

## Legislative Assembly of Alberta

**Title:** Wednesday, February 14, 1996 1:30 p.m.  
**Date:** 96/02/14  
 [The Speaker in the Chair]

head: **Prayers**

THE SPEAKER: Would members please remain standing after the prayer.

Let us pray.

Dear God, author of all wisdom, knowledge, and understanding, we ask Thy guidance in order that truth and justice may prevail in all our judgments.

Amen.

As is our custom, we pay tribute on our first day to members and former members of this Assembly who have passed away since we last met. With our admiration and respect there is gratitude to members of the families who shared the burdens of public office and public service. This afternoon I would like to welcome members of the Wolstenholme, Patrick, and Maynard families who are in the Speaker's gallery and the members' gallery.

**Mr. George Kenneth Wolstenholme**  
**September 7, 1916, to November 16, 1995**

On November 16, 1995, Mr. George Kenneth Wolstenholme passed away. Mr. Wolstenholme represented the constituency of Highwood for the Progressive Conservative Party. He was first elected in the general election of 1975 and served until 1982. During his years of service Mr. Wolstenholme was a member of the following committees: Members' Services; Law and Regulations; Privileges and Elections, Standing Orders and Printing; Public Accounts; and the Chief Electoral Officer Search Committee.

**Mr. Allen Russell Patrick**  
**September 15, 1910, to December 25, 1995**

On December 25, 1995, Mr. Allen Russell Patrick passed away. Mr. Patrick represented the constituency of Lacombe for the Social Credit Party. He was first elected in the general election of 1952 and served until 1971. During his years of service Mr. Patrick served as minister of economic affairs from 1955 to '59, minister of industry and development from 1959 to 1968, Provincial Secretary from 1959 to '62, minister of mines and minerals from 1962 to 1971, and minister of industry and tourism from 1968 to '69.

**His Honour Judge Joseph Lucien Maynard**  
**February 17, 1908, to February 7, 1996**

On February 7, 1996, His Honour Judge Joseph Lucien Maynard passed away. Mr. Maynard represented the constituencies of Beaver River and St. Albert for the Social Credit Party. He was first elected in the 1935 general election and served until 1955. During his years of service Mr. Maynard served as minister without portfolio from 1936 to '37, minister of municipal affairs from 1937 to 1943, and Attorney General from 1943 to 1955.

**Mr. William Patterson**  
**December 11, 1908, to February 13, 1996**

Earlier today I was informed that Mr. William Patterson passed away yesterday. Members of his family are not able to be with us this afternoon; however, our prayers are with them in this time of sorrow. Mr. Patterson represented the constituency of Lac Ste. Anne for the Social Credit Party. He was first elected in the general election of 1959, re-elected in 1963, and served until 1967. During his years of service Mr. Patterson was a member of the following committees: agriculture, colonization, immigration, and education; municipal law and law amendments; public affairs; and railways, telephones, and irrigation.

In a moment of silent prayer I ask you to remember these persons as you have known them.

Rest eternal grant unto them, O Lord, and let light perpetual shine upon them.

Amen.

You may be seated.

head: **Presenting Petitions**

THE SPEAKER: The hon. Opposition House Leader.

MR. BRUSEKER: Thank you, Mr. Speaker. I have the privilege to present a petition signed by 838 Albertans across all of the province from Medicine Hat to Canmore, from Barrhead to Lethbridge, Taber, Vulcan, Champion, all across southern Alberta. They're expressing concerns about "proposed changes to the regulations governing the practice of Licensed Practical Nurses" and are requesting two things: that the recommendations of the workforce rebalancing committee be implemented first and that all professions have "an opportunity to define their own scope of practice."

Thank you, Mr. Speaker.

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

DR. NICOL: Thank you, Mr. Speaker. It gives me great pleasure this afternoon to submit a petition on behalf of my constituents. These constituents are concerned about the practice within the local health authority that assigns members of their family going into long-term care to facilities that are distant and hard for the family members to service. This causes great concern about access to provide the normal daily living support that these parents need.

Thank you.

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

MR. SAPERS: Thank you, Mr. Speaker. With your permission I'd like to table today a petition signed by 1,053 Albertans, mostly from Red Deer-North and throughout the Peace country area as well. This petition calls for the government to pay attention to the concerns being raised by health care professionals regarding changes to the registration for licensed practical nurses.

head: **Notices of Motions**

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

MRS. SOETAERT: Thank you, Mr. Speaker. I would like to give notice that at the end of question period under Standing Order 40 I will be presenting a motion to the Assembly to recognize this year's recipient of the Woman of the Year Award, Mrs. Lois Hole.

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

MR. DICKSON: Thank you, Mr. Speaker. I give notice now that immediately after question period I will seek unanimous consent under Standing Order 40 to propose the following motion:

Be it resolved that this Assembly recognize the athletes, volunteers, and coaches at the third Canadian national Special Olympic Winter Games, which are currently being held between February 13 and 17, 1996, in Calgary.

head: **Introduction of Bills**

MR. DAY: Mr. Speaker, I request unanimous consent of the Assembly to waive Standing Order 38(1)(b) to allow for the introduction of Bill 201.

THE SPEAKER: Having heard the motion by the hon. Government House Leader, all those in favour, please say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Those opposed, please say no. Carried.  
The hon. Member for Edmonton-McClung.

**Bill 201**  
**Alberta Health Care**  
**Entitlement and Accountability Act**

MR. MITCHELL: Thank you, Mr. Speaker. I beg leave to introduce a Bill being the Alberta Health Care Entitlement and Accountability Act, Bill 201.

[Leave granted; Bill 201 read a first time]

MR. DAY: Mr. Speaker, I request unanimous consent of the Assembly to waive Standing Order 38(1)(b) to allow for the introduction of Bill 202.

THE SPEAKER: The hon. Government House Leader has asked for unanimous consent for the introduction of Bill 202. All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

DR. WEST: No.

THE SPEAKER: In case there's been some misunderstanding, the Chair will ask again. Would all those in favour of unanimous consent being granted for the introduction of Bill 202 please say aye?

HON. MEMBERS: Aye.

THE SPEAKER: Those opposed, please say no. Carried.

MR. MITCHELL: We sort of thought, Mr. Speaker, that after 10 years he'd know how the House worked.

1:40 **Bill 202**  
**Lotteries (Video Lottery Schemes Elimination)**  
**Amendment Act, 1996**

MR. MITCHELL: Mr. Speaker, I request leave to introduce Bill 202, being the Lotteries Amendment Act, 1996, otherwise entitled the Video Lottery Schemes Elimination Act.

[Leave granted; Bill 202 read a first time]

head: **Tabling Returns and Reports**

MRS. McCLELLAN: Mr. Speaker, I'm pleased to file with the Assembly five copies of the news release and the report issued today concerning selecting regional health authority members.

THE SPEAKER: The hon. Minister of Environmental Protection.

MR. LUND: Thank you, Mr. Speaker. I wish to table with the Assembly six copies of the answer to Motion 197.

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

MR. DICKSON: Thank you, Mr. Speaker. Pursuant to Standing Order 37(3) I wish to table copies of a report entitled Yes! Alberta is Hurting to reflect a citizens' inquiry last fall in Calgary focusing on health and related services. The inquiry was sponsored by four groups: the Coalition of Parents of Children with Disabilities, the Calgary Chapter Council of Canadians, Friends of Medicare, and finally, the Alberta Council on Aging.

MR. MITCHELL: Mr. Speaker, I rise to table four copies of the Liberal opposition's Speech to the Throne. It's much weightier than the Speech from the Throne presented yesterday by government. I presented this last night in the McKay Avenue school, which is the site of the original Legislative Assembly of Alberta.

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

DR. MASSEY: Thank you, Mr. Speaker. With your permission I'd like to table memos to the government from 208 single-parent families requesting that government agencies dealing with families stagger their office hours to allow lone parents working full-time to access needed government services.

head: **Introduction of Guests**

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. THURBER: Thank you, Mr. Speaker. It's truly a pleasure for me to introduce to you and to this Legislature here today some 64 visitors from the town of Calmar, from the Calmar school. The students are very bright and very polite, and I'm very proud of them. I met with them earlier in the rotunda, and we had our pictures taken. They're accompanied here today by teachers Mr. Woodland and Mrs. McTaggart, and parents and helpers Mrs. Manchak, Mrs. Sparshu, Mrs. Halchik, Mr. Harrish, and Mrs. Lickacz are along. They're in the members' gallery, and I would ask them to rise and receive the warm welcome of this House.

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

MRS. GORDON: Thank you, Mr. Speaker. I wish to introduce to you and through you today 41 enthusiastic seniors from central Alberta; namely, Lacombe, Ponoka, Rimbey, and Red Deer. They have traveled to the capital today to see their MLAs at work and are traveling via the Lacombe community bus under the leadership of driver Lloyd Stephenson and group leader Sharon Stephenson. They are seated, I believe, in the public gallery. I would ask that they rise and receive the warm applause of the Assembly.

