Legislative Assembly of Alberta

Title: **Monday, May 8, 2000 8:00 p.m.**
Date: 00/05/08

[Mrs. Gordon in the chair]

THE ACTING SPEAKER: Welcome to tonight's session. Please be seated.

Before we proceed with the hon. Member for Calgary-Fish Creek, I would ask for unanimous consent to revert to Introduction of Guests.

[Unanimous consent granted]

head: Introduction of Guests

THE ACTING SPEAKER: First, the hon. Member for St. Albert.

MRS. O'NEILL: Thank you, Madam Speaker. It's my honour this evening to introduce to you and through you to members of this Assembly members of the 553 Squadron of the Royal Canadian Air Cadets. They are seated in the members' gallery. There are 24 members of the squadron here, and they are accompanied by group leaders Major James Barnes, Captain Bentley Barr, and Second Lieutenant April Harris and by assistant Mrs. Judy Warford. I would ask them all to please rise and receive the warm welcome of this Assembly.

THE ACTING SPEAKER: The chair believes the hon. Member for Edmonton-Rutherford has an introduction.

MR. WICKMAN: Thank you, Madam Speaker. I'd like to introduce to you and through you to all Members of the Legislative Assembly a young father and his daughter who are here from Drayton Valley. The daughter is a potential political leader who years from now will probably be sitting in one of these chairs right here. If I could ask Russ Hickman and his daughter Leal to please stand.

head: Government Bills and Orders
head: Third Reading

Bill 11
Health Care Protection Act

Mr. Klapstein moved that pursuant to Standing Order 47 the previous question be now put.

[Adjourned debate May 8: Mrs. Forsyth]

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

MRS. FORSYTH: Thank you, Madam Speaker. I'm pleased to continue debate on third reading of Bill 11. 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. Before I go any further, let me make it clear that acute care is a cornerstone of the system, but some day hopefully that will change and preventative medicine will be given the role it deserves. There's a heck of a lot more to the system than acute care. For one thing, preventing people from needing acute care in the first place is pretty darn important.

What is happening today, right now, all over this country is that older people who need care but not acute care are still in acute care beds because there is nowhere else to put them. Interesting how we hear that from the other side, from the opposition, yet when the opposition leader was health minister, she didn't plan for that problem either.

Madam Speaker, this is a problem that dates back and is certainly not a new problem. One of the enduring hangovers from the acute care bed binge of the 1950s, '60s, and '70s was a shortage of facilities for elective or minor surgery. You might think that a lot of acute care beds would mean lots of operating capacity, but the reverse has happened. Because so many beds were occupied by nonacute care patients who had nowhere else to go, the system has failed. We had the irony of money going into acute care hospitals and not being used for acute care purposes, thus clogging the system. When ministries of health across this country busted their butts to take care of waiting lists for elective/minor surgery, the situation got worse. Ministries threw money at the problem, but it was never enough.

Chances are that there will always be waiting lists and that there will never be enough money in taxpayer pockets to get rid of them. So one must ask what is important here: alleviating the waiting lists or allowing patients to continue to wait and wait and wait? The present mix of services and facilities is clearly out of line with what the community really needs.

Imagine if we built a system that dramatically expanded the chances for patients to become informed and make real choices based on their preferences and their needs. Voila. Then we could really do some definite health care patient planning. In fact, if we let the informed choices of patients and families drive the planning process, then we could simply construct a system based on individual choices. If more patients had the option of dying at a hospice or at a home with home care, then fewer institutional beds would be required. But how would communities create new structures to deliver this kind of care based on informed decisions? Well, first the regional health authorities need the authority and legislation to actually restructure the delivery system.

Madam Speaker, one thing that has continued to frustrate me through the whole process of many hours of debate is the lack of understanding of one word by the opposition. This small word is "no." I thought: well, maybe I just don't get it or understand it. So I went to the dictionary to clarify what I thought might help me understand the word. No: not any, not a, used emphatically in a notice, it is impossible, will not agree to, indicating that the answer to the question is negative, by no amount, denial or refusal. And it goes on and on and on.

So then, Madam Speaker, I thought: okay; I'm going to check one other word. That other word is "negative." Negative: "expressing or implying denial . . . of the opposite nature to a thing regarded as positive."

I thought: now that I understand what no means, I will go back and again review Bill 11. Part 1, section 1, reads, "No person shall operate a private hospital in Alberta." Well, there is that simple little word "no" again. Clearly it says no, and no means – and I know I don't have to read the definition again. Obviously no means no.

Section 2(1) reads, "No physician shall provide . . ." I know everyone in the House can read, so I won't go through it all. Well, guess what? There's that darn "no" word again. Section 3. Well, here we go again one more time: "No person shall . . ." And, Madam Speaker, it goes on and on.

So we'll briefly review it again. We have no private hospitals. We have no queue-jumping. We have no one paying for an insured surgical service at a public hospital or a surgical facility. It is amazing to me how when it is the opposition, no means yes.

Well, I could go on and on, but I will tell you this. The people I want to make the decision on who will provide and make the decisions on surgical facilities are in my mind the people who know

the best, and that's the College of Physicians and Surgeons. After all, they truly are the people who know best.

In closing, Madam Speaker – and I have mentioned it before – I am a baby boomer. I will be utilizing the health care system in a few years. I have a 77-year-old mother who has not been well for some time, and she's using her full share of the health care. I have a son who was in a terrible, terrible car accident several months ago, and, yes, he used the health care system also. I have another son whose career continually takes him into high-risk situations, and, yes, God forbid, he at some point will probably use the health care system. My dad took sick in the States. He received excellent medical treatment, and we received pages and pages and pages of bills to a grand total of $300,000. As an Albertan and Canadian hell will freeze over before I will jeopardize what we hold so dearly to us and cherish: our beloved health care system.

Bill 11 is about reform, nothing more, nothing less, and I believe it's the right thing to do. Thank you.

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

MRS. MacBETH: Thank you, Madam Speaker. I'm again rising to speak to third reading of Bill 11, a bill which will in fact create two tiers of hospitals in this province, will in fact legalize overnight stays in so-called approved surgical facilities, which everyone knows are private hospitals, a bill that will in fact lead to, if we believe the plethora of research available on it, lengthened waiting lists, and a bill that puts the interests of private, for-profit operators ahead of the public interest.

Madam Speaker, I intend to use the full extent of my ability tonight to try and make the case against this legislation in the hope that the members of this government, who are pushing through this private health care policy, might in fact start to listen to Albertans instead of ignoring them.

Madam Speaker, democracy was dealt a body blow in this Assembly at 3:30 p.m. today. The Member for Leduc raised the motion to end debate after, in fact, one member of this Legislative Assembly had completed speaking. The Member for Leduc had risen to speak to the bill but hadn't completed it. So in fact what this government did was shut off debate after one person had spoken to third reading of this bill.

It's interesting, because I was in fact sitting in the news conference by the Premier.

Point of Order
Imputing Motives

MR. ZWOZDESKY: Madam Speaker, point of order under 23(h)(i) and (j). I think the member opposite is clearly imputing some false motives to our colleague from Leduc. The colleague from Leduc in introducing Standing Order 47 knows, as everyone over there should know if they've read the book, that this particular motion does not shut off debate. What it does is allow every member in this House yet one more opportunity to speak to Bill 11 at third reading, and it guarantees it. That is far from restricting it the way the member opposite is trying to impute, and I would ask that she reconsider her comments in that respect.

Thank you.

8:10

THE ACTING SPEAKER: On the point of order I'm going to recognize Edmonton-Norwood.

MS OLSEN: Thank you, Madam Speaker. I know that the government may be a little sensitive to this, but in reality what Standing Order 47 does is not allow for this opposition or anybody else in here to bring forward any other procedural initiatives. Quite frankly then that cuts off debate. It is a form of closure, if I may. It is not the same as the closure that the hon. House leader introduced last week but is a form of that. It does not allow debate to be continued in any other form. It does not allow amendments to come through on Bill 11 at third reading.

So essentially, yes, it is a procedural motion that did not need to be used in this House. Quite frankly, there is no point of order. You know, this government shouldn't be so sensitive.

THE ACTING SPEAKER: On the point of order, Edmonton-Meadowlark.

MS LEIBOVICI: Absolutely. Maybe I'll read what the point of order says. It's 47(1) and (2).

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

In other words, Madam Speaker, not only are there no amendments allowed; there is no further debate allowed as well. So there is a curtailment of debate. It's in the Standing Orders. It's in 47(2). If the junior minister wishes to actually look at it, he can see that that's what it says. It very frankly says: without debate.

That is what third reading is supposed to allow. It is for debate in principle on the bill. That is what the Premier announced with much fanfare was going to occur in this Legislative Assembly, and by putting forward this 47(1) motion, in fact he has allowed for this debate to be curtailed.

It is very simple. There can't be a point of order on the truth. That is exactly what we have said, and that is exactly what is occurring in this Legislative Assembly. I am the only member of the Official Opposition to have spoken in third reading. We are now speaking to the amendment, so that is not debate in third reading, it is speaking to 47(1), which indicates that there will be no other amendments or debate occurring and that the question will be put. That is what it is about.

THE ACTING SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Madam Speaker. Just in rising to support the Deputy Government House Leader's point of order, one of the things that seems to be missing in this discussion is the fact that in speaking to the question of whether you're ready to have the question put, in speaking to the previous question, one has a full range of debating opportunity, because the question is: are you ready for the question? So every single member of this House has an opportunity to speak to the question as to whether they're ready to vote, and obviously in so doing, they would be able to put forward any arguments, if there are any, that they haven't already put forward.

What it does preclude is exactly what the Member for Edmonton-Norwood and the Member for Edmonton-Meadowlark indicated, and that is that it precludes bringing forward an amendment in third reading. One of the only amendments allowed for in third reading is referral back to committee. We've already dealt with committee; we spent 18, 19 hours in committee. We spent a ton of time in committee, and the opposition did not allow us to get past section 2 of the act. The other type of amendment which would be allowed in

third reading is to negative the principle. Well, we know that you don't like the principle of the bill, and we know that they're going to vote against it. The question of bringing in an amendment to negative the principle of the bill would have only one purpose, and that is to prolong debate or filibuster. They stood in this House not too long ago and indicated that they didn't intend to filibuster.

So, Madam Speaker, it's absolutely correct for the Member for Edmonton-Mill Creek, the hon. Associate Minister of Health and Wellness, to indicate that bringing forward a Standing Order 47 does not cut off debate but, in fact, allows every single member of this House to participate one more time in this important debate.

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

MS CARLSON: Yes, Madam Speaker. Methinks the government doth protest too much on this. After the Premier of this province stated that he would not bring in closure on this particular bill, here we see another form of closure being brought in today.

In fact, the government has done two things by asking that the question now be put. First of all, we are only supposed to be addressing that particular question. While the chair allowed wider ranging debate on the issue this afternoon, the fact is we're only supposed to be debating that the question now be put. Secondly, there are, as the Government House Leader referred to, two other options we could have had on behalf of the people of this province in terms of talking to Bill 11. They were the referral motion and to negate the principle of the bill. Well, we know that a majority of the people of this province do not want the principle of this bill in any shape or form to pass through this Legislature. So it's very important that we have all available opportunities to speak to this bill.

This is not a filibuster, Madam Speaker, when we only have a total potential of three more times to speak to this bill before it is passed out of this Legislature. Those are opportunities to express the concerns of Albertans. In fact I, like many of my colleagues, was not allowed to speak to second reading of this bill because closure was brought in. Now, once again, we get to this stage of the bill and the government is trying to ram this bill down the throats of Albertans without allowing democracy or free speech. Well, they don't like democracy, but the fact is that's the way this province is supposed to run. They either acknowledge democracy now, or they will do so at their own peril at the end of the next election.

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

MR. WICKMAN: Madam Speaker, on the point of order I'll keep my comments relatively short. Having sat on a council for nine years and sitting here for almost 12 years, I've come to understand various procedures that can be used. The government members may try and insist that this is not closure. They can use a form of closure which is done in the form of a notice of motion and which then can be acted upon at any time after 24 hours, but it doesn't mean to say that it has to be acted upon after 24 hours. The government could serve notice of closure and allow everyone to speak once, allow everyone to speak twice, whatever they choose. This can be even more restrictive than formal closure in the sense that with the exception of the Leader of the Official Opposition and the Premier of the province, who are allowed to speak for 90 minutes, it restricts everyone to 20 minutes. If that's not a hidden form of closure, I don't know what it's called.

In the 11 and a half years I've been here, Madam Speaker, I have never seen a bill that has gone through the three stages attached to it, through a form of closure and, let's call it, informal closure, and in all three stages the government has limited debate. They have reduced debate. They have reduced potential for amendments. They have reduced the potential for adjournment. They have, in fact, made it difficult for opposition to speak out on one of the most important bills this province will ever see.

Madam Speaker, to conclude, it is closure in a different cloth, but it is closure.

THE ACTING SPEAKER: I wish to thank all members of the Assembly because you've actually helped me with my job. You've actually explained for the sake of the House what Standing Orders 47(1) and (2) are about. Basically, as all members have said, the previous question shall be in the following words: that the question be now put. Well, how do you discuss for 20 minutes that the question should be now put? Obviously the chair has to allow a lot of latitude in the discussion and in the debate that is going to take place in this House. If people found fault with or are pointing a finger at who was in the chair this afternoon – obviously you have to talk on the main motion, which is the moving of third reading of Bill 11, so the chair obviously is going to allow a lot of latitude.

8:20

I have to say that there isn't a point of order. As I've said, both sides of the House have basically explained parliamentary procedure, parliamentary precedent. Within our Standing Orders, which are the Standing Orders of this Assembly, there is a provision called 47(1) and (2). That provision has been made available. It has been used. We have here *Erskine May* and *Beauchesne*, that talk about parliamentary rules, parliamentary practice, and that is exactly what has taken place in this dialogue: an explanation for the members of this Assembly and probably our guests in both galleries to explain exactly what we're doing here.

We will now get on with the debate. We are debating the question that has been put, and we are allowing a lot of latitude to deal with third reading of Bill 11.

Debate Continued

MRS. MacBETH: Thank you very much, Madam Speaker. It's interesting to note how touchy the government is about the description of the rules of order of this House. I can understand it, because of course even in spite of their majority, in spite of spending $2 million or more on advertising to try and make their case, they failed to do so. It's no wonder they're touchy.

Anyway, Madam Speaker, as I was saying, democracy was delivered a body blow at 3:30 today with the motion to end the debate without amendments being allowed to be put forward after one member of the Legislature had finished speaking. It was interesting, because at the same time, at 3:30 p.m. today, as the motion was being put, I was in fact attending a news conference at which the Premier was speaking. The Premier made an interesting statement at that news conference. Members will recall that previously the Premier had indicated that he would not be putting forth any method of closure unless we in the Official Opposition were attempting to delay debate. Well, it's difficult to see how that circumstance existed when in fact only one member had spoken.

Secondly, at the news conference today the Premier made the incredible statement that if we in the Official Opposition dared to put forward any of the amendments which are in fact provided for in the standing rules of this Assembly, he would invoke a closure-type motion. That is what was said at about 3:15. I returned to the Legislature, Madam Speaker, at about 3:30, only to hear the Member for Leduc in fact proposing the amendment that his Premier had said

in the previous 10 minutes wasn't going to come. So it was very, very interesting and showed, on the one hand, how the left hand didn't know what the right hand was doing but, as well, a government that is afraid to listen to any kind of suggestions for improvement and that is shutting off the discussion on this bill in this Legislature. Albertans know it.

Madam Speaker, tonight I would like to go through several studies that I haven't touched on in my opportunities to speak to this legislation. First of all, maybe I could go through some of the points which the government has made over and over again and which in fact several members of government repeated in the Assembly today.

First off is this whole notion of public consultation. The Premier has so frequently talked about how much public consultation has gone on with respect to this Bill 11. As I was sitting there listening to the Premier's news conference today, I decided that what the Premier understands public consultation to mean is that if people agree with the government or if people refuse to criticize the government, if people go along with the government, then the government feels they've consulted with them. If anyone dares to disagree with this government, to question it, to sign a petition, to send a letter, send a fax, to attend a rally, stand outside the Legislature, come to the Legislature, if anybody dares to do that, well, they're shut off.

They're told that they don't understand the bill. I guess one of the most recurring themes and one of the most blasphemous categorizations of Albertans is this one. How can a government dare say to Albertans that they lack understanding when it comes to this legislation? In fact, Albertans probably understand this legislation better than any other piece of legislation that's ever come before this Legislature, and in fact it is this government that refuses to understand and listen to the people of this province who are trying to send them a message.

Besides the public consultation myth, the second point I want to touch on this evening is that this government wants to have it both ways. This is a government that says – and I heard one of the government members say this in the Legislature today – that groundbreaking change is what is going on with Bill 11, that changes are being put in place that are far-reaching. In fact, the hon. member even went so far as to liken what this government is doing to the change which Tommy Douglas was promoting back in the mid-60s. It was laughable, it was disgusting, and frankly it showed the government's lack of understanding on this bill.

Here we have the government talking about, on the one hand, groundbreaking change – that's the code word, Madam Speaker – but on the other hand, when they are accused of in fact going too far on the legislation, as they are by a majority of the people in this province, they say in fact: "Oh, no, no. It's not big. It's just a tiny little, wee step towards, you know, whatever, towards making the public health care system more efficient." So which is it? You know, they argue out of both sides of their mouth.

The most lamentable thing is that the government has failed to make its case. It has brought forward zero studies to show that it's going to do anything other than increase costs, increase waiting lists, and could, in fact probably will, very much lower patient care. That's not what Albertans want, and that's why they're speaking out.

The third issue, I think, around this bill and the most recent comments that have been made subsequent to my remarks in second reading and my remarks in Committee of the Whole is the manner in which this government is proceeding to ram this legislation through the House. You know, the Premier is very fond of referring to the deficit elimination as an example and a template for what is going on with this. He likens it, you know, by saying that that was one where he didn't blink, where he had to fight demonstrations and opposition and people writing letters and doing all those kinds of things. He says, in fact, that deficit elimination was the same issue as the one we're dealing with here with private hospitals.

Well, Madam Speaker, they're entirely different. Very few Albertans would have disagreed with eliminating the deficit. What Albertans didn't have the same point of view on was how the deficit was eliminated, the cuts that were made, the ransacking of some pretty important public institutions. How they did it was in fact very much a point of contention, but what was being done in terms of elimination of the deficit was in fact supported by the majority of Albertans, unlike Bill 11 with privatization of health care.

