you, Mr. Speaker, and I thank the hon. member for the question. I do know that staff with AHS have been working with a number of First Nations to co-ordinate information sharing. I know that work is ongoing to be able to do that. I also know that if there are issues associated with printing out the reports, we have, you know, opportunities for individuals to call 811 and get it sent to them and printed out. But if there are issues specifically regarding certain First Nations and the information getting uploaded so they can print it out, I'd love to hear more directly in regard to the hon. member so that we can actually address that issue. I know that there has been work that's been ongoing, but if you can identify where the areas are, I'm happy to hear it, and we'll get them addressed, okay?

Thank you.

The Speaker: Hon. members, this concludes the time allotted for this section of debate.

Are there any other members of Executive Council that wish to make a statement not exceeding 10 minutes? The hon. Minister of Community and Social Services has risen.

Mr. Luan: Thank you, Mr. Speaker, for the opportunity to share some of the great work the Community and Social Services ministry has contributed to the Alberta COVID-19 responses. I am proud to

speak of the great work done by my colleagues and the former minister that led to this contribution that we made. To begin with, I want to talk about the total investment of \$130 million by our government to support civil society partners, shelters, and other key stakeholders to support pandemic response. This is our demonstration that the government of Alberta cares and that we care for the most vulnerable. We're taking good care for the time when the unprecedented health challenges are facing our province.

Mr. Speaker, let me take some time to go over some of the details of how the \$132 million has been committed for that. At the onset of the pandemic – this is what you heard the Minister of Finance talk about – we took immediate actions to establish the emergency isolation centre. We know from the get-go that for those who are most vulnerable, they are having multiple barriers, even greater than the general public, to ensure that they are safe. With that, we have in total invested \$73 million in this regard. We activated additional capacity, managed isolation care facilities, and provided shelter users with 24/7 access to critical services.

In addition, we have topped up wages for care staff with \$25 million. At this time I want to take the opportunity to thank them for providing their critical support for the most vulnerable Albertans. We have also provided \$74 million in PPE product to service providers, at a value of approximately \$21 million, to ensure that not only our workers but our most vulnerable are kept safe during the pandemic. We ensured that in the meantime all our regular Community and Social Services programs are maintained through online and phone services.

The next part I want to highlight is when the government of Alberta took the policy of mandatory vaccines for all government employees. We mirror that policy, and we encourage all our stakeholders who provide critical social services for vulnerable Albertans to follow that vaccine policy to make sure their employees and clients are getting vaccinated. Taking this extra step will not only help clients, staff, and all Albertans stay safe, but it also reduces the risk of adding additional pressure to our health care system. The COVID-19 vaccine has been determined to be the best way to stop the spread of the virus, and this is our way, the government of Alberta, of contributing to help reinforce that message.

Next let me spend some time to share with our House the effort we've taken to step up our support for homeless shelters. Hon. members, through you, Mr. Speaker, you can all appreciate that for people who end up having no home to stay, they are one of the most highly vulnerable groups. We were very concerned about their safety right at the get-go when COVID hit us. As I mentioned earlier, we committed \$73 million to add additional support to activate increased capacity, manage isolation care facilities, and provide shelter with 24/7 service, which before the pandemic was not operated on that level. With the added support to homeless shelter funding, they have the resources to ensure that individuals experiencing homelessness with COVID diagnoses are supported in a community rather than more costly acute care in the health care system. The additional funding support has also allowed for the set-up of additional shelter sites to meet physical distancing requirements and ensuring shelters can meet public housing requirements.

11:00

Shelters also used the funding to move their supports from regular day operation to 24/7 service so that the most vulnerable Albertans can access not only services during the day but throughout the night. Shelters have also been partnering with service providers to assist clients accessing other community support services such as housing, food, and others. During the pandemic we have assisted more than 3,400 people in this regard.

Mr. Speaker, it's long been my belief that healthy families and strong communities are the building blocks of a better Alberta. This is true whether we're talking about mental health and addiction, disability, homelessness, or poverty. The work that this ministry does and its collaboration with our community partners provided the actual needed support to help our most vulnerable Albertans.