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 to all the members of the Assembly a close friend of mine by the name of Mr. Ted Langford, a person who is well known in adult education circles in Alberta. Mr. Langford is presently acting president of AVC, Edmonton, and he is here on loan from AVC, Lac La Biche. He's also the chairperson of the park advisory council for the new Lakeland park, which is in my riding in Lac La Biche. I would ask Mr. Langford, who's sitting in the public gallery, to please stand and receive the traditional welcome.

THE SPEAKER: The hon. Member for Edmonton-Highlands-Beverly.

MS HANSON: Thank you, Mr. Speaker. I'm pleased to introduce Sue Olsen, who is sitting in the public gallery. She was recently nominated in her constituency in Edmonton to be the Liberal candidate for the next provincial election. Sue, please stand.

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

MS LEBOVICI: Thank you, Mr. Speaker. It gives me great pleasure this afternoon to introduce to you and through you Rabbi Ari Drelich from the Chabad Lubavitch congregation. Among his many accomplishments – and the Premier is well aware of this one in particular – he is one of the leading forces in establishing the menorah lighting that occurs at Hanukkah, which is the Festival of Lights. The Premier has always graciously accepted to be a part of that lighting. If Rabbi Ari would please rise and receive the warm welcome of the House.

Thank you.

head: **Oral Question Period**  
**Health Care System**

MR. MITCHELL: Mr. Speaker, today the Alberta Medical Association released this report on what more than 50,000 Albertans told them about their loss of confidence in the health care system. These Albertans deserve a response from the Premier, who is responsible for the chaos in health care. To the Premier: how do you respond to the family of the woman who told the AMA that she suffered six heart attacks in six days while waiting for a hospital bed, only to die from the sixth heart attack?

MR. KLEIN: Well, Mr. Speaker, that's an individual case. I have absolutely no personal knowledge of the case. If the leader of the Liberal opposition would provide me with the details, I'll be glad to pass those on to the hon. Minister of Health, and we will get a detailed reply.

MR. MITCHELL: Individuals are what health care is all about, Mr. Speaker.

What does the Premier say to the Albertan who writes:

I have no quarrel with [my doctor but] with the mean-spirited system that prevented him from practising his profession to the best of his ability, and for which system I believe the premier is wholly responsible?

MR. KLEIN: Well, Mr. Speaker, again I have no personal knowledge of this individual's concerns. Perhaps if he would give me a call, I'd be glad to sit down and discuss his concerns with him.

I can tell you that in recent times we have settled with the Alberta Medical Association. My sense of the situation in talking with doctors throughout the province is that there is a much better feeling about the health care system, particularly in light of the cancellation of some 53 million dollars in cuts that were planned for fiscal 1996-1997 and also the infusion of some 51 million dollars of new money into the health care system.

1:50

MR. MITCHELL: How is the Premier's new, innovative policy of monitoring his health care mess over the next year going to address the concerns of Albertans who have told the AMA very clearly that they can't afford privatization, that they are worried about access, that they are concerned with early discharge, and that they are scared about the future?

MR. KLEIN: Well, Mr. Speaker, I take strong exception to the phrase "health care mess." It is not a mess.

You know, the Leader of the Opposition should have taken some time out of his I'm sure very busy, busy schedule to attend the meetings of the regional health authorities held here in Edmonton. I saw one of the MLAs here today, and I'm sure that there are many, many members of the Liberal Party who are members of the RHAs. Mr. Speaker, I think it would have been good for the leader of the Liberal opposition to find out and to at least attend the open portion of that meeting and talk to members of the RHA and have those people share, as they shared with me, the success stories that have been achieved in this province as the result of health care restructuring.

MR. MITCHELL: I'm sure that the closed sessions would have been where the interesting material was discussed.

**Private Medical Clinics**

MR. MITCHELL: Mr. Speaker, the cost to Albertans of not resolving the private clinic facility fees issue with Ottawa is \$1.7 million and counting. In October the Minister of Health said that she wanted to end facility fees. In a letter dated January 8 of this year the Deputy Minister of Health said that she wanted to eliminate facility fees. The Premier seems to be the odd man out in all of this. When will the Premier put an end to his dream of a two-tiered health care system and put a stop to facility fees?

MR. KLEIN: The only person in this Legislative Assembly dreaming, Mr. Speaker, is the leader of the Liberal opposition.

With respect to the negotiations, which hopefully will resume shortly, I will have the hon. Minister of Health reply.

MRS. McCLELLAN: Mr. Speaker, I would suggest that the work is ongoing on this issue. I think we're making very good progress. I have requested a meeting with the federal Minister of

Health to bring forward the initiatives that we suggested needed some clarification. I will remind the hon. member that the past minister for Health Canada accepted the majority of the 12 principles that we put forward. I would encourage him to read those, become familiar with them, and, most of all, try to understand them so that we could move forward and address this.

I am concerned about the \$1.7 million in penalties. In fact, I'm offended that the federal government is withholding what is in essence our own money. However, I have agreed to work in a co-operative way with the federal minister to alleviate their concerns. Mr. Speaker, one thing we do want is a permanence to the interpretation of the Canada Health Act. We want to clearly understand the rules, and the hon. member knows full well that those rules were changed last January and that clinics in this province had operated under a set of rules that were approved and agreed upon for over a dozen years.

MR. MITCHELL: Now that this discussion with the federal government has been going on for over two and one-half years, will the Premier simply listen to Albertans who are sick and tired of the dispute with Ottawa and end it before the end of this month, when we lose another \$500,000?

MR. KLEIN: Mr. Speaker, the federal government now has a new Minister of Health, and perhaps there will be a new attitude to work in the spirit of co-operation with our Minister of Health.

MR. MITCHELL: Mr. Speaker, how is the Premier going to recover the \$1.7 million that could have provided 168 hip replacements, 1,200 MRI scans, 112 heart surgeries, or 3,200 cataract surgeries that Albertans have lost because the Premier won't put a stop to private clinic facility fees?

MR. KLEIN: Well, Mr. Speaker, hopefully this situation can be resolved very shortly, and our Minister of Health will work very diligently to resolve that issue. I had this discussion with the Prime Minister when I was in Ottawa. The Prime Minister indicated that he would like to get this resolved as quickly as possible. I would remind the hon. Leader of the Opposition that we're now dealing with something like - what is it? - over a quarter of a billion dollars in reduced federal transfer payments. [interjections]

THE SPEAKER: Order please, hon. members.  
The hon. Member for Calgary-North West.

### **Multi-Corp Inc.**

MR. BRUSEKER: Thank you, Mr. Speaker. While on the Team Canada trade mission to China in November of 1994 the Premier took a side trip without the other Premiers, the rest of the team, to promote other companies. Along the way he met with Chinese officials, including the governor of the province of Guangdong in China. The trade mission was to promote Alberta companies. My question to the Premier: on that particular trip did you promote Multi-Corp?

MR. KLEIN: Well, Mr. Speaker, I knew this question was going to come. I checked with all the people who were on that mission with me if at any time I had any meetings regarding Multi-Corp, and to the best of my recollection and to the best of their recollection, no, there weren't. If there was any mention of Multi-Corp,

it was so inconsequential that really there was no promotion of that company there.

MR. BRUSEKER: Well, the supplemental question then. Was the decision not to promote the company discussed at the dinner that the Premier had with the president of Multi-Corp, Michael Lobsinger, while he was in Hong Kong immediately prior to the trip to Guangdong province?

MR. KLEIN: Mr. Speaker, I indicated to the hon. member in a letter that indeed there was a dinner in Hong Kong. It was on Lamma Island, as a matter of fact. Mr. Lobsinger was at that dinner. I did not invite him to that dinner. There was no promotion of Multi-Corp at that dinner. What is the point the member is trying to make?

MR. BRUSEKER: Well, the final supplemental then. Is the Premier suggesting that it's just a coincidence that subsequent to the Premier's meeting with the governor of the province of Guangdong Multi-Corp was successful in setting up a commercial translation centre in the province of Guangdong worth \$22 million Canadian? Is that just a coincidence?

MR. KLEIN: Mr. Speaker, I have no recollection of any conversation with the governor of Guangdong province relative to Multi-Corp or any other company. I did talk about Alberta and how great a province Alberta is and generally the kind of business expertise we have here and how we would like to do business generally with Guangdong province and in particular the area that I traveled to, which was the area of Toisan, and to take advantage of the expertise that the pioneers from that county of China brought to this country many, many years ago.

Mr. Speaker, I say again to this hon. member: if he has an allegation, make the allegation and make it outside the House. If he has an allegation of any kind of wrongdoing, have the courage to make the allegation outside the House. Don't hide behind the immunity of the Legislature.

