

Legislative Assembly of Alberta

Title: **Monday, May 8, 2000**

1:30 p.m.

Date: 00/05/08

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Hon. members, would you please remain standing after the prayer for the singing of our national anthem.

Fifty-five years ago on, May 8, 1945, the war in Europe ended. As we pray, would you bow your heads in silence as we especially remember those who died in that long and costly struggle.

Almighty God, we give thanks for Your servants who died in defence of peace and freedom. Let us remember them. Amen.

O Canada, our home and native land!
True patriot love in all thy sons command.
With glowing hearts we see thee rise,
The True North strong and free!
From far and wide, O Canada,
We stand on guard for thee.
God keep our land glorious and free!
O Canada, we stand on guard for thee.
O Canada, we stand on guard for thee.

Please be seated.

head: Presenting Petitions

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

MR. GIBBONS: Thank you, Mr. Speaker. I have a petition from 142 residents of Alberta from Spruce Grove, St. Albert, and Edmonton urging "the government to stop promoting private health care and undermining public health care" in Alberta.

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

MS OLSEN: Thank you, Mr. Speaker. I have two petitions to present to the Assembly today. They both state:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the Government of Alberta to stop promoting private healthcare and undermining public healthcare.

The first one is signed by citizens from Berwyn, Sherwood Park, Stony Plain, Spruce Grove, and Edmonton; the second one from Cochrane and Calgary.

Thank you.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I have a petition to present to the Legislative Assembly today on behalf of many Calgarians. These individuals are asking "the assembly to urge the government to use its legislative powers to help resolve the labour disputes at the Calgary Herald."

Thank you.

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 151 citizens of the communities of Stony Plain, St. Albert, Sherwood Park, Fort Saskatchewan, Ardrossan, and Edmonton. These citizens 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 have two separate petitions that I would like to present to the Assembly this afternoon.

The first has been signed by residents of Edmonton, and it reads:

We the undersigned citizens of Alberta, petition the Legislative assembly to urge the government to stop promoting/implementing Bill 11 and the privatization of public health care.

Mr. Speaker, the second petition I table on behalf of 49 residents of Sherwood Park who attended a church service last weekend.

We, the undersigned residents of Alberta and as members of Sherwood Park United Church, petition the Legislative Assembly to add our names to the list of Albertans who oppose the proposal to allow private for-profit hospitals in Alberta. We agree with the health reform but wish it to occur within the existing public system.

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

MS CARLSON: Thank you, Mr. Speaker. Today I would like to present a petition bearing a total of 179 signatures that calls upon the Legislative Assembly to "maintain Kananaskis Country in a natural state," to "deny development approval" for the projects proposed for that region, and to "create a Wildland . . . Park" in Spray and Kananaskis valleys.

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

DR. PANNU: Thank you, Mr. Speaker. I would like to table a petition today. It's signed by 200 Albertans from Beaumont, Edmonton, Sherwood Park, St. Albert, Ardrossan, and Grande Prairie. The petition reads:

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.

This brings the total number of signatures on this petition up to today to 21,925.

Thank you, Mr. Speaker.

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

MR. WHITE: Thank you, Mr. Speaker. I rise today to table with the Legislature a petition from 189 Calgarians.

We, the undersigned, call upon the Legislative Assembly of [the province] of Alberta to urge the Government to:

- (1) maintain Kananaskis Country in a natural state . . .
- (2) deny development approval to any intensive recreational developments . . . and
- (3) create a Wildland Provincial Park that protects the Kananaskis and the Spray River Valleys.

Thank you.

THE SPEAKER: Hon. members, before we move on to the next item in the routine, might we revert briefly back to Introduction of Visitors.

[Unanimous consent granted]

head: Introduction of Visitors

THE SPEAKER: The hon. the Premier.

MR. KLEIN: Thank you, Mr. Speaker. Today I'm honoured to introduce to you and through you to all members of the Legislature a distinguished guest who is with us today, the president of the

International Amateur Athletic Federation, Mr. Lamine Diack. As well as being president of the IAAF, Mr. Diack is currently president of the African athletic confederation, a member of the International Olympic Committee, and the president of the National Olympic Committee of Senegal. His role has been as track and field athlete or as coach and as committee member or president. His continuing commitment to amateur athletics has remained constant.

Mr. Diack has now involved the city of Edmonton in that commitment as the city will host the 2001 IAAF World Championships in Athletics. Mr. Speaker, this is significant in that Edmonton will be the first North American city ever to host these prestigious international championships, and of course these games will feature the world's best track and field athletes from over 200 countries. The IAAF World Championships in Athletics is the third largest sporting event in the world with an anticipated international viewing audience of 4 billion people. This makes the championship third in scope only to the Summer Olympic Games and World Cup soccer.

Mr. Speaker, we are pleased Mr. Diack is visiting the city of champions and seeing all it has to offer. Accompanying Mr. Diack are Istvan Gyulai, general secretary of the IAAF, Jack Agrios, chairman of the board of the 2001 championships, and Ed Zemrau, member of the board of directors at this time. I would ask that Mr. Diack and his party seated in your gallery rise and receive the warm welcome of this Legislature.

1:40

head: Reading and Receiving Petitions

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 presented last week 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-Norwood.

MS OLSEN: Thank you, Mr. Speaker. I, too, request the petition I presented in the Assembly on the 4th of May of this year representing 160 signatures from 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 of Alberta to stop promoting private health care and undermining public health care.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I request that the petition I presented to the Assembly on Thursday, May 4 regarding the disruptive and divisive labour dispute at the *Calgary Herald* be now read and received.

Thank you.

THE CLERK:

We, the undersigned, petition the assembly to urge the government to use its legislative powers to help resolve the labour disputes at the *Calgary Herald*.

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

MS CARLSON: Thank you, Mr. Speaker. I would ask that the petition I presented last week 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 gives me great pleasure to rise and with your permission seek that the petition I tabled on May 2 in regards to urging the government to stop the promotion of 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-Meadowlark.

MS LEBOVICI: Thank you, Mr. Speaker. I, too, rise this afternoon to ask that the petition I presented the other day now be read and received.

THE CLERK:

We, the undersigned, petition the [Legislative] assembly to urge the government to use its legislative powers to help resolve the labour disputes at the *Calgary Herald*.

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

MR. WICKMAN: Thank you, Mr. Speaker. I, too, request that the petition I tabled last week from Albertans 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-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I presented two petitions on Thursday, May 4. I now request that those be read and received.

THE CLERK:

We the undersigned petition the [Legislative] assembly to urge the government to use its legislative powers to help resolve the labour disputes at the *Calgary Herald*.

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.

head: Presenting Reports by
Standing and Special Committees

THE SPEAKER: The hon. Member for Whitecourt-St. Anne.

MR. TRYNCHY: Thank you, Mr. Speaker. As chairman of the Standing Committee on the Alberta Heritage Savings Trust Fund I would like to table the report of the Standing Committee on the Alberta Heritage Savings Trust Fund for the 1999-2000 fiscal year.

head: Tabling Returns and Reports

THE SPEAKER: The hon. Minister of Agriculture, Food and Rural Development.

MR. LUND: Thank you, Mr. Speaker. I'd like to file with the Assembly today five copies of the 1999 Farmers' Advocate annual report. This Farmers' Advocate is the only such office in North America that offers advice to farmers and helps settle disputes.

THE SPEAKER: The hon. Member for Calgary-Fish Creek.

MRS. FORSYTH: Thank you, Mr. Speaker. I'm pleased to table *Connecting Voices, Creating Choices*, the second publication of the Prostitution Awareness and Action Foundation of Edmonton.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased today to rise to table invitations with respect to two very important community events that will be happening this week. The first is for the Support Network of Edmonton, Theresa Comrie's champagne luncheon occurring Friday, May 12 here in Edmonton at the Hotel Macdonald, and also the Girl Guides of Canada, Edmonton area annual area awards and appreciation dinner, which will be occurring May 10 here in Edmonton at the Delta south-side hotel.

My third tabling, Mr. Speaker, is the required number of copies of a policy framework for homelessness issued by the Alberta Department of Community Development, family and special purpose housing, dated January 26, 2000.

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

MRS. MacBETH: Thank you, Mr. Speaker. I'm pleased to table a letter which I sent to the Prime Minister last Friday urging him to fight for public health care for all Canadians.

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

MR. SAPERS: Thank you, Mr. Speaker. I have several tablings. I'll move quickly through them. The first is a letter from Barb Baker to the hon. Prime Minister of Canada regarding Bill 11 in Alberta and explaining from her perspective why Albertans have lost faith in the Premier.

Mr. Speaker, the second is another update on the VoteAlberta.org web site poll on Bill 11, and what it shows now is that 77 percent of the 3,077 voters at this web site are against Bill 11. That's another erosion in what little support there was for Bill 11.

Mr. Speaker, the next is a copy of the web site guest book for Mr. John Mills of Lethbridge, where several Albertans have expressed their concerns regarding Bill 11 and posted those on the web site.

Mr. Speaker, my next tabling is copies of the government of Alberta Bill 11, Alberta Health Care Protection Act web site, Bill 11 Debate Summary for May 3, 2000, which shows yet another distortion in how the government is communicating with Albertans. It no longer summarizes the debate; it now puts an editorial comment on the debate.

Mr. Speaker, finally, copies of a reply dated May 4 from the Alberta Treasury freedom of information and protection of privacy officer refusing to give any information, in fact suppressing 17 pages of information on the government of Alberta's 11 percent flat tax plan. Even though they said, "Just ask us," they don't want to give the information.

Thank you.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I have two tablings this afternoon. The first is a report by Victor Blanc from the *Cite libre* magazine, spring edition: Is a Two-Tier Health-Care System the Right Answer? He concludes that no, it is not.

The second is a synopsis of a report that was completed by John Yates which indicates that "waiting times for appointments in many NHS specialties are increasing – yet the same consultants can be seen privately within a few days."

Thank you.

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

DR. PANNU: Thank you, Mr. Speaker. I've got three letters for tabling today. Each one of these letters is opposed to Bill 11 and seeks its withdrawal.

The first one is by Michelle Laing-LeClerc of Beaumont. Her letter is addressed to the Premier and expresses grave concerns about the bill and requests him to withdraw the bill.

The second letter is from Saskatchewan, Mr. Speaker, from the chairperson, Prince Albert district health board, Carol Beck. The letter, addressed to me, is asking me to oppose Bill 11 and seek its withdrawal or defeat in the Assembly.

The last one, Mr. Speaker, is a letter from Carol Larsen from Standard. Her letter is addressed to the Minister of Health and Wellness, and Miss Larsen is also seeking the withdrawal of Bill 11.

Thank you, Mr. Speaker.

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

1:50

MS CARLSON: Thank you, Mr. Speaker. I'm happy to table a letter this afternoon from Keith Walker to the Premier of the province expressing Keith's disappointment with this government's move to develop the Spray Valley by Genesis Land Development Corp. He would like Kananaskis to stay as it is.

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

MR. BONNER: Thank you very much, Mr. Speaker. With your permission I would like to table the appropriate number of copies of a letter to the Premier from the grade 6 class at St. Anne school. This is outlining the reasons why they are opposed to Bill 11.

Thank you.

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. I have five different letters here. They're all concerned about Bill 11 and their portion of tax dollars going to private health care. They don't approve of that. This is from Gary Comer, Vic Mastronardi, Doug Edwards, P. Lemoine, and Gerald Larson.

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

MS BLAKEMAN: Thanks very much, Mr. Speaker. I'd like to table five copies of a program of a performance I saw on Thursday. This *Mama Mia! Me A Mama?* is at the Varscona theatre. It's written by homegrown talent, Cathleen Rootsart.

Thanks very much.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I have two tablings this afternoon. The first is a letter I received from the Premier of Manitoba "regarding the issue of the shortage of health professionals that is facing our health care system" across the entire country.

The second tabling this afternoon, Mr. Speaker, is the complete program from The King's University College graduation ceremonies, which occurred Saturday, April 29 at the West End Christian Reformed Church. This is the 14th graduation of the institution. There were 119 graduates. In the first graduation ceremony, it's interesting to note, there were four graduates.

Thank you.

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

MS OLSEN: Thank you, Mr. Speaker. I have one tabling today, and it is a letter from the Red Deer Network in Support of Medicare outlining a response to an opinion piece by the hon. Member for Red Deer-South which appeared in the paper on April 26.

head: Introduction of Guests

THE SPEAKER: The hon. Minister of Learning.

DR. OBERG: Thank you very much, Mr. Speaker. It's a great pleasure today to introduce to you and through you 43 people from Duchess, Alberta. Included are two teachers, Joyce Evans and Colin Butters; 11 adults, Linda Morey, Brenda Scherger, Connie Scheuerman, Faye Wortel, George Berg, Joan Gramlich, Patti Rommens, Sandy Bandura, Jo-Ann Grove, Laurie Creybohm, and Sandra Genovese; and 30 students. I would ask you to rise and receive the warm welcome of the Legislative Assembly.

THE SPEAKER: The hon. Minister of Agriculture, Food and Rural Development.

MR. LUND: Thank you, Mr. Speaker. It gives me a great deal of pleasure to introduce to you and to the members of this Assembly 13 bright, enthusiastic grade 10 students from the Will Sinclair high school, plus their teacher, Doug Daisley. They are seated in the members' gallery. I would now ask them to rise and receive the warm welcome of the Assembly.

MR. JONSON: Mr. Speaker, it's my privilege today to be able to introduce to you and through you to members of this Assembly 22 students from the New Norway school located in the Ponoka-Rimbey constituency. They are accompanied by teacher Mr. Ed Martinson and parents Mrs. Laurie Huolt, Mrs. Karen Clark, and Mrs. Sandy Bright. I would ask the Assembly to give them the traditional warm welcome.

THE SPEAKER: The hon. Member for Whitecourt-Ste. Anne.

MR. TRYNCHY: Thank you, Mr. Speaker. It's my pleasure to introduce to the Assembly today some 35 people in total from home schooling in my constituency. They are accompanied by parents and helpers Mrs. Ann Walsh, Mrs. Diane Hagman, Mrs. Alice Aschenbrenner, Kirk and Marilyn McIntyre, and Mr. Andreas Aschenbrenner. They are seated in the public gallery, and I would ask them to rise and receive the warm welcome of this Assembly. I guess they won't be there until 2 o'clock, so I'm a little ahead of the game.

MRS. MacBETH: Mr. Speaker, I am pleased to introduce Dr. Malcolm McPhee, who is seated in the public gallery. Dr. McPhee is a professor emeritus of the department of surgery and urology at the University of Alberta. He has worked steadfastly for the prospect of high-quality public health care in our province, and I welcome him on behalf of all members to our Assembly today.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I would like to introduce to you and through you to all Members of the Legislative Assembly Gwyneth Foster-Newell. Gwyneth is a passionate voice for public health care in this province. She has been very active not only in the Edmonton-Gold Bar community but across the province in making people aware of the implications of Bill 11. She's in the public gallery, and I would now ask her to rise and receive the warm and traditional welcome of this Assembly.

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. It's a pleasure for me today to introduce to you and through you to all Members of the Legislative Assembly William Amos. He is a special assistant with the federal Minister of the Environment, and he is here for a day and a half in this province talking to people about environmental issues that are very near and dear to the hearts of many of us in this province. I would ask that he now stand and receive the traditional warm welcome of this Assembly.

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

MS LEIBOVICI: Thank you, Mr. Speaker. I have an introduction to make as well this afternoon. It's to introduce three staunch supporters and defenders of our public health care system. They are Jane Walker, Shirley Armstrong, and Maryann Stepien, and I welcome them to the Legislative Assembly. I know they've been here before, especially to hear the debates around Bill 11. I would request that they please rise and receive the warm welcome of the Assembly.

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

DR. PANNU: Thank you. I've got two introductions. The first is a group of 26 grade 6 students from Mount Royal school located in Edmonton-Highlands. These 26 students are accompanied by their teacher, Mr. Colin Woelfle, and their interim teacher, Mr. Chris Enyedy. Mr. Speaker, a word about this school. Mount Royal is only the second school in Canada to organize itself around the principles of micro-society. Micro-society is an innovative school design where children create a microcosm of the real world inside the school. Each student has a role in running that world. I will ask these young students and their teachers to please rise and receive the warm welcome of the Assembly.

Mr. Speaker, there is another one. There are several citizens who were participating in the citizens' vigil rally at noon outside the Legislature today. They are seated, I think, in the public gallery. I will ask all of them to rise and receive the warm welcome of the Assembly.

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

MS OLSEN: Thank you, Mr. Speaker. I would like to introduce to

the Assembly a familiar face: Howard Yeung. He's a former page in this Assembly, and he is now working in the Edmonton-Gold Bar constituency office for the summer. If he would please rise and receive the warm welcome of the Assembly.

head: Oral Question Period

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

Private Health Services

MRS. MacBETH: Thank you, Mr. Speaker. Not so long ago this Premier told Albertans that he listens and he cares. Well, now it seems he no longer cares and continues to ignore the very credible critics from the political, the religious, and the medical world. A respected and the second-longest serving Speaker of this Legislative Assembly, Gerry Amerongen, has urged Albertans to forget the loyalties earned by wiser leaders and to remember this government's health care policy at election time. My questions are to the Premier. Will the Premier listen to Gerry Amerongen and withdraw his new health care policy?

2:00

MR. KLEIN: The answer to the question relative to withdrawal of the bill is absolutely not, Mr. Speaker.

Relative to the preamble, Mr. Speaker, intelligent Albertans who read the bill know that this is a bill to protect the publicly funded system as we know it today and to put rules and regulations around clinics that have existed for years and years, including the 30 clinics that were up and running and approved by the then minister of health, who happens to now be the leader of the Liberal Party.

MRS. MacBETH: Well, Mr. Speaker, since Alberta's health care plans will impact all Canadians, will the Premier at least listen to the Canadian Council of Churches, that represents Protestant, Catholic, and Orthodox churches across Canada, and place his new plans on hold as they request?

MR. KLEIN: Mr. Speaker, I am astounded as to why they would be concerned about putting rules and regulations relative to the contracting out of surgical services. There are now 52 clinics offering some 152 or 153 different surgical procedures. Some 20,000 procedures are being performed each and every year. They have been operating without rules and regulations relative to contracting out. What this bill does and the policy does is simply put fences around surgical clinics that have been in existence for years in this province.

