

Legislative Assembly of Alberta

Title: **Wednesday, May 24, 2000**

1:30 p.m.

Date: 00/05/24

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Good afternoon.

Let us pray. Our Father, give to each member of this Legislature a strong and abiding sense of the great responsibilities laid upon us. Give us a deep and thorough understanding of the needs of the people we serve. Amen.

Please be seated.

head: Introduction of Visitors

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

MR. LUND: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to members of the Legislature Mrs. Guadalupe Albert, Mexican consul general for western Canada based in Vancouver. This is the consul general's first official visit to our province, and we're pleased to welcome her here today.

Mr. Speaker, Alberta's relationship with Mexico has grown tremendously in recent years in areas ranging from trade to educational partnerships. We have watched with great interest the impressive growth of the Mexican economy in the last few years. This visit is an excellent opportunity for us to explore ways to build on our relationship and to discuss areas where we can work together.

The consul general is seated in the Speaker's gallery. I would ask that she now rise and receive the traditional warm welcome of the Assembly.

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. I'm very pleased today to introduce to you and through you to members of the Assembly Governor Dirk Kempthorne of the state of Idaho and his wife, Patricia Kempthorne. They are leading a delegation from the beautiful state of Idaho and are meeting with various members of government throughout this province. Accompanying the governor is Mr. Pat Takasugi, director of the Idaho state Department of Agriculture. The governor and his delegation are traveling across western Canada this week, and we're pleased to have the opportunity of welcoming them to Alberta.

The meetings that we had this morning were an excellent time for learning more about each other and discussing ways of building a lasting friendship between Alberta and Idaho. Later this week the governor will be signing a co-operation agreement with our Premier, committing Alberta and Idaho to work together in many areas.

At this time I'm very honoured to ask the guests to rise and receive the traditional warm welcome of this Assembly.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

MR. COUTTS: Thank you. I'm pleased today to introduce to you and through you to members of the Assembly a visitor to our province here today, Senator Ray Powers of the U.S. state of Colorado. Senator Powers is the president of the Council of State Governments-West, known as CSG-West, a fine organization of which the province of Alberta has just become a member. Senator Powers is here to take a look at Alberta as an opportunity for future

meetings for this great organization of the Council of State Governments. He is seated in your gallery, Mr. Speaker. I ask him to please rise and receive the traditional warm welcome of this Assembly.

head: Presenting Petitions

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

DR. NICOL: Thank you, Mr. Speaker. It's a real privilege today to present two petitions to the House. The first is from 1,173 people from Lethbridge, Nanton, High River, Fort Macleod, Pincher Creek, Cardston, Taber, Coaldale, Medicine Hat, Coalhurst, and Raymond. They are petitioning the Legislative Assembly to make sure that the government of Alberta has two people on duty after hours to protect employees.

The second petition is in a similar vein. It's 377 from Lethbridge, Coaldale, Calgary, Fort Macleod, Cardston, and Stand Off. This is a petition also asking for two people to be working after hours. I submit those on behalf of them.

Mr. Speaker, that makes 12,605 total submitted to date.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I have a petition to present to the Legislative Assembly today. It reads:

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

Thank you.

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

DR. PANNU: Thank you, Mr. Speaker. I have a petition to present to the Assembly opposing Bill 11 and the privatization of health care, 24 signatures. This brings the total number of signatures on this petition to 22,591.

Thank you, Mr. Speaker.

head: Reading and Receiving Petitions

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

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

Thank you.

THE CLERK:

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

DR. NICOL: Mr. Speaker, I'd request that the petition standing on the Order Paper under my name from yesterday now be read and received.

Thank you.

THE CLERK:

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

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

MR. MacDONALD: Thank you very much, Mr. Speaker. I request

that the petition I presented to the Assembly on Tuesday, May 23 regarding the dismantling of our precious health care system be now read and received.

Thank you.

THE CLERK:

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

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

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

THE CLERK:

We, the undersigned, petition the Legislative Assembly of Alberta to urge the Government of Alberta:

- (1) To immediately disallow any further development of the Spray Valley of Kananaskis Country, including those proposals currently under consideration;
- (2) To maintain Kananaskis Country in natural state that provides high quality wildlife habitat and nature-based recreational activities;
- (3) To create a Wildland Provincial Park which protects the whole of the undeveloped parts of the Kananaskis and Spray Valleys.

head: Notices of Motions

THE SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. I'm giving oral notice today of the following motion: "Be it resolved that debate on third reading of Bill 18, Alberta Personal Income Tax Act, shall not be further adjourned."

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

MRS. MacBETH: Thank you, Mr. Speaker. After the daily Routine today I will move the following Standing Order 30 motion standing in my name on the Order Paper:

Be it resolved that this Assembly adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, what steps must be taken to prevent harm to the public health care system resulting from the strike of over 10,000 health care providers.

head: Tabling Returns and Reports

THE SPEAKER: The hon. Acting Provincial Treasurer.

DR. WEST: Thank you, Mr. Speaker. Today I'd like to table five copies of an article that ran in the *Edmonton Journal* today called Nobel Economist Supports Flat Tax. Robert Mundell is a 1999 Nobel laureate, and he is a world-recognized economist. He said that the single-rate income tax is a very good idea that makes the economy more efficient. I would like to also table with this five copies of his bio. This will show that he is an extraordinary Canadian, and his work is very, very impressive.

1:40

I'd like to table six copies of the 1999 annual report for the provincial judges and masters in chambers pension plan as required by section 5 of the provincial judges and masters in chambers pension plan regulation.

THE SPEAKER: The hon. Minister of Economic Development.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I'd like to table with the House today six copies of my response to the MLA for Edmonton-Mill Woods regarding his question raised during the Committee of Supply meeting dealing with the 2000-2001 estimates for Alberta Economic Development.

Thank you.

THE SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HANCOCK: Thank you, Mr. Speaker. It's my pleasure today to table five copies of the annual report of the Criminal Intelligence Service Alberta, April 1999 to March 2000. This is the first annual report published by the CISA. It has some very interesting information, statistics, and data about organized crime and serious crime in the province of Alberta and what the government is doing about it with the co-operation of police services in the province.

THE SPEAKER: The hon. Minister of Environment.

MR. MAR: Thank you, Mr. Speaker. I've had opportunity to review *Hansard* and review the questions asked yesterday by the Leader of the Opposition and the hon. Member for Edmonton-Gold Bar, and I table five copies of my response to the questions related to timber auctions that were taken under advice yesterday. The two members opposite insinuated that my department staff were somehow involved in unlawful activity, and the record will show that those allegations are unfounded. If I were them, I'd feel like a schlemiel.

MS EVANS: Mr. Speaker, today it is my privilege to table a letter being sent to Ronald Joyce, chair of the Tim Horton Children's Foundation, with special thanks to Tony Mardel of the Tim Horton store in Sherwood Park. Six thousand underprivileged, economically disadvantaged children went to the Tim Horton camp last year as a result of \$2.75 million worth of contributions by Canadians to this most worthwhile cause. I'm sure colleagues on both sides of the House are participating today as we honour their efforts.

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

MR. SAPERS: Thank you, Mr. Speaker. Unlike the Acting Provincial Treasurer and in keeping with your ruling I won't be tabling any newspaper articles, but I will be tabling an article written by Mr. Bill Daly, BCom, MBA. It's an analysis of Alberta's flat tax for the year 2001. Of course, it's saying that Alberta's flat tax doesn't start until 2001 and big savings will only come to those who earn over \$70,000 a year. I'll stack up that Albertan's credentials against yours anytime.

Mr. Speaker, I have a couple of other tablings. First, letters from Mr. Gordon Inglis and Mr. E. Faszler, both of my constituency. They're writing the Prime Minister of Canada imploring him to please assist in the fight of Albertans to save public health care in this province.

Finally, I just had the opportunity to attend the annual general meeting of the Edmonton Community Foundation. I table the appropriate copies of their report. They are celebrating this year the disbursement after 10 years of \$20 million in community funding.

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

MR. DICKSON: Thank you, Mr. Speaker. I have a single tabling. This is a letter from the Alberta Historical Preservation & Re-

building Society to all Calgary MLAs urging us to push the government to reconsider its decision regarding the Lougheed Building/Grand Theatre and designate it as an historic site under the provincial Historical Resources Act.

Thank you very much.

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

MS CARLSON: Thank you, Mr. Speaker. I have the appropriate number of copies of two tablings today. The first is from Aileen Pelzer of Calgary. The second is from Donna Brunsdale of Calgary. Both of these people are opposed to the proposed Genesis land corporation development in the Spray Valley in Kananaskis.

head: Introduction of Guests

THE SPEAKER: The hon. Member for Lacombe-Stettler.

MRS. GORDON: Thank you, Mr. Speaker. It is my pleasure today to introduce to you and through you to the Assembly representatives of the Multiple Sclerosis Society of Alberta, May being MS awareness month. Seated in your gallery I would like to introduce Howard Riddel, executive director, Edmonton chapter; Jane Styles, board member, Edmonton chapter; Pam Seto, vice-president of development, Alberta division; Glen Lavold, board member, Alberta division; Josee Pinsonneault, special projects co-ordinator, Alberta division; and David Kravinchuk, events co-ordinator, Alberta division. I would ask them to rise so that we can give them the traditional warm welcome of this Chamber and thank them for the carnations that we're wearing.

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

MS KRYCZKA: Thank you, Mr. Speaker. It is my esteemed pleasure to introduce to you and through you this afternoon to the members of this Assembly Kim Hoang, vivacious wife of our colleague representing Calgary-Fort – she's able to be here today because now she's embarking on a new phase in her life, I understand, which is retirement – and Marie Martin, the very capable and gracious Edmonton leg. assistant to both the hon. Member for Calgary-Fort and myself. Would these honourable guests please rise and receive the traditional warm welcome of this Assembly.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

MR. COUTTS: Thank you, Mr. Speaker. I have the privilege of having two introductions today. My first is an individual who is seated in your gallery, Representative Max Black of the great state of Idaho. Representative Black is also the president of an organization that this Assembly really knows a tremendous amount about, and that's the Pacific Northwest Economic Region. He is the president and is doing a tremendous job of continuing cross-border relations and regional collaboration. We appreciate Representative Black for everything he's doing for that organization and for trade in the Pacific northwest. I ask him to please rise and receive the traditional warm welcome of this Assembly.

My second introduction. I'd like to introduce Deborah Daoust. She's a deputy program manager and political and economic relations and public affairs officer for the Canadian consulate general's office in Seattle. She is seated in the members' gallery. I ask her to please rise and receive the traditional warm welcome of this Assembly.

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

MR. SAPERS: Thank you very much, Mr. Speaker. Today it is my pleasure to introduce to you and through you to all of my colleagues in the Legislative Assembly two guests that are joining us, I believe, for the first time. First I would like to introduce friend and neighbour Sabine MacLeod, who is visiting to see why it is that I'm away from home so much so she can report to my wife, Shannon. Accompanying Sabine is Tina Vogt. Now, Tina is completing a year of studies at Jasper Place high school. She is doing a year of studies and visiting from Germany. She decided that the best way to learn English was to come and immerse herself in it, and she's doing an outstanding job. Unfortunately, we'll be bidding her farewell all too soon. I would invite all members to welcome them in the Chamber. I'd ask them to stand and receive that welcome.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

MR. COUTTS: Thank you, Mr. Speaker. It's a pleasure to introduce to you and through you to the members of the Assembly some more good friends. They've all been coming in from the United States on different airplanes, and the different airplanes have been arriving at different times. We're certainly glad that they're here to be introduced in the Legislature today. I'd like to introduce Representative Jeff Morris from the United States, from Washington. Jeff is an executive member of the Pacific Northwest Region and vice-president of the organization. He has been involved with that organization since 1993, and because of PNWER he has ended up being a good friend to Alberta. They're here for some meetings today. I would ask Jeff to please rise and receive the traditional warm welcome of the Assembly.

1:50

Also seated in your gallery today is the executive director of the Pacific Northwest Economic Region, Mr. Matt Morrison, who is no stranger to Alberta and to this Assembly. Matt, I wonder if you would please rise and receive that same welcome.

Thank you.

THE SPEAKER: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Speaker. It is my pleasure today to introduce to you and through you to all members of the Assembly Debra Lozinski from Lac La Biche. Debra is the reeve of Lakeland county. She's seated in the visitors' gallery today. I'd like to ask Debra to rise and receive the warm welcome of the Assembly.

head: Oral Question Period

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

Health Workforce Labour Dispute

MRS. MacBETH: Thank you, Mr. Speaker. It appears that the upheaval and uncertainty in our health care system is never-ending. First Bill 11 was rammed through this Legislature, and now over 10,000 health care workers have walked off the job across Alberta. According to recent reports licensed practical nurses in Alberta are amongst the lowest paid in Canada. My questions are to the Minister of Health and Wellness. Given the sacrifices made by health care workers over the past eight years, how does this government justify paying them the seventh lowest wages in the country?

MR. JONSON: With respect to the question, as the hon. leader across the way knows, we are at a very critical point in ongoing negotiations. We have a strike occurring currently. The regional health authorities and the provincial Mental Health Board have been bargaining diligently, Mr. Speaker. We hope that the parties will come together to bargain further. There are, as published, very significant dollars being offered by the employers.

This question is really not appropriate at this time, Mr. Speaker, when we want the two sides to come back together and negotiate a settlement.

MRS. MacBETH: Mr. Speaker, given that the inflation rate in Alberta is expected to be over 3 percent a year, how does this minister justify offering wage increases that can't even keep pace with inflation?

MR. JONSON: Well, Mr. Speaker, my mathematics in terms of what is reported as being the last offer of the employer does go somewhat higher than the rate of inflation.

MRS. MacBETH: Mr. Speaker, given that this government has recently rewarded pay raises of 8 percent to executive assistants of ministers, how can this minister justify offering raises of only 3 percent to auxiliary care nurses?

MR. JONSON: Well, Mr. Speaker, I'm personally not aware of any raises that are 8 percent, and that is a process not handled by the Minister of Health and Wellness.

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

MRS. MacBETH: Thank you, Mr. Speaker. Just one year ago a massive strike by nurses in this province was narrowly averted. At that time the Official Opposition calculated that the cost to the taxpayer of airlifting patients would have been at least \$2.4 million per day, or about \$35 million for a two week strike. My questions are again to the Minister of Health and Wellness. Can the minister tell us which provinces or states the government plans to airlift patients to for medical care?

MR. JONSON: When one has a labour dispute, Mr. Speaker, it is the responsibility of Alberta Health and Wellness and the minister, along with the regional health authorities and in this case the provincial Mental Health Board, to make sure that every possible effort is provided for the care and safety and treatment of people in the care of the health care system.

There has been contingency planning done. In terms of this particular situation there are no plans to fly people to the United States or out of province, but if it comes to a situation where an individual's life and health is in danger, we will do it.

MRS. MacBETH: Well, fine, Mr. Speaker. Could the minister please provide us with an estimate on how much the government's contingency plan for the strike might cost Albertans?

MR. JONSON: Well, Mr. Speaker, as the hon. member well knows, we have no way of knowing how long this labour dispute, this strike, will continue. We have no solid indication as to what workers will or will not cross picket lines. We have organized ourselves so that we are monitoring the situation very, very carefully. Our top priority is the health and safety of patients in the care of the system.

We will take appropriate action in terms of the cost, Mr. Speaker.

There is obviously no way of quoting an exact figure at this particular point in time.

MRS. MacBETH: Mr. Speaker, given that licensed practical nurses in Alberta rank seventh in the country in wages, wouldn't that money and human energy be better spent at the negotiating table bringing an end to this strike?

MR. JONSON: Mr. Speaker, I think there are a couple of things to point out. First of all, the labour dispute certainly has two sides to it. There's some responsibility with respect to the leadership of the unions involved.

In terms of the process we as Alberta Health and Wellness are certainly wanting, and I'm sure more directly the Department of Human Resources and Employment, to bring the parties back together to arrive at a settlement. That is what we have as our overall goal.

I do not quite gather what the position of the members across the way is, but it seems to me that they do not really respect the bargaining process, the fact that there are two sides that have to come together here, Mr. Speaker. They want to come down on one side.

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

Calgary Laboratory Services

MRS. MacBETH: Thank you, Mr. Speaker. The University of Calgary recently announced plans to build a research transition facility on their education reserve land. Although the university is calling it a research transition facility, almost 85 percent of the building is being leased to a commercial venture, Calgary Lab Services. While upgraded laboratory facilities are long overdue, residents in the area such as those from the University Heights Community Association are concerned that public land intended for the University of Calgary expansion is being used for a commercial facility. My questions are to the Minister of Health and Wellness. Can the minister explain why a facility, 85 percent of which is going to be used for commercial purposes, is being built with public money?

MR. JONSON: As I understand it, Mr. Speaker – and I can only speak generally of the specific plans of the Calgary regional health authority – it is on public land held by the regional health authority. It is a building that will be owned by the regional health authority. It may have a tenant that is the lab services which operate under the publicly funded, publicly administered system of the Calgary health authority under contract. The proximity to what is probably the largest facility in Calgary which provides service to Calgarians would seem to be a logical advantage of locating the lab there. I understand that they will be negotiating as part of their contract reasonable income to the regional health authority for the use of that property. Also, it should not be missed that the regional health authority is in conjunction with the university going to be developing quite a bit of needed research space.

2:00

MRS. MacBETH: Mr. Speaker, given the very vigorous opposition to this proposal within the community, is the government going to deal with those serious concerns or ignore them and push ahead?

