

Legislative Assembly of Alberta

Title: **Tuesday, April 11, 2000**

1:30 p.m.

Date: 00/04/11

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Good afternoon.

Let us pray. O Lord, guide us so that we may use the privilege given us as elected Members of the Legislative Assembly. Give us the strength to labour diligently and the courage to think and to speak with clarity and conviction and without prejudice or pride. Amen.

Please be seated.

head: Presenting Petitions

THE SPEAKER: Hon. members, today I've been advised that there is quite a list, so let's have some patience with respect to several of the matters on the Routine today.

We'll first of all recognize the hon. Member for Bonnyville-Cold Lake.

MR. DUCHARME: Thank you, Mr. Speaker. I wish to present a petition I received last Friday at one of my open houses urging the government to withdraw Bill 11.

MRS. MacBETH: Mr. Speaker, I am pleased to table a petition signed by 328 Albertans from Edmonton, St. Albert, Sherwood Park, Fort Saskatchewan, Wabamun, Stony Plain, and Fallis. It is urging "the government to stop promoting private health care and undermining our public health care system." I'm pleased to note that by the time the Official Opposition tables the petitions for today, which will be 4,317 additional, it will lead to a total to date of 50,159 Albertans from right across this great province.

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

MR. SAPERS: Thank you, Mr. Speaker. I'd like to table a petition signed by 340 residents of Sherwood Park. Their petition reads as follows:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased today to rise and table petitions signed by 205 Albertans from the communities of Edmonton, Wainwright, and Vegreville. These citizens "petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care."

MR. DICKSON: Mr. Speaker, I'm delighted this afternoon to present a petition signed by 257 Albertans from the communities of Calgary, Okotoks, and Cochrane who "urge the government of Alberta to stop promoting private health care and undermining public health care."

Thank you.

THE SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. It's a real privilege today to

present a petition on behalf of 789 Albertans from Lethbridge, Barons, Coaldale, Raymond, Longview, Cardston, Milk River, Medicine Hat, and Taber asking the Legislative Assembly to institute an after-hours law that would make sure that everybody has someone else working with them when they're working in businesses in Alberta.

As second petition, Mr. Speaker, is from 3,221 Albertans from Calgary, Lethbridge, Okotoks, De Winton, Coalhurst, Fort Macleod, Raymond, Duchess, Vulcan, Taber, Granum, and Pincher Creek. It's in a different form than the other one. This is a petition also requesting that a law be introduced to protect employees' lives when they work after hours.

Mr. Speaker, a third petition again is from 336 Albertans from Lethbridge, Claresholm, Redcliff, Medicine Hat, Coleman, Bellevue, Hillcrest, Blairmore, and Picture Butte. This is petitioning "the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining [the] public health care [system]."

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

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, have a petition this afternoon. It's petitioning "the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care." It's signed by 236 Albertans from Edmonton, Spruce Grove, Stony Plain, and St. Albert.

Thank you.

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

MR. WICKMAN: Thank you, Mr. Speaker. I, too, have a petition signed by 126 Albertans from Edmonton, Sherwood Park, St. Albert, and Morinville urging "the government of Alberta to stop promoting private health care and undermining [the] public health care [system]."

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I've got two petitions. The first one is signed by 734 Albertans who come from Priddis, Cold Lake, Vegreville, Spruce Grove, Edmonton, Edson, Onoway, Ardrossan, Leduc, St. Albert, Westlock, Morinville, Redwater, Calgary, Drayton Valley, Wetaskiwin, Westlock, La Crete, Sherwood Park, Rimbey, Gibbons, Tofield, Bon Accord, Whispering Hills, Thorhild, Bruderheim, and Boyle.

The second petition, Mr. Speaker, is signed by 69 Albertans. Both petitions are asking for this Assembly to bring in legislation to ban private, for-profit hospitals.

Thank you, Mr. Speaker.

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

MS BLAKEMAN: Thank you, Mr. Speaker. With your permission I would like to present a petition signed by 264 Albertans from Edmonton, Fort Saskatchewan, Sherwood Park, and Ardrossan. They are urging "the government to stop promoting private health care and undermining public health care."

Thank you.

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

DR. MASSEY: Thank you, Mr. Speaker. With permission I would

present a petition signed by 215 citizens from Edmonton, Stony Plain, Carvel, and Sherwood Park urging "the government to stop promoting private health care and undermining public health care."

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Speaker. I, too, have a petition signed by 233 people in St. Albert, Spruce Grove, Stony Plain, Alberta Beach, Legal, Riviere Qui Barre, Calahoo, Onoway, Alcomdale, and Leduc. They are petitioning "the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining [the] public health care [system]."

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

MR. BONNER: Thank you very much, Mr. Speaker. I am pleased to present a petition signed by 218 Albertans from Edmonton, Fort Saskatchewan, Spruce Grove, and Sherwood Park. They are urging "the government to stop promoting private health care and undermining public health care."

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. Today I would like to present a petition signed by 218 residents of Alberta from Edmonton and Sherwood Park. They are urging "the government of Alberta to stop promoting private health care and undermining public health care."

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

MR. WHITE: Thank you, Mr. Speaker. I'm pleased and proud to present to the Legislature today and table with the Assembly a petition from 230 residents of Edmonton, St. Albert, and Sherwood Park. Primarily they are from my constituency and were gathered by two elderly, courageous ladies. The petition is to "urge the government to stop promoting private health care and undermining public health care," sir.

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

MR. GIBBONS: Thank you, Mr. Speaker. I, too, have a petition supporting public health care from 219 residents from Edmonton, Sherwood Park, and Ardrossan urging "the government of Alberta to stop promoting private health care and undermining public health care."

Thank you.

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

MS OLSEN: Thank you, Mr. Speaker. I, too, have a petition to present to the Legislative Assembly that states:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

It's signed by 239 Albertans in Slave Lake, Widewater, Grande Prairie, Wembley, High Prairie, Fox Creek, and Grouard.

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

MR. MacDONALD: Thank you, Mr. Speaker. I have two petitions to present to the Assembly this afternoon. The first petition is from a group of 257 individuals from Edson and Sangudo. They are urging the Assembly and the government of Alberta "to stop promoting private health care and undermining public health care." The majority of these signatures were acquired at a public meeting held in Edson on March 21 of this year.

Mr. Speaker, the second petition I have is from another 396 constituents of Edmonton-Gold Bar, and my constituents are urging "the government of Alberta to stop promoting private health care and undermining public health care."

Thank you, Mr. Speaker.

1:40

head: Reading and Receiving Petitions

THE SPEAKER: Once again, hon. members, there's quite a lengthy list. The hon. Leader of the Official Opposition.

MRS. MacBETH: Thank you, Mr. Speaker. I beg leave to have a petition on behalf of the Member for Lethbridge-East from March 23, 2000, read and received and, secondly, that a petition in my name from April 10 on private health care be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, request that the petition standing under my name be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I request that the petition I presented yesterday be now read and received.

THE CLERK:

We the undersigned residents of the province of Alberta hereby petition the Legislative Assembly of Alberta to pass a Bill banning private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained.

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

MR. WICKMAN: Thank you, Mr. Speaker. I, too, would ask that the petition I tabled yesterday opposing private health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MR. SAPERS: Thank you, Mr. Speaker. I request that the petition which I presented to the Assembly on April 10, 2000, regarding the government's promotion of private health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MRS. SLOAN: Thank you, Mr. Speaker. I would rise and ask that the petition under my name on the Order Paper be now read and received, please.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MR. DICKSON: Thanks, Mr. Speaker. At this point in this afternoon's program I'd request that the petition I introduced the other day with respect to concerns about undermining public health care might now be read and received, please.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MS CARLSON: Thank you, Mr. Speaker. I would ask that the petition I presented the other day now be read and received. It was regarding supporting public health care in this province.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MR. BONNER: Thank you very much, Mr. Speaker. I ask that the petition I presented to the Legislature yesterday urging the government to stop promoting private health care and undermining public health care now be read and received.

Thank you.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you, very much, Mr. Speaker. I would ask that the petition I presented regarding the undermining of public health care be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

DR. MASSEY: Thank you, Mr. Speaker. With permission I would request that the petition I presented on April 10 regarding private health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I would ask with your permission that the petition I presented on April 10 from 225 Edmonton and area residents opposing private health care be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MR. MacDONALD: Thank you, Mr. Speaker. I request the reading of the petition I presented to the Legislative Assembly on April 10 by 1,300 Edmonton residents requesting that the promotion of private health care and the undermining of public health care be stopped.

Thank you.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

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

MS OLSEN: Thank you, Mr. Speaker. I, too, request that the petition I presented on April 10 signed by 286 Albertans requesting that the promotion of private health care and the undermining of public health care be stopped be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MR. GIBBONS: Thank you, Mr. Speaker. I'd ask that the petition with respect to public health care that I read yesterday be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. I'd request that the petition standing on the Order Paper under my name from April 3 with respect to people on night shifts now be read and received.

Thank you.

THE CLERK:

We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the Government of Alberta to introduce legislation requiring a minimum of two people on shifts from dark to daylight.

head: Notices of Motions

THE SPEAKER: The Deputy Government House Leader.

MR. ZWOZDESKY: Thank you. Mr. Speaker, I rise pursuant to Standing Order 34(2)(a) to give notice that tomorrow I will move that written questions appearing on the Order Paper do stand and retain their places with the exception of written questions 11, 12, and 13.

I'm also giving notice that tomorrow I will move that motions for returns appearing on the Order Paper do stand and retain their places with the exception of motions for returns 18, 19, 20, 21, 22, 25, 26, 27, 28, and 30.

Thank you.

head: Tabling Returns and Reports

DR. WEST: Mr. Speaker, I'd like to table five copies of the response to estimates from the March 13 subcommittee D meeting.

I'd also like to table five copies of the response to Public Accounts held on March 15 for the Department of Resource Development.

THE SPEAKER: The hon. Minister of the Environment.

MR. MAR: Thank you, Mr. Speaker. During the last session I accepted motions for returns 233 and 234, and today I table the requisite number of copies of my responses to those two motions for returns.

THE SPEAKER: The hon. Minister of Government Services.

MRS. NELSON: Thank you, Mr. Speaker. As I indicated on March 15 during Committee of Supply, I am able to now table five copies of the responses to questions raised that evening.

MR. PASZKOWSKI: Mr. Speaker, I have two tablings today. I'd like to table with the Legislative Assembly five copies of two news releases dated March 22, 2000, and April 7, 2000, concerning bills 207 and 208.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I've got three tablings today. The first one is a letter from Debra Morris, chairperson, Edmonton presbytery, United Church of Canada, representing 30 churches in Edmonton, Sherwood Park, and St. Albert area, and she's requesting the Premier to withdraw Bill 11.

The second one is from Ms Moira Hogg from Calgary, again requesting that the Premier withdraw the bill.

The third one, Mr. Speaker, is also from Calgary from Harry Chase protesting Bill 11.

Thank you, Mr. Speaker.

1:50

THE SPEAKER: The hon. Leader of the Official Opposition.

MRS. MacBETH: Thank you, Mr. Speaker. I would like to table three recent reviews of public opinion with respect to private hospital legislation currently before this Assembly. The first is the Angus Reid worldwide poll that shows that 65 percent of Albertans are very concerned about Bill 11, a poll released today by the Canadian Union of Public Employees showing that 55 percent of Albertans are opposed and 33 percent support Bill 11, and finally an A-Channel Insight Research health care poll showing that 58.5 percent of Albertans would oppose Bill 11, whereas only 21 percent support it.

Thank you, Mr. Speaker.

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

MR. DICKSON: Thank you, Mr. Speaker. Quickly I have six items to table. Firstly, a cost-benefit analysis of trust on Bill 11; secondly, a Liberal news release of even date with respect to the government propaganda campaign on Bill 11; thirdly, the complete package evidencing Liberal costs of \$29,290.78; fourthly, an updated checklist for the reference of the Premier when he completes his outline of government costs in its propaganda campaign; fifthly, a summary entitled Government Closure of Second Reading on Bill 11 Limits Debate; and finally, a list of those MLAs not afforded a chance to speak at second reading on Bill 11.

Thank you very much.

Speaker's Ruling Inflammatory Language

THE SPEAKER: You know, hon. members, tabling returns and reports could be such a simple little thing. Oftentimes certain language is used in question period and during debate which may inflame, but there's really no need for such language to be used in tabling returns and reports. Let's be very clinical about this.

The hon. Member for Edmonton-Rutherford.

head: Tabling Returns and Reports
(continued)

MR. WICKMAN: Thanks, Mr. Speaker. I have two letters to table this afternoon, one from Con Duemler providing an analysis of Bill 11 and asking that Bill 11 be withdrawn, the other from Dale Levy, who is expressing his opinion of Bill 11.

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

MS OLSEN: Thank you, Mr. Speaker. I have a couple of tablings today. The first tabling is five copies of a May 2, 1994, letter from the former deputy minister of health suggesting that the Gimbel foundation bill could violate the Canada Health Act.

Along with that letter I'm tabling supporting documentation, Mr. Speaker, that faster care at a price, Klein wants medicare changes . . .

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

MS OLSEN: I have two tablings.

THE SPEAKER: Well, I'm sorry. I've recognized the hon. Member for Edmonton-Centre.

MS BLAKEMAN: Thank you, Mr. Speaker. I have two documents

to table, both from constituents. The first is a letter from Brenda Gilboe, and with that came the Bill 11 mail-out.

The second was also the Bill 11 mail-out being returned from Ewa Cyganek.

Thank you very much.

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

MS CARLSON: Thank you, Mr. Speaker. I have two tablings today. The first is from the mayor up north in the town of High Prairie, and he's sending a letter to the Minister of Environment about the concerns he and his town have with regard to the importation of foreign toxic waste at Swan Hills.

The second is a letter from Richard Collier of Calgary, and Richard is opposing any further development in Kananaskis, specifically the Genesis land corporation proposal.

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

MS OLSEN: Thank you, Mr. Speaker. I have a number of tablings from Delwood school parents, the parent council: a letter signed by 102 parents representing 109 parents and 142 children discussing the many challenges incurred by the school as a direct result of current underfunding for public education.

Thank you.

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

MRS. SLOAN: Thank you, Mr. Speaker. I have three tablings today. The first is a report completed by the Calgary Homeless Foundation, Housing Our Homeless, a stakeholder consultation assessing shelter needs in Calgary, dated March of 2000.

The second is a report released by the South Peace Social Planning Council, Working Together to Break the Chains of Poverty, an excellent analysis of the demographics of poverty in Alberta.

The third report I'd like to table this afternoon is titled It's Up to Us: Report of the Progressive Conservative National Caucus Task Force on Poverty, dated January of 2000.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I have two tablings today. The first is a letter dated September 1, 1999, that I received from the hon. Minister of Justice, and in this letter we are discussing the Fatality Review Board.

I also have a policy declaration from the Canadian Alliance as my second tabling, Mr. Speaker. This is an initiative to restore democratic accountability by allowing free votes in a Legislative Assembly.

Thank you.

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

MS PAUL: Thank you, Mr. Speaker. I have two tablings today. First of all, I'd like to table the appropriate number of copies of a phone survey that has been ongoing in Castle Downs since the introduction of Bill 11 asking for constituents' comments.

The second tabling is the appropriate number of copies of a questionnaire with respect to Bill 11 that I placed in the local *Castle News*.

head: Introduction of Guests

MR. TANNAS: Mr. Speaker, it's my pleasure to introduce to you

and through you to members of the Assembly a group of volunteers seated in your gallery. April 9 to 15 is National Volunteer Week. It's a special time set aside to honour people who donate their time and energy to their fellow citizens. It's also meant to raise awareness of the vital contribution volunteers make to our communities.

On your behalf, Mr. Speaker, and on behalf of the Members of the Legislative Assembly of Alberta I'd like to extend our heartfelt appreciation to the following volunteers in the public information branch, visitor services office who are seated in your gallery: Jean Yates for eight years of service, Doreen O'Callaghan six years of service, Myrna Grimm two years of service, Pat Foster two years of service, Jean Sui two years of service, and Rita Alfrey two years of service. I'd also like to recognize Clive Lomax, who was not able to be with us this afternoon, for five years of service. I'd now ask that the group rise and receive the warm, traditional welcome of the Assembly.

MR. JONSON: Mr. Speaker, today I'm pleased to introduce to you and through you to members of the Assembly 64 students from Bluffton school. They are accompanied by teachers and supervisors Mr. Dan Eveleigh, Mrs. Sharon Johnston, and Ms Michelle Jean. I'd like to point out that they are seated in both the public and members' gallery, and I would ask them to stand and receive the warm welcome of the Assembly.

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

MS OLSEN: Thank you, Mr. Speaker. I'd like to introduce two parents from Delwood school council to the Legislative Assembly. They were responsible for obtaining all the signatures on the letters that I presented today. Mr. David Colburn and Wendy Keiver, if you would please rise and receive the warm welcome of the Assembly.

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

MR. BONNER: Thank you very much, Mr. Speaker. It gives me a great deal of pleasure today to introduce to you and through you to all members of the Assembly 21 students from Mee-Yah-Noh elementary school. They are currently participating in the School in the Legislature program. They will be here all week. They had a debate this morning on a bill. They are accompanied today by their teacher, Mrs. Marjorie Scharfenberger; her father, Mr. Wes Rider, who is a retired principal from Edmonton public schools; and parent helper Mr. Leonard Bauder. They are seated in the members' gallery today, and with your permission I would ask they now rise and receive the traditional warm welcome of the House.