MRS. MacBETH: Well, Mr. Speaker, since the Premier won't listen to the churches and he won't listen to former members of his party, will he now, having seen the criticism by Dr. Walley Temple and Dr. Malcolm McPhee, both respected surgeons from Edmonton and Calgary, stop ignoring the evidence and hold off on his health care legislation until the Premiers' Conference has had an opportunity to review the implications of it?

MR. KLEIN: The answer is no, Mr. Speaker. We plan to proceed with this legislation. Yes, there are differing opinions within the medical community. On Saturday along with the hon. Member for Calgary-North Hill I met with eight doctors who had differing opinions. Earlier in Edmonton I met with a group of about 12 doctors who had differing opinions on this particular piece of legislation: some in favour, some opposed, and some with concerns

that they wanted to see addressed. There are all sides to this debate.

Really I think the amendments that were introduced by the hon. Minister of Health and Wellness address most if not all of the concerns that have been raised not only by the medical community but by the public at large.

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

MRS. MacBETH: Thank you, Mr. Speaker. People continue to ask why the Premier is pushing ahead with his private health care policy when there is evidence to show that it won't work. No regional authority has shown that it won't cost more or lengthen waiting lists, nor have any of them asked for it apparently. My questions are to the Premier. Given that this report going to the Edmonton city council this week shows that the capital regional health authority has not evaluated potential cost benefits, is the government just flying blind on it?

MR. KLEIN: Mr. Speaker, I would point out to this Assembly and to you, sir, that the leader of the Liberal opposition and members of her caucus voted against the motion, the part of the bill that quite specifically says that regional health authorities must be satisfied without reasonable doubt about the validity of the contract in terms of the contract creating efficiency, being cost effective, and reducing waiting lists. That does not exist now. That section, Mr. Speaker, is one of the fences, one of the rules, and one of the regulations we're putting around contracting out, and they voted against it.

MRS. MacBETH: Mr. Speaker, since the government would undoubtedly release any positive evidence to support their health care plans, why have they not released the cost-benefit study done by the Calgary regional health authority? Is it because it's telling them something they don't want to hear?

MR. KLEIN: Mr. Speaker, I can say one thing for sure, and maybe the Liberals have some figures to address this particular situation. What would the scenario be today if we took the 20,000 procedures that are now being done in the 52 surgical clinics and put those back into the public system? Would they be willing to provide us with some information as to the impact that would have on full-scale hospitals as we know them today? No, they don't want to address that.

THE SPEAKER: The Leader of the Official Opposition.

MRS. MacBETH: Thank you, Mr. Speaker. Why is this government pushing ahead with its health care legislation when there is evidence of financial loss and longer waiting lists? Who benefits? Who benefits, Mr. Speaker? Who asked for it?

MR. KLEIN: Well, Mr. Speaker, you know, I find it so strange that this leader of the Liberal opposition would not have raised those questions when she allowed 30 private surgical clinics to operate under her watch and also allowed them to charge facility fees. She didn't ask those questions then. Why is she asking them now?

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

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

MRS. MacBETH: Thank you, Mr. Speaker. This Premier continues

to show his disdain for democracy by refusing to listen to Albertans when they ask him to withdraw his health care policy. It is a shameful record: closure on two occasions, denying his caucus the opportunity of free votes, and refusing to enter into any real public debate with me. As well, this government has a record of developing regulations behind closed doors, yet another blow to democracy. My questions are to this Premier. Will the Premier leave his controversial health care policy on the Order Paper so that Albertans can have input into the regulations that must support his policy?

MR. KLEIN: Mr. Speaker, it's obvious the leader of the Liberal opposition hasn't read the bill, because there's a regulation section in the bill.

MRS. MacBETH: Mr. Speaker, in other words, no.

Given that the Premier has refused to listen to Albertans, will he now commit to public hearings on the regulations prior to the proclamation of his health care policy?

MR. KLEIN: Mr. Speaker, there's been no piece of legislation that has been the subject of as much public discussion and public input as this particular piece of legislation. Just to recap, it all started with Bill 37, which of course was pulled. That culminated in a blue-ribbon panel that made some recommendations relative to the kind of policy and the kind of legislation that should be drafted. This in turn resulted in the development of a policy paper that was released to the public and was out there for months to receive public input. This then resulted of course in the preparation of legislation which was introduced in this Legislature, a piece of legislation that was in an unprecedented move sent out to every household in the province.

2:10

Thus far, as I understand it, there has been something close to 40 hours of debate on this particular piece of legislation in this Legislature. I think there have now been close to 30 hours of questions in question period on this particular piece of legislation. It's unprecedented in the history of this Legislature to have a piece of legislation discussed as much as this piece of legislation has been discussed.

MRS. MacBETH: Well, Mr. Speaker, if he won't commit to public hearings, will the Premier commit to full involvement of the all-party committee, the Standing Committee on Law and Regulations, in the drafting of regulations, like every other province in this country does, to ensure that Albertans' views are not ignored and left behind closed doors in the development of regulations?

MR. KLEIN: You know, Mr. Speaker, I find it so totally strange that the leader of the Liberal opposition could be talking about regulations and about public input into regulations. On one hand, they said: scrap the bill; kill the bill; get rid of the bill. Now they're saying: pass the bill, and let's get on with the regulations. Now, which way is it?

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

DR. PANNU: Thank you, Mr. Speaker. Despite overwhelming opposition from all walks of Alberta life, the government will likely ram its private, for-profit health care initiative through the Legislature this week. All of the available evidence and overwhelming public opposition suggest that this government is on the wrong course and that what we will end up with is a health care system that's both less fair and more costly. My questions are to the Premier. Why do the Premier and this government disregard the

wise counsel of prominent Alberta Conservatives including a former Premier and a former Speaker of the Assembly, who have both called for strengthening public and nonprofit health care rather than making reckless forays into for-profit medicine? Why?

MR. KLEIN: Mr. Speaker, again, I find it very, very strange that this hon. member would be asking the question at this particular time when all we're trying to do is put rules and regulations around what has existed for some years. Is this hon. member, the leader of the third party, denying the fact that there are now in existence and have been operating for some time some 52 surgical clinics? Is he denying that? You know, why did he not make an issue out of these clinics operating without rules and regulations? This is what is so bewildering. Why would he be making an issue out of putting rules and regulations around something that has existed without rules and regulations in this province for years? Why would he be doing that?

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

DR. PANNU: Thank you, Mr. Speaker. Why is the Premier and this government determined to expand private, for-profit health care even though, in the words of Dr. Walley Temple, "it destroys the 'Samaritan' role of the hospital" while making "doctors and nurses into the 'instruments of the investor'" and patients into commodities?

MR. KLEIN: Again, why is the leader of the third party raising the issue at this particular time? Why did he not raise the issue two years ago, a year ago when these clinics were operating and there was no thought – well, there was a thought; it was called Bill 37; he opposed that too – to put rules and regulations around these clinics? This is not an expansion, Mr. Speaker. This is putting on restrictions. This is saying for the first time that RHAs, before they let contracts, which they can do today, by the way – there's nothing to stop them. This is the first time that the government is saying to regional health authorities: before you contract out, you have to meet a number of conditions. And they're opposed to it. That is what's bewildering about all this.

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

DR. PANNU: Thank you, Mr. Speaker. Why are this Premier and this government replacing the values of compassion and caring in health care with the profit motive and corporate greed?

MR. KLEIN: Mr. Speaker, that is absolutely and totally untrue, and this hon. member knows it. That is the kind of vicious and malicious misinformation that does a disservice to both of the opposition parties and to the people of this province. That is untruthful.

THE SPEAKER: The hon. Member for Redwater, followed by the hon. Member for Edmonton-Meadowlark.

Interprovincial Trade

MR. BRODA: Thank you, Mr. Speaker. My first question is to the Minister of International and Intergovernmental Relations, who as our trade policy minister is representing Alberta on the committee on internal trade. I understand that the committee recently met. Can the minister tell us what was discussed and what, if any, decisions were made?

MRS. McCLELLAN: Mr. Speaker, the internal trade ministers did meet last week in Toronto, and it was the first meeting that we've

held for two years. Alberta assumes the co-chair position of this committee now.

There were obviously a lot of issues on the table, because it had been some time since we had met. Implementation issues on government procurement were discussed, how we could finalize the energy and agriculture chapters, two which are incredibly important to Alberta. One other very important issue is on addressing the dispute resolution mechanism which is in the agreement now, but some of our companies and individuals who do trade across Canada are finding the process rather cumbersome and want us to try and streamline that process. Those are a few of the issues that we discussed at that meeting.

MR. BRODA: A supplementary question, Mr. Speaker, to the same minister: can the minister describe the priorities of the committee on internal trade in the year ahead?

MRS. McCLELLAN: Well, Mr. Speaker, certainly Alberta is an aggressive champion of this agreement and has led, I believe, all of the country in trying to move ahead. Trade is incredibly important to this province. One in three jobs depends on trade.

We would want to focus on the issues around negotiations in the energy and agriculture chapter, certainly to make sure that they are there. We'd like to conclude and do some more work on government procurement, the MASH sector, which all provinces agreed to but which British Columbia is not participating in. Truly, Mr. Speaker, Alberta's goal in being a part of this is to ensure that we eliminate or take down as many barriers as we can to trade so that our companies have every opportunity to trade across this country fairly and without impediment.

MR. BRODA: A final question to the same minister: seeing that there are internal trade barriers, how is this agreement going to benefit Albertans? What are we looking at?

MRS. McCLELLAN: Mr. Speaker, improvement in the reduction of trade barriers can only assist companies in Alberta to trade more freely, more openly across our borders. Whenever we have barriers to trade, whether they be artificial or real, it causes impediments to the movement of goods and services across this country. Alberta is a trading province. We believe in fair rules, and we believe in fair trading. That will be our role in the next years, and it is a commitment from all of the provinces and territories that are a part of that agreement.

THE SPEAKER: The hon. Member for Edmonton-Meadowlark, followed by the hon. Member for Olds-Didsbury-Three Hills.

Calgary Laboratory Services

MS LEIBOVICI: Thank you, Mr. Speaker. Recent research by Donna Korchinski, a Calgary journalist with NetNews, has shown that the merging of private and public enterprise into one group called Calgary Lab services occurred despite major government concerns. In fact, NetNews was unable to obtain even through a freedom of information inquiry any evidence that formal ministerial approval was given. My questions are to the Premier. As NetNews was unable to obtain any evidence that ministerial approval was given for the creation of Calgary lab services, can the Premier provide evidence that this approval was given?

MR. KLEIN: I'll refer this to the Minister of Health and Wellness and ask him to respond.

2:20

MR. JONSON: Mr. Speaker, in the whole process of the Calgary regional health authority entering into an agreement with this laboratory company, there was, yes, a considerable amount of discussion back and forth between Alberta Health and the Calgary regional health authority and the company. And, yes, in that rather complex process Alberta Health and Wellness officials did raise issues, as it is their responsibility to do. There has been an agreement and a working arrangement developed between the company and the regional health authority. There are still one or two issues outstanding from a legal standpoint in terms of equity positions and risks that both sides would be encountering. It's my expectation that those final parts of the agreement will be wound up fairly shortly.

MS LEIBOVICI: The process has been going on since 1996.

Can the Premier tell us what potential risks were identified in 1996 by Alberta Health in the plans to privatize the Calgary lab services?

MR. JONSON: Mr. Speaker, I think that quite a thorough examination was done of the overall process, which, again, I think is the responsible thing to do. One of the examples of the risks that had to be addressed was that of the company running into financial difficulty, going bankrupt. That hasn't happened certainly. It's a very big and effective service. That had to be dealt with in the contract with respect to making sure that the Calgary regional health authority was not going to be on the hook, so to speak, for any of these difficulties should they arise.

MS LEIBOVICI: Given that in this province the use of private facilities in health care is being encouraged, will the Premier commit to releasing uncensored – no blank pages on this one, Mr. Premier – all government documents related to the Calgary lab services from 1995-1996 to now?

MR. KLEIN: Mr. Speaker, I'll have the hon. Minister of Health and Wellness respond.

But, again, I find it very, very strange that they would be talking about contracts going back to 1994-96 and would not be concerned about future contracts. They voted against the section that would make contracts open and transparent, Mr. Speaker. [interjections]

THE SPEAKER: The hon. Minister of Health and Wellness has the floor briefly.

MR. JONSON: Mr. Speaker, two quick points. First of all, the existence in this province of contracts or agreements between different parts of the health care system as far as laboratory services are concerned should be recognized as being decades and decades old. There were companies such as Kasper – and I can go through a whole list – that existed for a long time under contractual relationships. The other thing, though, is that disclosure is certainly provided under the existing laws with respect to freedom of information and protection of privacy, and when we have in place Bill 11, despite the opposition that the Liberals seem to have to this, we will have an overall structure in legislation whereby these disclosures will be made.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

Trans Canada Trail

MR. MARZ: Thank you, Mr. Speaker. This month at various

locations throughout the province Relay 2000, an event which brings together water from the Arctic, Atlantic, and Pacific oceans planned by Participaction, is to take place in various locations on the proposed Trans Canada Trail. This event and others like it that are sure to follow are a concern of adjacent landowners in my constituency because at this time no development permits have been obtained or even applied for on the proposed route, which makes trail use in contravention of local land use bylaws. My first question is to the Minister of Municipal Affairs. Would local authorities have the authority under the Municipal Government Act and their local land use bylaws to issue a stop order to prevent this type of event from taking place on those sections of the trail that do not have a development permit?

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. The department has advised in the past that the development of formal trails, including such things as gates and signage, fencing, trail bed, and so on, and change in the intensity of use would likely meet the qualifications of the Municipal Government Act's definition of development and would be subject to provisions of the municipal land use bylaw.

The department has also advised that whether or not trail development and a change in use requires a development permit depends on the specific provisions of the land use bylaw of the host municipality. There is a provision in section 645 for development to be stopped if you need a permit or a subdivision approval where it is not in accordance with the reading of the act. Depending on the provisions of the applicable bylaw, a stop order is possible and certainly available to the municipality.

These cases are always very site and fact specific, and a municipality should really seek legal advice on the matter if they're not clear in their minds.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills.

MR. MARZ: Thank you, Mr. Speaker. To the same minister: given that Trans Canada Trail is the owner of the property and Alberta Trailnet is in their own words only managing the property, who is in fact the party that's responsible for applying for and obtaining the development permit?

MR. PASZKOWSKI: The MGA is silent on who may apply for a development permit except to require a land use bylaw that establishes provisions relating to applying for a development permit. Under section 640(2)(c) most municipalities allow an agent to apply on behalf of their owner or on behalf of their lessee or potential owners in the case of a sales agreement, all with the owner's authorization of course. Subject to the provisions of a specific land use bylaw there doesn't appear to be any reason why Alberta Trailnet couldn't submit the required development applications related to land in which they have specific controlling interest.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills.

MR. MARZ: Thank you, Mr. Speaker. My second supplemental is to the Minister of Community Development. Would the minister consider withholding any further grant money to Alberta Trailnet or Trans Canada Trail until they resolve their issues with respect to obtaining development permits and their outstanding issues with the adjacent landowners?

MR. WOLOSZYN: The short answer is no, but to elaborate

somewhat on that the issue here revolves around the transfer of lands, abandoned right-of-ways, by the CPR to Trailnet. Unfortunately, there wasn't the proper consultation done between adjacent landowners and the CPR prior to Trailnet, which has raised a whole series of issues which need to be resolved.

The government is committed to the concept of Trailnet, which stretches right across Canada and also through Alberta and joins all three oceans together. The concept is very sound. Our commitment is to work with the landowners and with the Trailnet proponents to ensure that they come to a reasonable agreement through consultation on how the trails will be managed and used.

I quite frankly look forward to a lot of progress being made. We have a lot of examples of trails that are very successful currently throughout the province. Some are restricted to snowmobile use. Some are other uses. We have right in this fine city a good example of multi-use trails along the river valley which are done very, very well. So I look forward to a good resolution. We will try to accommodate both sides as best we can.

Long-term Care

MRS. SOETAERT: Mr. Speaker, this government is separating a 71-year-old woman who is nearly blind from her husband after 53 years of marriage because of the government's failure to plan for long-term care needs of Albertans. After 53 years this frail woman, who has suffered several strokes, will have to make a 130-kilometre round trip from Red Deer to Rimbey to visit and comfort her 73-year-old husband. In the words of the senior involved: it's cruel. Even the health authority admits that the current shortage of long-term care beds in the region is a direct result of cuts in 1995 by this government to Red Deer and regional hospital beds. My questions are to the Premier. Why did this government ever let this kind of thing happen?

2:30

MR. KLEIN: Mr. Speaker, I would like to inform this Legislative Assembly that funding to health care generally has increased some 40 percent. For every dollar that was taken out of the system, we have put \$3 back into the system, and over the next three years about a billion dollars more will be going into the system.

Mr. Speaker, as we address health care, I know that there's been a lot of talk about the legislation before the Assembly today as it pertains to health care, but I would point out that that is only one point in the six-point plan. Certainly long-term care has been identified as a priority. It's always been a priority.

What I say to this elderly woman is that I will have the hon. Minister of Health and Wellness look into the particular case. If the member will provide him with the details, we'll look into this case. I'm sure he'll have discussions with the health authority in question, Mr. Speaker, and hopefully we can resolve this particular issue.

Certainly restructuring was difficult, but through it all we maintained our commitment to provide as adequately as we possibly could facilities to accommodate those in need of long-term care, and we'll continue to do so.

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

MRS. SOETAERT: Thank you very much, Mr. Speaker. My second question: does Alberta Health or the RHA cover the costs of transporting this woman back and forth to give care and comfort to her husband?

MR. KLEIN: I'll have the hon. Minister of Health and Wellness answer this question.

MR. JONSON: Mr. Speaker, in this particular instance, as I understand it, yes, the capacity of the long-term care facilities in Red Deer are right now full, and it was necessary to transfer this particular individual to Rimbey, which incidentally, despite being some distance from Red Deer, does have a very good long-term care facility. I hope the member across the way was not inferring that the care was not of very good quality and the people in Rimbey were not providing for this individual, because they are. As I understand it, the regional health authority has committed to bringing this individual back to Red Deer as soon as the space is available.

I would like to add further, Mr. Speaker, that in our recent budget and overall business plan we have on the capital side made a very significant contribution to expanding long-term care in this province in terms of accommodation. Red Deer, as I recall, was approved for over 150 new beds in the region.

