Legislative Assembly of Alberta

Title: **Wednesday, December 2, 1998 8:00 p.m.**
Date: 98/12/02
[The Speaker in the chair]

THE SPEAKER: Please be seated.

head: **Government Bills and Orders**
head: Third Reading

Bill 49
Appropriation (Supplementary Supply) Act, 1998 (No. 3)

THE SPEAKER: I think I'll recognize the hon. Deputy Government House Leader.

MRS. NELSON: Thank you very much, Mr. Speaker. It is indeed a pleasure for me to move on behalf of the Provincial Treasurer Bill 49, the Appropriation (Supplementary Supply) Act, 1998 (No.3).

THE SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. Now that we have third reading appropriately moved, I want to take an opportunity to visit a couple of issues that, unfortunately, answers haven't been provided for. These are some concerns that have been raised during second reading and even in committee stage.

The supplementary supply bill is one that's asking us to really provide some additional or catch-up funding for some government programs. I tried to make it clear during some earlier comments -- and I know my colleagues did as well -- that it's not necessarily the areas of expenditure that have attracted our attention. It's the process, and it's the fact that we're coming back three times for supplementary estimates. The Treasurer said that it's a relatively insignificant percentage of the provincial budget, but that's not really good enough, because it's not an insignificant percentage of the line-item budgets in each of the departments where the supplementary requests are coming from.

So it's a bit of a shell game to say that we really shouldn't be concerned because it only represents a couple of percents of the budget when in fact if you look at the specific line items for each one of the departments, you see that they are huge percentages and represent a real series of errors either of planning or of anticipation or of recognizing trends. This should cause every taxpayer some concern, because taxpayers need to be able to trust their government. They need to be able to believe that their government is accountable. When we see not one, not two, but three supplementary estimates worth over a billion dollars in such significant areas as the administration of justice, the administration of health care, we can understand how and exactly why that trust is eroding: because the accountability fails to be there.

Now, I want to ask some questions or raise some issues specifically in regard to the lottery portion of the expenditures being asked for in this supplementary supply request, and the particular expenditure that I want to focus on is the expenditure under the health and wellness initiatives, Calgary regional health laboratory facility. Mr. Speaker, I know that you're particularly familiar with the way the lottery fund works, and I know that there are some other members of this House who have considerably more experience than I do with the lottery fund and giving out lottery fund dollars. In fact, you know, I've never been called upon once to hand out a lottery fund cheque. I know that several of my colleagues who were elected representing another party have been called on several times to do that, but I've never been asked, even in my own constituency, which has been the beneficiary of some lottery funds from time to time. I've never been invited to one of those cheque presentation ceremonies. But I digress.

Mr. Speaker, the question that I have is about the Calgary regional health laboratory facility expenditure. Now, the process that I understand on the health and wellness initiative for capital expenditures is this: all of the health regions collectively come up with priorities. It's a good thing that the government would ask the health regions to do that, because that decreases some competition. It allows the people of Alberta to get the best return on those lottery investment dollars, because instead of having one health authority competing against another health authority or two health authorities both asking for the same thing or one health authority asking for something that another health authority already has, you get them all together. They come up with their priority list, and then those priorities are debated. Again, I'm assuming they're debated within cabinet. I'm assuming that that comes to cabinet. Then through some miraculous process that only cabinet ministers really know for sure, the priorities are decided upon. But at least the priorities are decided upon. I mean, it's a decision-making process that's mysterious to most mere mortals, but at least the decision-making process is there. The priorities are decided on, and then the money is handed out. Priority 1 gets a cheque; priority 2 gets a cheque; priority 3 gets a cheque.

You know, I've sat on the Heritage Savings Trust Fund Committee, and I've reviewed lottery fund expenditures in estimates here. I'm somewhat relieved that most of the priorities that I have seen chosen by government for the largesse of the lottery fund seemed to be real priorities. They're pretty self-evident. In fact, they're so self-evident that it surprises me sometimes that it takes the entire cabinet to figure them out, but at least they get figured out.

That gets me to this request for $9 million. This request wasn't part of that previous discussion. Whatever that mysterious process was, apparently this request wasn't part of that mysterious process. All of the fiscal year '98-99 allocations had been made. Cabinet made those decisions; right? I see the minister of science and information technology nodding in agreement. All of those decisions were made. All the allocations were agreed to, but, bang, right out of the blue we get this whole new initiative, some who were cynical would say, sort of a backdoor initiative to access lottery funds in a way that's outside of that process -- granted, an admittedly mysterious process -- that everybody else understood the rules of.

So you've got all the priorities being decided on, cheques being written, sort of case is closed, and then at the end of the day one regional health authority mysteriously manages to get a request back in front of the minister or cabinet or somehow back to the attention of government. Clearly, outside of that process which was designed to reduce competition, to reduce duplication, to reduce redundancy, to depoliticize the process, outside of that whole process, the Calgary regional health authority manages somehow to get their request back on the table.

So that's my first question: would somebody in the government please explain how the Calgary regional health authority did that so the other 16 health authorities know the new rules of the game? I'm certain the Capital health authority and the Crossroads health authority and the Mistahia health authority and the Lakeland health authority and WestView and Aspen and all the others have pet projects that they would like to bring to the . . .

DR. TAYLOR: In Cypress-Medicine Hat it's the Palliser.

MR. SAPERS: And Palliser, and Chinook, and East Central. Did I miss anybody?

I'm sure that every one of those health authorities have some pet projects that they would like to get the government's attention on. I am certain that every one of those health authorities has at least a $9 million shopping list for capital expenditures, because even the Auditor General has said that the health authorities are undercapitalized by around $100 million at least, and that's just on the replacement side, Mr. Minister. So please tell those health authorities what the new rules of the road are. How do they get the government's attention? How did they circumvent the process?

DR. TAYLOR: It's their Conservative MLAs, Howard.

MR. SAPERS: Oh, did the minister say that they need to have Conservative MLAs? Hmm.

Now, I'm not saying that this health and wellness initiative is not legitimate, important, not even critical to the wellbeing of the system. I'm assuming it must be, because I'm assuming that the minister and cabinet thought it was a nifty idea to give them the money, so it must be worth while. So this isn't on the merits of the expenditure; this is about the process. Tell the other authorities how to do it, because I know they have needs, and they want those needs addressed as well.

8:10

Now, the particular concerns about the Calgary regional health authority, a request in this supplementary supply bill, also strikes me as curious because the Calgary regional health authority laboratory services are operated by a public/private partnership I think called Calgary Laboratory Services or something like that. They'll forgive me if I don't have their corporate name exactly right. It's a public/private partnership, and I remember the discussions around that public/private partnership. Part of the discussion was: this will be better because we have access to private capital; we can bring in private capital; we have investors. MDS is listed on the Stock Exchange. Well, I better not say anything about it because I don't want be perceived as promoting or not a particular stock, but I understand that they're listed. So obviously this public/private partnership has access to private capital, and other health regions who didn't pursue the same public/private partnership model may not have similar access to private capital.

So I have to ask this question: if this public/private partnership can access private capital and they would access that capital specifically to buy new technology to make them more efficient, presumably so that on their private side they could be more profitable, why are we voting to give them 9 million lottery dollars? Why would we be subsidizing this public/private partnership in this extraordinary process? Now, it could be that there's a very legitimate reason, and I acknowledge that there may be a legitimate reason. The only difficulty is that nobody has said so. Nobody has explained what that legitimate purpose may be.

We have some other questions. What message is being sent to the other RHAs? One possible message -- and I know this would not be the intended message -- may be that favourites are picked amongst the regions, that if you come from one region, maybe you get treated in a different way. One of the things that I have been very, very diligent in is not pitting one health care region against another. I am afraid that the government hasn't been as diligent, because even if it's an unintended message, the message that's sent when you go outside the rules for one region is that you're treating them as special and different and better and that by definition all the others don't quite measure up. So if you don't want to send that message, government, you may want to rethink this process.

Now, if the lottery funds for capital expenditures under the health and wellness initiative are supposed to be based on need and priority, what consultation was done to justify this extraordinary expenditure to support the Calgary regional health authority? Okay? It could very well be that this expenditure, as I said, is absolutely one hundred percent legitimate, necessary, called for, but again we don't know. We don't know whether the other health regions were involved. They are involved in that other process. Right? They are involved in the process where everybody puts their priorities on the table and they all talk about them all together, but we don't know whether that process was duplicated for this extraordinary request for expenditures.

We also don't know whether or not there is any relationship between this interim funding decision coming close to the end of the fiscal year, certainly in the dying quarter, and what's commonly referred to as the Laing report, which looked at some funding inequities and looked at some cross-boundary and interregional concerns. So if in fact this expenditure from the lottery fund is here because it's trying to deal with a pre-existing inequity and in fact Calgary is only getting its fair share because somehow it got the short end of the stick before, then somebody from government should say so. We are really in a quandary because we're being asked to endorse something that there has been no clarity about. I know that every member in this Assembly has been approached by or has approached on their own initiative a senior administrator or a board member of a regional health authority. I would be very surprised if there is one member in this Assembly who could stand in his or her place and say: "Everything's rosy on the health care front in my authority. Everything is rosy. There isn't a single problem. There's not a single need that we have." I don't think any of us could say that. So given that reality, we need to know whether or not Calgary is now being given something extraordinary because it is, as they say, redressing a wrong from the past -- it's something that may have been discovered during the Laing review -- or whether these are the new rules of the road and it's a free-for-all, that every health authority should just get to their favourite cabinet minister as quickly as they can and try to lobby for their favourite expenditure, or whether there's something else involved, whether there's something else at stake.

I wonder what this means for the coming fiscal '99-2000 process. What motivation is there for the regional health authorities to put all their cards on the table, to come right out front with all of their priorities if they think there's this backdoor to the treasury chest? They may decide that they're going to pursue this other process rather than the process that they were led to believe was the correct one.

I will leave those questions hanging until this point of time unanswered, and I will ask all members to consider those. If the government persists to use its majority to vote through this bill, to force it through just because they can, without answering the questions, well, that's their choice. They can be bullies if they want, but these are legitimate issues, and these issues deserve to be met with more than just some stony resolve: we're the government, so we're going to do it anyway, and we really don't care what the issues are that you raise.

I also want to come back for, well, three minutes and take a look at the Justice spending that's being requested. I noticed that in the Justice estimates we're being asked to vote another almost $4.3 million. The explanation from the minister was that that money was going to be spent primarily to support changes to do with the justice of the peace program and the compensation

changes for judges. It shows up in a variety of line items, including management services, court operations, et cetera.

I wonder whether or not someone from the government, the minister perhaps, can explain to us why we haven't seen similar attention being paid at this point in time, when we're dealing with supplementary estimates, when the Treasurer has already come back to the trough yet again, why he isn't coming back asking for some money to correct some deficiencies in spending in other parts of that department; for example, in the areas of crime prevention or provincial policing, the RCMP grants. I mean, we're being told that RCMP detachments are going to be short-staffed. We're being told that certain programs are going to be cut down. Some of the community initiatives aren't going to go ahead. [interjection] These aren't federal cuts. These are when the RCMP are under contract to municipalities who can no longer foot the entire bill because their grants have been devastated by this government. So when the policing grants for local and provincial policing are cut to that extent, the job just can't get done the way that it should. While at the same time that I note that spending is down on crime prevention, spending is down on policing, I note that when it comes to First Nations policing, there's nearly a half million dollars overspent.

Now, normally I wouldn't be terribly concerned about that, because I would think that would be money well spent. I would have thought that up until today. Today a report was released which was devastating in its indictment of how First Nations policing is being run in this province. If we have underspending when it comes to First Nations policing, serious concerns raised about the administration of First Nations policing, and no action from the Minister of Justice, we're just left wondering about the priorities of that department.

Thank you.

8:20

MR. JONSON: Mr. Speaker, I would just like to make a few comments with respect to the member across the way's remarks as they pertain to the item related to Health. First of all, I think that no one is more aware than I am as Minister of Health of the need to balance priorities and be fair to the regional health authorities across the province, and I think I'm doubly aware of what is sometimes very healthy competition and rivalry between Edmonton and Calgary. But sometimes because you cannot always match everything perfectly, it leads to certain, usually temporary, differences or inequities from one period of time to another. But I would like to assure the hon. member that in terms of capital expenditure and in terms of equipment expenditure, we make every effort to be fair and to balance the needs of the regional health authorities, although our first priority is to respond to a definite need. When you work on that particular basis, sometimes you will not have just the same amount of money per capita, particularly for capital and equipment, going to Edmonton as it would to Calgary or to the WestView health authority, but we do try to meet the needs and to be fair about it.

Now, with respect to this particular item, we do, as funds are available -- and we have been fortunate in the health care system to be able to obtain funds from year to year for equipment needs. For instance, a major piece of equipment that will have some assistance from lottery funding that is going into the Capital health authority is the catheterization lab, which has been announced by the health authority because they're going ahead with it. But they certainly are looking for at least part of the cost to be provided as a special allocation, and we will be looking at those special equipment needs, high-tech needs all across the province.

In the case of Calgary this allocation of money, yes, is for a building, and it does involve the partnership or the arrangement between the private laboratory company -- I should say semiprivate laboratory company, because it's a joint entity owned partly by I think it's Kasper medical services incorporated or something and the regional health authority.

Now, their problem there is that while they have very adequate high-tech equipment as far as the actual laboratory work is concerned, that equipment and the staff and so forth are located in eight different sites around the city. Their request, rather than going for more equipment per se, was to have funding in this particular category for a building. So this particular allocation of money is for a building to consolidate the equipment and staff and the overall lab services of the Calgary regional health authority, which, if you think about it, will certainly lead to a great deal, I think, more efficiency, effectiveness as far as that particular service is concerned, and that is what the project is about.

THE SPEAKER: The hon. Member for . . .

MR. JONSON: Pardon me, Mr. Speaker. I forgot something.

Mr. Speaker, I think the other thing that should be kept in mind here is that across the province we are making an effort to meet some of the high-tech equipment needs. It will, of course, depend upon the availability of funds from Alberta Health's budget and ultimately in the year ahead with the new business plan. But we do look very carefully at the equipment needs.

The reason I wanted to go on is that there was one point that the member sort of had an inferred allegation about -- sorry; maybe I'm misinterpreting you -- and that is that no committee of MLAs sits around and looks through the lists of equipment and makes selections. Instead, the selections, the recommendations are made by people who are expert in the field of medical technology. They are the ones that set the priorities and recommend the list as far as equipment is concerned.

MR. SAPERS: To whom?

MR. JONSON: To the minister. And since I am quite aware of my limitations, except of course in the area of good judgment, I usually accept their recommendations, and of course ultimately it has to go through the Treasury Board approval process and budget approval process.

Mr. Speaker, on that very important point I'd move to adjourn debate.

THE SPEAKER: On the motion set forth by the hon. Minister of Health, those members who agree please say aye.