2:00

THE SPEAKER: The hon. Member for Calgary-North West.

MR. MELCHIN: Thank you, Mr. Speaker. I'm pleased to rise today and to introduce a good friend of mine to you and through you to members of the Assembly. Louise Kidney, a member of our constituency, certainly was a tremendous supporter to myself in our last campaign. She's sitting in the public gallery. I'd ask that she stand now and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Dunvegan.

MR. CLEGG: Thank you, Mr. Speaker. I want to introduce to you and through you Matthew Holden of Spirit River and his fiancée, Ann Eikeland of Norway. We welcome Ann to Dunvegan and to Alberta and to Canada. Matthew and Ann are to marry on June 24

in Norway, and in August Ann will be moving to Canada to make Spirit River her home with Matthew. I ask them to rise and receive the warm welcome of the Assembly and wish them all the best.

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

MR. GIBBONS: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to the members of the Assembly 26 students from M.E. LaZerte high school in the Edmonton-Manning constituency. They're in the international baccalaureate program, grade 10 social studies. Their teacher accompanying them is Marie Freiha, and they're in the public gallery. With your permission I'd ask that they stand and receive the warm welcome of this Assembly.

MRS. SLOAN: Mr. Speaker, I'm pleased today to rise and introduce some special guests who will be joining us later in question period. We have with us this afternoon a total of 28 students from the Laurier Heights elementary school. They are accompanied by their teacher, Mrs. Louise MacGregor, and parent helpers Jean Lundeen and Anne Lalonde. I would like to welcome these students to the Assembly. They have a fantastic French-immersion program at Laurier Heights school in the constituency of Edmonton-Riverview. I would ask all members to welcome them to the House this afternoon.

MS EVANS: Mr. Speaker, likewise, I would wish to introduce to you and through you to the Members of the Legislative Assembly 37 guests that will arrive from Jean Vanier school today, three teachers and four parent helpers who will join us soon. Accompanying the students are Nadine Gerrie, Darlene Korpany, Mrs. Mairead Michniewski, Teresa Busenius and teachers Vicki Whalley, Bob Dulaba, and Kristen Kowalchuk. I ask the Assembly to welcome them as they will be walking in forthwith.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. It's my very special pleasure today to introduce to you and to all of my colleagues in the Assembly two very special guests, Mr. and Mrs. Koticha, who are very new Canadians. Jitendra Koticha is a civil engineer and a businessman in Edmonton. Neeta Koticha is an accomplished artist. Since her childhood Neeta has been very creative and enjoyed painting on canvas and fabric. Her imagination flows in both ancient and modern art, uniquely blending both culture and time. They are seated in the public gallery. I would ask them to now rise and receive the warm welcome of the Assembly.

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

MR. SAPERS: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to members of the Assembly a now frequent visitor to the Assembly. Mr. Con Duemler has joined us again this afternoon. He is a friend to seniors in particular in this province and has recently just prepared an excellent analysis of Bill 11. I hope that all members of the government caucus in particular will read that analysis. I thank Con for that. I welcome him to the Assembly and would ask him to please rise and be welcomed by all members.

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

MS BLAKEMAN: Thank you very much, Mr. Speaker. I'm very

pleased to introduce to you and through you to members of the Assembly Melissa Wheeler. Melissa is participating in Mr. Speaker's Youth Parliament as the MLA for Edmonton-Centre for the Rupertland Municipal Party. Melissa is also a grade 11 student at Victoria school of performing and visual arts. Her favourite class is drama, so she was very well matched with me. I'd also like to thank her grandmother, who encouraged her to come and participate in the youth parliament. Melissa is in the public gallery, and I would ask her to please stand and accept the warm welcome of the Legislature.

head: Oral Question Period

THE SPEAKER: First main question. The Leader of the Official Opposition.

Limiting Debate on Bill 11

MRS. MacBETH: Thank you, Mr. Speaker. Not only is public health care on the critical list in this province, so is democracy. The members of this Assembly are elected representatives and are the voices of the people of this province. To stifle these voices is an affront to the people of this province and an act of cowardice. My questions are to the Premier. When dismantling the public health care system in this province, how does the Premier determine how much time he will provide for the views of Albertans to be spoken and which voices will be heard? How much time is enough?

MR. KLEIN: The simple answer is: as much time as is reasonable, Mr. Speaker.

First of all, in response to the preamble we are not dismantling public health care. We're protecting publicly funded health care as we know it today and fulfilling our commitment in law – if they're opposed to it, let them stand up and say so – to the fundamental principles of the Canada Health Act. That can hardly be dismantling it.

Mr. Speaker, I don't know to what aspect of democracy the leader of the Liberal opposition alludes. As I understand it, there was an amendment. It was supposed to be a reasoned amendment proposed by the Liberals, which was accepted, but only seven members of their caucus bothered to show up to even vote on their own amendment. Seven members. That is a disgrace to democracy, and the Liberals should be ashamed of themselves.

MR. DICKSON: Point of order.

MRS. MacBETH: Mr. Speaker, does the Premier decide to limit debate when he's afraid of what his own backbenchers might say?

MR. KLEIN: Mr. Speaker, democracy in action. There were 31 members of the government caucus in the House to vote. There were only seven members – now, this leader of the Liberal opposition will say: well, they were in the back room. Right? They were in the back room, and they were ready to come out. Do they not have speakers in the back room? Do they not have a party whip? Do they not have any discipline over there in the Liberal caucus? You know, they talk about democracy, and when they have a chance to participate in democracy, they don't even show up.

MRS. MacBETH: Mr. Speaker, given this Premier's record of invoking closure 26 times to cut off debate when his predecessor invoked it once under Premier Lougheed, does he muzzle debate when he's afraid to hear what Albertans are saying about his legislation?

MR. KLEIN: Mr. Speaker, I noticed with a great deal of interest that at the Liberal policy conference over the weekend the delegates, all 300 of them, voted not to rule out the use of closure as a tool in the legislative process.

Mr. Speaker, you know, I hold out the promise again: if the Liberals promise not to filibuster, we promise not to use closure. Now, I understand and maybe they can correct me if . . . [interjections]

THE SPEAKER: Hon. the Premier, you have the floor.

2:10

MR. KLEIN: Mr. Speaker, we haven't used closure. There's still lots of time to speak on second reading. [interjections] If they care to show up, they will have the opportunity to speak to second reading.

MR. DICKSON: Point of order.

MR. KLEIN: Mr. Speaker, what I find is an absolute disgrace and an affront to democracy and affront to this Legislature is that they introduced an amendment, and only seven of them showed up. And they talk about democracy. They have made a mockery out of democracy.

THE SPEAKER: That first exchange of questions led to two points of order for me to deal with later. Sometimes one should look at these points of order during the question period, but let's see how we develop further.

Second main question. The Leader of the Official Opposition.

MRS. MacBETH: Thank you very much, Mr. Speaker. We must open up the government to more public scrutiny to give us in effect a more human face; I foresee more meaningful participation by private members, free votes in the Legislature: not my words but the words of the current Premier on September 17, 1992, when he announced his candidacy for the leadership of the Progressive Conservative Party. Albertans vote for their MLAs in the expectation that they will represent their views in the Legislature, but this Premier seems to have a view contrary to the words he used when he launched his leadership in 1992. He sees MLAs as pawns to push his agenda for private hospitals, contrary to his earlier pledge. My question is to the Premier. Why has this Premier broken his promise made in 1992 to Albertans?

MR. KLEIN: Mr. Speaker, I can tell you that more private members' bills have been passed since 1993 than ever in the history of the Legislature, and the largest percentage of those bills were the result of free votes, Mr. Speaker.

Now, as for the leader of the Liberal opposition's assertion that MLAs are being used as pawns, I would only hearken back to those who were private members when the leader of the Liberal opposition was the health minister. The biggest complaint that I received and one of the reasons she lost the leadership is that in fact she was using the MLAs as pawns.

MRS. MacBETH: Mr. Speaker, why won't this Premier let his MLAs represent the wishes of their constituents on his private hospital policy? Why is that?

MR. KLEIN: Mr. Speaker, there is no private hospitals policy. Therefore the question is irrelevant.

MRS. MacBETH: Mr. Speaker, will this Premier just change his mind and let the MLAs vote according to the wishes of their constituents?

MR. KLEIN: Mr. Speaker, the bill before us is a government bill, and therefore there is caucus solidarity. I'm sure the hon. leader of the Liberal opposition understands that. When she was minister of health in the Conservative government, she absolutely demanded, as she does, I understand, in her own caucus, absolute solidarity. That's why none of these people ever stray from their script. I'm told by members of the Liberal caucus that they are not allowed to stray from their script. Now, is that being dictatorial or not? I think it is. That's not the way I operate with my caucus, but it's obviously the way she is still operating with her caucus.

THE SPEAKER: Third main question. The Leader of the Official Opposition.

MRS. MacBETH: Thank you, Mr. Speaker.

DR. TAYLOR: Three strikes and you're out, Nancy.

MRS. MacBETH: A government that dictates the way its members vote, a government that cuts off debate . . .

THE SPEAKER: Please. I'm going to let you start over again, but I'm going to ask certain members to my right, who are members of the government caucus, to kindly button it, and that includes the Minister of Innovation and Science.

The Leader of the Official Opposition.

MRS. MacBETH: Mr. Speaker, a government that dictates the way its members vote, a government that cuts off debate, a government that ignores the wishes of the people and forces its members to toe the party line: I am not talking about some dictatorship but rather talking about Alberta. My questions are to the Premier. Will this Premier confirm that part of the reason he has muzzled the voice of Albertans is to save his backbenchers from being forced to toe the party line in direct conflict with the views of the majority of their constituents?

MR. KLEIN: Well, the simple answer to that question, Mr. Speaker, is no, absolutely not. We operate in a much less restrictive fashion than the hon. leader of the Liberal opposition was used to when she was a member of cabinet, a member of Treasury Board, and a member of priorities. I recall as a minister having to set up at least three or four weeks in advance an opportunity to even have a phone call with that minister. That's the way she operated, and that's the way she's still operating today.

MRS. MacBETH: Mr. Speaker, I can understand that the Premier doesn't want to answer the questions, but let's try again. What is so important about this government's private health care policy that this Premier is muzzling not only the opposition but his own caucus as well?

MR. KLEIN: Mr. Speaker, you know, I would ask each and every member of this caucus as they proceed through the debate on Bill 11 or any other bill in the Legislature to stand up and slip in the word that they're being muzzled. I don't know. I look around, and I see this marvelous caucus here. Just nod. Can you shake your heads? Are you being muzzled?

MRS. MacBETH: Mr. Speaker, given that the Premier has shot down the opposition, has muzzled his own caucus, is ignoring doctors, nurses, the majority of Albertans as represented in the three recent polls that I have tabled, just who is this Premier listening to in this discussion?

MR. KLEIN: We're listening to Albertans, Mr. Speaker, and overall Albertans have a tremendous amount of trust. What we do from time to time might not be the most popular thing to do, but as I've always said, you have to make tough decisions. That's something that the hon. leader of the Liberal opposition failed to do when she was minister of health. She would never go out into the constituencies. Instead, she sent her bureaucrats out to do her dirty work for her. This caucus is willing to stand solidly behind a decision that is made collectively by all members and make the tough decisions to do what is right for this great province of ours. That's what it's all about.

Speaker's Ruling Decorum

THE SPEAKER: The citizens of Alberta may not necessarily be aware that the Legislative Assembly of their province sat until nearly midnight last night. One tends to think that there's a correlation between lateness of sitting and exuberance the next day in question period.

The hon. leader of the third party.

2:20

DR. PANNU: Thank you . . . [interjections]

THE SPEAKER: Why don't we just take the next couple of minutes and everybody just yell back and forth at one another. Okay? Just do it. Hon. leader of the third party, wait for the all the exuberance – let them go back and forth, yell and everything else.

THE SPEAKER: The hon. leader of the third party.

Private Health Services

DR. PANNU: Thank you very much, Mr. Speaker. Poll after poll, including the one released just this morning by the Canadian Union of Public Employees, shows that the opposition to the private, for-profit hospital scheme is rock solid while what little support the government has is soft, soft, and soft. The government has become so desperate that it's now making medical decisions to try to blunt public opposition. My questions are, of course, to the Premier. Now that your government has made the long overdue decision to do away with direct patient charges for foldable lenses, will it move quickly to get rid of patient charges for other upgraded medical appliances like titanium hips?

MR. KLEIN: Mr. Speaker, I don't know, and I'll have the hon. minister supplement relative to the situation vis-a-vis upgraded services.

There was one interesting outcome from that poll. I'm not discounting the poll. I understand there was a sampling of 700 people. This survey was done by HRGS WorkScans in Ottawa. I don't know the firm, but we have to assume that it was a reputable polling firm.

Question 4 says, understanding that the opinion showed that the majority of people were moderately opposed or strongly opposed to the bill, "For each of the following possible amendments, please let me know whether it may or may not help you change your opinion": "a ban on overnight stays," 21 percent yes, 68 percent no. So

obviously the 68 percent were fundamentally, ideologically opposed to the bill. But here's the very interesting one. It says, "A guarantee of no extra billing": 71 percent of those polled said yes, that would have an influence on them changing their mind. Perhaps we can accommodate that if the hon. member would help us.

THE SPEAKER: The hon. leader of the third party. We've been going on to long answers. Brevity. There are many, many members here today.

DR. PANNU: Thank you, Mr. Speaker. There is very little in that poll for the Premier to seek comfort in.

My second question to the Premier: how many Calgarians had to endure long recovery times and additional suffering simply because the government has until now turned a blind eye to the practice of add-on patient charges for foldable lenses?

MR. KLEIN: Mr. Speaker, I'm going to have the hon. Minister of Health and Wellness respond to that.

MR. JONSON: Mr. Speaker, first of all, I think it would be accepted across this nation that Calgary through the significant number of very expert doctors has probably had the best, most advanced health care relative to eye care in the country. They have pioneered a number of new techniques, and I think Calgarians are well served.

With respect to the overall issue of foldable versus solid lenses, Mr. Speaker, this is something that we have asked to be assessed by the College of Physicians and Surgeons, because we know that the science is changing. There is continuing evaluation of what is the best type of appliance for eyes. We also have looked at what other provinces do, and generally speaking, they do not cover the foldable lens accept for Ontario and Prince Edward Island, as I understand it.

After an overall assessment and noting that, yes, there was inconsistency in the province, generally speaking in terms of the rural parts of the province outside of Edmonton and Calgary providing foldable lenses and the two major cities not doing so, both in terms of patient comfort and in terms of consistency across the province, we made the announcement that has been communicated today.

DR. PANNU: Thank you, Mr. Speaker. The minister still hasn't answered the question on the number of Calgarians who were put in this position.

My last question to the hon. Premier: why is the government choosing to make piecemeal changes, such as the decision on affordable lenses, rather than doing what Albertans really want, which is to scrap its private, for-profit hospital scheme?

MR. KLEIN: There is no private, for-profit scheme, Mr. Speaker. Basically, the bill comes about as the result of a request by the College of Physicians and Surgeons and the federal minister to provide some rules and regulations as those rules and regulations affect surgical clinics. The simple fact is that there are 52 surgical clinics now in operation in this province. Many of those clinics were stand-alone facilities, and in recent years, with Alberta's adherence to Minister Marleau's request, with the elimination of facility fees, those clinics are now contracting to hospitals. What we need to have are simply rules and regulations relative to contracting out as it affects surgical clinics that now do 152 different procedures, as I understand it, and perform about 20,000 procedures a year within the publicly funded system. All we want to do is put some fences around them. It's as simple as that.

THE SPEAKER: The hon. Member for Clover Bar-Fort Saskatchewan, followed by the hon. Member for Calgary-Buffalo.

Foldable Intraocular Lenses

MR. LOUGHEED: Thank you, Mr. Speaker. With respect to the announcement made earlier this morning about the foldable lenses being paid for by the public system, I'd ask the Minister of Health and Wellness to elaborate on the reasons for the move and if the public health system will also be paying for foldable lenses supplied in the private surgical facilities.

MR. JONSON: Mr. Speaker, Alberta Health and Wellness as an integral part of the government overall is fulfilling its responsibility in continually assessing the provision of services under our publicly funded, publicly administered system. I would remind members of the Assembly that periodically we make changes in coverage. A very good example would be the whole area of funding approval for the coverage of certain pharmaceuticals, and the same is the case with respect to appliances.

This issue of foldable versus solid lenses has been a matter of discussion for many months. As all members of the Assembly would know if they were interested in this particular area, there has been a debate on the whole issue of what is medically required: are there advantages in having the foldable lens? Mr. Speaker, after an overall assessment of the situation and looking at also, yes, the need to have consistency across the province, we made the announcement that was conveyed to the public today.

2:30

MR. LOUGHEED: Further, Mr. Speaker, to the same minister: regarding the benefit of the foldable lens to the patient, would he elaborate on that and why the publicly funded health system did not previously pay for that lens?