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

MRS. SOETAERT: Thank you, Mr. Speaker. Finally, in the words of this senior: why is the provincial Conservative government abusing the old folks that have lived and worked hard in this province?

MR. KLEIN: Well, that is an entirely and unnecessary preamble to a question. This government always has been and always will be fully committed to the well-being and the care of our seniors, Mr. Speaker. It's as simple as that.

MR. ZWOZDESKY: Point of order on that.

THE SPEAKER: The hon. Member for Calgary-East, followed by the hon. Member for Edmonton-Manning. [interjections]

School Lunch Supervision

MR. AMERY: Thank you, Mr. Speaker. [interjections]

THE SPEAKER: The hon. Member for Calgary-East does have the floor.

MR. AMERY: Thank you, Mr. Speaker. My questions today are for the hon. Minister of Human Resources and Employment. At 110 schools in the Calgary board of education's system there are parent-operated school lunch programs for students who are not bused to school but who stay at school for lunch. I understand that an agreement has been reached on the status of certain lunchroom supervisors employed under these parent-operated lunchroom programs. Could the minister advise the Assembly as to what this agreement will mean for the parent-operated lunch program?

THE SPEAKER: The hon. Minister of Human Resources and Employment.

MR. DUNFORD: Thank you, Mr. Speaker. Actually I am very pleased that the parties involved in this issue, the Calgary board of education and their staff association, have reached an agreement on the status of the school program supervisors employed under the parent-operated lunchroom program.

Now, as I understand it, under the terms of the agreement both parties agree that parent-operated lunchroom programs will continue to operate in the Calgary board of education schools subject to certain conditions being met, and over the next year the Calgary

board of education will consult with all stakeholders and develop a comprehensive lunchtime supervision policy.

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

MR. AMERY: Thank you, Mr. Speaker. Could the minister advise the Assembly as to why the Labour Relations Board was involved with this issue?

MR. DUNFORD: Well, Mr. Speaker, as I understand it, it was in June of 1999 that the Calgary Board of Education Staff Association asked the Labour Relations Board, as they have a right to do, to determine whether or not these parents were actually in fact Calgary board of education employees. Now, the Labour Relations Board appointed one of its members to try to help the parties reach an informal solution and avoid a perhaps long and divisive formal hearing process. While the board member consulted with the parties and issued recommendations to them, I'm pleased to announce that the parties arrived at an agreement on their own.

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

MR. AMERY: Thank you, Mr. Speaker. To the same minister: what happens next?

MR. DUNFORD: Well, the staff association, of course, has withdrawn its application to the Labour Relations Board, and the parties are now going to work together to look at the situation between now and next April, as I understand it, and try to come to grips, then, with the issue of lunch room supervision. They'll have to determine, Mr. Speaker, on the issue – there's been some indication as to whether or not these parents were volunteers or just what the situation was. I think that clearly we now have to have an understanding that if someone is scheduled and actually receives a set remuneration for the particular work they're performing, then of course bargaining unit work under a collective agreement is going to be up for discussion.

MRS. SLOAN: When are you going to mediate the *Calgary Herald* dispute?

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

MRS. SOETAERT: It was Edmonton-Manning.

THE SPEAKER: Well, I don't know. I kept hearing all these interjections. It's okay with me. It makes no difference to me who I recognize.

The hon. Member for Edmonton-Manning.

Education Property Taxes

MR. GIBBONS: Thank you, Mr. Speaker. This government has a history of creating piecemeal policy solutions that do not work. The most current example is health care. Another case in point is its policy on education property tax. At the four regional AUMA meetings over the past month education property tax was the most important issue, yet all this government has come up with is taxpayer-funded propaganda to obscure the truth. My questions are to the Minister of Municipal Affairs. How much is the government spending to tell Edmontonians that their education property tax is increasing by \$7.7 million this year?

MR. PASZKOWSKI: Mr. Speaker, one of the things that Albertans have told us and told us very clearly is that education is very critical and very important to them, and one of the things that all Albertans have told us also is that they are prepared to pay for education as long as it is paid for in a fair and equitable manner. Ultimately, that's the objective. Any effort that Alberta Municipal Affairs is expending is to advise Albertans on the process of taxation, and ultimately the process is conceived and developed in as fair and as equitable a manner as possibly can be achieved.

MR. GIBBONS: My second question: will the minister admit that this government's tinkering with the education property tax will adversely affect over 60 municipalities in this province?

MR. PASZKOWSKI: Mr. Speaker, as I pointed out, education is very, very important to our future in this province. As a matter of fact, it's been clearly identified by Albertans that education is their number one priority. It's critical for the growth of this province; it's critical for the development of this province.

What we had in the process in Alberta was a process that indeed dealt with municipalities in a fair way, but when you expanded the process over the whole province, there were some variables. Certain parts of the province were growing more rapidly than others, and when market value assessment was put in place, there were municipalities such as Fort McMurray and Wood Buffalo that would have actually had a spike of over 50 percent in their market value tax increase. Through the process of years – and this has been over a process of three years now – a cap has been put in place to help mitigate those extreme spikes.

Further to that, there was a committee put in place. The committee has made recommendations as to how to deal with the extreme variables that exist today and ultimately made some recommendations, which included averaging, capping, and dropping the mill rate.

Today Edmontonians are actually paying significantly less in education tax than they paid in 1994.

2:40

MR. GIBBONS: Will the Minister of Municipal Affairs instruct his education property tax committee to come up with a long-term solution that will treat all municipalities fairly rather than continuing the tradition of tinkering at the margins?

MR. PASZKOWSKI: The committee is actively pursuing all input from all stakeholders. Certainly, if the hon. member has some input and some ideas that would help with this process, it would be very, very useful. We're open to any suggestions from all stakeholders. The hon. Member for Edmonton-Mill Woods indicated earlier that, indeed, this is not an easy process. He went on to say: I really think that sometimes we have to remind ourselves that our municipal and school board counterparts – that's in this case – perhaps can find a better solution, but it's not an easy one. Ultimately, that's what your hon. colleague has indicated. The committee is studying . . .

THE SPEAKER: Hon. minister, thank you. We're going to move on.

The hon. Member for St. Albert, followed by the hon. Member for Edmonton-Glenora.

Teacher Remuneration

MRS. O'NEILL: Thank you, Mr. Speaker. Some teachers in my constituency are concerned about the calculation of pensions under the Alberta teachers' pension plan with the wage rollback that occurred in 1994. My question is to the Minister of Learning. Can

you please outline whether this rollback will negatively impact these teachers' pensions?

THE SPEAKER: The hon. Minister of Learning.

DR. OBERG: Thank you very much, Mr. Speaker. First of all, what happens with the Alberta teachers' retirement fund is that an average of the five highest years that a teacher is currently enrolled is used to determine their pension rate. When an employee actually retires is obviously up to the employee himself. In 2000-2001 we will be putting \$212 million into the teachers' retirement fund.

MRS. O'NEILL: My second question is to the Minister of Learning as well. Can the minister outline how the Alberta Teachers' Retirement Fund Board works?

DR. OBERG: Mr. Speaker, what happens is that there are three employees from Alberta Learning as well as three representatives from the Alberta Teachers' Association. Those six people comprise the board and set the policies and trends for the Alberta teachers' retirement fund.

MRS. O'NEILL: My final question is also to the Minister of Learning. Where do teachers currently stand in terms of salaries since the rollback?

DR. OBERG: The average rollback for teachers was 4.70 percent. The last time that there was a teacher rollback was in '95-96. Mr. Speaker, since that time the teachers' salaries have increased an average – and I must say an average – of 13.53 percent. So 4.7 percent versus a 13.53 percent increase since that time.

THE SPEAKER: The hon. Member for Edmonton-Glenora, followed by the hon. Member for Calgary-West.

Income Tax

MR. SAPERS: Thank you, Mr. Speaker. Despite another attempt at tax tinkering last week, it's clear that this government's flat tax policy is designed to shortchange those middle-class, middle-income Albertans who work hard every day to pay their own bills and the bills for this government, the very same Albertans that are hit hard by private health care issues. This government's policies have become synonymous with unfairness and inequity. My questions are to the Provincial Treasurer. Will the Treasurer confirm that under his flat tax scheme the top 1 percent of taxpayers in Alberta will receive a 20 percent cut in their taxes while 39 percent of tax filers, the whole middle-income group, will get just a 13 percent cut?

THE SPEAKER: The hon. Acting Provincial Treasurer, and let's deal with policy.

DR. WEST: No, Mr. Speaker.

MR. SAPERS: Those are the facts, Mr. Speaker.

Well, maybe the Provincial Treasurer knows this. Will he explain why exactly he believes it's fair that his policy gives the top 4 percent of tax filers fully 23 percent of the total tax savings while that same 39 percent, the middle-income Albertans, have to share 26 percent of the tax breaks? Why is that, Mr. Treasurer?

DR. WEST: Mr. Speaker, let's look at some of the facts here in the province of Alberta. First of all, the type of tax that the Liberals

would have recommended would have been a truly regressive tax. The tax notice that we announced the other day will take 190,000 people off the tax rolls completely in the province of Alberta.

From then on it only gets better, because as the middle-income people progressively move forward, they get an opportunity to keep more money of their hard-earned savings in their pockets. The middle income was disenfranchised by the federal government's change to the middle bracket in their last budget. We corrected that in the announcement the other day.

Now, let me give you a few examples so that the individuals across the way might get something right for a change. They keep talking about the middle-income versus the high-income people. Well, I would say that perhaps an individual working on highway maintenance in central Alberta – Phil is his name; his annual salary is \$47,243. The company where Phil works contributed \$1,800 to an employee pension plan, and Phil did not have to contribute into this plan. In 2001 Phil will pay \$3,352 in provincial income tax, \$451 less than he paid in 1999.

Now let's look at Mel, who is an 82-year-old widower living in a seniors' lodge. He makes \$12,000 per year in private pension income and receives old age security. In 1999 Mel paid \$335 in provincial income tax. In 2001 he will not pay any provincial income tax, and of course he will still receive his Alberta seniors' benefit program.

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

MR. SAPERS: Thanks very much, Mr. Speaker. Let's maybe compare Mel to a guy named Steve. Maybe the Provincial Treasurer will confirm that those middle-income earners, who pay taxes on between \$35,000 and \$45,000 a year, let's say, are going to receive an average tax reduction of \$554, while those whose income tops \$100,000 are going to get a break from this government that's not one or two or three or four times bigger but 10 times bigger. They're going to be saving over \$5,400 on average. Will the Treasurer confirm that and then explain what's fair about that policy?

DR. WEST: Mr. Speaker, we'll be bringing out hundreds of examples of variables in the province of Alberta as to what income pays what. Depending on the deductions – how many children you have, how many are going to university, what you pay into an RRSP, what you get for deductions as far as your child going to university, whether it's his tuition or whether it's his book expenses, and depending on whether you pay into a pension plan at work, or whether you don't – many variables will take place.

2:50

Now, let's look. Sandy is a legal secretary in Calgary earning \$34,800 per year. She has a 12-year-old son but does not claim any child care costs. In 1999 Sandy paid \$1,785 in provincial income tax, but she will only pay \$608 in 2001, a saving of \$1,177.

Now, Gabrielle is a single parent with a 10-year-old daughter, Rachel. Gabrielle works as a bookkeeper with a small family-owned business, where she earns \$29,000 per year. Gabrielle has a child care expense of \$3,360 per year. As a result of the move to the single-rate tax, Gabrielle will save \$968 a year.

THE SPEAKER: Hon. members in a few seconds from now we'll call upon the first of seven members, but please join with me in recognizing this special anniversary of four of our members who were first elected to the Legislative Assembly of Alberta in the general election of May 8, 1986. They include the hon. Acting Provincial Treasurer, the real Provincial Treasurer, the hon. Member for Dunvegan, and the hon. Leader of the Official Opposition.

head: Recognitions

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

Jerry Selinger

MS KRYCZKA: Thank you, Mr. Speaker. Today I stand with great sadness to recognize Jerry Selinger, QC, who passed away at the age of 50 years on May 2, 2000, surrounded by his loving family and friends. Jerry was born in Saskatchewan, received his law degree in 1973, and came to Calgary in 1978, where he became chief Crown prosecutor after 18 years in the Calgary Crown prosecutors' office. I am proud to add that Jerry was also a constituent of Calgary-West.

Jerry will be fondly remembered for his positive energy, honesty, humour, integrity, courage, and also for his numerous contributions to the community, especially as a member of the Alberta Justice working committee on domestic violence and of the steering committee of the national pilot project in developing a domestic violence intake court in Calgary. I can speak personally of Jerry's valued contribution to the establishment of a native court on the Tsuu T'ina reserve.

Jerry will be forever remembered by his loving wife, Terry, and special daughter, Erin, and by family, friends, and colleagues in the legal and law enforcement community.

Thank you.

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

Super Cities Walk

MR. BONNER: Thank you, Mr. Speaker. May is Multiple Sclerosis Awareness Month. Canada has one of the highest rates of MS in the world, with some 50,000 affected, and Alberta has the highest prevalence rate in Canada. Yesterday at Rundle park over 2,700 people gathered to participate in the 10th annual Super Cities Walk for multiple sclerosis. The walk was very well organized and ran smoothly, due in great part to the 400 volunteers who gave their time and energy to make certain the event achieved its goals.

Part of the success of the walk was due to the substantial contribution of the major corporate sponsors, which included Chili's, CFRN, Save-on-Foods, and Mobile Communications. Even though the deadline for the collection of pledges is June 30, \$64,143 has been turned in as of this morning.

On behalf of all members of this Assembly and all Albertans, Mr. Speaker, I extend our congratulations to those who organized, volunteered, walked, or sponsored the Super Cities Walk for multiple sclerosis.

Thank you.

THE SPEAKER: The hon. Member for West Yellowhead.

Grande Cache Rockies

MR. STRANG: Thank you, Mr. Speaker. I rise today to recognize members of the Grande Cache Rockies hockey team. This senior team very successfully competed in and won the Alberta north-central hockey league championship on May 9. The Grande Cache team was founded by Mr. David Ling in 1992. He believed that there were many good hockey players in Grande Cache and that the community would support the team. This year under the direction of Coach Rick Bentley the team proved they were the best in the league. On April 9 300 fans from Grande Cache traveled to Grande Prairie to cheer their team on to victory. This was a community win.

I also recognize the executive, the coaching staff, the sponsors, and the citizens of Grande Cache for the support and the encourage-

ment they provided to this hockey team. Mr. Speaker, the citizens of West Yellowhead were proud to have Grande Cache Rockies represent our region.

I would ask all members of the Assembly to join me in extending our congratulations and best wishes to this team's members.

International Nursing Week

MRS. SLOAN: Mr. Speaker, 25,000 registered nurses in Alberta will join with their colleagues across Canada and the world to celebrate and reflect on their profession during International Nursing Week, May 8 to 14, 2000. Initiated in 1985, the purpose of Nursing Week is to increase public awareness about the role of registered nurses and important health care issues.

Under the theme Nursing in the New Millennium registered nurses will celebrate and value our profession through multiple events across the province. As an RN I was honoured to be present last week as the Alberta Association of Registered Nurses honoured the outstanding contributions of registered nurses in the fields of clinical practice, administration, research, lifetime achievement, and partners in health. This week the Alberta registered nurses educational trust will hold Nightingale night galas across Alberta to raise funding for nursing education and to recognize the 180th birthday of Florence Nightingale.

It is our duty as legislators to be alive to the realities that face the profession of registered nursing today and to undertake a leadership role in addressing the issues of the nursing shortage, nursing work life, and lack of true reform of our health care system. May we take the time this week to reflect on these issues and to recognize registered nurses.

Thank you.

Lord Strathcona Statue

MR. LOUGHEED: This past Saturday, May 6, 2000, a monument to Lord Strathcona was unveiled in Sherwood Park. It sits on the corner of Broadmoor and Main boulevards. Lord Strathcona was a great Canadian, and this ceremony and the monument that celebrate his life and accomplishments will do much to help remind residents about how Strathcona county got its name.

Pioneer fur trader, Hudson's Bay Company governor, Member of Parliament, Bank of Montreal president, Lord Strathcona made many contributions to this country. In fact, one of the most enduring images in Canadian history is his driving of the last spike in the CPR intercontinental rail line.

Participating in the unveiling were the Royal Canadian Legion colour party and the commanding officer of Lord Strathcona's Horse regiment. Also present were Lord Strathcona's Horse colour party and mounted troop and armored vehicles.

On behalf of the residents of Strathcona county and their elected representatives who took part in the unveiling I'd like to congratulate the organizers of the very successful event. I'd ask the members assembled to recognize the project co-ordinator, John Ashton, the MLA for part of Strathcona county from '71 to '79, and Dawn McLean, the creator of this unique work of art.

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

Bill Hunter

MS LEBOVICI: Thank you, Mr. Speaker. It's a great pleasure this afternoon to recognize Bill Hunter, affectionately known by most Edmontonians as Wild Bill Hunter. This Saturday the Jasper Place Arena in my constituency of Edmonton-Meadowlark was renamed Bill Hunter Arena.

Bill Hunter stated: this arena is especially close to my heart as

Jasper Place was home to the Edmonton Oil Kings from 1965 to 1967. Mr. Hunter, president and general manager of the club, later helped found the World Hockey Association and the Western Hockey League and laid the groundwork for the National Hockey League to come to Edmonton. He brought the Oilers here in 1972 and doubled as the team's general manager.

For his work as a hockey pioneer he recently received the Order of Canada. Mr. Hunter has also recently been nominated to the Hockey Hall of Fame and will learn in June whether he'll be inducted. These honours that are bestowed upon Mr. Hunter are well deserved and recognize a life dedicated to the betterment of the community.

Thank you.

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

3:00

Excellence in Teaching Awards

MRS. O'NEILL: Thank you very much, Mr. Speaker. On Saturday evening I had the opportunity to attend a truly celebratory event honouring 21 teachers from across this province. They were recognized under the excellence in teaching awards banner for their creative, innovative, and certainly effective teaching methods. This was the 12th annual excellence in teaching awards, and these teachers represented a broad spectrum of the teaching skills and the art of teaching in this province.

I would like, most particularly, to recognize Mr. Mark Samuel, who teaches at the St. Albert Storefront school for many of the students in our community who are at risk. He is with the St. Albert Catholic high school and the greater St. Albert Catholic regional division. Mark was honoured for his work and his inspiration to young students, and I'd like to take this opportunity to congratulate him and all of the members of the teaching profession who do such a fine job in this province.