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

### **2:00 Finance Ministers' Meeting**

MR. AMERY: Thank you, Mr. Speaker. Last week in Ottawa the Provincial Treasurer met with the federal Finance minister and his provincial counterparts. I know that the Treasurer discussed a number of issues including the Canada pension plan, the federal deficit reduction efforts, and the oil and gas industry's resource allowance. Could the minister advise the House as to what he told the federal Finance minister on these issues?

MR. DINNING: Mr. Speaker, the hon. Minister of Energy and I had an opportunity in advance of our meetings to meet with the Minister of Finance for Canada as well as the Minister of Natural Resources. What we tried to do there was drive home the strong message that Alberta's oil and gas industry is a major, vital job-creating industry in this country and that nothing the federal government should do should in any way damage or harm that vital job-creating industry.

Secondly, Mr. Speaker, at our meetings of finance ministers we tried to impress upon the Minister of Finance in Ottawa that he ought to take a more liberal approach and a more liberally aggressive approach in eliminating his deficit and that perhaps his more conservative approach to deficit elimination needed some

sparkling up. So we drove home the message from Albertans that he needed a faster paced elimination of the deficit, hopefully backed up by a deficit elimination Act.

THE SPEAKER: Supplemental question.

MR. AMERY: Thank you, Mr. Speaker. Over the last weekend my constituents asked me if the Treasurer was calling for a reduction in benefits under the Canada pension plan. Could the Treasurer tell the Assembly what Alberta's position is?

MR. DINNING: Clearly that was a concern that was raised with me. I must acknowledge and I have acknowledged to the media and the province that I did misspeak as I was going into the morning session with the ministers of finance for Canada. I was merely saying and I would say here, Mr. Speaker, that those who are now receiving benefits under the Canada pension plan must receive the assurance – and I would give that assurance on behalf of the province of Alberta – that those benefits must remain intact and that there is no way that those benefits should in any way be harmed or changed or reduced. As we go into meetings with our fellow ministers of finance across this country, I would give that assurance on behalf of my colleagues in government by saying that those benefits for current pension recipients under the Canada pension plan should in no way be reduced.

THE SPEAKER: Final supplemental.

MR. AMERY: Thank you, Mr. Speaker. Could the Treasurer advise the Assembly on the consultation process with Albertans on the future of the Canada pension plan?

MR. DINNING: Well, Mr. Speaker, the problem that Canadians must confront relates not to the current beneficiaries of the plan but to some of us who might be taking a little longer to become recipients of the Canada pension plan, perhaps some a little earlier, most of all, to those people down the road who are counting on the Canada pension plan to provide them with pension benefits. The problem is that the current contribution that we all make or that our employers make with us is some 5.6 percent, yet the current cost of the benefits that are now being received is almost twice that much. In fact, within 20 years it's estimated that some 14 percent of payroll earnings are going to be required to pay for the current benefits of the pension plan.

So, Mr. Speaker, as Canadians begin this consultation process, the question has got to be asked: are they prepared to pay that for future benefits, or are they prepared to see a reduction in benefits in the future? Clearly those are questions that Canadians and indeed all Albertans are going to be asked to give comment on as the consultation process begins, when hopefully we would see both sides of this Assembly join with our own Members of Parliament in traveling across this province and asking Albertans to give us the answers to those very important questions on income security for seniors.

#### Premier's Trip to China

MR. GERMAIN: Mr. Speaker, after the revelations of the Premier's involvement with Multi-Corp on his China trip and the subsequent revelations of who ended up with shares in that corporation, taxpayers of Alberta wanted to find out what had been done on that China trip. So your Official Opposition made an application under the freedom of information Act for the

purpose of getting the trip details. The problem with that is this: the Premier's government refused to turn over 20 critical pages of that report and that request for disclosure. So my question today is addressed to the Premier of this province. Mr. Premier, will you stand up, please, look right at that camera, and tell Albertans why you will not release those 20 pages?

MR. KLEIN: Mr. Speaker, I don't know what 20 pages he's referring to. I'm aware that there was a request. I have in no way, shape, or form interfered with that request under the freedom of information inquiry. So if he'll write me a note and ask me what he's looking for, perhaps I can provide him with the answers.

MR. GERMAIN: Mr. Speaker, then my question addressed to the Premier is this: in light of his last revelation in the last question, that he had asked everybody about the trip to refresh his memory on the details, how come he today does not know what 20 missing pages we're talking about?

MR. KLEIN: Because I've never been asked the question before. You know, if this hon. member could tell me when he made the application – can you tell me when you made the application? Could you tell me when you made the application? I think it is fundamental to the question. Because if he had a difficult time getting that information three weeks ago, why didn't he tell me then? Why does he use the immunity of the House to bring this up? Mr. Speaker, there's nothing to hide.

THE SPEAKER: Final supplemental.

MR. GERMAIN: Thank you very much, Mr. Speaker. Mr. Premier, why don't you just clear all of the smoke out of this issue and stand up now and say that you'll release those 20 pages today?

MR. KLEIN: Mr. Speaker, I don't know what 20 pages he's looking for, and I don't know when he asked for those 20 pages. I don't know what the 20 pages look like. You know, I have no idea. Could he tell me what he's looking for in the 20 pages? He wants 20 pages of what? What is he looking for? When did he apply for this information?

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

#### Regional Health Authorities

MRS. LAING: Thank you, Mr. Speaker. My question is for the Minister of Health. This morning the minister unveiled a new method for selecting members of the regional health authorities. I want to thank the minister and the implementation team, led by the Member for Medicine Hat, for their extensive consultation and thoughtful report. Many of my constituents have indicated a preference for full elections, yet a combination of elections and appointments were chosen. Would the minister explain to this Assembly why this particular method was selected?

MRS. McCLELLAN: Mr. Speaker, I'd like to add my thanks, of course, to the Member for Medicine Hat and the full implementation team that worked on this report. They certainly listened to divergent viewpoints on this issue certainly between members of the public, stakeholder groups, and others, and I would say that from the information the committee has given us, it was quite an

even split on how members should be put in place. What was of interest to me was the concern from the stakeholder groups, who are actually the workers in the system, and their preference for the appointment system.

**2:10**

Mr. Speaker, I believe the recommendations that the report brought that our government have recommended and accepted practically in their entirety with very few changes does strike that balance. It does call for two-thirds elected, one-third appointed. It will allow for appointments to the board if there is a need for additional expertise or interest groups to be represented, such as seniors, who are very wide users of the health system. I believe that the decision that's come forward does provide that balance, and we're looking forward to the first elections in the fall of 1998.

**THE SPEAKER:** Supplemental question. The hon. Member for Calgary-Bow.

**MRS. LAING:** Thank you, Mr. Speaker. To the same minister: would the minister please explain why the decision was made not to have elections in 1996, when the current members' appointments terminate?

**MRS. McCLELLAN:** Mr. Speaker, the member that chaired the committee may want to supplement my answers on these questions, with your permission. I would say that the first answer to this is that we were very concerned about the prohibitive costs of a stand-alone election, and certainly in a time when our health resources are needed for health needs of our citizens, we didn't think we should do that.

The other thing, Mr. Speaker – and this is where I believe the hon. Member for Medicine Hat might wish to speak – is the time and the process that might be needed to put an election process in place.

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

**MR. RENNER:** Thank you, Mr. Speaker. The minister has already indicated one of the reasons for choosing the timing as we did. There are a couple of other considerations that have to be given. First of all, we felt it was very important that there be grassroots participation in the development of a ward system that will be brought into place when the elections are held. That's going to obviously take some time, and I don't know that it would be possible to have that all in place for '96 elections.

The other reason, Mr. Speaker, is that the boards that are currently in place are in the process of bringing about their first three-year business plan. As such, I think it's reasonable to allow them to take that first three-year business plan out to the full extent, allow them the time to implement that three-year business plan and then to have an opportunity to decide whether or not they wish to seek election or appointment at the end of that process.

**THE SPEAKER:** The hon. Member for Edmonton-Whitemud.

### **Ryckman Financial Corporation**

**DR. PERCY:** Thank you, Mr. Speaker. I would like to table four copies of a document. It's the assignment and assumption of a promissory note between the Stampeder Football Club and Ryckman Financial Corporation dated the 24th day of October

'91. My questions are to the Provincial Treasurer. The Provincial Treasurer rejects any responsibility for questionable loans made by the Alberta Treasury Branches and in particular to Ryckman Financial Corporation. Yet the 3 and a half million dollar loan agreement of October 24, 1991, between Ryckman Financial Corporation and the Provincial Treasurer, the agreement that financed the purchase of the Calgary Stampeters, required the Treasurer to assess the financial statements of the Ryckman corporation from time to time. In fact, as recently as August 17, 1995, a Treasury communication spokesperson was quoted in a newspaper as saying that the financial statements due by the end of March were late. To the Provincial Treasurer: since the province was on the hook for 3 and a half million dollars and you had the responsibility, due diligence, to monitor the financial position of the Ryckman corporation under the rights of this agreement, did you do so, and if you did so, why didn't you say anything to the ATB about the financial position of Ryckman Financial?