This government has had to use closure or a form of closure on Bill 11 on at least three occasions. Really, the use of closure by this government today, after what they did last Monday to have real closure on Committee of the Whole and then the Standing Order 47, again, on second reading, was clearly an admission of defeat, an admission of defeat by a government with a majority, by a government that spent millions of dollars but still had to use the most draconian source of power and the biggest misuse of power that any government has. It's legal, it's under the act, but only a government as heavy-handed as this one would have chosen to use it on three occasions on this legislation. As a result, Bill 11 is as much about a loss of democracy and democratic practice in this province as it is about a loss of public health care and the entrusted role that is given to a provincial government to handle it in the way that reflects the needs and the wants of its citizens.

8:30

Madam Speaker, the whole issue of gradual privatization – we've described it as privatization by stealth – is very much clearly documented in this government's practices and its actions. Since they took over in 1992, privatization has been growing. The Premier is very fond of saying that privatization isn't anything new. Well, it is new in terms of its growth since the current government took over. Up until 1992, of course, the total spent on health care, private and public, had remained at a constant of about 22 percent. That had been the case since the mid-1960s, when medicare had first come into force. Over the last eight years of the current government's reign, that amount has now risen by 50 percent, to over 31 percent of total public and private spending on health care.

I guess one of the very valid questions, for which there was no answer, of course, in the Assembly, has been: why do they want more privatization? You know, the Premier says that he doesn't want more privatization, but of course he does, because this isn't about just putting the so-called fence around the existing private clinics. This is about opening up a whole new cottage industry in Alberta, a whole new private hospital cottage industry enshrined in legislation. Why do they want more privatization? You know why? Why is it? There's no answer, absolutely no answer, Madam Speaker.

What we've seen, therefore, is a systematic privatization of health care, systematically destroying what in fact is something that we as a society, as a community, as a country, and as a province have worked hard to build. Really what we're seeing under this government is a death by a thousand cuts. Death by a thousand cuts, death by slow bleeding, and what does the government want to do? What is its response to a 50 percent increase in private-sector involvement in health care? More private-sector involvement in health care. That's why Albertans are so concerned about what's going on.

You know, Madam Speaker, it's been very, very interesting to participate every single day that this legislation has been before this Assembly. I applaud all the members of the opposition side of the House, the Official Opposition in particular, who have worked so

hard to reflect the views of the people of this province: the 100,000 that have signed the petition, the 10,000 that have written letters, the tens of thousands that have gone to forums, the thousands that have displayed, all of those people. That is what we deem to be our responsibility, and we deem it to be a privilege.

You know, Madam Speaker, throughout this whole discussion it's been very interesting to hear the name-calling that goes on by the provincial government for anyone who dares to speak out contrary to the position being put forward by the Tory government. They've been called left-wing nuts. They've been called guilty of malicious misinformation. They've been charged with inciting riots. Really, those kinds of names are all a slap in the face to the people of this province. It's basically thumbing their noses at the people of this province, but you know they're all big, grown-up people. They obviously know what they're doing, and so do Albertans. So are Albertans waiting for the final say on this legislation. It's not going to be here. The government might be able to use its power and its heavy-handed majority here, but what the real result will be is at the next election, when Albertans get the final say.

Anyway, Madam Speaker, back to the name-calling. I actually wear it as a badge of honour – and I'm sure most Albertans do – to be named some of the things that we've been named for daring to cross this government. As we all know, one of the weakest forms of argument is name-calling, and it's for those who don't have the evidence, don't have the research, can't make the argument, have failed to convince Albertans. That's when they resort to name-calling, and this is a government that does it on a regular basis.

What I've attempted to do this evening is to bring forward some of the excellent work which has been done by Albertans on Bill 11. Fine reports, fine scholarly review, fine letters, fine e-mails that have been written and sent out by people who are opposed. Fine work by journalists in our province, by members of the media who have worked very hard to reflect what they're hearing Albertans say, which of course, as we know, has resulted in a majority of Albertans being opposed to the legislation, which now this government has invoked closure on, in one form or another, for the third time here today.

Let's go, then, to this whole issue of the systematic dismantling of public health care. I spent some time on that particular issue in my debate at second reading and even more so in Committee of the Whole. But I think one of the areas I didn't talk about as we saw private health care gaining a foothold under the government is that certainly some of its members believe there's nothing the public sector can do that the private sector can't do better. We've heard that from many members of this government, and of course as a result their actions, in increasing private health care involvement by 50 percent, are really a testament to that.

I think one of the things that I would like to touch upon was the subject of an economic overview, from a public interest perspective, on the privatization and the commercialization of public hospital based medical services within the province of Alberta. This was a report written by Dr. Richard Plain at the Department of Economics, University of Alberta, Medicare Economics Group. You know, the Medicare Economics Group, Madam Speaker, is very interesting, because one of the things the Medicare Economics Group has said is that any research carried out by MEG, as it's called,

> is carried-out at arms length from any grants or funding received from agencies, corporations, unions, professional associations, governments, individuals or groups. No prior predetermined outcome or support for a particular policy position can be linked with any funding provided to any individual MEG researcher or research team . . . The one constraint is that MEG related health economic policy analysis must be in conformance with the five principles contained within the Canada Health Act.

Interestingly, this report has been done by someone who has provided great leadership in this province, great leadership, in fact, to the party represented by the government in this province. One would think that this report would be one where rather than letting it stay out there without comment, the government would respond to some of the very sound and fundamental criticisms that Dr. Plain has laid on Bill 11. He bases his case on this whole issue of creeping privatization, on the 12 principles that have been adopted by the government of Alberta underlining the Alberta health care system.

8:40

If anybody wants to find a way in which the privatization has become so much more than just a mantra but has in fact become a driving energy in terms of health care restructuring in this province – some would call it dismantling of public health care – one need only refer to these 12 principles underlining the health care system. Of the 12 principles, six, half the principles, refer to things like:

> 4. Ensure a strong role for the private sector in health care . . .
> 5. Public and private sector should work together to provide patient choice . . .
> 8. Maintain the restrictions on the role of private insurance, while introducing measures to expand the opportunities for the private sector . . .
> 9. Private clinics should have the option of becoming completely private [where the patient pays] . . .

An interesting reference for the government that says the patient won't be paying.

> . . . or allowing them to enter into a variety of funding arrangements with the public sector to cover the full costs of insured services [i.e., a taxpayer subsidy].

Another principle, principle 10, says:

> 10. There is a place for medical training in both public and private settings.

Finally, probably the killer principle and the one which Dr. Plain goes to great length in his study to show how dangerous it is for public health care is this one.

> 11. The same physician can practice in both the public and private systems if he/she is offering insured services which are fully paid for by the public system and non-insured services which are paid for privately.

Well, Madam Speaker, to students of the Canada Health Act that is blasphemy. That is all about having your foot in both camps. It's all about double-dipping in the public and the private systems, and it is all about making sure that the private system, which couldn't make a profit otherwise, is subsidized with public taxpayer dollars. This government used to say that it was out of the business of being in business. Well, guess what? They're right back in it, with a legislative framework to do it.

I think another point that needs to be made on this systematic dismantling of public health care is reference to another bill that passed through this Legislature, this time in the fall. That was Bill 40, the Health Information Act. Interestingly, that bill was originally called, when the government muffed it the first time, the health information protection act. It was an interesting choice of words. Then it reappeared in the fall as the Health Information Act. I guess maybe they were trying to catch themselves on this whole idea of protection, so they made sure they put the notion of health protection in the current bill even though Albertans know the opposite is the case.

Anyway, I think there are a couple of important things to note on Bill 40. One is the issue of substance. Bill 40 is a breach of the confidentiality provisions which have always governed and safeguarded the patient/physician relationship. Bill 40 allows for other parties, many unnamed parties, including members of the provincial cabinet, to look at the confidential health records of individuals,

things that used to only be available to a physician and entrusted to a physician.

Madam Speaker, there's good reason why physicians are upset about Bill 40 and the way this government has used that trust relationship that physicians have with their patients and exploited it under the name of putting more health information into their hands. It's a sickening tool, actually. It's a sickening use of doublespeak that goes on in this province as it tries to inflict on Albertans its health policy.

There's another reason to bring up Bill 40, Madam Speaker, and that is that of course Bill 40 passed through this Legislature with closure as well. You know, here's the example that all of the government's health care legislation seems to need closure in order to work its way through the legislative process. Closure with a majority. You know, why do they need closure? Why can't they simply listen to the concerns.

So there's yet another issue on Bill 40, which is so similar to this one and it's why people get very nervous, and that is the whole issue of the regulations. The government put in place and pushed closure to get the regulations being developed now behind closed doors on Bill 40, and exactly the same thing is going to happen. The disturbing thing about Bill 40 is that it was step 1, if you like, in the systematic dismantling of public health care, because of course Bill 40 ensures that the private-sector operators in health care do not have to operate with the same standards as those in the public health care system. So here we have this little bit, little bit. Remember that argument the Premier always made when he'd hold up his two fingers and say: we're just taking one more little step. Well, in fact, this is groundbreaking, Madam Speaker, because the pathway through is being mowed by both Bill 40 and now Bill 11.

Then there's a third leg to this little stool, and the third leg to the stool is the flat tax. You know, interestingly, we've noticed in the last three days, Madam Speaker, that "flat tax" are two words that are no longer uttered by the provincial government. Flat tax has been removed from the lexicon of all the members of the Legislature, and this is very much a part of the whole issue of a systematic dismantling of public health care, which I think in fact is very germane to this third reading debate on Bill 11 and the discussion about Standing Order 47.

Of course, the flat tax is yet another piece to the puzzle, because the flat tax ensures that those with a high income will be paying less tax, a good deal less tax, than they were in the past, and the people at the middle income will be paying a little bit less. In fact, the numbers that appeared on the weekend showed 1/13 the amount of tax savings for someone at the $40,000 income level versus someone at the $100,000 income level.

So what are all of those people with their reductions in tax going to be doing with all their hard-earned money? Well, as one of the letters to the editor said in recent days: perhaps they're going to use those dollars to purchase private health care. Really, as we see here, the whole issue of the flat tax pushing and increasing the burden onto the middle-income group, away from the high-income group is of greatest benefit to those at the high-income level, as is privatization of health care. The greatest benefit will flow to those who can afford to pay and those who can create a business out of the $75 billion industry, which is public health care in Canada. So in fact what we have are pieces fitting together, meshing together, as this government pursues its ideological agenda.

So, Madam Speaker, what I would like to do now is turn to some of the works, the Alberta studies that have been done, excellent work, and go through what Albertans do understand about Bill 11, this legislation, and try to give a sense of where we might be heading down the road. The first study I would like to cite is one done by Laura Shanner, who is a PhD and is part of the John Dossetor Health Ethics Centre and Department of Public Health Sciences at the University of Alberta. Dr. Shanner has gone through some of the very important ethics arguments, which have become of increasing importance in health care, particularly with new technologies, with all the many issues that are being faced in health care. Ethics in health care becomes a very major issue.

8:50

Again, the government has ignored this Alberta work, not just ignored it but has dared to say that the people who criticize the government, who question the bill, who have an excellent paper on ethical concerns to the bill, are – take your pick, Madam Speaker – left-wing nuts, spreading malicious information. I guess it all falls under the category of disagreeing with the government, which I thought in a democracy everyone had the right to do.

Anyway, I do want to review some of the very key points that have been brought forward in the ethical concerns about Bill 11. The paper starts out by talking about the core values in health care and says:

> Health care interactions typically arise in the most poignant moments of human lives . . .

and this is one of the key issues in ethics

> [at] birth, death, illness, injury, pain, and amid the tension between fear and hope. Further, moderately good health is an essential prerequisite to engage in education, productive work, taking care of others, and other important human undertakings. Everybody thus has an interest in good health and in an effective and accessible health care system. We all need respect and genuine caring when we face health problems, as a very great deal of what is important to us may be at stake.

With that introduction, then, Madam Speaker, Dr. Shanner goes through some of the ethical principles which are used to assess actions and are commonly used in a health care setting, and I want to cite some of those.

The first one is the core value of "nonmaleficence: 'above all, do no harm'."

> The Hippocratic Oath traditionally taken by physicians (and adopted in principle by most other health care professionals) requires that great care be taken not to leave the patient worse off than they were before.

So then Dr. Shanner poses some questions: "Why would someone have to stay overnight after surgery rather than go home on the same day?" It's a very, very good question, Madam Speaker.

> The answer is that the surgery was so invasive or difficult that the patient is at risk of serious complications that may require immediate medical attention. The complications of surgery can affect any part of the body, and may include: neurological problems from the anesthetic; vascular problems such as embolisms . . . or blood clots that may cause a heart attack, stroke or other major organ complication; difficulty breathing; pinched nerves from blood clots pressing on nerves; internal bleeding; allergic reactions to anesthetics or other medications . . .
>
> > It does no good [simply] to notice that [the person] is suffering post-surgical complications . . . Any facility that does surgery complicated enough to require an overnight stay –

remember, as I addressed in Committee of the Whole on this legislation – is effectively being admitted to the hospital as opposed to being served in an outpatient capacity. So any facility that does surgeries that are complicated enough to require overnight stays

> will therefore require a full array of health care specialists to address any complication – and all these caregivers must be available 24 hours, 7 days per week.

So what has happened? What happens under Bill 11? Well, effectively, Bill 11 says that these clinics can set up without an emergency, that these so-called clinics, which we all know are

private hospitals, are available for people. So where is the issue of safety? It's fine to say: oh, well, the College of Physicians and Surgeons will make sure that nothing is done that wouldn't be safely done there, but you know that is a complete fallacy. Someone can get into an allergic reaction with anesthetic with a day surgery procedure, with tonsils being taken out, with teeth being removed. Anyway, the whole issue of "Above all, do no harm" is a value that is, in fact, contradictory to what is being proposed under Bill 11.

Bill 11, Dr. Shanner goes on to say,

> fails to regulate private health care facilities or providers outside the limited realm of surgery;

We've seen this before.

> diagnostic clinics . . . long-term care nursing home facilities, home care services, [lab services], and other outpatient providers such as physiotherapy services.

We've been saying this for some time, Madam Speaker.

> All elements of private-sector, contracted care should be regulated according to similar standards and coordinated with the public system.

Bill 11, of course, doesn't do that. It just proliferates the very medical model that one of the members was talking about earlier.

Another value in ethics is called "Beneficence: doing good." Here Bill 11 fails as well. One of the things that Dr. Shanner has said is that

> the justification and motivation for any health care system is to promote both public and individual goods by improving health status, relieving illness . . . and improving functional capacities.
>
> No real good can come from a health care system unless it is truly an integrated system that promotes continuity of care. Regulating surgeries as independent, "off the shelf" treatments fails to address the prevention of accidents and illnesses that lead to the need for surgery and . . . fails to account for post-surgical care. Bill 11,

and this is Dr. Shanner's comment,

> is thus grossly misnamed: it is not a "Health Care Protection Bill" at all, as it focuses on a single, extremely limited aspect of the health care system.

Madam Speaker, we have of course pointed this out on numerous occasions, that it isn't a health protection bill at all, but of course the government has turned a deaf ear not only to Albertans but to the opposition as well.

"Justice and fairness," key values of ethics in health care. This is what Dr. Shanner says:

> Bill 11 offers no assurance that services currently covered by Medicare will not be "delisted" . . . in the future . . .
>
> Bill 11 offers no improvement in services for residents of rural or northern communities. Private, for-profit surgical centres would open only in urban areas with sufficient population to ensure steady patronage and profits. Indeed, residents in non-urban areas may suffer a reduction in services if health care providers, already understaffed in public facilities, jump to the for-profit centres. Since rural and northern residents already have a greatly reduced level of service relative to urban areas, health care expansions should reasonably focus on the areas of greatest need first.

Access to health care services, as we've said on many occasions, doesn't just matter to someone in downtown Calgary or downtown Edmonton. It matters to people living all over this province, whether it be Fairview or Lacombe or Ponoka or Brooks.

Another issue in the bill: "Queue-jumping." We've certainly talked about it. Queue-jumping goes on, as we know, in private MRI clinics, as people will purchase the private MRI and then move to the head of the queue in the public system when they return for their treatment. We know this is happening, and of course Bill 11 does nothing to address this. Members will have heard government members stand up and say: Bill 11 outlaws queue-jumping. Well, what a joke. What a joke, Madam Speaker. It is a complete hoax, because it doesn't do it.

Anyway, Madam Speaker, I could go through the study even more, but I think it's important to just close with this whole issue: "Duration of effect if passed: Informed consent for an 'experiment.'" As Dr. Shanner points out, this experiment going on here in Alberta, which the chairman of the regional health authority in Calgary said – what was it? – it's better to experiment than to plan? I think those were his words." The 'experiment' has been tried already in several parts of the world, but the results are not acknowledged by the Government." In fact, the government has ignored any of these studies, which, because they haven't argued against them, presumably means they are in fact right and the government has no case against them, much as they did with *Shredding the Public Interest*, of course an excellent book. They didn't ever refute it, so presumably the record stands, and there are others that will follow.

9:00

The paper goes on to cite untenable conflicts of interest for physicians. In fact, I had an e-mail from a young physician today who has just completed his residency in one of the public hospitals in Alberta. I won't name it in case he gets in trouble. His point, you know, was that he had gone through his premed, done his medical training, done his specialty training, and was now doing his residency work in his specialty. He said, "You know, this Bill 11 is very disturbing, because the discussion amongst medical students is that all our training in trying to deal with patients and provide patients with the best possible care we can possibly provide has now been replaced with this value of: what's wrong with you; why wouldn't you open a private clinic and beg money off health care?"

He said: "You know, as someone who believes very strongly in public health care, I find the argument so disturbing. It's going to result in a whole new crop of medical students and medical practitioners, who feel that's what is expected of them because the government has sanctioned it and enabled it by its legislation." A shocking, shocking, and, as Dr. Shanner says, untenable conflict of interest code for professionals that requires them to consider the interests of the patient paramount, but the lure of profit may draw attention away from the patients' needs and towards the capital gain of the physician. The government members, you know, may well say, "Oh, that's not the case," but Albertans know it is and especially medical students, and the ones who e-mailed me know it is.

There are other values in terms of compensation versus profit, benefiting from others' pain. The point Dr. Shanner makes on this one is: no health care system can be considered ethical or fair if – now, this is an interesting statement – it causes caregiver burnout. Well, what have we seen in this province over the last eight years? So here's one study, an excellent study done by Dr. Laura Shanner, as I say. How dare this government say that Albertans don't understand this legislation. Albertans understand it perfectly. That's the ethical case, Madam Speaker, one example of the work that's been done in the province, one example of the ethical issues, but I think it's a good summary.