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

Point of Order Insulting Language

MS OLSEN: Thank you, Mr. Speaker. Right as we got into question period, at approximately 2:02 p.m., the hon. Member for Calgary-Fish Creek was engaged in heckling and once again heckled a comment: princess. I sent a note to the Speaker last week suggesting that I find this rather offensive, that in fact I find this to be somewhat of a sexist remark.

Section 23(j) talks about a member using "abusive or insulting language." Quite frankly, I find that particular comment abusive and insulting. It's only directed to the Leader of the Official Opposition. The comment has been used several times and is only ever made when the Leader of the Official Opposition is speaking. The provincial government has a policy that, quite frankly, I think members of the Assembly need to abide by. I think this would border on harassment in the workplace if it were outside this Assembly. Not even that, if a male member of this Assembly were to utter those same comments, this would have been dealt with a long time ago in relation to the issue of sexist comments. Quite frankly, I believe that there has been a breach of 23(j), and I find it rather disturbing that this continues to go on. It's one of the comments that I find most offensive, and I would expect some action in relation to this. I would love for this comment to be filed in a drawer somewhere and left there.

Thank you.

THE SPEAKER: The hon. Deputy Government House Leader on this point of order.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I would submit off the top that I don't believe there will be a point of order. However, I'll leave that to your determination.

I think that comments in this House oftentimes do get hurled one way and the other. They seldom, if ever, appear as a matter of record. It is of course unfortunate when that particular type of exchange is heard. Usually it's precipitated by something that one member says about, against, or toward another member. I checked the Blues. I don't see any record of those comments having been made.

I'm well aware, as you are, Mr. Speaker, that heckling is a traditional part of the parliamentary process. Certainly there have been many occasions in this House when heckles have been used to very good advantage, and some of them have been found to be quite humorous and quite playful. In this particular case I find it offensive that someone would actually suggest that a comment was made that was of a sexist nature. In fact, if the comment made was one to do with the word princess – who knows? – maybe it was meant in a complimentary way. Princess is a very nice word.

I did not hear the particular reference that is being referred to. Nonetheless, I think the Speaker has been very clear in reminding all members that they have to be very careful what they say in this House because sometimes those things do get printed. In this particular instance I don't believe that was the case. I would suggest that there may have been some difference of opinion perhaps. Perhaps there was something of a disagreeable nature, but I certainly don't believe there was anything verifiable as such that would constitute a point of order in this case.

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. With specific reference to the Member for Edmonton-Mill Creek's comments that the comment made by Calgary-Fish Creek was not on the record, there are numerous incidents in this Assembly when people have been asked to stand up and apologize for remarks made in a context that was not appropriate, most recently, last week, when the Member for Edmonton-Norwood was asked to withdraw the comment "shame on you," that was made off the record in this Assembly. So I would ask you to strike those comments from Edmonton-Mill Creek's defence of his colleague and find that in fact she is out of order.

MRS. FORSYTH: Well, Mr. Speaker, I've been listening intently to what the Member for Edmonton-Norwood has brought forward. At the same time, when I saw her rise, I thought it might be interesting for me to just keep a running tally of interjections through the process. The hon. Leader of the Opposition interjected 33 times with comments; the Member for Edmonton-Norwood, 22 times. So I find it quite interesting that all of a sudden I'm called on one remark. I was so busy keeping a record of the interjections of Edmonton-Norwood and the Leader of the Opposition that I didn't bother keeping comments in regards to some of the other members. I have heard worse remarks than that. Last week someone called our Premier a chicken, and that was the Leader of the Opposition. So as far as I'm concerned, there is no point of order.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert on this point of order.

MRS. SOETAERT: Yes. My point, Mr. Speaker, is that this is very specific about one issue, and I think that if the Member for Calgary-Fish Creek has other issues to bring up, she can bring them under other points of order. This is very specific. The concern has been presented that it is sexist, and I think that's the point of order that should be dealt with. If she has other concerns, she has every right to bring them up under other points of order, but right now this is very specific to this one. [interjections]

THE SPEAKER: Hon. members, please, please, please. First of all, the Speaker has checked the Blues. There is no indication that *Hansard* has picked up any of the purported comments today. Number two, there is absolutely no doubt at all that the chair heard a tremendous number of interjections, sometimes when a question was being asked and sometimes when an answer was being given to a question.

The chair has also observed some rather interesting approaches that individual members make when they make their interjections. Some hon. members slide in their chair and hide behind the shoulders of the hon. member sitting beside them so that the chair can't see them do that. Some hon. members have been known to slouch down and bend over in their chair and utter certain things and interjections as they do it. Other hon. members have been noted to actually turn their back to the chair and make interjections. Other hon. members put a piece of paper, blocking their face to the chair, and make interjections, all of which can be viewed as rather childish.

The chair would also like to point out that not one side is innocent and not one side is completely guilty. Oh, there are some sections of the House that are very, very good. The chair has to make it very clear that there are some sections of the House that have exemplary attitude in this Assembly for the most part.

There's one item that the chair must make a comment on, and that's the statement raised by the hon. Member for Edmonton-Ellerslie. There's absolutely no doubt at all that the chair did interject when the hon. Member for Edmonton-Norwood last week said, "Shame on you," because that criticism was directed to the chair, not to any other member. That violates all the rules of the Assembly – all the rules – and that certainly is not pertinent to this particular point of order today.

3:10

Now, last week the chair received a note from the hon. Member for Edmonton-Norwood with respect to her concern about the use of the word princess, and the chair shared that note with the hon. Member for Calgary-Fish Creek. The hon. Member for Calgary-Fish Creek was informed by the chair that the hon. Member for Edmonton-Norwood was concerned about the use of the word princess, and the note also said that this might be viewed as a sexist statement.

Hon. members have to appreciate that the chair is of the male gender and the two individuals in question are both of the female gender. Perhaps there's something the chair doesn't understand about this being in the sexist context and doesn't quite understand this, because the hon. Member for Calgary-Fish Creek made it very clear to the chair that she didn't think this was a sexist statement. Now, I don't want to get involved in any of this, quite frankly. I don't want to touch this with a 30-foot pole. There may be something here that I don't understand.

The point is, you know, that a lot fewer interjections would allow those remote interjections to be clearly heard by the chair, would allow *Hansard* to pick it up, and would allow us then to deal with a point of order, but if the interjection is muffled by 10 or 12 or 13 interjections, there is no clear interjection. So the difficulty we have

with this point of order is that I have a great difficulty determining that this is a point of order, but it does allow the opportunity to basically point out that there are way too many interjections.

If hon. members want to convey a thought to the chair on how the word princess is sexist, the chair will wait and in fact will consult with Parliamentary Counsel with respect to this. I might even do an undertaking in other Houses in Canada with respect to this matter. The chair has heard a lot of interesting remarks in this Assembly in recent weeks, from “cluck-cluck” to “chicken” to “princess.”

The hon. Member for Edmonton-Glenora on a point of order.

Point of Order Parliamentary Language

MR. SAPERS: Thank you, Mr. Speaker. Let me say at the outset that I am going to be referring to a number of authorities. Right off the top I'll talk about the list of words that have been found unparliamentary under *Beauchesne* 492. I will also be referring to Standing Orders and *Erskine May* and perhaps not just Standing Order 23, but at your discretion you may find that this is a more serious point and may in fact constitute a contempt.

What I'm referring to, Mr. Speaker, is another interjection that likely didn't make its way into the Blues. It is an exchange that took place between the second and third main questions put by the Leader of the Official Opposition to the hon. Premier. It was at that point in time, between the second and third questions, that I clearly heard the Minister of Government Services, the Member for Calgary-Foothills, lean forward in her chair and utter the words: you're a liar, Nancy.

Now, Mr. Speaker, this whole question about lies and twisting words you've dealt with many times. In fact, this won't be the first time that this whole issue of referring to somebody sort of off the air as a liar has been brought to the attention of the Assembly. You yourself called this member to order for suggesting that the Premier was not telling the truth during an interjection. At that time I took the opportunity to withdraw the remarks. We've had many discussions in this Chamber as well as documents that you have circulated prior to each sitting cautioning members from making such allegations.

Mr. Speaker, nothing could be more important to our ability to do our jobs in an appropriate manner than to have the confidence of the public and the integrity of each and every member. There is nothing more important to a member of this House than a member's integrity and the public perception of that integrity. It is my submission that the comments uttered by the Member for Calgary-Foothills this afternoon very, very clearly were intended to impugn the integrity of the Leader of the Official Opposition and therefore to interfere with her ability to maintain public trust in her integrity and to maintain her ability to carry out her duties as a member of this House. I would suggest that it's not too strong to say that by doing so, it impugns the integrity of each and every member of this House.

I can refer you to *Beauchesne* 64, which indicates that the House has occasionally taken notice of attacks on individual Members. Most notably, [a situation where a member] while seated at his desk in the House, referred to a Member . . . as “a cheat and a swindler.” Removed from the House, he returned twice more to repeat the charge and finally concluded with a written note to the same effect. For that offence, [the member] was judged [to be] guilty of a breach of privilege and was summoned to the Bar to apologize.

Mr. Speaker, I suggest that you could find that such a breach has occurred in this case.

I would also ask you to refer to *Erskine May's Parliamentary Practice* where it states:

Other acts besides words spoken or writings published reflecting

upon either House or its proceedings which, though they do not tend directly to obstruct or impede either House in the performance of its functions, yet have a tendency to produce this result indirectly by bringing such House into odium, contempt or ridicule or by lowering its authority may constitute contempts.

Mr. Speaker, I could go on, but I will refer to the comments made by the Government House Leader to be found in *Hansard*, pages 1336 through 1337, on May 4 when the Government House Leader himself was rising on a point of privilege regarding allegations made, in his mind, against the integrity of the Premier. Now, you ruled that in fact such a breach did take place.

At the very least the Minister of Government Services is guilty of using abusive and insulting language. It's not the first time; it's not the second time. It happens almost every day that she utters this phrase or words to similar effect. She's been careful, Mr. Speaker, to try to avoid the microphone but certainly has not avoided the earshot of those in this Assembly or those who may be listening on television. At the very least there has been a breach of the practice of this Assembly, and I would ask that that member withdraw the comment and apologize to the Leader of the Official Opposition and refrain from such behaviour in this Assembly.

Thank you.

THE SPEAKER: The hon. Deputy Government House Leader.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I think we again have a similar circumstance here as was commented on by you just moments ago with reference to the first point of order. Clearly, again, we have three different types of dynamics that occur in this House. One of them is heckles that go back and forth during question period, which is unfortunate, but it does happen. Another goes on directly between one or two members who bait each other on some particular point or get baited and goaded into something that is perhaps only between one or two of them.

I happen to sit right behind the Member for Calgary-Foothills, and I certainly didn't hear anything of the nature to which the Member for Edmonton-Glenora is referring. I'm not suggesting that they did or didn't get said. I'm simply saying that I did not hear them. It may be proven differently later; who knows?

Again, I checked the Blues, Mr. Speaker, and I don't see any comments of that nature having surfaced during what the Member for Edmonton-Glenora referred to as a point of order that occurred at the outset of the hon. Leader of the Opposition's third main question. No such reference appears to have existed there. There may be some misunderstanding; I don't know. Nonetheless, there is nothing again here that is verifiable.

I think it's unfortunate, if it did happen, that one of the members of the opposition would be caught up debating and heckling during the time that his own leader is asking a question. I think that is unfortunate, but that, too, sometimes happens.

I also am acutely aware, Mr. Speaker, that under our Standing Orders, particularly Standing Order 13(4)(b), the Speaker has the incredible charge of trying to preserve order and decorum in this House, and in enforcing 13 it says:

(1) The Speaker shall preserve order and decorum and shall decide questions of order.

It goes on to say:

(4) When a member is speaking, no person shall . . .

(b) interrupt that member, except to raise a point of order.

I don't recall any interruptions other than the point of order being flagged at that time, and I certainly don't think the Speaker heard any of those comments either. If something existed privately between two members, then perhaps it's best left there.

3:20

Mr. Speaker, I would just say that if we were to raise points of order every time some heckling occurred or every time one or two members disagreed with each other or with what was being said, we would be in this House doing nothing but points of order. We see far too much of that type of stuff happening here, and when it does happen, it's not only unfortunate, but it's usual traceable back to some precipitation. In this particular case, if it did happen, I'm sure that's probably what in fact did occur.

In defence of the previous point of order, our member from Calgary-Fish Creek noted how many interjections had occurred. In fact, having kept some score of those same types of interjections, my numbers are just slightly different but pretty much the same as the hon. Member for Calgary-Fish Creek indicated. I think she indicated something in the order of 55 interjections. I counted at least over 46 to the point at which I stopped counting and said: this is going to go on forever. Clearly, we spent a lot of time looking at and listening to and hearing all kinds of points of view in this House, and this one is another example of that.

Just in summary, Mr. Speaker, I think it's important to note that when falsehoods are uttered or when unkind words are said, particularly when they're hurled to and fro, they usually come about as a result of the manner in which a preamble is crafted or the manner in which a particular question has been drafted, purposely perhaps in some cases at least, to exactly get this type of anticipated response. That's far from the purpose of question period. I've sat here for seven years and listened on numerous occasions to this Speaker and others who have occupied that chair explain to us what the purpose of question period is, and it is not a time to be hurling comments back and forth. Not only are they nonproductive, but they don't form part of the official records of this grand Assembly, in any event.

I would contest that there is in fact no point of order that should be raised here or no point of order that is in fact verifiable and substantiatable, so to speak. As such, I don't think it constitutes a point of order.

The member also made reference to the issue of the word "trust" and how it's used. In that case, I think we could count back numerous occasions when they have used similar words, so I would suggest that there is no point of order here whatsoever. However, I'll leave it to your discretion and perhaps to others who may wish to comment.

THE SPEAKER: The hon. Minister of Government Services.

MRS. NELSON: Yes, Mr. Speaker. I'd like to comment on the point of order. In the process of question period I got involved in an exchange across the House, and clearly I should not have been baited into it by the preambles and the questions that were put forward. I know better. In fact, under our own *Beauchesne* 492 the term "liar" is not appropriate for parliamentary use in this House, and I would like to withdraw the term. I did use that term, even though it is not in the *Hansard*, and I don't want it left there because it is an inappropriate term, so I would like to withdraw it.

THE SPEAKER: Hon. members, there's absolutely no doubt whatsoever that the word "liar" is inappropriate. If the chair would have heard such, there would have been an immediate interjection, as would have been required.

In a follow through to what was said a little earlier, might I just remind all hon. members of *Beauchesne* 486(4):

Remarks which do not appear on the public record and are therefore private conversations not heard by the Chair do not invite the

intervention of the Speaker, although Members have apologized for hurtful remarks uttered in such circumstances.

In this case there was clearly nothing. The chair did not hear such a thing because of perhaps a variety of things, the items, the circumstances that were referred to earlier. In this case, the hon. Minister of Government Services certainly admitted and withdrew, so methinks the matter is resolved, and now we will move on.

Hon. Deputy Government House Leader, you were going to withdraw your purported point of order.

head: Orders of the Day

head: Government Bills and Orders

head: Third Reading

Bill 11 Health Care Protection Act

[Adjourned debate May 3: Mr. Klapstein]

MR. KLAPSTEIN: Mr. Speaker, to date on Bill 11 we have had nearly 2,200 minutes of debate, nearly 36 hours. If everyone in the House now spoke again for 20 minutes, that would represent an additional 1,620 minutes, or another 27 hours, for a total of 63 hours. Therefore, to help that happen, pursuant to Standing Order 47(1) I move that this question be now put.

THE SPEAKER: Hon. member, the chair was moving some papers. Did the chair understand correctly that the hon. Member for Leduc has moved section 47(1)?

MR. KLAPSTEIN: That's right.

THE SPEAKER: Hon. members, Standing Order 47 has two sections to it, (1) and (2). I will read into the record what 47 says:

(1) The previous question, until it is decided, shall preclude all amendment of the main question. The previous question shall be in the following words: "That this question be now put," which the hon. Member for Leduc has put forward.

(2) If the previous question is resolved in the affirmative, the original question shall be put forthwith without any amendment or debate.

What this means for the operation of the House is that all hon. members who wish to participate on the third reading of Bill 11 now have that opportunity. That means there are 82 members in this Assembly who can participate, and both leaders under our Standing Orders have up to 90 minutes to participate.

When the list of 82 has been concluded or those members who want to participate, then two votes shall occur. The first of these votes shall be "that this question be now put," and the second vote will be then on Bill 11. That's the process.

Okay. The hon. Member for Edmonton-Glenora.

MR. SAPERS: Yeah. Thank you very much, Mr. Speaker. I had some comments that I was prepared to make at third reading, and I was banking on the fact that the Premier said last week that there would be no closure at third reading if the Official Opposition agreed not to filibuster, and of course since the Official Opposition doesn't filibuster, we quickly agreed to that and thought that we would have a full and complete third reading debate. It turns out that on Bill 11 at third reading there has been one speaker from the Official Opposition – just one speaker, 20 minutes – and a couple from the government.

[The Deputy Speaker in the chair]

Now, for a government that seems to know the price of everything and, of course, the value of nothing, it should be no surprise to hear the Member for Leduc stand up and recite in minutes and seconds how much time has been spent on this wrong-minded policy, as though there is a time price tag to democracy. Mr. Speaker, democracy is not fast; it is not quiet. It in fact is messy, but it is what we are all about in this Chamber. For one of the most divisive, hurtful policies that any government of Alberta has ever brought forward, Bill 11, to then try to boil it down to: we've spent enough minutes and seconds talking about it; therefore, we're just going to go ahead and use our electoral clout, our majority in the House, to push this through in spite of overwhelming opposition, in spite of the thousands of Albertans who show up at this Legislature every night, in spite of the tens of thousands of Albertans who have signed petitions and sent letters and e-mails, in spite of the experts, in spite of all of the weight of research against such initiatives – this government would have us believe that what it comes down to is simply the inconvenience of debate. "We've heard enough. We want our way. We're bigger than you are, so we're going to get our way."

3:30

Well, Mr. Speaker, that's not why I was sent to this Chamber. That's not my understanding of the democratic process. I must tell you, particularly because of the respect I have for the Member for Leduc, that I am surprised and very, very disheartened that it is that hon. member that was tapped on the shoulder by the government to carry forward this breach of democratic process.