**MR. DINNING:** Those financial statements that the member refers to from an August 17 report are now in, but you'll appreciate that I do not, nor should I, get involved in the direct relationship between the Treasury Branches and a client of the Treasury Branches. The member knows that I wouldn't do that. Where would I draw the line? Into what Albertans' files would the Treasurer then be expected to go and do some studying as to their credit? Perhaps your file at the bank, Mr. Speaker, or members of the media or other Albertans. I think it would be wrong for the Provincial Treasurer to be involved in the financial dealings between the Treasury Branches and any one of its clients.

**DR. PERCY:** Mr. Speaker, this is an agreement between a Treasurer and Ryckman Financial, and it requires him to assess the books.

Again, this agreement, section 9.02, requires you to assess the books of Ryckman Financial Corporation. Did you do so, and if so, why didn't you report on those financial statements to the Alberta Treasury Branches, which also report to you? Those are taxpayer dollars, the 3 and a half million dollars for the loan as well as the loans from the ATB.

**MR. DINNING:** Mr. Speaker, the review was done, and what the member is now saying is that I should tell Treasury Branches how they ought to do their banking. Exactly what the hon. member has been saying to me all along is that I should not be interfering in the Treasury Branches, and that is why we're in the process now of recruiting and hopefully in the next few days appointing a board of directors to oversee the policy and the management affairs of Treasury Branches.

**THE SPEAKER:** Final supplemental.

**DR. PERCY:** Thank you, Mr. Speaker. Since the Alberta Securities Commission, the Alberta Treasury Branches, and you as Provincial Treasurer, all three, are owed money by Ryckman Financial Corporation and since all of them want a share of the Calgary Stampeters, who at the end of the day is going to own the Stampeters? It seems like you since all three report to you.

**MR. DINNING:** Well, clearly, Mr. Speaker, there is some speculation about the ownership of the Calgary Stampeder Football Club, and I'm sure that that's going to play itself out

between the current owner and a future owner. Clearly our obligation must be the 3 and a half million dollar loan that the hon. member spoke of. When Mr. Ryckman purchased the Stampeder Football Club in 1991, he assumed a 3 and a half million dollar loan then on the books that was held by the previous owners of the Calgary Stampeder Football Club. He's assumed that loan. That obligation still remains, and in the case of the provincial government we would expect that loan to be paid off.

### **Productivity Plus Program**

MR. DUNFORD: Mr. Speaker, allow me to be the first today to extend a cheerful happy Valentine's Day to you and to all our colleagues on both sides of the House. [interjections] I'm being heckled by my own side here, sir. [interjections] Yes, of course. I do like you.

I'm trying to do it cheerfully because I want to hide my disappointment at the recent decision made by the Alberta union of public employees as regards the productivity plus initiative. My question is to the Minister of Labour, and that question is: are our employees aware that it was unilateral action by the Alberta union of public employees that has actually made the valuable and great contributions by frontline employees that work for this government ineligible for consideration for a productivity plus award?

2:20

MR. DAY: Well, Mr. Speaker, in terms of general awareness, this productivity plus plan was first referenced in Budget '95. So the public at large in Alberta was certainly aware of it, and it's been much talked about as a very good initiative to reward employees for efforts and initiatives above and beyond the call of duty.

There was a meeting with AUPE officials to advise them of the desire to proceed with this plan. There was a subsequent follow-up meeting with AUPE officials, and at that point a draft letter of understanding was presented, which they took back to discuss with their general services bargaining committee and, following that, a letter from Carol Ann Dean to our personnel administration office saying that AUPE was not interested in any way, shape, or form in seeing their employees enter the productivity plus program. I don't know personally how in-depth that message was communicated to all AUPE employees. I can only assume that some kind of communication has taken place, but I can't guarantee that since it would be the responsibility of AUPE representatives to make that communication.

THE SPEAKER: Supplemental question.

MR. DUNFORD: Thank you, Mr. Speaker. To the same minister: has AUPE contacted the minister with regard to what this union is prepared to do when these cash awards, which is what productivity plus is all about, are announced?

MR. DAY: Well, Mr. Speaker, the direct communication that the government has received from Carol Ann Dean is that there is no interest and that as a matter of fact they do not want to see their employees enter into this particular program. The suggestion is that there is a philosophical difference there. As a government obviously we encourage personal initiative, and we believe that should be rewarded. The AUPE representatives indicate that if there are any dollars to be paid out, they would like to see that

done equally to all employees with no special recognition of individual innovative and creative effort. So that's the communication that we have at this point.

I can add further, Mr. Speaker, that the offer is still open to AUPE to have their employees have their members enter into this particular plan. As a matter of fact, there is still a seat open to them on the actual review committee that will be making these awards. Certainly we would like to see them take part in that. But that's the communication that we have to date. They haven't addressed the narrow issue the member just asked about: what would they actually do if a cash award is made to an employee? They haven't addressed that narrow issue officially to me at this point.

THE SPEAKER: Final supplemental.

MR. DUNFORD: Thank you, Mr. Speaker. Again to the minister: does the minister have a plan in place in the event that AUPE attempts to sabotage the initiative called productivity plus?

MR. DAY: Well, Mr. Speaker, our plan is always to be in full communication with employees and with their representatives. I can only encourage the members of AUPE, if they are not aware of this particular productivity plus plan, which offers to them tangible financial awards for innovative service, that they then need to do the responsible thing and communicate to their representatives that they would like to be part of that plan.

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

### **Human Rights Commission**

MR. DICKSON: Thank you, Mr. Speaker. At this government's request a task force had been created, and it invited and reviewed some 2,000 submissions from Albertans on how to make our human rights regime more effective. Curiously, the Premier and the responsible minister have decided to ignore the key recommendations from Albertans, and instead their priority is to discourage Albertans, discourage complaints by imposing a penalty of up to \$10,000 on anyone making what later may be found to be a frivolous complaint. My question is to the Minister of Community Development this afternoon. Firstly, how many of the 2,000-odd submissions to the review panel called for penalties against frivolous complaints?

MR. MAR: Well, Mr. Speaker, the review panel made a number of different recommendations, and 56 of the recommendations that were made by the review panel have been accepted by government. They are valuable recommendations to make the Human Rights Commission a stronger and better and more effective agency.

Mr. Speaker, I think it should be noted that one of the most serious concerns that people had was with respect to the issue of the backlog of cases the Human Rights Commission had. At one time there were some 300 cases that were backlogged. We put further resources towards dealing with that backlog. That backlog should be dealt with and eliminated by the fall of this year.

With respect to provisions that are referred to by the hon. member, I am not prepared to discuss matters that are coming forward with respect to legislation that has not yet been tabled, Mr. Speaker.

MR. DICKSON: You deal with a backlog by processing complaints, not by scaring complainants.

Mr. Speaker, the response of the minister begs this question: why proceed to impose penalties when the chairman of the Alberta Human Rights Commission, the man appointed by this minister, accountable to this minister, has said publicly that there is no significant problem in Alberta with frivolous complaints to the commission?

MR. MAR: Mr. Speaker, I am not prepared to answer a hypothetical question.

THE SPEAKER: Final supplemental.

MR. DICKSON: Thanks, Mr. Speaker. My final question would be this then: will the minister acknowledge that this penalty creates a chill, and what it does do is discourages, for example, women who have been sexually harassed at their workplace from making a complaint to the commission that's set up for that very purpose?

MR. MAR: Well, Mr. Speaker, the question is framed in different words, but it is in essence the same question. It remains hypothetical, and I am not prepared to answer hypothetical questions.

THE SPEAKER: The hon. Member for Red Deer-South.

#### Traffic Safety Legislation

MR. DOERKSEN: Thank you, Mr. Speaker. At the close of the 1995 fall Legislature session Bill 212, the Motor Vehicle Administration Amendment Act, was given Royal Assent but not proclaimed. This Bill introduces a form of graduated licensing aimed at improving safety on our roads. Its principles, such as requiring a certain amount of driving experience before gaining an unrestricted driver's licence and zero alcohol tolerance for new drivers, will produce those results. To the Minister of Municipal Affairs: would the minister advise this Assembly what the plans are for the implementation of this Bill?

MR. THURBER: Mr. Speaker, in the debate last fall on this Bill I said at the time that I was committed and I remain committed to further dialogue with law enforcement officials throughout the province. There were some concerns raised by them at the time that some parts of this Bill were basically unenforceable. So we did say that we would go back for more consultation, and we have done that. That's an ongoing thing. It's not completed yet. In the interim the Minister of Transportation and Utilities and I have been working very closely together to streamline and amalgamate certain legislation that rightfully belongs under the transportation portfolio, and he may want to comment on this. It's basically going to his department in the next short while.