MR. JONSON: Well, Mr. Speaker, as I understand it – and I can only speak from a layman's perspective as it is explained to me – as the foldable lens went into use in certain parts of Canada and in this province, there was an ongoing assessment made of the benefits of using the lens. It has been determined over a period of time that it does help in terms of comfort and recovery time following an operation, and that is deemed to be important for patients, albeit both types of lenses do serve basically the same purpose or perform the same way in terms of restoring or improving one's sight.

MR. LOUGHEED: Thank you, Mr. Speaker. Further to the same minister: would he comment please on whether the hard lens is an inferior product as compared to the soft lens?

MR. JONSON: Mr. Speaker, it's my understanding that in terms of the actual restoration or improvement of sight after a certain surgical procedure has been done, the results are very, very, very comparable, but as I've said, in terms of recovery time, in terms of comfort and certain other factors, it has at least for a significant period of time an advantage over the solid lens.

THE SPEAKER: The hon. Member for Calgary-Buffalo, followed by the hon. Member for Little Bow.

Private Health Services

(continued)

MR. DICKSON: Thank you, Mr. Speaker. Last Wednesday this Premier made a commitment to us in this Assembly to release the 30

blanked-out pages from his private hospitals policy, including focus group research, if the Official Opposition would release the results of its focus group research. Well, the Official Opposition has not conducted any focus groups on the Premier's private health care scheme. We don't need to do that because we listen to the thousands of Albertans who communicate by faxes, letters, e-mails, public meetings, and telephone calls. My questions are all to the Premier. Let me start by asking the Premier this: given that the Official Opposition has released and in fact tabled today the full costs of its campaign to protect public health care in Alberta, will this Premier now release all of the invoices, the receipts, the copies of the contracts from his taxpayer funded propaganda campaign at least since it was initiated in June of 1999? Will he live up to the commitment he made last Wednesday?

MR. KLEIN: There was no propaganda campaign. I don't know what the hon. member is talking about, Mr. Speaker. The bill that was mailed out purports to be law. There is nothing more honest and straightforward than the law. This hon. member, if I can use that word, is a lawyer. He knows what the law is all about. Or maybe he doesn't. He's sat here in this Legislative Assembly day in and day out making a mockery out of the law and himself.

MR. DICKSON: Mr. Speaker, my follow-up question to the Premier would be this: will he in fact do what he said he would do last Wednesday? Will he make available the full particulars of those focus groups? We don't need names; we just want the input, Mr. Premier, through the Speaker.

MR. KLEIN: Yes.

MR. DICKSON: Thanks very much, Mr. Speaker. My final question is: will the Premier, then, fill out the checklist that we had provided as a courtesy earlier this afternoon that gives us the full particulars of all of the costs and expenses that this government has incurred in terms of promoting its private health care project?

MR. KLEIN: Mr. Speaker, the public accounts provide that checklist.

I don't have the tablings, and I don't have the checklist. I find it incomprehensible for this leader to stand up and honestly say that they only spent – what was it? – \$290. I mean, the radio ads, the television ads, the brochures. How much did it cost to produce this piece of garbage? And how much did it cost to produce this? You know, I've had some experience in media and public relations. You don't produce this kind of garbage propaganda and send it to hundreds of thousands of people for \$290. Who is this member trying to kid? What is the cost of this? Are you saying that this cost \$290? Mr. Speaker, he sits there and lies. [interjections]

THE SPEAKER: The only two teams in the House that followed the decorum of the House in the last few minutes were the team led by the hon. leader of the third party and the team led by the hon. Member for Edmonton-Castle Downs.

The hon. Member for Little Bow, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

Endangered Species

MR. McFARLAND: Thank you, Mr. Speaker. Many of my constituents and other Albertans work with conservation groups to protect the natural habitat of animals on their private property. Today they're concerned about the federal government's endangered

species legislation that was introduced earlier, and I'm not talking about Liberals. My questions are to the Minister of Environment. What are you doing to ensure that Albertans' rights as landowners are protected, Mr. Minister?

MR. MAR: Mr. Speaker, first of all, I'd like to say that we've worked very co-operatively with landowners, because it is our view that co-operation with landowners is the most critical thing that we can do to ensure that the habitat for these species is protected. As minister responsible for wildlife for the province of Alberta I can assure you that I'm working with my department and with landowners and with nongovernment agencies and others to ensure that we do take steps to protect wildlife and its habitat.

Now, it would come as a surprise to many Canadians, Mr. Speaker, that the last time a mammal was extinct in Canada was back in the 1920s, and the last time a bird was extinct was the passenger pigeon, which also was roughly 85 years ago. Interestingly, I'm advised that the last fish to be made extinct in the province of Alberta was a fish in Banff national park, the longnose dace.

So, Mr. Speaker, that raises an interesting question as to the necessity for the legislation that was tabled today by the federal minister, Mr. Anderson, his Species at Risk Act. First of all, I think we are doing a good job with our legislation, and we do have a number of outstanding examples where we have brought species back from the brink of extinction through programs that we've undertaken.

Mr. Speaker, what this government opposes is the use by the federal government of their criminal power authority to enforce what I believe to be a confrontational and punitive approach to the protection of species. Now, Minister Anderson himself says that 99 percent of Canadians are doing the right thing when it comes to protection of species at risk. I agree with him, and that raises an interesting question. If you have legislation that many landowners will find offensive, will they in fact comply with it? The question then is: will this in fact have the exact opposite effect of what the Minister of the Environment from the federal government is trying to achieve?

Mr. Speaker, I'd simply like to conclude this by saying that we believe co-operation with landowners is the most critical thing that we can do to ensure that there's protection of habitat and species in the province of Alberta.

2:40

MR. McFARLAND: Thank you, Mr. Speaker. My second question is to the same minister. Given that the fox will take more burrowing owls than any human, what is Alberta doing to respect landowner rights and respect the protection of endangered species co-operatively?

MR. MAR: Mr. Speaker, we are interested in partnerships. We are interested in co-operation. In fact, in 1996 the federal government, with the provinces of Canada, signed an accord, a national accord for the protection of species. That accord, in my opinion, was a good model for co-operation among provinces, territories, the federal government, and stakeholder groups. However, this legislation seems to fly in the face of that very accord.

We've been involved provincially for over 25 years with solid legislation, our Wildlife Act, which protects plants, insects, invertebrates, and fish. Mr. Speaker, we've expanded our traditional coverage of these areas. We've in fact had our legislation reviewed by the Canadian Institute for Environmental Law and Policy, and they indicate that Alberta is in a very good position to meet its obligations, as set out in the accord, for the protection of endangered species.

Mr. Speaker, we are improving our standard conditions and

buffers to prevent disturbance or displacement of threatened or endangered species in areas of industrial activity. But I must reiterate that co-operation with landowners is critical, and it's the reason why we've done such a good job of protecting endangered species in this province.

MR. McFARLAND: Thank you, Mr. Speaker. My final question is to the same minister. I do know that the federal government has a group of scientists and specialists that identify and track endangered species in Canada. Would you please let me know what you've done to complement this with common sense in Alberta?

MR. MAR: Well, Mr. Speaker, we have co-operated with the federal government and others and with COSEWIC, which is the committee that the hon. member is referring to. COSEWIC is the Committee on the Status of Endangered Wildlife in Canada. We have worked with their scientists, and that was pursuant to the accord. The accord, in my opinion, is a model for co-operation that, if lived up to by the provinces and the territories and the federal government, I think would be a continued good model for the protection of species in Canada.

Now, Mr. Speaker, under our own Wildlife Act we do have an Endangered Species Conservation Committee, which is chaired by the hon. Member for West Yellowhead. The purpose of that committee is to identify management and recovery of species at risk in the province of Alberta. The input is then provided to the federal committee and outlines the progress and the initiatives that we are taking. We can report great progress on species such as the peregrine falcon, the sage grouse, Sprague's pipit. It's been accomplished by working with our landowners, with our stakeholders, with nongovernment organizations. Albertans through this process have been educated and have worked with us co-operatively, and that has been key.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert, followed by the hon. Member for Calgary-Fort.

Private Health Services

(continued)

MRS. SOETAERT: Thank you, Mr. Speaker. On March 27 at the Amethyst Lodge a group of concerned residents in Jasper held a vote on private health care, and all except one were opposed to privatization of the public health care system. The Member for West Yellowhead stated: the people spoke to me here tonight; if all the people of West Yellowhead said no, then I'd have to stand up, but the big thing is, I'm only one voice out of 64. To the Premier: would you let this one member speak out and represent the voices of the Albertans he was elected to represent?

MR. KLEIN: If the hon. member is alluding to the Member for West Yellowhead, well, he can speak out as much as he wants, Mr. Speaker.

Mr. Speaker, while I'm on my feet, I would like to take this opportunity to apologize sincerely and most profusely to the hon. Member for Calgary-Buffalo. I did call him a liar. I understood him to say it was \$290. I guess the chattering back and forth drowned it out, the \$29,290.

I accept the breakdown, Mr. Speaker, of the costs associated with the Liberal's propaganda campaign, and I again apologize to the hon. member because I didn't hear the \$29,000 part of his answer. I just heard \$290, so I do apologize.

MRS. SOETAERT: My second question, Mr. Speaker. Given that last night in a debate in St. Albert people wanted their MLA to

represent their views against this government's privatization, will the government allow the Member for St. Albert to vote the way her constituents want her to?

MR. KLEIN: Mr. Speaker, there is no private health care bill on the table. I can understand why members of this caucus would not participate in a debate on private health care, because there is nothing, and that's what I find so offensive about this pamphlet. Whether it's included in the \$29,290 or not is beside the point. The pamphlet, no matter how much it cost the taxpayers of this province, is wrong. It is misleading. It is fraudulent, because it says that it legalizes private, for-profit hospitals. That is wrong. It says that it "creates a two-tier health care system." That is wrong. That is fraudulent. That is misleading. That is absolutely wrong. That is false, and they should be held accountable for putting out false advertising. It says, "opens the door to extra charges without patient protection." That is absolutely wrong, as you will see by the amendments to address this particular situation as a result of our correspondence with Mr. Rock and our consultations with the public.

Here is the biggest – what can I say? This is the biggest fabrication, and this is the most flagrant of all the malicious information that the Liberals are putting out, paid for by taxpayers. They say that the bill permits queue-jumping. That is wrong, wrong, wrong. The bill specifically and absolutely prohibits queue-jumping.

Mr. Speaker, that is the kind of vicious, malicious misinformation that the Liberals have been talking about. When this hon. member talks about town hall meetings, it's no wonder there is fear and confusion, and it's no wonder that members of our caucus won't attend those contrived, those phony kinds of meetings when they're discussing this kind of malicious, vicious misinformation.

MRS. SOETAERT: My final question to the Premier: how many more government MLAs are not allowed to represent the wishes of their constituents who are opposed to the privatization of health care? How many more?

MR. KLEIN: Mr. Speaker, why would any of the hon. members of the governing caucus attend a meeting that is predicated on this kind of malicious and very deliberate misinformation, this kind of misinformation that portrays the face of the leader of the Liberal opposition? You know, I can't for the life of me understand why she would allow her name and her face to be attached to fraudulent misinformation, deceit, and a total misrepresentation of what Bill 11 is all about. Why this hon. member would allow herself to be associated with something that is so false and so misleading and so malicious is beyond me.

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

2:50 **Brewery Industry Labour Disputes**

MR. CAO: Thank you, Mr. Speaker. There are breweries in our Calgary-Fort riding, and there are a number of my high-spirited constituents working in the brewery industry and distribution system. My question today is to the Minister of Human Resources and Employment. We've heard a lot about the labour dispute affecting the Brewers' Distributor Ltd. in Calgary. Could the minister provide an update on this dispute?

MR. DUNFORD: First of all, Mr. Speaker, I want to make it clear that this is a private matter, of course, between the Brewers' Distributor Ltd. and the union that represents the employees. As of

this moment in time, it's my understanding that no job action has begun.

Last Friday there was a vote that was supervised on the last offer of the employer, and we received word earlier today that that vote in fact turned down the employer's offer by a very wide margin.

MR. CAO: Thank you, Mr. Speaker. My first supplemental question is also to the minister. Can the minister tell us what will happen as a result of the workers rejecting the proposal?

MR. DUNFORD: Well, I don't want to speculate, Mr. Speaker, on what the parties would do next. However, I think it should be clear that the union is in a legal position to strike. If they decided to do that, of course they would present the employer with that particular notice and could then take that legal job action in 72 hours. For their part, the employer of course can conduct a lockout poll and choose to lock out their workers.

Now, this is a situation that has happened in Edmonton. I'm not sure that anyone is particularly happy with that kind of a situation, but once again, Mr. Speaker, we have a democracy in this particular province. We have freedom for employees to bargain collectively. We have freedom for an employer to conduct their business. So what we have in the situation in Calgary, as well as in the dispute that's ongoing currently in the city of Edmonton, is legal entities practising their legal obligations under legal legislation.

MR. CAO: Thank you, Mr. Speaker. My last supplemental question is also to the same minister. What steps is the government taking to assist the parties involved?

MR. DUNFORD: Well, we've been involved for a period of time now in the sense of having appointed a mediator. The mediator has worked with the parties and of course is still on standby, and I believe he's meeting today with one or both of the parties.

I guess the point is, hon. member, that we are doing what we can in order to come to grips with this particular situation. So we're there, we'll work as hard as we can on this situation, but again this is a private matter between the employer and employees.

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

Private Health Services

(continued)

MR. WHITE: Thank you, Mr. Speaker. A month ago a dedicated group of Albertans came to this Assembly with a petition from Red Deer and area signed by 5,000 citizens from central Alberta opposing this government's privatization of public health care. The former Treasurer and still hon. Member for Red Deer-North recognized the importance of free votes in a democracy and is quoted in his web site as saying that "where an MP finds that a clear consensus has been reached on an issue, his or her responsibility is to represent that consensus over party or personal views." Just a week ago the hon. Member for Red Deer-South described the concerns of his constituents when he was saying in quoting them, to quote him: with a probability of more opposition than there has been for it. My questions are to the Acting Premier, if there be so on that side. Why is this government ignoring the voices and the wishes of the people of Red Deer?

MRS. McCLELLAN: Mr. Speaker, this government listens very closely to the voices of people from all over this province, including the people of Red Deer. There is an opportunity for debate in this

House. There have been I believe, if I'm not mistaken, some 700 minutes of possible debate on this bill. I believe that during that debate there's been ample opportunity for both sides of the House to reflect the views of their constituents, to reflect the views that people have given them over the period of time. But I will – and it is well documented by standing votes in this House – place this government's record on free votes in the Legislature against any other party in this House, most certainly the opposition party.

MR. WHITE: Mr. Speaker, why won't the Premier and his government whip allow those representatives from Red Deer to truly represent the interests of their people by speaking for their people in a free vote on that particular issue?

MRS. McCLELLAN: Mr. Speaker, the two government MLAs from Red Deer have spoken in this House, and the Member for Red Deer-South most recently in this debate had his opportunity, with the amount of time that was allotted to each and every member in this House to speak on this matter. This caucus has the opportunity to debate this fully, and they will vote on this bill representing what they believe is right and based on the input they've had from talking to people all over this province.

MR. WHITE: Will the government caucus not allow the members to represent those that have voiced their concerns through poll after poll, through all the information you've received in this House, in the Assembly, and outside in a true free vote? Not a caucus controlled vote but a free vote.

MRS. McCLELLAN: Mr. Speaker, I really appreciate and I know every member of this caucus appreciates the concern that the member is showing for this government caucus. However, I think this government caucus has demonstrated and demonstrated in the last election that they're quite capable of taking care of their own concerns. I would just advise the hon. member across the way to look after the needs and the views of the Liberal caucus. I would suspect that they could use his help a little bit more.

3:00

head: Members' Statements

THE SPEAKER: Hon. members, in a few seconds from now we'll call upon the first of three hon. members to participate in Members' Statements.

The hon. Member for Wetaskiwin-Camrose.

Leaders of Tomorrow Awards

MR. JOHNSON: Thank you, Mr. Speaker. I would like to acknowledge the leaders of tomorrow awards that have recently been presented to young people in my constituency in recognition of their hard work and volunteer efforts in their communities. These awards are given to young volunteers in four age categories, between six and 21 years of age, who have demonstrated outstanding dedication and excellence in their community service and work.

In the Camrose area 19 outstanding young people were nominated to receive leaders of tomorrow awards. Thirty-three outstanding young people were nominated from the city and county of Wetaskiwin and the town of Millet. Each nominee is given a certificate and an invitation to a reception in their honour. At the March 22 reception in Camrose, Melissa Knockleby, Cari McIllduff, Savon Meak, Michael Wetsch, and Amy Armstrong were named as the recipients of the year 2000 awards. At the ceremony held at the Reynolds-Alberta Museum last evening in Wetaskiwin, Kristine Huot, Chris Kirwin, Cody Soanes, and Shawn Gist were awarded

this recognition. The winners were given an engraved plaque to recognize their efforts and a \$100 cheque that they will contribute to a nonprofit organization of their choice.

Congratulations to all award winners and recipients for the contributions you have made to your communities and for the important work you do as volunteers. You are leaders of today, and your service and generosity which is recognized now will make you leaders of tomorrow.

Thank you.