I can think of nothing else that this government could have done today to have actually punctuated the dissatisfaction of Albertans not just about Bill 11 but about the growing discontent regarding the arrogance of this government, a government that prides itself on caring and listening and then refuses to listen and clearly doesn't care about the legitimate arguments. Mr. Speaker, I'm not just talking about one or two Albertans. I'm not talking about a partisan response. I am talking about a broad-based coalition of ordinary Albertans, men and women, young and old, from across this province that have come together for one reason and one reason alone, and that is to be desperate in their attempt to stop this government from doing something which the people know is wrong, which the government doesn't seem to care about, and that is the erosion of our public health care system.

The Premier wants to pretend that those who stand opposed to Bill 11 are left-wing nuts or some special-interest group when nothing could be further from the truth. Card-carrying members of the Premier's own party are imploring him not to go ahead with this bill. I have had private conversations – and I won't breach the trust – with members of the government caucus who have told me that they don't like it either and that they are getting tired of being beat up in their own constituencies. But, you know, it's the government's bill, and they feel they have to support it.

We've had the Premier say that he allows a free vote, but he won't sign a pledge. We've had the Premier say that everybody here can represent the views of their constituents, but because of the mail that I'm getting from St. Albert and Sherwood Park and Fort Saskatchewan and Leduc and other places in the greater Edmonton vicinity, I know, because I'm meeting with those same groups and those same people, that if those government members were really to be listening to the majority of their constituents, they would be standing in this Assembly and speaking and voting against Bill 11 because that's the view of their constituents.

Mr. Speaker, to pretend for one minute that Bill 11 is all about building fences around existing private initiatives is poppycock.

Let's take a look at the evolution of the government's rhetoric about Bill 11. It started off being: we're going to reduce the pain and suffering. The favourite example of the Premier in those days was the example of waiting lists for hip surgery. He accused the Official Opposition of wanting to keep Alberta's senior citizens on painfully long waiting lists for hip surgery. Then the College of Physicians and Surgeons canceled that party. They said: "Do you know what? Hip surgery is not simple surgery. Hip surgery is not a good example." You can't do hip surgery in the way that the Premier would have us believe, so hip surgery is not an example, and it fell out of the government's lexicon.

So we went from relieving the pain and suffering to: well, we're going to make it more efficient; we need flexibility in the system; we don't have the flexibility; we're going to be bankrupt. Then study after study after study, report after report after report, bricks of evidence, brick by brick by brick built an impregnable wall around that argument. In fact, Mr. Speaker, there is no evidence that contracting out surgeries, that creaming off easy surgeries produces greater capacity in the public system. There is no evidence that cherry-picking patients saves money for the public system. There's no evidence at all that these private clinics, who have to pay taxes and who have to ensure profits, can offer medically necessary treatments more efficiently, more cost-effectively than well-managed, properly funded and staffed public hospitals. No evidence whatsoever.

So we went from pain and suffering to flexibility and efficiency. The pain and suffering argument went by the boards. The flexibility and efficiency argument went by the boards. Now we're getting to where the government is saying: oh, it's all about building regulatory fences around the existing clinics. They talk about the three or four dozen existing private clinics as though those clinics do the same thing that they're talking about.

Mr. Speaker, in fact, these private clinics do day surgery, out patient only. These private clinics do low-intensity surgery. They take advantage of the latest technology, and many of these private clinics are efficient. They work in partnership, but they do not perform complex surgeries needing overnight or longer stays. The fact is that there is an existing regulatory framework around these private clinics, even though the Premier and his colleagues would have us believe that there is no existing legal framework to protect Albertans against abuses by private businesses posing as medical businesses.

In fact, there are bylaws made by the College of Physicians and Surgeons. There is the Alberta Hospitals Act. There is the Alberta Health Care Insurance Act. Mr. Speaker, there is clearly a set of rules in place. Part of it is the negotiated agreement to do with the fee schedule between the Alberta Medical Association and the government of Alberta. The Minister of Health and Wellness knows full well about the regulatory environment because he's had to face these questions in the past: what would happen if doctors opt out, and what is the impact on the system, and how do certain procedures become classified on the list and other procedures come off the list? It is misleading to the extreme to suggest that there is no regulatory environment which governs the provision of medically necessary services. In fact, it's one of the most layered and complex and detailed regulatory environments in the province. So this is clearly not about simply building regulatory fences.

On the point that the government seems to make about these clinics that popped up on the scene in the late 1990s and somehow saying that it was the former minister of health's fault that these clinics popped up, let's take a look. The abortion clinics became a feature of the Alberta medical system as a result of a Supreme Court of Canada decision. The ophthalmology clinics became a feature of

the Alberta medical environment as a result of a complex series of events that included technology, the relationship between specialists and general practitioners and the Alberta Medical Association, the location of certain practitioners and the relationship they had with specific hospitals. So, Mr. Speaker, it was clearly an accommodation at the time with all kinds of limits being put into place.

In fact, when the Official Opposition leader was minister of health, there was an ambulatory care policy that was prepared for government that would have truly reined in these private operations. But you know what? The government, which has become the government of the current Premier with this current cabinet, that government rejected that ambulatory care policy clearly because they had their eye on some possible future when they could truly pay homage to special-interest groups and provide some kind of financial benefit to those who had their ear and were pushing the government down the path of more and more private care at the expense of our public system.

Now, Mr. Speaker, it's clear that this government has been marching down this path since at least 1993. The systematic underfunding of the public system, the squeeze on the public system, the closure of hospital beds from one corner of this province to another, the blowing up of hospitals, the renaming of public hospitals to community health care centres, the laying off of thousands and thousands of nurses and thousands and thousands of other health care professionals, the driving away of doctors by diminishing their role in the system, by questioning their expertise and their motivations: this has clearly been all part of the piece.

I'm going to admit to something at this point. I'm going to admit that I was wrong about this government, because back in 1993 and 1994 and 1995 I stood in this Chamber in my place during health care budget debates and I said: Mr. Speaker, this government doesn't have a plan; this government does not have a plan about health care; they don't have a vision about health care; they seem just to be helter-skelter in their approach to our health care system. But I was wrong. They do have a plan, and we are seeing the evidence of that plan now. Not only was I wrong; this plan is worse than them not having a plan. This was their purposeful dismantling of public health care to create an opportunity for private business to take the place of public good, and this government has been marching toward this end for some time.

3:40

Now, perhaps I should be buoyed by this. Pushing through Bill 11, this policy, at this point in time indicates a couple of things to me, Mr. Speaker. Number one, it indicates to me that this government has lost its moral authority to govern this province, and that should actually buoy my spirits. Number two, it indicates to me that this government is very clearly at the end of its tether – why else would they be rushing to keep promises to those special-interest groups who will benefit and profit by this policy if it wasn't that they thought they were at the end of their rope? – that it's time for them to keep that promise they made behind closed doors to those individuals who will benefit from this policy.

It's clearly not the everyday Albertan that'll benefit from this policy. It's not the hardworking wage earner who'll benefit from this policy. We're not going to get faster care. We're not going to get cheaper care. We're not going to see waiting lists decrease. We're not going to end the pain and suffering. What we are going to do is we're going to take the hard-earned money that is paid to the government in the form of tax dollars, taken out of the pockets of the taxpayers, and put it in the pockets of the investors of these private clinics. That is what we're going to see. That will be the net result of this policy.

Now, the Premier can pretend all he wants that this is about flexibility and innovation. He can pretend all he wants that he has other provinces on board with him, but when you do a careful analysis, Mr. Speaker, the province of Saskatchewan law doesn't allow what Bill 11 allows. The province of Ontario law doesn't allow what Bill 11 in Alberta does. The legislation in British Columbia doesn't allow what Bill 11 does. Only Alberta will have the distinction of being a safe haven for privateers in health care. Only Alberta will be the place where if you want to up sell people, if you want to take advantage of markets, if you want to take advantage of people when they're the most vulnerable, you've got permission from the government to do that. In Alberta you're going to have a law that's going to permit and allow sale of enhanced services and products. In Alberta you're going to have a law that will direct regional health authorities and will expect regional health authorities to have a contractual relationship with a private clinic. Okay?

Now, that's not what happens in Ontario. This government has used the Shouldice Hospital in Ontario as an example. The Shouldice Hospital does not operate with a contract. There is no minimum guarantee of tax dollars transferred for medical procedures to the Shouldice Hospital. It's only in Alberta that this government wants to rush to put taxpayers' money into the form of a subsidy to private enterprise. Mr. Speaker, I don't think that is the future of Alberta's health care system that the taxpayers want. In fact, I know it's not the future of Alberta's health care system that the voters of this province want, and I will say that this government will be mightily surprised, in fact, with what happens in terms of the electoral backlash from Bill 11.

Let me conclude my remarks – because this will be the last opportunity I'm going to be given to speak to Bill 11. I see the Minister of Learning is applauding at that. You know, before politics the Minister of Learning was a medical practitioner. I don't know what he considers himself now, but I know that I've talked to literally hundreds of his former colleagues. And you know what, Mr. Speaker? They don't like Bill 11 either. So he can applaud all he wants. It's not me that he's going to have to be afraid of not listening to again. It's his own constituents that he's going to have to be afraid of hearing from. In fact, that's where I'll conclude, as I was saying. I'll conclude where I began.

It is appalling that the government would curtail debate at every opportunity on Bill 11. It is absolutely appalling, when you talk about a government that ought to be ashamed of itself, a government that is so uncertain and so insecure about its own position, so unwilling to put forward one shred of evidence, that all they can do, Mr. Speaker, is close their eyes, plug their ears, point fingers at other people and then say: we're not going to listen anymore.

Mr. Speaker, this government has found a whole new low when it comes to paying attention to the electorate concerning very, very important social policy, and today marks that low waterline. Today we've seen this government exposed for what it is. They are dismissive of critics. They turn their back on debate. They have disdain for democracy, and I think they clearly don't care about the lot of the men and women who make this province such a wonderful place.

MS HALEY: Point of order.

THE DEPUTY SPEAKER: The hon. government whip on a point of order.

Point of Order Reflections on Members

MS HALEY: Mr. Speaker, I'd like to rise on a point of order,

referring to members in a debate. *Beauchesne* 484(3) is “to impute to any Member or Members unworthy motives for their actions in a particular case.” I guess I would like to, on this point of order, bring to the awareness of the Liberal opposition that every single member of this Assembly has a chance to speak on third reading. There is no desire to cut off their opportunity to have that conversation. According to the Standing Orders that were moved this afternoon, it was to prevent more amendments from coming in and to find ways to delay, which is all we’ve managed to do on this bill for about two months, the parliamentary process.

The member, just prior to that in his speech, also commented that there must be some untoward motive for us wanting to pass this bill. The motive in passing this bill is to improve access for Albertans, to ensure that the health care system . . .

AN HON. MEMBER: That’s what we’re debating.

MS HALEY: No, it’s not. It’s not debating. You’re implying all kinds of . . .

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora on the point of order, which is *Beauchesne* 484.

MR. SAPERS: Yes. Thanks very much, Mr. Speaker. I’m familiar with 484 in *Beauchesne*. The fact is that there are many opportunities at all stages of debate to utilize the precedents of parliamentary practice; for example, to move amendments even at third reading, just as there were opportunities at second reading, at committee.

Now, this government moved to curtail the opportunity for the Official Opposition to do that in committee. We had the word of the Premier that that wouldn’t happen unless something happened at third reading. There may have been an amendment coming at third reading, but because of the moving of a motion pursuant to Standing Order 47, that opportunity has been taken away. So clearly the opportunity for debate until the natural conclusion of debate has been taken away.

So, Mr. Speaker, there is nothing that I have said that violates *Beauchesne* 484. There is everything that the government has done that violates democratic practice.

THE DEPUTY SPEAKER: The chair would observe that 484 deals with: “It is the custom in the House that no Member should refer to another by name.” We have intervened on a number of occasions, and people have objected to that. In part (2) is designation, and part (3):

. . . will not be permitted by the Speaker to indulge in any reflections on the House itself as a political institution; or to impute to any Member or Members unworthy motives for their actions in a particular case; or to use any profane or indecent language; or to question the acknowledged and undoubted powers of the House in a matter of privilege; or to reflect upon, argue against or in any manner call in question the past acts and proceedings of the House, or to speak in abusive and disrespectful terms of an Act of Parliament.

In this part there is some question as to whether or not in the hon. Member for Edmonton-Glenora’s comments with regard to the government there was some reflection on the House. I would presume that if there was in any way, unintended or otherwise, a reflection on the House, the hon. Member for Edmonton-Glenora would want to retract that, if there was any.

MR. SAPERS: Thanks very much, Mr. Speaker. Of course, the gist of my argument is the respect that I have for what happens in this Chamber: the democratic process. So, clearly, there is nothing that

I am saying that diminishes the role of the Legislative Assembly of Alberta or this Chamber.

What I’m saying, Mr. Speaker, very clearly is that this government, in my opinion, does not share that same respect and feeling for what happens in this place, and they have shown that contempt as a government by using every bit of procedure they can to stop debate on a bill that is talked about in every coffee shop in every corner of every town, city, and village in this province.

Mr. Speaker, I appreciate very much your guidance in the matter. If that is satisfactory in terms of the point of order, I believe I still have a couple of minutes left of my time in third reading. Is that true?

3:50

THE DEPUTY SPEAKER: The chair would take it, then, that if there was some reflection on the House, you would withdraw that. I haven’t got the Blues nor a perfect memory and recall of all the things that the hon. member was laying forth. That may be reviewed at a later time. In the meantime, it will be taken that there was none intended nor offered.

MR. SAPERS: Absolutely. Thank you, Mr. Speaker.

Debate Continued

MR. SAPERS: The people of Alberta have made it clear that they don’t want Bill 11 to be passed into law. The government of Alberta has failed at every opportunity to establish credible reasons for this legislation. There can be no other conclusion than that this government knows something it’s not sharing with the rest of us. There can be no other conclusion than that this government has private reasons, that it wishes to keep secret, in terms of its pursuit of Bill 11, and it is determined that Bill 11 will become law.

Even today in question period, Mr. Speaker, we asked one more time. Once Bill 11 does become law, against the wishes of the majority of Albertans, will they agree that it not be proclaimed until first ministers across the country have had a chance to review the implications? Will they agree that no regulations will be done in secret, that the regulation-making process will be open and transparent, that the regulations will be referred to a standing committee of this Assembly? That would be an all-party committee. You know, the answer was no. It was just dismissed. It was cast aside with the same arrogance as all the other concerns and complaints regarding Bill 11 have been cast aside.

Mr. Speaker, I’m convinced that the government of Alberta has something else in mind, that we’ve only just really scratched the surface of the danger of Bill 11. It’s not a matter, as the Premier was saying, that the sun won’t be shining when we wake up the day after they ram this through. Of course the sun will be shining and the skies will be blue in Alberta, but the men and women of this province will be somewhat poorer for this wrong-minded public policy. They’ll be poorer in terms of a loss to the community, and they’ll be poorer in fact because their health care expenditures are going to be going up as a result of this policy.

Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Calgary-North Hill.

MR. MAGNUS: Thank you, Mr. Speaker, for the opportunity to rise today in this House and express my full support of the government amendments to Bill 11 as well as Bill 11 itself, the Health Care Protection Act.

The amendments to Bill 11, which aim to further protect the

publicly funded health system, include changes recommended by the Alberta Medical Association, the Alberta Chambers of Commerce, the Alberta Association of Registered Nurses, and other professional groups. The amendments tighten the prohibitions on queue-jumping, making it illegal not only for a person to pay for faster service or to receive a payment to give faster service but also for a person to give faster access to an insured service through the purchase of an enhanced product or service or through the purchase of an uninsured service.

The amendments proposed seek to strengthen the restrictions already in place within the bill. For example, the costs of enhanced medical goods and services must be reasonable. In other words, a public hospital, surgical facility, or physician will be prohibited from charging a patient more than the product cost and a reasonable fee. [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: We seem to have a debate within a debate. I wonder if the two hon. members on the front benches on either side would retire to the back. They could have their debate at length, and then we would be able to hear the hon. Member for Calgary-North Hill.

Debate Continued

MR. MAGNUS: Thank you, Mr. Speaker. As I was saying, they will be prohibited from charging a patient more than the product cost and a reasonable fee in connection with the provision of the insured service.

Furthermore, Mr. Speaker, no person or facility will be able to require a patient receiving a medically necessary procedure to purchase a medical product or service or a nonmedical product or service as a result of the procedure being performed in a surgical facility. Bill 11 also allows the minister to limit the charges for these products and services, whether they're sold in a public hospital or a surgical facility.

In addition, the proposed amendments specify that existing hospital space must be used efficiently and effectively. Health authorities will have to consider the efficient and effective use of existing capacity in their own hospitals before considering a contract with a surgical facility. Currently if the health authority or the minister decides that a particular facility cannot provide services that are of benefit to the public system, there will not be a contract signed with the surgical facility for the provision of services. The amendment enhances this provision by outlining a clear process to be used by the Minister of Health and Wellness in withdrawing the designation of a surgical facility.

I'm proud to support these amendments, Mr. Speaker, because they are a result of effective public consultation. Not every piece of legislation is perfect, so I'm glad we have the opportunity during this process to fine-tune the bill and address the concerns of Albertans. It's important that we look carefully at this bill, because health care is dear to people's hearts, and whenever we are looking at change, however minor that change may be, it's crucial that we take a step back and look at how we can manage that change.

Mr. Speaker, throughout history change has never come easily, whether it be religious, political, or social reform. There are always factions that advocate strongly against change and those who believe there's a better way to do things. This instinct against change is a quality inherent amongst people in all societies. It's a skill that has benefited people since the beginning of time, and it's the instinct that tells us that if we are unsure of where we're going, we should

proceed with caution. It's why I sympathize with Albertans who are concerned about the future of public health care in Alberta. Albertans have seen on their televisions an endless parade of special interest groups suggesting that this government's agenda is to privatize health care. They've heard that this is the start of a slippery slope towards privatized, two-tiered health care or the thin edge of the wedge of American style medicine.

That's where the survival instinct kicks in for most people. That's where people start to fear change regardless of how small or innocuous that change may be. And what a job the members of the Official Opposition have done. By repeating the words "private hospital" and "two-tiered" so often, they seem to have modified Albertans' vernacular. Nowadays these words have become almost as nasty as many other words deemed unparliamentary in this House. Certain words can take on certain meanings beyond that which is found in a dictionary. Fortunately, these often-used words don't apply to the debate that we're engaged in today.