With that, Mr. Speaker, I'd like to move on to share with our colleagues here the work we've done specifically for women's shelters. As the pandemic hit the globe, every nation and every country in the world recognized that domestic violence went up, and the challenges to women leaving family violence went significantly higher. This is one reason that our government took steps and invested an additional \$5 million for emergency women's shelters to ensure safe isolation spaces for women and children experiencing family violence during the pandemic.

Another part, Mr. Speaker, I would like to share is the work we've done in partnership with Alberta's thousands of civil societies, charitable organizations. That is work done under the civil society sector. Albertans have long enjoyed the spirit that I call Alberta's spirit, that when times are tough, we work together as a community. We have enjoyed the sense of caring for each other. But, also, in the face of challenges, we never give in. We work together as a community, and we have a can-do attitude.

Mr. Speaker, I want to acknowledge the thousands of nonprofit and faith communities during COVID and how much they have contributed to helping our community members. It is because of that recognition of civil societies' strong connection, their power and influence in our community, that we partnered with them. We put aside \$20 million in the civil society fund with the intent to leverage community power when we have to deal with a crisis like the pandemic.

Mr. Speaker, I'm very pleased to report to the House that the first round of the funding through the civil society fund successfully went to 21 collaborative projects that support civil societies for recovery from the COVID-19 pandemic and help build the sector capacity. I'm very pleased to share with the House that last week I launched the second round of funding for the civil society grant. This round is focused on social recovery through community-led mental health support services and also the broader employment initiative, not only helping women to recover from the pandemic but also the broader sector in terms of people with disabilities and other barriers.

Mr. Speaker, to conclude, our government has demonstrated a high commitment to helping the most vulnerable Albertans during the pandemic. We'll continue to support those individuals to ensure that they have the services they need to be successful not only during but beyond the pandemic. Together we can work towards building a future where all Albertans, regardless of the barriers they face, are given a fair chance to participate in their community.

Thank you, Mr. Speaker.

The Speaker: Hon. members, 15 minutes of question and answer will now proceed. Each member has up to two minutes. The answer can be no longer than two minutes, and any member of Executive Council can answer the question. It will be the hon. Member for Edmonton-Castle Downs, followed by the hon. Member for Grande Prairie, followed by, potentially, another member of the opposition, followed by a member of the government caucus.

Ms Goehring: Thank you, Mr. Speaker, and thank you to the minister for your statement. I heard you mention thousands of nonprofits that have stepped up, and I would say that they absolutely have because there was a need that this government wasn't providing. There were supports that they weren't able to

access, and therefore they had to step up to serve communities. You also mentioned that you have a belief in families and communities, and I think that that's lovely, but where's the action? There needs to be actual support behind that belief, and we're simply not seeing it.

You also mentioned multiple barriers that are impacting the community, and I would argue that your government has created incredible barriers for communities that have been decimated by COVID. We've seen poverty grow substantially here in the province during COVID-19. Homelessness in Edmonton has increased by a thousand people in the last year. There has been a 30 per cent increase in food bank usage in the past two years. It's clear that it's not enough. Not enough has been done to mitigate the issue.

In 2020 the government provided \$55 million in addition to the \$198 million budget in homeless supports. The budget for 2021 was \$193 million. Clearly, it's not adequate as the capacity limits for shelters and services remain. This has resulted in the closure of shelters, and municipalities have been left on their own to navigate this. Will the government provide additional funding this year as winter approaches?

The other thing is that I've been in contact, as have my colleagues, with those that are accessing food banks, and I'd like to know what sort of plan is in place to address the problem of food insecurity in the province of Alberta.

The Speaker: The hon. the Minister of Community and Social Services has the call.

Mr. Luan: Thank you, Mr. Speaker, for the opportunity to respond. As I stated earlier, our government is strongly committed to helping the most vulnerable. Regarding the shelter parts the hon. member raised the question about, on top of our regular committed \$49 million under shelters, we have taken extra steps for emergency isolation centre support. We have taken extra steps to ensure that when vaccination is available, we have community centres available to assist the most vulnerable, including some of the ethnic communities, who have difficulties accessing regular vaccination.