MR. DOERKSEN: I would, then, ask the minister of transportation: will the amalgamation of road safety programs which was alluded to yesterday in the throne speech incorporate the principles of Bill 212?

DR. WEST: Absolutely, Mr. Speaker. On April 1 we are going to be working together with the Department of Municipal Affairs and registries to bring over many of the road safety issues and put them under one direction under a combined driver control board/motor transport board. At the same time, then, we would be looking at developing and streamlining legislation. The Motor

Transport Act, the Off-highway Vehicle Act, the Highway Traffic Act, and the Motor Vehicle Administration Act: we want to combine those, streamline them, bring the regulations up to date.

2:30

At the same time, we would take the intent and part of Bill 212, as well as Bill 217, and integrate the principles of these Bills into this new Act that will be called the traffic safety Act of Alberta. We're working on that at the present time. Because of the stakeholders involved and the largeness of this Bill, we would try to introduce it at the end of this session and carry it over so that we can have good input by all to make sure that the regulations and the Act are streamlined for safety programs in the future.

THE SPEAKER: Final supplemental?

MR. DOERKSEN: That's okay.

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

#### Oldman River Dam

DR. NICOL: Thank you, Mr. Speaker. I think most Albertans were very pleased when a couple of weeks ago the warm weather arrived to let us out of the deep freeze we were in; that's all Albertans except those living below the Oldman River dam. This year the snowpack above the dam is higher than normal, the water level in the dam is higher than normal, and the people living below the dam have still not received any compensation for damage from last year. My question is to the Minister of Environmental Protection. When will you be putting in place the warning system so that these people can be properly looked after in case we have another flood this year?

MR. LUND: Mr. Speaker, certainly the snowpack is a great concern of ours, the fact that they haven't been able to lower the dam to the extent that they would like to and the possibility of another flood in southern Alberta this coming summer, particularly if we have a late spring and then a heavy rain. We will be putting into place the upgrading of the warning system. That has been an ongoing process ever since the flood last spring and the studies that were done to see where the problems lie in the warning. For example, one of the things we've implemented already is that rather than having the calls come out from Edmonton, they would be done from the office in Lethbridge.

THE SPEAKER: Supplemental question.

DR. NICOL: Thank you, Mr. Speaker. Again to the minister of environment: will you commit to having the radios and the page warner systems in place within the next month so that these people can feel comfortable when the spring floods start?

MR. LUND: Mr. Speaker, we're making every effort to make sure that there is a plan in place that will be fail-proof and that we can make sure that people are notified. As a matter of fact, one of the avenues that we use is direct contact, because there are some people that don't have phones. Last time we had a problem with some of the phone lines being washed out. This is a much larger problem than would be indicated by the hon. Member for Lethbridge-East.



DR. NICOL: Mr. Speaker, the plans were already put in place years ago with the recommendations of both the federal and provincial governments.

My final supplementary is to the minister of transport responsible for emergency services. Would the minister consider ending the misery and the stress that is faced by these people living below the dam and concurring with them that it would be possible for the province to offer to buy their land, as many of them would like to see happen?

DR. WEST: Mr. Speaker, my sympathy goes out to anybody who is in front of a flood or a hurricane or any type of disaster in this province, but that question is not based on common sense or facts that are out there today. We have what's considered to be thousands of Albertans who live on floodplains. There is absolutely no doubt that when going back to environment and the federal government and studying the location of many of our towns, cities, villages, and people who live on ranch lands and that, they're located right in the main path of potential flood areas. To say that we're going to take a province and move everybody would be a ridiculous statement.

We helped 2,300 Albertans in the last major disaster. This was the largest disaster last year on June 10 in the history of Alberta. We had 3,700 applications, of which 2,300 were given awards out of a \$43 million fund. As I say, it wasn't a full insurance recovery program, but it did help them make a transition back to some form of normalcy. They live there. They do have a choice. Unfortunately, this province cannot go and buy up all those properties.

THE SPEAKER: The hon. Member for Little Bow.

#### Natural Gas Pipelines

MR. McFARLAND: Thank you, Mr. Speaker. My questions today are to the Minister of Municipal Affairs. There has been some concern expressed by rural gas co-ops, Mr. Minister, that some of their older original aluminum and steel gaslines may be subject to linear property assessment. Many of these municipalities surrounding these rural gas co-ops are going to have to have some information immediately in order to prepare their assessment notices. My first question to you through the Speaker is: has there been any pressure from the larger utility companies to have the rural gas co-ops incorporated in the overall assessment scheme for linear property?

THE SPEAKER: The hon. Minister of Municipal Affairs.

MR. THURBER: Thank you, Mr. Speaker. It's a good question, and it's something that we're working through with the rural gas co-ops and the utilities companies. When you try and provide a level playing field out there on the assessment and taxation field, you sometimes run into these anomalies that need to be adjusted. It was never the intent of this government to tax rural gas co-ops, because they're basically nonprofit organizations. We're working with them now and we'll be meeting with them again in the very near future to try and come up with some consensus on this.

THE SPEAKER: Supplemental question.

MR. McFARLAND: Thank you, Mr. Speaker. A supplementary to the minister: will you be able to indicate whether these

distribution lines of these nonprofit gas co-ops will continue to be exempt for a linear assessment as they previously were?

MR. THURBER: Yes, Mr. Speaker, the distribution lines themselves have been exempt and are still are exempt. The feeder lines that feed to the distribution lines are where the problem comes in, because you have private-sector involvement as well as the gas co-ops. One is nonprofit and the other one is for profit, so you have to tax accordingly.

THE SPEAKER: Final supplemental.

MR. McFARLAND: Thank you, Mr. Speaker. To be perfectly clear, then, Mr. Minister, will this clearly identify the distribution lines that are aluminum and/or gas in the exemption?

MR. THURBER: Mr. Speaker, the assessment takes into account that the aluminum lines are a higher pressure than the distribution lines, which in a lot of cases are made of plastic. It clearly takes that into account. That's what we have to work through as to an agreement with the utilities companies and the gas co-ops, and I believe we'll reach that agreement in the very near future.

THE SPEAKER: The hon. Member for Sherwood Park.

#### Paddle River Dam

MR. COLLINGWOOD: Thank you, Mr. Speaker. When the Alberta courts heard the case of government fraud down at the Paddle River dam, they said: guilty. The Premier cried out, "Not guilty," and appealed that decision, and to this day the Premier says: not guilty. My question is to the Minister of Justice. If the government is so innocent, why did it agree to abandon this damning indictment and pay Opron more than 10 times what the courts gave them in the judgment?

MR. EVANS: Mr. Speaker, having the ability to review the decision by the Court of Queen's Bench justice, Justice Feehan, having had a review by the province of Saskatchewan, having had a review by the APEGGA people and the engineers who were involved in the project, having had a review by the Ombudsman, having had a review by independent counsel, the government came to the view that there was a contractual disagreement that had occurred during the time of construction on the Paddle River dam. That was documented well in the trial. It was agreed that there would be a settlement after the construction ended.

There was never a meeting of minds after that happened. However, through the passage of time and a number of analyses, it was determined that a reasonable settlement of both the Opron claims and the subcontractor claims should be worked out, should be negotiated. That indeed happened. A settlement was reached, and the matter is concluded.

THE SPEAKER: Supplemental question.

2:40

MR. COLLINGWOOD: Thank you, Mr. Speaker. As the minister will know, contractual disagreement is not fraud. It is not deceit, and it is not misrepresentation. My question is to the Justice minister. Having had all of those reviews, Mr. Minister, who was responsible for the fraud at the Paddle River dam that cost us \$9.4 million?

MR. EVANS: Mr. Speaker, I think it's important for Albertans to recall that the judgment of Justice Feehan indicated that with respect to the contract there were problems. Undoubtedly, that was the case. During the time of that trial, with literally months of evidence before the justice, with literally thousands of pages of transcript, Justice Feehan did not blame any individual involved in that project. He recognized that there was a disagreement and that there were problems in the contract. He did not cast blame. APEGGA, the governing body of engineers and geophysicists and geologists in the province, and their appeal council reviewed the same kinds of concerns, and they found no guilt. This was a disagreement as to terms in a contract. It was a very unfortunate disagreement as to terms, yes. That's why the government negotiated in good faith with Opron and with the subcontractors, and that's why the matter was settled.

THE SPEAKER: Final supplemental.

MR. COLLINGWOOD: Thank you, Mr. Speaker. To the same minister. After having conducted these reviews, after having spent a decade of wasteful litigation and millions of dollars in a losing cause, will you at least tell Albertans if the employees of the government acted alone in committing fraud or if they were just following orders from the top?