MR. JONSON: Well, Mr. Speaker, I have not heard of any vigorous opposition. I will certainly look into it, but I don't just automatically

accept the contention in the leader's question. They have been misleading before, and I would want to check on it.

MRS. MacBETH: Mr. Speaker, given that according to the University Heights Community Association web site, and I quote, a multinational medical services company, MDS, has expressed interest in buying out the CRHA, end quote, what assurances can this minister give that once the laboratory has been set up, it won't simply be turned over to private companies for pennies on the dollar as happened with the Holy Cross hospital?

MR. JONSON: Well, Mr. Speaker, once again it appears that with respect to this particular question one individual with a concern is being quoted; so be it. The disposal of land which is the property of the regional health authority requires government approval. Certainly we would want that property to stay as part of the overall holdings of the Calgary regional health authority.

THE SPEAKER: The hon. leader of the third party, followed by the hon. Member for Edmonton-Castle Downs.

Health Workforce Labour Dispute (continued)

DR. PANNU: Thank you, Mr. Speaker. The *Calgary Herald*, then Brewers' Distributor, and now health care workers. Alberta's unfair labour laws are the political equivalent of a loaded gun pointed at the heads of Alberta workers. So is Bill 11, which is a framework for contracting out and privatizing our public health care system. My question is to the minister of human resources, who is responsible for labour relations as well. When is the government going to realize that its own unfair labour laws are directly responsible for the growing crisis in labour relations in this province?

MR. DUNFORD: Well, Mr. Speaker, I think we probably need to bring this into perspective just a little bit in the sense that even the other night at a standing policy committee we had a presentation from the Alberta Federation of Labour, and even they talked about the excellent record of labour relations in this particular province. Now, we can show the member the numbers if we want, but in Alberta we have an excellent, excellent record. We have an environment where employers and representatives of employees can sit at a table and can negotiate agreements. We have a playing field that we believe is level.

Yes, at various times we have pressures from employer groups and employee groups for changes to the particular labour legislation, but to me, as we talk in this Assembly time after time, the proof is in the eating of the pudding, and the fact is that the statistics are very, very good.

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

DR. PANNU: Thank you, Mr. Speaker. What is it going to take for this government to recognize that legislating away the collective bargaining rights of health care workers does nothing, solves nothing, and instead contributes to a bitter and acrimonious labour relations atmosphere within the health care sector?

MR. DUNFORD: You know, we just went through a session both inside this Assembly and outside of this building with some folks called the Friends of Medicare, and I believe that the party that the hon. member represents had something to do with that particular issue. Now to raise a question like that in this Assembly today,

entirely forgetting about the innocent third party in all of this situation – Mr. Speaker, let me remind you of who the innocent . . . [interjections]

THE SPEAKER: The floor has been given to the hon. Minister of Human Resources and Employment. Continue.

MR. DUNFORD: And let me remind you, Mr. Speaker, who the innocent third party is: the patients that are in care and of course their families that are trying to provide for them.

Here we have a situation where these people require essential services, and I believe that it was proper for the government of the day to establish, then, that those services were in fact essential and thus remove the legal right to strike. Mr. Speaker, let me remind all of the people here today that this is an illegal strike that is under way.

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

DR. PANNU: Thank you, Mr. Speaker. My second supplementary is to the Minister of Health and Wellness. Why doesn't the government abandon contracting out our public health care system through reckless legislation like Bill 11 and instead focus on improving working conditions and job security in public hospitals and facilities?

MR. JONSON: Well, Mr. Speaker, contractual relationships have been a part of the health care system of this province and other provinces throughout history, certainly since the time that we have as governments across Canada taken over the provision of public health care services. I'm sure that the member across the way, if he would move from his doctrinaire philosophy to reality – I don't think he would want to suggest that we should cancel the contracts with the Bethany Group, that we should cancel the contracts for long-term care with the Good Samaritans. I don't think he would suggest that we should cancel the contracts, eliminate them with respect to the laboratory services across this province, which are in a good part provided very well by the private sector, unless he really, really is tied to an absolute doctrine that says that nothing in the health care system can be owned or operated under contract by the private sector.

THE SPEAKER: The hon. Member for Edmonton-Castle Downs, followed by the hon. Member for Fort McMurray.

Domestic Abuse in the Military

MS PAUL: Thank you, Mr. Speaker. On May 9 a study entitled Report on the Canadian Forces' Response to Woman Abuse in Military Families was released to the public. The study does not claim that domestic violence is more prevalent in the military than in the civilian communities but does state that it is a serious problem handled in a manner unique to the military way of life. There is little doubt that the military culture as well as factors such as posttraumatic stress play a significant role in domestic abuse in the military. According to the report, victims are reluctant to seek assistance from military support services and may not be aware of resources available within their immediate communities. Further, domestic abuse is processed by the civilian court. The report indicates that if charges are laid through the civil police, the military may not be informed and that if the military police respond, the civilian police may not be called in. My first question is to the Minister of Justice. Will the minister encourage the police departments in areas adjacent to military bases to develop a policy of

communication regarding incidents of domestic abuse so that all relevant authorities, civilian and military, are informed when charges are laid?

THE SPEAKER: The hon. Minister of Justice and Attorney General.
2:10

MR. HANCOCK: Thank you, Mr. Speaker. In fact, we do have a policy of encouraging police forces to work together in this province. I tabled today the annual report of the CISA, which is one area in which police forces across the province have been co-operating and sharing information on a very effective basis.

It's certainly the policy of this government that police forces combating crime, whether it's organized crime or domestic violence, should be sharing information when it's appropriate to do so.

MS PAUL: My first supplementary is to the Minister of Children's Services. In view of the chronic shortage of funds in women's shelters will the minister make immediate funding available earmarked specifically to advertise shelters in the vicinity of Canadian forces bases so that victims of abuse can be aware that help is available?

MS EVANS: Clearly, Mr. Speaker, the need for women's shelters that the hon. member opposite has identified is an important one. In light of the comments I will take a very careful look at how one advertises shelters. For the protection of those involved, those who have been recipients of abuse, there are some real questions about how you promote that service, but we will make sure that if there are services available, the law enforcement authorities and others who would provide guidance to women to seek that type of shelter with their children would be aware of those opportunities.

MS PAUL: My second supplementary is to the Minister of Health and Wellness. Would the minister advise us of any specialized support services that are available to members of the Canadian forces reserves and their families to deal with posttraumatic stress following extended peacekeeping deployments in war zones once these reservists are released from active duty?

MR. JONSON: Mr. Speaker, in the Capital region I am pleased to say that there is a good working relationship between the Namao base personnel and their medical staff and the Capital regional health authority. In fact, we're fortunate enough to have doctors, for instance, that work at the St. Albert hospital and keep up their skills, and they're providing a co-operative arrangement or service to the Capital region. That, as I understand it, would apply with respect to other services such as situations which involve a stressful situation that has been reported.

However, Mr. Speaker, I do think there's one point to be emphasized here, and that is that given the nature of the armed forces, the mandate under which they operate, and their necessary independence or separation governance-wise from the province, I think we do have to keep in mind that the initiative and leadership to make sure these types of co-operative arrangements are arrived at and the services are available to their personnel does have to come from the armed forces themselves.

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

Diabetes Research

MR. BOUTILIER: Thank you very much, Mr. Speaker. It was

reported this week across Canada, the United States, and for that matter the world that the University of Alberta research team made a major breakthrough in the fight against diabetes. Dr. James Shapiro and his team of researchers are to be commended when they injected insulin-producing cells from donor pancreases into eight patients and put them on this immune suppressing drug. These eight Canadians with chronic type 1 diabetes are now reported to be living free of having to use insulin. My question is to the Minister of Innovation and Science. What does this medical research breakthrough mean for Albertans who have this chronic disease and use our health care system?

DR. TAYLOR: Well, Mr. Speaker, first of all, it means that these scientists are doing some of the best research in the world in diabetes. It also means that we will go down in history not just for our fiscal agenda in Alberta but also for our excellent scientific research. Alberta is the place to do science.

It also points out the importance of partnerships, Mr. Speaker, between universities, the private sector, and the government. It also means that we have eight individuals in Alberta, some of whom were taking up to 15 shots of insulin a day, who no longer have to do that. This gives hope to the 200,000 diabetics in Canada alone, plus there are over 15 million diabetics in the world.

If I could just say a personal note, Mr. Speaker, we have a person in our family who we consider our daughter and who lived with us for a number of years. In her late teenage years she came down with type 1 diabetes, and this provides hope for Jennifer.

THE SPEAKER: The hon. Member for Fort McMurray.

MR. BOUTILIER: Thank you, Mr. Speaker. Could the minister advise members of this Assembly as to whether any research dollars were provided by this government to support this medical breakthrough at the University of Alberta?

DR. TAYLOR: Well, as you know, Mr. Speaker, and the Assembly knows, we have a fund, the Alberta Heritage Foundation for Medical Research, which is now over a billion dollars. It supports research off the interest from the trust fund. In this area alone over the last number of years it has provided over \$18 million for diabetic research.

We have to recognize that when we do that, the \$18 million, that brings in at least \$2 and up to \$4 for every dollar that's invested from Alberta. If you take even the minimum figure, that means that over the last number of years over \$30 million has been invested in Alberta based on our investment in the HFMR.

It shows again, Mr. Speaker, that if the government takes the lead and steps up to the table, exciting things can happen.

MR. BOUTILIER: Mr. Speaker, my final supplemental to the same minister: are there any other government programs and research funds available for science and research of this important initiative to help expedite this type of brilliant science that's going on in Alberta?

DR. TAYLOR: Well, there are a number of programs. In fact, we announced this weekend a combination of two programs inside my department that will result in a \$30 million investment in a couple of areas: in research infrastructure, in technology transfer, and in science and technology promotion and awareness.

Also, Mr. Speaker, as you are aware, we've announced a \$500 million trust fund that is available. We expect the interest from that could be up to \$25 million this year alone to invest in science and

research. That fund will grow to a billion dollars by 2005 and perhaps, if I'm lucky with my budget, even earlier.

Thank you.

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

Health Workforce Labour Dispute

(continued)

MS LEIBOVICI: Thank you, Mr. Speaker. Due to this government's cutbacks, mismanagement, and lack of planning in health care, we now have the largest strike of health care workers in this province. Two of the issues on the bargaining table are inappropriate staffing levels and contracting out. Yet in 1999 an Alberta Health report indicated that workforce issues were serious and that there were serious problems with regards to training, recruitment, and retention of health care professionals in this province. My questions are to the Minister of Health and Wellness. My first question is: given that health workforce shortages are both a national issue as well as a key issue in this strike, can the minister tell us whether the Premier has put the issue of workforce shortages in health care on the table at the Premiers' Conference? [interjections]

MR. JONSON: Mr. Speaker, I think the members across the way are just jealous because on this side of the House we have a very strong leader who represents the interests of the province.

Mr. Speaker, as I understand the proceedings at the Premiers' Conference, there are a number of topics to be covered. Certainly the matter of health care is one of the major ones. I understand that the Premier and I expect other Premiers will be putting forward a very strong case for the restoration of Canada health and social transfer moneys to the provinces across this country. That is certainly going to be one of the major priorities.

2:20

Within that context I know that the Premiers have discussed prior to this, quite frankly, the needs within the health care system, the need for hiring additional frontline staff, which we have done in this province with the significant dollars we've reinvested, the need to look at adding to the overall health workforce, be we talking about nurses or radiation technologists, as examples. This is certainly a priority, and we have already acted in that area, Mr. Speaker. The Minister of Learning may want to supplement, but we have added to our capacity in that particular area.

Under the leadership of our Premier, Mr. Speaker, we have already taken major steps to address this issue, and I'm sure that the Premier is sharing our experiences with other Premiers.

MS LEIBOVICI: Well, Mr. Speaker, strong leaders take responsibility, so can the minister or anyone on the front benches indicate why the Premier isn't here to deal with the issue at hand, a real crisis in health care in this province today?

MR. JONSON: Well, Mr. Speaker, I know members on this side of the House know and I can assure the members on the other side that the Premier is very much concerned by the situation here. He is in regular contact with his office.

He has a very important task, as I've said, to represent this province at that conference, particularly as it applies to health, particularly as it applies to their Liberal cousins in Ottawa coming through with their proper share of funding for health care in this country.

MS LEIBOVICI: Nothing like an absentee Premier.

Given that Bill 11 will encourage greater contracting out in our health care system, what assurances . . .

Speaker's Ruling

Referring to the Absence of a Member

THE SPEAKER: Hon. members and hon. Member for Edmonton-Meadowlark, I mean, it's nationally known that there's a conference of the leaders of government in another place. To refer to members absent from the House is inappropriate under our rules. I don't know why you'd do that. Why don't you just get on with the question?

Health Workforce Labour Dispute

(continued)

MS LEIBOVICI: Given that Bill 11 will encourage greater contracting out in our health care system, what assurances will the minister give health care workers with respect to job security?

MR. JONSON: Mr. Speaker, as I have . . . [interjections]

THE SPEAKER: Hon. members, I don't know about you, but I always found it rather interesting to listen to the Minister of Health and Wellness.

MR. JONSON: Mr. Speaker, due to the strength of the economy and due to, I think, the sound financial management of the government, we do have increased funds available. Health has been given a priority by this government, and within that overall health funding the training and engagement of health care workers is a priority. That's demonstrated in the increased number of physicians, the increased number of nurses, the increased number of LPNs, the increased number of other frontline workers, support workers in this province. It's through having the resources, managing them well, directing them to the front line that job security is assured to individuals.

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

Tax Policy for Seniors

MS KRYCZKA: Thank you, Mr. Speaker. In my work with seniors some of the most frequently asked questions are around our tax policy for seniors. My first question is to the Minister of Community Development. Why do seniors, most of whom live on fixed incomes, even though the majority are at the middle and higher income levels, have to pay taxes, especially education tax?

THE SPEAKER: The hon. Minister of Community Development.

MR. WOLOSHYN: Thank you, Mr. Speaker. With respect to education tax it's historically been the case in this province that property taxes do support education, and I think that's the proper way to go. Whether or not you have children in the schools at a particular time that you're paying tax is not relevant.

With respect to the overall picture of senior support I might point out that in 1994 this government took the initiative to streamline seniors' benefits and to focus them on the people in need. So to be quite specific, seniors who are needy do get a cash allowance under Alberta's seniors' benefit program that is directed to help them with their overall expenses. To give you an example of how this works, Alberta has the highest threshold for this support, which means that

seniors in this province get the support quicker than anywhere else.

We have a variety of categories to ensure that their needs are met. For example, with respect to a homeowner senior who is under the threshold or a senior couple who are under the threshold of the \$26,000, depending on where they are, they could receive a maximum benefit of some \$3,200 annually. So, Mr. Speaker, I would like to reiterate that although it's not earmarked as a specific program, their needs are taken into consideration.

Also, we do have something called a special needs program, which people who are in dire straits could apply for, and this could help. That program goes to a maximum of some \$5,000 per year in addition to anything that the ASB would provide to the seniors.

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

MS KRYCZKA: Thank you. Mr. Speaker, my second question is to the hon. Acting Treasurer. Can you explain this government's new tax policy with regard to low- and middle-income seniors?

DR. WEST: Yes, Mr. Speaker. They will benefit from this new tax plan, the single-rate plan. For example, an individual senior that makes \$12,000 from a private pension plan and also receives the old age security would have paid in 1999 roughly \$335 in tax. With the new plan, the single-rate tax, that senior will not pay any tax in the year 2001 and also will still receive the seniors' benefit package from Alberta.

They're also going to benefit from sharing in the elimination of bracket creep. They will benefit from indexing the basic and spousal exemptions to the Alberta consumer price index, and they will also benefit from indexing the age amount and the pension amount.

Finally, they are going to benefit from the increase to the age and pension credits, which will take the amount multiplied by 10.5 percent instead of 7.5 percent, and they will be indexed for inflation. So provincial participation in both these credits will increase by 30 percent.

I might also add that a great deal of the seniors will be in those 190,000-plus Albertans that won't be paying any provincial income tax.

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

MS KRYCZKA: Thank you. Mr. Speaker, a significant portion of a senior's income can come through dividends on investments. The dividend tax credit is therefore important to seniors. My last question is again to the Acting Treasurer. Will this credit disappear under the new system?

DR. WEST: The simple answer is no. The province will continue to provide a dividend tax credit. In fact, the value of the credit will increase slightly under this new policy.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Calgary-Lougheed.

Timber Permit Bidding Process

MR. MacDONALD: Thank you, Mr. Speaker. Yesterday we revealed that the Alberta Court of Queen's Bench had found one of this government's business partners guilty of bid-rigging and collusion, with timber permits worth up to \$30 per cubic metre being sold for 63 cents per cubic metre. This government as a matter of policy has propped up and subsidized the pine shake industry and specific firms like Shake Masters Manufacturing Inc. In fact, our

freedom of information request contained a January 1994 Economic Development and Tourism, forest industry development branch memo discussing Shake Masters that reads, "When we provide financial assistance, we should perhaps have a basic criteria that the mill have a sustainable wood supply." My first question is to the minister of environmental protection. Did the government turn a blind eye to timber permit bid-rigging to ensure a sustainable wood supply?

2:30

MR. MAR: Mr. Speaker, first, by way of correction the proper name of the department is the Ministry of Environment, not environmental protection, and the short answer to his question is no.