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE SPEAKER: The motion is carried.

Bill 38
Public Health Amendment Act, 1998

THE SPEAKER: This is Bill 38 in the name of the hon. Minister of Health. I think we should call on him to move it.

MR. JONSON: Yes, Mr. Speaker. I wish to move third reading of Bill 38.

THE SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you very much, Mr. Speaker. I'm pleased to have the chance to speak yet again to Bill 38. I wanted to identify some of the things that in fact unfortunately have been lost sight of in terms of addressing this bill.

In 1998 what we know is that there is a movement in terms of public health, a movement away from dealing with just communicable disease and an attempt to sort of focus on the broader issue in terms of public health. And does Bill 38 address that broader focus of public health? Does it say to local medical officers of health -- does it address the determinants of health of a population? Does it address population health? It does not, Mr. Speaker. What Bill 38 does: it continues the preoccupation with communicable disease.

I think that from my opportunity to speak with people involved in public health in all regions -- well, I can't say I've spoken with people in every region about public health, but certainly in the major regions and many of the other 15 regions we've talked and there is a great deal of frustration. We hear some rhetoric about prevention. We hear some rhetoric about health promotion. But here we had a chance while we were addressing our public health statute to address some of those things, and we don't see it absent one provision. The one provision is something I'll come to in a moment, the power for the local medical officer of health to deal with issues that go far beyond communicable disease.

I also have to express -- and I think I've raised this before to the minister. I don't find in Bill 38 what ought to be there: some recognition of the regional inconsistency we have in terms of the way we deal with public health. If we look at Bill 38, is that addressed? Well, not in any direct sense, Mr. Speaker. We just heard a discussion a moment ago between the Opposition House Leader and the Minister of Health about treating the regions fairly and so on, and not wanting to get into that debate, what's interesting is that only six of the 17 regional health authorities in this province have individuals who are the local medical officers of health and have specialized training in the area of population health. In this statute why wouldn't we require as a minimum that the local medical officer of health would have at least a fellowship in community medicine?

8:30

What's happened in too many areas, Mr. Speaker, in Bill 38 is that we have regional health officers . . .

THE SPEAKER: The hon. Member for Calgary-Egmont.

Point of Order
Relevance

MR. HERARD: Mr. Speaker, under *Beauchesne* 640. I think we are in third reading at the moment, and in third reading we are to confine our comments to what is in between the front page and the back page of the bill, not what could have been, should have been, or what was discussed before. All of those things are irrelevant in third reading. I'm finding it very difficult to follow the hon. Member for Calgary-Buffalo, who constantly refers to things other than what is in the bill.

MR. DICKSON: On the question of relevance on the point of order, Mr. Speaker, my comment would be this. What Bill 38 does is make a host of changes to the primary public health bill in the province of Alberta. I'm specifically not talking about amendments that were moved and defeated, and clearly there are rulings that that would be out of order. Surely I'm entitled to speak in a general way relative to the bill about elements of public health. What I'm attempting to come to -- the member has risen very early in my presentation. I intend, if not artfully then clumsily, to be able to connect the things I'm saying by way of introductory comments into specific elements and principles that we find in Bill 38. It seems to me that so long, at third reading, as speakers don't get into trying to reargue amendments that were unsuccessful, this has always been in my six years here an opportunity to reflect on where the bill leaves us in terms of Albertans, in this case in terms of public health. Those are the comments I wanted to make, Mr. Speaker.

THE SPEAKER: Okay. Having heard the debate with respect to this point of order, I think that the operative words in this case now of Calgary-Buffalo will be to find the artful connection.

Debate Continued

MR. DICKSON: Thank you very much, Mr. Speaker. In terms of dealing with Bill 38, we're dealing with the responsibilities and the powers of the local medical officer of health. That's the very essence of the bill. That's what we're going in to do. We are expanding the powers of that local medical officer of health. My point, members, through the Speaker, is simply that it's a little bit like giving a very young kid a 383 four-barrel Superbee -- I'm dating myself -- and then finding that the driver is only 16 or 17 years old and simply doesn't have the responsible judgment to be able to use that massive power appropriately.

My point in speaking to Bill 38 and in fact urging members to carefully consider whether we want to pass the bill -- what we're doing is taking that 383 four-barrel Superbee and we're giving these powers to people. In many cases it's simply a physician in a region who has no specialized training. Many of these people may be excellent physicians. They may have had a course somewhere in the course of their medical training that addresses some of those population health factors, but not necessarily.

I think that if we want to be able to realize the promise Bill 38 teases us with, then what we would be doing is also ensuring that the driver behind the wheel of this very hot, high-powered, overpowered vehicle is somebody who's got that additional training. That's something that I've not heard the minister address. He's excellent in terms of standing in the House and attempting to respond to issues as they're raised in debate and at committee stage. If he's responded to this, I haven't heard him. I didn't hear him in terms of moving the bill. He's had the benefit and those 632 employees in the Department of Health have had the benefit of reading the commentary and the debate in this Assembly on third reading, and one would have expected that he'd be able to offer some measure of comfort with respect to that in terms of the qualifications of the driver of that overcharged vehicle.

Now, the other concern that had been raised with this bill I think has to continue to resonate with members. Those who were in the House when we talked at the committee stage may remember some of the concern around the provision that allows the medical officer of health to go in and start demanding information from anyone who is engaged in a practice that may compromise public health. I'm paraphrasing. It seems to me that without some safeguard, there is nothing in Bill 38 as it now stands to prevent that local medical officer of health from going into a casino, from going into a retail store that sells tobacco products

-- and we can think of other kinds of examples -- and demanding information, demanding records and that sort of thing.

Now, there may be one balancing feature in the bill, and it does this: it addresses one anomaly. Currently in terms of public health it's not clear that the local medical officer of health is subject to direction from the provincial health officer. In fact, this is a positive move in the bill, because now what's happened is that Dr. Waters, the provincial health officer, has an ability to assert some leadership at a provincial level that would have to be followed at the local, regional level. That's a positive thing, but that's not adequate enough protection.

I think what we've got is this. We've got this situation where we still have the medical officer of health capable of going in and demanding information and documents. There are no limits. There are virtually no limits on the power that can be given. This is an extraordinary, extraordinary power that we are giving these people, and the Minister of Health may stand up and say about the new powers in Bill 38: "It's of little consequence. These are reputable people. They're credible people. They're not going to abuse the powers we're going to give them. They're going to act judiciously and appropriately."

You know, Mr. Speaker, to anybody here from Missouri, to anybody who has seen in the past where we've taken the government at its word, we sometimes find that there are defects, that there are omissions. We sometimes find that good people just left to their own resources don't always end up doing the right thing for a host of factors. I think that when members vote on this bill, deciding whether to support or not to support Bill 38 at third reading, they have to give some thought to: what are the checks and balances in terms of these very broad new powers that have been given?

I don't have so much a problem when it comes to communicable disease control. To me that's one thing, but the investigative powers that we're giving to the medical officer of health under this Bill 38, Member for Calgary-Egmont, allow that person to request information from anyone, including physicians, laboratories, individuals, and private businesses. It could include confidential patient information, lists of contacts, lists of clientele at businesses, information that normally could never be accessed by a peace officer. I just ask members to consider: do we want to create another level of police powers which are so extraordinary that they go beyond what CSIS and the RCMP and the Edmonton city police or the Calgary Police Service have? That's what's at risk here, members. That's what's at risk with this bill, and I'm having some real difficulty with it.

8:40

You know, we have members in this Assembly who have trained at the General hospital in nursing, an excellent institution providing a uniformly high calibre of registered nurses in this province, nurses we can be proud of and who have worked hard and provided leadership in this community both in the nursing profession and in this Legislature. I expect that those members know what I'm talking about. I look around and I see some people who may be -- the Member for Calgary-Egmont had some difficulty understanding how I was speaking to the bill. The member for Calgary-Cross knows; she's been in the trenches. My colleague for Edmonton-Riverview knows. They've worked in a health care context, and they understand that sometimes well-meaning people, well-meaning health professionals, can also make mistakes. I think that they know better than any of us the value in having some safeguards. They're not in this bill.

I'm not going to talk about the amendments that were passed or defeated, but I ask members to reflect now as we consider supporting this initiative at this our very last opportunity as a Legislature to be able to impact this bill in any way: do we want to consider giving a message to our colleague the Minister of Health? Do we want to say to him, "Mr. Minister, although many positive elements are in Bill 38, there are some problems here too"?

I think we're sensitive, collectively and individually, to the potential for an overzealous local medical officer to storm into a business in downtown Medicine Hat. You can bet your bottom dollar that the two capable MLAs for Medicine Hat and Cypress-Medicine Hat would be getting phone calls. The Medicine Hat *News* would be doing a story on this. It might be happening in Edson. I would want those members to be able to say: you know, in the Legislature we made sure that a bill didn't pass unless there were some appropriate safeguards or checks and balances on the extensive, extensive powers that are being conferred here.

The other thing has been raised before, and I want to raise it again and ask the minister of health: if he won't do it by way of legislation, will he require that the provincial health officer provide us as legislators with a report in terms of what's happening with public health in this province? You know, in British Columbia that happens, and it would be amazing to members here, I think, to see the kind of light that it's brought. Just as the Ombudsman Act was brought in to shed light on areas of government activity that deserved to be illuminated, so can that happen in public health. What we're doing with this bill is giving these vastly greater powers to our health officers, but nobody's worrying that we're not adequately addressing the kinds of checks on their limits.

Police officers, to be able to go in and get a bunch of information, need a warrant. They have to go and see a judicial official. They have to swear an affidavit. I mean, they have to be able to satisfy -- they just don't burst into your office or mine or a constituent's place of business. But, you know, under Bill 38 they're going to be able to do that. Under Bill 38 they're going to be able to do that.

I hope that before we finish debate at third reading, we're all going to have an opportunity to reflect on some of those bigger issues, because they're raised squarely by this bill. We've talked about them a little bit at second reading, we've talked about them a little bit at the committee stage, and hopefully we'll hear some more informed and vigorous debate at third reading in terms of these issues. Frankly, if the Minister of Health, members, through the Speaker, afforded us some greater comfort, if he'd told us the rest of the plan for public health, maybe some of my comments would not be required. Maybe my concerns have already been effectively addressed by the minister in some other fashion, but I don't know that and probably nobody here knows that, other than the minister himself. So what we have to look at are the four corners of Bill 38, and there are some significant problems with it.

The other thing I'd ask members to reflect on before they vote on Bill 38 is the quarantine power. You know, there is nothing in the statute that defines an end term to how long a quarantine can exist. Think about it. I mean, any of us could be quarantined, and, you know, it's like getting thrown into a Mexican jail. You may never be heard from again. I maybe shouldn't use that specific example; maybe we're setting back North American free trade. There are few things I can imagine to be more frustrating than to be put into quarantine with no end limit. What are your rights when you're in quarantine? Would it be unreasonable to require that there be some safeguards? If it's a businessman, a lawyer in Edson, Alberta, who suddenly gets quarantined, you know, there could be some real problems with that. That hasn't, in my mind, been adequately addressed in the

bill. Since the minister's already spoken and he only gets to speak one time, maybe some of his colleagues may be better informed than I am and can give us the comfort I don't have.

I certainly wish the chief medical officer of health and the new deputy chief medical officer of health well, and I'm embarrassed, frankly, that we haven't been able to do a better job with this bill in terms of building in the kinds of safeguards, in terms of allowing them to be able to come in and report to the Legislative Assembly and inform all of us in terms of some of those issues. I regret that very much.

I'm trying to think of another way, members, that we'd be able to support the bill and still have a measure of comfort. I just am not sure what that is. So what I'm wrestling with is whether I vote against a bill that has some very good elements or I support a bill and trust the Minister of Health and the Department of Health to do the right thing. My colleagues tell me I'm very gullible, and it may be . . . [interjections] I'm not as cynical as some members in this Chamber. You know, I want to believe that the Minister of Health is always going to do the right thing in every case, and I'm really struggling here in terms of whether in this case that's going to be comfort enough. I guess each of us is going to have to sort of resolve that in our own way in terms of how we decide we're going to vote.

I think I've run out of time, but I'm looking forward to further informed debate. Thank you, Mr. Speaker.

8:50

THE SPEAKER: The hon. Member for Edmonton-Norwood.

MS OLSEN: Thank you, Mr. Speaker. Today I had the wonderful opportunity of touring the single men's hostel. [interjections] Well, it has not been a place that I have been inclined to stay. However, I have visited that particular facility in the past. I've visited the facility as a police officer and often to pick up certain individuals that I thought I could find there. [interjections] As a police officer, Mr. Speaker. I think the hon. members are getting a little carried away here.

Today, though, I visited this particular facility, and I realized that one of the biggest services they provide to the inner-city community is that of public health nursing and staff. They do an extraordinary job. However, they have had somewhere in the area of 3,500 different men come through that facility. Those men are homeless. Many of those men, many -- and I believe it was somewhere in the area of 50 percent -- had serious mental health problems, and along with the addiction problems, that particular statistic arose.

I thought about Bill 38 today. I thought about the powers of the chief medical officer, and I thought about the job that was being done by the nurse there. This nurse is a public health nurse and has been at that facility for 27 years; 38 years as a nurse in public health. She's able to stay there not because the health care system is well funded but because she cares about the people in the inner city, and the people in the inner city drastically need services for public health concerns. Those concerns are related to HIV and AIDS. They're related to tuberculosis, to other communicable diseases. When I was there today, it was a very sad state of affairs. Those folks there are vulnerable; they're very vulnerable. They're some of the saddest, saddest cases in society.

When I look at what this Bill 38 will allow, it allows the chief medical officer to step in and take over the powers of the regional health authority or medical officer of health if he or she believes they're not doing a good job. The other thing it does is allow the chief medical officer to designate any disease that is not already listed as a notifiable disease as a disease under surveillance, so they can pick any one they want. It also gives tremendous investigative powers to the medical officer, and they're limitless. When I think about those powers in relation to those people, those vulnerable individuals in that particular facility, the Herb Jamieson Centre, it bothers me. It bothers me because that is an awful lot of power to wield over an individual, to have over an individual.

I become quite concerned when I read things that offer limitless power. The investigative powers given to the medical officer of health are so huge that he or she can request information from anyone, including physicians, laboratories, individuals, and businesses. There aren't any restrictions placed on what information can be requested, Mr. Speaker. It could be confidential patient information. It could be lists of contacts that a person may have had, a clientele. I become very concerned at that excessive power.

One of the things we always have to keep in mind -- and I really wish the minister would think about this when he's thinking about this particular bill -- is that when we enact legislation, we have to enact good legislation. We have to have legislation that can pass a number of tests, and some of those tests are that of the Charter of Rights. I just bring that into the picture because I believe sometimes the powers of the state can be very huge. And sometimes they have to be, but they have to also acknowledge that those people who can't stand up for themselves, those most vulnerable in society, like those men at the Herb Jamieson Centre, would be subjected to a medical officer's investigative powers. I'm wondering if that just doesn't marginalize these individuals more. So I have difficulty, Mr. Speaker, with this particular aspect of this bill.