Regarding the two other items I think the hon. member referenced, about food banks and others, let me assure you that I'm very proud that our former minister of community services took action, using ministerial orders and regulations, to expand FCSS funding criteria, acknowledging that during such emergency crisis times food support traditionally is now eligible for FCSS funding in this time. We made it available, and that produced a tremendous impact in the community. During the summertime I had a chance to tour the province. Wherever I went, I heard that positive feedback from our community partners. Mr. Speaker, I'm very proud of the work that we have taken so far.

The Speaker: The hon. Member for Grande Prairie.

Mrs. Allard: Thank you, Mr. Speaker. It's a pleasure to rise at this late hour and discuss this. I appreciate the comments from the new Minister of Community and Social Services, and I also wanted to recognize his predecessor, the current Minister of Transportation, in her role throughout the pandemic in supporting the most vulnerable in this province.

I had a couple of questions; I think the minister was reading my mind. I was thinking about his visit to Grande Prairie, the great constituency of Grande Prairie, and some of the people that we met this summer, particularly FCSS. The way that FCSS funding is so nimble and the way that it's been designed to be supportive and to provide for and to fill gaps – some of the people that we met were talking about the incredible work they were doing for those in the community. So I wanted to have the minister maybe expand on

some of the specific supports, on why they were chosen. I heard that food security was one of them, and I think the members opposite were interested in that as well. I think that's a really important topic with respect to Community and Social Services at this time as we, hopefully, come to the tail end of the pandemic, but in the interim we know that we have to support these communities.

11:10

I also wanted to talk a little bit about the women's shelter in Grande Prairie, Odyssey House, and the great work that they're doing there and some of the specific supports that the ministry has put in place to support the women who have struggled in their relationships and are getting back on their feet again. It was inspiring when the minister was up visiting, so I just wanted to give the minister an opportunity to comment on some of the specific supports with respect to the pandemic and the great work that our government is doing in partnership and also on the way that we're partnering with civil society and the way that we've helped charities continue to fund raise and to support initiatives and also be nimble to the community needs.

Thank you, Mr. Speaker.

The Speaker: The Minister of Community and Social Services.

Mr. Luan: Thank you, Mr. Speaker, and thank you to the hon. member for sharing some of the great observations and great questions. I wanted to acknowledge that while I was visiting Grande Prairie, the hon. member had taken such a great lead in touring me around with some of the very best community and social service agencies in town. I was very impressed by the work they've done and listened to their feedback to our government on what we did during the pandemic and what was helpful.

Let me highlight a couple of the learnings I learned from that visit, that trip of, I think, two days, three days. Mr. Speaker, it was very clear that in some of the early interventions we invested in PDD supplies for our nonprofit service providers. With the extra funding that was given to them to increase their capacity, they can provide 24/7 support versus the previous regular one. I think that when we visited Odyssey – I remember that that was the women's shelter – they wholeheartedly wanted to acknowledge that they really appreciated those extra, added resources. It made a huge difference in their capacity to reach out to the most vulnerable in that situation. I think they are connecting to families who are fleeing from domestic violence, including having their kids with them. So that was noted.

The second part. I think the hon. member mentioned about the work with our local FCSS community. I believe one of the counsellors that we met is also the president of the FCSS Association of Alberta. Yes, indeed, it was a very . . .

The Speaker: The hon. Member for Edmonton-Castle Downs, followed by the Member for Camrose.

Ms Goehring: Thank you. People with disabilities have done their part to get vaccinated. Many people with disabilities and their loved ones are very concerned with the possibility of contracting COVID-19 because they are more vulnerable to the virus. Instead of responding to the calls for mandatory vaccines for PDD staff, the minister wrote a letter that agencies implement their own policies to require vaccines. Can the minister explain what the impact of that request has been in clear, tangible numbers of agencies requiring vaccines for staff?

Another question. There were many COVID-19 outbreaks in emergency shelters throughout the pandemic. Can the minister

provide data about this regarding the first four waves and also tell the Assembly what will be done differently so that this does not continue in the future?