MR. EVANS: Mr. Speaker, I would ask the hon. member to review the transcripts and the decision by Mr. Justice Feehan. There was no finding of individual fault. This was a matter of a contractual disagreement and some very difficult circumstances, physical circumstances on site. That occurred, and yes, there was a contractual disagreement, and Mr. Justice Feehan found accordingly, but with all that evidence before him – with all that evidence before him – he did not question individuals, and he did not point the finger at individuals, nor did the province of Saskatchewan, nor did the Ombudsman, nor did APEGGA, nor did our independent council. However, what we heard throughout this process was that a resolution of this issue was appropriate, was fair, was just, and was equitable. That is the solution that we strove for and arrived at.

THE SPEAKER: The time for question period has expired. The hon. Member for Redwater indicated at one stage that he might wish to pursue a point of order.

#### **Point of Order Decorum**

MR. N. TAYLOR: Thank you, Mr. Speaker. I know the one that committed the breach has probably gone outside to lay charges along with his leader, but the point is that he has disappeared. Nevertheless, in answer to the question on why the minister did not know what was going on – I'm just referring to the question of why he did not know what was going on in the Treasury Branches.

I refer to a number of cases: order and decorum under section 13 in the Standing Orders; the Fraser, Dawson issue of *Beauchesne's Parliamentary Rules and Forms*, sections 59 and 64; and finally, Mr. Speaker, the Conflicts of Interest Act, chapter C-22, section 8(2). All of these refer to the fact quite clearly. Anybody that's been elected as MLA, the first thing they learn is that they cannot do business with the Alberta Treasury Branches. That's a given. Surely there's nobody in this Chamber that does not know that. For the minister to get up there and say, "Well, we can't

have all these secrets out because I would know what the members are borrowing and even you, Mr. Speaker, what you were doing," that is a triple insult. First of all, he insulted you; he suggested that you might even have an account with the Treasury Branches. He insulted everybody in the Assembly, even the lowest member over here on my right, by suggesting that they could possibly have dealt with the Treasury Branches. But the ultimate insult of all, of course, is that as the Treasurer he doesn't even know what the hell his office is supposed to be. [interjections] He doesn't even know what the dickens his office is supposed to be.

THE SPEAKER: Order please. The Chair doesn't want to take this opportunity to be too personal, but I think the Chair should set the record straight about what the situation of members and the Treasury Branches is. The Chair will just relate the Chair's own experience.

As a matter of fact, at the time of the 1986 general election the Chair was a mortgagor of the house that the Chair was residing in to the Treasury Branch, and shortly after the election a letter was received from the manager of the Treasury Branch pointing out what the hon. member has said, that that couldn't continue. So the mortgage was transferred to the CIBC. Then about six weeks later the manager says: "I gave you bad information. While it would be improper and illegal for you to take a loan from the Treasury Branch after your election, it is not illegal for a pre-existing debt to continue after the election. I gave you bad advice, saying that you'd have to transfer that mortgage, and I really would like to have it back." I said, "Well, you had your chance; it's gone now." That is what happened, the Chair's personal experience.

It is possible for those to continue, but certainly it's totally illegal for members to borrow money from the Treasury Branch after they're elected. They certainly don't object to having deposits there though, on the other side of the ledger. You can do that anytime you want.

MR. N. TAYLOR: Could you inform the Treasurer of that tomorrow, Mr. Speaker?

THE SPEAKER: Thank you.

#### **head: Motions under Standing Order 40 Woman of the Year Award**

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

MRS. SOETAERT: Thank you. Speaking to the urgency, Mr. Speaker, tomorrow evening the Edmonton Business and Professional Women's Club will present Lois Hole with their Woman of the Year award. This prestigious award could not be presented to a more worthy woman, and I ask that my colleagues spend a few moments recognizing this honourable tribute and the immeasurable contributions Lois has made to our province.

THE SPEAKER: Is there unanimous consent in the Assembly for the hon. member to propose her motion?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed? Carried.

The hon. Member for Spruce Grove-Sturgeon-St. Albert.

Mrs. Soetaert moved:

Be it resolved that this Assembly recognize this year's recipient of the Woman of the Year award, Mrs. Lois Hole.

MRS. SOETAERT: Thank you, Mr. Speaker. It is with a great deal of pride that I stand today in this Assembly to pay tribute to my friend, mentor, and constant source of inspiration. The pride of St. Albert, Lois began making her mark in the community with husband, Ted, as vegetable farmers on what has now become the famous and familiar Hole's Greenhouses.

What began as simply selling a few excess vegetables from their farmhouse every season expanded quickly into a thriving market garden enterprise as people discovered the quality of product and friendliness that is now the Hole trademark. Now people travel literally hundreds of miles; gardening clubs from Calgary and further points south board buses to make the spring pilgrimage to Hole's, anxious to get the latest in seeds and plants for their gardens. Regardless of the day, you will find Lois dotting on customers, answering questions, watering plants, and helping out her staff.

2:50

Of course, helping to run a thriving business is not enough for Lois. An accomplished author of now four popular books on gardening, a constant gardening lecturer, a school board trustee for the municipal district of Sturgeon for 13 years and also serving 11 years on the St. Albert Protestant school board, she served on the rural safety council for 18 years, on the St. Albert hospital board for three years, and on the Athabasca University's governing council for 11 years. Her latest membership is on the Quality of Life Commission taking on the all-important task of researching the impact of the cuts to social services.

The generosity of Lois Hole and her family is legendary. Her constant donations of flowers and plants, her financial support to the Glenrose hospital and the arts community – most notably the generous donation to the Citadel – and her seemingly unending supply of energy and time for an array of causes are all overwhelming gestures of her selfless living and community-mindedness.

Mr. Speaker, not long ago I was speaking with a woman named Sadie Ross from St. Albert, and she told of the early years when the Holes were just starting out. There had been a fire on their farm, and her husband went down to help the Holes. When he came back after a day of working there, he told his wife what a tough day it had been for Lois and her family and told of helping her two kids and hauling out all kinds of vegetables to see what they could salvage from that farm. Sadie said, "Neil, take these two pies and help them out for their meal tonight, because I'm sure she's rather tired." So Sadie sent two pies to Lois when she was this young woman working out on this new place. That Christmas Lois showed up at the Ross home with a poinsettia. Now, almost 40 years later, every Christmas she shows up at the Ross home with a poinsettia. I think that's a fitting story, given this week is Random Acts of Kindness Week, for Lois has been appreciating and encouraging and practising random acts of kindness her entire life.

Her awards over the years have naturally been many. In '95 she was St. Albert's citizen of the year. In '94 she was winner of the president's award from the Alberta School Boards Association.

I ask the Assembly to now help recognize Lois Hole's most deserving award for 1996: Woman of the Year.

THE SPEAKER: The hon. Minister of Community Development.

MR. MAR: Thank you very much, Mr. Speaker. The more I read and the more I hear about Lois Hole the more extraordinary a person I think she is. Tomorrow night, as the hon. member has pointed out, at a sold-out crowd at the Royal Glenora there will be an honour bestowed upon a woman who says that she never misses an opportunity to have an effect on people's lives. This person is Lois Hole, this year's Woman of the Year named by the Edmonton Business and Professional Women's Club.

The hon. member has already pointed out a number of things about the outstanding and well-known market garden operation, Hole's Greenhouses. Lois Hole is recognized as an authority on horticulture and rights and speaks publicly on this topic. She is a woman who truly and often is outstanding in her field and in her greenhouse.

Lois has received recognition and countless awards for her tireless work in the areas of education and the arts and public safety. She has sat on a rural safety council for 18 years, served as chair for six years, has been a school trustee for almost a quarter of a century. She holds an honorary degree from Athabasca University for her contributions to education. She was also the recipient of the commemorative medal for the 125th anniversary of confederation in recognition of her significant contribution to local communities and Canada.

Lois, in my view, is an excellent role model for both women and men in the business area as well as in community involvement, and my warmest congratulations go out to her. I would like to express my thanks to the Edmonton Business and Professional Women's Club and the *Edmonton Sun* for acknowledging the contributions of women and sponsoring this event.

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

MRS. HEWES: Thank you, Mr. Speaker. I would like to add a few comments to those of my colleague and the minister. Lois Hole is certainly someone that I have admired and have considered a mentor for many years.

There are three words that I think of quickly to describe Lois: generosity, humility, and grace. Lois is known for her generosity, her sharing – sharing of her skills, of her knowledge in business – and as a volunteer on the school board and in other activities in her community. She and her family are also well known for their very generous material gifts to her own community and communities of Alberta, and my colleague has mentioned the Citadel and the Glenrose, to name a couple of them. Certainly, her gifts of flowers are known to all of us.

Humility, Mr. Speaker, is that rare and rather beautiful quality that is so typical of Lois Hole. She's always ready to listen and always caring. I always think of her, too, in the context of her family and the legacy that she and her husband have passed on to them. She is, in my view, the quintessential contemporary woman who is a successful businesswoman, a community worker, a wife, a parent, and a grandparent.