I sit back and I think: when I was in fact a police officer and I wanted to get information from somebody, years and years ago it used to be fairly easy. Now it's not, and there are reasons for that. Because of abuses in the past, it has become necessary for all enforcement officers to live by a set of rules, and sometimes enforcement officers are the very people that create the barriers they have to battle. Having seen that in my previous job, I would feel very much that the individuals who would be subjected to the limitless powers of a medical officer should in fact be represented by somebody.

I'll go back to the Herb Jamieson Centre. If one of the individuals from that particular facility was quarantined or detained as a result of a particular disease . . .

MR. HERARD: Mr. Speaker.

THE SPEAKER: The hon. Member for Calgary-Egmont.

Point of Order
Relevance

MR. HERARD: Mr. Speaker, with all due respect, *Erskine May* 509 and *Beauchesne*. We're in third reading, and this show-and-tell about her little trip to someplace is very interesting but has nothing to do with this bill. You know, we're here to do the work of the House and not to listen to these little sideshows and little side trips, and I wish the hon. member would confine herself to what's between the first page and the last page in third reading.

THE SPEAKER: The hon. Member for Edmonton-Ellerslie on this point of order.

MS CARLSON: Yes, Mr. Speaker. If you look in *Erskine May*, it specifically says that third reading is treated very similar to second reading, just slightly narrower in scope. Given that, I think the member is completely on track and that there is no point of order.

THE SPEAKER: The hon. Member for Edmonton-Norwood on this point of order.

MS OLSEN: Thank you, Mr. Speaker. On this point of order. Third reading as described in *Beauchesne* under Stages of a Bill, page 195, 640(5): "The purpose of the third reading is to review the bill in its final form after the shaping it has received in its earlier stages." I am doing that, and I believe that I am speaking to the issues of public health and looking at the bill in its entirety and how it can impact people outside of this Legislature. So I don't believe there's a point of order at all.

THE SPEAKER: Communications is a wonderful art, and for communications to be effective, it means that one must be able to convey a message, but the receiver must be able to comprehend the message. One hon. member is suggesting that there is some variance from the attention to the bill. A bit of courtesy tonight. Let's see if we can just focus on the content of the bill.

9:00 **Debate Continued**

MS OLSEN: Thank you, Mr. Speaker. On the content of the bill. All right then. Bill 38, on the content of the bill. We look in Bill 38, and we see a number of different sections that have been repealed. My concern of course is, as I've stated, one section that's been repealed. It presently reads:

> 3(1) The Board
>
> (a) shall advise the Minister on matters pertaining to the public health;
>
> (b) shall, on being requested to do so by the Minister,
>
> (i) make investigations or inquiries into,
>
> (ii) collect information relating to, or
>
> (iii) conduct research into
>
> any matter relating to the public health, and make its report in the manner and at the time specified by the Minister;
>
> (c) shall, on being requested to do so by an order of the Lieutenant Governor in Council, hold public hearings for the purpose of receiving submissions on matters pertaining to the public health specified in the order, and make its report to the Minister in the manner and at the time specified in the order;
>
> (d) may engage the services of persons having special technical, professional or other knowledge in connection with an investigation, inquiry, research or public hearing it conducts;
>
> (e) shall hear appeals pursuant to section 4.

Well, under this new bill section 3 is being repealed, and it's being substituted with

> 3(1) the Board shall hear appeals pursuant to section 4.
>
> (2) The Board may engage the services of persons having special technical, professional or other knowledge to assist . . .

Speaker's Ruling
Third Reading Debate

THE SPEAKER: Well, hon. member, there are several stages that one goes through pursuant to bringing a bill to conclusion. One is stage one, reading the bill. It's basically an introduction. Second reading basically deals with the principles of a bill. It's usually in committee that one starts looking at this clause and comparing it to that clause. Finally, when you get it out of committee, then you go into third reading, and the intent in third reading is to deal again with the broader general principles, right back to almost where we were in second reading.

So rather than sort of deviate and go back to committee, which I think we've already come out of, let's get back into third reading.

Debate Continued

MS OLSEN: Absolutely. I agree with you, Mr. Speaker, one hundred percent. I am getting there indeed.

My comment in relation to this is that I believe this bill chops the mandate in half. It's a narrower focus. The only thing the board can do, Mr. Speaker, is hear appeals, and there's no statute body to do any investigations. So given that, I think this bill in relation to public health absolutely narrows the mandate. In some respects it narrows the mandate of the board. On the other hand, it also increases the power of the chief medical officer.

I guess the other thing that I see as an issue here is this whole notion of the chief medical officer being allowed to designate any disease that is not already listed as a notifiable disease. In a sense that's not such a bad thing, but at what point do we have the background knowledge to determine whether this disease is in fact communicable or not and whether it becomes a public issue? No reasoning is required for the decision of the chief medical officer, and no restrictions are put in place. So again I go back to the power of that one individual. I am quite concerned that we're asking that particular individual to bear an awful lot of weight on his or her shoulders by giving that person such a broad mandate.

The other thing that sort of concerns me is that the bill gives the medical officer of health the power to quarantine individuals suspected of having communicable diseases. Again there are no limits placed on this power. The length of the quarantine is not defined. There is no requirement that the medical officer of health justify his decision to anyone. There's no requirement that tests be done to prove whether the individual does, indeed, have the disease that he or she is suspected of having.

All of us in our day-to-day work -- and I think about constituencies such as mine, where I am sure there are people with public health problems. In fact, in my own community there are public health problems. Those relate to the prostitutes on 118th Avenue. There are definitely public health problems there, Mr. Speaker. I guess this might be the only time that I would see that those powers would be valuable, valuable for the community.

Actually, now that I think of it, this could be exactly what I've been looking for. The public health problem in my community is that of prostitution, of condoms disposed of in people's backyards, needles, syringes lying around and the fact that a number of the young prostitutes in the neighbourhood have HIV. Right? So this might be the section that I could see the medical officer using in order to quarantine those johns -- yes, those johns -- that have visited with the prostitutes in my neighbourhood. That is the power I see for that medical officer of health. I see that being very, very instrumental in some future discussions on prostitution. This is very interesting.

However, I would hate to see the medical officer of health use this power on the vulnerable women, the young women on the street. I would rather see the other services available work for those women to help get them off the street. But I see this as a tool for the johns. If this bill passes, Mr. Speaker, I am going to look into this, because I think this may become very beneficial to me.

Now, one of the hon. members suggested that my visit to the Herb Jamieson Centre isn't particularly related to this bill. Well, I would argue that any facility that has as many public health concerns as the Herb Jamieson Centre, the George Spady Centre, in fact the city police cells, and all of those places -- those are the places where police officers, nurses, volunteers go to work. Those are the places where they may in fact come in contact with people who have diseases, and under this act the chief medical officer may or may not do something. But certainly it's always the vulnerable people that we talk about.

I also might add that I'm a mentor at Norwood school, Mr.

Speaker, and the problem at a school such as Norwood is that there are also public health concerns. In fact, after . . . [interjections] Well, you know, it might benefit some other members to go into those schools. Yes, I do learn a lot, and the reason I learn a lot is that I learn about other people's vulnerabilities and where other people are in this space. That's why we're here. We're here to protect some of those people. If other members think that's funny, then I would suggest that maybe they're in the wrong business. We're here to make Alberta a better place for everybody, not just certain people, not just the advantaged people. So for that hon. member: maybe consider that next time you'd like to comment on the vulnerable in this province.

9:10

Mr. Speaker, my time is running out here, and I hate to see that happen because I'll never get another opportunity to speak to this bill. I was speaking about Norwood school, and I think about the public health problems in that school and the vulnerable people in that school. In fact, those are the people I would be concerned about in terms of the power of the chief medical officer. I'm quite concerned that the minister may not have reflected on those issues enough when it comes to looking at the individual powers of the chief medical officer.

I guess, Mr. Speaker, I am ready to take my seat, and one of my colleagues, I'm sure, will speak to this.

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Mr. Speaker. I'm happy to speak to Bill 38 at third reading.

I've had an opportunity now to spend some time going through all of the previous debate, the amendments that we've seen go through on this bill, some of the information that was available in the spring when we spoke to it, and I really have a problem supporting this bill, Mr. Speaker, as it stands. I think that what we see here is definitely a gap in terms of accountability, for me a gap in terms of the provisions for investigations and analysis and research. If the bill as proposed here is passed, that concerns me. I think that public health, as we have seen it in this province, has been focused on communicable diseases. In fact we've seen this as being a preoccupation with the health system. There are so many other places we need to take a look at that really deserve attention, and I'm concerned that none of these issues, none of these real population health concerns have been addressed in this bill.

Let me speak to some of the environmental health issues that are out there right now. We have quite a number that, properly written, perhaps this bill could have addressed, but unfortunately it really doesn't. We could start with the arsenic that's been found in the Cold Lake area. There's certainly a public health issue there, and had there been the kind of focus in public health where we would look at all issues across the province that are of health interest rather than just communicable diseases, we could have seen perhaps some investigation earlier into the higher incidence of arsenic. We now see that there is some participation at this level there, but it is not at all in the kind of focus that we would have wanted to see.

There's a real problem when we see arsenic in higher contaminations in water. Particularly, there is a vulnerability for people who are old and people who are very young. When they take showers, when they bathe, when they put their hands to their mouth, the arsenic seeps through the skin, they become contaminated, and there are serious health risks with that. Well, if we had the kind of focus in this bill that looked at population health concerns, I'm sure this would have been addressed much sooner.

We brought this particular issue to the government's attention way back in 1990 for the very first time, and perhaps something could have been investigated then and resolved now. Over the past year there's been a number of communications between myself and the minister of the environment on this issue, tablings from concerned residents. Those tablings went not only to the minister of the environment but also to the Minister of Health. Had there been the kind of mandate which this bill could have addressed, we would have seen, I think, a much speedier resolution of that problem.

Now what we're seeing are massive dollars being spent to just discuss the issue by Imperial Oil, who is the main operator in the area, who has had to grant intervenor funds to individuals in the area. The government is now moving to the stage where they are seriously representing themselves at those hearings. We're talking now about a huge expanse of time and money, both on the government's side and on industry's side, to come to some resolution, and if we had seen a better mandate, as could have been done in this bill, under public health, if we had seen this from a public health perspective, which is really the issue at hand -- it's in the water and in the ground, yes, but why does that matter to us? Because it's a public health issue. If it would have been addressed in this area, I'm sure that we would have seen a resolution to this much, much sooner, Mr. Speaker. In the absence of that, we have to wonder why this government doesn't do that kind of . . .

THE SPEAKER: The hon. Member for Calgary-Egmont.

Point of Order
Relevance

MR. HERARD: Mr. Speaker, I hate to bring this up again, but under *Beauchesne* 620 and *Erskine May* 509. All we've heard from the hon. member across the way is what should have been, ought to have been, or, you know, what isn't in the bill. We need to be discussing what's in the bill, not what isn't in the bill.

THE SPEAKER: Perhaps the hon. Member for Dunvegan wanted to participate?

MR. CLEGG: No.

THE SPEAKER: No? Fine.

The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you. I think if you were to look at *Erskine May* under Relevance in Debate, we see there that the "relevance of an argument may not always be perceptible," but it is there. It's a windy road, and in fact, Mr. Speaker, we've seen you in many instances before when you were speaking in this House take a nice windy road to get where you were going. But you always got there, and I have every intention of getting there too. So there's no point.

THE SPEAKER: Well, the hon. member certainly has quoted *Erskine May* at page 372, rules governing the contents of debate, very, very much correctly. It certainly does say that "the precise relevance of an argument may not always be perceptible." I suspect, though, that the plea being made by the hon. Member for Calgary-Egmont is that perhaps he would like to see the perception become reality. A similar kind of admonition was given to the Member for Calgary-Buffalo in terms of his utilization of the word "artful" in arriving at his conclusion.

MS CARLSON: Thank you, Mr. Speaker. I intend to be very artful.

Debate Continued

MS CARLSON: So getting back to this. If we can talk about, then, in this bill the chief medical officer being allowed to designate any disease that is not already listed as a notifiable disease as a disease under surveillance, I would like to see PCB contamination being listed as a disease under surveillance. There is no doubt that the kind of physical problems that can result because of PCB contamination are very real and are very significant and are very much existing in this province at this time. We have just seen in the past year, in fact in March of this year, an award-winning scientist in this province find out through his investigations that we still have PCB contamination around the Swan Hills plant. So I think that deserves merit for designation under this bill.

Now, I haven't seen any recognition in debate by the Minister of Health that that is going to happen with this bill. If I can't see that happen, if I can't see the Minister of Health or one of his designates here stand up tonight and say to us that this is the kind of broad scope that the public health officer is going to be taking a look at, then, Mr. Speaker, I just can't support this bill at third reading. There's absolutely no way.

We just saw this week a report come out that now the public health board is saying that animals can be eaten within a 30-kilometre radius of that plant. Well, Mr. Speaker, who's going to tell those animals that they have to stay 30 kilometres away from the plant? I have yet to see a vole, coyote, elk, or bear who can read and who respects those kinds of boundaries. So how in the world are trappers or the aboriginal people who have for years depended on those sources of meat supplies, particularly in the winter, going to know whether or not the animal they are currently eating has kept to the prerequisite of being 30 kilometres away from the plant? We know that if in fact they haven't respected those boundaries and they have gone close, they very likely have PCB contamination, because when those PCBs sit on top of the snow, they're walked on by the animals. The animals lick that snow off. The PCBs enter into their system. The runoff goes into the water. They drink the water. There's significant contamination in that way.

9:20

The problem with PCBs, Mr. Speaker, is that they don't just go away when an animal dies. If that animal is eaten, all of the PCBs that reside in that animal's liver then get transferred to the predator's liver and so on and so on and so on up the food chain. Pretty soon, by the time they're eaten by small children, they have very high contamination levels. That high contamination level goes directly to the child's liver and in those kinds of concentrations can be severely impairing. We have seen this happen in this country. We have seen this happen in the Great Lakes when the gulls were contaminated by PCBs through the fish system, and the fish were then eaten by families in the surrounding area. We saw birth deformities. We saw deformities in all the animals up the food chain. In gulls we had things like crossed bills, crossed feet, one-footed, male and female gender nondifferentiation in the same animal. Those same things happen in people, and I don't think we want that to happen to our aboriginal population here in Alberta. So those are the kinds of things that I think the chief medical officer could be doing in this bill if he is taking a look at the kinds of diseases that he could be putting under surveillance. I think PCB contamination certainly qualifies in that regard.