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

MR. MacDONALD: Thank you, Mr. Speaker. My next question, then, is to the Minister of Economic Development. Given that Shake Masters had received \$59,000 in Department of Economic Development grants and at least \$630,000 in Alberta Opportunity Company loans and loan guarantees, did the government turn a blind eye to timber permit bid-rigging so that Shake Masters could keep servicing its taxpayer backed loans?

MR. HAVELOCK: Mr. Speaker, the department did not turn a blind eye to anything, and I'd like to clarify for the House that any loan or grant coming from AOC is made independent of this government and after a thorough examination of the application.

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

MR. MacDONALD: Thank you, Mr. Speaker. Now, finally to the Minister of Justice. Given that this document tabled earlier in the Assembly said that, quote, land and forest service was the victim of a crime, has the minister attempted to recover any of the money owed to taxpayers of this province because of this bid-rigging, and has he ordered an investigation into other possible cases of collusion in the forest permit auctions? Does he have any idea how far this rot has spread?

THE SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HANCOCK: Thank you, Mr. Speaker. I think it's absolutely ludicrous for that member to suggest that any department in this government or any member of this government would turn a blind eye to any criminal activity, and I can categorically say that this government does not turn a blind eye to criminal activity of any sort in this province.

MR. CARDINAL: As the Associate Minister of Forestry, I'd like to — the three questions impact the forest industry in Alberta, and we wouldn't want to leave a negativity toward that industry, because it is a major industry. It's over \$8.3 billion and has over 50,000 jobs, and a lot of them are in your riding, Mr. Speaker.

In relation to the dues, there are a number of ways timber is allocated. There is the forest management agreement process. There is the quota process. There is the miscellaneous timber use program, which handles commercial timber permits, local timber permits, and farmers' permits. So there are a number of ways of allocating the timber, and all the processes are above board.

In relation to the province receiving income from timber dues, et cetera, Mr. Speaker, \$3.4 billion of the \$8.4 billion is included in, for example, stumpage charges at \$92 million, property taxes to

municipalities of \$81 million, provide provincial income tax of \$224 million and provincial corporate income tax at \$166 million. So the province is recovering the dollars that are required. We have one of the best forest industry programs in North America, and it's something to be proud of, not run down.

THE SPEAKER: The hon. Member for Calgary-Lougheed, followed by the hon. Member for Lethbridge-East.

Maintenance Enforcement Program

MS GRAHAM: Thank you, Mr. Speaker. In June of 1998 the MLA review of the maintenance enforcement program presented its report to the Minister of Justice. The report contained 41 recommendations to improve all aspects of the maintenance enforcement program. I chaired that review along with the members from Bonnyville-Cold Lake and Red Deer-South. We were very pleased that the government accepted all of our recommendations and that many of those were implemented early on. In fact, legislation was passed last spring giving the program many more enforcement options. However, not all of the recommendations required legislation, and I am hoping that there is a will in Justice to continue implementing the recommendations of the report. My questions this afternoon are to the Minister of Justice. Mr. Minister, what, if any, recent changes have been made to the maintenance enforcement program to increase the effectiveness of the program as called for by our report?

THE SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HANCOCK: Thank you, Mr. Speaker. A very good question, because of course maintenance enforcement remains a priority for Justice. Improving the program in terms of both its ability to collect on behalf of Albertans who need that assistance as well as providing customer service to both the debtors and those who are entitled to receive the collection is an important priority.

Recent additions to the program have been the new Justice web site, which became available in April of this year. As part of the site, clients and employees have access to program forms and information on various topics including collection forms and various collection actions on the web site.

Other changes recently made include amendments that allow the program to request debtor locations, asset and employment from employers, trade unions, and financial institutions. Advertising for debtors is now possible. The program can cancel drivers' licences. There's more power to get collections when debtors hide assets in third party locations. Debtors can be reported to the credit bureau. All of this is very important, Mr. Speaker.

I should mention that a member of the opposition recently asked for a response on the mainframe program. When I indicated that the new mainframe for the computer system for the program was in the process of development, the suggestion was made in this House that the program isn't working. I want to assure all members of this House that the program is working very well.

The improvements that have been put in place as a result of the MLA task force have been very effective. For example, there were 43,250 active files last year. This year there are 42,000 clients on file. Collections last year were in the amount of \$122 million. This year they're up to \$126 million. The program is working. It's working for Albertans, and it's getting money into the hands of people who are taking care of children in this province.

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

MS GRAHAM: Thank you, Mr. Speaker. Given that both customer service and customer satisfaction were a major focus of the report recommendations, I'm wondering what changes from a customer service perspective are being planned, if any, and when can we expect to see them?

THE SPEAKER: The Minister of Justice and Attorney General.

MR. HANCOCK: Thank you, Mr. Speaker. I hope that we're seeing those changes as we speak. It's certainly been one of our priorities to make the program more customer service oriented, to make sure that there's good interaction between those who need to have service and those who are giving the service. They've been asked to be a lot more customer friendly and are being a lot more customer friendly.

It's a difficult job, Mr. Speaker, that the people involved in maintenance enforcement have, because they're dealing always with either people who don't want to pay or people who are not getting the money they're entitled to. In both cases, the people that they're dealing with can have a great deal of anxiety, and that can be a great problem.

So we have improved staff training. We've increased staff for customer service. We have new and revamped information registration application forms and educational material. We have a new 24-hour interactive voice response phone system. We have dedicated complaint and troubleshooting specialists. We have increased staff training. [interjections] The one thing we don't have is brevity. We take as much time as is necessary to deal with customer complaints and customer service in maintenance enforcement.

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

MS GRAHAM: Thank you, Mr. Speaker. My final question is to the same minister. Another focus of the report recommendations was the need to deal with chronic defaulters and others that are difficult to collect from. I'm wondering what the department is doing to solve these cases.

THE SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HANCOCK: Thank you, Mr. Speaker. Well, we did form a special investigation unit within the maintenance enforcement program, and that unit is starting to produce results. In fact, in a recent story in the *Edmonton Sun* a lady was profiled who just received a cheque from her ex-husband for over \$20,000. This chronic defaulter had evaded the collection process for over 12 years. Thanks to Bill 16 of last year, the recommendations of the MLA committee, and dedicated staff, we were able to help this family with financial help.

The special investigations unit, Mr. Speaker, is currently working on 224 out of 480 cases that have been red-flagged for their review, and I hope to be able to report significant results in the near future.

THE SPEAKER: The hon. Member for Lethbridge-East, followed by the hon. Member for Calgary-Bow.

Sleep Apnea Treatment in Lethbridge

DR. NICOL: Thank you, Mr. Speaker. The administration and staff at the Lethbridge sleep disorder clinic truly believe that they have a level 1 clinic. Their technicians are trained to the level of all other clinics in Alberta. The administrators and staff have the background and training. The physicians have the residency requirements. Their communication with Alberta Health and Wellness has indicated that

they've met all the criteria for level 1 clinic status. My question is to the Minister of Health and Wellness. What is it that's holding up the funding for this clinic so southern Alberta residents can get access to sleep disorder diagnosis?

2:40

MR. JONSON: Mr. Speaker, first of all, I must give a brief history with respect to sleep apnea treatment in the province. It is certainly not a new condition, but it's fairly new in terms of our ability to diagnose it and to treat it and to categorize the different levels, as they refer to them, of people suffering from sleep apnea. Up to this point in time the overall approach of the province in terms of evaluation and categorization of cases and determination of what treatment should be provided, through our discussions with the medical fraternity and to some degree with our provincewide services committee, has been at the centre in Calgary.

With respect to the manner in which other centres might be approved, Mr. Speaker, we want to consult with that clinic and we want to consult with the College of Physicians and Surgeons. We do not accredit these types of clinics without the leadership and involvement of the college.

This is something, I know, that is being pursued by the Lethbridge regional health authority and the physicians there. I know it is being given consideration, but I do not have a specific date or time that I can give the hon. member as to that being done.

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

DR. NICOL: Thank you, Mr. Speaker. The pilot project that the minister talked about began in Edmonton and Calgary. It's expanded now to the point where there are three centres in Calgary, the Children's hospital and also in a private clinic. Why is it that this private clinic is being funded when the Lethbridge publicly funded, publicly administered system cannot get authorization?

MR. JONSON: Well, Mr. Speaker, as the member is quite aware, the development of the team of sleep apnea professionals in Lethbridge is quite a new development as far as Lethbridge is concerned. It does mean that it has to go through a review process. It has to be accredited.

With respect to funding, the Lethbridge regional health authority has received a significant increase in funding this year. They will have to make decisions about how they allocate the resources. But, quite frankly, if it is deemed to be in the interests of the people in the area and if it's viable and accredited to the proper standards, certainly it is something that should be considered for approval.

DR. NICOL: Mr. Speaker, when the people in Lethbridge or southern Alberta go to this clinic and get their diagnosis, they have to pay for their machine themselves. The people going to the clinics in Calgary or Edmonton get it paid for by the government through Alberta Aids to Daily Living. Why is it that we don't have the same treatment for southern Alberta residents that the rest of Albertans get when they go to a clinic that has all of the same standards, the same technicians, the same physicians, the same qualifications. They're not treated the same. Why is it?

MR. JONSON: Well, on that particular point, Mr. Speaker, as I understand it, the clinics across this province that are accredited and approved as sleep apnea clinics do provide what are referred to as level 1 machines. Coverage, however, is not provided should a patient be using these machines for the other degrees of sleep apnea. That is the way that I understand the system operates in the province.

head: Recognitions

THE SPEAKER: Hon. members, in a few seconds from now I'll call upon the first of seven hon. members to participate in Recognitions today.

The hon. Member for Lacombe-Stettler.

Multiple Sclerosis Society

MRS. GORDON: Thank you, Mr. Speaker. Canada has one of the highest rates of multiple sclerosis in the world. Alberta has the highest prevalence in all of Canada. This debilitating, chronic disorder attacks the central nervous system. MS causes a range of symptoms: from speech impairment, vision loss, numbness, loss of balance to extreme fatigue and sometimes paralysis. The cause is unknown, its course unpredictable, and its cure is as yet undiscovered, although great strides have been made recently in regards to some exciting new drug therapies.

The MS Society of Alberta is strong. Many individuals willingly volunteer their time and energy towards service programs, fund-raising events, and public awareness campaigns. Many such events have been held across the province this month: bike tours, walking tours, and of course the annual MS Carnation Campaign, where dollars raised could well blossom into a cure.

I encourage members of this Assembly and indeed, Mr. Speaker, all Albertans to support the good work and activities of the MS Society of Alberta. Only by working together can needed research continue and a cause and cure be found.

Thank you.

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

Oliver School Centre for Children

MS BLAKEMAN: Thank you, Mr. Speaker. I'd like to recognize the 20th anniversary of the Oliver School Centre for Children in my constituency of Edmonton-Centre. Currently serving children from 13 months to six years of age, OSCC also offers a Head Start program for 64 families free of charge and also offers the same program to others for a reasonable fee. Early intervention services for an additional 16 at-risk children and their families in a satellite program is offered in Calder, and the classroom on wheels, the COW, goes into four low-income housing areas to set up a classroom and reaches out to those families traditionally more difficult to draw out.

We've often heard in this House how important schools and children are to the community, and Oliver school and the Centre for Children is located in the centre of the constituency of Edmonton-Centre. This is entirely apt given the centre's long and very active advocacy role and their work to embrace the ethnic, physical, and economic diversity of the families they serve.

I first heard of the centre when I was with the Advisory Council on Women's Issues, and I'd like to thank Avril Pike and the centre staff for information, explanation, and insight into services for children.

Twenty years. Very well done.

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

Northeast Calgary Culture of Co-operation

MRS. FRITZ: Thank you, Mr. Speaker. I'm pleased today to recognize our northeast Calgary communities which have commemorated the International Year for the Culture of Peace by sponsoring a culture of co-operation event. Students from 12 northeast Calgary

schools and a number of youth groups showed their pride in our communities by submitting posters and commercials that highlight what co-operation means to them.

The awards and prizes will be presented this Saturday, May 27, during a community festival at Sunridge Mall, and the poster winners will have their work displayed in a 2001 calendar with proceeds from sales going toward student fund-raising. Other community participation will also be recognized, including a community day of co-operation which promoted environmental cleanup in our area.

Mr. Speaker, I'd like to take this opportunity as well to thank the city of Calgary's community and neighbourhood services branch and our northeast businesses and community groups that made the culture of co-operation event possible. It is their goodwill that has recognized and promoted the spirit and pride of our young people living and working in northeast Calgary.

Thank you.

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

2:50 **Edmonton-Meadowlark Education Issues**

MS LEIBOVICI: Thank you, Mr. Speaker. I'd like to recognize the teachers, administrators, and parents of schools in my constituency. Over the past eight months I surveyed 11 schools, spoke with administrators, teachers, and parents, and learned a great deal. I took note of their dedication and tenacity as they strived to do their best and their frustration by the lack of resources to make it happen. They all expressed concern about a wide range of issues, including class size, funding, special-needs children, school resources, professional development for teachers, school facilities, and teaching.

We all know that education is the key to the future of our children and that this key should never be lost or misplaced. The report I presented in the Legislative Assembly highlights those concerns and presents some of the observations and conclusions that were made during the process. I hope that this report is informative and helps to address some of the issues with regards to education in Alberta.

Thank you.

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

Mary Selby

MS KRYCZKA: Thank you, Mr. Speaker. I rise today to recognize Calgary philanthropist Mary Selby, who passed away March 24 at the age of 62. Mary, who described herself as a professional volunteer, served as a member of the University of Calgary senate for six years, as representative from the senate to the board of governors since 1997, and recently as vice-chair of the senate's executive committee.

I knew Mary as a senate colleague prior to my becoming an MLA and heartily agree that she had many special qualities, as expressed recently by Chancellor Jack Perraton and the university president, Terry White. Mary was truly a very special person who was a great friend to the University of Calgary. For Terry White, Mary Selby made a difference for many on campus, and she will be missed.

Mary was exceptionally active in the Calgary community, such as with the Junior League, the Boys and Girls Clubs, the Avenue 15 society, the Alberta Children's hospital aid society, the Fort Calgary Preservation Society, and Christ Church in Elbow Park.

Although Mary left this life and her loving family much too early, she has left them, her friends at the University of Calgary, and the

Calgary community a remarkable legacy of great achievements and memories.

Thank you.

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

Shane and Evan Chrapko

DR. PANNU: Thank you, Mr. Speaker. I am pleased to recognize today two brothers from Two Hills, Alberta, who have recently received international recognition for their development of the software known as DocSpace. The software is a unique technology that permits movement of gigantic files with ultratight security.

Shane and Evan Chrapko developed DocSpace using basic skills learned from their parents, working with them on the farm they grew up on. Their parents, Elizabeth and Victor Chrapko, who farm in the Two Hills area, are to be recognized as well for providing their children with those skills. Evan, Shane, and their parents will be celebrating their remarkable accomplishments in a Chrapko homecoming event in Two Hills this June.

I'm honoured to recognize Evan and Shane for their hard work, commitment, enterprise, and success and their parents, Elizabeth and Victor, for raising them with the particular strengths which have made their achievements possible.

Thank you, Mr. Speaker.

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

Leonard Blumenthal

MRS. LAING: Thank you, Mr. Speaker. It gives me pleasure today to recognize Leonard Blumenthal on the awarding of his honorary degree, doctor of laws, by the University of Lethbridge this Saturday. Leonard Blumenthal is the former CEO of AADAC. He worked in the addiction field for 32 years with AADAC, and his innovative leadership brought many changes in treatment of addiction throughout Canada. Under Leonard's leadership AADAC won 25 national and international awards of excellence. Leonard was instrumental in the formation of aboriginal-staffed addiction counseling, training, and programming. Leonard represented Alberta and Canada on many international bodies and also at the United Nations. Retired now, he is a member of the Capital health authority, once again lending his expertise to the improvement of community health.

On behalf of the present chair for AADAC, the hon. Member for Wetaskiwin-Camrose, myself, and the members of this Assembly congratulations to Leonard Blumenthal for this well-deserved honour and recognition of the significant contribution he has made to all Albertans.

Thank you.

head: Emergency Debate

Health Workforce Labour Dispute

THE SPEAKER: The hon. Leader of the Official Opposition on an application for a Standing Order 30 request. Hon. members, just please refer to your Standing Orders 30(1) and 30(2). Standing Order 30(2) says:

The member may briefly state the arguments in favour of the request for leave and the Speaker may allow such debate as he considers relevant to the question of urgency of debate and shall then rule on whether or not the request for leave is in order.

The hon. Leader of the Official Opposition.

MRS. MACBETH: Thank you, Mr. Speaker. Your office was given

notice pursuant to Standing Order 30(1) of my intention to "request leave to move to adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance." Earlier this afternoon I gave notice of my intention to move the following motion standing in my name:

Be it resolved that this Assembly adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, what steps must be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers.

Mr. Speaker, I wish to briefly state the arguments in favour of my request for leave. I know that several of my colleagues have a couple of minutes of discussion as well that they wish to put forward to speak to this matter of urgent public importance.

This morning at 7 Albertans awoke to the reality of an illegal strike in our province. Mr. Speaker, we have been very clear in our position on this matter, that we don't condone an illegal strike. However, we believe that government as the employer has to accept some responsibility for having pushed these people to the breaking point and the urgency which that creates within our public health care system.