Grace. To be with her is to feel whole and to be inspired to use your whole self to improve the human condition, because that's what Lois does, and to be strong and always to know that if you want to, you can really make a difference in this world.

I'm pleased to support this motion, Mr. Speaker, of acknowledgment and congratulation to Lois Hole.

MR. DECORE: Mr. Speaker, it's almost six years to this month that I had my first bump with cancer, and one of the first people to acknowledge my situation by sending me flowers was Lois Hole. It's this month, in fact, that is now the fourth anniversary

of my second operation in dealing with cancer, and again amongst the first to acknowledge my difficulty at that time was Lois Hole and her family.

This is a woman who not only looks after a community, looks after charities, looks after disseminating information to the public, but she looks after, well, everybody: people who are ill, people who are in need. I have been the lucky recipient of her kindness and her warmth. I have been the lucky recipient of her advice. Nothing could be more pleasant, Mr. Speaker, than to go to the Hole operations in St. Albert and see the positive attitude of Lois Hole, experience that positive attitude of her husband Ted and of her sons.

Mr. Speaker, you can't go anywhere in western Canada, perhaps even Canada, without seeing the books that Lois Hole has written and have been taken up by Canadians. You can't go anywhere in northern Alberta without picking up a newspaper and reading something that Lois Hole has said about orchids or evergreens or grass or something.

Mr. Speaker, this is a tremendous resource of our province, a tremendous resource of the city of St. Albert, and I had to stand up and tell you my own experience with Lois Hole.

Thank you, Mr. Speaker.

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

MR. BRACKO: Thank you, Mr. Speaker. I am honoured to add my congratulations and the congratulations of all St. Albertans to a great woman, Lois Hole, on being selected Woman of the Year by the Edmonton Business and Professional Women's Club. Lois is a role model and a mentor to so many of us. She is a fountain of wisdom, and her enthusiasm is contagious. Lois is down to earth. Everybody is important to her.

I was young when Lois and Ted Hole impacted my life. They did business with the company my father worked for: The Bay. My father came home singing their praises about their leadership in business. This leadership continues and touches many lives.

Lois lives the essence of community. I do not believe there is anyone in St. Albert who has not taken home flowers donated by Lois to events in our community. Every church has enjoyed flowers at their worship services. Many students have advanced their education by working for Hole's in the summer or part-time. Many others work full-time. Others come from all over Alberta to visit and purchase plants and go home inspired.

Lois works hard and believes work is therapy. She assists inner-city women move out of the circle of dependence and moves them towards independence by teaching them gardening skills and a sense of self-worth.

In 1995 Lois was selected citizen of the year in St. Albert. Now in 1996 we congratulate Lois on being selected Woman of the Year. Because of your dynamic leadership, Lois, we have all benefited. Congratulations, and thank you.

**3:00**

MS LEBOVICI: I, too, would like to echo the sentiments expressed by those before me. In our household it's a spring ritual: we get into the car, drive up to St. Albert, and visit the greenhouses. You get this feeling of wholesomeness. There's something that, you know, reminds me: people say that flowers reflect the people around them and respond to the people around them. When you look at Lois Hole and you see what's growing in those greenhouses, you know that those greenhouses belong to someone who's good and who's wholesome and who is indeed a model for people all around.

So, again, I just want to express my congratulations, as well, in this forum. Lois has always been the kind of individual that whenever I and others are in her presence, we always feel very good. Congratulations to Lois on her accomplishments.

THE SPEAKER: All those in favour of the motion proposed by the hon. Member for Spruce Grove-Sturgeon-St. Albert, please say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no. Carried, let the record show unanimously.

### Special Olympic Winter Games

MR. DICKSON: Just in terms of the urgency. I think the notice of motion has now been circulated to all members, and since the event we're hoping to recognize – in fact it commenced yesterday – goes from February 13 to February 17, 1996, this is indeed the most appropriate time to recognize it in a timely fashion. I'd ask for the support of all members to give us that opportunity.

THE SPEAKER: Does the Assembly grant unanimous consent for the hon. Member for Calgary-Buffalo to put his motion?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed? Carried.

The hon. Member for Calgary-Buffalo.

Mr. Dickson moved:

Be it resolved that this Assembly recognize the athletes, volunteers, and coaches at the third Canadian national Special Olympic Winter Games, which are currently being held between February 13 and February 17, 1996, in Calgary.

MR. DICKSON: Thanks very much, Mr. Speaker. It struck me that yesterday, as excited and focused as people were on the Speech from the Throne, there was another event going on in this province in the city of Calgary, that we might arguably say is the premier sports community in the province, that was also of enormous interest to a great number of Albertans. What I'm referring to of course is the third Canadian national Special Olympic Winter Games being hosted in the city of Calgary. The games started on February 13 – the opening ceremonies were last evening – and go through to February 17.

The games will involve 700 athletes from right across Canada, 44 athletes, I'm proud to say, from this province. There are 1,200 volunteers from across Canada participating in Calgary this week, and the athletes will be competing in six types of events: alpine skiing, Nordic skiing, figure skating, speed skating, floor hockey, and snowshoeing. Each one of the athletes is competing for a place on Canada's team in the world's Special Olympic Winter Games, which will occur next year in Toronto, February 1 to 8, 1997.

As every member in this Assembly knows, a massive undertaking like this requires a small army of volunteers, and I mentioned the 1,200 volunteers. Unfortunately, we can't name and recognize each one of those volunteers, but I do want to acknowledge the chairperson for the Winter Games' organizing committee, Mr. Donald Taylor, and the executive director of the games, Sue Townley. I thank those two individuals and through them all of

the volunteers and parents and coaches and athletes that are involved in making this such a successful event.

Mr. Speaker, last evening, although I missed the opening ceremonies in Calgary, I had the opportunity to see on the television news an interview with a number of the athletes in Calgary for these games and some of their parents and coaches. I was struck and impressed with their enthusiasm and their excitement and anticipation. It struck me, looking at the attitude of the athletes and the people involved in the support, that absolutely everybody who participates in this event in Calgary comes out a winner, because the emphasis is on participation, involvement, and friendship with other athletes.

I'm proud that this event is happening in the city of Calgary. I'm proud it's happening in this province. I just want to extend every best wish, and I'm sure other members share in this, to the people participating in this particularly important event in Calgary.

Thanks very much, Mr. Speaker.

MR. MAR: Mr. Speaker, immediately following the Speech from the Throne yesterday I did go to Calgary and attended and spoke at the opening ceremonies of the Canadian Special Olympic Winter Games. Those games will run in Calgary and Canmore until Sunday the 18th.

In Canada, Mr. Speaker, there are some 200,000 Special Olympic athletes. Alberta is proud to welcome 700 special athletes who have come from across the country to compete in these games. They are the athletes who have succeeded at provincial games levels and have come now for the opportunity to compete for the right to represent Canada in the world games.

I think, Mr. Speaker, the word "special" describes these Olympic games in many ways. First of all, Special Olympics helps people with mental disabilities be all that they can be. These special athletes have worked hard to get here, and along the way they have built confidence and determination and attitudes that will help them succeed not only in their sports but, in my view, in their lives as well.

These Winter Games are special for the way that communities have rallied around the athletes. Every athlete represents a wealth of community support, from coaches and families and sponsors and well-wishers. These games are also special for the efforts of the city of Calgary and the town of Canmore, the host communities. I'm understanding that there are some 1,400 volunteers involved in these games and sponsorship was enthusiastic and very generous.

As an example of the volunteers, Mr. Speaker, each athlete will have a Calgary high school student who will be a buddy in the city, and athletes will be able to call home and speak with their friends and family back home in other parts of Canada thanks to the efforts of the donated services of the Calgary Amateur Radio Association. Not only that, Mr. Speaker; athletes will have the opportunity to use some of the best facilities in the entire world, those that were built for the 1988 Winter Olympics.

The theme of the 1996 Special Olympic Winter Games is share the spirit. In my view, Mr. Speaker, this House should share in the spirit of these special athletes, their supporters, and the host communities, and recognize the truly outstanding value of Special Olympics. I would encourage all members of this Assembly and all Albertans to attend an event or two as part of these games. I think it's hard to sum it up any better than the athletes' oath, which reads, "Let me win but if I cannot win let me be brave in the attempt." Having attended these types of events before, I can

say that the great sense of warmth that people will have when they attend such an event, when they see the unbridled joy of these athletes in their attempts to be brave, is a warm feeling like few others.

I want to finally add, Mr. Speaker, that the medal winners at these games will earn the right to represent Canada next year, 1997, at the World Winter Games in Ontario. I know that this Assembly wishes each and every athlete from Alberta and from across Canada the very, very best.

Thank you.