That's the ethical case against Bill 11. I want to next turn the argument to the economic case. I want to discuss health care from the point of view of the economic advantage it provides to Canadians. It's true that when asked to identify what distinguishes a Canadian from others, by far the most frequent response from Canadians is our Canadian health care system. Yet the system has many winning features beyond any nationalistic fervor. Our public system is in fact less costly. It ensures that all Canadians are covered. It costs far less to administer. It costs employers far less to insure workers than in the American system, and it is that point that I want to address.

I want to look at the Canadian model of health care from its

economic advantage and then look to see Alberta as a microcosm of the national plan. First, the issues of cost. We've seen these before on many occasions, the comparison of GNP in Canada versus the U.S. Canada is at 9 percent and holding steady while the U.S. has increased to 14 percent of GNP and is now on the rise.

By 1994, interestingly, in the U.S. public health care sector spending alone was $1,600 U.S. for a system which, we know, leaves 35 million to 45 million Americans with no health care insurance whatsoever. By contrast, in Canada public sector spending was $150 U.S. less, or $1,444, for a system that offers universal first dollar coverage for hospital and medical care. As Dr. Bob Evans has said – and I think it was very apt. In fact, I think the Associate Minister of Health and Wellness was there when he said it. Dr. Evans said: Americans thus pay more in taxes for health care than Canadians or almost all other people in the developed world in addition to or despite their massive contributions through the private sector. People find that hard to believe, Madam Speaker. The U.S. spending per capita on health care in the public sector – in other words, what tax dollars are going to be spent for the U.S. system per capita – is $150 more U.S. than the Canadian system, yet 37 million aren't covered. That's a fact. Sometimes people forget how much the U.S. is in fact spending on health care.

The question obviously becomes: why do the Americans pay more for less coverage? Well, the issue is administration costs. At least that's one of the key factors. The biggest advantage of the Canadian over the American system is the administrative cost savings. Canada's single-payer insurance plan means cost control and lower administration costs. In fact, processing the multitude of private insurance schemes requires four to five times the administrative resources needed with the universal plans.

A study published by the Conference Board of Canada in March of '99 entitled Corporate Health Care Costs in Canada and the U.S. confirmed significant cost advantages for Canadian business, something that's often forgotten and certainly something that's not lost on our independent businesses here in Alberta. I quote from the Conference Board. The study showed that in Canadian firms

> total health care costs ranged from a low of 3,306 in Canadian dollars to a high of 13,326 dollars per employee in 1996, while in sister sites in the United States, they ranged from 7,493 in Canadian dollars to 27,658 dollars. Total health care expenditures – private and public – averaged 14 per cent of gross payrolls in Canada and 24 per cent in the United States.

The study continues, and I quote:

> The key cost differential is that of employer-sponsored health plans. Health plans cost the case study firms more than 9 per cent of payrolls in the United States. In contrast, expenditures for supplemental healthcare plans in Canada cost between 1.4 to 2.1 per cent of payrolls.

So what's going to be the result of more privatization in health care? Higher costs to our businesses, Madam Speaker. Clearly said, the Conference Board of Canada has already told us.

Now, I would imagine that some of the hon. members in the government – well, maybe not; maybe they've turned a completely deaf ear, but let me go on – are saying that they can see that health care costs may be cheaper, but the argument will be that we're paying more in taxes. Well, the truth is that even when taxes are included, Canada has the lowest labour costs of eight major countries: the United Kingdom, Japan, France, Germany, the United States, Austria, and Italy. I know the government doesn't like to think about that, but it's true.

The KPMG study entitled Competitive Alternatives, a Comparison of Business Costs in North America, Europe, and Japan was completed in March of 1999. It examined the total annual costs of a typical firm in eight different jurisdictions, how such things as freight, electricity, lease, interest, depreciation, as well as property transaction and income taxes came about.

Labour costs are the key. Labour represents 58 percent of location-sensitive costs, while taxes represent just 12 percent, Madam Speaker. Overall, Canada has the lowest costs of all countries in the survey. In attaining the lowest overall cost rating, Canada has its biggest advantage in employer-sponsored benefits, with health care insurance being the largest component. In the U.S. 8.2 percent of wages went to hospital, surgical, medical, and major medical insurance premiums. By comparison, 1 percent, at this point, at any rate, of Canadian wages go to health care insurance.

9:10

So looked at from a different perspective, Madam Speaker, a typical 90- to 120-person firm in Canada would have labour and benefit costs of $3.8 million, measured in U.S. dollars, compared to $5.6 million in the United States. It costs more, and it's quite a remarkable savings, I'm sure members would agree.

Let's look at the specific example of the automobile industry, Madam Speaker – I think it's a good one to look at – and what's happened in the case of Ontario, which interestingly has not gone down the private health care route yet. Hopefully, they won't, but let's look at the example of the automobile industry.

Scotiabank's latest Canadian Auto Report notes that U.S. automakers have made long-term investments in Ontario plants that have exceeded the money spent in Michigan. In the past five years automakers and parts manufacturers have been spending an average of $3.8 billion a year on new Canadian assembly and parts plants. Over the same period spending to repair existing assembly and parts plants has averaged $4.5 billion a year. This investment of $8.3 billion has given Canada a massive, massive productivity advantage over the United States. Assembly capacity in Ontario has risen 19 percent since 1994. Automakers building in Canada gain from cheaper currency, lower wages and benefit costs, the Scotiabank study says. Perhaps the minister of energy would like to read it.

Health care, interestingly, is one of the biggest advantages. Savings amount between $1,200 and $1,500, Canadian versus American, for every vehicle assembled in Canada. Savings of $1,200 to $1,500. In terms of overall production that means that automakers that manufacture vehicles in Canada save $3.5 billion to $4 billion a year.

Interestingly, Ontario now accounts for 17 percent of the North American vehicle market, up from 13.5 percent in 1994. That's a very interesting increase in market production here in Alberta and for Ontario specifically, and perhaps that explains why they haven't gone the route of private health care. This year Michigan will account for about 17 percent of production, down from 22 percent in 1994. All part of the Scotiabank study, Madam Speaker.

Now, senior Canadian executives recognize this advantage clearly. On April 15 of this past year, 1999, Charles Baillie, who is the chairman and CEO of the Toronto Dominion Bank, spoke to the Vancouver Board of Trade. "Canada's health care system is an economic asset, not a burden," he told the audience, "one that today, more than ever, our country dare not lose." He pointed out the strengths of Canada's medicare system, and though he fully recognized that medicare must adapt to new conditions, Charles Baillie came down strongly in its defense.

While many of his remarks addressed the social value of medicare, some of his most pointed comments concerned the economic efficiency of a public health care system. He said:

> It would cost every business, large and small, more if they had to pay for benefits themselves. It would, in a very real sense, constitute a defacto increase in taxation – for employers or for employees or both . . .

> In an era of globalization, we need every competitive and comparative advantage we have. And the fundamentals of our health care system are one of those advantages.

So what is it, Madam Speaker? My earlier point. Is it a groundbreaking change in health care policy, or is it a modest proposal? The fundamentals to which Charles Baillie refers are the single payer and the resultant administrative cost savings, as well as the public scrutiny of costs. These two fundamentals give Canadian taxpayers cost control over this essential service that is absent – absent – from the American multipayer system, and it is that road down which this government is heading.

Madam Speaker, the next Alberta study that I think needs to be cited is the work done by Kevin Taft and Gillian Steward, again an excellent study on what's happening in health care. Of course, you know, the government loves to discredit anybody that dares to speak against them. They, of course, have been unable to refute what is in this book, *Clear Answers: The Economics and Politics of For-Profit Medicine*. That reminds me: how dare this government politicize health care to the degree they have?

You know, one of the important points – and it's one that's been raised in the Legislature a couple of times – is that moving to this private/public mixed system which is subsidized by the taxpayers of this province, which the majority don't want, at the end of it the government can go back to the way it was. If the experiment fails, as all the evidence points to, then the government can go back to the way it is right now.

Well, I think it's important to note the part contained in the study *Clear Answers* about what happens in the case of Singapore. Of course the book *Code Blue* talked about this whole issue of Singapore and what was happening in Singapore with their medical savings account and gave a rather one-sided view of the picture. It's interesting to note, in fact, what happened in Singapore, where it moved to a private profit system, which this government wants to move to, and then tried to go back. I want to quote from a couple of points in the study. It says:

> It's difficult to judge the success of Singapore's health care system . . . Still, some crude analysis can be done. The wages of doctors in Singapore are on par with those of doctors in the United States and higher than those of doctors in Canada. Diagnostic medical equipment, such as CT and MRI scanners, is more abundant in Singapore than in Canada.

One of the two sources that Dr. Gratzer used in his analysis of Singapore was an article that was published in the *Health Affairs* journal in 1995. Despite the impression Gratzer creates, the article is rather negative in fact about the effects of the medical savings accounts in the markets on health delivery in Singapore. Here is a small portion of what the article actually says.

> Singapore's decade-long experience shows that its [medical savings accounts] neither reduced nor controlled health care cost inflation. Instead, cost inflation rates increased . . .
>
> Singapore found that hospitals largely did not compete on price. For example, the average charge of private hospitals for an appendectomy was twice that of the prestigious Singapore General hospital. Hospitals competed instead by offering the latest technology and expensive equipment . . . Ten years after . . . the introduction of [these medical savings accounts] Singapore is saddled with widespread duplication of expensive medical equipment and high-technology services . . .
>
> Under a free market the fees and incomes of private-sector physicians rose at a phenomenal rate, something that needs to be taken note of here in Alberta, which caused experienced physicians to migrate to the private sector. The public sector had to raise compensation for its physicians and other health care workers to retain well-qualified professionals in the public sector. Today the top surgeons employed by the public hospitals receive close to $400,000 per year. Top private-sector surgeons earn at least twice that amount. Rapidly rising compensation was another cause of health care cost inflation.

So what's happening on that study, Madam Speaker? Well, what we know will happen, and that is that the public system then chases the costs and the wages in the private sector, especially if it's trying to retain workers in the public sector to work for health.

9:20

There are some other excellent papers done by Albertans, Madam Speaker. Of course, Donna Wilson on regional health planning and delivery in Alberta points out:

> Since regionalization was initiated, an increased proportion of health system funds have not been, nor are they now available for direct patient care.

In other words, regionalization has increased administration costs, and the increased costs are not going to help patients. They are going to pay for administration. Something that is completely unbelievable is that this government would try to spend more on administration costs. We would like to see and the majority of Albertans would like to see those dollars going to health care itself.

Concerns have been identified in this paper, again one not refuted by the government, where Donna Wilson has gone through extensive review of the regional health authorities and the increased costs they have caused. She concludes that

> these concerns indicate that regionalization should be thoroughly reviewed, with a much more detailed cost-benefit analysis of regionalization undertaken.

This government hasn't done a single cost-benefit analysis, at least not one they've been able to share with the public, and as we well know, if there were any positive reactions to the costs of regionalization, they would be screaming it right across this province and using it as part of their propaganda campaign, their $2 million propaganda campaign.

And what does the government say? How dare this government say that people like Donna Wilson do not understand the health care system and that if only she would read the bill, as they say to all Albertans, then somehow she would be more intelligent than she is. You know what, Madam Speaker? It's offensive, and it's what they have continued to say when they have refused to respond to studies that I'm outlining here tonight, absolutely refused to respond. In fact, the criticism is always that anybody that dares to criticize lacks an understanding of what's in the bill. I've heard it so many times that even if the Member for Edmonton-Whitemud doesn't want to hear it, he should simply open his ears to his own members when they say it.

Next, Madam Speaker, I turn to the excellent remarks made by Dr. Walley Temple, a surgeon at the Tom Baker cancer centre in Calgary, and the excellent review he had given as to why Bill 11 is the wrong prescription for Alberta. He starts out by saying that he wants to look at the economics of the system and says, "It is a myth that health care costs are out of control." He says that per capita costs have

> increased only $50 in the seven years before the present provincial government. In Canada, the costs haven't changed in 20 years and are only 8.9 percent of our . . . GNP. The cost of our health care is $2,500 per person and provides us with 100-per-cent coverage.

He then goes on to say that the U.S., of course, spends $4,000 per person to support a public system.

I know that the government doesn't like to hear these informed Albertans speaking out, educated, intelligent Albertans. They don't like having to listen to it, but in fact I think it's well worth it.

Dr. Temple goes through the incredible work that's been done in our public health care system to innovate and to in fact improve

patient outcomes. He notes that "in Canada, our infant mortality rate is 5.6 per 1,000 and 7.6 per 1,000 in the U.S. Our cancer mortality is 10 percent lower." We live on average "two years longer than Americans. All this at one-third of the cost."

So why would this government want to push ahead with setting up a system that we know is going to end up costing us more and serving us less. How dare this government say that someone like Dr. Walley Temple doesn't understand the health care system because he dares to criticize Bill 11.

Moving off the economic and the innovation and the ethical cases that are made contrary to Bill 11, let's move to the more spiritual side of the equation and look at the excellent principles by which Spiritus suggests that Bill 11 be judged. Now, Spiritus is a grassroots Catholic organization in Alberta advocating and mobilizing on issues that impact faith and life. Founding members of Spiritus include the Catholic school trustees, the Catholic Women's League, and the Knights of Columbus, who recognize the need for better networking within the Catholic population of Alberta, estimated to be 750,000 people.

Spiritus lists eight principles on which to judge the bill. The first is the principle of human dignity.

Point of Order
Decorum

MR. SAPERS: Point of order, Madam Speaker.

THE ACTING SPEAKER: The Member for Edmonton-Glenora.

MR. SAPERS: Yeah. I'm sorry. I'm having a little bit of trouble hearing the remarks from the Leader of the Official Opposition, because the Acting Treasurer keeps persisting with his outbursts. Perhaps he'd like to go outside and tell those assembled at the front steps about Bill 18, or maybe he wants to talk a little bit about defending his flat tax, but I wish he would just listen patiently.

Thank you, Madam Speaker.

THE ACTING SPEAKER: Edmonton-Glenora, you can't kid a kidder. I mean, this is the quietest the Assembly has been for many, many nights. I do know that once in a while the hon. Acting Provincial Treasurer does say something rather provocative, but I have noticed that on occasion you say something provocative back.

So let's get on with the debate.

DR. WEST: Madam Speaker, may I comment on that?

THE ACTING SPEAKER: No, no. Let's get on with the debate.

The hon. Leader of the Opposition.

Debate Continued

MRS. MacBETH: Anyway, Madam Speaker, I wanted to go through the eight principles that the Spiritus people have raised questions on. They're excellent points.

The principle of human dignity:

> To what extent does Bill 11 ignore this principle by allowing the health of persons to be a means to make money for investors and shareholders?

The principle of participation:

> To what extent does Bill 11 shut out the people of Alberta from participating in the final determination of the suitability of this legislation?

Something that's going on right here, right now, Madam Speaker, as this government moves with Standing Order 47 and closes off any opportunity for more amendment of this legislation.

Thirdly, the principle of preferential protection for the poor and the vulnerable. The question is:

> To what extent does Bill 11 protect the poor and vulnerable and their families from the inequities of a health system which has to resort to policing in order to insure that those with means do not have improved access to services or to a higher standard of care than those who do not have the capacity or the resources to respond in a manner which meets their needs?

A very, very compelling question, Madam Speaker.

The principle of stewardship:

> To what extent does Bill 11 reflect moral responsibility in the use of limited public funds in agreeing to pay facility fees to private operators for 'bricks and mortar'?

Albertans know that that's going to cost more, Madam Speaker, even if this government refuses to admit it.

The principle of subsidiarity:

> This principle puts a proper limit on government by insisting that no higher level of organization should perform any function that can be handled efficiently and effectively at a lower level of organization by persons who are closer to the problems.
>
> To what extent does Bill 11 continue to delay on this principle by maintaining government appointed health boards which serve as an extension of the arm of the government rather than an elected group of citizens reflecting the values and the needs of the community?

That's what a democracy is all about. That's what this government is ignoring.

Next, the principle of human equality:

> To what extent does Bill 11 weaken the community's sense of trust since the legislation fails to address the relationship of those in positions of power with the opportunities they have for personal or financial gain?

The principle of solidarity:

> To what extent does Bill 11 strengthen the capacity of the community to care for our sick within national standards and through a universal health insurance system?

It weakens it, Madam Speaker.

The principle of the common good.

> Question: To what extent does Bill 11 foster further division and mistrust within the community, where some health providers will get a greater share of the pie than others, and where the goal of some could very well become the selling of a product rather than reaching out to those who are suffering?

An indictment from the Spiritus, representing 750,000 Catholics in Alberta.

9:30

How dare this government ignore and say that people like the Spiritus group have a lack of understanding of what Bill 11 means, that all they have to do is read the bill? It's utter, utter nonsense, Madam Speaker. Utter, utter nonsense. [interjection] People in St. Albert can definitely see through this bill, and they know what's going on.

Next, Madam Speaker, I have gone through, of course, so many of these studies that have been done by Albertans which this government has ignored and, in so doing, is basically, I assume, agreeing with these studies and has not given any sound evidence to refute them, and that is something that is very much what's causing the concerns.

MS LEIBOVICI: Very legitimate concerns too.

MRS. MacBETH: I think that's right: very legitimate concerns from a wide range of people in this province. And how government members can sit there and ignore this . . .

You know, the government has failed to put forward any of the

people who are supporting this legislation. They talk about it. They say that there are thousands who have written letters, but they have failed to table those. They have failed to document it. As far as we know, the only group that's supporting this legislation is the Alberta Chamber of Commerce, and isn't that an interesting comment on the making of a new business out of public health care?

MR. DICKSON: There are more than 30 government MLAs who haven't spoken to Bill 11.

MRS. MacBETH: Yeah, probably that's why more than 28 or 30 government members have not spoken on this bill.

So I thought it might be useful, Madam Speaker – because we've had at least three independent polls that have been done on health care, and of course the government has done two of its own polls, with taxpayer dollars I might add, and even those show that government opposition to Bill 11 is growing. But the results from the government polls have just a slightly different take than the independent polls, so let's turn to them, the most recent being the Angus Reid worldwide services poll that was done on Albertans' views on Bill 11 in April of 2000.

> The results of an Angus Reid/Calgary Herald province-wide Alberta survey shows that a bare majority . . . of Albertans are against the . . . government's controversial Bill 11, however opposition to the proposed legislation is considerably more intense than support.

Hmm. I wonder if those people are going to vote in the next provincial election. What do you think?