As many of my colleagues in government have outlined, there is nothing in the Health Care Protection Act that suggests that Albertans will have to pay for medically necessary services. There is nothing in the Health Care Protection Act that allows a two-tiered health system. While all people have an instinctual fear of change, the root cause or the source of danger can be different for different people. Some may fear for their freedom and for the quality of life of their children, while others fear for their own financial or professional future.

Mr. Speaker, on Canada Day in 1962 the Saskatchewan Medical Care Insurance Act came into effect. On that day the province's doctors launched a strike that they thought would force the government to repeal the legislation. Two factions were formed in that debate. Against public medicare were all but a few doctors, the Liberal Party, the business community, and the Canadian and the American medical associations. On the pro medicare side were the government of Saskatchewan and a few doctors who chose to break ranks with their colleagues. There was a lot of fear back then, a lot of people looking out for their own best interests, not necessarily those of the citizens of this country. It's striking to see that some of the things they discussed then are being as hotly debated across this country today. They were talking about the skyrocketing cost of patient care. They were talking about who would be responsible for paying for this program.

Mr. Speaker, you've got to hand it to the late hon. Tommy Douglas. He was a true Canadian who badly wanted to make a difference, and he did just that. He helped create a universal health care system that benefits all Canadians and gives us peace of mind. He showed solid leadership in developing a program that was fiercely contested by scores of interest groups, and he did what he knew was right. I think I speak for my constituents when I say that I'm glad he took that step.

4:00

I for one wouldn't want to do anything that threatens that system. This is a system that helps those in need. That's why both the Canada Health Act and Bill 11 entrench the five principles of the Canada Health Act in law. The principles of universality, accessibility, comprehensiveness, portability, and public administration help to maintain the spirit of our publicly funded system. My constituents have made it clear that these principles must be maintained, and that's exactly what Bill 11 does.

Mr. Speaker, there is nothing in this bill that should instill fear in the hearts of Albertans. However, members across the floor have taken those words I mentioned earlier and used them well. They've charged into seniors' homes and extended care facilities and used the

words that arouse the fight-or-flight instinct. One staff member here at the Legislature found a brochure, emblazoned with a photograph of the hon. Leader of the Opposition, that says that we're trying to privatize the entire health care system. He found this brochure on a church pew. Some Bill 11 opponents know where all the hot buttons are and are happy to press them as long as they benefit politically or, in some cases, as long as they gain strength in their next contract negotiations with the province.

MRS. SLOAN: Point of order.

THE DEPUTY SPEAKER: We have a point of order. The hon. Member for Edmonton-Riverview.

Point of Order Imputing Motives

MRS. SLOAN: A point of order, Mr. Speaker, under 23(h), (i), and (j). I believe, if I heard the hon. member correctly, he imputed that the opposition was blazing into seniors' homes in this province attempting to incite fear in the hearts of our senior citizens. I would suggest that that is most certainly false. It's most certainly provocative and in fact violates both our Standing Orders and parliamentary procedure.

The reality, in fact, is that in my own . . .

THE DEPUTY SPEAKER: Once you get into the reality, you're into the debate. You're objecting to his use of this term.

The hon. member on the point of order under 23(h), (i), and (j), as listed.

MR. MAGNUS: Mr. Speaker, there is no point of order. To use the expression about blazing into seniors' homes and being in churches is not a point of order.

THE DEPUTY SPEAKER: On the points of order that are raised from time to time, it remains to be seen whether in fact they will be judged a point of order. We've had examples of both sides imputing motives to the other side. Our Standing Orders deal with making "allegations against another member," and I did not hear that, and with imputing "false or unavowed motives to another member." I did not hear that.

Now, the last part, when you describe people blazing in and doing those kinds of things, that may be "language of a nature likely to create disorder." That could be perhaps held. On this bill, it seems to the chair, each side has accused the other side. On the one hand, we talk about the opposition having certain kinds of motives and procedures, and we talk about, on the other hand, the government having unworthy motives and so on. Those are regrettable uttered by either side, but they have been. When we get to specifically naming individuals, then that's where the rules, as the chair would interpret them, kick in.

Abusive language. Certainly there has been some of that on both sides, and when the chair feels it necessary to intervene in those instances is when the other side, the aggrieved party, makes noises and starts yelling back and forth and therefore brings disorder. So far, other than the point of order, we really haven't had disorder. Let's not invite it, please.

We are at third reading. I would invite the hon. Member for Calgary-North Hill to continue his debate.

Debate Continued

MR. MAGNUS: Thank you, Mr. Speaker. The emotions that have

risen to the surface in our province in the frenetic pace of the public debate are over what is in fact a modest piece of legislation. Judging by the rhetoric being thrown around by certain members of the House, I can see why some of my constituents fear that this bill privatizes our health system, and that's the biggest misconception around. It is vitally important today that we take a step away from these tactics and work together for medicare rather than for narrow self-interest.

Bill 11 has a narrow scope and a limited purpose. In fact, when this bill is passed, I don't think that most Albertans will notice much of a change. Perhaps one change people will notice is that they're getting certain services done faster and more conveniently. Hopefully, Albertans might also notice that waiting lists for operating rooms have shortened. I'm sure those in the medical profession will in fact notice the difference.

Once the Health Care Protection Act is passed, it will continue to be business as usual in the province of Alberta. Our health care professionals will carry on helping people with their health, and Albertans will continue to rest comfortably knowing that the health care system is still there for them when things go wrong. The bill is not intended to be a panacea for the health care system. This proposed legislation simply adds another tool for health authorities to work in the public interest. It offers another avenue for administrators to get help to those who need it. Bill 11 gives the regional health authorities the freedom to contract out, in a very limited way, certain surgical services. That simple change gives the stewards of our health care system the flexibility to try different approaches to solving some of the problems facing this system.

I can see nothing wrong with adding flexibility to a system that requires change, and I don't think that even members of the opposition will argue with the assertion that the system needs to evolve. Of course, opposition members don't have solutions. Actually, that's not entirely true, Mr. Speaker. They do propose one thing: throw more money at the problem. It seems to be their answer to simply put more taxpayer dollars into the system in the blind hope that it will remain afloat, and any possible solution besides spending more is a manifestation of some secret agenda to privatize health care and rob Albertans of their most important social institution.

One thing I know for sure, Mr. Speaker, is this. When you have a car that leaks or burns oil, you can keep it on the road by adding oil or you can fix the problem. With regard to health care, I would prefer to introduce some minor reforms and try to improve the system for the future rather than simply funnel more taxpayer dollars into it, and I think that is exactly what Bill 11 proposes to do. I also think that when it comes down to it, Albertans want us to do that as well.

Bill 11 helps by plugging holes that currently exist in our legislative framework. By establishing firm guidelines and defining regulations, Bill 11 provides much-needed controls on the development of private health facilities in Alberta. It does this by prohibiting any private surgical facility from providing insured service unless that facility has a contract with a regional health authority to provide those services on behalf of the health authority and unless the Minister of Health and Wellness has approved that contract. That provision acts like a fence around the contracted surgical facilities, ensuring that they can't operate without the express consent of the government of Alberta.

Mr. Speaker, what we're talking about here is a bill that does two simple things. Bill 11 provides a regulatory framework ensuring that Alberta's health system remains in compliance with the five principles of the Canada Health Act, and secondly, it allows the regional health authorities the freedom to be inventive and proactive in their effort to reduce waiting lists. That's why I'm happy to stand

here today and support Bill 11. When the fear recedes and the discourse returns to normal, I think people will see Bill 11 for what it really is, a strengthening of the public health system. It isn't a panacea, nor is it a great reform that changes the course of social policy in Alberta. However, it is nonetheless important. We need to act instead of reacting, we need to stand and be leaders in the area of health care, and we need to show the rest of Canada that there are alternatives. There's room for improvement, and our government will do whatever it takes to ensure that Albertans have access to a reasonable, effective, and universal health care system.

Mr. Speaker, I'd like to thank you for the opportunity to rise today in this House and speak to the amendments in Bill 11 and to the bill itself. The amendments help improve an already progressive initiative that will contribute in a significant way to helping our health care system address current and future needs.

Thank you, Mr. Speaker.

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

4:10

DR. MASSEY: Thank you very much, Mr. Speaker. I'm pleased to have the opportunity to stand and speak against Bill 11 at third reading. Third reading, of course, is our opportunity to return to the principles of the bill and to reflect upon them after having had second reading and Committee of the Whole debate.

I want to preface my remarks with a couple of comments. One, I do applaud the government for sending a copy of this bill to every Albertan. I do that in light of our experience since the bill was introduced, because no matter how you try to explain it, Albertans do not like this bill. I would like to think that as an effective opposition, in working with those interested in public health care, we were able to influence the thinking of Albertans, but I'm afraid that's not the case. Albertans read the bill, and the more often they read it and the more they learned about it, the less they liked it. I think that is the bottom line. That's the truth of the matter.

There have been some comments that those who oppose the bill oppose change. I think that's an argument of convenience and one that's not true. I think all of us, at least for the 15 years that I've been associated with the party on this side of the House, have been looking for better ways of improving public health care. I look back to members like the hon. Bettie Hewes for Edmonton-Gold Bar, who came forward with a number of very positive proposals. We know the system has to change, and we know this isn't the change that we need.

Just one more comment, before looking at some of the specific principles, on the kind of distrust, the kind of climate that has been created by the government. Embodying the principles of the Canada Health Act in the preamble of the bill is something I think we would applaud, but you have to take that inclusion and look at the government's previous record in terms of voting against those very same principles. So it leads one to question what's going on. How can Albertans believe that the government is really committed to those principles given their past behaviour? Again, it leads to the suspicion that the endorsement of the Canada Health Act principles is merely convenience and window dressing to bring in the parts of the bill that Albertans find so reprehensible.

One of the principles that seems to underline the bill, of course, is that private health care will cost less and help make the waiting lists shorter. Unfortunately, Mr. Speaker, the government has not brought in a shred of evidence that would support that premise. I looked at the study the province had commissioned, the Donaldson and Currie study, and at the kinds of comments they made in their

overview of studies. One of their conclusions is that

there are [very] serious issues and questions . . . regarding the Alberta experience with private provision of a publicly funded service, which should be investigated seriously by a government considering further extensions of private provision of insured health services.

That in itself, you'd think, would give the government cause to stop and listen to what is being said. The report doesn't come right out and say that it costs more, but it said: look; there's enough evidence out there that the government should be wary. That's one of the conclusions that the Donaldson and Currie study put forward.

Again, why would a government proceed with a bill that seems to violate such an important premise? You would think that if we were going to move into private health care, it would be, if the government had its way, because it would cost less – well, it doesn't; it costs more – and it would shorten waiting lists. Well, it doesn't. The lists grow longer. Experience elsewhere with similar bills has proven just that, that Albertans will wait longer and pay more. I don't understand how the government can defend that kind of legislation and pretend that they're adhering to and supporting the principles of the Canada Health Act.

There's another premise – and of course this is the one that really has upset Albertans – and that's the assumption or the premise that somehow or other private surgical facilities differ from private hospitals. Albertans just do not see the difference. The bill can make all the claims it wants, the government can make all the claims they want, but the bottom line is that there's no difference. If there is a difference, Albertans and those in the opposition are unable to see that difference. We've had hours of debate, and we heard listed today the minutes of debate. That is, I think, the first time it's happened that we have had the actual minutes that we debated counted. In all of those minutes and seconds, we have not heard the difference between a private hospital and a private surgical facility. It's that premise, that there is somehow a difference, that has Albertans concerned and worried.

The premise that the definition of what is a major surgical procedure and what's a minor surgical procedure can be left to an independent body, an independent body that has some self-interest in those definitions, is again a premise of the bill that's very, very questionable. The vast majority of medical doctors across this province oppose the bill, but there are some of those in that profession, a very few, who will be in a position to further their self-interest, given how those procedures are defined, and again it's a weakness in the bill that that provision is there.

Another assumption or premise in the bill is that pressure on patients to buy enhanced services will not take place because of the provisions of Bill 11. Again, it's a premise that doesn't seem to be borne out in other places. You can imagine yourself, Mr. Speaker, in a private surgical facility and under some duress, because you're there obviously for the remedy of some ailment, and someone presents to you a list of further things that could be done at the same time and suggests that they would be beneficial to your health. The chances are that you're going to say yes. So the practitioners won't have a very hard sell to have patients take them up on those enhanced services, and again that's borne out by experiences elsewhere in the world.

Patients are not customers who have comparison shopped, who move around and evaluate services that they're going to buy. Patients are people usually under some pressure and usually frightened, and the kinds of decisions that they make or that we make under those conditions are quite different from the kinds of decisions we make when we're out shopping for a landscaper for our property or for someone to come and clean the house. Those are

quite different decisions. Again, we seem unable to learn from experience elsewhere. It just doesn't make sense that we are not tapping others' experience, especially on something as precious and as dear to the hearts of Albertans as health care. Why we seem unable to or seem to close our eyes to that other experience I think most of us find very, very difficult to understand.

4:20

I think another premise that seems to underline the bill is that other nonsurgical health services do not need to be regulated. Again, it's hard to understand the distinction that's being made by the government. Diagnostic imaging, fertility clinics, and mental health services are all parts of the system, yet somehow or other the assumption, the premise in the bill is that they don't count, that they don't need to be provided for in this legislation. It's the provision of those very services that has Albertans looking at the specter of a private health care system. When they see that if they go and pay for an MRI at a private clinic, it allows them to go back to their medical doctor and to enter a public hospital and jump the waiting line for surgery – those people in that line are still waiting for that MRI service within the public system – when they see that happening right now, today, without Bill 11, they're even more frightened. So the assumption that those health services somehow or other shouldn't be considered within the context of Bill 11 is one that is really quite astounding and again leads to a distrust, if you will, of Bill 11.

One of the other assumptions or principles that the bill seems to operate on is that health care bracket creep will not be a problem. Yet we know full well that it will be, that the number of procedures is growing at a rapid rate, that technology is adding new and better services at a rapid rate, and that the kinds of things that patients will come to expect to be provided by the system are going to grow. Bill 11 seems to say that the provisions of the bill will account for that, and again it's very difficult to see how.

A further principle of the bill would read that limited access to health care contracts is satisfactory public policy. That's just not true, Mr. Speaker. It's no good waiting two or three years to find out the details of contracts that are being put in place today. A real fear on the part of many is that the kind of access to information provided by private health care providers is not open to the kind of scrutiny that other recipients of public dollars are subjected to. So the provisions within the bill are just not good enough in terms of making public the deals that are being made, and of course there's a great deal of fear across the province. If you look at the increased activity in some of the corporations related to the provision of health care services, the increased activity by those companies in the last six months makes one wonder about this whole notion of things that are being done now that we'll only learn about two or three years down the road. Again, it's a weakness in the bill that makes the bill even more unacceptable.

The assumption in the bill that the guidelines for approving private facilities should be left to the health minister is, again, one that has many Albertans raising questions. The provision that the minister's decisions would not be questioned in court the government of course changed because of the kind of public outcry. They tried to make provision for that in the amendments that were introduced, but there's still a great deal of reservation about leaving in the hands of the health minister the kinds of decision-making that Bill 11 leaves. It makes one wonder how well served Albertans are going to be with that provision in the bill.

A further assumption is that there should be no limit on the size and scope of private facilities. That again is a principle that I think ill serves health care and ill serves Albertans. The bill doesn't limit the procedures that can be performed. It doesn't limit the number of

days they can keep patients, and nothing in the bill restricts private companies from establishing for-profit health facilities that are even bigger than the existing public hospitals. You could have facilities in this city, you could have HRG in Calgary grow to a size larger than any of the public facilities. Again, it's a weakness. It's a principle that doesn't seem to serve Albertans or the public health care system well.

In drawing to conclusion my comments at third reading, Mr. Speaker, I would like to go back to the question, the one haunting question of this whole legislation, and it's the "who benefits?" question. No matter how it's been answered or how the government has tried to answer it, that question remains unanswered to the satisfaction of most Albertans. If waiting lists are not going to be reduced, if it's not going to save the system money, if it's going to place in jeopardy possibly the health care system and open the doors to companies and to private providers outside the borders of the province, if all those things are going to happen, then why is the government pushing forward with Bill 11, and who benefits? Who benefits remains the question.

With those comments, Mr. Speaker, I think it's unfortunate that this will be the last time I or each member, as they indicate their feelings at third reading, will be able to speak to the bill before it's brought to a vote. It's a bill that deserves much more discussion, and it's a bill that deserves amendment at this stage to try to make it better. Why are we giving up on trying to improve things?

With those comments I would conclude. Thank you, Mr. Speaker.

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

MR. CAO: Thank you, Mr. Speaker. Before I get to the subject matter of Bill 11, I want to comment on our democratic parliamentary system. Our democratic parliamentary system specifies a clear lawmaking process for elected members. We respect the parliamentary process. It may not be perfect, but it is better than any other system, and it has survived the test of time for about 800 years. What I'd like to say is that we use democracy here in the process of debating about our health system. The common-good objective is to sustain the health and wellness of Albertans. Our objective as an accountable government is to create the most public good from the limited and hard-earned taxpayers' dollars. Even though aiming for the same objective of public good, one often gets accused of destroying the objective when one does not follow the way of the accuser.

In the context of representing my Calgary-Fort constituents, I'm very honoured and pleased to speak on Bill 11. From my constituents I have heard many encouraging opinions and many deep concerns about our health care. I have brought forward their issues, concerns, and solutions. I have heard many of my colleagues speaking on Bill 11. I have seen the progress made by the government listening to Albertans reflected in the meaningful amendments to Bill 11. Bill 11 debate is now going into a new stage with the completion of the needed amendments that our responsive government introduced after listening to suggestions from individual Albertans, from stakeholder groups, from myself and my colleagues.

4:30

Yes, Mr. Speaker, health care is very important to myself, my family, to every Albertan, and to all Canadians now and in the future. I treasure and cherish our Canadian public health care system with its legislated principles of universality, comprehensiveness, accessibility, portability, and public administration.

Mr. Speaker, in my own analysis, our health care system has two components. Component number one is the public health care

insurance. It is governed by the Canada Health Act and the Alberta Health Care Insurance Act. It's based upon a single public insurance program to cover everyone, rich or poor, young or old. All we need is the health care insurance card to pay for our insured health care services.