Mr. Speaker, on that point, too, diseases under surveillance and the kinds of diseases that are notifiable diseases. We haven't heard too much about the groundwater contamination from intensive livestock operations for a little while in this province. I'd like to know what it is that the chief medical officer is currently doing about that, because we know that those are real problems. I want to speak to one from real experience, and this ties in two points of this particular bill, not only the notifiable disease part but also the part where we now are having no restriction placed on what information can be requested, which could include confidential patient information, sexual history, lists of contacts which a person might have had, lists of clientele and businesses, and also to another part of the bill, where it talks about the inconsistences in the regional approach.

Given the context of those three parts of the bill, I'm going to tell you a little story about what happened to my son when he was two years old. We lived in Coronation, Alberta, at that time, and he came down with what is commonly known as beaver fever. Mr. Speaker, that's a reportable disease in this province. Now, the problem with this was that we were living in an area where there were regional inconsistencies in terms of the specialized training that people had in that area. In fact, what happened was that my son was sick for a very long time; he was sick for almost a year. The local doctors had told me that there was nothing wrong with him and that I had to be an overanxious first mom. I said, "No, there's something wrong with my child," took him to a specialist, and the specialist determined that he in fact had beaver fever.

So now we had the public health authorities involved. Why hadn't the local doctors learned about it sooner, and what was the public health authority going to do about it? In fact, because they didn't have the adequate training, they didn't do anything. It's part of their job to find the source of where that problem came from. What they said to me was, "Well, we don't want anyone talking about beaver fever in this region," because it does quite often happen because they're in one of the areas that have the downstream flow of intensive livestock operations. As soon as you say that word in a small farming community like that, which is really a dryland farming area and doesn't have an adequate source of water, people get very concerned. So they didn't want me to talk about it. They said, "Well, you've been camping, and he was probably playing in the water at one of the lakes and got it there." And that was it.

Mr. Speaker, the public health officials in that area didn't know what to do. They didn't tell me what to do. They didn't tell me how to prevent an occurrence like that in the future. It was up to me to educate myself and all family members with regard to this issue. So that speaks directly to regional inconsistences. That's a real flaw with this bill, and I don't know why that hasn't been addressed here.

Of course, we see a government that is continually wanting to decrease the amount of resources that they put into health. Of course they have the same kind of philosophy as with education, where they say: don't look at inputs; only look at outputs. Well, an input here is an inconsistency in the training of these public health officers, and this hasn't been adequately addressed to my satisfaction in this bill, Mr. Speaker. So for that reason it's really impossible for me to support it. I think that the training should be very consistent across the province, and it should be very comprehensive, because we're talking about public health here. What could be more important?

If the Minister of Health wants to save dollars at one end, at the hospital end, in treating the results of different kinds of diseases, then he's got to be prepared to ante up at the front end, which is

where you talk about prevention. This is a perfect opportunity to do it, and it just isn't happening.

MRS. SOETAERT: What a pity.

MS CARLSON: Well, it is a pity, you know. It's really a pity that they wouldn't be prepared.

MRS. SOETAERT: There's an opportunity there.

MS CARLSON: It is an opportunity.

This government is very shortsighted in their vision and isn't taking any kind of long-term planning in this regard. It's a flaw in this bill. We've seen it in many of the bills, but particularly in this one they had a wonderful opportunity to move forward, and they haven't done it. What the people of this province are depending upon, for the most part, when they're in contact with a communicable disease in many regions is to educate themselves. A lot of people don't have access to those resources or don't even know where to start. A lot of people would believe that if someone from the public health department came and talked to them, what they would tell them would be comprehensive and would be complete, but in fact that isn't always the case, and that's too bad. It isn't because those officers don't want to do it. It's because the officers don't have access to the training.

Of course, training costs money, and that's not a good word in this Legislature on the government side, so we can see why they ignore that. It's a shortfall in the bill. I see, then, that as a result of that, we're going to be having some problems with the chief medical officer listing notifiable diseases as diseases under surveillance. If they don't have adequate dollars to even train their staff, Mr. Speaker, then how is it that they're going to be taking a broader scope of vision in terms of just communicable diseases, not even considering any of the other kinds of population health concerns that could be coming forward?

Let's talk about stress as a population health concern. You know, you take a look at the people in this province that are keeling over from heart attacks and strokes all the time. Where's the prevention of stress there? We all know that there are some underlying causes, yet we don't see this being addressed anywhere. When we have a focus only in one direction, it results in tunnel vision, and it doesn't give us the wide kind of panoramic scope that we require in this kind of an area, which this bill could have addressed and which it absolutely doesn't.

I was at a parent council meeting last night in my riding, Mr. Speaker, where we specifically talked about confidential patient information. As we see it listed in this bill, we see that this information can be . . .

THE SPEAKER: The hon. Member for Calgary-Egmont.

Point of Order
Relevance

MR. HERARD: With great trepidation, Mr. Speaker, 620, *Beauchesne* 509. Now, I've been listening very attentively, trying to make some relationship to her comments on the bill. I've heard about regional differences, which I find no reference to in the bill. We heard about training, and now we're looking at private information. We have to deal with what we have before us between the cover and the last page, not all of this stuff to waste time. Every minute in this House, every hour in this House, every day in this House costs this province a lot of money. So use the time appropriately, according to the rules.

THE SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you very much, Mr. Speaker. If one looks at Bill 38, we're talking about exceedingly broad new powers that are going to the local medical officer of health, powers in terms of requiring information. I mean, we can go through it section by section, but I'm mindful of your instruction that you don't want to get into that. This act is exceedingly broad, and the powers it confers are exceedingly broad, and I don't know how a legislator can demonstrate the breadth of what's subsumed in this bill without that kind of latitude. This is not a narrow bill. The powers given are huge. What we're having are members who are talking in illustrative terms of how broad those powers are, how they can be used and misused. That's the very essence of this bill. I've been listening to the comments of my colleague, and there may be people who don't agree with it and agree with her concern, but all she's doing, I think in a very forceful way, is talking about the jurisdiction that the medical officer of health is going to have as a consequence of this bill becoming law.

Those would be my comments on the point of order.

9:30

THE SPEAKER: Hon. Member for Calgary-Egmont, did I hear you correctly in your point of order, that you're basically saying there was lack of relevancy in the comments made by the hon. Member for Edmonton-Ellerslie because the hon. member was referring to a regional health authority?

MR. HERARD: Just for clarification, Mr. Speaker, we had quite a number of minutes on regional differences and standards and so on. Then we got into training. Now we're into privacy information, and none of that, as I tried to look at it, is in the bill.

MR. DICKSON: May I supplement?

THE SPEAKER: No. No supplement required.

Well, look, hon. members. Third reading provides some degree of latitude with respect to this. I just look at page 4 of the bill, section 22.01, which talks about the powers of the chief medical officer, and you could drive 17 Sherman tanks through that in terms of the debate with respect to relevancy.

So please continue, hon. Member for Edmonton-Ellerslie.

Debate Continued

MS CARLSON: Thank you, Mr. Speaker. For that member's information, I am specifically talking now about the investigative powers given to the medical officer of health, and those powers are limitless.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. I would like to address the Assembly on Bill 38 at third reading. Now, this is a very important piece of legislation in this province, and it is very important that we discuss this thoroughly because Alberta is a province where so many of our citizens work abroad. They work in the oil industry all over the world, and this Public Health Amendment Act is very, very important to them. In the four corners of the world that Albertans are searching for oil, they are in contact with many diseases, many, many diseases, and we have to consider this.

Now, this bill is going to limit the role of the current public

health adviser to an appeal board only. It is going to create the positions of chief and deputy chief medical officers of health to oversee all medical officers of health and executive officers. As in my opening remarks, Mr. Speaker, this is a very important position that this chief medical officer will have. As we come and go, commerce across the world, not only oil executives but executives from the manufacturing industry are going everywhere across this globe. In the year 2001 we're going to have, of course, the world track and field games here, and there are going to be many diseases transferred here whether we like it or not. The position of this chief medical officer is going to be very important for the detection of these. I don't know right now how the chief medical officer will be appointed, but I'm sure the Minister of Health is going to look after that and the Minister of Health is going to do a very, very good job at this.

This bill will allow, Mr. Speaker, any medical officer of health to require that a person engaging in a risky public health activity provide any information that he requests or require that the director of any public place provide any information that he requests. Now, I don't know if that's going a little too far as a person's private information is concerned, but it's something we're going to deal with in this House whenever we debate this bill.

This Bill 38 is also going to give huge powers to a medical officer of health to place a person with a communicable disease under quarantine and prevent them from attending school, work, or associating with other people. Now, the stated purpose of this act, as I understand it as I listened to all members of the Assembly debate this issue, is to strengthen the ability to protect Albertans from the transmission of communicable diseases and to reflect the new role as an appeal body of this current Public Health Advisory and Appeal Board.

Now, we know that TB is certainly on the rise. Each and every one of us has probably read somewhere about TB and its resistance now to known treatments, and we know about the superbugs. We've all heard of the superbugs. In the early 1900s, TB was a leading cause of death in Edmonton. Now, Mr. Speaker, the old enemy, as one expert calls it, the single greatest serial killer the world has ever known is on the rise again. For the past 30 years the number of cases has been steadily dropping in Alberta, but since 1989 we've had a 67 percent increase in active infections. However, I was talking earlier about drug-resistant TB, and there have only been two cases reported in this city, although both people that were infected came here from outside the country. Edmonton had 36 cases of ordinary TB in 1989. That was increased in 1991 to 75, with between 50 and 60 cases in 1993.

TB rates are rising dramatically around the world, and it is not just in developing countries. The United States was recently experiencing frightening outbreaks of the disease in New York City, in New Jersey, and in Florida. We talk about foreign places, but we also must acknowledge the overcrowding in our inner cities, particularly in Edmonton and in Calgary. And now that winter is upon us again and we have the homeless shelters, this chief medical officer, he or she, is going to have their work cut out for them because of this overcrowding.

Ten years ago, Mr. Speaker, there was talk of totally eradicating tuberculosis by the year 2010. Now there are more active cases of the disease than when the bacillus was first discovered in 1882, and this is a substantial risk to all Albertans. Each year 3 million people die from the disease, and world health officials predict that the disease will claim 36 million lives a year. This is unacceptable.

[The Deputy Speaker in the chair]

The World Bank has designated TB treatment as the most cost-effective health intervention strategy for saving lives. If Bill 38 could help that, Mr. Speaker, then I would have to listen intently to members across the way as they convince all members of this Assembly that this is a piece of worthwhile legislation. If it could prevent this disease from harming Albertans, then I would have to consider supporting it.

This is one of the most disturbing worldwide trends, according to the World Bank, and the increasing development of these strains to drug resistance is a reason for the chief medical officer to caution all Albertans, even members of this Assembly whenever they travel on fact-finding missions, to be wary of this incredible killer. The bacteria, Mr. Speaker, is fighting back, and it appears to be winning. The survival rate from drug-resistant TB is only about 70 percent, the same as it was before the development of antibiotics, while the drug resistance is at the airports of this country. Now, I'm worried that the provincial government, with all the cutbacks that have gone on, will not be able to fight this rise in TB. Treatment and research are necessary at a time when this disease is clearly growing, and perhaps this is the function of Bill 38. Perhaps this is the function, and maybe the Minister of Health in due time will enter this debate and tell all of us in this Assembly if this is one of the initiatives that he is going to use this bill for.

9:40

You can pay for your public health now, Mr. Speaker, or you can pay for it later. If you pay for it later, you may end up paying much, much more. I think we also have to discuss the rates of infection of this incredible disease in the province and who are most affected by it. That I will get to in a moment. When we look at this disease, it is a pleasure to read that there are now going to be new labs focusing on safe research for this modern plague. Whenever I say modern plague, it's very easy to stand here and say that, but if we're in a Third World country where people are living in overcrowded, damp conditions and if we look at our rates of immigration into this country and the origins of our new immigrants, maybe Bill 38 is a good idea. Maybe the Minister of Health is on to something, but we shall see.

Public health is focused on communicable disease, the historic preoccupation of public health. Bill 38 does not change this focus. The challenge and need now, however, is to focus on broader population health issues. When we focus on broader health care issues, we have to look once again at the rates of TB and we have to think of the World Health Organization, not only the World Bank but the World Health Organization when it declared this disease a global emergency. When they decided to address this emergency, the World Health Organization recommended that every country have a nationwide TB control program with central direction. Every country would commit funding and integration into the primary health care system. If the chief medical officer on behalf of the minister, Mr. Speaker, is going to initiate this direction, then I tip my hat to him. Cases should be detected when presented with symptoms and referred for case management by supervised short-course drug regimes. Treatment outcome should be monitored according to the categories of cure, fail, transfer, relapse, abscond.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Egmont rising on a point of order.

Point of Order
Third Reading Debate

MR. HERARD: Yes, Mr. Speaker. *Erskine May*, page 509, and I will quote a part of *Erskine May*, page 509: "Debate on third

reading, however, is more restricted than at the earlier stage, being limited to the contents of the bill." The second point of order deals with reading into the record parts of speeches or something that has absolutely nothing to do with this bill.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Buffalo on the point of order.

MR. DICKSON: Well, if one looks at Bill 38 and you find the extremely expansive powers that are conferred on this bill, I don't know of any way a legislator in debate would be able to illustrate, to demonstrate the huge scope of powers if one weren't able to resort to imagery, to figures of speech, to metaphors. That's what we're hearing. For the member to suggest that we would be restricted from doing that at third reading, there is no basis. The Speaker has already ruled at least twice that I specifically heard that the same rules that apply at second reading to a large extent apply at third reading with some limitation. Everything we've heard is simply illustrating shortcomings and problems with the powers that are conferred in the bill. So we're not talking about amendments that have been defeated. We're not talking about things wholly unrelated to the bill.

The Speaker himself a moment ago referred us to page 4 of the bill. We talk about the powers there of the medical officer. It's section 8 in the bill, Mr. Speaker. If you look on page 4 and look at the provision in the new section 22.02 and look at the powers there, (a) through (d), that would be conferred on the chief medical officer, they are incredibly broad. They're virtually unlimited: "make recommendations to the Minister . . . on measures to protect and promote the health of the public." With the greatest respect, as long as my colleague and as long as other members are speaking about protection and promotion of the health of the public to prevent disease and injury, we're talking about the powers that the chief medical officer has, limitations with those powers, and frankly I think, with respect, that this is highly relevant. Members may not agree with the suggestions put forward by my colleague for Edmonton-Gold Bar, but I think it's very helpful in terms of talking about the breadth and scope of the bill.

MS CARLSON: Mr. Speaker, on the point of order.

THE DEPUTY SPEAKER: You wish to speak to the point of order, Edmonton-Ellerslie?

MS CARLSON: I do; thank you.

THE DEPUTY SPEAKER: I think we'll contain this to only a second. We now have a third and a fourth.

On the point of order.