> Dissent toward the proposal to allow RHAs to "contract- out" certain medical procedures to private healthcare facilities is driven by a variety of fears – stepping too close to the "slippery slope" of two-tiered healthcare; concerns about the implications of the Bill for future "extra fees"; "queue-jumping" and "de-insuring of procedures" . . .

All of the things that Albertans have said they don't like about this legislation.

> . . . and concerns about the impact on the quality of healthcare in the province as a whole.
>
> The mid-March survey also finds that government communication efforts on Bill 11 to date have not hit the mark in any significant way.

That is, the at least 2 million of taxpayer dollars spent to put out a propaganda campaign. Hmm. Gee, how many hip replacements would that $2 million have done? I think it's about 50 of them, as I recall. I think about 50 hip replacements could have been done with that $2 million.

> Only 15 percent of Albertans report reading a government brochure delivered to every household . . . while another 23 percent "skimmed it briefly". Fully 39 percent of those interviewed say they do not remember receiving the Bill 11 supplement . . .
>
> Finally, the survey finds that Albertans are evenly divided in their views about whether or not Medicare is in need of a facelift (50% say it works fine the way it is now vs. 49% who disagree with this view), but a large majority feel that other alternatives are available to the Alberta government.

This is what the majority of Albertans feel, in case the members are listening: that alternatives are available to the Alberta government such as reopening closed facilities or putting more money into the existing public health care system, the health care system, in fact the hospital system, that was cut by close to 30 percent, as we know has been documented in the studies.

Now, this is something that I know from having read polls for a long time. When you've got 36 percent of Albertans strongly, strongly opposed to Bill 11 compared to only 13 percent who strongly favour it, that's where that old 3 to 1 odds comes from, Madam Speaker. It's a clear indicator of how off the mark this government is on this legislation. Both Edmonton and Calgary citizens are split.

There's one other point that I wanted to make. The poll says that large majorities of Albertans believe that the government should be "cutting waiting lists by re-opening hospitals" or at least halting further closures; 79 percent agree with this statement. The government should be "putting more money into the existing public system" rather than into private medical facilities. In case the government hasn't noticed, Albertans don't like those public dollars being siphoned through regional health authorities and over into private entities. In fact, 72 percent of Albertans would rather see that money that this government has allocated for private health care and private hospitals go to public hospitals, but still they ignore it. Interestingly, Madam Speaker – and this is probably most telling – two thirds, 64 percent of the province, "believes that Bill 11 is moving Alberta toward two-tiered healthcare." So I know we're on the right side of this one.

Madam Speaker, I think I'm coming close . . .

MR. SAPERS: Ten minutes.

MRS. MacBETH: Ten minutes?

. . . to the end of the debate. I think some of the questions obviously still remain. I've said before that I never understood quite why it was called question period until this session. We know that we ask all the questions and there are no answers, so it's clearly question period.

In terms of solutions, of course I outlined the several steps that we think need to be taken instead of going down this route of private health care. Those I outlined in my second reading address to the Legislative Assembly, so I won't go through that again. I think that again the questions, of course, haven't been answered.

I think I'd like to give a commendation to the Friends of Medicare group, who have put forward their 11 reasons to say no to Bill 11, and I think it's well worth repeating those.

There are clearly faulty assumptions on the bill. It's based on an assumption that private health care will cost anything other than more and will help shorten waiting lists. We know that to be faulty. In terms of definition of hospital, another reason to say no to Bill 11. It says that private surgical facilities will now become a second tier of hospitals in this province. Conflicts of interest: while there was a minor, tinkering little amendment made by the government on conflicts of interest, it doesn't in any real way do anything other than window-dress the issues on conflict of interest, as of course the young physician who e-mailed me today noted. The whole issue of lack of public scrutiny and accountability: the government has done nothing, nothing to release the contracts which exist in health care now.

9:40

They say they need Bill 11 to do it, but guess what? Bill 11 doesn't cover private MRI clinics, and we can't get contracts on that. It doesn't cover lab services that are contracted out; can't get the contracts on that. It doesn't cover long-term care nursing services which are contracted out. Those contracts are the use of public dollars for private services. Because they're public dollars, the principles of public administration would say that they should be available to the people of this province. They are not. This government has refused to let those contracts out at all, and Bill 11 doesn't even touch it.

Enhanced services is all about delivering uninsured services in a private hospital that's allowed under Bill 11 which got its client base through insured services. There, another conflict of interest, Madam Speaker.

Lack of comprehensiveness. We know, of course, that diagnostic

imaging like private MRIs, which we think need to be part of a standard control on contracting out in the province – and all private MRIs should be included in that.

Mental health services. Bill 11 ignores important parts of the system.

Health care bracket creep. Bill 11 says that all medically necessary procedures will be covered by medicare, but advances are made every day, so what services are going to become deinsured? What services are deemed to be medically necessary? What are not? No answers. No mechanism to address the problem of bracket creep in health care.

Lack of ministerial accountability. We've talked at length about section 23. The government has refused to listen.

Public access to contracts. Of course they're not available, despite what government says.

Vague guidelines for approving facilities. Essentially, private facilities can be approved at the whim of the minister. There is no absolute shutdown of a private clinic that's found to be negligent or not providing appropriate health care and also no limits on size and scope. This is the whole issue of no control over the quantity of private MRI clinics. You know, do we need any more of them? I don't know, but there's no ability for the government to be able to control those. Bill 11 doesn't go anywhere near it. It doesn't talk about private labs. It doesn't touch them.

While this government likes to mix its rhetoric in and say, "Everything's fine, everybody; don't worry; there's no problem," Albertans understand this legislation and are offended by a government that tells them they lack understanding on how the bill works.

So, Madam Speaker, as we move towards closing off the discussion, I think that Bill 11, as I said at the outset, is as much an issue of a loss of democracy as it is an issue of a loss of public health care and the protection for public health care that this government was elected to uphold. We know full well that this government has no mandate to privatize health care in the way that they have. It wasn't even discussed before the previous election, in 1997. I guess the reason they are wanting to ram this thing so quickly through the Legislature is because they don't want to have to go to the voters and ask them. They want to go to the voters and tell them. That's what they need their mandate for. They like to dictate to people.

You know, the impact of their dictation has been to effectively muzzle the members of the Official Opposition, because of course the use of Standing Order 47 muzzles the Official Opposition. They've certainly muzzled the media by their spin messages that have been out there. They've muzzled 100,000 petitioners that have signed petitions in this province. They have muzzled people who have written letters and have received not a word of response from the government other than, you know, trust them; they're the government, after all.

Finally and probably the most disturbing is the muzzling of their own members. That's what has happened on this. Presumably, if the government and the government powers over there weren't worried that their members might break ranks, they would call a free vote, but they've had to move on closure. They've had to move with their $2 million advertising campaign. They've had to muzzle their MLAs. They've had to do everything possible in order to try and move this through and snow Albertans on what the impact will be.

Madam Speaker, although many of my colleagues will of course speak very effectively, further to me, on this legislation – and for that I think all Albertans should be grateful – in this closing opportunity to speak, let's look at the people who have come out opposed to Bill 11.

Certainly there are those who have rallied nightly and those 100,000 petitioners, and I've already mentioned them. The Alberta Medical Association continues to have major concerns about Bill 11 on conflict of interest, the contracting provisions, the overnight stay provisions. There are the Calgary Medical Staff Association, the Edmonton Medical Staff Association, and the Alberta Teachers' Association. Educators and parents in this province know that if Bill 11 goes through, the next place that needs privatization, in this government's view, is probably going to be education, and they don't want any part of it. So that's why they're speaking out, opposed to Bill 11 on health care.

The Alberta Association of Registered Nurses has spoken out against Bill 11, as has the Canadian Council of Churches, the Spiritus group, that I referred to today, the Alberta Council on Aging, and Bishop Henry. A former and second-longest serving Speaker in this Legislature, the former Member for Edmonton-Meadowlark, Gerry Amerongen, has spoken out opposed to this legislation. So how dare this government say that Albertans who dare to oppose this legislation are not intelligent enough to understand what's really, really in the bill. In fact, they understand it abundantly well. They see right through it, and they say no to Bill 11.

Madam Speaker, we made a very constructive suggestion today, given that it's now clear that the government wants to ram this legislation through and use closure or a form of closure at every chance, and that was to talk about the potential for leaving the bill on the Order Paper at third reading and calling public hearings on the regulations. Much as with Bill 40 and the regulations on that bill, as I referred to, this would be another opportunity for there to be public hearings on the regulations.

An alternative would be for the government to refer the bill to the Standing Committee on Law and Regulations of this Legislature. Of course, that is a process that other governments in this country use and have used frequently to make legislation speak more to individuals in the provinces. They've used that tool of an all-party committee to strengthen legislation, but of course this government is so much self-centred and so much of the view that they don't have to listen to Albertans. You know, after 30 years the arrogance shows through. The arrogance is well evident. I think the fact that they've had to use closure for yet a third time on this bill is ample indication that they are admitting their defeat, admitting that they don't have a health care policy, and they don't care.

Madam Speaker, this is a black day for democracy in this province, and it's an even blacker day for public health care. Albertans will have the final word on health care and on this legislation, and this government and all its members will have to face the people of this province.

Thank you, Madam Speaker.

THE ACTING SPEAKER: Before the chair recognizes the next speaker, could we just change our mindset for a moment and divert our attention from Bill 11? Could I ask for unanimous consent to revert to Introduction of Guests?

[Unanimous consent granted]

9:50

head: Introduction of Guests

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

MRS. SOETAERT: Thank you, Madam Speaker. Actually we don't have to change our train of thought from Bill 11, because these people are in the gallery to listen to the debate tonight. In fact, two just had to leave, I guess, but I would like to introduce some of the

people that are here: Dianne Godkin, a PhD student; Allan Dansy; Marc Perron; Cory Doit; Susan Duncan, another PhD student; Eugeanie Verna; Raillinda Ganton; Ron Clarkson – I believe he's the health research administrator from the U of A, who had to leave – and Paul-Andre Gauthier, a doctoral student in health care. I would ask you all to please rise and receive the warm welcome of the Assembly.

THE ACTING SPEAKER: Hon. Member for Edmonton-Gold Bar, are you rising to introduce guests?

MR. MacDONALD: Yes, Madam Speaker. I, too, have at this point a member in the public gallery that I would like to introduce to you and through you to all Members of the Legislative Assembly. Barb Swanson is here tonight to listen to the debate on Bill 11. Barb Swanson runs a clinic along with her husband, Dr. Rick Swanson, on the south side of Whyte Avenue in the constituency of Edmonton-Strathcona. She has a very keen insight into not only Bill 11 but the health care delivery system in this province. I would ask her now to please rise and receive the warm and traditional welcome of this Legislative Assembly.

Thank you.

THE ACTING SPEAKER: Thank you.

head: Government Bills and Orders
head: Third Reading

Bill 11
Health Care Protection Act
(continued)

THE ACTING SPEAKER: The hon. Member for Calgary-Cross.

MRS. FRITZ: Thank you, Madam Speaker. I'm pleased as well to rise today during third reading of Bill 11, the Health Care Protection Act. In doing so, I'd like to take a moment to acknowledge a colleague for whom I have a great deal of admiration and respect, and it is the mover of the bill, the hon. minister of health. It is through his insight and wisdom in understanding health and disease that we have a bill that will ultimately lead to an important contribution to the delivery of medicine in Alberta. Also, I'd like to make it very, very clear that my support for this bill, for Bill 11, is strong and also that I'm making it freely.

Madam Speaker, health care has become very politicized in Alberta, so much so that Bill 11 has become a lightning rod for powerful interests, be they political parties wanting power or special interest groups concerned about promoting their own agendas. This is to be expected and applauded, for true debate and the to-and-fro of ideas is what makes ours a free and open society, worthy of our highest and most inspired efforts. But what really is incomprehensible to me is the degree of distortion, the fear, the misinformation that has been promoted by the opposition, that has marred what has been a very important debate.

In fact, only a few days ago, after this bill had received more debate and discussion than any piece of legislation in Alberta's history, I was shocked, if that's still possible, by a letter from Mr. Jake Kuiken, who is a senior child development consultant in the community and social development department in the city of Calgary. Mr. Kuiken wrote, and I quote:

> Bill 11's proposal to allow individuals to purchase an enhanced level of care creates a federal and provincial tax credit for better-off Albertans who can afford the enhanced level of care.

How did this individual get it so wrong, Madam Speaker? It is wrong. I talked to him on Friday about it before I brought it to this Legislature, and I gave him insight.

Madam Speaker, first of all, enhanced services were allowed not by Bill 11 but by Order in Council 211/92, on the recommendation of the then hon. minister of health, who is currently Leader of the Opposition. The hospitalization benefits amendment regulation of April 2, 1992, permitted and in fact mandated the boards of hospitals to charge for enhanced goods or services. There is no provision in that regulation, however, setting out what could be charged for these enhanced services. Under her watch 35 private surgical facilities were operating, and still no regulations were put in place governing the cost of enhanced services or prohibiting people who purchased the enhanced services from getting in a faster line for service. [interjection] It doesn't matter how long ago it was. It happened, hon. member, and that's the point.

[Mr. Renner in the chair]

Nor were they any regulations that would allow private clinics to operate only when there was a clear benefit to the public system and prohibit their operation when there was no benefit to the public system.

Mr. Speaker, it is that overall lack of government regulations that is the precise reason why Bill 11 is before us. It took this government and Bill 11 to close the regulatory gaps, and the profit motive has been taken out of the sale of enhanced goods and services. They cannot cost more to the patient than the cost of the product plus a reasonable amount to recover administrative costs. Of course, there can be no extra fees whatsoever since facility fees that were brought in under the hon. Leader of the Opposition were stopped by this government.

MS LEIBOVICI: Point of order.

THE ACTING SPEAKER: There's a point of order.

Point of Order
Imputing Motives

MS LEIBOVICI: I can't sit any longer while this misinformation is being spread. The reality of 23(h), (i), and (j): imputing false motives to a member inside of the House and outside of the House in terms of individuals not understanding what this bill is about. I would like to know if the member has the guts to say that Jake Kuiken agrees with her now, because my guess is that he does not. The reality is that the enhanced services that are being provided for in this bill are . . .

THE ACTING SPEAKER: Hon. member, it's not a point of order. You're entering into debate, and I suggest that if you wish to enter into the debate, you do so.

Hon. member.

Debate Continued

MRS. FRITZ: Thank you, Mr. Speaker. It's amazing how after listening for 90 minutes, it took two minutes for this to happen. [interjections]

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Hon. members, it was actually relatively quiet before this chairman assumed the chair, and I hope that's not a reflection on the chair. Could all members please be quiet so we

can hear the member speaking that has the floor? The member that has the floor is Calgary-Cross.

MRS. FRITZ: Thank you, Mr. Speaker. It's amazing to me that we were able to listen for 90 minutes here to some rhetoric a little earlier, and now that we have some facts on the floor – and they do include Order in Council 211/92 – this is happening.

Debate Continued

MRS. FRITZ: Thank you, Mr. Speaker. I firmly believe as well that it's the overall lack of government regulations which is the precise reason why Bill 11 is before us. As I said, it took this government and Bill 11 to close the regulatory gaps. The profit motive has been taken out of the sale of enhanced goods. As I said and will say again, they cannot cost more to the patient than the cost of the product plus a reasonable amount to recover administrative costs. That's very clear in this legislation and in the amendments that have been before us in Committee of the Whole.

Of course, there can be no extra fees whatsoever since facility fees, as I said earlier, were brought in under the hon. Leader of the Opposition, and they were stopped by this government and are being made illegal in fact by Bill 11. Albertans cannot be charged for any services that are covered by our publicly funded health care system.

I might also add a note about the fears that the opposition has aroused about Americans taking over our health care as a result of Bill 11. Mr. Speaker, if American companies have not come into Alberta when private facilities have been totally unregulated, why would they enter after Bill 11, when private clinics will be highly regulated, in fact will be more regulated than anywhere else in this country?

As the Prime Minister pointed out over the weekend, overnight stays already exist in a number of provinces. In British Columbia overnight stays were allowed as a result of a simple ruling by the B.C. College of Physicians and Surgeons in May of 1997, yet this situation has not inspired any free trade challenges in that province. In fact, I can't help but wonder if we would have seen demonstrations outside the Legislature and other protests if we had done what the government in B.C. did and simply allowed the college to permit overnight stays without introducing any legislation or regulations on the subject.

10:00

Mr. Speaker, these are the realities, and they are the facts that somehow have escaped this debate. The reality is that although most Albertans are happy with the convenient service and care they receive in the 52 private surgical clinics in this province, it's high time that these clinics that are supported by public dollars are regulated so they continue to provide in the future a public benefit, so they don't ever become a detriment to the public health system, so they continue to provide quality service, and most importantly, so they increase access to publicly paid for health services and provide a cost-effective use of public dollars. It's that simple. This is what Bill 11 is all about: regulating the use of public funds going to private surgical facilities so that they are used in a cost-effective manner to provide quality health care.

We've said it before in the Legislature, but I think we should say it again. In Calgary it costs a million dollars to build and equip a single operating room, and to run it costs another million dollars a year. With that kind of outlay of public funds we want to ensure that each OR is functioning as efficiently as possible. Performing abdominal, inguinal, and femoral hernia surgery or minor surgical procedures on tendons, peripheral nerves, muscles, bones, joints, supporting tissues, and many other minor surgeries has been shown to not be the most efficient use of that million dollar room. We believe that if a few specialized clinics could become centres of excellence for specific minor procedures that have been approved by the College of Physicians and Surgeons, it would free up scarce and expensive operating room time.

There are other benefits, Mr. Speaker. It could prove to be a way of keeping some surgeons in the province, because they will have increased operating room time, which will ultimately increase the level of health and healing for their patients. I think these realities reflect common sense. That has been borne out in practice already. For example, after six months of contracting out cataract surgery, the North Shore region in Vancouver saw a 13 percent drop in surgical waiting times at the region's Lion's Gate hospital, and it reduced the waiting list for cataract surgery by 29 percent and freed up a precious 28 hours of surgical time per week at regional hospitals. Most importantly, it allows health authorities to direct dollars to patient services rather than capital purchases and to alleviate pain and suffering when it is needed, which is now.

Mr. Speaker, in Calgary, contracting out 13,000 procedures yearly has freed up operating room hours for more complex procedures that require all that modern-day medicine can provide. Every hour contracted out for minor surgery is an hour available in the hospital to meet growing demands. These demands, I can tell you, are huge, and they can't be dismissed.