The labour action that we are seeing today is the result of a very poisoned environment, a work atmosphere that has been created by the government certainly over the last eight years but most specifically in the last four, which I wish to speak to on the urgency issue. First of all, this is the fourth time in four years that the government has brought the health care system to the brink. At each point in the last four years it seems to have become a spring ritual in this province. We have our health care providers, either our nurses or our auxiliary health care providers, at the point of a stressful work environment for which this government must take the majority of the responsibility. It is indeed urgent, Mr. Speaker.

After years of unplanned cuts to budget and staff, the majority of whom or at least a fair component of which are women; avoidance of the real issues that plague the workplace in our health care system, issues which were identified last March in Alberta Health's Current and Emerging Health Workforce Issues, an Alberta questionnaire findings final report, issues that identified the three top issues overall affecting the health workforce and overall . . .

Speaker's Ruling Speaking to Urgency

THE SPEAKER: Please, hon. Leader of the Official Opposition. Some suggestions provided by the chair with respect to this. We're talking about urgency, the need for urgency. It's not a time to debate, pending a resolution of this question, but why? What's the urgency? That's the key.

Debate Continued

MRS. MacBETH: Mr. Speaker, the urgency of the matter is that government has not acted and has led us to the point where we are today facing an illegal strike and walkout by 10,000 health care workers in this province.

The government talks a good story, but they don't act even on their own words and recommendations of their own reports. In terms of their own words, words which workers took to heart and thought there may well be some action from this government, if we look to Strengthening the Alberta Advantage, it said, "In Alberta and across Canada, some of our best and brightest young talents are moving out of the country for better jobs and better advantages." Mr. Speaker, that includes our health care workers. Promises like the one contained in the throne speech, where it says, "Developing a well-trained and highly educated workforce," and

the government will continue to create a positive and stable labour climate that fosters one of the highest productivity rates and most impressive workplace safety records in Canada.

Here we are with 10,000 of our health care workers out on strike illegally, but with reason, because of the level of frustration that they have been led to by the government.

3:00

Mr. Speaker, the urgency of the question and the one that is on Albertans' minds today is: what is this government going to do in order to resolve the issues that are at the bargaining table in this strike and the issues that this government has ignored that have led to workers in this province walking off the job? It is not a time for the flexing of muscles and entrenching of positions. It is not about threats of back-to-work legislation and compulsory arbitration, both of which incite argument and anger. What is needed, what is urgent is a signal from this government, as the employer, of what they are going to do to get resolution to the issues that are on that table. It's not just words. It's not just making promises and fancy government documents. It is in fact action that we seek. Enough is enough is the message of this strike, and Albertans need to know what this government's plan is to get the system under control, to get the issues before the bargaining table resolved, and to get our health care workers paid and working at a level that respects their competence in the workplace.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Minister of Human Resources and Employment on the Standing Order 30 application.

MR. DUNFORD: Yes, and briefly to urgency. As the hon. member herself indicated to you, Mr. Speaker, the strike is illegal. Therefore, there are a couple of fields, then, that come into play. One, of course, is from the labour relations side, and the other of course is then on the legal side.

I would want to have the Speaker know and understand prior to making a decision on this, as to the matter of urgency, that from the labour relations side as we speak this afternoon, mediators are in place and are continuing to try to get the parties back together at the table to get them into collective bargaining negotiations once again with the hope that what we will have at the end of the day is a signed memorandum of agreement between the two parties.

As far as the other matters are concerned, in respect to the illegality of the strike, it is my understanding, again as we speak and as has been continuing through the day, that the employer groups that are represented in this particular dispute have been exercising their particular rights under current legislation and regulation in the courts to deal with the matter of the illegality.

So my submission to you, Mr. Speaker, is that on the matter of urgency those things that can be done and should be done during the time of an illegal strike are in fact being done.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar on this Standing Order 30 application. Urgency is the key.

MR. MacDONALD: Yes. Thank you, Mr. Speaker. I rise this afternoon to impress upon you the validity of the Standing Order 30 under the name of the hon. Leader of the Official Opposition. I'm asking that you rule that the matter is indeed urgent and that it is consistent with the requirements of the Standing Order rules.

For the record I would like to read this into the debate of the Assembly at this time: "Be it resolved that the Assembly adjourn the ordinary business of the Assembly to discuss . . ."

THE SPEAKER: Hon. member, please sit down. All hon. members have the Standing Orders. It's not required to read them into the record. They're public.

MR. MacDONALD: Okay. Thank you. Excuse me, Mr. Speaker.

I'm guided today in my remarks about the urgency of this motion by two very important authorities that govern the proceedings of this House. I'm referring in my arguments to *Beauchesne* 387, 389, and 390 and, of course, our own Standing Order 30. *Beauchesne* 390 states:

"Urgency" within this rule does not apply to the matter itself, but means "urgency of debate", when the ordinary opportunities provided by the rules . . . do not permit the subject to be brought on [earlier].

Of course, Standing Order 30 spends a great deal of time dealing with the issue.

Now, when we think of urgency, we think of an emergency debate, but does an emergency debate not entail any or all decisions that have occurred in any number of years with the Assembly? The question itself is specific, but this question requires urgent debate.

There are two issues that come out whenever we think about and talk about the question of urgency. The hon. Member for Edmonton-McClung spoke earlier that we have over 10,000 health care workers in this province in at least 159 facilities all across this province. There is not a constituency in this Assembly. Every MLA should be concerned about this, because this job action affects everyone in this province. These 10,000 workers are licensed practical nurses, nursing attendants, personal caregivers, psychiatric nurses, support staff. This is a matter of great urgency.

We look at the Labour Relations Code. There are questions outstanding to the whole job action that has occurred. This needs to be discussed this afternoon, Mr. Speaker. Does the government intend to exercise particular remedies that are available under Alberta's Labour Relations Code? If so, what remedies and when?

THE SPEAKER: Hon. member.

MR. MacDONALD: Yes?

Speaker's Ruling Relevance

THE SPEAKER: Hon. member, may I draw your attention again to the motion put forward by the hon. Leader of the Opposition. It says: "What steps must be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers?" The operative words are "what steps must be taken to prevent harm to the public health care system." It's nothing to do with any other administrative body, legislative body, tribunal, or anything else. That's the motion.

Debate Continued

MR. MacDONALD: Thank you, Mr. Speaker. There is going to be considerable harm done when we consider what's going on at the Ponoka hospital, for instance. Plans are to make room for 45 of the patients in Edmonton, here in the city, but this will not work. This will not work because there is no room in the city. How are we going to be able to safely discharge these individuals? All of these matters relate to the urgency of this motion. Not only does it affect, for instance, the constituency of Edmonton-Manning; it also affects the constituency of the hon. Minister of Health and Wellness.

Sure, some hon. members of this House can shrug their shoulders and say that this is not an urgent debate. It certainly is, Mr. Speaker. We think of what's happened since 7 o'clock this morning, how this

job action has progressed, how this job action has progressed since 1:30, whenever we resumed sitting this afternoon.

We think of Calgary. Emergency wards are screening admissions and having to turn away 25 percent of the people. This is a crisis. It is a crisis. In Calgary the regional health authority is already planning to move patients to facilities outside the province. Families and patients that have planned with their health care providers for months to access the specialized services that are only available in Calgary and Edmonton are now throwing months of planning out the window. These families come from Little Bow. They come from Peace River. They come from Cold Lake. They come from Whitecourt. They come from Sangudo. They come from Medicine Hat. They come from Bonnyville and Barrhead. All of these families are affected by this job action.

Now, whenever we are talking about urgency, we must deal within the administrative competence of this government. The government appoints the regional health authorities and the mental health boards. The government provides the funds. The government shapes labour climate and codes . . .

3:10

THE SPEAKER: Thank you very much, hon. member. [interjection] Please. That's enough.

I'll recognize one additional hon. member from the opposition side on this point after I hear from the hon. Minister of Health and Wellness on this point.

MR. JONSON: Yes, Mr. Speaker. I would just like to briefly comment with respect to this particular motion. I think it is essential that the bargaining process be re-established and proceed. I do not think it is necessary to comment on what is an established process, one which the employers and the Department of Human Resources and Employment are working very hard to resolve.

I would like to just indicate that there are a number of important initiatives related to the concerns that have been raised across the way, Mr. Speaker, already under way and already showing results. First of all, the government has reinvested significant dollars in health, but specifically we have targeted with those dollars the hiring of additional frontline staff, which complements the needs of the system and particularly the working situation as far as employees are concerned.

Secondly, Mr. Speaker, we have worked with Professions and Occupations through our overall health workforce planning activity to make sure that they are involved, that they are consulted in terms of planning for the needs and the numbers in our health workforce.

Thirdly, I think very important to this issue, a great deal of work, Mr. Speaker, has gone on with respect to the development and the passage in this House of the health professions legislation, which has been a tremendous accomplishment in terms of bringing into one legislative framework on a more or less equal basis the different professions and occupations and defining their professional responsibilities. That has been, I think, a great achievement in terms of recognizing the talents and the capabilities of the various occupations and professions.

The health workforce is increasingly involved in our planning activities, our consultative activities in this province. So that recognition of our health workforce and its valuing is something that is being attended to, Mr. Speaker, and I think we need to recognize that, and we have a bargaining situation in which there is the mechanism in place to settle it and to deal with it.

THE SPEAKER: I'm going to consult with the House leader of the Official Opposition. We've heard two members from the Official

Opposition with respect to this. It is a motion of the Leader of the Official Opposition, and I said that I would only recognize one more. I take it the hon. Member for Calgary-Buffalo is choosing not to participate in this?

MR. DICKSON: That's quite correct, sir. I'd ask if my colleague would be able to participate. She's prepared to do so.

THE SPEAKER: Okay. I'll recognize the hon. Member for Edmonton-Meadowlark with the condition already provided by the chair in terms of the brevity and urgency. It's not a debate.

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, believe that the matter before us is in fact a matter of clear urgency and meets all the requirements set out in the sections which have been outlined by the leader and by the labour critic. In accordance with *Beauchesne* 387, the question of what steps must be taken to prevent further harm to the citizens of this province by the government's mismanagement of the public health care system is specific, requires . . .

THE SPEAKER: Hon. member, please sit down. You know, this is driving me nuts. That's not what your hon. leader's motion says. [interjection] No, it doesn't.

MS LEIBOVICI: It's specific and requires urgent consideration. It is within the administrative competence of the government and is needed because there's been no other reasonable opportunity for debate in this Legislative Assembly. What we are saying is that there's a requirement for debate in this Assembly because there have been no other opportunities to deal with the substance of the problem; that is, "what steps must be taken to prevent harm to the public health care system." What we have not heard, even in the responses from either the minister of human resources or the minister of health . . .

THE SPEAKER: Hon. member, please. You're dealing with the chair. Nobody else is responding. This is a decision of the chair. That's who will make the decision. So stay on brevity and urgency.

MS LEIBOVICI: In fact, what is required is a debate around the issues of "what steps must be taken to prevent harm to the public health care system," steps such as looking at a fair, level playing field with regards to negotiations, issues of fair compensation, issues of contracting out, issues of training and retention. These are steps that must be taken with regards to the strike that is now occurring by the 10,000 health care providers within this province.

We need to adjourn the ordinary business of the Assembly to discuss this matter. The reason that it is of urgent public importance should be obvious to all Members of this Legislative Assembly. We have numerous patients and prospective patients who have been either discharged early from health care facilities or not admitted for planned operations that were to occur. We have in fact numerous cases of individuals who have been affected by the impending strike as well as now by the strike. The issue of urgent public importance should be self-evident to everyone within this Legislative Assembly.

Thank you very much.

THE SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. The motion is neither urgent nor appropriate at this point in time. It's not appropriate because we're in the middle of some very significant and tenuous negotiations. When I say we, I'm not talking about the government.

I'm talking about the employers, and the employers are the 17 health regions across the province. They're at the table. The mediators are . . .

THE SPEAKER: Hon. Government House Leader, please. The purpose of a Standing Order 30 recognition is to convince the chair of the merit of the vote. [interjection] Hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Yes.

THE SPEAKER: You're recognized.

MR. MacDONALD: Thank you.

THE SPEAKER: For what?

MR. MacDONALD: I can continue with . . .

THE SPEAKER: No. Please sit down. You know, what is really amazing about this place is that it's easier to talk your way out of it than ever talk your way into it.

Standing Order 30 deals with urgency and brevity, and the chair will do the right thing according to the rules.

Hon. Member for Edmonton-Gold Bar, you can talk your way right out of this place with no great difficulty.

The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. The question of the illegal strike which is in place is no doubt important to Albertans. The question is: is it urgent that we have a debate about it in the House today? Is it an urgent issue which would suggest that we adjourn the business of the House to deal with that issue? I would suggest to you that it's not urgent for these reasons. We've spent the last six months talking about health care policy, which is within the administrative competence of the provincial government. We have talked about health over the course of the month of April almost to the exclusion of all other topics. We've talked about health care and health care policy in question period for the last two months that this House has been in session.

What's happened today is that there has been an illegal strike. Others may want to call it a job action or try and ride the fence, but it is an illegal strike. The reason why it's inappropriate for us to discuss that in the House this afternoon is because it's important that the employers and the employees get together and come together to a reasonable conclusion of this, a reasonable settlement of the issue, and get back to work. That's not the government of Alberta. The employers are the 17 health regions. There are court actions in place both by the unions and by the employers to deal with various aspects of this issue. Those are in front of the courts today.

3:20

On the whole question of whether we should be discussing the possible resolution of the strike, we should not be engaging in collective bargaining in this House. We should be leaving the collective bargaining to the people at the table. We should be dealing with and trying to resolve this matter rather than trying to make political statements out of an unfortunate situation. The health authorities across the province have contingency plans in place to deal with the innocent third parties who are suffering because of this illegal job action, and it needs to be dealt with in that context.

Mr. Speaker, is it urgent for us to have a debate in this House today? No, it's not urgent for us to have a debate in this House

today. It's not because the issue isn't important and not because it isn't of public interest but because it would have the possibility of disrupting the normal conclusion and the immediate and speedy conclusion of collective bargaining so that we can get this issue dealt with in an appropriate manner.

THE SPEAKER: The Standing Order 30 application is a very serious application in the sense that it basically says that the ordinary business of the House, which is announced days before, should now be abandoned. It means that in its place a certain other order of business should take place. In the case of the agenda for Wednesday afternoon, there's considerable private members' business that has been scheduled, announced. It is not taken lightly by this chairperson. Under 30(3) it says, "Shall the debate on the urgent matter proceed?" If in essence the chair basically suggests that the debate will go forward, it means that a number of private members who've worked very, very hard in putting business before this Assembly will find that their efforts will be postponed. That's why it is not taken lightly. The chair has indicated time and time again that he would always, always fall back in support of the private member and ensure that his or her motivations and desires and objectives are met.

Now, the chair has listened very carefully to the arguments put forward with respect to this issue of urgency of debate on this application, which basically says to adjourn the ordinary business of the House, brought forward by the hon. Leader of the Official Opposition. Firstly, I would like to indicate that the chair did receive notice that this application was made earlier this morning, received in the Speaker's office at 10 a.m. In essence, notice was given, and it certainly has met the requirements of Standing Order 30(1). A particular version arrived at 11 o'clock. Consultation was then provided with the House leader of the Official Opposition with respect to certain wordings, and when the Routine was addressed this afternoon, the motion that was actually addressed in the House by the Leader of the Official Opposition was significantly different from the proposed motion earlier this morning, but that still meets the requirements and meets the conditions that the chair had asked with respect to this matter.

On the issue of the urgency of debate. Very simply, there is only one argument: is there another opportunity to debate this issue? Quite frankly, according to the Order Paper there is no other opportunity for this matter to be debated. The chair indicated a little earlier that it's easier to talk your way out of this place than to talk your way into it. In essence, if one would look at the rules and look at the precedents and come up with a one-line argument, that's all that's really required. It's not a debate with respect to this matter.

In the chair's view the criteria for the matter constituting "a genuine emergency," as required under section 30(7)(a), are met. While the chair is not bound by previous decisions on these applications, it is worth noting that on April 30, 1990, the former Member for Edmonton-Gold Bar, Mrs. Hewes, brought an application under the Standing Order with respect to a threatened strike by social workers. It was ruled out of order on that day as being hypothetical. The next day, after the strike had started, she brought a similar application, which was found to be in order, and the question was put to the Assembly.

The chair would also note that there may be comments that will be made, subject to the ruling that will come up within a minute or two, that some of these matters are sub judice. There are some aspects of this issue that may be subject to this rule, but the wording of the motion is "what steps must be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers," which would not necessarily violate the sub judice rule.

I want to reiterate that while the chair is not bound by previous

rulings with respect to these applications, in the brief time available the chair did come across a 1980 ruling by Speaker Amerongen on an application under what was then Standing Order 29 on a request by the late Mr. Notley on April 23 of that year relating to a strike involving the United Nurses of Alberta. In ruling that the request for leave was in order, Speaker Amerongen cautioned members that certain aspects of the issue were before the courts, and he stated at page 534 of *Alberta Hansard* for that day:

I would respectfully ask all hon. members to try to keep in mind the question which is before the courts and to stay away from that question completely in discussing the topic under debate.

He also said:

There is one other aspect to it which I think is also not generally understood. It applies not only to this resolution but to other motions for emergency debate. It's this: in discussing the motion, I hear hon. members – especially the hon. Member for Spirit River-Fairview – saying there should be some initiative taken in this Assembly; that it should accept fully its responsibility. I'm sure all members agree those are two desirable things.