MS CARLSON: On the point of order itself, Mr. Speaker. Thank you. I would refer you to *Beauchesne.* When it talks about the third reading stage at 730, it says that debate on the third reading of a bill begins after it's been moved and then has no further discussion on the extent of debate at third reading until it talks about how we can bring in amendments at third reading, if we would so wish.

So, Mr. Speaker, in the absence of any explicit restrictions in terms of debate at third reading, I would suggest that if we take *Beauchesne*'s interpretation, we have been well within the limits of debate here.

THE DEPUTY SPEAKER: Okay. Well, thank you very much, hon. member.

I think the authority that one looks at is *Erskine May*. It outlines all of the different stages of a bill, and it says clearly here, as I understand the hon. member has referred, that "procedure on the third reading of a bill is similar to that on second reading." If you take some comfort in that, that's good, but you have to read the rest of the story:

> The amendments that may be moved to the question for third reading follow the same pattern. The provisions of Standing Order No 60 [this is the United Kingdom] concerning the questions to be proposed on such amendments apply equally to second and third reading. Debate on third reading, however, is more restricted than at the earlier stage, being limited to the contents of the bill; and reasoned amendments which raise matters not included in the provisions of the bill are not permissible.

Which reinforces what I've just read. So to the extent that the hon. member is speaking to what is in the bill, then that's relevant.

Now, we come to the second part that the chair would observe. This is only a small part of the bills that may be debated tonight. For the chair to be conversant fully with each and every one of them is even beyond the chair's regular capacity. [interjection] I know you'd be surprised at that. So the chair has to rely usually on the mover and/or seconder of the bill to let us know whether the speaker is in fact on the bill.

I think the hon. Member for Calgary-Egmont is quite right in saying that the debate on third reading is limited to the contents of the bill. To the extent that the hon. Member for Edmonton-Gold Bar is on that, then well and good. Presumably the expert resident in the House, aside from the members who have spoken on it, would be the Minister of Health, and if he could help us on that matter, that would be helpful in determining on some of these fine points whether you're off the bill or on the bill. To the extent that you're on the bill, we'll let you continue, hon. Member for Edmonton-Gold Bar, but again, if you would remember what we've said: on the contents of the bill.

Oh, now I've invited others. Okay, that's the ruling.

The hon. Minister of Health on the issue.

9:50

MR. JONSON: With respect, Mr. Speaker, I felt that possibly you invited my intervention. I must, I suppose, apologize. Because it's been so long since anything relevant to the bill was said by the hon. member, I can't remember a good example.

THE DEPUTY SPEAKER: On a bill with the details this bill has, with the scope Bill 38 has, just saying that somebody is not relevant is not very helpful. "They are not relevant because they're talking about A, B, and C, and this bill deals with D, E , F, and G": that would be helpful.

Hon. minister, do you have something specific to add? Otherwise, I'll call on the hon. Member for Edmonton-Gold Bar to continue.

Edmonton-Gold Bar.

Debate Continued

MR. MacDONALD: Thank you, Mr. Speaker. I'm grateful to the hon. members across the way for listening so keenly to my comments. I would have to say that after my observations in this Chamber the other night, this is not the first time there have been hon. members across the way not reading their own legislation.

Now, Mr. Speaker, regarding tuberculosis. It's a disease under surveillance. This is section 22 of Bill 38. We have issues of isolation and quarantine discussed in here. Isolation and quarantine. Hello. Tuberculosis is a very, very important issue for this

province and for the public health and safety of its citizens. Now, I cannot emphasize that any more than I already have, because it's in the bill, and I appreciate your ruling and I appreciate the hon. Member for Calgary-Egmont listening to my comments.

Now, I think it is very, very important, Mr. Speaker. There are a lot of constituencies in this province where there is a significant native population, and we have to discuss this bill under the health units that are actively seeking a solution to the increase in the rates of infection. We look at the latest statistics that we have. In Edmonton there were 52 cases. There were 46 cases in Calgary. Let's have a look at Hobbema. There are four cases in Hobbema. The Siksika Medicine Lodge: there is one. In Morley there are three. In Big Stone there is one. Now, that tells us something about overcrowding on Indian reservations. It tells us about the public health of those Albertans that reside there.

If the hon. members across the way want to turn a blind eye to this, then there's very, very little I can do, but I can remind them of all the cases that are happening across this province. I believe the majority of them are preventable, and they may be preventable through this Bill 38. It would be an excellent idea if this legislation was to prevent and possibly cure the dramatic increase in the rates of tuberculosis among our native population in this province. Thirty cases, Mr. Speaker, were registered by treaty Indians. If we compare, as I said before, foreign-born Canadians or Albertans and treaty Indians, nonaboriginal, Canadian born and all Albertans, there's something for all hon. members of this House to observe. We have to consider public health first. We have to consider the passing of this bill, and we have to ensure that it is a good piece of legislation if it is to be passed.

Now, we talk about the extraordinary powers, the extraordinary powers that may or may not be needed to cure and to control this horrendous disease, and the medical officers of health with these extraordinary powers in dealing with communicable diseases. Now, however, Mr. Speaker, those extraordinary powers are being applied to any potential threat with this Bill 38. If the hon. members have anything to say about communicable diseases and how we're going to treat them in this province or how we're going to plan to treat them through this legislation and through the chief medical officer, ideas on isolation and quarantine or on information to the medical officer or diseases under surveillance, then I would encourage them to stand up and speak out. I'm anxious to hear all members of this Assembly debate this, the root causes of communicable diseases.

I will cede the floor to my hon. colleague from Edmonton-Riverview.

AN HON. MEMBER: Lethbridge-East.

MR. MacDONALD: My hon. colleague from Lethbridge-East has some . . .

Speaker's Ruling
Speaking Order

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Gold Bar, the chair in fact is the one that recognizes who shall speak next. There could well be a member of the ND opposition party that wished to speak or a member of the government party. It isn't like football where there's a handoff. It is the next person. If there is no one further and the person that you spoke about wishes to speak, then they'll be recognized.

The hon. Member for Lethbridge-East.

Debate Continued

DR. NICOL: Thank you, Mr. Speaker. It gives me pleasure this evening to stand and speak to third reading of Bill 38. This is a bill that I've had a lot of discussions in the community about. In fact, I had a lengthy meeting early last spring, when this bill was first introduced, with the Chinook health region's medical officer. We talked about some of the implications of the bill, some of the opportunities that the bill would provide to the regional health authorities, to health in general as it gets to look at how they can most effectively control the public threat that's there from communicable diseases.

This is an issue that we began to talk about, and at the time it was quite relevant because in that particular part of the year there was a lot of debate in southern Alberta about our water quality, the relationship between water quality and public health, individual health, community health, the threat to the community water supplies. In the past year they'd had a couple of incidents where the chief medical officer for the Chinook health region had to put boil-the-water orders in some of the communities because of the threat of contamination through the water system.

10:00

He was talking to me about how this bill would facilitate his actions as kind of the guardian, the protector, the individual whose responsibility it was to take the initiative to make sure that the community was not put under a health threat. This was very encouraging to me, because most of our discussion dealt with this individual's commitment to use his office not only in the context of crisis management when a threat was there in place and he had to get out and actually undertake the quarantine and that, but he saw this bill as a mechanism that he could then become much more proactive in the prevention of situations or environments.

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members, I think it's going to be a long evening. Each member is provided with a chair, and if they'd use that chair and only that chair for their comfort and convenience according to the rules, that would be helpful. We are also having sufficient loud bursts of laughter that it becomes at times difficult for the chair to hear the rather soft voice of the hon. Member for Lethbridge-East. So if we could move outside the Chamber if we want to carry on lively discussions.

The hon. Member for Lethbridge-East.

Debate Continued

DR. NICOL: Thank you again, Mr. Speaker. Just to continue the discussion that we were having, this conversation about Bill 38 related to how the community health officer -- I guess that's the appropriate term until the bill passes -- becomes very active in the role of prevention, and he was pointing out to me all of the different ways that this bill would effectively allow him to undertake those kinds of prevention activities and look after the community health of his region, the Chinook health region.

This whole thing took on a real perspective at the time because the public debate in southwestern Alberta was dealing with water quality. It was dealing with a whole bunch of issues of the livestock code of practice, issues of how that livestock code of practice would relate to effluent runoff, the contamination of water systems, and then his reaction to that. The ensuing debate that went on in the community resulted in the community health officer for the Chinook region undertaking a series of meetings and trying to develop a set of what would be effectively alternatives to the department of agriculture's code of operation for livestock.

At some of the public meetings that they held, the whole debate then became: who is going to become the protector of health, the protector of community safety? Is it done through the Department of Health? Should it be done through Alberta Agriculture? Should it be done through Alberta Environment? What was going to be the relationship between those two? We seem to have had a set of activities going on at the same time where we had our health officer trying to address an issue which was also trying to be addressed by Alberta Agriculture. The public meetings brought this concern out very strongly in the sense that the farmers that were there were wondering who they were going to be accountable to. Was it going to be to Alberta Health or Alberta Agriculture? They wanted to know why Alberta Health was involved. They couldn't see the relationship between their activity and a community health officer being out there telling them how they could farm.

So this is one of the things that was interesting in terms of the debate. What came up in some of the things we talked about was: how far could a medical officer go under the new definition in terms of trying to influence businesses, influence activities that through a secondary or third step had an impact on public health? In the end I guess the request was that I look very seriously at the bill, look at it from the perspective of how this impacts on making sure that our community is safe.

By the time I was finished with the discussion, it was kind of obvious to me that some of the powers in the bill were not as clearly defined as they could have been in the sense that we had to deal with how to, I guess, facilitate or maybe co-ordinate activities when we had the chief medical officer of health moving over into kind of the recommendations, the guidelines, the regulations that were associated with what appeared to be the authority of a different department. You know, the opportunity was there, and I think that a lot of the activities that went on in southern Alberta and southwest Alberta during that period really facilitated good, concrete discussion on behalf of the activities that were associated with Alberta Agriculture.

So from that perspective the chief medical officer under the new title, community health officer under the current title, was really doing a service to the community by stimulating debate. This is one of the things that needs to be encouraged. Yet Bill 38 doesn't really create a mandate for preventative health activity. It's more a matter of reactive health activity. So you have to see a contamination, a disease before the health officer gets in there. I guess I would like to suggest to the minister that as the application of this gets put in place, that broad aspect of the bill be encouraged. I think the activities that we saw from the Chinook health region in southwestern Alberta were really supportive of community safety. They were supportive of the idea of a new, broad role for a community medical officer, and that would be the kind of activity that I think would be really good.

I guess the other thing that was really a concern in terms of this whole aspect -- it brought up some discussion about where the expertise lies that's necessary to make recommendations. The discussion paper that was presented by the Chinook health region got into some very technical water quality issues. It got into some very technical agronomic issues. There were some questions raised as to how much of a background came here. I don't see anywhere in the bill that the chief medical officer has the authority or the mandate to bring in additional expertise in areas that go beyond just the sheer movement of a threatening organism or a parasite, a bacterium, a virus. How do we make sure that as they get into these other areas, the process is there for them to access and to get support from the experts that are going to allow them to become truly active in the preventative health area?

I guess the other comments that I want to make in terms of the final structure and the final format of the bill relate to some of the issues that are associated with the medical officer's investigative powers, especially as they relate to some of these expanded operations and the expanded role that we saw being undertaken in the Chinook health region. That is: how far can a medical officer go in terms of requesting records from a business, whether it be agriculture or not, to track and to locate a source for a contaminant or the possible movement of the threatening organism, whether it be bacteria or, as we were discussing at the time, the parasites that were in the water system? Are they going to be able to go in and have access to the records in the new livestock identification service to see if they can track back the source of the animals? Will that be open to them? Will they be dealing with the issues of being able to go in and request brand transfer information? This is, I guess, where we have to maybe get experience, set precedent in this kind of thing so we can find out how far that goes.

10:10

I guess another thing comes up, especially when we deal with businesses like this and we talk about the power of the medical officer of health to implement and institute a quarantine. If they're going to go out and say that this agricultural enterprise has contaminants that potentially have a threat to the public health system and they quarantine the operation, will this mean that the health authority, then, assumes some form of liability for loss of income associated with that quarantine? What is the mechanism that's there to look at that kind of relationship? We've seen issues and possibilities where herds in Alberta have been quarantined with things like TB that are contagious to humans. You know, how does that fit?

We have some programs in place to compensate owners of those animals when they have been put under quarantine. I guess the issue is: how far actually can the medical officer of health go as he or she looks into the issues of source, of impact? When they put these kinds of quarantine situations into effect so that a business suffers economic loss, what kind of proof is required, what kind of, I guess, recourse does the operator of that facility have if they find themselves quarantined?

Similarly, in terms of notification, if it's associated with how those kinds of things get brought to the public -- you know, when they notified us this last year about the boil-water order for the local water supplies, that comes about because of the irrigation systems that are in southern Alberta. These contaminants move through the irrigation channels. How do we go about finding out how far that contamination went, whether it's into this supply, into that supply? Or is it like happened in southern Alberta: we wait till someone's sick, and then we end up having to have an analysis done of the water, an analysis done of the individual to trace back the illness?

Mr. Speaker, those are some of the concerns that are raised in the context of discussions on this bill. I think we're going to see a lot of the answers to those come as the bill is put into practice. We'll see whether or not it meets the needs of the community health officer in the Chinook region or the soon-to-be-named medical officer of health, if that works out fine for them. We'll have to look at some of the cross-departmental jurisdictional issues as we apply the bill or as the minister puts the regulations together.

With that, Mr. Speaker, I hope the minister gets something out of that, and we can look for some help. Thank you.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Thank you, Mr. Speaker. I would like to add a few comments at third reading of Bill 38. Mindful of the objections that have been raised by members across the way in terms of relevance, I'll try to address my remarks to three issues. The first is: how does the bill further the interests of public health in Alberta? That's what third reading is about, to look at the impact of the bill. Secondly, how is the power of the province exercised in furthering that interest in public health? Thirdly, I'd like to make a few comments and some observations about how the rights of individuals will be or might be affected by this particular piece of legislation.

The context for the bill is the efforts in our province to promote public health, and that has historically focused on the control of epidemics, on disease, and particularly on pure water and clean air. The particular focus, of course, is because those areas are areas that individuals as such have little control over, and it takes public action to ensure that individuals are held safe in those areas. Our strictest laws to this point, I think most would agree, have centered on water purity and sewage. This particular bill, Bill 38, moves the law in terms of communicable diseases along that path to more rigorous sanctions, more rigorous examination, more rigorous action on the part of the province in terms of trying to control public health or make and improve public health.