A study done in 1997-98 put the increased demand for surgical services in Calgary at 19 percent by 2003-04. That's 19 percent, and that's only three years from now. By 2003 this government is slated to spend a billion dollars more than we are spending today. That's in three years. A billion dollars more, and that is in our base budget. It's absolutely incredible to me when people dismiss the facts of what the realities are with our budget. We know that health care will be taking a third of the total of our budget, and that's approximately a billion dollars more, Mr. Speaker, than we spent three years ago.

So my vision is that in three years' time I will be able to tell my constituents, who happen to work very, very hard for their money and pay taxes, that we dared to go forward and change conventional thinking, that despite the fact that public funds continue to be spent on private facilities, the health care spending curve started to decline a little instead of going straight through the roof, and that we entered new partnerships, ones that provided convenient, safe, community-based clinics that perform minor elective surgical procedures instead of having to build . . .

THE ACTING SPEAKER: A point of order.

Point of Order
Questioning a Member

MR. MacDONALD: Yes. *Beauchesne* 333. Mr. Speaker, I'm wondering if at this time the hon. Member for Calgary-Cross would answer a question?

THE ACTING SPEAKER: Hon. member, you only need to say yes or no.

MRS. FRITZ: Thank you, Mr. Speaker. Not at this time. We did hear from the hon. Leader of the Opposition for the previous 90 minutes, and I have just a few moments here.

THE ACTING SPEAKER: The floor is yours.

Debate Continued

MRS. FRITZ: Thank you. As I said earlier, my vision also is that

we will be providing convenient, safe, community-based clinics that perform minor elective surgical procedures instead of having to build new facilities that unnecessarily add to the upward slant of the curve of spending. Yes, some of these safe procedures require overnight stays, stays of more than 12 hours. Instead of being released from a day clinic after late afternoon surgery, the law was changed to allow patients to get a good night's sleep, which one very experienced OR nurse told me is sometimes all a patient really needs and which I might also add is a principle that the Alberta Medical Association agreed with in writing, and it has been filed with the Legislature. Maybe some surgeries were added to the list, Mr. Speaker, but that was only after the College of Physicians and Surgeons said they could be safely performed on relatively healthy people in safe surroundings by qualified physicians, nurses, and other very caring health care personnel with adequate backup plans.

It is also my hope, Mr. Speaker, that I can tell my constituents that Albertans had better access to publicly funded health care, that queue-jumping through offering enhanced goods and services was made illegal, that the cost of uninsured enhanced services was made fair with no profit for the provider, whether public or private, above a reasonable administrative fee, and that they were consistent no matter where in this province a patient lived.

These are the reasons why I support Bill 11, Mr. Speaker, and why I applaud the courage of this government and of our minister of health as well as our Premier in proceeding with a law that would have been far easier to have left alone but which I am certain will, when it is implemented, serve well the interests of my constituents and all Albertans.

Thank you.

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

MR. WICKMAN: Thank you, Mr. Speaker. As I sit here and listen to some of the arguments made, I find it quite incredible, quite stunning that there are members on the government side that get up and actually believe what they're saying. I think they actually believe what they're saying. It amazes me how they can have such a false concept of what the bill is all about, how they can ignore the dangers that lie in Bill 11.

10:10

We hear discussions about it costing a million dollars for a bed when you're building a medical facility. That's true. That's a figure I wouldn't dispute. Then why does government blow up a whole bunch of these beds in Calgary if they cost a million dollars to build in the first place? Why did they sell off all kinds of beds at a discount rate? What? A penny on the dollar, whatever.

We hear talk about visions. They're not visions; they're nightmares. When we say privatization starts creeping in the health care system, we're not talking about a vision. We're talking about a nightmare.

When I think of Bill 11, it reminds me of a story, Mr. Speaker, and just bear with me and you will see how this story relates to Bill 11. When I was a young fellow growing up outside Port Arthur, Ontario – and the Member for Calgary-Mountain View will relate to this – I lived on the east side of Port Arthur there, just off Lake Superior, which at that time was called Nipigon highway and now is called Scenic highway. About a mile away from our house was the general store, where we'd go and pick up bread and milk and such, and in between the road and the lake were the railway tracks. My younger brother, Gerry – we called him Pee-wee – and I would walk along the tracks because it was a shortcut to the store. One day we were walking along picking up some bread, whatever, and we get into this argument about candy. My brother Gerry, Pee-wee, is very, very stubborn. He's on the track and we hear a train coming. I said, "Gerry, you've got to get off the track here. The train's coming." But he's stubborn, and he's not going to move because he's upset with me. The train comes closer, and he's not going to move. He's going to let that train run over him before he budges. Finally I had to forcibly remove him from the track.

That reminds me of the opposition to Bill 11 coming down like a train. The Premier of the province is standing on the tracks and refuses to move, refuses to budge, refuses to listen to that outcry that is there, that is plowing down. So just like I had to remove my brother from the tracks, I guess Albertans will have no choice but to remove this government come the next election, because otherwise they're not going to be heard.

I've seen protests in the past. We've seen demonstrations on education and such. We've tabled petitions on education. We've tabled petitions on different things. But in the 11 and a half years I've been here, I have never, ever seen the type of opposition we are now encountering towards any issue, any bill, any piece of legislation, any matter that has been brought before this House.

We've talked about the rallies that have been held where thousands of people have attended. We've talked about the petitions, the 70,000 that we've tabled. The third party has tabled another 15,000 to 20,000, whatever it is. There are others that are waiting to be tabled. We get letters. We get phone calls. We get e-mails. We get protests. Clearly, despite what government members may say, what they may believe when they stand up, they must understand that there is opposition there. You can read the polls, but even forgetting the polls, just the outcries, just the comments that are made not only from Liberals, not only from New Democrats but from Tories, longtime Conservative members, are really questioning what the government is doing with Bill 11.

This opposition that we hear in Alberta is being heard right across Canada. There is no question that people in other provinces are extremely concerned as to what's happening here in Alberta, because they fear that it will become the demise of the health care system, that other provinces will pick up on what Alberta has done, expand upon that. Just like we have Ontario and Alberta trying to fight as to who has the lowest tax, we're going to have the two provinces battling head to head over who can privatize the health care system the fastest.

Now, this bill without question is going to go through. The government has made it very clear. The concerns of the people, the opposition of the people doesn't count. The government's not listening. They don't want to listen.

I remember hearing: he hears, he listens, he cares. Well, obviously on Bill 11 the government is not listening, the government is not hearing, the government is not caring. People cannot be simply written off because they exercise their democratic right to oppose government legislation. They can't be classified as left-wing nuts. We look at the people that are protesting. Neighbours of mine have been out front there protesting, and they're not left-wing nuts. Members of churches that have protested are not left-wing nuts.

One of the things, Mr. Speaker, that people become very, very upset about is Bill 11, yes, but also the process that's being used, the way that people are written off, the closure that has been used now on three attempts. Closure, a form of closure, a hidden form of closure: call it what you want. Government has chosen to choke debate on Bill 11. They know that the protests will continue, that the opposition will continue to build, so they're trying to head it off.

From here what will government do? I would suspect the bill will be passed. There's no question about that now in my mind. The bill

will be passed using closure, something the government has used about 26 times before under the current Premier. We'll see third reading happen before the end of this week, would be my venture. The bill will be proclaimed, and come the fall, when it's all in, I don't think you're going to see a great deal of change in the early stages, Mr. Speaker.

I think we'll see an election come next February or March, and the government will say: "See; was there really any difference? Was there really any change?" But you wait till that election is gone, and if – if – they are fortunate enough to somehow convince Albertans that they deserve to be re-elected, you watch what will happen at that particular point. Then you're going to see, I believe, widespread privatization start to take place and the demise of the health care system.

Members will stand here and criticize what members of the opposition are saying. Government members will do that. They'll criticize the Leader of the Official Opposition. But, Mr. Speaker, in my opinion, nobody, no member in this House, has the same understanding, the same knowledge, the same passion for health care as the Leader of the Official Opposition, bar none, and when she speaks, she should be listened to, because she knows what she's talking about when it comes to health care. So her comments can't simply be dismissed, written off.

I find in my riding of Edmonton-Rutherford and, interestingly enough, the Tory candidate that's going out there door-knocking now, that has now been nominated, is also finding that Bill 11 is the catalyst for people to voice their objection, their concern about what's happened to the health care system in Alberta in recent years. I hear their comments about: we're spending more than we spent before. You don't measure it by how much is spent. It depends on how those dollars are spent, how they're managed. Now we see government saying: well, we're going to allow the private sector to start spending taxpayers' money as well. We can imagine how they're going to spend those dollars.

So the whole health care system has really come under question and Bill 11. The government actually did the people of Alberta a favour in the sense that they finally brought to a head, focused attention on the shortcomings in the health care system. The government has acted as a catalyst for people to become politically involved, for people to start to have a much deeper appreciation for their health care system, which we in the past had tended to take for granted.

We talk in terms of privatization. I pulled something out of the paper the other day. Everybody reads Ann Landers. Now, she's talking about privatization of the health care system in the States, and she invited comments from readers. One of the people that commented is a doctor. He says: "I am a physician looking forward to getting out of this profession. It bothers me when I prescribe medicines . . ." and such. Now the critical part. Listen to this. He says in his letter to Ann Landers: "It pains me to see the HMOs" – we all know what the HMOs in the United States are – "making millions while I can barely afford to give my staff a raise."

Now, that touches on the nature of privatization. Privatization involves businesses getting into a venture not for the good of their people, but they're motivated by making a profit. It's no different than if I in my life after politics decide I want to get a McDonald's franchise, for example, or some other type of business. I'm not going to go in there because I want to necessarily provide a service to people. I'm going to go in there because I'm going to say: this is an opportunity for me to make a good income; this is an opportunity for me to make a 15 percent return, whatever, on my investment. So when we get into privatization, let's not fool ourselves about what the motivation is. The motivation is not necessarily to provide a good quality of health care to Albertans. It will be to in fact make dollars at the expense of Albertans, at the expense of taxpayers, at the expense of the health care system. We will see what's going to happen with the health care system.

One of the constituents of the member that represents Stony Plain was out at the rally here one night, and I got into a good discussion with him. He gave me a copy of a letter that he had written to the editor of the Spruce Grove *Examiner*, April 20, 2000. He expressed to me that it was unfortunate he was not able to have that letter published in every paper across Canada, so I'm going to take the liberty of reading a few of his comments. It's written by R.W. "Bob" Oldham from Stony Plain. The editors have captioned the letter. They put on a title called: Promising future more promises than future.

10:20

Now, in his letter Mr. Oldham makes a number of references. He refers to the local newspapers containing full page adds, those full page ads that were in the *Calgary Sun*, the *Edmonton Journal*, the *Calgary Herald*, and such. It also went into a lot of the smaller newspapers throughout rural Alberta. We saw those full-page ads run countless times at countless expense. He takes objection to some of the statements made in there. He takes objection to the statement "No one will pay for medically necessary services." Now, that's a quote from the ad: no one will pay for medically necessary services. Mr. Oldham responds:

> Wrong! The cost of medical care ultimately comes out of our pockets, one way or another. So, we need to be concerned about how these costs will be arrived at and what they will be.

That stands to reason. You can't possibly say no one pays for medically necessary services. The government gets the money from some place. They get it from the taxpayers. He goes on to say:

> When the costs of services go up, the regional health authorities have two alternatives: reduce services (and lengthen waiting lists), or ask taxpayers for more money. Those are the choices and there is nothing in Bill 11 to avoid these economic facts of life.

He then takes objection to another remark in the ad: no one will be able to jump the queue. Now, he makes it very clear.

> Suppose you and your neighbour are on a long waiting list for diagnostic services at a public hospital before getting on a waiting list for surgery or curative treatment. What is there in Bill 11 to prevent your neighbour from paying several hundred dollars to get on a shorter list at a private MRI clinic? He will then be in the queue for treatment long before you [even] get your MRI scan.

So that's what we talk about in terms of queue-jumping. That's how queue-jumping can occur when Bill 11 is in place. You jump the line in the initial stages because you can lay out the money for that initial treatment that gets you on the waiting list for surgery a lot sooner than the person that can't afford to lay out the money from their own pockets.

He also goes on to say, "The government has defined a private hospital as an 'approved surgical facility.'" Now, we've heard that statement in here many times. "Perhaps they will replace 'queue jumping' with a kinder, gentler term."

Then he goes on to dispute another reference in that ad that reads: "Everyone will benefit from reduced waiting lists." Now, listen to that: everyone will benefit from reduced waiting lists.

> Wrong again! A major reason for long waiting lists is the shortage of doctors and nurses. Why are we [so] short? When the government, in its infinite wisdom, drastically reduced budgets, professional training was cut back and existing medical personnel were forced to leave their profession or leave the country. Some older ones retired and are even older now. Others have established themselves in other lines of work. Many went to jobs south of the border. Are many of them going to be tempted to return to work in

> Alberta where a fickle government may, someday, put them out on the street again?

Then he objects to a last statement in there where it says, "Bill 11 will create more choices for Albertans." I like his response to this one. He says:

> There is an element of truth in this. In the next election, we will have a choice of re-electing the people who create problems and try to solve them with phony economics or some people who will try to improve a public system that, even now, is better than any other.

Mr. Speaker, it is unfortunate that Mr. Oldham was not able to get that letter published in every newspaper across Canada because he doesn't have the financial resources this government has by simply tapping into the pockets of the taxpayer and saying: "We're going to run this full page ad here; we're going to run this full page ad there. We're going to run it again. We're going to run it a third time. We're going to run these things on the radio," spending millions and millions of dollars trying to convince Albertans of something that is not good for them, that Albertans already know is not good for them. Albertans are telling this government it is not good for them. We know it's not good for them. We want them to kill this bill, but government chooses not to listen.

Now, when I attend these rallies and I speak to constituents that come into the office and I go to Superstore – people stop me there – everybody wants to talk about Bill 11. Everybody wants to talk about Bill 11. A number of people now want to talk about Bill 18 as well, which is coming up next, but Bill 11 is the hot one now.

AN HON. MEMBER: The flat tax.

MR. WICKMAN: Yeah, the flat tax, again a very serious mistake on the part of this government. But when people talk about Bill 11, they tell me what they fear, and many of them can relate stories of how they know somebody in the United States or in New Zealand or in Britain. They themselves may have experienced a situation where they had to pay for enhanced services or they know somebody that went bankrupt or was driven to the poorhouse because of medical procedures that were conducted under a private health care system.

What they see about Bill 11 that they find the most frightening – they recognize now that this government is not prepared to listen. It doesn't matter how they feel, this government is going to do what it is going to do. They fear that Bill 11 in the initial stages is the foot in the door, the crack, the crack towards destroying the health care system in Canada, and I say in Canada because they see the potential of this to spread to other provinces if the government of Alberta gets away with it. So they see this crack in the door allowing some initial privatization, so-called surgical facilities that will have relatively short stays. In time to come we'll see that certain services can be deinsured, more and more services deinsured, where more and more of it is classified, then, as an enhanced service, that you can jump to the front of the line if you've got the dollars to pay for it. So that's their real fear, that this is the crack in the door that can be the demise of the health care system as we've come to know it, as we've come to love it, as we've come to appreciate it, as we've come to accept it, being the best, at one time at least, system in the world, bar none. Even when we look across Canada, Alberta had a certain pride in probably producing the best, if not the best close to the best, health care system in comparison to the other provinces. I've experienced a health care system in some of the other provinces, and Alberta at that particular time, in terms of health care, was a joy.

Ironically, at that time, when the health care system was going along so smoothly and people had such confidence in the health care system, do we all recall who the minister of health was who instilled that confidence in Albertans, who instilled that passion, that appreciation for a health care system that suited their needs and that was there for them when they needed it?

That crack in the door, that's the first thing.

[Mrs. Gordon in the chair]

The other thing, now, that people will talk about is the so-called definition of surgical facilities, and people will say: why is a surgical facility different than a hospital other than it being for a profit, whereas a hospital is not for-profit? They say: "If I go to a surgical facility, I'm allowed to stay there overnight. I'm allowed to stay there a second night, a third night. They're allowed to do surgery on me, they're allowed to have an operating room, and they're allowed to have recovery beds and such. How is that so much different than a hospital?"

In the initial stages the types of surgical procedures that may be carried out will vary. They may not be as severe as what we see happening, say, at the University hospital, where we see heart transplants occurring and that. But again that foot in the door, that foot in the door that will allow the government to expand the areas of privatization and start including more and more services that will be deinsured and that will then have to be covered by taxpayers out of their own pockets. Certainly under that concept it would sound like the government could save money by transferring it to the public health care system.

Thank you, Madam Speaker.

MS LEIBOVICI: Unanimous consent to continue.

MR. WICKMAN: Oh, I'd love that. Anyhow, I've used my 20 minutes, so I will cede the floor. Thank you.

THE ACTING SPEAKER: The hon. Member for Wetaskiwin-Camrose.

MR. JOHNSON: Thank you, Madam Speaker, for the opportunity to speak to the Health Care Protection Act. You know, over the last several months Bill 11 has generated a great deal of discussion, and I would like to take this opportunity to discuss the bill in response to some of the issues and concerns raised by my constituents. First, I'd like to recognize the important debate that took place in committee and especially the amendments that arose from it. The amendments alleviated some of the concerns that had been raised by my constituents.

10:30

Madam Speaker, Bill 11 in its amended form will provide protection for our publicly funded health system. It will provide protection for Albertans using the system, and I believe it will help to build a stronger foundation for health care in the future. It brings existing private surgical services clearly under the control of the public system and any future surgical services as well.

Let me begin by saying that the 63 other government MLAs and I are fathers, mothers, aunts, uncles, grandfathers, and grandmothers. Like our constituents we firmly believe that quality medical care must be available to all Albertans, regardless of the ability to pay. We want to protect our health care system, as everyone does, for future generations.

I've been asked: why do we need legislation like Bill 11? Bill 11 regulates surgical facilities. The first private surgical clinic opened in Alberta in 1984. Today there are 52. These clinics provide services like cataract surgery, dental procedures, plastic surgery, and pregnancy terminations. Albertans are not charged for the insured

services they receive at these private-sector facilities now, and Bill 11 ensures that there will continue to be no charge. That is reassuring to those raising this concern.

The problem, however, is that while these surgical clinics are accredited by the College of Physicians and Surgeons, the Alberta government has no legal authority to regulate them. Our government was asked by the College of Physicians and Surgeons, the blue-ribbon panel, and by federal Minister Allan Rock to bring in legislation that lays out the rules and guidelines under which all surgical facilities must operate in Alberta. Madam Speaker, Bill 11 is that legislation. It puts in place rules that regional health authorities must follow if they wish to contract out services, all within full compliance both in principle and in spirit of the Canada Health Act.