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

Pine Shake Roofing

MR. MacDONALD: Thank you, Mr. Speaker. No one would argue that education should be a top priority for government. Parents warn of overcrowded classrooms, overworked teachers, and having to fund-raise for things like textbooks that are essential learning tools. That makes the situation facing two schools in St. Albert even more appalling. L'école Marguerite d'Youville and l'école Marie Poburan are facing a quarter million dollar bill to replace the rotting pine shakes on their roofs. What a complete waste of taxpayers' money, money that should be going into classrooms to help educate our children. Even worse, these pine shakes were approved and promoted by this very government who is now forcing Alberta's children to pay for their bungling. The Premier was in St. Albert last June and made a promise to set up a task force on the pine shake issue, quote, to see how we can bring about a shared responsibility for this problem, end of quote. I guess we can add this to the growing list of the Premier's promises not kept.

The Premier and the government have continued to dodge this issue by claiming that they do not consider testing for durability as a part of their job when documents show that they did indeed check for durability in 1991 when a roofing contractor warned that untreated pine shakes were a faulty product. Schoolchildren would be sent to the corner for telling such an obvious untruth, but this government just turns a blind eye and continues with business as usual.

While these St. Albert schools see thousands of much-needed dollars paying for a government mistake, the government picks and chooses and decides who to help and when. It has given lottery money to some community groups so they can replace their rotting pine shake roofs. What a double standard. What could be more important than making sure that all money needed for education is going into the classroom to benefit students, not cover government mistakes? The government acted in bad faith by advancing its political agenda at the expense of Albertans.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for St. Albert.

Volunteer Week

MRS. O'NEILL: Thank you, Mr. Speaker. As a Member of the Legislative Assembly, as a member of the government, and as a representative of the constituency of St. Albert, I wish to pay tribute to one of the most important segments of our society, the volunteer sector. This week has been proclaimed as Volunteer Week, and the theme of this millennium year is: volunteering, a time-honoured tradition. I believe the volunteer spirit of Albertans is contributing directly to the health and to the well-being of our communities.

I would also like to acknowledge the Wild Rose Foundation, who in collaboration with Volunteer Alberta facilitates the provincial focus on Volunteer Week. This year 112 Alberta communities,

which, I might add, is a record number, representing more than 2 million Albertans are participating in this weeklong series of events.

In my own community last Saturday night we recognized the leaders of tomorrow, specifically Shannon Davidson, Alishia Mannix, Stephannie Britton, Gillian Hansen, Kirk Duffee, and the group and members of the St. Albert Youth Council. We also recognized the nominees for the volunteer citizen of the year: Matthew Boiko, Anne Emberly, Nancy Nelson, John Power, and Millie Seitz.

In recognizing past citizens of the year and citizens of the decade, we did recognize the volunteer citizen of the decade from 1990 to the year 2000, the Hon. Lois E. Hole, Lieutenant Governor of Alberta.

I am very proud of all of these citizens who represent our community and who contribute so well to the well-being of St. Albert. Thank you.

THE SPEAKER: Hon. members, I have three notices for points of order today. As the agenda today involves time for private members, the plea here is for brevity with respect to these points of order.

The hon. Member for Calgary-Buffalo on your first point of order.

Point of Order

Referring to the Absence of Members

MR. DICKSON: The authority would be *Beauchesne* 408(2). In the first set of questions from the Leader of the Official Opposition to the Premier, the Premier responded by talking about an event last night in the Assembly and indicated that there were only seven Liberals there to vote. The point is that the Votes and Proceedings are clear. What it also indicates is that there were 31 government members present. There are 64 members of the government caucus. By my limited mathematical skills, that makes 33 members of the government caucus also missing. So it seems to me it does nothing other than flame an argument to attempt to suggest that there's less than full participation from one caucus when the Premier's own caucus was less than 50 percent staffed.

Those were the observations I wanted to make on this point of order. Thank you.

MR. HANCOCK: Well, Mr. Speaker, obviously there's no point of order at all on that point, and it's surprising that it was even raised given that the first questions from the Leader of the Official Opposition today were trying to point out some sort of insinuation that democracy itself had died because of what happened last night. The Premier quite rightly pointed to the Votes and Proceedings of the House, which showed that opposition members couldn't be bothered to show up to vote for their own motion. To make those types of insinuations and direct comments in the preambles to a question was clearly inflammatory, clearly designed to get the type of answer that they got. Then to stand up on a point of order to argue that the answer was not appropriate because it didn't go far enough to detail all the rest of the details of the Votes and Proceedings is really quite strange.

The fact of the matter was that democracy didn't die last night. That the Liberal members opposite didn't come out to support their own motion is their problem. Standing Order 47, the motion that was moved, gives every member of this House an opportunity to participate in debate at second reading once again. In fact, debate at second reading has now proceeded far longer than debate on second reading on any bill this House has seen for a long, long time. The hon. member should know and the hon. Leader of the Opposition in posing her questions this afternoon clearly should know that debate in second reading relates to the principle of the bill. We dealt with

the amendment last night, which attempted to negative the principle of the bill, and we go on to continue debate on second reading tonight under Standing Order 47.

Democracy is still alive and well. The fact that the Premier alluded to the Votes and Proceedings, which is the written record of the House that is available for all members to look at and to tell the public about, and that only seven of their members cared to show up to vote for their own amendment is not the fault of the government, nor is it a point of order.

THE SPEAKER: Actually, hon. members might like to read *Beauchesne* 289, the Canadian House of Commons, which says: "Standing Order 15 states that 'every Member is bound to attend the service of the House unless leave of absence has been given him or her by the House'." The chair has also noted on other occasions that it's the duty of all hon. members to attend this House. There were a lot of folks last night who didn't ask for permission from the chair, in this case the Speaker.

3:10

If we look at, again, the oft-quoted statements of the public record, Votes and Proceedings, there is a notification here of so many for the motion, so many against the motion. In the question period today the hon. leader of the government responded in one case by saying that there were several hon. Liberals and in the other case that there were 31 hon. members of the government caucus. Essentially when we refer to absences of this and absences of that, we generally are referring to the absence on identification of an individual member. It is certainly public information and public record that there was a vote last night. It was 31 to 7. So an important point of clarification.

Second point of order. The hon. House leader of the Official Opposition.

Point of Order Clarification

MR. DICKSON: I will try and be brief and hope that my friend across the way does similarly.

The same authority, 408(2). I heard the Premier say that the Liberals can still debate Bill 11 at second reading. Well, Mr. Speaker, once again the rule is abundantly clear on this, that once the motion is made that the previous question be now put, it means that every member of the Assembly is entitled to speak to that. Once that speaking list has been exhausted, the vote is put on that motion, and immediately the vote then takes place on, in this case, the second reading motion.

So for those members that did not have a chance to participate in the second reading debate before the motion was put, they in fact will be denied their opportunity to stand in their places and speak for 20 minutes. The only thing they can speak to is the motion that the previous question be now put. I'm not sure whether it was you or your predecessor, but we've had occasion to deal with this motion before. It is not accurate to say and in fact is inflammatory and inaccurate to say that those Liberal members who did not have the chance of participating in second reading prior now can participate in second reading.

If that's the case, it's wonderful news, but that's certainly a variance in our procedures. My advice to my caucus colleagues is that they are limited to speaking to the motion that's currently in front of us and that once that's finished and voted, there will then immediately be a vote on second reading. That's my understanding, so as much as anything I may be asking for clarification, under 13(2), if in fact my interpretation is inaccurate. Clearly, if the

Premier is correct in what he said, then my interpretation is wrong. So I'm hoping for some clarification on that, Mr. Speaker.

Thank you very much.

THE SPEAKER: The hon. Government House Leader, and it would be helpful to the Assembly if the hon. House leader would clarify this understanding or misunderstanding.

MR. HANCOCK: I would be delighted, and I will be at least as brief as the hon. Opposition House Leader was in making his presentation.

The fact of the matter is, Mr. Speaker, that the Premier was absolutely correct in his assertion. It wasn't inflammatory, and in fact the only thing that has been inflammatory in this whole process is the suggestion that debate has been cut off. In fact, many members have spoken at second reading, and by my recollection there were only six Liberal members who hadn't spoken as of yesterday afternoon. One of them took the opportunity to speak and then took the opportunity to move an amendment. It is perfectly in order to do so, although quite out of the norm. We on this side do not complain when people use the rules of the House to put forward their viewpoints, and the hon. Member for Edmonton-Manning did so and did so quite appropriately. He moved an amendment that Bill 11 be withdrawn and that the subject matter be referred to a committee.

At second reading there are three types of amendments which are appropriate: the hoist amendment, which if brought would result in an immediate vote on the bill after it was voted on; a reasoned amendment, which after being voted on would allow us to go back to debate on second reading; and the referral amendment, that the hon. member put forward, which would allow us, after being voted on, to go back to second reading. After the less than vigorous debate that was put forward by the opposition members on their own amendment, we took a vote last night. After that vote took place, we returned to second reading, whereupon as I understand it, according to the Blues or the record that I've been provided of the debate last night, the hon. Deputy Government House Leader under Standing Order 47 moved the previous question in the form that the question be now put. That then puts on the floor of the House the opportunity for every member of the House who desires to be involved to debate the question as to whether they're ready for the vote.

Now, I don't know about you, Mr. Speaker, but I think that when you're debating as to whether or not you're ready for the vote, you have to deal with the question of whether or not you've had the opportunity to put all of your arguments forward and whether everything has been canvassed.

In fact, second reading debate is a debate on the principle of the bill. The amendment that was brought forward by the Member for Edmonton-Manning in effect negatives the principle of the bill, and I would certainly argue that whichever choice you use in terms of amending at second reading, all of them amount to the same thing: it's negating the principle. We heard their rather, as I say, less than enthusiastic arguments on that and took a vote. Any further amendment at that stage would be attempting to do exactly the same thing, and I presume that the reason why their sixth-last speaker moved the amendment was because they maybe wanted to have their fifth-last and their fourth-last and their third-last speakers try a reasoned amendment or another referral motion. But I would only be presuming that.

Nonetheless, everybody has the opportunity to speak at second reading. The fact that they cut off five of their speakers by moving the amendment when they did is not the problem of the Government House Leader or any other Member of the Legislative Assembly. In

fact, I would be inaccurate and misspoke myself: he didn't cut them off but moved the amendment at that point in time, leaving them open to bring in redundant amendments after that. The only amendment which is appropriate at second reading is to negative the principle of the bill, and the House had already dealt with that subject matter.

So it's entirely appropriate, then, to move a Standing Order 47, which, again, is in the rules of the House and quite appropriate, just as the hon. Member for Edmonton-Manning's motion was quite appropriate, and allows every member of the House an opportunity to speak yet again to Bill 11 as to whether or not they're ready for the question. Again, Mr. Speaker, I don't know about you, but in speaking to that type of motion, if I wasn't ready for the question, I would be putting forward the reasons why I wasn't ready for the question, and that certainly would be dealing with some of the essence of the bill.

Now, I'm not going to tell members opposite how to raise their debate. Our members are smart enough to figure out how they're going to raise their debate. We certainly can represent our constituents well in this Assembly. There's no cutoff of debate, and apart from the three members, I believe, who spoke to it last night already, every member still has the opportunity to speak to Bill 11 in debate.

THE SPEAKER: Hon. members, the chair certainly respects the views and the positions put forward by the two hon. speakers with respect to this. The bottom line of the whole thing is that debate will continue on Bill 11, and a great deal of flexibility will be provided in terms of the range of the topic for the individuals standing forward. It will not be restricted to one very, very fine line.

One takes it, hon. Government House Leader, that there will not be a series of interjections with respect to relevancy by certain people on the government bench as other members do participate with respect to further continuance.

MR. HANCOCK: Mr. Speaker, I would be alarmed if anybody would suggest that any comment about why a person wasn't ready to vote on Bill 11 would be considered irrelevant.

THE SPEAKER: Thank you very much. In keeping with this, hon. members must be aware of Standing Order 29 with respect to this matter as well. Now, that's very helpful.

With respect to that, hon. House leader of the Official Opposition, is there a third point of order, or was that dealt with by the apology?

MR. DICKSON: No. That's been addressed by the Premier, and I'm not doing anything further with respect to that. Thank you.

THE SPEAKER: Okay. Thank you very much.

head: Orders of the Day

head: Public Bills and Orders Other than
Government Bills and Orders

head: Second Reading

Bill 207 Provincial-Municipal Tax Sharing Calculation Act

[Adjourned debate April 5: Mr. Paszkowski]

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. As I indicated last

week, I'm very pleased to be involved in the discussions regarding this particular bill, even though it does indeed appear to be very, very close to if not a money bill.

MR. COUTTS: Point of order, Mr. Speaker.

THE SPEAKER: The hon. Member for Livingstone-Macleod on a point of order. Proceed with a citation and go forward.

Point of Order Money Bills

MR. COUTTS: Thank you, Mr. Speaker. I rise today in accordance with Standing Order 79(1), which says:

The Assembly shall not adopt or pass any vote, resolution, address or Bill for the appropriation

- (a) of any part of the public revenue, or
- (b) of any tax or impost,

to any purpose that has not been first recommended to the Assembly by Message of the Lieutenant Governor in the session in which such vote, resolution, address or Bill is proposed.

I would further like to cite *Beauchesne* 980(2), Mr. Speaker. It's a long section, but I want to just highlight the areas that I'm concerned with. In section (2) it says, "the principle that the sanction of the Crown must be given to every grant of money drawn from public revenue." Then it goes on to say a little farther down, "nor can a Member other than a Minister move for the introduction of a bill framed to effect a reduction of duties."

3:20

Mr. Speaker, I'd also like to make reference today in this point of order to the Alberta Liberal caucus news release dated March 22, 2000, tabled by the Minister of Municipal Affairs in the Assembly.

Bill 207: the Provincial/Municipal Tax Sharing Act will allow for the allocation of a percentage of provincial personal income tax revenues on a per capita basis to local government.

The release goes on to state that

Bill 207 provides the basis for a new partnership between the province and local governments, emphasizing the principles of respect, fairness, financial stability, accountability, and clear roles and responsibilities.

That was a quote by the hon. Leader of the Official Opposition.

I'd further like to reference another Alberta Liberal caucus news release, dated April 7, 2000, also tabled by the Minister of Municipal Affairs in the Assembly today, which states that "Bill 207 would provide local governments with access to a portion of the provincial personal income tax base." In this same release the Member for Edmonton-Manning is quoted as stating that Bill 207 . . .

THE SPEAKER: Hon. member, you have to help me here, please. What the House has before it is the debate on a bill, not a debate on somebody's press release.

MR. COUTTS: Thank you, Mr. Speaker. I'll be pointing out the difference between what is in the bill and what is in the press releases.

THE SPEAKER: We have a point of order that the hon. member is bringing forward here with respect to the acceptability of a bill or not, within the rules of the House. It's not a debate about what was said outside the House or in some other source.

MR. COUTTS: Might I then, Mr. Speaker, cite the wording in Bill 207 itself. The bill says in section 3(4) that "a percentage figure set by the Provincial Treasurer under subsection (3) shall be debated and voted upon by the Legislative Assembly." This bill not only

requires a Provincial Treasurer's report on tax sharing; it further requires the critical component that its content, the income tax percentages to be shared, be determined through a debate and vote in the Legislative Assembly.

Now, the Leader of the Official Opposition was quite, quite clear on what the intent of this bill is, and I refer to page 764 of *Hansard* of last Wednesday, where the Leader of the Official Opposition said:

Madam Speaker, the object of Bill 207 is to provide local governments in Alberta, whether they be for rural or urban municipalities, with access to a portion of provincial personal income tax.

I also refer to page 765.

Bill 207 proposes to allocate a percentage of personal income tax revenues to Alberta municipalities on a per capita basis beginning in the fiscal year 2000-2001.

Given these statements, Mr. Speaker, and supplemented by the statements in the news releases that I cited earlier, it is clear that Bill 207 contravenes Standing Order 79(1)(a). Further, it is apparent that Bill 207 will contravene *Beauchesne* 980(2) given that this bill contemplates sharing of the provincial income tax, thereby reducing revenues contained in the general revenue fund for the province of Alberta.

Further, Bill 207 necessitates an annual discussion of income tax rates in the Legislative Assembly for the purpose of preparing a government of Alberta report, in direct contravention of Standing Order 79(2), which specifies that any such bill "shall be introduced by a minister," and 79(2)(a), which requires that "the recommendation of the Lieutenant Governor shall be attached" to any such bill.

I would ask you, Mr. Speaker, to rule Bill 207 out of order pursuant to Standing Order 69(3) as it is an infringement on the prerogative of the Crown.

Thank you, Mr. Speaker.

MR. DICKSON: Mr. Speaker, I'm going to be brief because this is a private member's bill, and as you've enjoined me from time to time, it's important that we maximize the opportunity for debate.

The point would be this. If one looks at Standing Order 79, the operative word is "appropriation." Appropriation has a defined and a specific meaning. This is not a bill about appropriation, that creates appropriation, that effects appropriation.

Standing Order 2 provides that

in all contingencies unprovided for, the question shall be decided by the Speaker and . . . the Speaker shall base any decision on the usages and precedents of the Assembly.