I'm going to give a ruling on this. The ruling is that the request for leave to adjourn the ordinary business of this Assembly to discuss a matter of public importance is in order. Before putting it to a vote pursuant to subsection (3), the chair would remind members that the debate under Standing Order 30 "does not entail any decision of the Assembly."

The chair now puts the question. Shall the debate on the urgent matter proceed? All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

[Several members rose]

THE SPEAKER: Please remain standing.

Hon. members, Standing Order 30(4) says:

If objection is taken to the question, "shall the debate on the urgent matter proceed?" the Speaker shall request those members who support the motion to rise in their places, and

(a) if 15 or more members rise accordingly, the Speaker shall call upon the member who asked for leave.

More than 15 did rise, and the Speaker will very shortly call on the Leader of the Official Opposition, who will abide by Standing Order 30(5):

If the Assembly determines to set aside the ordinary business of the Assembly to discuss the matter of urgent public importance, each member who wishes to speak in the discussion shall be limited to 10 minutes . . .

Ten minutes. That applies to all members.

. . . and the debate will conclude

(a) when all members who wish to take part have spoken, or
(b) at the normal hour of adjournment in the afternoon on that day, whichever is first.

The normal hour of adjournment this afternoon is 5:30.

(6) An emergency debate does not entail any decision of the Assembly.

The motion, again, is the following:

Be it resolved that this Assembly adjourn the ordinary business of the Assembly to discuss a matter of urgent public importance; namely, what steps must be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers.

The operative words for this debate are "what steps must be taken to prevent harm to the public health care system resulting."

The hon. Leader of the Official Opposition.

MRS. MacBETH: Thank you, Mr. Speaker, for your guidance and your decision here today. I would like to address the issue of what steps must be taken to prevent harm. I come to this debate with some experience in the area of strikes in the public health care sector. While I was never a minister of health while a strike took place in the public health care system in this province, for which I am very grateful, I was a minister who followed up on a strike, one of the most crippling public health care strikes in the province, which took place in 1988 with respect to nurses in the province.

Mr. Speaker, when I took over as minister of health, it was clear that the atmosphere was poisoned in the province with respect to issues which nurses felt were essential to be addressed, issues which flowed from the government's decision in 1982 to remove the right of nurses to strike. It was exceedingly important to set up an environment in which the issues could be addressed and where nurses would feel that their value and their important role, in fact their essential role in protecting public health care were addressed. There were some very concrete steps taken at that time, and I think it's important to put some of those on the record, because it is some of those steps, which were later dropped, which have led us to this environment here today on May 24, 2000, in this province.

3:30

First of all, one of the biggest issues on the table was the issue of stress within the workplace. What was undertaken first and foremost as part of a plan was to create what was called the nursing initiative, which was to bring together representatives of the professional body of nurses in our province, the AARN, and other professional bodies as well as the labour and union representatives of nurses, UNA and SNA, which existed at that time, together with people from the public health care sector to look at what were the things that needed to be done to address the issues confronting nurses in their daily workplace. It was an unprecedented step, Mr. Speaker, and a very important combining of both the labour and the professional representation of nurses to address issues of public policy, a model which has been lost in this province over the last several years.

Another very concrete step that was taken was to have a nursing consultant brought in as a new position within the department of health. There had always been a medical consultant in the department of health; however, there had never been a nursing consultant. That, too, was one of the recommendations arising out of the strike and consultations with nurses subsequent to that strike.

[The Deputy Speaker in the chair]

Thirdly, one of the major factors of stress within the workplace for nurses was the lack of opportunity to upgrade their educational knowledge, their educational support for new technologies that were coming onstream, new treatments, new clarification for procedures, something which is a reality in health care. There needs to be an opportunity for nurses and other health care professionals to stay current. So educational leave days were clearly part of that.

Those were just some of the opportunities, Mr. Speaker, that were built into this poisoned poststrike atmosphere which led to some very constructive suggestions as the nursing initiative got under way. I can tell members that really for the first two years of the nursing initiative it was about people beginning to trust that there would in fact be some positive results if recommendations were made. It took two years to establish that trust, and the subsequent two years were an opportunity to put some of those recommendations into action. The process was as important as any response or action that came subsequent to that process.

Unfortunately, Mr. Speaker, many of those initiatives, in fact I

believe all of the three that I have now spoken to, were removed during the cuts of both budget and staff in the early 1990s under this government when it took over. So when we talk about the germ of today's action being seeded or being put in place early in the '90s as the cuts took hold, it is in fact a very real example of what did happen. As we come to today, what are the concrete steps that need to be taking place?

In the meantime, the government appointed regional health authorities, their own agents within the health care system. So for the Government House Leader to stand and say: we're not talking about the government here; we're talking about the employer – the two are in fact the same when we have regional health authorities appointed by this government. They cannot, as they appear to be trying to do, distance themselves from the strike as if it's taking place on some outside planet rather than accept the responsibility for having drawn workers, pushed workers to the point where they will leave the most important thing they have to do, and that is to provide care for the very patients that they have trained for and worked for all their lives.

The issues here are what steps need to be taken by this government to get a resolution to this strike, which is in fact in the greatest public interest and the most urgent public interest in the province. I would say that the first step that needs to be taken is that the government needs to assume the leadership role, assume the responsibility which they have been given, having been elected as the government in this province, but also the responsibility for having made themselves the employer in this case.

I think there are many issues on the wage side, some of which were raised today in question period. I won't repeat them, but there are issues far beyond simply the issue of wages which need to be addressed. The first is: what steps has the government taken to address the quality of the workplace issues which they identified in their own report last spring? Last spring there was a threatened job action by our nurses. Last spring there was a report outlining all of the issues, which I referred to in making the motion this afternoon. Here we are one spring later, the fourth spring in a row where these alternating years of job actions have come up. I think workers are finally saying: "We've had it. We need to have this government listen to the issues that we have been trying to express for so long, and we continue to be ignored."

No one condones an illegal strike. That's why this is such an urgent issue, Mr. Speaker. Certainly we in the Official Opposition do not condone an illegal strike, but what's missing is the government taking some responsibility for the strike having come to this point and for the issues behind the reasons that it's become so heated.

In addition to addressing quality of workplace issues, the second issue is to address the question of concrete steps that are being taken on the recruitment and the retention and supply of nursing personnel: RNs, LPNs, auxiliary help workers, and others. What steps are being taken to address those shortages? We asked a question today in question period, because of the Premier being in attendance at the Western Premiers' Conference, whether or not these issues of workplace retention and recruitment were being addressed by other western Premiers, who are obviously facing the same issues. We didn't get an answer to that question, Mr. Speaker. We asked it as a very responsible one and one that we think Albertans need some answers on.

Mr. Speaker, what step needs to be taken is that this government needs to signal that they are prepared to start addressing some of the issues that have been identified by nurses. Those are the key issues within this strike, and we will look forward to hearing what steps government intends to take.

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

MR. DUNFORD: Thank you very much, Mr. Speaker. In speaking to the motion and particularly to the steps that “must be taken to prevent harm,” which is part of the motion, I think it’s imperative that again we all understand and acknowledge that the strike of the 10,000 health care providers is an illegal strike. Now, 24 hours ago there was a table, as we refer to it, an employer, and a group of employees that actually did have the right to strike, but it was the view of the government and of this minister that it was prudent and necessary to establish a disputes inquiry board so that we could try to effect a settlement at that particular table, which, for the benefit of the members, was the mental health group.

3:40

Now, unfortunately for the situation, the disputes inquiry board never had an opportunity to engage with either the employer or the employees group. Under the particular rules, even though the employees involved had an opportunity to go on a legal strike and actually had given notice, once a disputes inquiry board is put into place, a strike or lockout cannot occur. Unfortunately, Mr. Speaker, what happened this morning at 7 o’clock was that when that group decided to participate in this job action, they in fact no longer had a legal basis. They were now out on strike on an illegal basis. So there should be no confusion here in this Assembly or amongst the citizens of Alberta that all workers that are currently out on strike are participating in an illegal strike.

So it would seem to me that the most important step we could take, then, in trying to prevent harm to the public health care system is of course to get the people back to work. What is being forgotten here, it seems, in the debate that I’ve heard this afternoon from opposition members – not once has there been any indication of concern raised about the innocent third party to this particular situation. Mr. Speaker, the innocent third parties here are those people and of course their families who in fact need the care and attention of the health care providers in this province.

In any discussion of the steps, opposition members can go on and on and on about what should have been or could have been, but the key here is: what is best right now, today, for that health care system? That, of course, is for the union to cease and desist immediately their participation in an illegal strike. It’s now just before 4 o’clock. I don’t know the particular shift schedules that are involved, but if the afternoon shift would show up for work, then the urgency and a lot of the concern about harm to the public health care system of course would be taken care of. Now, this would not remove the responsibility of the employer or the union to arrive at a negotiated settlement. To that end it is the hope of this government that that will be the final result, that there will be a negotiated settlement between the parties involved in these disputes at these four particular tables.

I can assure you, Mr. Speaker, as a person that has spent some 25 years involved, quite intimately at times, in the field of labour relations, that the best settlements are the ones that are arrived at by the parties negotiating with each other at the particular table. Settlements imposed by an outside force – and in this case, of course, it would have to be the government through its implementation of arbitration proceedings – are satisfactory in the sense that it resolves the particular situation, that there is now a contract in place, but people have to live with that particular contract, then, for the period of whatever that agreement is. The particular one we’re talking about here today is two years, so for two years people would have to live with an imposed settlement.

Now, one of the steps, if we have to somewhere down the line through the means that we have in current legislation and regulations, would be to have an imposed settlement. But my wish today, Mr. Speaker – and I’m speaking, I believe, on behalf of all the government members – is that it is our desire that the parties take the step of returning to the bargaining table, with the support of mediators provided by this government, and that we in fact arrive at a settlement. If it is too naive to think that the afternoon shift can show up for work, certainly the coming night shift would be able to, and we would have this situation behind us.

Again, I want to use what portion of time I have and say that the innocent third party here has to be taken into consideration. It is and should be the first priority of this government. It should be the first priority of the employers involved in this dispute, and it should be the first priority of the union that’s involved in this dispute. It has to be the first priority of those wonderful health care providers that provide for the care and attention of our loved ones that happen to be in a situation where they do need our support and our care. Mr. Speaker, there’s one step that resolves that immediately, and that is of course the return to work.

The employer, of course, is doing what they can, given the tools that they have in their tool kit, through current legislation and regulation. They have gone to the Labour Relations Board, as required. They’ve asked for, applied for a cease and desist order. They received approval on that cease and desist order. They have taken that order, and they’ve gone to the courts. The courts have approved that cease and desist order to the point of even serving notice on the president of the Alberta Union of Provincial Employees, who of course is the bargaining agent involved in all four tables that are currently under way. So the employer in this particular case, given the illegal strike that is currently taking place, is taking the steps that they have to in order to bring resolution and an end to this illegal strike.

Mr. Speaker, when we talk to the motion, when we talk about steps to prevent harm to the public health care system, just once today – just once – I would like to hear a member of the opposition stand up, rather than saying mealymouthed and wishy-washy, “We don’t condone an illegal strike, however, but, whatever,” and in clear terms just have the courage to say that your number one concern is the innocent third parties that are involved here and that you along with the government call upon this union to immediately cease and desist this illegal work action. Do you have the courage to do that? I hope so.

MRS. SLOAN: I’m more than happy this afternoon, Mr. Speaker, to rise and assume the challenge that the minister of human resources has put out. Let me clearly state for the record that I am in this House because as a registered nurse in the system between 1993 and 1997 I saw the degree to which this government was prepared to sacrifice public safety in waging their war on reducing the deficit. That is what drove me to be in this Assembly.

Now, let’s also be clear this afternoon that LPNs and other health workforce employees do not want to strike, nor do they as a profession defy the law lightly. But nurses, technicians, aides, and support staff are committed first and foremost to their patients, Mr. Speaker, to the public that they serve on a daily basis. The reality that they have lived with since at least 1993 is that they cannot provide safe care that is in compliance with their standards of practice and their code of ethics. We need a plan in this province, a comprehensive plan, and we need steps to achieve that. That has been dramatically and starkly absent in this government’s agenda as long as I’ve been in this Assembly.

3:50

These employees work every day in an understaffed environment where the acuity of patients has risen dramatically. They have more responsibilities with less supports, and most of all, Mr. Speaker, they work in an environment where they are undervalued and not respected. And this government, by ignoring and ducking these issues not only at this table with AUPE but at previous tables with registered nurses and with laundry workers in this province in the health care system, have compounded the problem that we face today.

The public will ask: what is the government's plan, what is their agenda, and why do we seem to have this repetitive cycle of strikes?

Speaker's Ruling Relevance

THE DEPUTY SPEAKER: Hon. member, I thought you were setting up for getting to the steps. The Speaker has indicated on a number of occasions and I will repeat that what we're talking about is the motion of the hon. member's own leader: "what steps must be taken to prevent harm to the public health care system resulting from the strike." That's what we're on, if we could remember that.

Edmonton-Riverview.

Debate Continued

MRS. SLOAN: Well, let's start, Mr. Speaker, by stopping posturing. Let's stop posturing on the government side of the House. Let's stop posturing with the appointed regional health authorities. The posturing is absolutely intolerable. In response the union postures, and meanwhile the public is not receiving care. They are not receiving care because we do not have an overall comprehensive plan for the delivery of safe health care in this province. We do not.

As referenced by the Leader of the Official Opposition this afternoon, in 1999 the minister of health, his department, commissioned a report conducted by regional health authorities on what the issues were in the health workforce. They came back with a comprehensive report containing recommendations and summaries of what needed to be addressed, and we have not seen a stitch of action on that report in over a year's time, despite the fact that in repetitive government documents and the Speech from the Throne we hear again and again how committed this government is to the health workforce.

Well, these employees and the public are looking for concrete action, Mr. Speaker, and not at a time of crisis. They're looking for a government that's prepared to take on this challenge and put out a plan, commit themselves to it, and get it working. We need strategies in the workforce in the healthcare system that will rebuild relationships that have been damaged over the last eight years, strategies that will instill value and respect for these professionals and the job that they do on a daily basis. The public unquestionably values these employees, yet when it comes time to negotiate their collective agreement, they come to a table where they are scorned and ridiculed, and their proposals are dismissed by the government's appointed authorities. That is just not acceptable. What it is is a misstep.

As I indicated earlier, the time for posturing and the old traditional confrontational collective bargaining is long since past. The public recognizes that we have issues in the public health care system. The last thing we need is job action, yet the government seems to want to resort to letting that happen every time, and the public keep asking: why is that the case? Well, what I have seen, what has been demonstrated to me is that this government has a desire to de-skill, to ratchet down the health workforce, and in essence what they have

done over the course of the last eight years has stimulated that happening.

The health workforce rebalancing project and the health professions legislation were all constructed to create a melting pot, if you will, to remove the definitions of work. What does that achieve? Well, it achieves a reason for the government to collapse bargaining units under the Labour Relations Code. And what does that achieve, Mr. Speaker? It allows, then, a collapsing of the collective agreements and a collapsing of the gap and a reducing of the salaries paid. It's common knowledge that there is a variance between the hourly wage of a registered nurse and a licensed practical nurse of somewhere around \$8 to \$10. If the bargaining units are collapsed, what does that allow the government or its appointed authorities to do? It allows them to try and amalgamate those collective agreements and achieve savings.

We know that the Department of Learning has been in discussions with previously the provincial Council of Licensed Practical Nurses, now called the College of Licensed Practical Nurses, and they have been discussing increasing the curriculum seats for licensed practical nurses at a rate of approximately 400 new seats. This is in contrast with the request made by the faculties of nursing for approximately a 60-seat increase in their curriculums, which to this point in time has been refused by government. So on one hand we have the government all the while acknowledging that LPNs are a cheaper form of classification. They're willing to contemplate increasing their seats in the colleges and training facilities across the province by about 400 and thereby reshift, if you will, the provision of nursing care in this province to a classification which at this point in time is less costly. That, Mr. Speaker, really speaks to what the agenda in fact is, a way of de-skilling and reducing costs in the health care system.

To summarize, we need a comprehensive plan in this province to address the critical and growing nursing shortage, addressing both licensed practical nurses and registered nurses and psychiatric nurses, something that has been raised multiple times, but we have yet to see any concrete action to address it. Most certainly, this strike that the province is now facing is another symptom of problems that riddle the system, and the only way in which we're going to get on with addressing them is for the government to assume their leadership role.

The other step that the government might contemplate taking sooner rather than later is instituting accountable and responsible governance in the health care system. We've seen reports this spring where some regional health authorities are now spending up to 40 percent of their budgets on administrative costs, and there is nothing, Mr. Speaker, that outrages frontline employees more than to see exorbitant amounts of money spent on bureaucracy while they're existing at the front line on a shoestring. If this government truly values the delivery of safe patient care in this province, they would re-examine where they're putting their money. That clearly is out of step at the moment with the principles and the policies that the hon. minister of health and the minister of human resources have continually spoken about. The front line is dramatically underfunded, while increasing amounts of money are being poured into the bureaucracy, 17 unelected bureaucracies that were created by this government around the province.

We also know that as a result of all of these things, the work environments in health care have not become healthy at all, and that has contributed to the government and their authorities paying out increasing amounts of money for sick leave and stress leave for the health workforce. That was clearly known when I was in the field in 1997, yet we again do not see any concrete steps to address that problem. Those are the types of things that need to be done.