My constituents have asked if American-style private hospitals will now be allowed to operate in the province. The answer to that is no. Bill 11 totally bans private hospitals in Alberta and controls the development of private surgical facilities offering minor procedures as defined by the College of Physicians and Surgeons.

There are people in my constituency who are worried that under Bill 11 private surgical facilities could start charging patients for insured services. I want to assure them that this is not the case. Albertans are not charged for the insured services they receive at these private-sector facilities now, and Bill 11 ensures that this will continue to be the case for existing facilities and for possible future facilities.

I've been asked if services will be deinsured under Bill 11. Contracting with surgical facilities to deliver services on behalf of the publicly funded system has nothing to do with deinsuring services. This government has no plans to deinsure services, and all contracting will be done in strict adherence to the principles of the Canada Health Act. We are committed to the Canada Health Act, and that commitment is included in Bill 11. The principles are and will continue to be the foundation of the health system in Alberta.

Some of my constituents are worried that under this legislation people will be able to pay to jump the queue. Bill 11 prohibits anyone from making or accepting payments to get faster service and jump ahead in the line. I am happy to tell my constituents that the bill has even been amended to strengthen this section. This will be the law.

People want to know if this bill could open the door for private clinics to perform major surgeries. Bill 11 prohibits major surgeries as defined by the College of Physicians and Surgeons from being done anywhere except in full-service, public hospitals. The college will decide what is done and where. Physicians, not politicians, will decide.

Madam Speaker, Bill 11 was never intended to solve all the health care problems in this province. It's only one part of a much larger plan. This government is increasing our annual health spending by over a billion dollars in the next three years. We are hiring more nurses, recruiting more doctors, and increasing the number of cancer, heart, and neurosurgeries. We are increasing access to home care and continuing care services.

Madam Speaker, the debate on this bill has encompassed a dialogue on our health system that has gone far beyond the purpose in terms of the Health Care Protection Act. That is likely good in that it has alerted all Canadians to the problems facing medicare's sustainability in this country. The bottom line is that Bill 11 would protect our publicly funded health system and would give our regional health authorities wider options to consider when finding new and better ways to meet the challenges facing health care now and in the future.

I want to tell this House tonight that my constituents made it clear in the last election and again throughout this whole process that we must preserve publicly funded and publicly administered health care. In light of the servicing challenges that could threaten its sustainability, I believe, as so many others do, that we are wise to take action now. We must look to the future and take precautionary measures to protect and improve the system we all hold dear. That is why we need the health protection legislation.

Thank you, Madam Speaker.

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

MR. BONNER: Thank you very much, Madam Speaker. The debate on Bill 11 over the last few weeks has been very extensive but not too comprehensive. While many MLAs in here have taken the opportunity to speak to Bill 11, there have been in the neighbourhood of 30 MLAs who have not taken this opportunity to speak at second reading, Committee of the Whole, or to this point at third reading. It's interesting to note that these are government MLAs. Now, certainly, as the hon. member just mentioned, he was elected by the people, but he was elected by the people to represent their views. Certainly with what we've seen here tonight, this is not serving the needs and the wishes of his constituents.

We look at Bill 11 and all that has happened with it. This government took the unprecedented move of mailing this bill out to all Albertans. Now, they didn't only mail out the bill, but they put their own notes in the margins. They also spent in excess of $2 million on a PR campaign that included ads on TV, full-page ads in newspapers, yet with all of this, Madam Speaker, it has not worked. The majority of Albertans continue to have mistrust with this government, and they do not support this bill. As well, if this PR move were performed in the private industry and had this rate of failure, then those people would be fired. It certainly isn't what Albertans are spending their hard-earned taxpayer dollars for, to pay for PR campaigns rather than putting that much-needed money into our public health care system.

On Bill 11, Madam Speaker, we have seen the presentation of many studies and many reports that all support the Official Opposition's view that Bill 11 is not a bill that will serve the public interest. Many studies have been presented here before, and a number more were presented this evening by the hon. Member for Edmonton-McClung, the Leader of the Official Opposition. We have seen from these studies that there is not one shred of evidence that supports this bill. We look around this room. We have people from all walks of life. We have businesspeople, former teachers, former school board members, and none of them in those areas would undertake something of this nature without one shred of proof. Albertans expect that from us. They expect us to be good custodians of their money.

As well, Madam Speaker, we've seen the government try and defend a bill with half truths, with misinformation, with insults, and inflammatory statements but not with studies, not with information, not with reports, and certainly not with facts. We have unelected regional health authorities in this province that are responsible for over $5 billion in our health care budget. It is hard to believe they have not done cost analyses. In fact, it's certainly hard to believe that they have not done any studies on the cost of private versus public health care systems. If they have done those studies, then why haven't we seen them here? If I were the minister of health, I would certainly want those studies, and I would certainly want that support before I would ever introduce a bill of this nature into the House. So it is hard to believe that we continue out of control down a slippery slope which will certainly lead to a health care system that is not sustainable because we are funding private companies with taxpayer dollars.

10:40

Now, we also look at the record of this government, and it's another reason why Albertans certainly don't trust this government when it comes to the introduction of this bill. All we have to do is look at the past with our NovAtels, our Swan Hills, MagCan, problems with the ATB, and the list goes on and on, of course. As the Member for Edmonton-Rutherford said, there's certainly no doubt that this Bill 11 will be passed. It will be shoved through by this government. But as bad as all those other examples I have spoken about were, Madam Speaker, this Bill 11 has the potential of spending more taxpayer dollars, which should be spent on a publicly funded health care system, and it will make all the other blunders seem small.

Never in the history of this province has the government spent in excess of $2 million for an ad campaign to promote a bill and failed. It is something that a former hon. Speaker of this House mentioned today, that he certainly hopes that Albertans do not forget about the lessons they have learned during this terrible attempt at passing legislation.

Now, Madam Speaker, we see that the more Albertans hear, the more informed they become, the more vocal and opposed to this bill they become. Support for the pulling of this bill just continues to grow and grow. We have heard their concerns. We have heard their concerns through various types of correspondence in the form of telephone calls, letters, e-mails, faxes. They just continue to pour in. At the same time, we have tens of thousands of Albertans that have taken the time to sign petitions, and those petitions have been presented on the floor of this Legislature. I can't recall the last time that we had so many public rallies in this province, rallies right here on the steps of the Legislature, where people have had the opportunity to voice their concerns and their displeasure with the bill.

So if the people in this province do not support this bill – and every poll that's been conducted indicates that they don't – who does support this bill? Obviously there are a number of government MLAs that support this bill. There are a number of special-interest groups out there. There's a small number of doctors. There are probably some insurance companies that are waiting for this to pass. So then why does this happen?

My wife went to her doctor here last week, and when he heard what I was doing for a living these days, he said: well, what about this Bill 11? She said: well, what do you think about it? And he said: the only people I can see benefiting from this at this time are a few doctors in this province that are going to get very, very rich. I certainly have no trouble concurring with those views.

Now, this is an issue, Madam Speaker, that is not only an issue of democracy, it's also an issue of private health care. The whole strategy here – and we've seen it here today, where all other business of this House was set aside so that Bill 11 could be discussed, and we see that again at third reading under Standing Order 47(1) we do have closure invoked on this bill.

Now, I've been in this House for only a little over three years, but in speaking with a number of members that have been here a lot longer than I have, none of them can remember any bill that was ever presented on the floor of this Legislature where the government had to invoke closure or a form of closure in three different ways. I think of some words I heard the other night, and I think of them because they are very, very appropriate here. We see a government trying to ram this bill through, and they hope that by passing this bill, by getting it out of this Assembly, that will be the end.

But I don't think that will be the end, Madam Speaker. That will just be the beginning. It will be the beginning of the end of a government that has grown old and has grown arrogant, a government that is failing to listen to the people. When a government stops listening to the people, then of course the voters have the say in what happens to their future.

Now, voters in this province have told the government that this bill does not make sense from a moral, an ethical, a social, or an economic standpoint. Today we heard from a former Speaker of this Assembly; we also heard from two prominent Alberta surgeons; we've also heard from the Canadian Council of Churches: all opposed to Bill 11. But this government continues not to listen. They are not listening, as well, to many doctors, nurses, health care economists, scholars, religious leaders, and many others in this province who oppose Bill 11. They have all spoken out emphatically on how dangerous this particular bill is.

All of the time the Premier has been quite willing to blame the Official Opposition for spreading misinformation and for fear mongering. The Premier has also been calling those that oppose the bill left-wing nuts. He continues to turn a deaf ear to all those who do not support this legislation. How does this government, Madam Speaker, continue to push the passing of this bill when despite all of their public relations moves to sell this bill, Albertans are not buying it? They want the bill pulled, and Albertans are right in wanting this.

Once Albertans saw this bill, once they saw its contents and its intent, they raised many concerns. Despite perhaps the biggest PR campaign ever put on by a government in this province, Albertans knew this bill would not fly. Next, we saw a desperate attempt by the government to tell Albertans what the real truth was, and truth squads were sent out to explain the bill so that Albertans would understand it. We continue to hear that same rhetoric in the House tonight.

Once again Albertans rejected what the government line was, and as Albertans were telling the government about this bill, two of their own MLAs were telling the public that overnight stays in hospitals would be disallowed by this bill, again misinformation but certainly not by the Official Opposition. Madam Speaker, Albertans realize that this is not correct. The fact that this legislation would allow overnight stays is one of the more contentious parts of the bill.

10:50

The government amendments that were put forward do not deal with the key concerns. There were 14 amendments in all, and unfortunately we did not get to complete debate in this House on 13 of those amendments, which were rammed through this House after closure was invoked at Committee of the Whole stage. To my knowledge, Madam Speaker, no major government bill was so badly flawed that they needed 14 amendments of their own to try and correct it. And this is without even hearing any opposition amendments.

So we had a piece of flawed legislation, yet the opposition did not get any input into the changes in this bill, which would make it a better piece of legislation for all Albertans. What is this government so frightened about, Madam Speaker, when they force closure and stop debate on the remaining 13 amendments? What are they frightened of when they don't allow their own members an opportunity to speak to this bill at second reading or Committee of the Whole?

It would seem to me, Madam Speaker, that the poorest prepared Albertans are the government members. Every government member was given the opportunity to debate a member of the Official Opposition in their own constituency. Precious few took that challenge. I received letters from the hon. members for Calgary-Egmont and West Yellowhead informing me that public debate on Bill 11 will occur in the Legislature. However, the government has effectively curtailed public debate in this Assembly with Standing Order 47(1), closure at Committee of the Whole, and no amend-

ments at third reading. It appears that the government does not want to debate this bill in the Assembly or out in the constituencies. An open debate would have provided the constituents of Edmonton-Glengarry and of course all people of this province with answers to their questions about Bill 11.

This afternoon in the House, Madam Speaker, I tabled a letter from a grade 6 class at St. Anne Catholic elementary school. It is a short letter which reflects their concerns and the concerns of many constituents with this legislation. I would like to read this letter into the record this evening. It's addressed to the Premier.

> Dear Mr. Klein:
>
> We are the grade 6 class from St. Anne school. We are studying politics in social studies. We learned about democracy in Ancient Greece, and have compared it in China. We have heard about Bill 11 and how people feel about having private health care. The voices of most Albertans are not being respected. The government isn't listening to the opposition and is limiting debate. You will not allow the members of the conservative party to vote according to the wishes of constituents. We as a class and more than half of Albertans think Democracy is not being practiced in this province. The opinion of most Albertans is against Bill 11. We think that if you keep running the government like a tyrant you will never be re-elected again.
>
> Sincerely,
>
> Gr. 6 Class

That was an excellent letter that those students wrote.

As well, Madam Speaker, other constituents in Edmonton-Glengarry have asked a number of questions of the government, and to date they are still waiting for answers. I have one of those letters right now, from a Mr. Struthers who lives in Edmonton-Glengarry. He wrote this letter to the Minister of Health and Wellness, and as of this evening he was still waiting for a reply to some of the questions he had here. I would like to just make a few comments and read into the record some of his concerns with Bill 11. Mr. Struthers goes on to say:

> I wholeheartedly agree that private facilities must be controlled. I am, however, confused by your statement that, "Right now, if a private surgical facility is accredited by the College of Physicians and Surgeons of Alberta, it could set up shop and there is absolutely nothing the Alberta government could say or do about it."
>
> I am assuming that you mean the College could approve an additional eye clinic and, if they did, the government, in the current circumstance, would have to let its operation proceed. Can you inform me of any problems that have arisen in that regard to this point in time? In other words, do any College approved facilities currently exist despite the wishes of the government?
>
> Is there any chance, under the current regime, that a college could approve a hip replacement or hernia facility that could operate without the blessing of the government? I think not. In fact, I suspect that currently the government could not provide the required blessing because of the overnight constraints.

Again, he goes on to list a number of concerns he has in this regard. His first one.

> First, I suspect that within the current public system there are beds and facilities that could alleviate much if not all of the pressure if they were put back into service and the necessary staff was engaged to run [it].

[Mr. Bonner's speaking time expired]

MRS. SOETAERT: Aw, Bill. You didn't get finished.

MR. BONNER: No, I didn't get finished, but I want to thank you, Madam Speaker, for the opportunity to speak to Bill 11 in third reading.

Thank you.

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

MR. MARZ: Thank you, Madam Speaker. It's a pleasure to rise tonight to make some final comments on the Health Care Protection Act. The process that we're participating in began more than two years ago with the introduction of Bill 37 and the subsequent blue-ribbon panel on Bill 37, which was a broad public consultation process. [The sound system malfunctioned] I'm getting some feedback here, Madam Speaker. [interjections] Most of the feedback I've got pertaining to this bill has been positive.

As I was saying, the blue-ribbon panel was a broad public consultation process that developed the policy guidelines on private clinics and the text of Bill 11, which we are now debating, the Health Care Protection Act.

Some Albertans have been wondering why Bill 11 is being brought forward. Certainly there are people who would shy away from a debate such as this simply because of the controversy generated so far. Well, Madam Speaker, there are several reasons for bringing in Bill 11, and they point to the fact that Bill 11 is the right thing to do.

The first reason we're doing this is because a legislative gap exists. The Alberta government does not presently have the legislative authority to restrict or prohibit the opening of new clinics. As it stands, so long as a facility is approved by the College of Physicians and Surgeons to do procedures outside a hospital, there is nothing we as government can do to prevent that from happening. To date more than 50 private clinics offering minor surgical procedures have set up in Alberta. More than 30 of these clinics were opened while the hon. Leader of the Official Opposition was the then minister of health.

Make no mistake about it, Madam Speaker: this government and Albertans alike value the role that these specialized clinics play in contributing to the well-being of our province and its citizens. At the same time, it is equally important that we have the ability to ensure that these clinics and any new clinics that open in the future always maintain the highest standards and serve the best interests of Albertans in the publicly funded health care system.

The College of Physicians and Surgeons recognized this and asked our government to close the legislative gap and play a leadership role in providing surgical facilities to ensure that all the proper protective guidelines are in place. Moreover, Madam Speaker, the federal Minister of Health, the Hon. Allan Rock, recently wrote a letter to the Minister of Health and Wellness to the same effect, asking that that framework for approval and accreditation of private facilities be developed and enacted as quickly as feasible.

11:00

Well, Madam Speaker, we now have that framework, and it is Bill 11, the Health Care Protection Act. Bill 11 places some very strict guidelines on what kind of surgical clinics can be developed within our province and how those clinics can conduct their business. First of all, Bill 11 slams the door on private hospitals and anything that may contribute to a two-tier, American style health care system. Albertans don't want a two-tier, American style health care system. The hon. members of this government don't want a two-tier, American style health care system either. Bill 11 safeguards against this possibility with strong protective mechanisms.

I find it quite ironic that some nine years ago the Leader of the Official Opposition believed in and supported the basic tenets and protections offered in the Health Care Protection Act. In 1991, when she was the minister of health, she brought forward a discussion paper to the government caucus outlining possible legislative options

to regulate nonhospital facilities. The paper states that the "innovations in medical technology are changing the way medical services are . . ." [interjections] I'm getting some interruptions from across the way here, Madam Speaker.

THE ACTING SPEAKER: Hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: We're just having a real debate.

THE ACTING SPEAKER: But you don't have the floor, hon. member. I would ask that we respect the person that does have the floor.

Go ahead, hon. member.

MR. MARZ: Thank you, Madam Speaker. As I was saying, the paper states:

> Innovations in medical technology are changing the way medical services are delivered and expanding the range of locations in which they can be provided. Hospital stays are no longer required for many procedures that can now be performed on an ambulatory basis.

The report commissioned by the now Leader of the Opposition and former health minister goes on to say:

> Approaches to the development, organization and funding of ambulatory services need to be as innovative as the technologies which make ambulatory care possible . . . As the number and type of ambulatory care services increases, the need arises to develop a method to ensure quality service and patient safety.

Finally, Madam Speaker, comes a call for exactly what Bill 11 proposes. Again, I quote from the same discussion paper.

> Appropriate methods of funding ambulatory care services both inside and outside the hospital are needed to facilitate a shift from inpatient to ambulatory services when they are safe, efficacious and cost-effective.

MS LEIBOVICI: Where does it say profit in there?

MR. MARZ: I continue to get some negative feedback from the opposition, Madam Speaker, and continued interruptions. Perhaps they don't like to hear what their leader was saying in 1991.

I don't know about you, Madam Speaker, but what I've just quoted from the Leader of the Opposition, what she said in 1991, sounds a great deal like Bill 11 to me. The opposition leader suggested and supported the principles of Bill 11 then, so why is she opposed to Bill 11 now? [interjections] Perhaps there are a number of reasons. Perhaps it's just because a year later the Leader of the Official Opposition began to slide down the slippery slope of supporting a two-tier, American style health care system herself. The thin edge of the wedge, if you will.

In this Assembly she said – and I'm quoting this from *Hansard*, June 10, 1992.

> My view is that we don't have all the answers in the Canadian . . . system. I think we should always be open to learning more, and it may well be that we can learn something from the quality management structures that the Americans have put in place.

Madam Speaker, it would seem that nothing has changed since then. In an Alberta Liberal caucus news release dated November 4, 1999, the Leader of the Opposition committed to banning private hospitals from receiving taxpayer dollars by requiring physicians who practise in private hospitals "to opt out of the Alberta Health Care Insurance Plan." This clearly is not the outright ban on private hospitals as proposed in Bill 11. In fact, this is clearly the slippery slope that the opposition Liberals so often maliciously speak about.