Component number two is the delivery of health care services. The services are many, not limited to surgeries, and the deliveries are not limited to the confines of hospitals. They range from local community health centres to ambulance services, from specialist clinics to medical school hospitals. They range from checkups at private doctors' offices to buying drugs at private pharmacies, from lab tests to treatment of skin rash, from stitching cuts to brain surgeries. They also range from physiotherapy rehabilitation to dealing with mental health, and many more. Our public health care insurance is the cornerstone. It remains intact, solid, and as well protected as ever. I shall fight to the best of my ability against any plan or program that dismantles it.

However, there are many ways to deliver the services. Should we insist on delivering all services from hospitals only, or should we allow for some services to be delivered by other means outside the confines of hospitals? That is the question, and Bill 11 provides part of the answer. Bill 11 is all about allowing public health authorities and public hospital management to contract out some less complex surgeries.

I have lived in and have been to many countries. Indeed, many members of my extended family are living in different countries. From my own experience and their experiences I have learned that in other countries they allow many different private health care insurance programs, and the public takes care of those who are not covered by the private health care insurance program. This is where multitier starts. I am against this and so are the majority of my constituents.

Other countries also allow for full-service private hospitals to operate alongside the public hospitals. This is where patients are separated into those who can pay and those who cannot pay for their basic health care services. I'm against this and so are the majority of my constituents.

None of this is allowed in Alberta. It is formally stated clearly in Bill 11. That is why I agree with Bill 11. It is an Alberta-made solution for the needs of Albertans. The original text of Bill 11 and its amendments to address concerns of citizens are clear. Simply, it has two objectives. Number one: putting legal control around what already has existed for years. It means protecting patients. Number two: allowing public health authorities and hospital management to contract out less complex surgeries when it is proven to be beneficial to patients and taxpayers. It means freeing up more costly hospital operating rooms for more complex surgeries.

After Bill 11 and all its government amendments are passed and become law, I see nine positive points for a better future.

Number one, patients are protected from extra billing, extra payment, queue-jumping, and so on. It all remains under one public health care insurance program for all Albertans.

Number two, patients have more access points, more clinics to go to, not just hospitals, for less complex surgeries and can receive quality services without paying, as it all remains covered by one public health insurance program.

Number three, it provides flexibility for health service and public hospital management to contract out less complex surgeries to any qualified service provider, nonprofit or private. It is only an option and with stringent contracting conditions.

Number four, taxpayers are protected in that the contracts and costs are open to the public, free from conflict of interest, subject to improvement in effectiveness and efficiency. Contracts are subject

to being revoked, rejected, renewed like any normal public contracts.

Number five, our health care services via the public hospitals and medical facilities are still growing to meet more advanced and complex treatments. We shall continue the miracle of 20,000 to 30,000 babies born each year. We shall continue the miracle of thousands of organ transplants. We continue to see the progress and advance of research and discoveries. Our lives are maintained more by preventive measures than by treatment measures. Our current health care spending is \$5.6 billion. That is 15 and a half million dollars each day; 32 percent of our total public provincial spending is in health care. In the past four years spending on health care increased \$1.5 billion, an increase of 40 percent.

AN HON. MEMBER: How much?

MR. CAO: A 40 percent increase in the last four years. This is despite the fact that the federal transfer payment support for health and social programs has fallen by almost 30 percent since 1995, and we have never spent more on health care than we are spending today. Health spending increases will be more than \$1 billion, or 21 percent, over the next three years.

The number of beds has also gone up. In the Calgary region we have more beds open and staffed than in 1994-95. This is despite the closure of the three old hospitals. In 1999-2000 the Edmonton region has opened 100 new permanent acute care beds and 150 new permanent continuing care beds. Today more diagnostic services, more surgeries are being performed than ever before.

Number six, our schools still provide more training spaces for health care professionals such as doctors, nurses, technologists, research scientists, and so on. Last year we targeted hiring an additional 1,000 nurses and frontline health care professionals, and in fact we hired almost 1,200. In the next three years we will be hiring up to 2,400 more. By the end of 1999 we increased the number of doctors by 250 from the previous year, an increase of 400 over two years, and we expect 90 more this year. Also, funding has been increased for 40 more residency doctors and 200 places in nursing schools. Our education budget for 2000-2003 is targeted to increase by 19 percent over the next three years.

Number seven, health care professionals have more choices of where to work right here in Alberta instead of going outside of the province. Employers have to treat the staff well or else they will go to different employers. Surgeons have more operating time and more operating rooms to use, not limited to the confines of the hospitals.

Number eight, all hospitals are public, since Bill 11 states that no private hospital is allowed in Alberta.

Number nine, as a strong Canadian nationalist I find that Bill 11 is not opening wide the health care door to foreign companies under the free trade agreement. NAFTA contains a carve-out reservation clause that allows federal and provincial governments to protect the publicly funded system. Similar contracts already exist in other provinces without any implication under NAFTA.

4:40

Mr. Speaker, I have seen the excerpt from the NAFTA reservation text. Annex II, social services, national treatment, articles 1102 and 1202, cross-border services and investment, reads:

Canada reserves the right to adopt or maintain any measure with respect to the provision of public law enforcement and correctional services, and the following services to the extent that they are social services established or maintained for the public purpose: income security or insurance, social security or insurance, social welfare, public education, public training, health, and child care.

This means our publicly funded health care is carved out of

NAFTA. Also, government procurement is not within the coverage of NAFTA. The contracting out of the government is a type of government procurement. By the way, Mr. Speaker, private hospitals have existed in Toronto, Winnipeg, and Vancouver for a long time, and there has not been any NAFTA challenge.

Before drawing to a conclusion, let me go back to the situation closest to me. I have a brother who recently came out of a life-or-death surgery. His cancerous bladder was taken out and replaced by a part of his small intestine. Also, one of his nonfunctional kidneys was removed. It was a very serious and costly and amazing surgical procedure. His advice to me is that he's not concerned where and by whom his health is restored as long as his health care insurance covers all the costs.

I myself am getting older. My family members and friends include seniors and young ones. Just within that small circle alone we need to protect and sustain quality public health care.

Mr. Speaker, I heard people talking about Bill 11 as a slope. Yes, we are always on a slope. Bill 11 is a step up the slope to the brighter horizon, leaving behind the valley of darkness that we have been through. I've also heard people talking about Bill 11 as a thin-edged wedge. Yes, to right up the leaning tower of our heavy public health care delivery system and to reinforce this foundation, at times we need thin-edged wedges.

Mr. Speaker, these facts and positive future projections have helped me to form my accountable judgment to support Bill 11 with all its amendments introduced by our responsive, accountable, and progressive government. I call on all members of the House to put aside their own political motives and support the reality of Bill 11 for the betterment of Albertans.

Mr. Speaker, to our fellow Albertans I suggest two ideas. First, let's look at what our government has helped achieve for Alberta, becoming the envy of other provinces and other countries, an attractive place for many people and a source of pride for Albertans. Second, do not let our political opposition draw us back into the doom and gloom. Just ask what their plans are, what they have done and where they have been.

Mr. Speaker, to our political opponents and those who insist on opposing Bill 11, I would like to propose this. How about after Bill 11 is passed and becomes law, you contact me, say, six months or a year later and see how Bill 11 affects you personally. If Alberta becomes worse, you can vote us out in the next election. However, if Alberta becomes better and not disastrous, like the opposition is saying, you have to vote for us and campaign for us against our opposition. Is that a deal? That's what democracy is all about, with all its everlasting beauty.

Thank you, Mr. Speaker.

DR. PANNU: Mr. Speaker, I rise to speak on the third reading of Bill 11 and put the position of the New Democrat opposition on record. It's a bill the debate on which has just been choked off by the use of Standing Order 47 by the government, a true act of desperation.

[The Speaker in the chair]

In this third and final stage I will explain why Albertans are not going to like what's at the end of this blind alley that Bill 11 represents. In poll after poll Albertans have told this government that they don't want an expansion of private, for-profit health care. Instead of costly privatization experiments Albertans have told this government time after time after time that they want money put back into the reopening of beds and operating rooms in public hospitals. Over 10,000 Albertans attended public rallies in Edmonton and

Calgary last month. Thousands more have rallied nightly against Bill 11 in front of this Legislature and in small and medium-sized towns across this province. About 100,000 Albertans have signed petitions against Bill 11 which have been read and received in this Legislature. Tens of thousands of letters have been written, phone calls made, and e-mails sent, unfortunately to no avail.

The government is seriously misreading the public mood if it believes its own rhetoric about the opposition to Bill 11 being union inspired. Organizations like the Alberta Federation of Labour, the Canadian Union of Public Employees, the Alberta Union of Provincial Employees, district labour councils, the United Nurses of Alberta, and the Health Sciences Association do represent hundreds of thousands of Albertans working in the health care system. They have every right to speak out on behalf of their numbers, and I congratulate them for doing so with dedication and effectiveness. The hostility of this government towards unions is well known. In the latest issue of *Alberta Views*, that hostility has been recorded by a fellow who has just finished his doctorate on the history of the union movement in Alberta. So I'm not surprised that this government has tried to discredit opposition to Bill 11 by way of its reference to unions in this province.

Unions representing health care workers are partners in Friends of Medicare. So are many other groups representing seniors, churches, teachers, students, and many thousands of ordinary Albertans from every walk of life. Friends of Medicare and especially its chair, Christine Burdett, deserve the thanks of all Albertans for exemplary and dedicated leadership in support of public health care.

However, the opposition to Bill 11 has been much more broadly based, from organizations as diverse as the Alberta Medical Association, the Alberta Association of Registered Nurses, the Calgary Regional Medical Staff Association, the Capital Region Medical Staff Association, the Alberta Teachers' Association, the Canadian Council of Churches, the Catholic Health Association, the Alberta Council on Aging, the Alberta branch of the Consumers' Association, Bishop Frederick Henry of the Calgary Catholic diocese, and the list goes on and on. Today even Gerry Amerongen, the former respected Speaker of this House, has also spoken out.

These groups and individuals represent the mainstream of society in Alberta. This is a government which, for its own reasons, refuses to listen to its own citizens. While the government is willing to tinker with Bill 11, they are not willing to withdraw it. They are not willing to abandon their blueprint for expanding the private, for-profit delivery of health care in this province. The government was clearly overconfident, perhaps the result of receiving too many awards from the right-wing Fraser Institute. The government believed that with enough high-priced spin doctoring, Albertans would be convinced to support this government's blueprint. Well, guess what? It didn't happen. Public opposition has been loud, swift, unrelenting, and rock solid, and the government is completely frustrated. Poll after public opinion poll has confirmed this. Despite the fact that the government will likely use its majority and in fact has decided to use its majority to force Bill 11 through the Legislature, the government has lost the battle on every front.

Bill 11 has shone an unfavourable spotlight on the private, for-profit health care in this province. The picture that's emerging is not a flattering one. In order to mollify the public in its futile attempts to sell Bill 11, the Conservative government is finally addressing some of the worst abusers of Alberta's existing forays into for-profit medicine. While these abusers have existed for many years, until now the government has turned a blind eye to them. The government recently announced that foldable lenses sold in private clinics would be covered under medicare. While a positive and long overdue move, this is also an act of political desperation and

expediency designed to try to win the public over to accepting Bill 11.

4:50

The debate over Bill 11 highlighted the fact that there is blatant queue-jumping taking place every day of the week at private MRI clinics in this province. While Bill 11 itself does nothing to put a stop to this, the government was shamed into announcing expansion of MRI capacity in the public system, including two additional MRI units for Edmonton and Calgary next year.

The lengths to which this government has gone to try to win public support for an odious bill are remarkable. Crafting a preamble which contains many fine-sounding words about being committed to the principles of the Canada Health Act was a nice touch. However, the fine-sounding words of the preamble, which carry no legal weight, stand in stark contrast to the bitter reality of the actual text of the legislation, which does.

The sincerity of the preamble needs to be placed against this government's actual track record as well. Actions speak louder than words, Mr. Speaker. The Alberta government has a knack for being on the wrong side of history when it comes to health care. A previous Alberta government fought medicare and only joined in order to get access to federal government funding dollars. In the '80s the Tory government defended extra billing, claiming it didn't undermine the principles of medicare. Only when the federal government threatened to levy penalties against Alberta did the province do the right thing and end the practice of extra billing.

In the '90s the provincial Conservatives defended the right of private eye clinics to charge facility fees to patients for surgeries that would have been covered by medicare had they been performed in public hospitals. In this instance several millions of dollars in federal fines were levied before the provincial Conservatives put a stop to this particular form of extra billing.

Albertans paid a very high price, Mr. Speaker, for the settlement of the private clinics dispute in 1996. This very high price came in the form of a federal/provincial agreement entitled *Public/Private Health Services: The Alberta Approach*. This agreement lays out 12 key principles for the expansion of private, for-profit health care delivery in Alberta. Principle 4, in particular, pretty much sums up what the Tory government is trying to achieve through Bill 11. Principle 4 reads: "ensure a strong role for the private sector in health care, both within and outside the publicly funded system."

The government cannot deny its commitment to and actual designs for what it's trying to do through Bill 11. This is the backdrop that led to Bill 37 two years ago and to Bill 11 today. In crafting Bill 11, the government masked its true intentions. The purported ban on private hospitals is bogus. In so doing, the government decided to play Albertans for fools. As I said during second reading, the only people who were apparently fooled were the government's own backbenchers. The Premier's steadfast refusal to admit what Albertans know, that approved surgical facilities with overnight patient stays are private, for-profit hospitals in all but name, is dishonest. Albertans didn't buy it, and they won't buy it.

Bill 11 legalizes private, for-profit hospitals by calling them approved surgical facilities. If you look at the definition of facility services contained in this bill, the definition provided is virtually identical, word for word, to the definition of hospital services in the Canada Health Act and to the definition of inpatient hospitalization contained in the provincial Hospitals Act. The facility services that would be allowed under Bill 11 include inpatient beds, foods, drugs, operating rooms, et cetera. No, the government is only playing clever word games to mask its true intention; that is, to expand private health care delivery by legalizing private, for-profit hospitals.

Bill 11 leaves the decision on which surgeries would be allowed in approved surgical facilities to the College of Physicians and Surgeons. The government has justified delegating this responsibility to the college by saying that doctors have the expertise to make the distinction between major and minor surgery. However, the real effect of this inappropriate delegation will be to politicize the college. This legislation will set up a situation where doctors lobby the governing council of the college for permission to designate surgeries as minor so that they can be performed in a private facility in which that doctor may have an ownership interest.

This is not idle speculation, Mr. Speaker; this is already happening. For the past three years Dr. Steve Miller, an orthopedic surgeon, has appeared before the college council on several occasions lobbying for the right to perform hip replacements at the Health Resource Group, a wanna-be private, for-profit hospital in Calgary. Dr. Miller is both a director and shareholder of HRG. That is why I take very little comfort from the words of the college registrar several weeks ago when he said that hip replacements may not be considered minor surgery. I distinctly recall the registrar's active efforts to pressure the college council into reversing a decision to deny HRG's request. In fact, had it not been for the courageous stance of the majority of the council members, especially its public members, hip replacement surgeries would be taking place at the HRG facility today.

The College of Physicians and Surgeons should be regulating the practice of medicine, Mr. Speaker. The college should not be regulating the commercialization of for-profit medicine. Bill 11 will place the college in the untenable situation of having to adjudicate between the business interests of doctors and their professional responsibilities to their patients.

It is also not appropriate for the College of Physicians and Surgeons to be the sole arbiter of standards for so-called approved surgical facilities. Hospitals are by their very nature multidisciplinary environments in which many health professionals contribute to caring for patients, both during surgery and after or during recovery. That is why the Hospitals Act sets out in great detail the governance structures in public hospitals and ensures participation by all health professionals in setting standards of care. After all, nurses spend a lot more time caring for patients in hospitals than doctors do, yet Bill 11 puts the doctors solely in charge. This is definitely a backward move to the bad old days of doctor domination rather than a forward-looking move towards a more multidisciplinary future.

[The Deputy Speaker in the chair]

The text of the bill sets out a blueprint for extending private, for-profit health care delivery, Mr. Speaker. One thing the bill does is set up an approval process for private, for-profit hospitals that contract with the public system. It sets up a process whereby taxpaying citizens, without their consent, subsidize the development of private, for-profit hospitals' infrastructure in this province. Almost as scary, the bill also sets out a parallel process for the development of private, for-profit hospitals that do not contract for taxpayer dollars and, I presume, would offer only nonmedical services. Due to the hammer of closure used by this government, this particular aspect of the bill contained in division 2 has received little or no scrutiny in this Assembly.

In many respects private, for-profit hospitals operating outside the public system are even more of a Trojan horse than those within it. One only needs to look at the history of the private day clinics in Alberta to see why. Twenty years ago when the first private clinics were established, they only did nonmedical services like dental surgery and cosmetic surgery. Today there are 52 clinics, and fully

half of them contract for medical services with the public system.

In this House, Mr. Speaker, the New Democrats are the one party that advocates a total ban on private, for-profit hospitals. There should be no private, for-profit hospitals in this province under any circumstances. If we allow private, for-profit hospitals to set up and operate outside the public system, it will only be a matter of time before the owners of these facilities begin aggressive lobbying of the government and regional health authorities for public contracts. The owners of HRG, the wanna-be private, for-profit hospital in Calgary, have been doing exactly this kind of aggressive lobbying, as attested to by the minutes from their board of directors that were released by the New Democrats.

One doesn't have to dig very deep to find the real reason behind Bill 11. Bill 11 is a bailout of private, for-profit health care interests, mainly in Calgary, who can't turn a profit on their own. I take no comfort in the amendment that requires regional health authorities to consider unused capacity in public facilities prior to contracting out. Not long after the Conservative government and their CRHA henchmen closed three public hospitals in the city of Calgary, selling two of them to private business interests and blowing up the third, the Conservative government deliberately shorted Calgary hospital beds and operating rooms to create the conditions for expanding private, for-profit health care delivery in that city. That is why it's no coincidence that the two business groups pushing most strongly for Bill 11 are now located in two former public hospitals.

I've already mentioned HRG, which is located in the former Grace hospital. What has not been as well reported is the sad case of the former Holy Cross hospital, Mr. Speaker. Just prior to the decision to close the Holy four years ago, 35 million public dollars had been spent renovating the Holy, including the development of a state-of-the-art cardiac unit for heart patients. Shortly thereafter, the Holy was closed and then sold to private business interests for \$4.5 million. Why is the Conservative government choosing to use public dollars to bail out failing private business interests who occupy former public hospitals instead of targeting those dollars to the more efficient and accountable public system? It's a reasonable question, and Albertans wait in vain for a satisfactory answer. They will never get it from this government.