I refer you, Mr. Speaker, to a number of bills which would all in a similar way talk about an allocation and formulas but don't amount to an appropriation. I refer you to 1995, to Bill 205, Debt Retirement Act, sponsored by Dr. Percy. I refer you to 1998, to Bill 222, sponsored by Mr. Zwozdesky. That was the Fiscal Stabilization Fund Calculation Act. Those are both bills that were introduced that created a framework or a scheme as it relates to the distribution of money, which is qualitatively different than an appropriation.

The member clearly is leveraging his argument on the basis of some comments that were made, but your own intervention shows, Mr. Speaker, that you're very much alive to the notion. The issue is: within the four corners of Bill 207, does this bill violate Standing Order 79? It is not an appropriation bill. It is in no sense a bill for appropriation. What the member is doing is talking about comments in debate. Well, we hear flights of hyperbole all the time when people want to make their bill something grander, something different than it really is. The point is that the Leader of the Opposition may want to see a different scheme and in fact a different appropriation, but Bill 207 is not that appropriation.

So those are the observations I wanted to make, Mr. Speaker, on the point of order. I'm just suggesting again that for you to in fact

uphold the point of order effectively, you're overturning a number of precedents and past traditions of this Assembly.

Thank you.

THE SPEAKER: The chair brought to the attention of all hon. members some time ago that this was private members' day and asked for some brevity with respect to input. Unfortunately, that has not come about, and we're now about a minute and a half away from the next segment of business for today.

The chair wants to say the following. Private members' day is very unique in this parliament and this Legislature. It is unequaled in virtually any of the 150 parliaments found that follow the British form of government. The changes that were made in this Assembly in 1993 afforded private members, nongovernment members, an opportunity to bring forward an idea and actually have something done about it. The chair believes that in the last six or seven years there have been some 20 examples, including one just a few days ago of a bill brought to this Assembly. So some degree of leverage and some degree of empathy is given by this chairman to the aspirations of private members.

One of the things that the chair hopes is not happening on private members' days is filibustering a bill by way of points of order. So there's an instruction here to the Clerk that the last number of minutes dealing with this particular purported point of order are not to be part of the speaking time allocated for the debate with respect to the particular thing.

The question has been raised by the hon. Member for Livingstone-Macleod, and in fact the hon. Minister of Municipal Affairs, when participating in this debate a few days ago, questioned openly but did not pursue a point of order with respect to this being a money bill or not. This afforded the chair an opportunity since that time to in fact review the matter, review the bill, review the precedents, and review situations that have been dealt with in this House in the past. So he does not come here today unprepared to see such an argument coming forward.

It's very correct that money bills, or bills that require the appropriation of funds, can only be moved by a member of Executive Council and must contain the royal recommendation, as stipulated in Standing Order 79 and in section 54 of the Constitution Act of 1867. The chair has taken the time to review this bill. He's read it clause by clause, and the chair fails to see how Bill 207 would be considered a money bill as it does not require the expenditure of funds. In fact, it appears to the chair that the bill is drafted in such a way so as not to be considered a money bill.

3:30

Section 2 of the bill states that

the Provincial Treasurer shall prepare a report on how the financial affairs of the Government would have been affected by sharing income tax revenues with municipalities.

The bill then goes on to outline what conditions would apply to the calculation of the report.

The chair would also like to remind members that it is not the chair's role to rule on how people interpret what is before the Assembly or what is said outside of the Assembly. In deciding whether a bill is a money bill or not, the key is to look at the bill itself. If members wish to further review this matter, they may wish to examine Speaker Schumacher's ruling of April 28, 1994, at pages 249 and 250 of the *Journals*.

This is not a point of order that we are considering. This bill can proceed through debate in the normal steps of the matter. Hon. members, I make it very, very clear that the time allocation used in dealing with this point of order will not be part of the time allocation provided for the debate on the bill. Those minutes are still there.

Now we've passed the required time of 3:30 on this particular day.

head: Motions Other than Government Motions

Support for Stay-at-home Parents

506. Mr. MacDonald moved:

Be it resolved that the Legislative Assembly urge the government to demonstrate its recognition of the contribution made by parents who stay at home to care for their children by providing support equal to that received by parents choosing other child care options.

[Debate adjourned April 4: Mr. Cao speaking]

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

MR. CAO: Thank you, Mr. Speaker, for the opportunity to continue speaking on Motion 506.

Albertans pride themselves on being fair and maintaining a province of fairness. By the year 2001 Albertans will see their taxes cut by \$852 million a year. Albertans from all walks of life will benefit, and the high exemption will mean significant benefits for lower income families. Low-income Albertans get a real break with the new plan.

[Mrs. Gordon in the chair]

In 2005 families with two children who earn less than \$31,000 a year will pay no provincial income tax at all. In fact, for these families the refundable Alberta family employment tax credit exceeds the Alberta tax payable. In addressing fairness, the new system reduces the differences in Alberta taxes paid by single- and two-income families. In the old system the single-income family paid more in personal income taxes than a family at the same income level with two parents working outside the home.

The government's role is clear. Action has been taken to provide for more fairness in the tax regime. This is the fairness that I speak of, a fairness that makes me proud as an Albertan. But I am also proud to leave the decision on what type of child care parents choose up to the parents in Alberta.

Madam Speaker, as a representative of the Calgary-Fort constituency I can say that we believe in the principle and practice that public assistance should be based on need and the level of need. Our existing child care subsidy program is helping large numbers of Alberta families who need assistance.

Talking about child care, as a private member I have already introduced Bill 209, Employment Standards (Parental Leave) Amendment Act, 2000. This bill, on infant child care, aims to allow working parents who are in need a longer parental leave to care for their infant. This bill will be in second reading debate in about a week's time.

Madam Speaker, it is for those reasons that I cannot support Motion 506, brought forward by the hon. Member for Edmonton-Gold Bar. Thank you.

MS LEIBOVICI: Could I just ask how much time is left on the bill so that I know how to gauge my minutes? Great. In the two minutes that I have, I'd like to speak in favour of this motion.

I believe in and have been a longtime supporter of the Kids First group – I believe that is what they're called – that has fought long and hard to recognize the contribution that stay-at-home parents, be they mothers or fathers, contribute to their children. Their objective is not to have a subsidy in order to be able to stay at home but is to ensure that there is equity between individuals who choose to stay at home to care for their children and individuals who choose or need to go to work in order to support their children and choose

other child care options rather than that of staying in the home.

I see no reason for anyone in this Legislative Assembly to not support that principle. If we are indeed in support of allowing choices to parents and ensuring that those choices are based not on financial consideration but are based on what is best for that particular family, this motion allows for that to occur. It has nothing to do with subsidization. It has nothing to do with whether an individual is on welfare or not, if I understood the speaker before me. What it has to do with is allowing parental choice in whether or not there is the ability to stay at home and raise families and that there be no discrimination in the legislation that is put forward either at the provincial level or at the federal level with regards to swaying a parent to make a particular choice.

If we can provide a tax credit for having a stay-at-home nanny, if we can provide tax credits for child care, we can provide those same tax credits and value the work that stay-at-home parents provide to their children in their own home.

Thank you very much.

THE ACTING SPEAKER: The time for this item has concluded.

[Motion Other than Government Motion 506 lost]

Long-term and Home Care

507. Ms Leibovici moved:

Be it resolved that the Legislative Assembly urge the government to further increase the number of beds and improve standards for long-term care facilities and home care services with regard to staffing ratios and levels of service to adequate levels and ensure that regional health authority boundaries do not become barriers to placement.

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

MS LEBOVICI: Thank you, Madam Speaker. It gives me great pleasure this afternoon to move the motion that I have on the Order Paper, Motion 507. This is a motion that I would hope all the Members in this Legislative Assembly could support. It in fact supports and expands upon the long-term care review that has been put forward by the government of Alberta, the Department of Health and Wellness, and which has been a rather extensive process of the policy advisory committee with regards to long-term care, known fondly, I guess, in this Legislative Assembly as the Broda report. What in fact has occurred is that the Broda report made a number of recommendations that are substantiated by the motion that I have put forward. In fact, I believe that if members vote against this particular motion, then they are putting a vote of nonconfidence in the recommendations of the Broda report.

Because this motion is multifaceted, I would like to break it down into its components and address them one at a time. The first component is with regards to increasing the number of beds. Now, we all know that there is a shortage of available long-term care beds throughout this province and that there are a large number of individuals who are on wait lists. Yet what was surprising with regards to the Broda report was that it seemed to indicate that there should be a reduction in spaces over the long term when we look at what the number of spaces are that are available currently within our system and what the projection is for spaces to the year 2016.

3:40

At this point in time we have, I believe, 12,844 beds that are available in our health care system. That's mostly where the long-

term care beds are. In 2016 we're actually going to a level of 12,685, which is a decrease. As we have heard over and over in this Legislative Assembly, a lot of the decisions that are being driven by this government are based on the fact that we will have an aging and a larger population to deal with. So though I recognize that there are other recommendations in the report that have dealt with the concept of aging in place and providing solutions other than long-term care beds, the reality is that there is, I believe, a need to increase the number of beds, not decrease the number of beds, and that the bed reduction targets as put forward may well not be sustainable in the long term. In the short term there is a real need to increase the number of beds.

Another consideration is with regards to the benchmark that the number of beds is based on, and that may well be one of the reasons that the number of beds being recommended is so low. Age 75 is what is considered to be the benchmark for planning long-term care spaces. In fact, a recent recommendation from the Alberta Medical Association with regards to the final report of the policy advisory committee, the Broda report, indicated on January 31, 2000, that the government should in fact be using projected care levels as opposed to age to plan for the entire spectrum of continuing care. So those numbers that are currently being projected and are currently being assessed as perhaps sufficient to meet the needs of individuals who require long-term care beds are based on a benchmark that may in fact be faulty. It would be interesting to know whether the government has in fact moved to that benchmark of 75 from the current benchmark that was utilized prior to that.

The other concern with regards to the current number of long-term care beds within the system is the fact that the Broda report seems to have relied on using the current acute care beds within our system. Right now we have a proposal in front of us, Bill 11. One of the reasons that that particular bill is being put forward is to alleviate the current shortages within our acute care system, yet conflicting with that particular direction of government is now a recommendation that says: use those acute care beds for long-term care patients. That is not a satisfactory use of those current acute care spaces. In fact, those acute care beds are required for acute care patients. As we know, there are shortages within the system.

As well, in actual fact what the use of those acute care beds may well lead to is a warehousing of elderly patients in acute care facilities. I don't think that anyone wants to see our elderly patients or patients who are in need of long-term care being warehoused in acute care facilities. Those facilities do not provide the kind of stimulation, the kind of physical surroundings, or the kind of care required by patients who are in a long-term care setting.

With regards to the particular part of the motion that requests that the government "further increase the number of beds," what I hope I have set forward to the members is an indication of the needs at the current point in time with regards to the beds and the lack of beds available to the individuals requiring long-term care as well as the future needs. If in fact the thoughts of members are, "Well, we don't want to build more bricks and mortar," that in fact is a logical response, but there are some facilities that have been closed down that could well provide the spaces that are required. Vilna is one such example of a facility that is fully functional and that has been closed down and in fact did house long-term care patients but is now standing empty and not being utilized.

What we are trying to avoid by ensuring that there are enough long-term care spaces in all of the jurisdictions across this province is what I call the phenomenon of divorce by institution, where you see individuals who have lived together for 40, 50 years who no longer can live together because the facilities are not there to accommodate them in their own communities. What they are is

separated, and their families are torn between visiting elderly parents – the families themselves are generally elderly – and being able to meet the needs of their parents. So this resolution would urge the government to increase the number of beds to deal with those kinds of situations.

A second part of the resolution is to “improve standards for long-term care facilities and home care services.” One of the common complaints that I hear with regards to the standards for long-term care services with regard to staffing ratios and level of services to adequate levels is the shortage of staff and the qualifications of staff. In fact, one of the recommendations of the Broda report was that additional funding should be targeted to increase the number of qualified front line staff available to address the increasing acuity of people in long term care centres.

I agree with that particular recommendation wholeheartedly.

The issue of staffing is poignantly outlined in the winter of 2000 document *Health & Healing: A Review of the Catholic Health Association of Alberta & Affiliates*, wherein the writer, Micheline Pare, who's the founder of the Pare Labrecque Centre, indicates that there are considerable concerns with regards to caregivers' working conditions. She indicates:

My hope also is to give caregivers better working conditions. Most of them are “casual” full time, with no benefits and obliged to work in 2 or 3 long term care facilities in order to make a living. How can we expect quality of care if we are not concerned with the welfare of our caregivers? Who would be ready to be underpaid, over-worked and experience unfair conditions of employment??? Our loved ones are suffering from it and one day it will be our turn. Do we wish to be treated like this???

She further indicates that she saw dedicated, compassionate caregivers but also caregivers without sufficient knowledge and/or skills, that in order to care for the elderly with respect and dignity, it is important to understand their journey with a compassionate heart. These are very fine observations that indicate what some of our problems are currently within our long-term care centres. The staffing ratios are ones that are questionable as there are, in my understanding, no standards across the province with regards to the number of frontline staff required on each shift and the ratio of RNs, LPNs, PCAs, for instance, on any particular shift.

If I can just refer to an e-mail that I received with regards to a particular long-term care centre in Calgary – and it's the new Signal Pointe Alzheimer's long-term care centre – the point is made that “on each shift there is 1 RN and 2 Personal Care Aides per each of the five homes for a total of 11 staff for up to 60 residents.” This e-mail further goes on to indicate that

Signal Point is badly understaffed . . . and while only one RN for up to 60 residents per shift may meet legal requirements, I question whether one RN is sufficient for up to 60 residents . . . It would seem very shortsighted to build a fairly expensive facility . . . and then economize on staffing to the point where residents are given, perhaps, inadequate care.

So staffing is a key issue. The issue of ensuring that there are adequate ratios of LPNs to RNs, PCAs to residents is also key.

3:50

Another concern that was brought up, I believe, in Broda as well as having been addressed in other areas is to ensure that the use of volunteers is appropriate, and if it is, what kind of training is being provided. So what we need with regards to improving the standards for long-term care facilities and with regards to staffing and levels of service are clear standards, quantifiable standards, and measurable standards, and there needs to be systemwide legislation. What we also need are some surprise inspections. I have often heard from individuals across the province that inspections are made of long-term care facilities, but they are not surprise inspections. So, in fact,

if a complaint is provided, what ends up happening is that the facility is then investigated – and I use that term loosely – and all of a sudden the meals provided are just so much better than they normally are in the facility.

I would also like to indicate that the FAIRE group, which is the Families Allied to Influence Responsible Eldercare, has put forward an initiative addressing the needs and rights of Alberta's nursing home residents. In there they outline a number of recommendations which directly support this particular motion. They indicate – and I'm reading from their document – that there should be:

- Increased Staffing Levels and Proficiency
- Staff/Patient Ratios Comparable To Those In Germany (1:5) – Belgium (1:3) – the Nordic Countries & the Netherlands (1:1)
- Increased Daily Hours of Direct Patient Care, Including Substantially More Hands-on Care by Registered Nurses
- Regulated Entry-Level Certification For All New Personal Support Workers
- Government-Funded Mandatory Training Programs for Current, But Undertrained Personal Support Workers
- Standardized Criteria That Determines the Required Knowledge, Skills and Attitudes of All Care Providers
- Increased Involvement of Physicians and Geriatricians in Direct Patient Care . . .
- Training of Nurse Specialists in Geriatric Care . . .
- External Quality Assurance Audit That Assesses Facility Compliance With Legislated Standards; Staff Competency and Suitability; The Quality, Delivery and Effectiveness of Patient Services; If and How Resident's Individual Needs and Goals Are Being Met
- A Mechanism For Residents and Their Families to Voice What They Want & Need Within The Facility
- A Mechanism That Holds Regional Health Authorities Accountable For The Job That Is Done

And last but not least – and I've left out a few for the sake of time.

- Regional Ombudsman Appointments To Long Term Care.

So we know that there needs to be and there appears to be a consensus that the standards for long-term care facilities need to be standardized and staffing ratios as well.

If I can move to the third part of my motion: we need to improve “home care services with regard to staffing ratios and levels of service to adequate levels.” I know that the Member for Calgary-West was at a conference for Canada's Association for the Fifty-Plus, which has put a lot of work into home care and home care requirements and services.

There was a national conference held just a little while ago, and the results of that conference as well as their report on home care in Canada in 1999 – so this is a very recent study – indicate that “home care is underfunded, undervalued and over-stressed.” In fact, there seems to be a lack of leadership by governments, which “have extolled the virtues of home care, in part, to deflect criticism of hospital restructuring,” that there's a “lack of commitment and follow-through to develop home- and community-based care.”

“Human resource issues emerged as the most important concern” in the study they did. Eighty-eight percent of those that were part of this particular study

felt it was an issue in their community [and that] people working in the home care environment are over-extended and under considerable stress from difficulties in the workplace such as low wages, recruitment and retention and training.

“Inadequate funding was the second largest issue facing health care” that was considered by this particular report. There were also significant pressures on the voluntary sector, especially with regard to informal caregivers. It was felt that that terminology was insulting to individuals who take on the caregiving burden of their loved ones and are doing this on either a part-time or a full-time

basis and in fact become the primary caregivers. What has occurred is that there have been many responsibilities shifted to the caregivers in their particular homes without any support provided to the caregivers that are looking after their loved ones.