Instead of pointing the finger, they should be chastising themselves for not supporting the principles of the Canada Health Act. The Liberal leader's position is truly what two-tier health care is about, where patients would be able to queue-jump into an opted-out health care sector where they could pay for services out of pocket to an opted-out physician in a facility that would presumably be opted out of the public system as well.

Madam Speaker, contrary to the Liberal leader's position supporting two-tier health, the Health Care Protection Act absolutely bans private hospitals and ensures that approved surgical facilities provide a net benefit for patients as well as the public health care system in general, since those approved facilities will in essence become part of the public system, where the Alberta health care insurance card will be all you need to pay for your health care services.

If the stringent criteria found in Bill 11 are not met, absolutely no contract will be awarded. The onus is completely on the contract applicant to meet each and every condition outlined in Bill 11.

Madam Speaker, we're introducing Bill 11 because it is the right thing to do. Albertans recognize that our province is changing; the health care system needs to adapt to our changing needs as well. Our population is growing and aging, and as it does, Albertans will need to access an increasing number of services from our health care system. Moreover, the cost of providing services such as purchasing new technologies, new medicines, and new techniques is also growing.

At present Alberta's share of contributions towards Alberta health care funding is 76 cents out of every dollar compared to the federal contribution of just 11 cents. This year the province's share amounts to $5.65 billion, one-third of the provincial program expenditures, $14.8 million a day, or $1,639 per Albertan.

Madam Speaker, this government has increased spending in the area of health to meet increased demands. In fact, since 1994 this government has reinvested $3 for every $1 that was taken out of the system when our fiscal house was not in order. At the same time, we have recognized that simply throwing money at the problem is not a solution, nor is it an approach that is acceptable to Albertans.

Again, Madam Speaker, when the Leader of the Official Opposition was health minister in 1992, she is quoted in *Hansard* as saying:

> I'm not an advocate for adding on to the existing system . . . That's why I say, as a planning scenario, freeze the dollars. Don't add more dollars to the status quo, because if you do so, you merely perpetuate this notion that the status quo has to continue.

She goes on to say:

> In my view, the only way we can get to the fundamental reform is to hammer it and not give in to "Let's put a little more money here," because that merely continues on in the way we've been going.

Well, Madam Speaker, we disagree with that ideology, and it appears that members across the way don't like to hear what their leader has said in the past or in recent history as well. Perhaps if they listened more closely when she said it, they wouldn't be arguing so vigorously against Bill 11 today. [interjections]

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Hon. member, just a moment. There seems to be an awful lot of speakers speaking on this bill. The chair has only recognized one person. For the last several hours everyone here has been very, very good. Could we ask that over the next little while we maintain some decorum and allow the person that's standing to speak without interjection?

Go ahead, hon. member.

Debate Continued

MR. MARZ: Thank you, Madam Speaker. As I was saying, we

disagree with that ideology. Instead of freezing health care funding, this government has made tremendous investments in public health care. We also have an excellent track record of alleviating pressure points within the system when they do occur.

Madam Speaker, we've hammered nothing in terms of bringing Bill 11 forward.

MS OLSEN: Point of order, Madam Speaker.

THE ACTING SPEAKER: Hon. member, there's been a point of order raised by Edmonton-Norwood.

Point of Order
Questioning a Member

MS OLSEN: *Beauchesne* section 333. I was just wondering if the member would entertain a question about the Didsbury hospital.

MR. MARZ: No, Madam Speaker. My time is precious to get my points across. If the member across the way would have been listening to all the debate so far, she'd probably get all her questions answered.

THE ACTING SPEAKER: Hon. member, yes or no would have sufficed. Go ahead.

MR. MARZ: You can take that as a no, Madam Speaker.

11:10 **Debate Continued**

MR. MARZ: As I was saying, Madam Speaker, we've hammered nothing in terms of bringing Bill 11 forward. The lengthy consultation process has been well documented both inside and outside this Assembly beginning with Bill 37 and the blue-ribbon panel discussions. The government has listened to the concerns of Albertans, and I am pleased that with the well-thought-out amendments that passed in Committee of the Whole, further strengthening of an already strong piece of legislation now exists.

Madam Speaker, the people of this province and indeed this country have spoken. The status quo is not an option. I believe Bill 11 is a product of innovative and forward thinking. It will give regional health authorities the options and flexibility they need to ensure the continuation of a strong and sustainable publicly funded system. Bill 11 will give regional health authorities the opportunity to effectively use approved surgical facilities to increase access, shorten waiting lists, and serve more patients in need of care. Contracting out minor surgeries will free up valuable hospital operating room space for more complex surgeries which require an entire range of equipment and services found only in a public hospital.

It's been pointed out that Bill 11 won't solve all of the problems the health care system faces. That's true, Madam Speaker. Bill 11 is just one part of a broad six-point plan that this government is working on, and that six-point plan includes such initiatives as increasing the health care budget by more than a billion dollars over the next three years, increasing the number of key and lifesaving surgeries to shorten waiting lists, hiring more doctors, nurses, and frontline staff, and increasing the number of spaces for students in medical schools. This is something that's been asked to be included in Bill 11 by members across the way, but it is part of our six-point plan and more appropriately included as part of that plan than in legislation.

Increasing the number of long-term beds in Alberta and purchasing new and high-tech medical equipment is also part of that plan. We've heard about increasing the number of MRIs in the province already. Launching a long-term immunization program and developing and implementing screening programs for breast and cervical cancer are also part of that six-point plan.

Madam Speaker, these are important initiatives that will make our health care system stronger and able to meet the challenges of the new millennium. Realigning priorities and relocating resources is a constant challenge that must continue if we're to keep the costs within the capacity of public funding while ensuring accessibility, quality, and accountability. To that end, we'll continue to work with the other provinces and the federal government to find new solutions to national problems in health care.

I'm proud to join my government colleagues in supporting part of a long-term vision for addressing our health care concerns. I certainly appreciate all the feedback that I've received from my constituents on the health care system in general and on Bill 11 specifically. I urge all members of this Assembly to support Bill 11 and our public health care system.

Thank you, Madam Speaker.

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

MR. GIBBONS: Thank you, Madam Speaker. Seeing the lateness of the night, I can't say that it's a pleasure standing up, but it is very important to stand up to speak to Bill 11. You know, we keep standing and kind of wondering when the next motion for adjournment is, and today we got a motion saying that we could only speak one more time because, typically, they don't want to see any of our amendments.

As I stood in the Assembly on April 10, 2000, my first words were, "This bill does little to protect individuals or Albertans in general." I went on to say that

> the government has three choices: scrap the bill, amend it to disallow overnight stays in approved surgical facilities, or ram it through and hope the firestorm dies down.

Well, we know how the story continues, and it's continuing to unravel with all the information being presented from all around the world discounting and questioning why this government is moving ahead with this bill.

Examples are Australia, New Zealand, Sweden, England, and the U.S. We also see that in some of these countries the complete government has been changed because of their first push for privatization. The question that Albertans are asking from the far south and the far north is: why are they doing this? We see cracks forming in the old and new Tory parties, and I say "parties" because they are two totally different parties. Friends of mine who actually sat in this Chamber under past Premier Lougheed can't fathom why or who the members are in this present Premier's kitchen cabinet calling the shots.

As a very normal Albertan I've been questioning the government's motives. I was actually waiting for the Premier to pull the bill when everything that was presented was shot down: the hip operations, the hernias. You know, we get thrown the fact that what's happening in Ontario is the best way to go for hernias. Well, if I were the Ontario government, I would be closing that place down because it's a total rip-off, their three-night stays, their 72 hours. They've created a hotel down there.

You know, the Premier has used everything possible, and everything that he has put out has actually been shut down. So why are we still looking at this? Albertans have very deep feelings and thoughts that the provincial government administration has a secret plan to erode public health care. People are starting to really, really

distrust this government with their health care. I repeat: Albertans do not trust this government with their health care, nor should they.

The Premier has been unclear about his intentions. Not long ago he openly questioned why those people with money shouldn't get faster access. This goes totally against the sense of fairness and equality that Albertans have, and they resent it. It's like skimming cream from the top.

You know, Madam Speaker, Bill 11 allows certain services to be contracted out to private clinics/hospitals, but at what cost to the public system? Does privatization mean that it's cheaper, or does it set up people or companies to profit at our expense? We think of it, we hear of it, and we know that we are actually setting out a bill that is going to be funding private companies with our taxpayer dollars while we've got many, many hospital facilities still available. Why aren't we filling up our own facilities?

You know, the PR campaign around this . . .

MR. HANCOCK: Did you read the amendments?

MR. GIBBONS: Yes, I have. You know, the hon. Member for Edmonton-Whitemud sits over there opening his mouth and talking about the amendments, which are a point of disgust. The amendments that were put forward came after the bill was introduced. It was a joke. A bill was put out there that had more amendments than the actual bill.

Do you know what? I really think this government has actually set out under the path of a book by a person from New Zealand, Roger Douglas, called *Unfinished Business*. It has set out so well how they actually went about this over the last years.

Going back to the PR campaign and before I was rudely interrupted by the Member for Edmonton-Whitemud – maybe he should look at his own seat and be quiet about it. Remember when our Premier claimed that he and his government were listening? Of course, he failed to explain who he was listening to. Albertans are protesting this bill through their presence at rallies and town hall meetings throughout the province. The Premier just resorts to name-calling. Isn't that interesting? You know, I have friends that work in the AADAC system, and they say that there's something behind all this.

The Premier just resorts to name-calling, and that's really ridiculous. Are we seeing the cracks forming? I would dare the Premier to repeat the comments that were published in the *Edmonton Journal* today by his communications spin-doctor. Watch the cracks become an earthquake, Madam Speaker.

When we recessed for the first break, Madam Speaker, I actually thought the Premier would use this time to pull the bill. My thinking was that this would give the government and the Premier their way out, a whole week of spin-doctoring, and actually coming back in and saying, "You know, I've listened to my wife. I've listened to my father. Let's pull this bill before it gets too far." Then after the April 4, 2000, speeches the Premier failed to sell Albertans on what he's trying to introduce under this bill. You know, this bill is actually not for Albertans. It's for, I would suppose, his kitchen cabinet friends, a bill to protect their attempts to profit from Albertans under the guise that the public clinics will shorten waiting lists, that private will always be cheaper.

11:20

Why did the government continue on this road by pushing this bill through when many, many Albertans are concerned about the health care system, which should be in place to protect our children and our grandchildren. We should always be vigilant about the statements repeated by the Premier many times: trust me; while I am Premier, there will be no two-tier system in this province. The more I think about this, the more I worry about what these comments might possibly mean. What happens when he isn't the Premier? Is it possible that in this next year this is going to happen? Is he dispensable?

After the spring session and bringing in this act and bringing in the tax bill, Bill 18, is complete, maybe his time will be up. If it is a political game that is being played, that is playing out this particular system, well, I don't believe in this type of playing games, pointing fingers between the feds and the province. Maybe the hon. member will stand up afterwards. There's a direction in politics in this country where the implications of both Bill 11 and Bill 18 are heading, starting in Alberta and soon to be overflowing the boundaries into other provinces. What is wrong with this politics is . . .

THE ACTING SPEAKER: Hon. Member for Edmonton-Manning, the chair is going to ask you to move on to what we are in fact debating. It has to do with Bill 11 and whether the question should be put. Let's bring it back to that perspective.

MR. GIBBONS: Madam Speaker, I am speaking about Bill 11 and I am talking about the direction in which it's going, but none of the people here actually really, really care what's happening except they want this night over, tomorrow night over, so Bill 11 is actually out of this House, so they can actually ignore what's happening out there.

Nothing in this bill ensures that contracting out services to private facilities will open up more beds within public systems. Hospital beds, operating theatres, and other services are already available to open up within public hospitals but remain closed because of a shortage of funding or professional staff. It is fundamentally incorrect to think the solution to the problem of scarce resources within the public system is to split the resources between two systems.

Why isn't it better to take the same amount of money that the Premier and his government would hand over to private hospitals and give it to public hospitals which have the capacity to meet the needs? Where's the evidence that giving the same amount of money to private hospitals is going to cost less in the long run or provide a better income? The government has no data to show that this will benefit the health system.

We also read and understand that the city of Edmonton is being given no data that in the Capital region this is going to benefit or make the system cheaper. Perhaps the data is available. Maybe they have lots of data, but nothing will show up in the information this government wants us to see.

Madam Speaker, this is what we are talking about. We're talking about a gentleman like Dr. Walley Temple speaking out and actually stressing that the most significant problem with for-profit care is that it destroys the sacred trust between the patient and physician. It makes the doctors and the nurses into instruments of the investors, and it makes the patients a commodity.

We also think about other items about Bill 11. Bill 11 is not the solution to every challenge in the health system. In some people's minds it is only a tool to help reduce waiting lists. The government has never said which waiting lists are of concern. It has not explained why the minor solutions which it says may not be adopted in the health regions are worth a huge political struggle.

We also look at comments coming out from the churches, writing to Minister Rock to prevent Bill 11. To spin against that we also read that the government is saying that legally the challenge would go against a move from Minister Rock in the federal system against this one.

Teachers, unions, the AMA, doctors, and nurses are all concerned about this. In the last few days the Premier has said that he is going to give us a list of insured services. I'd really like to see that, because that is one thing that should be out there so people can actually gain some trust. You know, I wouldn't like to say that our government has totally lost all trust, but that seems to be what's happened.

Support for the health bill ignores the key issues. First, this government has reduced government spending on health care by shifting the cost to individual Albertans. Second, one of the early actions of the government was to reduce levels of coverage and deinsure several medical services, including eye exams. Third, while Bill 11 prevents private hospitals, it allows private surgical facilities that are equivalent to private hospitals. Fourth, the bill allows the sale of enhanced services – some doctors in Alberta have used the sale of enhanced services to replace facility fees – and it allows patients to queue-jump. Fifth, when complaints were filed with the regulator regarding the conflict of interest and the queue-jumping, no action was taken.

I mentioned in my previous speeches that there are questions in this House. When we bring things forward, all of a sudden 14 amendments pop forward. Well, you know, people ask why we need opposition, but believe me, there are more people saying that we need opposition in this province than anywhere else, and at this time in history I really believe that is totally true. The College of Physicians and Surgeons found that doctors could justify markups from 300 percent to 750 percent due to the increased costs of providing services privately, and the government didn't see fit to investigate the complaints of queue-jumping.

You know, this is a major, major concern. It goes back to: what are private, for-profit hospitals? The introduction of private, for-profit hospitals will open up a variety of cream-skimming opportunities. If surgeons are able to work in both the public and the private system, as they are at present in Alberta, and have equal interests in the private facility, it will be economically advantageous to steer their most straightforward cases and high-paying patients to the private facility. Cost shifting is the effect, as cost reductions improve the bottom line of private, for-profit organizations.

In addition to serving the less complex and costly Canadian patients, we might expect a private facility to market its services to Americans. Indeed, if a private clinic could attract a sufficiently large number of American clientele, it would have no economic incentive to care for Canadians at all, unless they were prepared to pay extra in some form or another. In this case, public-sector shortage and waiting lists allegedly faced by Albertans would be exacerbated not alleviated by private care.

The private hospitals also provide motivations and opportunities to promote additional, uninsured, or not medically necessary services which carry substantial profit margins. These services may appear to be merely offered to patients to choose or reject, but they may be packaged with insured services such that practices are not optional, or the patients who accept and pay for these optional services may be placed in a much shorter queue. The patients will typically have no way of evaluating the real value, let alone the true cost, of the extras.

Going back and looking at what's wrong, the politics of this has actually led us to ask: really where are we going? You know, let us not forget that the protection act might be a major interest to the present head of the Calgary regional health authority and the former Treasurer of this province. He is the person who believes in experimenting with our health system instead of planning. I hope he stays in Calgary and leaves his mess within Calgary and not throughout the rest of our province. We're also hearing that he might be the person that's going out to bring the fold back into the feeling that this government can be trusted again. Well, after what's happening in Calgary and what he believes in experimenting, I really believe he should stay where he is.

11:30

You know, we have witnessed health care dismantling over the past seven years all across Canada. This problem won't be solved and go away by pointing a finger. We need the federal government to take the leadership role and draw all our provinces and territories to the table. Both the feds and the province have been tinkering and allowing experiments to occur while turning a blind eye. Well, this doesn't show leadership, and I actually hope that if this bill were pulled at the right time, while saving face, this government still could show a leadership role in actually pushing the feds into doing something on this.

As I listen to members from the government benches, I can't believe that they aren't inundated with concerns around Bill 11 from people in their constituencies. Well, Madam Speaker, I am. I don't believe the e-mail is any shorter in their offices than mine or the faxes or the people coming in and asking where they can sign on the dotted lines on petitions.

A week ago Sunday I popped into my office to grab some more stuff because I needed it. I forgot to take it the day before. There was a letter on the fax machine, and I tabled it the next day. It was a fantastic letter by Sheila Hogan. The letter was well put together about her concerns around health, and when I got to the covering letter – I read it last – she actually bawled me out for not being out front fighting this more. Well, I looked for her phone number. She had no phone number on it, so I looked it up in the book. There was nothing. So, Madam Speaker, I drove right to her house at 5:30 in the afternoon. I spent three-quarters of an hour on her step talking about it and talking about what our concerns were about it. I sent some copies of *Hansard* over the next day of how different people spoke on it, and she actually brought a number of people down to the rallies over the next few nights from the Alberta Hospital. Their concern around this was very evident. I don't believe there is a member who hasn't gotten that type of phone calls. I don't believe they can actually not stand up here and put their thoughts on this bill on the record.

You know, we look at this, and we look at what went wrong with the British system, and that is party control. I believe my speeches and the scrutiny by the people in my constituency will stand and hold quite firm that I am totally against this bill. I will oppose it and keep opposing it. It is too vague and it lacks hard facts. To Albertans trying to comprehend this bill, it is not what it's saying; it's what it's not saying.

Well, my second suggestion was to disallow overnight stays in approved surgical facilities. When I introduced an amendment two weeks ago . . .

Oh, I ran out of time. Sorry, Madam Speaker.