The government is using its majority to force Bill 11 through this Legislature and onto an unwilling public. However, if government members think this is the end of the matter, they should think again. While opposition to Bill 11 will take different forms, it will not go away. It will simply shift to new arenas.

5:00

One of those arenas is at the federal level. The Premier has tried very hard to turn the fight over Bill 11 into an anti-Ottawa crusade, but do you know what, Mr. Speaker? Albertans didn't buy it. Poll after poll has shown high levels of support for the federal government to be involved in protecting the public health care system. For example, an Angus Reid poll asked Albertans a very leading question along the lines of, and I quote: the federal government should stop interfering in the Alberta health care debate. Guess what? Fifty-nine percent disagreed, and only 39 percent agreed. This only goes to show that Albertans are a whole lot smarter than their government gives them credit for.

Albertans know that they can't trust their own provincial government with their public health care system. Albertans acknowledge the right of the federal government's role in ensuring that the principles of the Canada Health Act are appropriately applied. In fact, if the federal Liberals can be faulted for anything, it is that they have wimped out. The Prime Minister and the health minister should have told Alberta and all other provinces: no, we are not

prepared to allow the legalization of private, for-profit hospitals in all but name; we are not prepared to allow add-on patient charges, the so-called enhanced medical goods and services, to be codified into provincial law. This is what the feds should have told this government.

Even today I urge the federal Liberals to act. The Canada Health Act should be amended to ban so-called enhanced goods and services. It should be amended to clarify that hospital services, especially those requiring overnight patient stays, must be delivered in public hospitals operated on a nonprofit basis. The federal Liberals would find that such straightforward amendments would enjoy the overwhelming support of Canadians from coast to coast, including Albertans.

Albertans will demand that the RHAs not expand contracting out, especially not before RHAs are fully elected. RHAs have no mandate to expand private, for-profit involvement in health care. The College of Physicians and Surgeons will also likely become a new battleground between the entrepreneurial doctors lobbying for the right to perform complex surgeries like hip replacements in private facilities and Alberta citizens and doctors who will be urging the college not to do so.

The fight over the future of health care will shift to the electoral arena as well. The first judgment will be passed by the constituents of Edmonton-Highlands in a by-election, and I call on the Premier to call the election right away. It will also be fought in the next provincial election. If government members believe that the passage of Bill 11 would put their political troubles behind them, they are sadly mistaken. Hundreds of thousands of Albertans have been energized and politicized in the struggle over Bill 11. You don't put that particular genie back in the bottle that easily, Mr. Speaker.

In conclusion, that the government has now moved to choke off this full debate at third reading and final stage is, I suggest, a shame. It's an embarrassment to all Albertans that the government has done that. Using closure and other procedural tricks to shut down debate, like what was done at the second reading and at the committee stage and now at the third stage, I think is terribly disrespectful to democracy and will betray the interests and trust of Albertans.

Thank you, Mr. Speaker.

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

MS BLAKEMAN: Thanks very much, Mr. Speaker. Well, I've never seen a prophylactic motion used before. I've heard of safe sex, but I guess this was an attempt to have safe debate in that it had to be cut off to begin with.

MRS. SOETAERT: This is the Bobbit technique.

MS BLAKEMAN: I'm not going there.

Specifically, this is third reading now on this bill, although there is a bit of confusion for that, because we know that Motion 47, that was put forward earlier this afternoon to call the question, is in fact debatable. Now, I've been caught in this position twice, in that I should be speaking to the motion, but if I do so, I lose my opportunity to give my third reading speech. So I am going to go ahead and give my third reading speech, and I know the Speaker will call me to order if . . .

Speaker's Ruling Third Reading Debate

THE DEPUTY SPEAKER: Hon. member, you're expressing the same fears that many other hon. members have. There is kind of a dual nature here: yes, you are speaking at third reading and you can

bring in your comments on the motion. As you have seen this afternoon, some people have wandered at some distance from third reading. Hopefully, they will only momentarily, but you're entitled to speak to both those things: the motion and what you like about it or don't and the third reading, which is, of course, the bill as it is amended and your comments on that.

MS BLAKEMAN: Thank you very much, Mr. Speaker, for your wise words, as always.

Debate Continued

MS BLAKEMAN: Third reading is intended to be on the effect of the bill or the anticipated effect of the bill. I have to say right at the beginning the new line coming from the government benches this week is something about: Bill 11 is to build restrictions for private hospitals and to build fences around things. I have to be honest with you. I'm a dog owner, and I'm a conscientious dog owner. It means a great deal to me. I take good care of them, and I would not leave my dog in a yard that was fenced with something like this government's version of Bill 11, because it's about what can get into the yard through that fence, not what is being kept in the yard by that fence. As a responsible dog owner I would not leave my dog in that yard. I don't think it would be safe.

So this whole process of Bill 11 I think is going to change our health care system as we know it. The process that has gone along with it, I think, has also made some interesting changes for democracy in Alberta as well, because this bill was based on a want, not on a need, not on demonstrated proof, not on the public clamoring for this bill. It was based on some want of the government's, and I haven't been able to identify what that want was yet or whose want it was exactly, but it certainly wasn't based on any kind of demonstrable, quantifiable research that would tell us why we needed Bill 11. The government has yet to produce any reasonable study that supports what they were doing. I won't exaggerate. I won't say that there has been a mountain of evidence, but there has certainly been about three feet of evidence of studies that have been produced here in Alberta, here in Edmonton, in Canada, in Australia, in the respected medical research universities in the States, in other countries, saying: bad idea; don't go there. But this government without being able to have any kind of backup for what they want to do is going to do it.

When I talk about democracy being changed, I think it has been with this bill. What I get from the government side is that I think we should have had a longer debate, and there are two issues that come out of that. One is we've now had debate cut off three times. We've had closure used, and I guess we've had closure used in that we've had this Standing Order 47 to call the question used. So it's sort of a minor version, a cuter version, if you'd like, of the closure motion. However you want to dress that one up, it still doesn't fly with me. It is about shortening debate in this House. Why did they need to use this Standing Order 47 as a prophylactic on third reading debate here? Why? What on earth are they afraid of? [interjection] Oh, sure it is.

In *Beauchesne* for third reading it tells us that there are motions that can be used as part of the proceedings of this House. So right here in this book that we rely on so much, *Beauchesne's Parliamentary Rules & Forms*, sixth edition, it gives us those. In fact, what it does is refer us back.

When an Order of the Day for the third reading of a bill is called, the same type of amendments which are permissible at the second reading stage are permissible at the third reading stage with the restriction that cannot deal with any matter which is not contained in the bill.

5:10

What are the ones that are allowed in second reading? Well, lots. We can have a hoist amendment, which sort of takes the bill into thin air so people can work on it and bring it back later or not. We have reasoned amendments, and we have referral of subject matter to a committee. So that's what the government was trying to stop, to avoid, to cut off, to save itself from.

What is the fear here? That there would be additional debate on this bill? Frankly, I think, especially in light of what's happened today, there should have been a recommittal motion. I think we should have gone back into Committee of the Whole, because there are 13 out of the 14 amendments that weren't debated, didn't get any discussion on, none whatsoever. Those motions were called one after another, and there was no debate. So I think there was good cause for a recommittal motion there.

The second thing that keeps coming up, that the government keeps putting forward is: "Oh, my goodness. We've had 36 hours of debate on this bill. Oh, heavens," as though this were some sort of terrible thing, that we would spend time debating, changing the entire medicare system and the health care system in Alberta, that somehow 36 hours - oh, gosh, you know, some terrible flying thing will come out of the sky if we debate one second longer. To make it even more interesting, they keep getting up and giving it to us in - how many minutes? - 2,001 minutes, as though that is going to make the people in Alberta think that's any worse than 36 hours. Well, it isn't. It's exactly the same thing, but again government's spin to make it sound more impressive.

Why is 36 hours some sort of cutoff on the bill? Who decided this? What is the decision? Is there some secret order in council we don't know about here that says that this Alberta Legislature shall not debate a bill any second longer than 37 hours or whatever is their arbitrary time? That's ridiculous. When I looked at B.C., they spent more than a hundred hours debating the Nisga'a land treaty settlement, and that was a huge issue for B.C. It affected everybody there. It was changing their province. More than a hundred hours on that before they brought in closure, and here 36 hours and that's it - no thanks - everybody go home and not another word spoken here.

It really underlines to me the unease that this government has about this bill and the need to make it go away. Get out of the headlines. Get out of this Legislature so we're not giving fuel to those Albertans that gather each night outside this Chamber. What on earth are they scared of? It's democracy, and democracy is time consuming. It is noisy. It is cumbersome, but it's also what put these people in here. I sense a feeling they don't want to be in here anymore because this is somehow too difficult for them to get up and debate. I'm very disappointed and I disagree.

I also remember that during a question I think that was asked last week, the Official Opposition looked for reassurance of some kind that this would not happen to us. The Premier said: if you promise not to filibuster, then I'll promise not to do this. Well, we didn't filibuster. There's been a government member up in between every one of the opposition members that has been up. Frankly, who's had the chance to filibuster? Nobody. We didn't want to filibuster in the first place. We wanted to debate every possible aspect of this bill so Albertans could understand it and we could bring the input, the voices of Albertans, into this Chamber. So I guess that's another broken promise from the Premier.

The effect of all of this is that there are still members, despite what the good Speaker has ruled for us here in the rush to reassure everyone: no, no, no, no, you can speak in third reading; honest, honest, you can - strictly speaking, we should be debating that motion. That is what's supposed to happen here, but everyone is willing to go: no, no; it's okay; you can do your third reading; just

don't, for God's sake, say one more word beyond that. I found the heckling really interesting. The language that was used in the heckling during this debate was very abusive in many cases, very personal, and not what I would have expected from this Legislature, not what I would have expected from members opposite at all.

I'm not a rookie anymore. I'm not naive enough to think that there can be good feelings and jolly-jolly between everybody in this Legislature. I mean, obviously it's divided. There's a huge majority on one side, and they feel that they can use that majority to bully us and yell at us and say abusive things, very personal, cutting comments, which is totally unacceptable to me, but I'm going to rise above that one.

Now, let's look at the effect. In third reading we're talking about the effect of this bill. Well, the amendments did not address a number of things. We did have the opportunity to spend quite a bit of time on the first amendment and the subamendment that the Official Opposition brought forward, which was attempting to limit the overnight stays and to clarify insured versus noninsured services. What the government wanted to do was an administrative thing, changing between a person and detailing that it was physicians and doctors that in fact were covered there. We didn't have a problem with that. We had a big problem with overnight stays. We have a big problem with it not being listed as an insured versus an uninsured service there.

But what were the rest of the amendments that we never heard debate on here? Well, the second one was about no queue-jumping being allowed for the sale of enhanced services and the effect of that is – well, we didn't get rid of the sale of enhanced services. This is what I meant about this fence that lets more things in than it actually is enclosing and stopping from getting out. This bill legalizes the sale of enhanced services. It puts it in place. It tells you how to do it. It tells you the form you're supposed to use and who's supposed to sign where. It sets up the sale of enhanced services.

Now, government starts out by saying, "Oh, we've got to have this legislation to be able to control private clinics," assuming, I think, that they're running out of control or running amok or something and that we needed this legislation. The truth is that there were a lot of things going on out there that people were very uneasy about, and I think the sale of enhanced services was one of them and certainly queue-jumping through the sale of enhanced services.

DR. WEST: The doctors asked for it.

MS BLAKEMAN: Well, I see that the interim Treasurer is going to get into the heckling, and I invite him to please avoid heckling during my time up here, because it is precious. I invite him to stand up on his own and debate later.

THE DEPUTY SPEAKER: Hon. members, if you wish to debate, wait your turn.

Edmonton-Centre.

MS BLAKEMAN: Thanks very much. So this bill did not get rid of the sale of enhanced services. It in fact legalized it. It entrenched it in legislation. I really disagree with this.

The other thing that's been bandied about is that this legislation is very similar to the legislation that's so popular in Saskatchewan. Wrong. And this is where the two part ways. Saskatchewan specifically banned the sale of enhanced services.

MRS. SOETAERT: And overnight stays.

MS BLAKEMAN: And overnight stays. But specifically this. So

they part ways. I don't know how you can say that they're similar when they part ways on such fundamental core parts of it as this.

The one good thing that this amendment did do is it stopped the queue-jumping through the sale of enhanced services, but it did not stop the queue-jumping that was going on, is going on, and will continue to go on around diagnostic services.

Now, the other point where the Saskatchewan legislation is far superior to this is that it gathered all MRIs, the diagnostic services, under public health care. There are no more private MRIs, and therefore they took away the incentive to queue-jump through use of private diagnostic services. Once again what happens here is that if two people have identical ailments and one of them goes through the public system for their diagnosis and it takes three months to get it and the other person walks out and buys an MRI tomorrow, the second person has their diagnosis the day after that, and they get into the lineup to get their surgery or whatever corrective medical procedure they need. Meanwhile, person A is still waiting in line for three months to get their diagnostic surgery. That is queue-jumping, and that is queue-jumping using diagnostic services, and this bill did not do anything to stop that.

5:20

I still disagree with the sale of enhanced services. If it's medically necessary, it's medically necessary, and the public health care system should be covering it. End of discussion. Why do we have to have this thing where we dangle it in front of people? Well, you could have this extra thing if you wanted to because it's available. Forget it. Why do we need it? If people are desperate to have psychedelic coloured eyeballs or whatever the heck you can purchase through this, then go to another province. Go to the Mayo Clinic. Go somewhere else. Why on earth would we be offering the opportunity to make that kind of profit in a private clinic in Alberta? It's beyond me. I totally disagree with it and always will. [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Order, both sides. The hon. Member for Edmonton-Centre has the floor. We don't need any help on this side nor hindrance on that side. The hon. member is quite capable of carrying on her own debate.

Edmonton-Centre.

Debate Continued

MS BLAKEMAN: Thank you very much, Mr. Speaker. Now, had I time I would have gone through every single one of the amendments that was put forward in an attempt to describe them for my constituents and for people that read *Hansard* or listen to it on live audio at www.assembly.ab.ca, and I highly recommend that by the way. But I don't have time to go through each of them, so I'll just hit the high points here.

It did change the privative clause – I think that was amendment H – which caused a number of people great unease. It appeared that the minister was suffering from hubris, that the minister was put above God, and that his or her word could not be questioned, could not be brought before any kind of judicial review. There has been an amendment made there which makes it clear in fact that the minister's ruling is subject to a judicial review. But certainly as it stood, it was hubris; there's no question whatsoever.

We have a number of changes in the regulations, agreements to consult with the Alberta Dental Association.

Now, a couple of things are not in here, and previous members have alluded to them. One of the members was kind enough even to read out the NAFTA ruling, the Member for Calgary-Fort. The

problem with that is that you line up your experts and the next person will line up their experts across the way. Nobody can declare definitively that opening the door to private health care clinics will not invoke some problems under NAFTA. We've had studies and experts on both sides of this.

I think that basically we're saying: well, let's have faith; let's take the risk; let's assume that it's not going to be a problem. I'm not willing to do that on behalf of other provinces and indeed the federal government in Canada. I think Alberta has a responsibility to be more careful than that, but they choose not to.

Slippery slope. Is this the slippery slope? Well, yeah, it is. We've had a member opposite say that it's the slippery slope upwards, which I find a bit of a twisted metaphor. But okay; let it go. Will the effects of this bill be seen tomorrow? No. Even six months from now? No. I don't think we'll see the effects of this bill before the next election. I think the government will be darn sure that we don't see the effects of this bill before the next election. We won't see anything until after the next election, when they hope that they will be re-elected and everything can be put into place.

We have not seen the shortage of doctors and nurses being addressed through this bill. We haven't seen anything with the problems identified in the other countries where you get higher salaries wooing folks to the private sector, and at the same time you've got de-skilling of some of the lower paid jobs so that they are paid even less.

I think that what's happened around this whole process is that the government has been asking the people of Alberta to trust them: trust us; trust us on NAFTA; trust us that you won't have to pay more; trust us when we say that it will shorten waiting lists; trust us. I think the people in Alberta will not trust this government anymore.

My time is up.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Fish Creek.

MRS. FORSYTH: Well, thank you, Mr. Speaker. I'm awfully pleased to rise and join the debate on third reading of Bill 11, Alberta Health Care Protection Act. This year the government will spend over \$5.6 billion on health care. If you are like most Albertans, a figure as large as this is utterly incomprehensible. Questions have been raised on whether we are spending too little, too much, or

maybe just the right amount. Taxpayers as owners of the system need to know what is being spent on health care, where it is being spent, and are we getting the best bang for our buck?

Albertans and Canadians justifiably want to hold on to the last social system that defines and connects them. There is nothing wrong and everything right with this except when health care is put on a pedestal. All the moral platitudes and boastfulness in the world can't keep a complex, multibillion dollar health care system going without changes. The trouble is that everything makes sense when it comes to health care, but there is not enough and never will be enough money to implement everything.

Now, on speaking to Bill 11, when the doctors say that they alone have the training to give you a new heart, of course they have.

THE DEPUTY SPEAKER: Hon. member, your seatmate is building a nest or tearing up papers or something or other, and the speaker system is picking that up so that we can't hear.

MRS. FORSYTH: When the doctors say that they alone have the training to give you a new heart, of course they're right. When the nurses say that they can expand their role and save doctors' fees, of course they're right. When a chiropractor says that they make people better, of course they're right too. When midwives say that they can provide a better service to expectant moms, of course they're right. When herbalists point to the tremendous support they get which suggests that people benefit from their age-old medicines, they're also right, Mr. Speaker. Practitioners of eastern medicine challenged the monopoly on wisdom claimed by western medicine when they said that by their standards of proof eastern medicine hadn't proved itself. It goes on and on and on. Everybody is right, and no one is wrong.

The health care system has been polarized to the point where slogans, protestors, petitions, and victim-of-the-week stories have taken over reasonable debate. Mr. Speaker, first of all, one must question why the opposition continues to judge the inefficiencies of the system by the number of acute care beds in the community.

Mr. Speaker, due to the time I should adjourn debate, I guess.

[Motion to adjourn debate carried]

[The Assembly adjourned at 5:29 p.m.]