There are a number of observations in this report on home care, but they made an observation with regards to the role of the private, for-profit providers in home care and what in fact their profit margins were with regards to their bottom line and how much of that is transferred to individuals who are providing home care services. This is a very, very important point and one that should not be overlooked with regards to the provision of home care services.

They made a number of recommendations, and I would like to know actually – and this is slightly aside from the motion – what the government's position is with regard to the recommendations of CARP.

I look forward to the debate on this particular initiative. Thank you very much.

THE ACTING SPEAKER: The hon. Member for Redwater.

MR. BRODA: Thank you, Madam Speaker. It's certainly my pleasure to rise on Motion 507, sponsored by the MLA for Edmonton-Meadowlark. Although I agree with a lot of the comments made in the motion itself or the content of the motion, I do think that at this time in point the motion is really redundant.

As she has referred to the Broda report, I'd like to bring forward, Madam Speaker, how we arrived at some of the comments in our report itself. When the long-term care report began in November of '97 – and it was also chaired by my colleague for Calgary-West – we had committee members that did not represent any specific organization. We had seniors, physicians, health authority personnel, consumers, and long-term care, home care, and housing-sector individuals. We went to 55 sites throughout the province to gather information from everyday Albertans, to hear from them as to what they saw the need to be in long-term care. Certainly, before we even went out to the communities, we consulted with the regional health authorities, the Mental Health Board, and the Cancer Board. Also, these 55 sites that we attended throughout the province worked via the community health councils, which put those on, and we had community people facilitating that for us. We listened to what Albertans said.

The report itself reflects the high values Albertans place on their health system. It shows that while Alberta is leading the nation in developing and implementing innovative approaches to continued care, we need to carefully plan for the future to ensure that our increasing numbers of seniors get the kind of continuing care they need when they need it.

4:00

Madam Speaker, we also had consultants from expert panels. As a matter of fact, we had three expert panels. We also had consultants from not only the province of Alberta but also from across Canada, nationally, and internationally. We heard from these expert panel sessions the changes that are occurring in other areas of the world, not only here in Alberta. We looked to see whether we could adopt some or whether we could not, that maybe it wouldn't work here. So it was important to attend those sessions. We also had Canada Health involved in those three expert panels. They were very interested to know what was happening in Alberta, as we have always been frontrunners in our health system in this province.

Madam Speaker, in reference to Motion 507, as I said, I agree with the comments made in there, but the motion is redundant, seeing that we've already done a report. There have been some very

good reports out in the community, as the member opposite has indicated and referred to. Those reports are something very valid, that have to tie together not only the report that I was involved in, but I think there are other reports out there that the government has taken some time to look at. I think it's important to do a good job rather than going into it full tilt, without looking at what is really out there. It's not a matter of spending more money. I think it's a matter of looking at what we have out there in the communities that we can utilize more effectively and more efficiently.

There was reference made by the member opposite that acute care beds are being used. Yes, they are right now, in the interim, till we see something happening. I'm sure the member realizes that new construction doesn't happen overnight. It's not like mushrooms, that grow just when it rains.

MS OLSEN: What do you know about mushrooms? Are those magic mushrooms?

MR. BRODA: Well, they could be magic mushrooms.

It's important that we work to create a culture that supports seniors that are able to stay in their own homes as long as possible. I'll tell you that for any individual that stays at home, it's home to them whether it be a lodge, apartment, or single-family dwelling. I know I feel better when I'm at home. So I think it's important to see a different focus or a different change. What we've seen in the past is that we were more focused on facilities. We're finding that, yes, the facilities have an important role in what we're looking at, but we have to look at a paradigm shift, where we're looking at not only facilities. Maybe we should focus on the home place first and then look at how we can address the issues beyond that.

The final report, which was released in November of '99, which the member alluded to, is a report that describes the visions of aging in the 21st century and guiding principles to help the health system respond to Alberta's aging population. I think this government is showing leadership in giving serious consideration to some 50 recommendations that were made in the report. As we are doing so, we are asking the health authorities, Alberta government departments, health stakeholders, and Albertans for their comments, priorities, and suggestions on how best to implement the recommendations. We have the recommendations there, but we still have to continue working with them. The recommendations and subsequent feedback will serve as a basis for planning continuing care strategies, expectations, and the next three-year health business plan and budget.

The recommendations from the long-term care review committee will join also those from the Health System Funding Review Committee and the health summit to provide a solid foundation for future health policies and services delivered to Albertans. The recommendations build on many successes and strengths in today's health system and describe a very different future for continuing care in Alberta. We encouraged all Albertans to consider our recommendations carefully and to begin now to prepare for a new generation of older people. We received good responses not only from departments and regional authorities but also from individuals. I believe there were somewhere in the neighbourhood of 10,000 reports that were issued, and we're still getting calls for additional reports to be submitted. I can tell you that we've had a lot of interest from B.C. and Saskatchewan.

Going back to the motion, that we should be on, it refers to a lot of things that have already been identified in a report. Madam Speaker, this is why I say that the motion that is presented, although a good motion, is redundant, because what we're talking about has already been discussed in a report, and it has to be put together.

Other long-term recommendations include a conference on the use and effectiveness of drugs for seniors, a continuing care act to ensure consistent standards – and I think it addresses some of the concerns made there – appropriate monitoring and clear responsibilities for organizations involved in continuing care, and increasing the current cost recovery charges in continuing care centres to more accurately reflect both housing costs and people's ability to pay while ensuring appropriate subsidies for those who need them. The committee recommended using additional revenues to improve services in continuing care centres, expanding home care services, and renovating and upgrading existing continuing care facilities.

If the member would have looked – I'm sure she has – the Minister of Health and Wellness did issue a news release back on November 18, '99, indicating that there would be \$265.8 million put into long-term care beds and health facility modernization. This total is part of the capital funds to add new long-term care beds and replace and renovate existing health facilities in the province.

The new funding includes \$115 million over the next three years to develop 1,090 new continuing care beds including 370 additional beds and the replacement of 720 existing beds in older facilities.

That even goes beyond what our recommendation in the report said. Our report recommended 200 beds per year over the next three years. That equates to 600 beds. I'm pleased to see that the department looked at it. Yes, when we discussed possible shifts in the way we do our long-term care, we looked at a reduction of beds, but I see the additional funding that's been put in place. Not only that, but I think we recognize that the 720 existing beds in older facilities – there are a lot of the four-bed wards that we're saying we want eliminated over the next five years. So there are going to be some changes done.

I understand that regional health authorities have now issued a request for a proposal for some additional beds in both Calgary and Edmonton. My understanding is that the contracts haven't been let yet, but we're going to see a lot of changes in the upcoming years. When we looked at the paradigm shift, we thought that it was important to look at home care, supportive housing, and then look at facility based as the last resort.

I may be repeating myself in a lot of things or even making comments that are maybe not in your Motion 507. However, I felt it was very important that I address those issues so that both sides of the House here have a better understanding of how we arrived at what we did in the report. I do encourage everybody on both sides of the House to take the time to read it. I think it's important that we look at what we did.

Also, I'm very proud to have heard the minister say, as well, in the news release that we think seniors are important, and we looked at drug utilization such as palliative care drugs. They're now provided at home as of February 1999. So elderly people can remain longer at home. The palliative care drug can be provided with home support in the home setting. That is a good one that I think has been well received by the communities, and I think that, yes, there is a place for our facilities, but we've also got to look, as I said earlier, at how we address the whole issue.

4:10

I know there have been a lot of recommendations, some on a long-term and some on a short-term basis. A lot of long-term ones are actually being looked at right now. I mentioned the paradigm shift already. I know that the member opposite who is sponsoring this motion has also brought up the importance of keeping people in their own communities, and I think we all agree with that. That's why I mention it. It's not a matter of spending more money. It's how we use the system or even the facilities that we have more effectively.

We can even look at lodges, that really come under housing.

These serve an important part in our senior population, because to some of them that has been home for that last 25, 30 years or even longer. By not providing a little bit of medical component in there, we're forcing people to move to outlying communities, as the member opposite has indicated. That's why we say that we have to look at how we can enhance some of our lodges, provide some services in there, some home care, because no matter whether you're paying for your own house, an apartment, or a lodge, it is your own home. So I think there's a big need.

I know that at the very beginning, when we started our report, there was opposition from everyone, but I think right now we're finding, after the report has been released, that there's been a lot of good buy-in, and people are saying: let's work together. So I think it is happening. Again, I think Motion 507 is a good motion, however being redundant at this point because a lot of the things have been addressed and will be addressed further as the government is going forward.

We also encourage the private and voluntary sectors to expand the range of support of living options available across the province, to expand the support of housing to include light- and medium-care cases, people with mild dementia, and young people with disabilities. When we refer to long-term care, it doesn't mean you have to look at 65 or over. Today 65 is not old age. I think that 65 was a benchmark that we used. I think we're nearing more the 75, 80 range. We're seeing more and more people celebrating 100 years old.

MRS. SOETAERT: It's the care they need, not the age.

MR. BRODA: That's right.

The thing is that when we say having the private sector involved, we've got to look at some examples. Morinville's Aspen house is an example of the private sector going in there, providing the capital funding. The operator is a nonprofit operator. And guess what? Health is in there also providing the services. If you go to that community of Morinville, which is in my constituency – and I'm very proud of it – it's one facility that anybody you talk to on the street is very proud of.

We've had private-sector facility operators for the last 20, 30 years, all publicly funded but privately owned and operated, and – guess what? – they haven't fallen apart. The people are in there, and it's a service that's provided. It doesn't mean, again, like I say, spending more money, whether it be government money or somebody else's money. It's out there. So I think there's a role to be played by everyone. I'm not saying that it has to be totally private, but there are roles to be played by everyone, and we see the private sector out there working very, very well.

I agree with your Motion 507 that we have to take steps to increase the numbers of qualified professionals. That was something that we addressed as number one, because as we toured some of the facilities, there was some understaffing and there was some staff that were not trained. So when we look at increasing the professionals and health care providers to work with older people, to establish designated stand-alone positions for training in geriatric medicine at Alberta's medical schools, I think it's important that we get into the educational sector to increase the number of nurses specializing in geriatrics. Yes, we do have nurses. We hear a lot of times that there is a shortage of nurses. There's a shortage of nurses in specialized areas. There's quite a number of nurses out there, but we need some specialists in there. We need to look at a change. Should a doctor always be the individual assessing the elderly person, or could maybe a nurse do that in consultation with the doctor?

We have to increase the number of trained people available to

work in the community and in continuing care centres. Yes, that is very important, and that is addressed in your motion as well. Again I'm saying that we're already looking at it.

We have to expand geriatric education and training for health care professionals, set new standards for skills and competencies for people working in continuing care centres to establish a new network of excellence in seniors' health and geriatric care. I can't overemphasize – and I may be repeating myself – that I think the motion that's there is a good motion but redundant. It's being looked at.

I would urge everyone, Madam Speaker, all of our members on this side and that side, to defeat this motion, not for the fact that it's a nonconfidence motion, a comment made on the opposite side. I don't have the exact words. I don't think it's having to say that it's nonconfidence, what your motion is saying. Why go through a motion to do something that we're already doing? I think it's redundant.

Madam Speaker, I think we have to also look at the things that are happening. I'm pleased also to say that we've had the new drug Arisept, which is on the formulary now for Blue Cross. Now that drug is available for people with dementia and early stages of Alzheimer's. It's certainly not a cure for Alzheimer's, but what we're looking at is that if caught early, it stalls the progress of the Alzheimer's disease. So I'm very pleased that the minister is taking action in that particular aspect of the drug area.

Also, the Minister of Health and Wellness has responded to the short-term recommendations with an immediate increase of \$15 million per year to address immediate pressure points in home care, long-term care, and waiting lists for long-term care beds. So those have been addressed, Madam Speaker.

Thank you, Madam Speaker.

THE ACTING SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Madam Speaker. I'm pleased to be able to speak to this motion and disappointed that the Member for Redwater would find it redundant. There's lots I could say around that, but I'll control myself today. The reality is that even though the report is done and the government is looking at all these things, when you urge them to action, it might give them a little boost, and I think they need that when it comes to long-term care beds.

I was listening to my hon. colleague from Edmonton-Meadowlark, and she had some excellent points. One thing I know she didn't have time to get to in the motion is the very last part of it.

Be it resolved that the Legislative Assembly urge the government to further increase the number of beds and improve standards for long-term care facilities and home care services with regard to staffing ratios and levels of service to adequate levels and . . .

Here's the last part.

. . . ensure that regional health authority boundaries do not become barriers to placement.

No one in this Assembly is surprised that that's a concern of mine. It should be a concern to people like the Member for Redwater, people from St. Albert, people from Stony Plain, people from Whitecourt-St. Anne, because often our constituents are limited by their availability to find beds because of boundaries. I've spoken about that in here. For example, before Aspen house was built – the care given at Aspen is wonderful, and the availability for my constituents to access that facility is a gift that we certainly didn't have until it was opened. In fact, that only opened about a year ago. Prior to that time anybody from Villeneuve or Calahoo or Morinville who needed long-term care could not get it anywhere near their

community. They would have to go to Barrhead or Mayerthorpe or Westlock.

4:20

Now, that's a pretty sad statement, because people needing long-term care are often in the last stages of their life. They are not necessarily seniors. Many young people who have illnesses that will end their life are forced to go to a long-term care facility and live out the rest of their life far away from family. That's exactly what the boundary issue did. People who lived in Villeneuve or Calahoo or Morinville could not get to the Youville Home in St. Albert, and that was a tragedy.

In fact, I even brought up the issue of an aunt of mine, Bertha Berube, who ended up leaving Calahoo and having to go to Barrhead. The care there was excellent, but the reality was that her family couldn't visit her like they could have had they been in St. Albert. The natural trading route and shopping route and school route is not to Barrhead from Calahoo; it is to St. Albert. So that was a tragedy for that family, that their grandmother in her last stages of life was sent far away from home. It's not like the family didn't try. At one point they had hired with their own money people to stay with their mom and help her. That wasn't to be. Fortunately, the WestView regional health authority and Aspen did a trade at one point, and she at least got closer to home in Stony Plain.

That's the reality of regional health authorities, and that's why I would urge all members to support this motion. The reality of regional health authorities is still an issue. For example, I've had people go to Sturgeon hospital and end up needing a long-term care placement. Now, these might be people from the Villeneuve area. They go into Sturgeon, and then they realize that in order to get a long-term care placement, the only place they can get a bed may be Barrhead, or they can refuse to leave and stay in the acute bed. That has happened. Now, how productive is that? Furthermore, is that the type of care they really need when they're at that placement? We know the long-term care facilities really gear to making that institution a home. They really do try. So that's neither productive for the family nor economical for Alberta Health. So there's another issue of boundaries there.

Another reality with boundaries is now working in reverse in my area. Because Aspen house is open in Morinville, we now have people who originally lived in the Morinville-Villeneuve-Calahoo area who found a lodge available in St. Albert. Then when they need long-term care, they're in the Capital region and they can't get back out to Morinville, where their family is. They now are placed in Capital. It's the reverse of what it used to be. This whole issue of boundaries is not addressed in the Broda report. I don't know why more MLAs, certainly those who live outside of major cities, don't share this concern. Either they do and they don't express it in here or they aren't aware of what's happening.

[The Speaker in the chair]

So I would urge people to support this for even just that reason alone. Certainly the boundary issue has not been addressed in the Broda report, and that is certainly not redundant.

I want to speak for a few minutes about the avenues that we could take in this province when we're innovative. We talk about increased beds, and we need them. That's obvious. As we do increase these beds, I think we also have to look at home care services, which are mentioned in this motion. There are so many exciting and innovative things that we could do with home care. One of the realities, I think, of where we've failed in health care is that when you are on IV therapy in hospital and you come out to

receive home care, the IV therapy is not paid for. Now, if you stayed in hospital, it would be paid for. What is the incentive to go home, except that people truly enjoy being in their home more than in hospital? But the reality is that a family cannot afford a hundred bucks a week. That would be the minimum actually at home. So then they choose to stay in the hospital.

I think that within this home care we have to really regard the reality of staffing levels too. If we could increase staffing levels, then we are avoiding the acute care beds. It only makes sense. Two reasons: one, it's economical, and the other is that people far prefer to be in their home and in their community. So if we look at innovative ways of providing home care, maybe incentives such as granny suites, the whole concept of aging in place – I think it's time we looked at that, because with a bit of vision we could avoid people in acute beds and even long-term beds. If we talk about aging in place, examples like the CHOICE program, then our long-term care facilities would not have lineups of hundreds of people, stressed-out families, that reality that it puts on families.

I want to speak for a moment about some recommendations about employment and care levels that came forward in this Putting A Face on Home Care from the CARP national forum. There are some excellent suggestions in here, and if we have the political will to implement them, I know that we will serve people better, which should be our main goal. We can also serve them more cost-effectively, which is also a reality of how we want our tax dollars spent.

It's interesting that one of the recommendations is that people who have left employment to care for family members should receive credit adjustments for employment insurance and CPP, such as is available to women after childbirth. It took a long time for society to recognize that when women had children, it did affect their employment pension plans, retirement plans, ability to move within a place of employment, and it took a while for the world to recognize that that had to be accounted for.