Another question: what does the government know about rates of vaccination amongst people experiencing homelessness? What will the government do to ensure that people who are not vaccinated can get one and that they know about the safety and effectiveness of the vaccines?

Thank you.

The Speaker: The hon. the Minister of Community and Social Services.

Mr. Luan: Thank you, Mr. Speaker, for the opportunity to respond. I am proud to say that the very many actions I've already outlined by our government to provide timely and adequate support for our most vulnerable during this time have shown a significant difference.

Let me speak about a couple of the facts that can hopefully answer your question there regarding vaccine policy. Upon taking office with this new responsibility, I immediately assessed the need of how best we can work with our contracted agencies to ensure that we have maximum vaccine uptake. Upon consulting with, for instance, the Alberta disability association – they have over 300 member organizations – they wholeheartedly support and endorse the policy the government of Alberta took, to ask for all of our employees to be fully vaccinated.

We've also consulted with legal on: what's our ability to influence that? I was advised that because they are not government of Alberta employees, the contract agencies are essentially partners to us. From that, we can encourage them to follow our policy. As a result of that, I think the Minister of Health and I jointly issued a letter that encouraged all of our funded agencies to follow the government of Alberta's policy for vaccine.

The Speaker: The hon. Member for Camrose has a question.

Ms Lovely: Well, thank you, Mr. Speaker. I was excited last week when I saw the Minister of Community and Social Services announce another round of the civil society fund. As many members know, I'm always out promoting my not-for-profits throughout the Camrose constituency, and many have been struggling due to the COVID-19 pandemic. During the summer the Minister of Community and Social Services was able to visit some of our nonprofits like the Camrose Women's Shelter, multiple FCSS groups, and even a few disability organizations. They're really looking forward to help during the pandemic. Can the minister please update us on what measures are in place to support the recovery of the civil society sector?

Mr. Luan: Thank you, hon. member. Thank you for asking this question to give me a chance to respond to what we've done for that part, but before I get into that answer, I also want to acknowledge that the hon. member had invited me to her constituency. I was so impressed by the community agencies that spoke highly about your leadership in the community. You've been a strong advocate for them. You brought many great questions for my ministry to pay attention to. So thank you for your leadership, for your continued advocacy for your community there.

Let me get back to some of the questions in terms of what we've done for civil society. As I mentioned earlier, our government values the partnership relationship with our nonprofit sectors, recognizing their connection to the community, including some of the faith organizations, their strong roots in the community, and their ability to mobilize people in responding to a crisis like this. With the civil society fund in round 1 we allocated \$7 million

throughout the province, intended to give extra support, leveraging the nonprofit communities' power in reaching out to others from people helping people, including increasing their capacity for research, data collection, and so forth. I am pleased that with that, we received positive feedback for round 1.

Like I mentioned today, as of last week we launched the second round. I'm looking forward to all of you continuing to encourage your community members to participate.

The Speaker: Hon. members, that concludes the time allotted for this section of debate.

Are there any other members of Executive Council wishing to make a statement? I see the hon. the Associate Minister of Status of Women has risen.

Ms Issik: I move to adjourn the special debate on COVID-19.

[The voice vote indicated that the motion to adjourn debate carried]

[Several members rose calling for a division. The division bell was rung at 11:19 p.m.]

[Fifteen minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Aheer	LaGrange	Rowswell
Allard	Lovely	Sawhney
Armstrong-Homeniuk	Luan	Schweitzer
Copping	Madu	Sigurdson, R.J.
Ellis	McIver	Singh
Getson	Nixon, Jeremy	Smith
Glubish	Orr	Toews
Guthrie	Panda	Wilson
Hanson	Rehn	Yao
Issik	Reid	

Against the motion:

Carson	Goehring	Sabir
Eggen	Gray	Sweet
Ganley	Hoffman	

Totals: For – 29 Against – 8

[Motion to adjourn debate carried]

Ms Issik: I move that the Assembly be adjourned until 10 a.m. Tuesday, November 2, 2021.

[Motion carried; the Assembly adjourned at 11:36 p.m.]

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