As I read through the bill and spoke to it the last time, there were a couple of ideas in the bill that I think bear some comment. One is the notion of quarantine. The ability to quarantine in the bill is very open. The authorities are able to quarantine if they suspect or if they actually find a disease. When I first saw that, I thought that that's rather broad authority for an individual. I took the opportunity to look up the history of quarantine and found that that's not exactly the case at all but that quarantine originated in the movement of the plague in Europe from the Levant countries, and the ships traveling from the Levant countries to Europe were quarantined in port for 40 days to just ensure that the plague wasn't moving around. So the treatment of quarantine in this legislation I suspect is consistent with that history in that those sailors, too, were only suspected of maybe having the plague.

So there is concern about the use of quarantine. I have every confidence that it will be used properly by the authorities, and some of that confidence comes from my experience serving on the Edmonton Board of Health and seeing authorities trying to deal with public health concerns. I came out of that experience very, very confident that those officials do have public interest foremost in their minds.

Another concern that runs through the bill is the balance between the public interest and private information. The bill, I think, is really very loose in this regard. It allows the medical health officer to make enquiries, to question an individual, to gather information about an individual, and there really don't seem to be a lot of safeguards or recourse to action to curtail that activity of a medical health officer built into the bill. I suspect that only experience with the bill in action will let us know whether that is a wise provision or if there is need for some regulation or some legislation to put some limits on that.

One of the interesting things about the legislation is that I think it walks a fine line as legislation in this area and in many others. It walks sort of a fine line between laws that are in the public interest and public opinion. I say that it's a fine line, it's an important line, because I think that if we're going to have support from citizens, from the population, for laws such as these, which are in our best interest, they can't outstrip public opinion and the willingness of the public to endorse and support these kinds of laws for our community. I think this bill does that fairly well. I don't think that it is in any way offensive to people in terms of having moved too far. So it's an interesting bill in that regard.

10:20

I guess the last comment I would like to mention, Mr. Speaker, is the consistency of the application of the bill. One of the earmarks of provincial legislation is that it is usually applied equally across the province, and there is some question rooted in the qualifications of the medical health officers and how they might vary from health region to health region and how that variance might impact the application of laws that are designed to contain communicable diseases. It's going to be interesting to see how the regional health authorities take the bill and apply it in each of their own regions.

In concluding, Mr. Speaker, I think the bill does a good job in furthering the interests of public health. I think the concerns that have been raised by a number of members about the application of the bill are issues that will be back before us because of the changes that will be needed or at least will be the subject of regulations by the Department of Health at some future date.

Thank you very much.

MR. DOERKSEN: Mr. Speaker, I want to just make a few comments about Bill 38, because it is important to give the proper authorities for the medical officer of health that's outlined in this bill to be able to take the action necessary on communicable diseases and any other things that are intended for this bill, and I appreciate some of the comments from the previous two speakers who have recognized that aspect to the particular bill.

Mr. Speaker, I'm wondering, actually on another matter, what the rules are for the wearing of jackets in the Assembly. Is there a mechanism whereby we can ask for unanimous consent to remove our jackets at this particular point in time?

THE DEPUTY SPEAKER: Hon. Member for Red Deer-South, you're asking a question of the chair?

MR. DOERKSEN: Yes.

THE DEPUTY SPEAKER: The rules by which we are guided are of course found in Standing Orders, which every member has a copy of, in *Beauchesne,* the sixth edition, and in *Erskine May*, and I've forgotten what edition that is. But in any event, as members may recall, from time to time we do change the Standing Orders or the rules that govern us by unanimous consent for a short period of time and that may cover a wide-ranging amount of things. If hon. members are finding it uncomfortable in here and we wish to go to the extent that you've requested, put your question forward when presumably the hon. member has completed. I thought you were up on a point of order. I'm sorry; you did wait until the hon. member was finished. Whenever you wish to make the motion, let's try it.

MR. DOERKSEN: Well, Mr. Speaker, then in the interest of public health -- because that's an issue that we are talking about -- and in view of the hour and the fact that we'll probably be here for some time yet, I would request unanimous consent that the gentlemen be able to remove their jackets and also have coffee at our places in our seats. So I would make that a motion and request unanimous consent.

THE DEPUTY SPEAKER: I wonder if the members would beg the indulgence of the chair in that you've got about three things

in there: one, that it be gentlemen, and there are ladies present, and they may wish to remove their jackets. Secondly, you've introduced a second item to the thing, and that is that we have coffee. So you could be opposed to either one of them. Remember the referendum that we held a number of years ago that had too many items in it with which we could disagree. So, hon. member, if you wish to try that again in a more appropriate way, maybe we might be able to get some relief.

MR. DOERKSEN: Okay. Mr. Speaker, maybe I could make the motion this way, that the same rules might apply now that apply in committee.

THE DEPUTY SPEAKER: Oh, boy.

MR. DOERKSEN: Mr. Speaker, I'm trying to make this easy. Let's start with the most important one. I'll request unanimous consent, again in the interest of public health, that we're talking about, that members be allowed to have coffee at their desks here. [interjections]

THE DEPUTY SPEAKER: Well, it is a debatable motion, but I think that really becomes an awkward moment. You were asking a question. Could you for the comfort of the members -- it would be quite simple to go through it. Again, remove their jackets and have coffee in the Chamber but not the rules of committee, where you wander around and all the rest of it. You stay in your places and hopefully maintain verbal decorum as well as the normal decorum.

All those in support of this motion by Red Deer-South, would you please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

[Several members rose calling for a division]

THE DEPUTY SPEAKER: Order. You do not have a division on unanimous consent. We've had this play before. Hon. Member for Red Deer-South, your suggestion is lost.

The hon. Member for Spruce Grove-Sturgeon-St. Albert on Bill 38.

MRS. SOETAERT: Thank you very much, Mr. Speaker. I'm very glad to get back . . .

MR. DOERKSEN: Point of order.

THE DEPUTY SPEAKER: The hon. Member for Red Deer-South on a point of order.

MR. DOERKSEN: I had been recognized, Mr. Speaker, to talk on Bill 38.

THE DEPUTY SPEAKER: Yes. Then you made a motion, which presumably is the end of your speech.

MR. DOERKSEN: Does that end my speaking time?

THE DEPUTY SPEAKER: The chair took it that at the end of your speech you made a motion.

MR. DOERKSEN: Well, okay. Mr. Speaker, I won't prolong this. I was merely trying to aid and help the members of the House out, and obviously I was unsuccessful, so I will take my place and listen to the debate.

THE DEPUTY SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert on Bill 38, third reading.

MRS. SOETAERT: Thank you, Mr. Speaker. I appreciate the Member for Red Deer-South joining in the debate. I really do. I know how it feels to lose a vote, so I do feel a little sorry for him. We've lost a few over here over the last few years, but that'll change with the next election.

I want to speak to Bill 38, because I'm not sure I've had the chance to speak to this before. Then the other day in the House I heard the Premier say that we're passing legislation too quickly, that the Liberals are allowing it to go through. I took that as a cue to make sure that I spoke a little bit more on every bill that came through here, and I know hon. members appreciate that. So I just want to speak for a little while on Bill 38, maybe about 20 minutes if I have that opportunity.

10:30

One of the things I think is specific to some of the things I am concerned about is that the investigative powers given to the medical officer of health are limitless. They can request information from anyone, including physicians, laboratories, individuals, and businesses. I'm wondering if this will apply to schools. I know health nurses who've come to me and said that with FOIP in place now, they can't get a list of the kids to make sure they've all been immunized. They have to go through special rules or regulations or signing forms -- this is on public health -- and they're worried that down the road we're going to pay for this, that we will have kids who have not been immunized. Face it: if we catch them in school, that's the best place to make sure you get all the children.

I'm wondering if the chief medical officer can cross the FOIP lines, you might say, and help the public health nurses get that information. They're very concerned that this is going to be a problem down the road. Maybe Bill 38 will address their concerns. I'm not sure about that. Do I read that part right, that the chief medical officer has those kinds of power to request the information, with no restrictions placed on what information can be requested, or is that only in the case when a communicable disease is identified? I know it's not the time to ask questions. I'm raising concerns. I know generally we all support a stronger public health bill. In fact, I think maybe this bill is trying to make up for some mistakes that were made earlier, when the infectious disease centre -- was that closed down?

AN HON. MEMBER: So what?

MRS. SOETAERT: So what? Well, the point of this is that if now we're putting in legislation to make up for mistakes, that's a pity. We should have thought of this before.

I forget the name of the doctor who ran that infectious disease centre. If I could remember her name -- and I know the minister would probably remember.

MR. WOLOSHYN: Dr. Fanning.

MRS. SOETAERT: That's it. I've done it again, Mr. Speaker, and I apologize. It's just that the Member for Stony Plain and I work together out there in rural Alberta, and he's helped me with naming Dr. Fanning, who is an excellent, well-renowned person.

MR. DICKSON: A great loss.

MRS. SOETAERT: A great loss.

MR. WOLOSHYN: She's in Switzerland.

MRS. SOETAERT: Now she's in Switzerland. Look at our loss. Maybe this would be a job we could entice her back to Alberta to do. Maybe she's a candidate for that. The minister is probably in charge of hiring that person. I know he won't just pick that out of the blue. I know he's going to do some research, maybe form a committee . . .

MS OLSEN: Have a summit.

MRS. SOETAERT: . . . have a summit, and find the best person for that chief medical officer position. So I'll humbly submit that maybe that's a candidate he might look at.

Now, I am wondering: would the case in Mistahia, where we found out that the rate of birth defects is considerably higher in the northwestern part of our province -- I mean, it's twice as high as the rest of Alberta -- be a focus of this chief medical officer? I would hope so. Prenatal care is not a disease but certainly an issue of public health and of public concern. Does this chief medical officer have the power to undertake a study? Will he have the power and the ability to undertake to do a study maybe about industrial emissions up there? Maybe that's the reason for increased birth defects.

You know, fetal alcohol syndrome is not a communicable disease, but it's certainly a preventable one. So when we're talking about public health, the focus should always be on health promotion and prevention and broaden that focus. I'm not sure this bill addresses all those areas. Will this medical officer be able to maybe establish monitoring stations or even a mobile monitoring unit that would be at his disposal? Maybe these communicable diseases are based on the environment and not actually on anything that is -- I don't know how to describe that -- based on one's personal health.

I worry about certainly the threat to public health right in the area where I live. When I read the report, Atim Creek is one of the highest polluted creeks in Alberta. [interjection] It is, and the nickname for it is Dog Creek. It goes right by my house, and it was in a report that the Cattle Commission put out. There it is right by my house. Now I've got to worry about that. It's down from Stony Plain, so no wonder I'm worried about it. Mr. Speaker, I apologize for that. I'll keep focusing on the bill.

I'm wondering: would the chief medical officer have the power to quarantine a farm? A cattle operation?

THE DEPUTY SPEAKER: The hon. Member for Calgary-Egmont is rising on a point of order.

Point of Order
Third Reading Debate

MR. HERARD: Yes, Mr. Speaker. *Beauchesne* 620 and page 509. All the questions that are being asked are perfectly legitimate questions at some other stage of the bill, in second reading or in committee. We're now in third reading. This hon. member wonders if it will do this and wonders if -- she admitted she didn't speak to it before, and perhaps she should have at that time. The fact of the matter is that we're now dealing with a piece of legislation, and we now have to in third reading concentrate on the contents of that bill. All of these questions that the hon. member from the other side keeps asking are not for this stage, so this is a total abuse of third reading.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Buffalo on the point of order.

MR. DICKSON: Mr. Speaker, a similar argument has been advanced before. I refer the Speaker to page 7 of the bill, to section 14, and invite the Speaker to look at the powers that are set out under the proposed section 39(1.1)(b). If you look at the powers that the medical officer of health has, they're very, very extensive. I also refer you, as we had looked at before, to page 4 of the bill, the proposed section 22.02(1). Now, I don't remember the Member for Calgary-Egmont speaking to this bill before, and he may not have had a chance to read the whole bill. If he had, he would find that the bill covers an enormously vast area in terms of public health.

10:40

My colleague is simply, by means of illustration, talking about the powers that exist, the potential for abuse, the need for safeguards, checks and balances. You know, other members have been making those comments. Now, I understand why the Member for Calgary-Egmont may not agree, and he's entitled to hold that view. But for him to admit, as he did, that the comments are appropriate at some other time of the bill -- one might have to ask how they would be appropriate . . . [interjections] I'm responding to the point of order.

Mr. Speaker, I think those are the points I wanted to make. I think that it's hugely relevant, and it's important that all members hear those concerns.

Thank you.

THE DEPUTY SPEAKER: The chair would observe that the citations are appropriate to third reading. The hon. member, I think, strayed when she began to engage in conversation with other members of the House, and with the signals that emanated from the chair, she seemed to return to the bill.

When we are debating in second reading and in committee, we have the expectation when we ask questions that somehow the mover of the bill or the minister concerned will answer those. There can be no such assumption at third reading that the minister is going to do so. It may be that they choose to do so, but they are limited to the number of times they can speak, which would be presumably to open the debate and to close the debate. So that isn't why, presumably, the hon. member is asking the questions. The chair took it that you were wondering and worrying about the provisions of the bill, and to that extent the chair was trying to follow closely and getting more familiar with this bill than one would normally expect to become familiar with a bill and did feel that for most moments the hon. member was indeed touching within the rules on third reading of this bill.

Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much. I recognize that the Member for Stony Plain was trying to lead me astray, and I'm not going to let that happen again. I know you show tremendous patience with me, Mr. Speaker, and I appreciate that.

Debate Continued

MRS. SOETAERT: So on the bill. I was speaking about the health issue around certain rural issues, you might say, intensive

livestock operations. I guess I wonder -- I don't question; I wonder. There's a song about that.

AN HON. MEMBER: Why don't you sing it for us now?

MRS. SOETAERT: No, no. It's only third reading, and I don't want to waste the time.

I am wondering. One of the issues that's happening in rural Alberta is the issue of water wells and how clean those are. This is going to be a huge job for one medical officer to cover things like intensive livestock operations, if there's a contamination in a feedlot. I'm assuming this health inspector is going to have some staff, because he or she obviously has great powers. If they trace back some contamination from a poultry farm and then it gets quarantined, then what do they do? Are they then in receivership? Then we're talking FIDP again, and that's not this bill. But I think we've got an issue here. That individual officer has great powers. They could actually close down an operation, maybe rightly so, if they've tracked a disease there. What are the safeguards for people in the agriculture field and how they could be affected?

When it says that an officer "may in writing delegate to the Deputy Chief Medical Officer any power, duty or function," that gives two people a great deal of power. Does that mean that they can go into any casino, let's say, and demand information and documents? What about someone selling tobacco products? It isn't really that much of a stretch. If we're going to permit the medical officer of health to get involved in all kinds of non-disease areas, maybe there should be additional safeguards because it doesn't specifically say: just diseases. It's anyplace where public health could be jeopardized. I express concerns -- I know it's at third reading -- and I think this bill does address some concerns. I'll probably support it, but I think it's important that I express these concerns as it is the last opportunity to do so.