Now, here we have, you might say, the opposite end of life's spectrum, where we should be acknowledging people who give to that. People who volunteer their time and give up their present employment to stay at home with family members or others who need their care I think we should recognize. We would once again serve our community better and be more responsible with tax dollars. So that specific recommendation I think certainly should be followed up on, and that only follows with the motion about "staffing ratios and levels of service to adequate levels."

Also, government should encourage companies to develop caregiver leave programs and flexible working conditions for employees engaged in short- or long-term periods of caregiving. Another recommendation: governments should develop direct payment policies to compensate informal caregivers.

THE SPEAKER: I hesitate to interrupt the hon. Member for Spruce Grove-Sturgeon-St. Albert, but the time limit for consideration of this type of business has now concluded for the day.

4:30

head: Government Bills and Orders

head: Second Reading

Bill 11 Health Care Protection Act

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

[Adjourned debate April 10: Mr. Jonson]

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

MR. SAPERS: Thank you. Mr. Speaker. The debate that we are forced into this afternoon sort of saddens me, because I was looking forward to a fairly complete debate at second reading without the intervention of any curtailing motions.

There's been some procedural to-ing and fro-ing in the Chamber. The intent of the government's motion is very clear to me, although subsequent to it being introduced, of course, members supporting the government have said that the real reason to introduce such a motion is to prolong debate, but of course that's absurd, Mr. Speaker. Why else would the government introduce the motion that the question now be put, if in fact they didn't want to hear any more discussion at second reading or any more discussion of potential motions for referral, et cetera, that may come at second reading? The government can't really have it both ways. They can't argue that they're trying to expand debate when in fact it's very clear that their purpose was to cut off debate at this point.

That confuses me, because I've been saying to my constituents who raise this specter, the concern that the Premier would use closure: well, no; I've heard the Premier say that he expects a full debate at second reading. I would have expected all of his caucus to respect that. I suppose that should really come as no surprise, because most of the debate has been, of course, critical of the government's proposed policy initiative and most of the feedback the government is receiving is critical of their initiative. I'm sure the government is tiring of hearing the reasonable and worthwhile arguments put forward by those opposing the legislation, and I'm certain the government is getting tired of being told by their own otherwise supporters that they're barking up the wrong tree when it comes to Bill 11. So, clearly, their fuse is short and their patience is thin, and that's the only way that I could understand this procedural move of theirs to curtail reasonable debate at second reading on the principle of Bill 11.

I also find it very ironic that we've heard even just again today the Premier suggesting that he doesn't have to answer questions about the government's private health care plans because they don't have any private health care plans. But the whole purpose of Bill 11 – and it says so right in their bill – is that they want to expand the authority of regional health authorities to contract with private care providers, which is an expansion of private health care. So, again, I find it difficult to accept the government would have it both ways, that they would say, on the one hand, that what we need Bill 11 for is to give more flexibility to regional health authorities to contract with private providers and on the other hand claim: I don't have to answer any questions on behalf of the government because we don't have any private health care scheme. Only one of those two responses can be the truth. I guess the proof is in the pudding, in the Bill itself, which is the subject of the debate, a bill that's all about private health care, and that's clear, Mr. Speaker.

So I would hope that the Premier and others would stop trying to introduce this diversion into the debate by saying that they don't have a private health care plan, when in fact their own public material, their own public statements, their own web site all talk about private health care.

While I'm on the subject of the web site, that leads me to another concern that I have, the kind of misinformation that is available from the government, which is why I am so opposed to this government initiative to stop debate and why I am so concerned with the government's reasoning for the motion.

If one were to visit the government web site on Bill 11, one would find a number of menu options, including answers to commonly asked questions. Those questions and answers I've been reviewing on an almost daily basis. You have to review them on an almost daily basis, Mr. Speaker, because the government keeps on changing the answers that they post on that web site.

It wasn't that long ago that in response to the question about the cost efficiency of private care providers, the government said: well, cost efficiency isn't really the issue; the issue is that we need the flexibility. The government seemed to acknowledge that these private providers weren't more cost-effective, or at least there was no proof that they had to offer that they were.

Now when you visit the web site and see the answer to that same question – the question is: what evidence is there? – they answer the question without providing any evidence whatsoever. They simply say that there is some evidence that in the existing private facilities there may be some cost savings, but of course they fail to go on to say that this is irrelevant because none of the existing facilities are inpatient-admitting facilities. They only do very low-intensity outpatient services, and of course what Bill 11 is all about is much higher intensity inpatient services. They want to be able to admit people for not just overnight but perhaps several nights. The reason why we know that, of course, is because the Premier keeps on talking about the Shouldice clinic, which sometimes requires stays of three and four days postoperative. Previously, of course, the Premier was talking about hip replacement surgery, which requires postoperative stays of even a longer duration than that.

There is other misinformation that is being circulated by the government. There is a daily summary of the debate that goes on in this House regarding Bill 11, and if you took a look at that daily summary, you would be led to believe that the only people that are speaking are members of the government, because they don't tend to quote those who are opposed to the bill, other than to misrepresent their words.

For example, Mr. Speaker, there has been some discussion regarding the drastic nature of the funding cutbacks in health care since the current government has come to power. The stated initiative of the government was to cut back about 20 percent. As events would unfold, the overall funding, unadjusted for inflation, was about 13 and a half percent across the whole health care sector. Of course, that doesn't account at all for the population growth, so on an adjusted per capita basis it's an entirely different figure.

The other notion is that it's not just the overall health care budget that was being referred to. For example, when the Leader of the Official Opposition made her opening comments in debate on Bill 11 in second reading, she repeated the fact that hospitals funding has been decreased by 30 percent. Now, this got a response from government saying: oh, no, no, no, that's not true. In fact, the government has now posted on their web site, has introduced into debate, and has tried to circulate the misrepresentation of the Official Opposition. They've tried to pretend that what the Leader of the Official Opposition said was that health care funding has been cut by 30 percent, which is not what was said in this House or outside this Chamber. If you take a look at the government's debate summary, they say in the misrepresentation department that the opposition is saying that funding was cut by 30 percent, when in fact it was only 13 percent.

Well, Mr. Speaker, it's really unfortunate the government would put that kind of information under the title misrepresentation. Not only does it bring disrespect to the whole process; it misrepresents the facts, the facts being that if you take a look at the Canadian Institute for Health Information's published reports, you will find that Alberta hospitals funding decreased by 27 percent over the period in question. If you take a look at the report on health care in Alberta that was completed by Dr. Evans et al, you'll note that he makes direct reference to hospitals funding in Alberta being cut by 30 percent, which is the figure that the Leader of the Official Opposition used.

But nowhere in all of the government information will you find an

acknowledgment that there are two credible references to support the facts as stated by the Official Opposition. Instead, what you have is the repeating and the repeating and the repeating of the government's message, even though it's clearly wrong. It reminds me, Mr. Speaker, that it doesn't matter how often you repeat a lie; it's still a lie. Just repeating it doesn't make something true. So I wonder what the government's purpose is in repeating and repeating and repeating these things that aren't true to try to justify their position. It would seem to me that the government would have a lot more credibility if they simply acknowledged the facts as they are and then argued the merits of their position, and then of course Albertans can come to their own conclusions.

4:40

Now, I have some other concerns as well. On the government's web site on Bill 11 what you see are several opportunities for feedback. I don't understand why the government, if they're getting feedback, as they're claiming, in support of the bill, is not telling us about that feedback. Why don't they publish, release the feedback that they're getting, the responses? I note that after every one of their questions and answers, they say: is this information useful to you? You have a chance to say yes or no, and if you say no, you get a chance to explain why it's not useful. I would be very, very curious to see the government release that information. What are they hearing from Albertans who are visiting their web site?

Mr. Speaker, there are a couple of other issues I want to raise. One is that we haven't heard much about the down-the-road implications of Bill 11 when it comes to the practice of medicine in Alberta and in particular when it comes to the training and teaching of medical practitioners in the province of Alberta. I've had a chance to visit with some physicians who are either adjunct to the University of Alberta medical faculty or in fact are senior practitioners and participate in training through rounds at hospitals in the Capital region. What they raise is very interesting in relation to Bill 11.

They talk about the commitment that the public hospitals make to the training of physicians. They talk about the commitment that they as individual practitioners make to provide free-of-charge participation in the training process by either taking young doctors in training under their wings and taking them on rounds and being in case conferences with them or in fact by participating on committees, by dealing with curriculum development, by contributing their vast knowledge and expertise to the provision of scholarly works, the development of research protocols, by participating in the development of clinical practice guidelines, their peer review of the examination process, et cetera, et cetera.

Mr. Speaker, there's just a myriad of ways in which the current structure supports the training of doctors. We're at a point in time in Alberta where there is a shortage of physicians, particularly in many specialties and subspecialties, and it is precisely in these areas of specialization that we hear the government saying: we are going to take doctors out of the public system and put them into a private system.

Now, if I can move my main argument to the side for just a moment and talk about this confusion that the government seems to have about why there is a backlog in so many surgical areas. It's certainly not because we don't have the capacity in our public hospitals. It's because we don't have the personnel in our public hospitals. So, Mr. Speaker, it's an absurdity to the extreme to suggest that somehow we'd be adding capacity to the public system and minimizing waiting lists if we simply had more private provision. It's as though this government believes that there is a secret cache of doctors locked in the basement someplace that they can

simply call up, as you would call up, you know, players from the minor leagues, to come and add capacity to the Alberta system. The fact is that if you have more private clinics, you're going to take those doctors out of the public clinics and you're going to have fewer doctors on the public side providing the same amount of service. So you don't add capacity at all.

Now, back to my main argument about the training. If you have these specialists now going to these private clinics – and these clinics are going to be forced to operate at a profit because the investors of those clinics will demand that – what you'll see is that these doctors will not be able to provide that same contribution. They're not going to be able to provide pro bono guidance and education and training. They're not going to be able sit on those committees. They're not going to be able to help develop those clinical practice guidelines. They're not going to be able to do rounds with doctors in training. They're not going to be able to participate in university discussions because their time is going to all have to be billable time for the company store.

Of course, Mr. Speaker, if the argument is put forward that we can simply make that a contract condition, that we'll force these private clinics into making sure their medical staff do all of these things, well, then you can rest assured that the private clinic owners are going to insist that there is compensation. So instead of all of these contributions being free of charge to the people of Alberta, courtesy of the medical profession in this province, we are now going to be in a position where the taxpayers are going to have to start paying and paying quite mightily for this, which would be otherwise a benefit that we would receive because of their participation in the public system.

Now, maybe there are some physicians out there that are saying: well, good, it's about time we get paid for that kind of contribution. But, of course, Mr. Speaker, most physicians that I've talked to have said that they are perfectly happy, perfectly willing to maintain their contribution because they see it as part of being a professional. They see it as part of what it is that defines them as a doctor in this society. I would like to hear from the government some response to this concern. How will we guarantee that this same degree of commitment from our senior practitioners will be there? How is it that it will not be eroded through the expansion of this array of private clinics, which will fundamentally alter the relationship that physicians have with each other, with their patients, with the regional health authorities?

Mr. Speaker, there's another point I'd like to raise – and I see that I only have a few minutes left, so I'll try to get to this one quickly – and that is regional disparity. When you again visit the government web site, what you find is that the authority for these contracts is primarily vested in the regional health authorities. There's language used in explaining the government's position that it will be up to each regional health authority to determine which contract and contractor will provide a benefit or a service, and I use the word benefit quite advisedly.

What we can see is an increasing growth in the patchwork nature of the provision of services, in the array of services. You will find in one health authority they'll decide that they want all private provision of, let's say, cataract surgery. In another health authority they'll say: well, we want all public. In another they'll say: we want a mix.

Now, we've got that situation in cataract surgery today, and it's created quite a bit of confusion and quite a bit of controversy. In fact, just today the government tried to address some of that controversy by introducing a new policy on foldable lenses.

Now, imagine if this were now the case when it came to tonsillectomies or hip replacements or hernia surgeries or any other of a vast

array of surgical services. What you would find is that region-by-region decisions would be made not based on what is best value for the taxpayer or in the best interests of the public or particularly what will provide the best care level for the patient. Depending on the salesmanship of the private provider, depending on the relationship that that salesperson has with the regional health authority, what you will see is that some health authorities will grab onto one sales pitch and run with it. Another might reject it, and then another might say: well, we'll have to wait and see. You'll have Albertans not knowing what it is that they can expect, not knowing where to go for service, not knowing what it's going to cost them, and you can see a real growing disparity across this province because the provincial government has neglected to do one of the most fundamental things it can do when it comes to health care, and that is having a province-wide vision for what level of service Albertans can expect.

Because I had some experience in both being a contractor and approving contracts, I could see this variation not just being a problem across regions but even within regions, because of course in the more lucrative regions, those population dense regions, there will be all kinds of competition for the dollars. You'll see vendors popping up trying to undercut each other and trying to recruit the best salesmen so that they can try to take the business away from somebody else. This is hardly the picture of stability or the vision of health care that I find comfort in. It sounds much more like car salesmanship or maybe the fast food industry or some other kind of business, but it certainly doesn't look like health care, Mr. Speaker. So I am concerned as well about this patchwork quilt of contracting services.

Thank you.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

4:50

MRS. SOETAERT: Thank you very much, Mr. Speaker. I'm pleased to be able to speak to the need to keep this discussion going, and I think one of the biggest reasons is that the public needs a chance for input. They need a chance to be heard, because they don't feel that's happening.

I look at the implications of this bill passing, and I have real concerns. It doesn't matter where I go. People come up to me and say: "Colleen, don't let them pass this bill. You've got to fight for us. They're not listening to us. They don't care." I heard it last night at a forum where the majority of the people expressed grave, grave concerns about this bill passing. I know that they even asked the Member for St. Albert to vote against it, to vote the way her constituents want, and they were told no.

MR. DICKSON: How many people were at that forum?

MRS. SOETAERT: There were probably between 250 and 300 people. Were there that many? Would you say that there were 200?

MRS. O'NEILL: Absolutely not.

MRS. SOETAERT: Would you say 200, St. Albert? I don't know. She had a hard time looking up. [interjections]

Speaker's Ruling Decorum

THE SPEAKER: Please. I recognized the hon. Member for Spruce Grove-Sturgeon-St. Albert to participate. I would ask that all hon. members, once given the chance to participate in the debate, take the

opportunity to participate and put their views forward. It's not debate time, participation back and forth, where I'm going to ask you a question or anything else. So please, let's recognize who has the floor, and you, hon. member, please focus on the subject matter.

Debate Continued

MRS. SOETAERT: Thank you, Mr. Speaker. So a lot of the people didn't have the time to ask questions and express their concerns. They didn't have the time, and that's a reality of a forum. I agree with that. As one gentleman left, he said: you know, Colleen, these are my concerns that I never got to express or ask the questions on. So I'm going to relate some of those concerns that he had.

He said that for some of these questions what he would request are "straight answers." He didn't feel he was getting straight answers. "We are here," he admitted, "to discuss the pros and cons of our health care, and it is serious business."

His first question was: "What happens if this is not properly administered?" There are no regulations for how this is going to be administered across all these private surgical facilities. Right now in our public facilities there is a system to check up on all the details, including cleanliness of a facility. Who's going to check that that is properly administered? The regional health authorities? How much are we going to put on regional health authorities? How can this possibly be cost-effective?

Another thing: "Could it [possibly] mean devastation of many families? Possible loss of life due to high cost of service and a medical problem put off for [far] too long." [interjections] You know, I hear comments and groaning about this. These are concerns that were handed to me on a piece of paper last night by a gentleman who didn't have the time to ask his questions. So I would think out of courtesy to the average Albertan that he has a right to ask the questions. He certainly isn't getting answers from this government, but he certainly has a right to ask them.

MR. HANCOCK: Send them over to me. I'll take them.

MRS. SOETAERT: Send them to your office, the minister says?

MR. HANCOCK: Sure.

MRS. SOETAERT: Okay. Well, he's obviously not getting responses from where he lives.

Let's try this. "Will this Bill 11 give all of us the same opportunity to health service as we have today at [the same] cost?" Well, we're afraid of that. We're afraid that it won't happen because of the enhanced service clause that is in that bill, and that's where it should be different. I know the federal minister requested that while making amendments, be sure to address this. Can't you see the conflict of interest happening when we have enhanced services that are optional and done in a private system? If they're done in a public system and they're needed, then they're covered and the money goes back to the public coffers and the public buildings and the public facilities. If those enhanced services are done in the private sector, people are put in a dilemma. Is that doctor saying that you need that enhanced service because you need it or because there's an extra buck to be made for that private facility?

Now, we would say that most are very scrupulous people and are doctors that believe in making patients well, but that will not cover those people who do not feel that way. After all, they've got to answer to a board of directors, they've got to answer to investors, and they're thinking: oh, this would make us another 250 bucks, and we're going to need that to make the profit margin this month, so

let's tell that person that really they should pay for an extra enhanced service, whether they need it or not. That conflict is going to happen, and there's nothing in this bill to check up on that and to stop that. In fact, this bill allows for that to happen. They actually open the door for that. They pave the way for this. So that was one of his concerns.