A strike unquestionably is risky for the public, for the government, for the system as a whole. Also, Mr. Speaker, it wastes valuable time and money, both of which should be focused on strengthening the system for the future. The public health care system in this province needs strong leadership from its government, and, most importantly, it needs the collective energy and commitment of government and health care professionals to construct its future. The government has a responsibility to configure and facilitate the environment to achieve that, and I would be most supportive of efforts and steps that would construct that reality.

Thank you very much.

4:00

MR. JONSON: Mr. Speaker, I'd like to first of all just outline, I think, the very significant steps, processes, and activities that the government does have in place with respect to recognizing and involving the professions and occupations in this province that participate in delivering health care. I think I touched on it briefly in my earlier remarks, but one of the major, major initiatives – and the government provided leadership here, particularly the work of the Member for Medicine Hat as chair of the committee that worked long and hard on providing the health professions legislation in this province.

One of the most important challenges that we have in the health care system is to bring understanding and respect and similar rules and similar privileges to the professions and occupations within their various scopes of practice. This has been a major, major initiative, I think, in terms of recognizing not just the doctors and not just the nurses but the licensed practical nurses, the dietitians, the other people who are part of the health care team in this province. I think that as that legislation is more fully implemented, it will have major benefits for the health care system, something that as far as I know has not been undertaken or moved this far in any other province in Canada.

Secondly, Mr. Speaker, we have an initiative under way and have in place an overall approach to workforce planning in terms of the numbers and the locations with respect to the overall health care workforce. There is representation in that overall planning activity at Alberta Health and Wellness from those people who are representative of those in the field, so to speak, as frontline staff. Here we are looking at the future needs of the health care system in terms of, first of all, education and training opportunities and of course also relating those to the projected needs of the system. As well, when we're doing that, we look at the professional development needs, a term we use in education, with respect to our overall approach to workforce planning.

Connected to the workforce planning initiative, Mr. Speaker, it's been demonstrated now in two consecutive budgets and government business plans through Alberta Learning that we are significantly following up on our workforce planning, that we are significantly increasing the education opportunities in our postsecondary institutions for the health workforce in this province. Yes, certainly we need to plan for the future. We need to plan for the added numbers, and we also need to plan for the retirements which will no doubt occur. But this is a recognition, I think, of the value of the people in the workforce: the need to plan for proper training opportunities there.

Then in the last budgets, Mr. Speaker, we do recognize that as our population grows, as the province through its good financial management and its strong economy is able to reinvest significantly in health care – we've put a priority on hiring more frontline staff. In the last business plan that was completed, we in fact exceeded our target of adding, as I recall we said, 1,200. The number was

somewhere in the neighbourhood of 1,300 or 1,400. Those people who came into the workforce were in different categories, different occupations and professions, but certainly they included, for instance, the licensed practical nurses that have been referred to here this afternoon. So we do recognize the need there, we are taking action on it, and we are producing results.

With respect to the overall area of professional development opportunities within the regional health authorities – and I think I'm somewhat familiar with all of them now – there is a dedication of time for different professional development activities. Certainly when it's a matter of new equipment, new procedures, and in some cases new drugs, there is the flexibility and the opportunity within the system to prepare people to use them, whether it's new equipment or a new treatment procedure. That is something that certainly we as a provincial government, through Alberta Health and Wellness, recognize has to be there.

While the health care system I recognize is a very complex one and there's a great deal of meeting and planning and this sort of thing, I really challenge the statement from across the way that our overall administrative costs have risen compared to the overall dedication of money to the health care system. Our figures show consistently over the last three or four years that the administrative costs of regional health authorities are typically 5.5 percent, a little higher in smaller regional health authorities where you don't have the same economy of scale. Nevertheless, that is, I think, a reasonable proportion and does not indicate that administration is taking away from resources going to overall staffing.

In addition to formal training, in addition to broad professional development opportunities and those which are specific to certain changes within the system, we also have to recognize that all of our workers should have those types of opportunities, particularly when we are talking about changes which are occurring in the system. I think a good example is that, as has recently been announced, we have reinvested significant dollars into the whole area of long-term care. We do need and have dedicated some of those funds to upgrading, if you can use that term – I would term it occupational professional development – and providing time and opportunities at the long-term care centres or at the community colleges, whatever works out in particular parts of the province, for additional education and updating on the best approaches and practices with respect to the care of our seniors, Mr. Speaker.

So I think it is demonstrated that we do value our health workforce. We are, as resources are available, expanding it, Mr. Speaker. We do recognize the need for opportunities for professional and occupational education and improvement. That, I think, is very much part of our priorities in terms of the health workforce.

Now, Mr. Speaker, I think that overall we've demonstrated that we are making health care a priority for this government, because it is a priority with Albertans. The budget recognizes that we want to improve and expand the health care system, but we want it to go into the services that are needed for the population of this province.

I certainly respect the bargaining process, Mr. Speaker. I think it should be followed through on in the way it is set up to and intended to. We certainly are taking very, very seriously our responsibility to provide for the proper climate and the proper resources in the health care system. Nevertheless, there is legislation which provides a legal process by which collective agreements can be arrived at. I have had experience on both sides of the overall collective bargaining process. It does work. There is a process here, and the fact of the matter is that that process should be used and adhered to and we should not be faced with illegal job action.

4:10

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

DR. PANNU: Thank you, Mr. Speaker. I would like to speak to the motion before us. Earlier today, during the question period, I did draw the attention of the House and the minister of health and the minister of labour to the real crisis that we find ourselves in. I'm gratified that the Speaker this afternoon recognized the gravity of the situation, the urgent public importance of the crisis, and the steps we need to take to ensure that for not just one group but for the health care system altogether, with all the participants involved in it – patients, families, health care workers, and the system as a whole – the harm that could result as a result of this strike is prevented.

It is true that 10,000 health care workers in this province are on strike. It is true that the strike is illegal. In fact, that very fact, recognizing that 10,000 Albertans – and these are not rich and powerful Albertans. These are mostly women. I was at the University hospital site at noon today, and about 99 percent of these workers who are on strike are women. The fact that they have taken such a huge risk to go on strike shows the degree and the depth of the frustration and discontent that is there at their place of work, discontent and frustration that they experience on a daily basis. That is why they have decided to go on this illegal strike. All the consequences that can follow from this are well known to them, yet they have made their decision.

That's why this Assembly needs to pay special attention to the conditions that prevail in our hospitals, in our health care facilities and how those conditions need to be addressed if we are to fully and successfully address the issue of what steps need to be taken. Steps that need to be taken have to be in relation to the conditions that created the situation that we find ourselves in, conditions which result in actions which could irretrievably damage the health care system.

So rather than putting the blame, as I found in a news release that just came to me this afternoon from the Provincial Health Authorities of Alberta – it's a news release that is strident, that is intransigent in tone. It's a news release that tries to place blame on the workers, on the employees, the representatives of whom this association is trying to bargain with. I think it's that poisoned environment, this polarized work situation in the health care workplaces that has to be addressed if the system is to be protected from the harm that may result from the strike that started this morning at 7 o'clock. So the conditions at the workplace, the ability of the professional workers to respect both their professional ethics and obligations to the patient as well as their obligations to the contract to which they're a party can be maintained, those are the kinds of conditions we need to address.

The health care workplace is not an ordinary workplace. It's a workplace where the health interests of real human beings are taken care of, where care is provided, and the quality of that care must be as high as we possibly can guarantee. We all know that it cannot happen if you have a workforce that's overworked, if you have a workplace that's understaffed, if you have employees who are discontented, who are unhappy with the way they're being treated, with the way they're being rewarded, with the way they're being recognized for the value of the work that they provide.

It's not enough to say that these are essential workers. That's a legal definition. Sure, they're essential workers, and because they are essential, therefore, according to the laws of this province – and this is one of the few provinces, by the way, Mr. Speaker, which has this complete ban on essential workers' ability to strike. Although I heard the minister of health talking about how he respects collective bargaining, at the same time I didn't hear him say that he regrets the fact that in this province we have a law which bans completely, under any circumstances, health care workers from going on strike. In fact, taking away the right to strike is striking at the very roots of the collective bargaining process.

We know that this law which bans essential workers, health care workers from striking hasn't worked. From '89 on we have fairly good cumulative experience which shows that it doesn't work. In fact, it polarizes the situation. It leads to illegal strikes. This is the fourth time that this has happened in this province, so why don't we learn something from it?

I was accused by the minister of health this afternoon of being doctrinaire. Now, I want to ask the Assembly, I want to ask you, Mr. Speaker: who is being doctrinaire? Doctrinaires are people who don't learn from their own experience, who don't respect the actual results of their policies and actions, learn from those actions, and change those actions if necessary. So what we need to do is to focus on taking measures now that will help us protect the system from any further wrong.

What kind of harm will result, Mr. Speaker, if we don't deal with the strike effectively now? If we don't resolve it amicably, if we don't bring about some sort of conciliation among parties, the first harm that will result to the system is in the form of disaffected workers who will have no commitment to the workplace. They will at the earliest opportunity want to leave the place. The so-called brain drain, workers running away from our hospitals and from our health care facilities, is a problem already. This is happening under conditions in which already there is a nursing shortage, a health care worker shortage in the province.

The most serious harm to the system could result from workers who are dissatisfied, workers who are not valued for what they do, workers who are banned from striking, workers who are threatened with their rights being taken away. That will result in further harm to the system. So what we need to do as an Assembly is make sure that those conditions don't prevail, conditions that create that kind of discontent and disaffection with the work situation.

We also, Mr. Speaker, in the longer run need to do something to repeal this law which takes away the right to strike of these workers. It doesn't work. Let's find some other ways. Let's put our heads together and see if we can find some way that will help us deal with situations or stalemates in bargaining in places where health care is provided. Banning strikes is not the answer. It doesn't work. It has failed completely. Let's learn from this evidence.

What we know in the short run, Mr. Speaker, is to ask the minister of health and the minister of labour to take the responsibility for the conditions that prevail in the workplace in our health care system. This government's own policies, own actions have created those conditions. Unless that responsibility is first acknowledged – that, yes, we are responsible for part of the problem, for most of the problem – no action will follow. The first action is for the government to recognize that it is responsible for the conditions of crisis that presently we find occurring in the system. Having done that, then of course the two ministers must say: "From today on we'll take a proactive role. We won't just let labour relations apparatus kick in. We won't let courts decide. That will not decide the matter. What's needed is a concerted political action." That action is missing. That will be missing at the moment.

So what we need to hear from the minister of labour and from the minister of health to resolve this strike so that the system is prevented from being harmed is the following. They will call on both parties today, now, to come to the table. Two ministers will be available; they will make sure that the negotiations go on and the parties don't leave the table until a settlement is reached. That's what's needed, a proactive government committed to defusing this very, very difficult and conflictual situation. That's the only way we can prevent the harm that may result to the system if this strike goes on.

I was listening to the minister of health. He talks about profes-

sional development opportunities that RHAs are beginning to provide. To me, that doesn't hold any water. The real issues are of job security, of wages, of casualization of work. So I say: let's take both the short-term action and long-term action.

Thank you.

4:20

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

MRS. O'NEILL: Thank you very much, Mr. Speaker. I'd like to take a little bit of time this afternoon to respond to the resolution that is before the House. First of all, though, I would like to preface my remarks by commenting on the fact that I believe and I know my colleagues believe that the professionalism and the attention to task and the skills that licensed practical nurses are capable of performing and indeed do perform on their jobsite and in their workplace are very much appreciated. I'd also like to take this opportunity to commend the upgrading, the increased skill sets they have received, the further depth of their training that has most recently given them the opportunity to expand their scope of practice.

However, that's not what we are talking about today. In fact, I think the time that we spend here in the Legislature is not an issue of looking back in the past to see what people did that they thought was best, what people think they could have done in the past, nor of chastising government or those responsible in the health regions for actions that have been taken. Instead, we have in front of us a resolution that says that we should discuss and be discussing "what steps must be taken to prevent harm to the public health care system resulting from the strike," this illegal strike which we are indeed in the midst of.

This illegal strike is the result of a labour dispute, and if we are going to speak to the urgency of the issue, because we have suspended the regular Orders of the Day in this Assembly, then I feel we speak directly to what is the point at hand. If we are to say what steps are going to be taken, I cannot stress more accurately and more directly what the minister has spoken of with respect to how we should look to the parties getting back to the table. That is the best way, the only way that this illegal strike action can be terminated.

I believe that you respond to a direct situation at hand by suggesting what can be done immediately, and for that reason I think that we here in the Assembly are not in a position to address a labour dispute. We either respect the process or we don't respect the process, and the process that is before us is that we have two parties in a situation of dispute . . .

MRS. SLOAN: A 5 percent rollback didn't respect the process.

MR. SMITH: Negotiated. Negotiated.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Hon. Member for Edmonton-Riverview, hon. Minister of Gaming, if you wish an opportunity, one has already taken it and doesn't get a second opportunity; the other has yet to do so. Right now we do have the hon. Member for St. Albert, and following that, other hon. members will have their chance.

St. Albert.

Debate Continued

MRS. O'NEILL: Thank you, Mr. Speaker. As I was saying, I do believe there is a process we should be respecting. The process is that there have been negotiations going on, and what we see right now are those people who are responsible for their own actions and

have therefore chosen to go on strike, and that we have to hold them accountable for. If people choose to go on strike, on an illegal strike, then we here in this Legislature have the responsibility to suggest that they do what the process warrants they are able to do, and that is to have them come back to the table and to discuss the issue.

We are not here to resolve a labour dispute. This Chamber is not meant to do that, nor are we mandated to do that. Instead, we have laws. We have a situation in place where we have mandated those who are responsible to represent their organizations, if you will, or the employer and the employees' associations in this case, and we should be looking for them to return to engage in the action that the system has designated they should be doing.

I'd also like to take a moment here to reflect on the fact that I have never believed that responsible people use other innocent people to achieve their own end. However admirable it is that individuals who are employees in these various groups and who are represented at the table by their negotiating . . .

THE DEPUTY SPEAKER: We're on the resolution.

MRS. O'NEILL: Okay: taking steps. Thank you, Mr. Speaker. I apologize.

The steps that we are looking for them to take and we would hope they would take and we would use the opportunity in this Chamber to encourage them to take would be to return to the table so that they can specifically address and negotiate across the table the agreement that they so desire. However, in taking those steps, I do not feel that others should use innocent third parties, particularly in this case those individuals who are fragile, who are sick, who are vulnerable within our community, use them or put them at risk by therefore engaging in an illegal strike.

So the steps that have to be taken are for their leaders to return to the table. I've said it often. I'd like to say it one more time. Unless we here in this Chamber respect the agreed upon process, then we, in suggesting that other steps be taken, are stepping outside of what was originally agreed to.

Therefore, I make my case, finally, in repetition by saying that our voice should only be to say: let those parties who are engaged in the negotiations return for the benefit of those who are the employees, for the benefit of those who are the employers, but, most importantly, with respect for those who are the individuals who we trust are to be cared for within the health facilities in this province.

Thank you, Mr. Speaker.

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

MR. GIBBONS: Thank you, Mr. Speaker. I'll be brief, but I'll be to the point. I have a lot of different facilities in my constituency that are being affected by this today. We have St. Michael's extended care. I have the Alberta Hospital Edmonton, and I have lots of constituents that work in the hospitals in Edmonton.

This is a very concerning thing. I'm not saying that I condone illegal strikes, but I do feel that there is a negotiation that should be done here. We've been witnessing over the last week or so that there's been a lot of finger-pointing. There's been a lot of playing games in the media, and the fact is that both sides should be negotiating with the responsibilities they carry forward to the table. This government is passing the buck to the 17 health regions, and we should be doing it right here out of Alberta Health.

This government has the responsibility as the employer to these people out on strike today. Whether we want to keep saying that it's an illegal strike, it is that they are not working today, and we have

people in our facilities that we should have back working, taking care of patients.

We have people that really have lost hope. They have no other recourse but to walk out to show that they should be able to negotiate at the table. We have a government in place that for the last many years has just totally had no concern and wants to union break.

I have never had a union back me up; I've always been out there on my own. But the fact is that I do know that we'd be still back in the 1974 dark ages in the health system if there weren't unions. They have supported their people. There are negotiations that have been done over the years on bad working conditions, bad management skills of the people being put in charge of them. At the same time, without saying that I'm totally a huge union supporter, I do believe that there's a place for them.

4:30

What we seem to have lost, in all these years of downloading and trying to point the finger at health as being the only problem why the provinces and the country have gone into debt, is the fact that health is the major thing. We brought it up in Bill 11. Very important debates were put forward on how important the workers are, how important the health system is, and how there's been a void in the system over the last number of years, a void of lack of training, a void of lack of people. We should be looking at the LPNs and their training system of cross-training, going in and being the OR techs working in the ORs today. There's been lots of good training toward a system. But at the same time, how do we regain the void that we've had of the lack of nurses, the lack of staff: 10,000 health workers let go in a matter of three and a half, four years, 8,200 nurses.

They're out there for a reason. They're out there because they have in desperation depended on their union to bring something forward to them. I feel that this is a very important motion that we should be looking at, pointing out that we as governing representatives of this province have to recognize that we have to get them back to the table, that we have to get them back to negotiating. We have to let a system play out that does not have the dollars and cents and the power that we have behind our public affairs in this province to defeat people's will so that they're going to accept anything.