A few more points, just brief points. The medical officer is not required to report to anyone before requesting information or having received it. You know, that's a lot of power for one person. Maybe I don't understand all the checks and balances that are in there. They're going to tell me they're in the regulations, and of course we all know that I have a 20-minute talk on regulations, which I'm not going to go into right now because I don't think that's the time or the place, but it's tempting, because that would be to the bill the old cart before the horse story. I would say that these regulations that will be in place might address some of these concerns.

On the other hand, though that person has a lot of power, when you're talking of communicable diseases, there isn't a great deal of time. So he or she has the power to cut through all that red tape, and that's a difficult thing to do in this bureaucracy of government and health care, et cetera. So that medical officer -- I know people have expressed concerns about that individual's ultimate power; on the flip side, that person can cut through red tape and get something done rather quickly.

The other point that I want to say about this bill: it also gives the power to quarantine individuals suspected of having a communicable disease. Just suspected reminds me of some . . .

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. Minister of Labour, if you wish to engage in lively discussion with the hon. minister for science, research, and information technology, please do so outside the Chamber.

Debate Continued

MRS. SOETAERT: Thank you, Mr. Speaker. I was just getting to a very important and exciting part of my debate.

One of the last points I'd like to make is about the ability to quarantine an individual suspected of communicable diseases. [interjections] I was thinking specifically of schools and Bill 38, schools and lice. I hate to be nitpicky.

MR. WHITE: Do you have a 20-minute speech on lice?

MRS. SOETAERT: No, I don't want a 20-minute speech on lice, because I've been in schools where lice is a problem.

AN HON. MEMBER: Oh, you've had lice?

MRS. SOETAERT: No, never. Well, anyway, I won't share that with the Assembly, but I will go to Bill 38.

I was saying he or she . . .

MR. WOLOSHYN: Talk about lice.

MRS. SOETAERT: Now, he's engaging me again. He's leading me astray, Mr. Speaker.

You know, lice is serious, as you well know. You've been in a school. I think that's his problem too; he's had that disease in his school before.

10:50

DR. TAYLOR: He's had lice himself.

MRS. SOETAERT: The minister responsible for science, research, and information technology said, "He's had lice."

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: We're going to be spending a considerable number of hours together, and perhaps we could take our turns at talking. The Minister of Public Works, Supply and Services is being too helpful. If he could be less helpful to the hon. member and more to the Chamber, then maybe we could hear the words she has on third reading of Bill 38.

MRS. SOETAERT: Yes. I thank you very much, Mr. Speaker, because he does lead me astray, but Christmastime is coming, and I will focus on Bill 38. I'll just ignore that banter because this is serious actually. [interjection] You want to go back to lice?

AN HON. MEMBER: You're not here to entertain us.

MRS. SOETAERT: I'm not. I only have precious minutes left, Mr. Speaker.

Debate Continued

MRS. SOETAERT: Imagine the public image of a health officer just going through the school and quarantining it because of lice. I hope that it wouldn't happen, and I think that would be a nitpicky point there. That's stretching it a little far.

Actually, Mr. Speaker, I think I'm almost done with my comments. I think I have one more thing. [interjection] Yeah, one more but it's a short one. I think we do need to put some control on. I know it's a little late for that, but maybe it will come in the regulations. I think we have to include the Privacy

Commissioner. When requests are made about persons, I know there's always that balance of public safety and individual privacy.

[Mr. Herard in the chair]

Oh my; I think we're in trouble with the chair now, Mr. Speaker. Now I know we could get nitpicky I'm going back to the lice now, Mr. Speaker.

MS OLSEN: Colleen, this is an affront to democracy.

MRS. SOETAERT: But I'm sure in the chair he'll be a little more impartial. He'll be impartial. I know he will be. He's not that nitpicky.

DR. MASSEY: No, he's not partisan.

MRS. SOETAERT: He's not partisan in the chair. He's not nitpicky, and he doesn't have lice.

You know, this has been, I think, one of my best speeches ever on Bill 38. When I'm getting support from both sides, maybe one of those I'll print off. In fact, I'd bet that after my 20-minute bell, I could ask for 20 minutes and I'd get it. [interjection] I know. I love to wake them up in here. That's part of my job, and it's public awareness on public . . .

THE ACTING SPEAKER: The hon. Member for Cypress-Medicine Hat on a point of order.

Point of Order
Relevance

DR. TAYLOR: Relevance, Mr. Speaker. When we're dealing with the bill, we need to deal with what's between the two covers of the bill, not the meanderings through what should properly be dealt with at committee, what should be dealt with at second reading. We need to deal with, as I say, what's between the two covers of the bill.

MRS. SOETAERT: Well, Mr. Speaker, I know he's just trying to take up where somebody else left off. Actually, there is no point of order, and many people agree with me, so I would like to continue about the issue of lice in schools and public health.

THE ACTING SPEAKER: I think we've heard enough, hon. member.

I think the hon. Member for Cypress-Medicine Hat has made a good point, and I think we've heard it a number of times before this evening. We've had this discussion a number of times this evening, and I think all hon. members need to be reminded that we are in third reading and that the issues under debate are what is properly before us in the bill between the cover page and the last page. Hopefully we can stay on that.

Thank you.

MRS. SOETAERT: Thank you, Mr. Speaker. I will try once again to focus. [interjection] Well, I don't know if we should go to lice again, because it's a sore spot with some people. So we're going to focus on the bill. I'm sorry. You can all drift back into your worlds because I'm going to focus on the bill.

Debate Continued

MRS. SOETAERT: I do want to say that there is one other thing here. The medical officer of health can make a written request to any person who might have relevant information with regard to the spread of a communicable disease. You know, I guess it is incumbent upon all of us to do the best we can to prevent communicable diseases and to talk about those, but I always think about, you know . . .

MS OLSEN: You shouldn't be afraid to speak about it.

MRS. SOETAERT: You shouldn't be afraid to speak about it, but there's still a stigma attached to AIDS, HIV, you know, and there again . . .

MS OLSEN: And HRG.

MRS. SOETAERT: HRG: no, that's not a communicable disease. It is a public health problem, but that's not in Bill 38. [Mrs. Soetaert's speaking time expired] Oh, Mr. Speaker, could I have unanimous consent to continue?

THE ACTING SPEAKER: The hon. Member for Edmonton-Castle Downs.

11:00

MS PAUL: Thank you, Mr. Speaker. Actually, this is not the first time that I have spoken on Bill 38, the Public Health Amendment Act. I did address it in second reading and probably Committee of the Whole, so my comments will be brief. [some applause] I have support on the other side for being brief, I guess.

I will start by stating what I believe the purpose of the bill is.

> The purpose of this act is to strengthen our ability to protect Albertans from the transmission of communicable diseases and to reflect the new role as an appeal body of the current Public Health Advisory and Appeal Board.

Mr. Speaker, when I read that and I think about the bill -- as I've indicated earlier, I have addressed it before -- I need some reassurance from the Minister of Health that we need to ensure that the privacy issues in this bill are dealt with and that some controls are put in place to limit the powers of the chief medical officer and the powers of the medical officer of health and the executive officers. I think that that speaks for itself.

I think that whenever you give too many powers to any medical-affiliated body, a lot of times and in a lot of cases there are no stringent criteria and guidelines to follow, and when that happens, then privacy issues become paramount. I think there have to be some controls to the limitation of the medical officer and the officers of health and executive officers.

Mr. Speaker, I know you indicated to the House earlier this evening that you would like us to address what is in the bill from cover to cover. As the hon. Member for Spruce Grove-Sturgeon-St. Albert has indicated, we look at schools and the issue of lice, and I think that is very important to be bringing up in a bill such as this. It indicates that lice being a communicable disease in the schools is something that should be addressed as well as AIDS. It has been brought up earlier that sometimes these diseases are not something discussed in public, and I think that in fact they should be. There's nothing to be ashamed of if you have some sort of disease, no matter what.

Under section 8 I'm going to ask a few questions with respect to 22.02. This spells out the powers of the chief medical officer. The CMO's job is to "monitor the health of Albertans and make recommendations to the Minister" and the RHAs; liase between the government and the RHAs; monitor and advise RHAs, and

monitor and advise the medical officers of health and the executive officers at each RHA.

Well, Mr. Speaker, if in the CMO's opinion the RHA's medical officer or executive officer is not properly doing their job, the CMO can act in that person's place after he gives notice to the minister and the RHA and the medical officer of health. Why is this person given such broad authority? That really struck me as being relatively odd. I think that needs to be answered. The CMO can take over based on his own opinion alone, yet the act puts no control on the CMO. It does not even say that his opinion must be reasonable. That is a very unreasonable situation, and I think that raises all kinds of concerns. I can't believe that anybody who voices an opinion in that capacity would not have to stipulate that it is reasonable. I think that should be addressed.

Shouldn't there be some sort of requirement that the CMO report to the minister the reasons why he intends to take over the duties of an MOH or executive officer? I think that makes perfect sense. That's very clear. I mean, you have to have some sort of requirement. It's not just at the whim. It has to be spelled out.

Also under section 8, 22.03 . . .

Speaker's Ruling
Third Reading Debate

THE ACTING SPEAKER: Hon. member, I hesitate to interrupt, but earlier this evening there was a ruling by a Speaker, admittedly certainly more learned than I am, where he did point out that clause by clause is not intended for this particular part of the proceedings. We're now in third reading. The opportunity for debate on clause by clause has passed, and therefore I would ask you to please limit your comments to what exists without going through this whole second process all over again.

MS PAUL: Well, Mr. Speaker, you did indicate you wanted all our discussions to be relative to the bill from cover to cover, and of course it's in sections, so obviously I'm assuming that was the intent of the chairman. I won't challenge at this point.

Debate Continued

MS PAUL: If there were a section that I could discuss, this is what I would say: public health is focused on communicable disease, the historic preoccupation of public health. [interjection] I still don't have any discussion on lice.

Bill 38 does not change that focus. The challenge and the need now, however, is to focus on broader population health issues. Why aren't these population health concerns acknowledged and addressed in Bill 38? When will this province focus on health promotion and prevention? Why does Bill 38 deal with a regional inconsistency in approach to medical officers of health? Only six of 17 regional health authorities have individuals with specialized training in the area of population health. That, Mr. Speaker, is unacceptable. Why doesn't it require a fellowship in community medicine as a minimum requirement of a medical officer of health?

Does this mean that the medical officer of health can go into a lounge or a casino, where actually there are VLTs, and demand information and documents? I mean, that is totally unacceptable. What about somebody selling tobacco products? If we are going to permit the medical officer of health to get involved in all kinds of nondisease areas, shouldn't there be some additional safeguards? Don't you think, Mr. Speaker, that that would be something that has to be addressed in Bill 38 and it is not?

I think any communicable diseases nowadays are actually in the forefront of a lot of people's minds, in communities, in functions you go to. Now there's AIDS awareness, which is excellent. People are speaking up and saying: yes, we have this disease. The virus that you get before you actually contract AIDS is something that has to be addressed, and hopefully through education and knowledge we have safeguards put in place against it.

The bill introduces the two new positions in the Department of Health, which I've already stated. I think, Mr. Speaker, that there has to be some criteria and some controls on those two positions.

It struck me that when you talk about these positions, the medical officer of health is not required to report to anybody, as I addressed earlier, before requesting information or after receiving it. In fact, Mr. Speaker, he answers to no one, and I think that has to be addressed. Bill 38 gives the medical officer of health the power to quarantine individuals suspected of having a communicable disease. Again, there are no limits placed on this power. The length of quarantine is not defined. There is no requirement that the medical officer of health justify this decision to anyone. There is no requirement that tests be done to prove whether the individual does indeed have the disease he is suspected of having. [interjection] I mean, that is just something that the hon. Minister of Labour should think about. It is not being addressed at all in this bill. [interjection] Mr. Minister, I suspect you're going to stand on your feet.

Mr. Speaker, with those comments, being that I can't go through section by section, because I did have a lot to address . . .

MR. DICKSON: Talk about the elements of the bill.

MS PAUL: The elements of the bill. Okay.

Mr. Speaker, I think I mentioned it a little bit earlier: shouldn't the measures which the medical officer takes, shouldn't there be a requirement for those elements -- while it might be reasonable to prohibit someone with whooping cough from working in a day care for a week, it would not be reasonable to attempt to stop the spread of AIDS by promoting a person with HIV from going to work for the rest of his life. I mean, what is reasonable, and what is not? As I've already addressed, that's a really, really gray area.

Mr. Speaker, I think that in actual fact Bill 38 does address some of the concerns that I've heard in my travels, and as I indicated earlier, I have spoken to the bill before. Constituents of mine have phoned and asked what my thoughts were with respect to the bill. I will say that I think the bill does address some of the concerns that I've heard. I have indicated a few. It's unfortunate that I can't get an answer by going through and asking them at this time. I probably did last spring have answers, but that seems like such a long time ago, and we haven't been in session for quite a while. [interjection] The hon. Member for Edmonton-Ellerslie has indicated that I probably didn't get any answers. The hon. member reviewed *Hansard*, and my questions were not answered at that time.

11:10

Having said that, Mr. Speaker, I have pointed out some of the concerns. I will indicate that in principle I do and would support the bill. I think the privacy issue is paramount and has to be addressed. We have to look at the control the two officers have. I don't think it's reasonable for us to give them reasonable and a lot of access to their decisions without any accountability. That is something I would not support.

With those few comments, thank you.

THE ACTING SPEAKER: The hon. Member for Edmonton-Meadowlark.

[The Deputy Speaker in the chair]

MS LEIBOVICI: Thank you, Mr. Speaker. As the Speaker has so aptly pointed out, third reading is for the purpose of reviewing the bill in its final form after it's been shaped in its earlier stages. What's interesting is that even though we've gone through several stages with this particular bill, it's my understanding that none of the amendments that were put forward by the Member for Calgary-Buffalo were accepted by the government. Though that should not surprise me, the reality is that those amendments would have strengthened the bill.

Speaker's Ruling
Third Reading Debate

THE DEPUTY SPEAKER: I think it's been made if not once, many times: in third reading we don't talk about amendments that might have been. We're talking about the bill as it's been passed and as it may have been amended in committee, but we don't go back to what could have been.

MS LEIBOVICI: Exactly, Mr. Speaker. My point is that there were no amendments that were made. When we're reviewing the bill, it's important to keep that in mind.

Debate Continued

MS LEIBOVICI: I would hope that when the government looks at preparing legislation, what they have is some kind of bar, some kind of standards they put forward to look at whether or not a bill meets its intended purpose and whether or not there are measurements put in place to see whether a bill meets its intended purpose. When I review what the minister said the bill was about, when I look at the 11 pages of the bill and juxtapose that against what the minister indicated the bill was about, I find that the bill is lacking in terms of meeting its intended purpose. In fact the bill does not, I believe, address some of the key issues the minister put forward.