The next question: "Will the cost to set up these new . . ." Now, he thought they were not-for-profit centres, so he obviously didn't understand the full implications of the bill yet. These are profit centres. They're making money at the expense of our health. "Will they be borne by the operators and not by an up front tax or hidden tax?" We're paying for these private operators to make money off our tax dollars. We're paying for it. We're paying for private businesspeople to make money off tax dollars. That should go against some people's grain in here, but it doesn't seem to. [interjection] Well, you know what? Speak, hon. member. I haven't heard you speak on this bill yet, so why don't you?

THE SPEAKER: Hon. members, the chair has recognized the hon. Member for Spruce Grove-Sturgeon-St. Albert. The chair will recognize any other hon. members that want to participate and in fact will make a special note to call on the hon. Member for Calgary-Fish Creek next.

MRS. SOETAERT: Thank you, Mr. Speaker. Continuing on with this gentleman's concerns. "Is this right? The general understanding that once this lucrative system is in place the U.S. or Mexico [can access it] through NAFTA, can through a company or subsidiary invade our country and our system, or even challenge and sue for surgical values and lost potential profits. U.S. lawyers always look for a potential lawsuit."

Now, he has grave concerns about what this will mean with NAFTA, and to be very honest, we have several differing views on what it will mean. We're only going to really find out when it's challenged. You know what? That's too late, because if we lose that challenge, we've lost. So we're risking an awful lot on a couple of opinions. We're risking a great deal on a couple of opinions.

He says, "This is only a skim of what we do not know." It's what we don't know that concerns him. "Further, insurance companies will be advertising – You May Not Be Covered." In capital letters he's written this. You may not be covered. Get your insurance here. Hips Are Us. What will be next, Mr. Speaker? "We will not know if we are [covered] or not." That is another concern with the bill, the reality of who and what and how many things will be deinsured. There's no control on that. There are no regulations for that, and people are concerned about how many things will be deinsured. So I'd like to see a process for that simply through a regulation. [interjection] What kind of regulation?

MR. DICKSON: Secret.

MRS. SOETAERT: A secret regulation. That gives me absolutely no level of comfort. Why haven't we built a proper system that talks about what's insured and deinsured? Why haven't we done that? A simple regulation that is in secret. Bingo, suddenly something is covered. Bingo, suddenly something is not.

One of the suggestions I heard is that simple tonsillectomies be done. Well you know what? Tonsillectomies can be very serious surgery. Yes, I bet you 90 percent of them are quickly done, but the reality is that there is a high-risk factor there. Certainly the older you get with a tonsillectomy – when you hit the ripe old age past 18 . . . [interjection] Hey, you know what, Mr. Speaker? I've just thought of another thing, inspired by a member from over there. Try getting your tonsils out – no; this is to do with the bill – when you're 40.

THE SPEAKER: Hon. member, I thought you were going to suggest that something else be removed from the hon. member.

MRS. SOETAERT: Gee whiz, Mr. Speaker, you're on a different train of thought than I am.

DR. NICOL: But not necessarily a bad one.

MRS. SOETAERT: Not necessarily a bad one. I was seriously talking about tonsillectomies.

There is a doctor in this Assembly that I'll bet would tell you that if as an adult you're getting your tonsils out, you'd better not be in and out of surgery in a couple of hours, because you'll end up staying in the hospital at least overnight or a second night, and I know that from personal experience. Even a greater tragedy than having to stay in hospital for two days was that I couldn't speak for a week, Mr. Speaker. It was an absolute tragedy, not to my family but certainly to me. We weren't in session at the time, so I'm sure others would have found it a tragedy. It would have been catastrophic had we been in session and I had had that surgery.

5:00

Back to the bill and the concerns of this gentleman who came last night and handed me this paper because he didn't have time to express his concerns. "Do we have a safeguard against all possible intrusions and extra costs with this Bill 11?" Well, absolutely not; we don't. Then here's another note: "Can you trust this government to help us this time?" No. This is his comment, not mine.

In 7 years our medical costs have risen up to 30 percent for some people yet [people regretfully] accept it blindly. Examples: eye testing and glasses, dental, some medications, out of province coverage, cutback on maternity care, the monthly health care charge, and many sent home from hospital to fare as best they can.

Sadly, this bill does nothing to address that.

They talk about being innovative. If we want to be innovative, there are all kinds of things that I think Alberta has led on and could continue to lead on that are certainly not addressed in this bill: things like IV therapy at home; examples like the CHOICE program, that the Member from Edmonton-Gold Bar speaks of highly; the fetal alcohol syndrome program, that the former minister of family and social services promoted and that I hope the present one will encourage and continue and expand. Those are the kinds of innovations that we should be talking about. Long-term things are the smartest things we can do for our society. Educate them and get people out of poverty, give them an opportunity to change a life cycle. Those are the things that can long term help us in our health care system, not forcing people to accept a private, dual-track system that will cost us more.

His final question:

Do you not think we should have a moratorium on Bill 11 until the facts and safeguards are addressed and understood? It is serious.

Don't ignore it. These are the questions we would like addressed.

That wasn't just somebody fear mongering. That was somebody with very, very serious questions and concerns, and he didn't get a chance to ask them at the forum. But you know what? I will probably send a copy of this to the Justice minister because he said he would address those concerns. I have his name, but I will get his address for you, and I hope that you can answer them for him because I intend to. I would hope that the government will have that opportunity as well.

I want to speak for a moment – lots of things have been said about the ethics of this bill. Why would we push through overnight surgical facilities? Why would we push that in this province when in reality people would rather go home to recuperate? Day surgery

and modern technology have allowed for a lot more day surgery, and people go home that night. Why would someone have to stay overnight? Obviously the answer to that is that the surgery was so invasive or difficult that the patient is at risk of serious complications that may require immediate medical attention.

The complications of surgery can affect any part of the body and may include neurological problems from the anesthetic; vascular problems such as embolisms or blood clots that may cause a heart attack, stroke, or other major organ complications; difficulty breathing; pinched nerves from blood clots pressing on nerves; internal bleeding; allergic reactions to anesthetics or other medications. So here we've got some serious, serious surgery happening, and that's why this government is pushing through the overnight hospital stay.

Yet look at the implications. Do you know what's going to happen with this? Number one, I hope that this bill gets scrapped, because that's what people in Alberta are asking for. They don't have enough information. I don't think the government knows all the ramifications and implications of this bill. They want those answers, and they haven't got them yet. All they know is that democracy is being undermined because people are being asked to vote for something that their constituents don't want, and they have concerns that have not been addressed.

A few more ethical problems. I'm talking about overnight stays here and why this legislation would push this through when obviously it's going to put people at risk. It's going to put people at risk, because the surgical facilities will not be able to provide all that the public system can with the proper intensive care and emergency care situations that are expensive to maintain, no doubt. We're just letting private clinics do the cream skimming, and that's not acceptable. It's not acceptable. So it's not merely good enough to notice that a patient is suffering postsurgical complications. Immediate intervention may be needed to protect the patient's health or to even save his or her life. Any facility that does surgery complicated enough to require an overnight stay will therefore require a full array of health care specialists to address any complication, and all these caregivers must be available 24 hours a day, seven days a week. What is needed is a full hospital staff, hardly affordable on the budget of a small, private surgical centre that aims to provide profits to shareholders.

You know, it's interesting. Jim Dinning has suggested that dedicated surgical centres will not require fully equipped operating rooms to deal with all sorts of surgery and thus will save money. If they are not fully equipped, though, then that facility is unable to attend to the postsurgical complications that will undoubtedly arise for some patients. Being purposely underequipped is a danger to the health of patients and, thus, should be ethically unacceptable, and I think we all should think of the ethical implications of this bill.

Now, let's say that in the event that a patient experienced postsurgical complications beyond the capacity of a surgical centre, that they're unable to treat it, where would they go for assistance? What happens then? They would be transported back to the public system, which would have to absorb the high cost of treating complications. Patients with emergency postsurgical conditions would likely jump the queue ahead of patients waiting for surgery in the public system and may even bump nonsurgical but desperately ill patients. Why has no one addressed that ethical concern in here? Or are government MLAs just blindly accepting that it doesn't really matter, that health care isn't about ethics? It absolutely is, and I think there are government MLAs here who are failing to see that.

Bill 11 fails to regulate private health care facilities or providers outside the limited realm of surgery. Diagnostic clinics are not addressed in this bill, and that's one of the concerns about queue-

jumping. Long-term care, nursing home facilities, home care services, and other outpatient providers such as physiotherapy services: all elements of private-sector contracted care should be regulated according to similar standards and co-ordinated within the public system. This bill does not actually regulate private health care services at all but serves primarily to allow private surgical facilities to open.

I'm hoping, Mr. Speaker, that I will have another opportunity at some time. Thank you.

5:10

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

MS OLSEN: Thank you, Mr. Speaker. You know, actually I appreciate the opportunity to speak to this motion. Obviously, I'm certainly opposed to an early shutdown of second reading, and you know, there are some 52 MLAs from the government side and half a dozen from this side of the House that have not yet had the opportunity to address this bill in principle. Now, I would be surprised if those 52 MLAs did, because that would be a record, I think, in this House.

Quite frankly, I actually would encourage every member in this House to get up and speak. This is probably one of the most contentious issues that we will debate in this Legislature, certainly in my time, and I dearly believe that it's incumbent upon everybody in this House to put their position on the table. We were told that people would debate in the House. I have challenged four hon. members to debate. All of those members have said that they won't debate me and have said that they will debate in the House. So I'm expecting all those members to do that in the House, to put their statement of principles on the table for all Albertans to read and enlighten us all.

MR. DOERKSEN: Did you not read mine?

MS OLSEN: I haven't got yours yet.

MR. DOERKSEN: I gave a speech.

MS OLSEN: Well, that's great. The hon. Member for Red Deer-South has said that he's spoken. So out of four, that's one down, three to go. I'm very happy that the hon. Member for Red Deer-South has been able to put his information on the table. You know what, hon. member? I'm going to read that, and by the time we get into committee, you can rest assured we'll have some discussion about it. How's that?

Here we are needing to really discuss the merits and the principle of this bill, and in no short time we've seen a procedural motion used to stifle that. So, Mr. Speaker, I find it interesting, because I view democracy as giving a certain number of freedoms and liberties to citizens of a country or, in this case, this province. In fact, just for the information of the House, I always count on the Oxford dictionary simply because I think it's probably the best written reference book that we have. It states that democracy is defined as

government by all the people, direct or representative; form of society ignoring hereditary class distinctions and tolerating minority views; principles or members of Democratic Party.

Well, you know, I would like to think that every single person in this House has a pretty standard view of democracy and that as we move through our debate and as we do the job we were elected to do in this House, people understand what that word is all about. I sometimes see things happen in here that democracy is only okay and acceptable if it's the government's form of democracy. You see, democracy is only acceptable to this government or to the Premier

when it suits them. So it's okay for the Premier to bellyache about Bert Brown not getting appointed to the Senate, and he cites the fact that there was an election, a democratic election that put Bert Brown and Mr. Ted Morton as the two front-runners from this province that should go to the Senate. But you know what he did? On the other hand, he fired a democratically elected school board. So he uses democracy when it suits his need, Mr. Speaker, and I have a little difficulty with that.

The other thing he did was reneged on his promise to elect regional health authorities. Instead, he put his pals at the helm. This government, the Premier, who's the kingpin of the show, if you will, put his pals in the Calgary regional health authority and dispersed within all of those authorities around this province. Now, Mr. Speaker, I think that's wrong. This government here will go after the federal government saying: that appointment was patronage; this appointment was patronage.

THE SPEAKER: The hon. Government House Leader on, I presume, a point of order.

Point of Order Inflammatory Language

MR. HANCOCK: Yes, Mr. Speaker. Under 23(h), (i), and (j), inflammatory comments and making allegations. I do hesitate to rise, but it should be clear to all members of this House that there was an appropriate process for the appointment of hospital board members. It was a public process. There was advertising. There was an independent committee that reviewed and interviewed them. So it's totally inappropriate for the hon. member to indicate or to say to this House and to say to members of the public of Alberta that the Premier put his buddies on the health boards.

There was a public process advertising for nominations. Everybody who's taken any look at it at all knows that there was a committee. As I recall, in fact a very prestigious member of Edmonton city council was one of the members of the committee that I can remember off the top of my head who reviewed the applicants and made recommendations as to who went on the committee.

In light of what I said earlier, I would hesitate to intervene in debate at all, but it's totally inappropriate for the hon. member to make the allegations she suggested on the nature of the appointments to the hospital boards.

THE SPEAKER: The hon. Official Opposition House Leader.

MR. DICKSON: On the point of order, Mr. Speaker, and addressing that directly, I think no point of order has been made.

I recall that when I had the privilege of being the Official Opposition health critic from about January of 1998 until about February of 1999, I had lots of opportunity to study the process whereby men and women were appointed to regional health authorities. Let's be absolutely clear. There may well have been changes to the process for appointment of the men and women to the 17 RHAs, but in no sense is that what anyone could ever describe as an open process. The government chose the people who were doing the screening.

I'd be the first person to say that there were some excellent candidates that came forward and were vetted through the screening process and now sit on some of those 17 regional health authority boards, but the reality is that the government controlled the process, controlled the people who were appointed. It was not transparent in any sense. I remember attempting to get information on criteria that were applied. In fact, it was exceedingly difficult even to find out who was on those panels.

We all remember that in the Calgary regional health authority we had a situation where Dr. John Morgan had been appointed as chair of the Calgary regional health authority, was the chair for less than a year – my recollection is that it was something like eight months – took some positions that were very much inconsistent and conflicting with the position of the government of the province of Alberta and the Department of Health and Wellness, as it is now, formerly the department of health. What we had was Dr. Morgan, poof, mysteriously, there one day and gone the next. Who arrives in his place but our cheerful Provincial Treasurer.

Now, I remember going to the Red & White Club in Calgary just two weeks ago. In fact, I went with the Member for Calgary-Glenmore. Speaking specifically to the point of order, Mr. Speaker, I remember that there were some 800 Calgarians that showed up, and you know the thing that drew the longest and most vociferous response is when somebody challenged the legitimacy of the Calgary regional health authority as being representative of the 800,000 people in the Calgary health region. People applauded. They rose from their chairs virtually as one, provided a standing ovation to this one Calgarian that posed the question. It was an astonishing circumstance that brought home to me that regional health authorities in Calgary certainly don't have the trust, the confidence, and the respect of the people in the Calgary health region, and from my experience with many of the other health regions around the province, the same thing would apply.

5:20

The Minister of Justice on his point of order suggests that my colleague from Edmonton-Norwood, with an excellent reputation for accuracy and tough, penetrating analysis – I would think that the Minister of Justice would have appreciated that when she makes those observations, they are consistently well supported, buttressed by evidence, and that would certainly be the case here.

Those are the observations I wanted to make. I'm looking forward eagerly to your ruling. I don't know whether other members wish to participate – even the Member for Edmonton-Norwood may in fact want to offer some observations on the point of order – but those are the comments I wanted to share with you, Mr. Speaker.

Thank you very much.

MRS. McCLELLAN: I would just like to add to the point of order, Mr. Speaker.

THE SPEAKER: Very briefly.

MRS. McCLELLAN: It will be brief.

Mr. Speaker, I believe that the point of order is well taken. There is a process that is documented for appointments to these health authorities. They are publicly advertised. There is a screening committee. It is very transparent. I think the member opposite does a huge disservice to the hundreds of people across this province who virtually volunteer their time in the service of their communities.

There are guidelines that the screening committee must follow. They are required to look at a variety of backgrounds. They look at

people who have had experience in health services. They look at people who have had experience in community service and business experience and a variety of others.

Mr. Speaker, I know that the process for the appointment of regional health authorities was made public, and I think the hon. member, as I indicated, does a huge disservice to the hundreds of people across our constituencies. I certainly would take great exception if she is alluding to any of the members who serve on the three regional health authorities that are in my region. The people who serve on those authorities are doing it in the best interests of their community. They get no reward other than a sense of service to the community, and I think the honourable thing would be for that hon. member to withdraw that comment.

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

MS OLSEN: Yes, Mr. Speaker.

THE SPEAKER: On the point.

MS OLSEN: Just very, very briefly on this point of order. I in no way meant to impugn the reputation of anybody in this House. I do know, however, that Mr. Dinning was a member, and if we look at the Calgary regional health authority, Mr. Speaker, I think it speaks for itself.

So I don't believe there's a point of order. Your decision.

THE SPEAKER: Well, this is indeed unique. During the day, during the question period the chair heard a number of observations from members about the need to participate, the lack of availability of time. The chair recognized this hon. member at about 9 minutes after 5. The time that we've now exercised in debating a point of order is part of her speaking time.

The chair was listening very attentively with respect to all the comments to be made on Bill 11 and then heard quite a few comments that I guess prompted the suggestion that there was some violation of section 23:

- (h) makes allegations against another member;
- (i) imputes false or unavowed motives . . .
- (j) uses abusive or insulting language.

Then the points of order just basically rallied around health boards. The chair really thought that the point of order and the House would be dealing with statements and accusations against the leader of the government.

So the time goes on. Hon. Member for Edmonton-Norwood, you may continue your debate in whatever time is left.

MS OLSEN: Mr. Speaker, I move that we adjourn debate on this bill right now. Thank you.

[Motion to adjourn debate carried]

[The Assembly adjourned at 5:25 p.m.]