So for those constituents I have, with St. Michael's and Alberta Hospital Edmonton in my constituency, this is such an important issue that I do hope that every representative in this Assembly will talk of the importance of this today.

Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Government House Leader, followed by the hon. Member for Edmonton-Rutherford.

MR. HANCOCK: Thank you, Mr. Speaker. It's important to talk about what steps could be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers, and I think it's been pointed out by some of my colleagues that the most important step that could be taken is for the illegal strike to end and to end now.

In saying that, I'm not putting any blame or pointing any fingers at anybody in terms of who's at fault. I'm just re-emphasizing that there's a reason it's illegal to strike in certain essential occupations and certain essential places. Providing health care services to Albertans is a very, very important business, a very, very important service, and it's something which has been deemed essential. There are innocent third parties who get hurt in the process, so it's been determined in the past that having strikes in this particular area of

service is not appropriate. That's why strikes are illegal. To condone illegal strikes by using any other title such as "job action" or any other euphemism to soften it or to use any statement that says, "I don't condone illegal strikes but," is gilding the lily.

The bottom line is that the best thing anyone can do to prevent harm to the health care system resulting from this strike is for the illegal strikers to go back to work, to solve the problems at the bargaining table in good faith when negotiating between employer and employee, and if they need outside help, to call upon the Minister of Human Resources and Employment to appoint mediators or to provide for arbitrators or to provide for that outside assistance so that the people who are involved in this illegal job action, this illegal strike, can get back to serving Albertans in the way in which that service is so necessary. That is the single most important step which could be taken to prevent any harm to the public health care system.

One of the things that's been left out but is implicit in this motion is what steps need to be taken to prevent harm to individual Albertans who are in need of quality health care from service providers when those health care workers withdraw their services. So it's concomitant to say that they need to go back to work now, provide services, and let the bargaining agents, the union and the employers, go to the table and do their job and get a settlement in place that makes this system work. The government is not at the table. The government is not the employer in this case, but the government could play a role, if necessary, in providing mediation or arbitration at appropriate times.

I've listened to some of the comments that have been made this afternoon; for example, Edmonton-Riverview talking about a desire to de-skill or to ratchet down. That's absolutely opposite to what this government promotes. What this government has been promoting is more education for doctors, more educational opportunities for nurses, more educational opportunities for technicians, more educational opportunities for health care workers. That's what this government has been supporting. That's what the Minister of Health and Wellness has announced additional resources for, and that's where we're going here.

There's a more important discussion which should be happening which we don't seem to get to because we deal with health care discussions on an emotional level rather than getting down and talking about the real issues. This is something that I think the Member for Edmonton-Riverview would agree with me on.

MRS. SLOAN: I wouldn't go that far, David. Don't be too sure.

MR. HANCOCK: I think she would.

Health care workers should be allowed to work to the level of their education and their expertise. That would really help the health care system. In this discussion about health care, if we could go above and beyond, think outside the box a little bit and start talking about how every player in the system can maximize their potential, can use the skills that they have, use the education and resources that they have, use the experience that they have, and take responsibility for the work that they're doing, we could really do some good work in the health care system. We need to be working together, Mr. Speaker. We need to be taking those steps to work together as health care professionals, as health care workers, as government, as health authorities to achieve that kind of an end. True health care reform: that's what we need to achieve, and we'll build that by health care workers and employers and government sitting down in a spirit of goodwill, working together to achieve that kind of reform.

MRS. SLOAN: I had to run for election before you listened to me.

MR. HANCOCK: I'm not listening to you now.

Edmonton-Riverview thinks I'm listening to her. I listen to my constituents, and I bring their views to the attention of this House, Mr. Speaker.

THE DEPUTY SPEAKER: The chair really shouldn't have to remind the hon. Government House Leader that all his comments and so on should be addressed through the chair.

MR. HANCOCK: Well, Mr. Speaker, I try to do that to make sure that the views of Edmonton-Whitemud are represented in this constituency and through the chair to the members of this House.

I'm talking about how we deal with the necessary steps to prevent harm to the health care system from this type of illegal action. It's not pointing fingers. It's not suggesting that people aren't doing their job to say that we have determined in this province that it's important that health care services be delivered to those who need them, that health care workers provide those services, that if there's job action that needs to be taken, that job action should be taken in an appropriate and legal manner. The dispute should be resolved at the bargaining table, and the dispute should be resolved by working in co-operation.

One of my experiences, Mr. Speaker, was as a member of the University Hospitals Board before I was elected to this House. During the time I was there, we were involved in a reorganization project. It was a massive project; it was a very interesting project. It took a couple of years to do. One of the most interesting aspects of that project was that we had committees which examined every single thing that happened in that hospital to determine whether it needed to be done; whether it needed to be done there; if so, who it should be done by; and what sort of resource pool was needed.

MRS. SLOAN: Led by an American consultant.

MR. HANCOCK: Edmonton-Riverview says that it was led by an American consultant, Mr. Speaker, but in fact it wasn't. There was an American consultant who did some of the data gathering for us, but it was led by people in the hospital. It was led by a board champion and an executive champion and some of the workers there. In fact, there were over 600 workers at the University hospital involved in various committees doing that examination.

I was getting to the point, Mr. Speaker, before I was so rudely interrupted by Edmonton-Riverview, to say that it was a very, very worthwhile experience because everybody sat down at the same table, whether it was a heart surgeon or a nurse or a plumber or a member of the board or a member of the executive team, and talked about how we could do health care reform within the context of the service delivery in that hospital.

That's the type of co-operation, the type of work that needs to happen to develop the health care system of the future. That's the type of thing that we need to do, not de-skilling – nobody's into de-skilling; certainly this government's not into de-skilling – but letting health care workers work to the level of their skill and encouraging the breakdown of the barriers which prohibit that, to get the professions to the table and say: we don't need to protect our areas of practice and be limited in terms of what we allow people to do. What we should do is look at what they can do, what they're equipped to do, what they're trained to do, what services they can provide to the system and let them work to that level and let them take responsibility for working to that level. If we did that, there would be a whole lot more job satisfaction at every level in the system, and we wouldn't have issues of money taking such a high priority in people's level of concern.

4:40

So, Mr. Speaker, there are some steps that can be taken over the long term to make sure that the jobs that our professional health care deliverers in this province do are respected, are recognized as being important. In fact, they're recognized as being essential. We know that they do good work. We know that they're working very, very hard for Albertans, but we also know that it's inappropriate to have illegal action. We as a House should be encouraging them to go back to work, to go back to the table and have full and complete discussions and resolve the issues there for the benefit of all Albertans, certainly for the benefit of those Albertans who are sick and in need of care.

THE DEPUTY SPEAKER: The hon. Opposition House Leader.

MR. DICKSON: Thank you very much, Mr. Speaker. In the short time available to each member to participate, I wanted to make a couple of points. It seems to me that in terms of steps that must be taken to prevent harm to the public health care system, we have two kinds of relief. We have some long-term strategies, and we have some immediate questions that have to be resolved. Let me deal with some of the immediate questions initially. I guess I'm struck by the fact that here we are in the fourth kind of crisis like this when it comes to health care workers in this province.

[Mr. Herard in the chair]

I understand that in Calgary, although obviously I haven't been there today, we've got the Peter Lougheed, the Rockyview, the Colonel Belcher veterans care centre in my constituency, the Fanning centre, and the Bethany care centre that are all affected. All of the patients and residents of those different facilities are presumably hugely interested in what this government is doing in terms of immediate steps.

I guess one of the things I'd like to know and haven't heard – I want to know that there is a concrete plan on the part of the government to deal with this. I want to know whether the government has the current intention of invoking division 18 of the Labour Relations Code. Sections 110 and 111 set out a range of remedies for the government of the province of Alberta. Is there a current plan to invoke either of those sections under division 18 emergencies? When the minister of human resources and the minister of health spoke very defensively, I didn't hear them offer crisp, specific indications in terms of what kinds of remedies the government is currently contemplating to protect the health of my constituents and Calgarians in the city of Calgary. So is division 18 going to be invoked by the government? Is there a current contemplation of that?

Division 19 of the Labour Relations Code . . . [interjection] I'm interested in asking public policy questions, and since the Speaker has shown the wisdom of (a) acknowledging that there's a crisis in terms of the provision of health care in this province and (b) that it is important to be able to have this sort of debate . . .

MR. HANCOCK: A point of order.

THE ACTING SPEAKER: The hon. Government House Leader is rising on a point of order.

Point of Order Factual Accuracy

MR. HANCOCK: Yes. Mr. Speaker, under 23(h), (i), and (j). The hon. member just indicated that the Speaker acknowledged that there

was a crisis in health care in this province. In fact, anyone who was here in the House would know that the Speaker came nowhere close to doing that. His ruling was that this was a question which allowed for an urgent debate because, as he put it, as I recall, there was no other opportunity for debate of this issue. It would be a total mischaracterization of the Speaker's comments to suggest that he indicated that there was a crisis in health care in this province. In fact, he said no such thing, and the hon. Opposition House Leader should be asked to correct himself on that point because he would clearly be putting the Speaker in a position of taking a public policy position instead of being a referee in the House.

MR. DICKSON: I very much appreciate the intervention of the Government House Leader. I should have made it much clearer that it was a paraphrase and my interpretation of the ruling of the Speaker. Clearly, the Speaker did not indicate that there was a crisis, so I stand corrected, and I appreciate the Government House Leader drawing that to my attention.

Debate Continued

MR. DICKSON: The concern I wanted to raise while we're dealing with specific steps that could be taken, that ought to be taken – we have division 18 of the Labour Relations Code dealing with emergencies. We have division 19, sections 112, 113, and 114, dealing with measures during illegal strike or illegal lockout. I'd like to know the current contemplation of the government with respect to that array of remedies, what the government has proposed to do with respect to using those remedies under the Labour Relations Code.

Speaker's Ruling Relevance

THE ACTING SPEAKER: Hon. member, I'm having some difficulty following this, because it would seem to me that the questions you're asking are in the nature of speculation rather than debating the question we have before us.

It seems to me that when parties are involved in negotiation, it probably is not appropriate to speculate on sections of the labour code when in fact we don't know what may be taking place in those negotiations. I think those kinds of questions are completely hypothetical, and we should stick to what we're dealing with here, which is: how do we deal with this question?

MR. DICKSON: Mr. Speaker, I know that you certainly wouldn't want to enter into debate on the motion that's in front of us, and certainly I always take the chair's direction with respect to the Standing Orders. But with the greatest respect, it seems to me that when we're talking about "what steps must be taken to prevent harm to the public health care system," how could those steps not include the existing labour legislation?

There is an element of hypothesis to everything we debate, because without knowing what the action plan of the government is, we can only offer suggestions and ask questions. I know that you want to avoid entering into debate, Mr. Speaker.

THE ACTING SPEAKER: I guess if you phrase it in a way that says: here, based on what I see in the labour code, this is what I suggest we could do. But if you're standing there asking the government, "Are you going to invoke section this or section that?" I'm sorry, but that to me is out of order.

MR. DICKSON: Under 13(2), Mr. Speaker, if you might advise on

what basis and what the authority is that a question posed as I posed it, in rhetorical fashion, would be out of order under the Standing Orders, I invite your clarification on that.

THE ACTING SPEAKER: Okay. Steps that "must be taken to prevent harm to the public health care system resulting from the strike of 10,000 health care providers" is what we're talking about. This is my view, but I think if in fact you're asking questions of the government with respect to, "Are you going to invoke this section?" – I believe you quoted 18 and maybe 19; I'm not sure which at this point – that's entirely different than standing in your place and saying: I think you should do that. That in fact is something that could be taken as a step, as you suggest. To me, asking the question gets dangerously close to getting involved in the process.

So I would just caution you to try and avoid getting involved in the process of labour negotiations, because that's happening somewhere, I suppose, in this city or some other city in this province right now. I'm just very concerned that we get involved in that process.

MR. DICKSON: Mr. Speaker, thank you, of course, for your intervention. It was good to hear your concerns about what might happen with those kinds of questions. I'll try and couch my comments in a way that is satisfactory to the chair.

4:50

Debate Continued

MR. DICKSON: I would think there is a kind of imbalance that exists in the House always, in every debate. I don't have available to me the resources of the minister of human resources. I'm not a member of cabinet. So when we talk about what the steps are that "must be taken to prevent harm to the public health care system," that would presumably involve a full and robust consideration of the complete range of remedies. I'm mindful that the Speaker earlier cautioned us that there are some matters that may be before the courts, and certainly it would be important to avoid speaking on those matters. [interjection] I want to, but I've just got lots of comments.

Part of my debate, Mr. Speaker, is going to be in the nature of asking some questions, because that's typically the way I debate in this Assembly. I'm happy to offer suggestions when I can, but I'm not going to suggest that I've got all the answers, because there are lots of people far more knowledgeable than I am. As an elected representative part of my job is to amplify questions and concerns I hear from constituents, and that's what I'm trying to do to the best of my ability.

In any event, I've identified some sections in the provincial statute, the Labour Relations Code. I've asked the question, and perhaps in the course of debate we'll hear other reasons. You may, when you leave the chair, Mr. Speaker, be able to offer some comments in your other capacity in terms of what steps you think should be taken.

In the meantime, I'd go on and say that I understand that at 2:30 this afternoon there was a media availability at the University of Alberta hospital here in Edmonton. Just in terms of showing the size of the steps that must be taken, it's useful to recognize – and this is what's at risk in Edmonton, I'm advised – that 250 patients are affected across the Capital region's six hospitals, with a few urgent or emergency cases proceeding at each site if necessary. All patients in the Capital health region scheduled for surgery on Thursday are now being notified that those procedures are canceled. The only exceptions are urgent cardiac, cancer, and transplant surgeries and special cases such as patients already in transit. So what we've got

at risk there are some 1,400 patients in Capital region hospitals, which is a significant number out of the 1,911 hospital beds in the entire region.

I understand that some CUPE support staff joined the AUPE strike this morning at the Misericordia, at the Sturgeon community hospital and health centre, and the Leduc community hospital and health centre. Then I understand that this afternoon CUPE staff returned to the Misericordia, Sturgeon, and Leduc hospitals. So we have a great deal of activity going on, and one would have hoped that the most basic step would be the government of the province of Alberta coming out and outlining with some specificity the plan they have to deal with the immediate crisis. We don't hear that.

It's of particular concern to me that the government has taken very much a hands-off position, and this brings us to one of the great ironies here. We have these 17 regional health authorities with what I'd describe as questionable legitimacy. You know, the regional health authority boards are not elected; they're not elected by anyone. These are the people that are negotiating presumably on behalf of the interests of the people in my hometown of Calgary or in Edmonton or Leduc or any other city, but they have no elected mandate, and it strikes me that that's a huge difficulty right off the bat.

Thank you very much, Mr. Speaker.

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

MR. WICKMAN: Thank you, Mr. Speaker. I'd like to add my few thoughts on the motion that's in front of us, and I see what's in front of us broken down into three components. Let me say first of all that I'm very, very pleased with the recognition by the Speaker that he did in fact deem this motion worthy of emergency debate this afternoon, because I could not agree with him more on that particular ruling. I see this broken down . . . [interjection] She's gone to beat your candidate in Edmonton-Highlands, and three to one she waxes her.

Mr. Speaker, I see this motion broken down into three components. First of all – and pardon me, Member for Edmonton-Whitemud – we have to ask ourselves: why this job action? Why has this job action been taken? Secondly, what's the impact of this job action? What are the consequences? Thirdly, what steps have to be taken to prevent this type of scenario from happening in the first place or happening again in the future? Those are the three components I feel have to be addressed.

Mr. Speaker, just a bit of my background when it comes to union involvement. Back in the early '70s when I worked for the University of Alberta Students' Union, because we were distinct from the academic and nonacademic staff, we organized and formed a union, the students' union staff, 40 of us, under CUPE, and I became its first president. I realized at that particular time just how difficult it was from the employee's point of view, the upper hand that the employer had when it came to negotiations. Under our collective agreement and the authority given to us, we did have the right to take strike action, something that we don't see in this current situation. So I do have some feel for labour negotiations and such.

Now, why has this particular job action been taken? Well, I guess we could go back and one could say that the whole question of the restructuring that took place with the health care system when we turned over the authority of the health care system to nonelected people – the government gave up its responsibility and said: we no longer want to be responsible for administering . . .

Speaker's Ruling Relevance

THE ACTING SPEAKER: I'm sorry to interrupt. I listened very carefully. You mentioned there were three issues that you wanted to deal with. However, we really only have one before us, and that is: "what steps must be taken to prevent harm to the public health care system resulting from [this] strike." I don't see the other two, but I'm hearing you go through a number of things that have been debated before. I would like you to stay with the steps, please.

MR. WICKMAN: Mr. Speaker, thank you for your excellent guidance there. I was simply trying to sort of paint a picture as to the frustration being felt by those that are participating in what is happening out there so that I can point out the urgency of the situation, how critical it is, and what steps have to be taken to try and correct the situation.

Debate Continued

MR. WICKMAN: Mr. Speaker, let me just say from my experience, having been in the hospital for 10 weeks a couple of years ago, that I saw the frustration these health care workers underwent. I saw just how hard they had to work, and I saw the frustration they faced. I saw their need to have respect, to have dignity, and to be given fair compensation. The lack of those three components is what has driven us to the situation we're in today, what I call a very, very critical situation, that is in fact very harmful, that has great potential harm to the public at large.