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

MRS. O'NEILL: Thank you very much, Madam Speaker. I rise this evening in third reading of the Health Care Protection Act to speak about this bill and to recommend that we put our arguments to the question. Without a doubt this bill has generated more discussion on the delivery of health care than we could ever have imagined. In fact, I've learned more about the intricacies of our health care system than I ever thought existed. I have learned more about the personal medical condition of many resident Albertans. I have learned about the responsibilities of health care providers like I

didn't know before, and I have learned about the different circumstances in which health care is delivered across this country, and indeed I would say around the globe, because I have taken the time to look at the studies and the circumstances and the situations that have been put in place in Australia, in New Zealand, in Britain, and certainly by our closest neighbour to the south, the United States.

What this bill does is provide for the delivery of an option of health care provided by choice to the regional health authorities that is unlike any other delivery model of health care on the surface of this globe. So when I say that this bill has generated discussion on health care and its delivery, that is, indeed, an understatement. However, when I talk with a number of my constituents, when I have the opportunity to be on a number of panels, and when I listen to those who are so-called critics of the bill, what I find most frequently is that they are speaking in speculation about what is going to happen if Bill 11 does come into play. They are talking about what is happening in other parts of the world. They are talking about what they imagine is going to take place should this bill pass. But when I ask them have they read what is in the bill, many of them are not familiar with what is in the bill.

I'm going to use an example from a panel that I sat on on Friday afternoon. It was a panel that was put in place to talk about Bill 11 by the Canadian Council of Churches. It was hosted out at Providence Centre in Edmonton. On that panel was Kevin Taft. It was moderated by the Reverend David Pfrimmer from the University of Waterloo. There was also on that the reverend from the Robertson-Wesley church here in Edmonton. There was also a professor of nursing at the University of Alberta, Dr. Donna Wilson. No one else on that panel spoke about what is in Bill 11. They all talked about their theory. They all talked about what they thought about our government, and I suffered through their accusations, which were, quite frankly, very untrue.

However, when the moderator of the panel, David Pfrimmer, said that we as the Canadian Council of Churches are going to send a letter to Minister Allan Rock and tell him to tell the provincial government of Alberta to shelve Bill 11, I said to him: what is it in Bill 11 that you object to? He said: well, I object to . . . [interjections]

MS LEIBOVICI: Overnight stays and enhanced services.

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Excuse me, hon. Member for Edmonton-Meadowlark. Edmonton-Meadowlark, the hon. Member for St. Albert is allowed to speak. If you take exception to it, you can talk with the member after, but don't have this discussion back and forth, please.

Debate Continued

MRS. O'NEILL: Madam Speaker, the Member for Edmonton-Meadowlark was not there, so she does not know what the gentleman said. But what he did say was: I object to what it might do. So I said to him: what might it do? He said: well, it might lead to a destabilization of our social system. So I said to him: and what in the bill says that? He paused, and I said: have you read Bill 11? Now, this is a man who is authoring a letter to the federal Minister of Health. I said: have you read the bill? He said: not really. That's absolutely devastating to me, for someone who would want to speak on behalf of the Canadian Council of Churches and who was going to rail against us as a government for not having an understanding and a caring health care system. He was going to write with all authority and pomposity to the federal Minister of Health and say to him: tell them to put it aside.

11:40

So, quite frankly, I would like to say that I feel there are those elements of the bill that have great merit in order to deliver to the citizens of Alberta a caring, considerate, health care system that will give our regional health authorities the opportunity to get for you and me, our children, our grandchildren, and all of those who come after us, the opportunity to get the surgical services and procedures that they need and want in a more timely fashion, and certainly, in a greater number than the current situation allows.

There is one benign section of Bill 11 that I feel has the strength of what I have heard from many, many people across this province. What I have heard them say is: "We need a debate on the bigger picture. We need a debate on how we are going to sustain our beloved medicare. We need to have an engagement of the federal government, of all of the other nine provinces and three territorial health departments, and we need them to sit down together and say, in effect, that we have to look at how we deliver health care in this country. We have to make sure that we do proper reforms with respect to primary health care. We must evaluate how we are remunerating our physicians in this country. We have to look at how we are going to address the exponentially growing demand for technological services and for pharmaceutical items that we have for all of the illnesses that we are able to identify here."

What we as a government want to do, through Bill 11, is to provide for the establishment of an advisory council on health that would, in my estimation, probably be composed of perhaps an ethicist, a health care policy author, a health care economist, health care providers, and health care consumers so that we can have the big, important, necessary debate, and that is what part 4, sections 27 and 28 identify that we can have when we pass Bill 11. In fact, that's what I heard the Catholic health authority and association and affiliates say, because I attended the meeting with them and that is exactly what they said. They said that we need to have this discussion on the broad scale to look at the breadth and the depth of the delivery of health care and medicare in this country. That's what they want.

That's also what I understand a number of the religious groups want. They want to make sure we have this particular debate, and that's what I say part 4, sections 27 and 28 of Bill 11 do address. That is what I'm hearing when we do as a government listen to what the people are saying, and they are saying: please make sure you do something to give us access in a more timely fashion to the health care surgical provisions that are available in this province or have the potential to be available.

They're also telling us that we must look in conjunction with the federal government and also all of the other provincial governments at how we are going to look after and sustain medicare as we know it. So I would exhort everybody in this room to endorse Bill 11 because it addresses what people want, which is accessibility. It tells us that we as a government are looking after the bigger picture. We want to be engaged in that discussion.

The other thing that it does is give us the element of consumer protection, because, quite frankly, those clinics that are in operation do not have that kind of control that we should regulate from the government. If we don't pass Bill 11, we are going to find ourselves in a situation where we have a private, parallel health care system in this province, which I can't afford and I daresay most other people can't either.

So that's why I welcome, Madam Speaker, the opportunity to speak here today to correct the statements that I have heard from

across the floor in this House that we do not listen and that we do not care. I'm going to tell you that if we are concerned about the health and the provision of health care in this province, then we will be very responsible in voting yes for Bill 11, because it looks after the people instead of looking after the political agenda of those who oppose it.

MS OLSEN: Well, Madam Speaker, I've never seen 16 votes disappear so quickly in all my life. [interjections]

THE ACTING SPEAKER: Go ahead now, hon. Member for Edmonton-Norwood.

MS OLSEN: Okay. Thank you, Madam Speaker. Well, here we are at third reading or what I thought was going to be third reading. We're kind of actually on a motion to shut this debate down. We're at this point because the government chose to do it, and I repeat, chose. The government chose to invoke closure at committee, at second, and at third reading. You know, we are probably the only province in the country where the schoolchildren understand the word closure in a parliamentary context. That's because this government uses it so often.

This is likely the most contentious bill to come before this Legislative Assembly. This government has slowly and methodically worked to tear apart the most valued social program in this country and in this province.

All Canadians are watching as they know the impact this bill could have across the country. The latest Angus Reid poll shows that 60 percent of Albertans, clearly 60 percent of Albertans, are against this bill. In early April the Angus Reid poll showed that 94 percent of Albertans were concerned about the negative byproducts of this bill, and that is something we have to pay attention to. Thousands of Albertans have rallied at provincial buildings and the Legislature. Tens of thousands have mailed letters and sent e-mails and faxes, and over 100,000 signatures will have been added to the petitions during this debate, Madam Speaker.

Now, the Premier has stated that Liberals are responsible for sending out malicious misinformation. Well, let's have a look at a few of these issues, Madam Speaker. I can say that at no time during this debate on this bill has the government met the test. They have not been able to substantiate their claim that this legislation will benefit all Albertans, and I repeat, all Albertans. In fact, the Premier said the other day that he couldn't name one surgery that may require an overnight stay. Fortunately, he passed it off to the College of Physicians and Surgeons, as he should have done in the first place. The College of Physicians and Surgeons have already stated that the long- touted hip replacement waiting list this bill was designed to accommodate will not be considered as minor surgery and therefore not be eligible to be performed in a surgical facility under Bill 11.

The government didn't even offer an explanation as to why they did not consult with the AMA or the College of Physicians and Surgeons before making this blanket statement. I cannot understand why, if this government is wanting to garner the trust of Albertans, they would not have consulted with the college or the AMA prior to bringing this bill forward, not after.

The hon. Minister of Children's Services stated last week that the subamendment put forward by my hon. colleague for Edmonton-Meadowlark will ensure that people of Alberta will feel suspicion around this bill. I want it to be perfectly clear that this government does not need one bit of help from the Official Opposition. Its actions or lack thereof, like not consulting with the Alberta Medical Association, is what's created this climate of distrust, suspicion, and uncertainty, and they ought to be big enough to take the flak that comes with it. They are the government.

11:50

Madam Speaker, the latest propaganda from the Premier states that Bill 11 complies with and supports the principles of the Canada Health Act. Well, I'm not sure about that. You see, the Premier has asked the federal Health minister, Allan Rock, to review the bill and let him know what needs to be changed. The minister sent a letter to the Premier identifying the particular problems as he saw it. But what did the Premier do? He whined, and he kicked, and he said: I don't like the answer. That's what he did. That's our Premier. In fact, Minister Rock stated in his letter, and I quote: "Private clinics or 'surgical facilities,' as proposed under Bill 11, are considered hospitals under the Canada Health Act."

Now let's see what the formal definition is of a hospital as outlined by the former federal Minister of Health, Ms Marleau. She stated that

> as a matter of legal interpretation, the definition of [a] 'hospital' set out in the [Canada Health] Act includes any facility which provides acute, rehabilitative or chronic care. This definition covers health care facilities known as 'clinics.'

This issue arose when? Well, when the province allowed facility fees to be charged and the government here was fined $420,000 a month. Do you remember that? My colleagues remember that. I think the definition is amply clear. It's adequately clear, so it's time that the government opened up their ears.

Now, let's move on to another point. The Premier states that the College of Physicians and Surgeons and the federal Health minister urged the government to bring forward this legislation regulating surgical facilities. Well, let's examine that a little more closely, and I'm going to quote again a letter written by the former federal health minister Diane Marleau. It's a letter that she sent to all the provincial health ministers January 6, 1995. All of the provincial health ministers. She stated:

> I indicated earlier in this letter, that while user charges for medically necessary services are my most immediate concern, I am also concerned about the more general issues raised by the proliferation of private clinics. In particular, I am concerned about their potential to restrict access by Canadian residents to medically necessary services by eroding our publicly funded system. These concerns were reflected in the policy statement which resulted from the Halifax meeting. Ministers of Health present, with the exception of the Alberta Minister, agreed to:
>
> - take whatever steps are required to regulate the development of private clinics in Canada, and to maintain a high quality, publicly funded medicare system.
>
> Private clinics raise several concerns for the federal government, concerns which the provinces share. These relate to:
>
> - weakened public support for the tax funded and publicly administered system;
> - the diminished ability of governments to control costs once they have shifted from the public to the private sector;
> - the possibility, supported by the experience of other jurisdictions, that private facilities will concentrate on easy procedures, leaving public facilities to handle more complicated, costly cases; and [finally]
> - the ability of private facilities to offer financial incentives to health care providers that could draw them away from the public system – resources may be devoted to features which attract consumers, without in any way contributing to the quality of care.
>
> The only way to deal effectively with these concerns is to regulate the operation of private clinics.

Now, it is clear that the intent of the letter was to deal with the proliferation of private facilities. It was to stop it. Of the concerns identified by the federal government and concurred in by the provinces, Bill 11 provides for exactly what the provinces and feds

wanted to stop: weakened public support, diminished ability to control costs, public facilities left with the major and most costly surgeries, and the draw of medical professionals to the private sector by private health care providers. This is what they wanted to stop. Bill 11 does exactly what they wanted to stop.

The legislation that other provinces have passed prohibits further proliferation of private hospitals and clinics and does not allow for enhanced services. It is time for the Premier and this government to quit manipulating data and documents, to quit twisting the words of qualified professionals and start telling the real story, Madam Speaker.

Now let's turn to the potential implications of the North American free trade agreement. This government states that Bill 11 has absolutely no implications for the health system under NAFTA. Well, Madam Speaker, we have heard otherwise. The most compelling argument came from Dr. Michael Rachliss who suggested: given that there appear to be serious NAFTA implications and that an international tribunal would be adjudicating the issue in an international court, it would not be in the best interests of Canadians to put Canada's public health care system at risk.

Barry Appleton, an international trade lawyer, also indicated that Bill 11 will open the door to any private company in the U.S. or Mexico. Given the Americans' lust for racing to the top of the personal wealth ladder and the Mexican government's inability to deal with widespread corruption at all levels within their country, I am not ready to put Canada's health care system up for sale to the cheapest bidder through Bill 11.

Let's also look at a recent example of a decision by the WTO in relation to drug patents as reported in the *Globe and Mail* on May 6. The WTO believed Canada's drug patent protecting name brand pharmaceuticals is insufficient and should be extended. The federal government allows these multinational companies 20 years' protection from the date the patent application is filed. The generic drug companies can then and only then introduce their drugs into the market thereby creating competition.

Now, the intervening companies were from the European Union and the United States, okay? They were from other countries. The federal government will appeal the ruling, but past history shows that although the ruling may vary, it is usually upheld. The ruling is estimated to cost consumers and health care plans in this country about $200 million over the next few years as the generic drug companies will not be able to market their lower cost drugs to consumers. That is a WTO decision.

Madam Speaker, this is only one example of the impact of an international ruling. Alberta won't even be a player in the big scheme of things if NAFTA or the WTO were to rule in favour of expanding the private health care market in Canada. You see, the legislation has far-reaching effects, and that's why all Canadians, not just Albertans, should be concerned.

The Premier is eagerly attempting to create a fight with the federal government, and I think the hon. Minister of Justice and Attorney General just alluded to that. I think he's taken his stabs too. This has been demonstrated time and time again by his attempt to pit the Prime Minister against his federal Health minister: the Premier's comments about Minister Rock's attendance at the University of Calgary and not calling to notify the Premier and his latest comments as reported in the *Edmonton Journal* on Sunday, May 7. Here the Premier says that the Prime Minister said: "Ralph, for some reason, they can get away with this in socialist B.C. and socialist Saskatchewan and socialist Manitoba."

MRS. SOETAERT: I don't think the Prime Minister would say that.

MS OLSEN: Boy, oh boy, I don't think the Prime Minister would say that, either. But, boy, oh boy, this Premier likes to be a victim, you see, and this is his way of playing the victim. Poor, poor, pitiful Ralph. Everybody is picking on him, even the federal Health minister. Well, I don't know . . .

THE ACTING SPEAKER: Hon. member . . .

MS OLSEN: Yes, I understand what you're going to say, Madam Speaker. Well, I don't know if the Prime Minister said this or not. However, I do know that the Prime Minister advised the Premier to take all the legislation that exists to the health ministers' conference and have it reviewed and compared to all other legislation in this country. We already know that Bill 11 does not meet the test of the other legislation and that Minister Rock has asked the Premier to amend the bill to meet that test, or, in his words: we will have to respond accordingly.

Well, I take Minister Rock at his word, and I believe he will take action when this bill is passed. Let's not forget, he can take no action until after the bill is passed. Section 92 of the British North America Act sets out the division of power in relation to health, and that's that the federal government cannot stop this bill from being passed. It can, however, sanction the provincial government if it violates the Canada Health Act.

12:00

Madam Speaker, federal and provincial leaders have discussed health care reform. They have actually outlined a direction they could agree to. Now, if the Premier of Alberta would only holster his weapon, Albertans might actually reap some benefits from the discussions.

On April 8, 2000, the *Globe and Mail* interviewed federal and provincial officials and determined that the following elements could be configured into a national long-term plan. Home care, a 50-50 split. Economies of scale are achieved with bulk buys on prescription drugs. Increased accountability. It is essential to know where the money is going, how it is being spent, and if that translates into good quality patient care. Primary care reform. This may be more difficult an undertaking given it might require doctors to abandon the current fee-for-service scheme that they are paid on. This is only one aspect of primary care reform but appears the most difficult to address. Long-term care is another area where provinces would like to assist. Affordable beds for those who need care but not hospitalization are in great demand not only throughout Alberta but Canada.

Madam Speaker, my aunt is 72 years old. She lives in Albuquerque, New Mexico. She pays just over $200 a month for long-term care insurance so she can have a bed somewhere, wherever that may be. On top of that, her health care insurance is $246. So my aunt at 72 years old is paying $446 a month to look after her health care needs, and that's while she's healthy. I'm not sure that I want that system to exist for seniors in this province, thank you.

The province of British Columbia has proposed a hospital relief fund that according to Anne McIlroy, the writer of this *Globe* article would include funding to replace equipment, computers, home support, home care, long-term care, and infrastructure funding. The feds may be loathe to spend money on capital or infrastructure. However, it appears there is some room for negotiations. Health information has been identified as an area where both levels of government could come to some agreement. Bill 40, the Alberta government's health privacy information bill, is one that should not be the template for other provinces. The Canadian Medical Association health information privacy code is rather instructive in this regard. This applies to all health information and to all individuals,

groups, or organizations that collect such information. Alberta's act excludes many health institutions including those who would provide enhanced services under Bill 11.

Human resources is of a great concern to both levels of government. According to the article, the provinces and the federal government have talked about a mutual approach in the past. Addressing the nursing shortage across this country and in this province is of paramount importance along with the shortage of doctors in rural and urban areas. Cost efficiency is another issue that could be jointly addressed, particularly where drug costs are concerned; however, as previously pointed out, the WTO decision does not help this issue. We can only hope Canada is successful in its appeal. One Premier has called for a public inquiry, and where that may be a noble thought, many of these issues are more pressing and require action now or in the very near future. The two or three years it would take to conduct an inquiry will only help to erode the system even further.

And the moment you've been waiting for: in closing, Madam Speaker, I believe the health care system in this country and in this province is at a crossroads. However, the introduction of the private sector, as Bill 11 would do, is not the answer. Health care spending in this province has not spiraled out of control as this government would have us believe. It's been maintained on a level basis for a number of years. It does not need to be fixed with an American plan.

Public health care is the true measure of all things Canadian. It is the true measure of the compassion and caring we have towards each other as Canadians. It is a symbol that differentiates us from the Americans, and as I have said before, we do not have a history of reducing citizens of this country to mere economic units, as Bill 11 would do.

I once again implore this Premier and his government to listen to Albertans and do the right thing, and that is to pull Bill 11. Thank you.

THE ACTING SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Madam Speaker. I have been looking forward with a good deal of anticipation to having an opportunity to address Bill 11 at third reading. It's been quite some time since I had an opportunity to speak about the bill. It was very early on in the committee stage. But given the hour and the fact that it's usually better to be the first speaker rather than the last, I would like to adjourn debate and have the opportunity to be the first speaker tomorrow. So I move we adjourn debate.

[Motion to adjourn debate carried]

[At 12:07 a.m. on Tuesday the Assembly adjourned to 1:30 p.m.]