Upon reviewing the bill and looking at the comments from the minister, what the minister indicated was that the purpose, the intent of the legislation was "to improve the delivery of health services to Albertans by strengthening the way public health is administered in Alberta," and that therefore this particular bill "is in keeping with the first goal of this government's business plan, ensuring that Albertans will be healthy."

Again, in reviewing the bill, we notice that the bill does have two parts. In that, the minister was correct: there are two parts to the bill. One part deals with, if the bill is passed, the former Public Health Advisory and Appeal Board. The second deals with the ability of the minister to appoint a chief medical officer of health and deputy chief medical officer of health. The purpose of the bill in the first part is to ensure that "the board provides Albertans with a low-cost" -- and I'm quoting the minister -- "opportunity to deal with grievances against decisions of regional health authorities in the sphere of public health."

In the second part of the bill, "the remainder of the bill enhances the ability of government and the regional health authorities to monitor communicable diseases and protect the health of Albertans." Furthermore, in that second part of the bill the minister notes that there should be "enhanced confidentiality regarding Albertans' health records." Sadly, as I indicated at the beginning, I don't believe that the bill quite measures up to the goals of what the minister stated. In fact, in later remarks that the minister made, the minister I think came closer to the truth of what this bill is. When you review the first six pages of the bill, which deal with the public health appeal board, one finds that once again it's not the health of Albertans that's the primary concern, but what is the primary concern -- and these are again the minister's words -- is "to add certain efficiencies administratively and logistically" as far as the operation of our overall public health surveillance system.

So what this bill is, in fact, is a cost-cutting measure in the first part of the bill. It's a measure such that when you look at the sections of the bill, what we find is that the intent, the purpose of the former appeal and advisory board is now only as an appeal board. What also happens is that rather than having up to a maximum of 11 members, you now have up to a maximum of five members. And where in fact previously there was a budget that could be authorized for payment to the board, at this point there may be no budget, and this board will work without a budget because in fact that section was repealed.

When you look at the issue of confidentiality, there are no indications within the bill that I can see that indicates that there will be enhanced confidentiality with respect to individuals' health situations. In fact, what we've lost within this particular bill is the ability for a board to actually advise and initiate research. In this bill, then, if we look at it in the light of a cost-cutting measure, if we look at it in the light of the appointment now of the chief medical officers, a control measure and a centralization measure of control under the minister, what we see is that the bar, if we want to call it that, upon which we should measure whether this in fact will be good legislation, whether this in fact will address the issues of public health, whether in fact this will strengthen public health in this province, is not met.

What we see is that the bill is symptomatic of this government's approach to health care and, if I may digress, Mr. Speaker, to other areas of government planning as well, and that's as far my digression will go. Once again, what we have is a bill that is out of sync with other agencies, with other boards within this province. I begin to wonder whether it is incompetence -- and I would not think it is incompetence on the behalf of individuals who are putting forward the bills -- or whether there is some inherent desire to ensure that there is no comprehensive way for the public to access information with regards to health promotion, that there is no comprehensive ability to find out about public health situations within this province.

A recent example that comes to mind is the situation that we've heard of the blood in the Calgary sewers. The question is, we've been told that it's okay, that we don't need to worry about the blood from hospitals and other areas being dumped into Calgary sewers, but the reality is: who investigates that? Would that have been the role of the Public Health Advisory and Appeal Board at some point in time in its former format? If this bill is passed and that board is no longer there, who will advise the Minister of Health as to whether that is a situation to worry about, whether that is a concern that needs follow-up, whether that is a situation that perhaps the chief medical officer should look at?

11:20

These are issues that are not addressed within the 11 pages of this bill upon review of the bill. We know that the minister has not provided for an expanded role for the Ombudsman, so we know that's not the area where advice could flow to the minister from. We know that there have been various changes with some of the boards that could potentially have provided advice to the minister and to the public. We know that there is no whistle-blower legislation within this province that could provide for individuals within the field of health to provide information to the public when we look at the broader definition of public health.

So in reality what we have is a bill that provides a purpose for the minister perhaps, but I do not believe it totally addresses the

stated purpose that the minister had indicated in his initial comments on bringing forward the Public Health Amendment Act. It might be an idea for the minister, in terms of legislation that he brings forward within this Legislative Assembly -- this might be useful for other ministers as well -- to provide us, the public, the press with a sheet that indicates what the standards are that this bill was supposed to meet in its drafting. How does it meet its standards? How in fact do we know if those standards are not met? What are the measurements, the follow-up to ensure that the words that are on the pieces of paper that we pass in legislation do in fact have the intended effect that a minister wishes?

There may be all the good intentions in the world, but when legislation is put onto a piece of paper -- and unfortunately we still don't have plain-English legislation coming forward in this Legislative Assembly; it is not here -- the intent could be better. The intent can be interpreted in different ways. So it would be a useful exercise for the government, within a year period, to indicate whether or not the intended impact of a particular bill is met, especially when we look at an area like public health, which should be a focus of this government, which should deal with the broader health promotion and prevention issues. But what we've seen happen is that the roles have been constrained, and in fact there is a reliance on control directly to the minister.

There are many questions within this bill. Who appoints? Where are the appeals when certain decisions are made? Who provides the budget? Why is there a requirement to send specimens across the province to be examined? Unfortunately, all those pieces within the bill remain within the bill without any answers to those questions. Had there been at the original outset not just the words of the minister but also some indication of how those words were met within the bill, perhaps we would not be standing here tonight still wondering, still looking, still not having our answers with regards to the amendments that are made to the Public Health Act.

Now, the bill seems to have a focus on communicable disease. We've talked about that this evening. That is contrary, actually, Mr. Speaker, to what the minister indicated. It's not too late for the minister to change his mind, for the minister to say, "Perhaps there are some gems of truth in what the opposition members are saying." Just perhaps, within those gems of truth, the minister would do the right thing and say: "Let's look at this in the spring. Let's try and meet the bar that the members of the opposition have put forward to explain and indicate the standards, to explain and indicate what exactly the intent of this bill was." Because if the bill is solely for cost-cutting and if the bill is solely for centralization of control, then let the minister state that. But to state one thing, to write another thing, and to expect us to not do the research and to not read what is within these 11 pages would, I believe, be a transgression of our duties as the Official Opposition.

Now, I believe, Mr. Speaker, I've stayed within the intent of reviewing what this bill was intended to do, what this bill may well do, what the pitfalls are of the bill, and how in fact the minister can still -- it is never too late -- try to change this bill to address some of those particular concerns. When one gives huge powers to one individual, such as the medical officer of health, to place a person with communicable diseases under quarantine, there have to be some checks and balances within the system. Quite frankly, there are none in here. As I indicated earlier, there is a question with regards to the appeal procedures, how the appointments occur, and why certain actions are required to be taken.

MRS. NELSON: Bring it home.

MS LEIBOVICI: I can see that I have the attention of the hon. front bench, and I am trying very hard to ensure that the full point of the gravity of this particular bill is brought home and the severity of not having the kinds of protections that are required within a public health act provided within the bill. [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members. All hon. members have been well-behaved for the last few minutes. I wonder if we could allow only one member to speak at a time.

Okay.The hon. Member for Edmonton-Meadowlark does have the floor, and we're on Bill 38, third reading.

Edmonton-Meadowlark.

Debate Continued

MS LEIBOVICI: Thank you, Mr. Speaker. I was actually just winding up my comments. I believe I have seconds left. I think I have provided enough examples of the reasons this bill needs to be looked at very carefully and the reason the government needs to look at a more holistic approach to health care reform. In the past we've seen a rather choppy approach to health care reform, but now the time has come to bring together the various aspects that have occurred as a result of that choppiness. I believe this Public Health Amendment Act could have been one of the ways to bring together the various committees, the various appeal boards, the various advisory boards so that we have a common, holistic approach that everyone in this province knows and understands.

11:30

You know, there was a time with the former Minister of Health, I remember, when there used to be bumper stickers, I believe, that said: honk if you're on one of Shirley's committees. I understand that across the province people were honking all the time whenever they saw that bumper sticker. The reality is that it's time to honk.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Egmont rising on a point of order.

Point of Order
Third Reading Debate

MR. HERARD: Yes, Mr. Speaker. It's probably too late for this particular hon. member, but I think it's very important that we remind ourselves of why we're here, and we're currently here in third reading of a bill. There are rules under *Erskine May* page 509 and under *Beauchesne* 620 that speak very precisely to what we should be debating, and I don't think bumper stickers about a former minister qualify. I also think it may even be a breach of privilege to abuse the processes that we have in this House, the rules that we have in this House where we have second reading, committee, and third reading. Hon. members persist in abusing that. It seems to me that under 24(1) the Speaker does have the latitude to call a member to order and to in fact name a member to the Assembly under circumstances where they will persist in abusing the rules of this House.

Mr. Speaker, I feel this is an extremely important point because we have to remind ourselves that it's a privilege to be here and that we are here to represent the people of Alberta who elected us to come and do this. I believe it is almost a breach of that privilege to have this kind of conduct.

MS CARLSON: Mr. Speaker, on the point of order.

THE DEPUTY SPEAKER: On the point of order, Edmonton-Ellerslie.

MS CARLSON: Yes, Mr. Speaker. I would like to refer all members to *Erskine May,* third readings, where it explains to us under Opposition to Third Reading that

> in the case of bills which have given rise to considerable discussion on the previous stages, a debate may take place on the third reading, in which the bill in the form in which it has emerged is finally reviewed. The motion for the third reading may be opposed and reasoned or [delayed].

In that context and reminding members of our earlier reference in third reading, where debate on third reading on page 508 is noted as "procedure on the third reading of a bill is similar to that on second reading," and when we go back to relevance, which was approved by the Speaker tonight several times, as you know, where we say that "the precise relevance of an argument may not always be perceptible" in the short term, I think we are well within order in what we're saying here.

Mr. Speaker, I would like to point out that in fact this member, by raising the fifth or sixth point of order here, is in a minor breach of order, according to *Erskine May*, by bringing forward too many disturbances, and I would like the Speaker to rule on that.

THE DEPUTY SPEAKER: Well, we have a purported point of order on a point of order, which of course is not allowed. We have a point of order before us, as raised by the hon. Member for Calgary-Egmont, to the remarks more recently by Edmonton-Meadowlark. The citation of *Erskine May* is upheld in what he has said. The first part of *Erskine May* I would wish to spend further time reading, but I would go back to *Erskine May,* pages 508, 509. You only quote, Edmonton-Ellerslie, the first part of it. What I'm saying is you have to go through the complete thing in order to understand what, presumably, the hon. Member for Calgary-Egmont is trying to get at. "Procedure on the third reading of a bill is similar to that on second reading . . . Debate on third reading, however" -- the "however" referring to second reading -- "is more restricted than at the earlier stage, being limited to the contents of the bill." Then it goes on with "reasoned amendments," which I understand may or may not be considered.

The hon. member spoke about privilege in his point of order, and I would think that this really does not fall within privilege. The point of order that was attempted by the hon. Member for Edmonton-Ellerslie would be presumably considered at another time.

Hon. Member for Edmonton-Ellerslie, have you finished? Did the clock go? [interjections] Well, the chair will check. Thank you, Edmonton-Glenora. Were there a few moments when somehow the clock didn't get shut off? No? It went off before the hon. Member for Calgary-Egmont? Okay. Good enough.

We'll continue the debate then.

Debate Continued

THE DEPUTY SPEAKER: The hon. Member for Medicine-Hat.

MR. RENNER: Thank you, Mr. Speaker. It's a pleasure for me to rise and speak to Bill 38 at this time of the evening. I think what we have to keep in mind in discussing Bill 38 in debate this evening is that we're talking about amendments to the Public Health Act. We've heard at length actually some good discussion throughout the evening, albeit lengthy discussion, about the purpose of this legislation. The legislation really is to ensure that we have a sufficient amount of legislative authority to be able to have some type of control on disease that is a communicable disease, disease that can be spread. Frankly, this bill streamlines the system, and it gives greater authority to public health officials to in fact control the spread of disease.

The bill itself actually has a couple of different parts in it, and I think it's quite obvious that when we're going to be discussing a bill such as this at third reading, we consider the various aspects covered by this bill. We've heard members of the opposition discuss at length the whole area of communicable disease, but there's another significant part in this bill that deals with the establishment of a public health appeal board. So I think it's necessary that we talk about what changes are made to the Public Health Act through this bill and how it affects the public health appeal board. We haven't had much discussion on that very issue this evening, and I think it's important that we do. We have heard at great length about the possibility of medical health officers being able to assume authority and not have the ability to control the authority that the public health officers have. Frankly, I think that's why we need strength in the appeal board, because after all that is why we have in all forms of legislation checks and balances, and these are the checks and balances that are involved in the Public Health Act. The board consists of five members, and it talks about how the board is appointed, and it talks about how the board meets. We haven't talked at length about this board, and I think it's important that we do.

11:40

It also talks about the duties of the board, and there's a significant change in this bill. Where under existing legislation it's very specific that "the Board shall advise the Minister on matters pertaining to the public health," there's a significant change in this bill in that "the Board shall hear appeals pursuant to section 4," and that hasn't been brought out. We did hear quite a considerable amount of debate this evening about the ability for officers of public health to be able to possibly abuse the system, and we heard about them having the ability to close down schools, having the ability to do a number of things, but not once do I remember throughout the evening anyone discussing the fact that we have through this bill the appeal board which will have the ability to hear appeals, and that, as I mentioned earlier, is the necessary checks and balances that are put into place.

The other thing that this bill does is to very clearly establish the appointment process and the powers of the chief medical officer. This also is a change to the Public Health Act and I think does to a very large extent help to ensure that we have a better handle on how we deal with public health issues in the province of Alberta. It talks about the ability for the minister to appoint the chief medical officer of health. It also talks about the ability to have a deputy chief medical officer who has the powers of the chief medical officer should he be temporarily absent or have an inability to act. It also gives the power of delegation to the deputy medical officer so that he may confer powers of the chief medical officer under the act or the regulations.

Bill 49
Appropriation (Supplementary Supply) Act, 1998 (No. 3)

THE DEPUTY SPEAKER: I hesitate to interrupt the hon. Member for Medicine Hat, but in accordance with Standing Order 61(5) the chair is required to put the question to the House on the appropriation bill on the Order Paper for third reading.

[Motion carried; Bill 49 read a third time]

Bill 38
Public Health Amendment Act, 1998
(continued)

THE DEPUTY SPEAKER: The hon. Member for Medicine Hat was interrupted in his comments.

MR. RENNER: Thank you, Mr. Speaker. Well, despite the fact that I was really getting quite interested and enthralled in my speech -- and others were too -- I would at this time like to adjourn debate on Bill 38.

THE DEPUTY SPEAKER: The hon. Member for Medicine Hat has moved that we adjourn debate on Bill 38. All those in support of this motion, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: Carried.

[At 11:46 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]