Just how large is that potential harm? First of all, we're looking at a total of 10,000 health care workers that are involved potentially, the largest strike in the history of the AUPE, the largest union in Alberta. We're looking at 5,700 licensed practical nurses and nursing aides at 120 hospitals that are potentially affected. We're looking at 1,900 psychiatric aides and support staff at Alberta Mental Health Board facilities. We're looking at 1,300 LPNs, nursing attendants, and personal support workers at 11 long-term continuing care centres including the Capital Care Group, St. Michael's in Edmonton, at Dr. Vernon Fanning Centre and Bethany Care Centre in Calgary.

5:00

We're looking at 1,800 technicians, housekeeping, and maintenance staff at the University and Glenrose hospitals. We're looking at 159 health care facilities potentially involved including approved hospitals, 70 clinics, long-term care facilities, and Alberta Hospital Edmonton and Alberta Hospital Ponoka. We're looking at those affected in this particular area: the University hospital, the Royal Alex, the Misericordia, the Mill Woods centre, the Northeast centre, the long-term Capital Care Group, St. Michael's. In Calgary we're looking at the Peter Lougheed, the Rockyview, the Colonel Belcher Veteran's Care Centre, the Dr. Vernon Fanning Centre, the Bethany Care Centre.

We can see the potential in terms of harm that this can have to the health care system in this province, the impact it can have in terms of harm to patients, to hundreds, thousands of Albertans that are affected by what's happening out there. We're going to see postponement of surgery that would otherwise go ahead. Now, if that is not creating a harmful situation, I don't know what is.

[The Deputy Speaker in the chair]

The government has to recognize that we're into a critical situation. It's a desperate situation. There's absolutely no question

about that. How is that dispute resolved at this particular point? Well, one of the difficulties that those workers face is that it's a one-sided coin in that the negotiating process, the negotiating tools weigh in favour of the employer. Once employees are denied that basic right to withdraw their services – and when they withdraw their services, it's deemed by some as being illegal, but they're driven to that particular situation because the recourses that should be there aren't there for those workers, Mr. Speaker.

So that's the difficulty. That's the frustration they face, and they recognize it's one-sided. They recognize that they have the disadvantage when it comes to that whole negotiating process. If we go back in history to the 1989-1993 term, the leader of the Liberal opposition at that time introduced a bill that would give health care workers with the exception of essential services the right to withdraw their services. If the health care workers had that tool, the negotiations would be a lot more meaningful.

I would venture to say, Mr. Speaker, that if they were given that right when they deserved to be given that right, we would not be in the situation we're in today. We're in the situation we're in today because of desperation by over 10,000 workers that are crying out for respect, that are crying out for dignity, that are crying out for fair treatment. They look at the various mechanisms that are available to them to try and achieve those objectives. All they have to do is look at what's happening in Ontario, look at what's happening in B.C., where their counterparts are paid over \$20 an hour, 33 and a third percent more than they're paid here. They look at the fact that they're the seventh lowest paid in terms of any province throughout Canada. They look at what they're offered, a 3 percent increase in the immediate, which – what? – meets inflation, barely meets inflation, doesn't meet inflation? It's an insult to them. It's an insult to their dignity. It's an insult to their respect, and it's an insult to their cry for fair treatment.

Mr. Speaker, we have an obligation as elected representatives to protect Alberta workers, and these are Alberta workers. These are Alberta workers that are now driven to the point where they have to negotiate with a body of nonelected people that should be elected. At least one-third should be elected and should have been some time ago. They're driven to that point of negotiating with nonelected people that find themselves being nonaccountable to the electorate, being nonaccountable to Albertans.

If the power, if the final decision-making was in the hands of the Legislative Assembly, was in the hands of the minister – and he does have some steps he can take; there's no question about that – I think it would be a different story. I think we would be flooded with dozens of calls, hundreds of calls, and suddenly the elected representatives would stop and say: "Hey, we have a problem here. We have our constituents asking for our help."

How can an Albertan phone a member of the Edmonton regional health authority, the Calgary regional health authority, any regional health authority, and say: "Look; I'm insisting that you do right. I'm insisting that you do this"? What leverage do they have? They can't turn around and say, "You don't get my vote next time if you don't do that; you have an obligation to represent me," because we don't, technically speaking, have that particular obligation laid out.

Mr. Speaker, because I know there are others in this caucus that want to speak, I'm going to conclude.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Bow, followed by the hon. Member for Edmonton-Gold Bar.

MRS. LAING: Thank you, Mr. Speaker. The steps that need to be taken are those necessary to get the negotiation teams back to the table. The participants need to be encouraged to resume talking. It

is only through meeting face to face and addressing the issues that a resolution can be found. This is the process that currently is in place.

I can vouch personally that contrary to some people's view, our health system is providing excellent care in the acute care system through the skilled professionals who are employed in that system. Today there are more provincewide services such as heart surgeries, more renal dialysis, more orthopedic procedures being done.

The Minister of Health and Wellness has announced more resources to purchase additional and newer technology to provide even better health care. The Minister of Learning has taken the step of announcing an increase in the number of health care professional spaces through the opening for training and education. The Broda committee recommendations for long-term care are now being put into place, and the minister announced \$20 million yesterday to expand long-term care and home care. This brings to \$40 million over the last two years dedicated to enhancing the services provided to our most vulnerable citizens in long-term care and home care.

Last November \$265.8 million was placed in the system for an additional 658 long-term beds and 1,325 replacement beds. Another step was the \$4 million put in place to provide the drug Aricept for the growing number of persons suffering from Alzheimer's disease.

Another step will be the implementation of a health services utilization commission, which will monitor and assess the system's performance and recommend improvements. Recently both the Calgary regional health authority and the Capital health authority have set up local utilization units dedicated to improvements in their systems with an emphasis on continuous improvement.

Another important step in continuous improvement is through the use of pilot projects to investigate new ways of doing things and to test innovative ideas. For example, a primary care model to improve access to physicians and to help reduce pressure on emergency wards has been developed in Calgary and is showing much promise. It also relies very heavily on interpersonal co-operation and skill, building a team.

The access to MRI procedures is being expanded to reduce the waiting lists, as the role for this technology has grown considerably in the past few years.

These are just some of the steps undertaken by the government to meet the needs of an ever evolving health care system. As one of the few persons in this Assembly who has truly been in a legal strike, I can testify that any strike causes deep wounds that take many years to heal. I would recommend very strongly to the bargaining team to resume their negotiations and to find the solutions which address the needs of the workers and those under their care.

Thank you.

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

5:10

MR. MacDONALD: Thank you very much, Mr. Speaker. It's a pleasure to rise this afternoon. I, too, like the hon. Member for Edmonton-Rutherford, would like to recognize the wisdom of the chair in permitting this emergency debate this afternoon, because it truly is an emergency.

MR. SMITH: So what are you going to do about it?

MR. MacDONALD: Now, we've had in the last four years a strike . . .

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: The hon. minister has not yet had his

chance to speak, although he all too often enters into debate when it's not really his turn. It is right now the hon. Member for Edmonton-Gold Bar, and if the hon. member would speak through the chair and not to anyone who inappropriately makes comments, that would be helpful to the process.

Edmonton-Gold Bar.

Debate Continued

MR. MacDONALD: Thank you very much, Mr. Speaker. Now, I realize that with this emergency the mismanagement of the government has been front and centre. In 1998, when this job action occurred, the hon. Member for Calgary-Varsity in question period said to this Assembly that, yes, this is a good idea, and the idea was to streamline the bargaining process. This would be the first step, but unfortunately we're in the situation we are this afternoon because the bargaining process was not streamlined.

The hon. member in his capacity as minister of labour failed to streamline the process. This was recognized by the minister of health in March of last year in the Current and Emerging Health Workforce Issues in Alberta. We're asking what steps can be taken to protect our public health care system. Well, the first step would be for the hon. members across the way to read their own reports.

We talk about current shortages of licensed practical nurses. This is a crisis in this province. It's a crisis across the country. We're not looking at the factors here. If we want to take a step in protecting our public health care system from job action, we have to recognize that a shortage exists. We have to recognize that we have to have compensation packages. We just can't throw pennies and expect people to work. These individuals that are currently getting dust on their shoes in 159 different locations across the province are the people who held the system together up until now, despite all odds. Through their efforts and through their hard work they have kept the system together, and what do we do? We have a collective bargaining process that obviously does not work.

Now, the object of collective bargaining is a collective agreement between the union and the employer. The best collective agreement that can be reached is one that's agreed to freely and without hesitation by both parties. When we have this idea of compulsory arbitration, when we have this idea that there's no balance in the system – and that exists in the entire labour movement in this province. [interjections] People can aah and they can ooh, Mr. Speaker, but we've had four disruptions in the last four years. Something is not working here, and it just astonishes me that we continue with the same rhetoric from the hon. members across the way.

The government appoints the regional health authorities and the Mental Health Board. These appointments are selective. They're not elected, as the hon. Member for Calgary-Buffalo stated. The government is providing the funds. The government shapes the labour climate and the code. I can't get into the code at this time, but one more step that we could take to prevent harm to the public health care system is to explore why the shortage in health care professionals exists in this province. We could look at the poor practice of labour relations in this province.

There's almost a contemptuous attitude. We look at what the selected regional health authorities have to say about the increasing labour relations difficulties. Well, today it's come to a boil. We have other unions that are willing to stand beside AUPE, and this certainly is a crisis.

The regional health authorities would like their government to do the following: identify or consult with the department of labour to streamline certificates and bargaining processes. This gets back to

what I said earlier in the exchange in question period going back two years. I'm convinced that if the streamlining in the bargaining process had taken place, we wouldn't be having this emergency debate this afternoon. That's one step.

Another step would be – and this is from the selected regional health authorities – to partner with other health authorities and other government agencies to facilitate changes to labour relations legislation. Well, to me that is an admittance that the current system is not working. That's another step that can be taken to protect our public health care system.

Another step, interestingly, would be the lobbying of the Provincial Health Authorities of Alberta Act. Now, that is interesting. That's an interesting concept. Eight regional health authorities of the 17, Mr. Speaker, think that there should be changes to the labour relations legislation. They know that this system is not working, and they're getting blamed for this while the government claims they're an innocent party or they're bystanders. We all know that that is not true.

Now, we look at other steps that could be taken, and, Mr. Speaker, we have to look at stabilizing the workforce. After all the cuts that have been made and all the accusations that have been made, when we're looking at steps that can be taken to protect the public health care system, the first thing we have to do is recognize the contributions that the people who are getting dust on their shoes this afternoon make to the public health care system in this province. That is not being done. We need to recognize that last year, in 1999, the average collective bargaining agreement negotiated in this province was a 4 percent increase in wages. Now, perhaps we need to look at this. It's fine for other individuals including ourselves to receive wage increases. The hon. Member for Calgary-Varsity is smiling over there, and I'm sure he's contemplating ways that he's going to spend his increase.

Mr. Speaker, we have to stabilize the workforce, and that is one of the most important steps that this government can take. They can provide adequate compensation to all the groups that are out on strike. Now, none other than the *Calgary Herald*, which has its own labour troubles, is talking of early intervention in agreements concerning the number of issues subject to binding arbitration. Well, this is one of their comments going back to '97, and I think I should make this available reading to all hon. members across the House, because this could be another step. This could be a small step taken. There are a series of steps we can take. There are baby steps, there are tiny steps, there are small steps, and then there are strides. Binding arbitration would be a small step.

Now, I'm very disappointed that my time is out, Mr. Speaker, because I had a lot to say on this issue. Thank you.

THE DEPUTY SPEAKER: The hon. Member for Calgary-North Hill, followed by Edmonton-Centre.

5:20

MR. MAGNUS: Thank you, Mr. Speaker. You know, normally when we stand in our places and start a speech here, we say that we're very pleased to speak to an issue or whatever. On this issue in particular I would have to say that that certainly isn't the case. The seriousness of this issue itself: when we're talking about essential workers who have walked out of the job, the only word that comes to my mind is reckless.

We're talking about an awful lot of issues here that deal with a great many different aspects of health care. Specifically today, though, we're here to debate an illegal strike and the steps that must be taken to prevent harm to the public health care system. Unfortunately, this illegal strike not only harms the patients; it harms the employees specifically. And it harms the system for a whole variety

of reasons that we've heard about for the last two hours in this Assembly, Mr. Speaker.

It is not this Assembly's job or responsibility to negotiate contracts, to point fingers, as we've seen here today. There is a time and a place for negotiation, and this is simply not it. If we began to do that in this Assembly, we would in fact have to do it for every profession in Alberta, and the minister of human resources would probably stick up for me if I said that there were probably a thousand different professions in this province that are negotiating throughout any given year. The provincial government is certainly part and parcel of that process, and as I say, it's just not possible for us to do the negotiations in this Chamber.

Mr. Speaker, on the issue itself and talking about preventing harm to the system, this government has brought in a very comprehensive six-point plan over the last year to in fact help the system: to get rid of waiting lists, to do a variety of things. In fact, our budget from 1998-99, at \$4.83 billion, to this year, '00 to '01, is \$5.65 billion. It's about an \$849 million increase. Over the next couple of years to the year '02-03, in fact our budget is forecast to be 6 and a quarter billion dollars. At a certain point in time it just can't keep running out of control. It is not a bottomless pit when we're talking about taxpayers' money.

Very, very recently – I think it was just earlier this week, actually within about the last 10 days – this government announced a plan to in fact help the health care system in a variety of ways that we're doing in consultation with and with the participation of the federal government. It was just announced that 178 million more dollars that was not in the budget and the numbers I just mentioned would be spent on a variety of things to in fact help the public system. We're talking about joint replacements, heart surgeries, radiation therapies for cancer, increasing the capacity, if you like, for dialysis patients, which is very important and frankly is personally very close to my heart. We're talking about another \$54 million of that \$178 million that will be used to replace aging medical equipment and purchase new technology.

We're talking about – and I believe the announcements have been made over about the past three months – eight new MRIs, I believe the number is: four for the two major centres of Edmonton and Calgary at a cost, I might add, of 2 and a half million dollars a machine, as well as another four that have been announced for some of the smaller centres like Red Deer, like Grande Prairie. We're bringing them in as fast as we can. They are a very expensive piece of equipment, and quite simply put, it will help the system somewhat.

We're increasing the access to the MRIs and a variety of other diagnostic tools within the system. In point of fact, within the budget announcements that were made at the start of this session, we talked about hiring 2,500 more health care workers. As I understand it, some 1,300 of those health care workers have in fact been hired. These are nurses, doctors, LPNs, a variety of professions that work within our health care system.

Our budgets simply keep going up day by day but with a purpose, and that purpose is of course to increase the capacity of the system. I might add that increasing the capacity will decrease the workload on those people that are currently doing the various jobs within the hospital. I mean, the system is a very complex system, Mr. Speaker, and there are no simple solutions. There are no simple answers to our difficulties in the health care system.

I feel sorry for the workers, Mr. Speaker. A very good friend of mine is currently in the Foothills hospital in Calgary. Not only is he in the Foothills hospital for very serious surgery, which he just had a few days ago – I most recently talked to him after 1 o'clock this afternoon – but interestingly this gentleman is a 30-year LPN within the same hospital where he's had his surgery in the last little while. You know, I've known this gentleman for a very long time; as I said, he's a very close friend. They don't in fact as LPNs, or auxiliary nurses if you want to use that term, make an awful lot of money, but again the negotiation should not happen within the public forum. It should happen in a legal fashion.

I spent about 20 years of my life as an air traffic controller and frankly was deemed an essential employee for most of that period of time. There were periods of time within the system when we didn't like the negotiations as they were proceeding, when we wanted more money, and I think this argument is simply about money.

As I say, we've done an awful lot of things to improve the system, and most of them are very, very recent, and talking to my friend who happens to be in the hospital and will be there for at least another few days as far as I know, it strikes me that as an LPN – I asked him the question: would you walk out on an illegal strike? He had a great deal of difficulty answering that question, Mr. Speaker, for the very simple reason that he hasn't got a lot of money, and he's never had a lot of money. But when you look at the system itself and what we're doing to promote good health care in this province – and as I say, part of the overall plan is the six-point plan, including Bill 11 – I think that we're making progress and we're headed in the right direction.

For a worker to walk out on an illegal strike and to ignore the law of the land, whether they like it or not – I mean, nobody likes to get a speeding ticket. Nobody likes to do anything that is in fact going to break the law, and I'm sure that these workers don't either. What this whole thing has done, through the advice of the executive on the various unions, is take the workers right out of the system, and it has impacted patients, as I said before, to a very great extent. I heard a story this morning about a particular patient who, if they had their surgery today as opposed to six months from now, would not in fact need a colostomy bag. Now, I'm not a doctor, and I don't understand exactly what that means, but as a patient I would be very, very concerned.

Patients within our hospital system, Mr. Speaker, have got to feel a little bit of angst when they're going into a hospital. All the uncertainty that this illegal strike – and I keep mentioning "illegal" – has caused has created a great deal of angst for those people. The question, then, when you're trying to make the system follow along in various steps, if you like, to prevent the public health care system from falling apart becomes – frankly we need these workers. We can't simply just turn our heads, and the workers can't, no more than I could as an air traffic controller, walk out on the system that pays their salaries and that depends on them to provide good support and good health care to a patient.

Within the steps that we have taken over the last period of time – as I say, we've gone up from \$4.83 billion to \$6.25 billion over a very short period of time. It's time these people simply got back to work and provided a good health care system.

[The Assembly adjourned at 5:30 p.m.]