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

MR. BRACKO: Thank you, Mr. Speaker. St. Albert has had the privilege of hosting many Special Olympic tournaments. Two weeks ago we hosted the hockey and bowling tournaments. It's a time of excitement for athletes throughout the province. In fact, so many teams want to get in that not all can be taken, and four or five teams missed out this year because they did not apply in time.

Mr. Speaker, so many volunteers are involved, and it's more of a one-on-one volunteer situation, a tremendous number of hours committed and dedicated to our special athletes to see them mature and grow in so many ways individually and as team players. We appreciate all the activities that they take part in, which are increasing each year; the number of teams, the number of events. That's due to the volunteers. We thank them and congratulate Calgary and thank them for hosting the Canadian Special Olympic finals. There are a lot of activities that go on throughout the week of events.

3:10

One of the events, a Special Olympic banquet, that I will never forget was one that I went to to present awards from city council. As I came through the door, I was greeted openly by about a dozen from the Special Olympics. They didn't ask who I was, how important I was. They didn't play games. With their childlike nature they made me feel very welcome. In fact, I've never felt more welcome anyplace than I did at that banquet, a tremendous learning experience for me as an adult. The athletes really do touch the lives of so many.

Also, I'd like to thank a very special person here from the minister's office – she's affectionately known as Wendy from the Minister of Health's office – who does a tremendous job for the Olympics in St. Albert. To all the volunteers we say thank you.

We wish them the best, especially our floor hockey team from St. Albert. Thank you.

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

MR. ZWOZDESKY: Thank you, Mr. Speaker. I want to also just briefly add my sincerest congratulations to these very special people who are participating on all our behalfs to represent the province of Alberta at the nationals next year in Ontario. In particular, I want to not only congratulate all the athletes for the hard work and the tremendous amount of training that they've put into arriving at this level but also for their discipline and their tremendously positive reflections of our province overall when it comes to the area of athletics in general.

I want to specifically, however, also congratulate and thank all the coaches and all the referees. I have a personal friend who is a referee in a related area, who works with the Wheelchair Basketball Association as a referee. I know how much work

really goes into some of this, and I think we can all appreciate that none of it is easy. We need to take these opportunities to thank them and congratulate them for the many, many hours that they, too, put in.

I was at the world Olympics of course in Calgary in 1988, and I'll never forget the tremendous feeling I had watching some of the skiing events, and so on. I'm sure that same excitement has ignited Calgarians once again, Mr. Speaker. I would just like to add, again, on behalf of all of us our heartiest congratulations and our thank you to these very special people who are celebrating these very special Olympics this week.

Thank you.

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

MR. WICKMAN: Thank you, Mr. Speaker. I want to go on record as supporting the motion, commending the mover of the motion for bringing it forward. When we talk in terms of special games, the thing that does make them special is the athletes, those that participate in the games. Why these games are so unique – and unlike the world Olympics or the regular Olympics, whatever terminology we use, or like the Olympics that are now hosted by the Paralympic Sports Association and such, the fire fighters, and the policemen, and so on, these are special. These are special because to those participating, to those athletes that participate in the special games, that goal that is presented for finishing over the line first is not the important thing. The goal to them, the goal that they receive is the joy they receive by participating, and participating to them is everything. Every one of them begins the games feeling as a winner. They make new friendships. As the Member for St. Albert said, they can spread that love in a way that nobody else can, and they all leave feeling gold. They're special in that sense, because they feel that gold for just participating.

The key to the success of the games of course is those that participate in the competitions, but also, as has been mentioned before, those that volunteer, those that give of their time – whether it's coaching, whether it's hosting individuals, whether it's helping organize the event, whatever capacity those volunteer efforts are being provided – make the games the success that they are. We should not forget when we pass this motion that we are not only recognizing the athletes involved, the very special people, but we also are recognizing the volunteers and the amount of time that they give.

On that note I'll conclude by just saying that I wholeheartedly throw my support to this motion.

THE SPEAKER: All those in favour of the motion proposed by the hon. Member for Calgary-Buffalo, please say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no. Let the record show that the motion passes unanimously.

head: **Orders of the Day**

THE SPEAKER: Pursuant to Standing Order 8(3) Written Questions and Motions for Returns can't be proceeded with at this time today because at this stage they're merely on notice. So we'll have to wait till next week.

The next order of business then.

head: **Public Bills and Orders Other than  
Government Bills and Orders  
Second Reading**

MRS. BLACK: Mr. Speaker, I request unanimous consent of the House to waive Standing Order 73(1) so that Bill 201 can proceed to second reading.

THE SPEAKER: Having heard the motion proposed by the hon. Deputy Government House Leader, all those in favour, please say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no. Carried.

**Bill 201  
Alberta Health Care  
Entitlement and Accountability Act**

MR. MITCHELL: This is what a number one Bill should look like, Mr. Speaker. This Bill 201, the Alberta Health Care Entitlement and Accountability Act, isn't a piece of housekeeping, as is the government's Bill 1. It is an essential feature of building strong communities based upon strong, reliable, affordable, and accountable health care in this province.

For the benefit of the members I would like to briefly describe what this Bill does. It has two parts. The first part, described in sections 2 and 3, deals with what could be termed a health care bill of rights. It establishes Albertans' entitlement "to receive adequate, continuous and personal medically necessary health care." In doing that, Mr. Speaker, it establishes several important guiding words, guiding ideas. Health care must be "promotive, curative, rehabilitative and supportive," and it must emphasize community involvement as goals in the development, in the maintenance, in the enhancement of our health care system.

The second part of this Bill, Mr. Speaker, establishes an Alberta health care advocate, essentially a commissioner for the investigation into health care service within the province, investigations that the advocate can initiate unilaterally, investigations that can be initiated also on the basis of complaints or concerns raised by Albertans with the health care advocate.

[The Deputy Speaker in the Chair]

Now, under a properly functioning health care system, under a government who understood the importance of our health care system as an essential community value, this Bill would not be necessary. But, Mr. Speaker, we have noticed, Albertans have noticed a significant deterioration in their health care service in this province such that we have been obliged to bring this piece of legislation to the Legislature to defend this important health care program for Albertans.

We became most concerned – was it two years ago? It was almost a year and a half ago, a year ago – when my first Bill, that would have established the principles of the Canada Health Act within provincial legislation, was defeated by this government. Accepting the principles of the Canada Health Act would have provided the kind of entitlement, Mr. Speaker, that is called for by my Bill today, Bill 201. It was at that time that we became suspicious. We had also begun to see the effects of straight-line cutting to health care, cuts that weren't based upon the assessment of community needs. They weren't based upon the potential

outcomes from a restructured health care system. They were based upon nothing more than an ideological compulsion to find some kind of arbitrary bottom line and drive this health care system to it, regardless of the consequences to communities, to people, to families in this province.

3:20

Mr. Speaker, it's more recently that we have had empirical evidence that has clearly begun to define the consequences of this government's forced restructuring of the health care system on the quality of health care that that system is capable of delivering. I want to share with the members of this House some of what has begun to occur. There will have been the closure by 1997 of 4,000 hospital beds in Alberta. This is over a 38 percent reduction of the beds that were available in 1993.

MR. GERMAIN: The Member for Bow Valley thinks this is a joke, of course, himself a medical doctor.

MR. MITCHELL: The Member for Bow Valley is laughing at this, himself a medical doctor. He clearly is well funded by the health care system and probably finds he's taken care of himself.

Mr. Speaker, the figure of 4,000 beds, of course, isn't based upon any kind of analysis; it's not based upon any kind of assessment of what is needed by way of beds. In fact, if we were worried before, we are certainly worried now when we see the government's, the Premier's overwhelming policy initiative. His single primary policy initiative in health care for this year is to monitor and assess. You would think that before you launched the province on a massive health care downsizing, restructuring, you would have put in place monitoring and assessment.

MR. DICKSON: Ready, fire, aim.

MR. MITCHELL: Ready, fire, aim. So we have 4,000 fewer beds. We don't know whether that leaves us with the number that is needed. We don't know if it leaves us with the number that's needed in particular regions or particular places, particular towns, villages, communities.

Funding to the system now has been cut significantly. Efficiencies have to be found. After the mismanagement of the system for the last 25 years one would expect that efficiencies could be found. Today Alberta has the lowest per capita health care funding in the country. Surely that has to be assessed against some kind of measurement of what is required.

Physicians are leaving this province. Last year, 1995, 125 physicians left this province. We are losing excellent minds. We are losing excellent professionals. We are losing essential services and essential service providers, Mr. Speaker.

Nurses. They have cut the number of registered nurses employed or permanently employed in this province by 30 percent. How do we know for sure that no kind of estimation has been made of what was needed? Well, just recently in Edmonton, for example, Mr. Speaker, on two occasions there were insufficient numbers of operating room nurses available to do essential operations. In the first case an Albertan lost the opportunity for an organ transplant because there were insufficient nurses. In the second place an organ transplant was salvaged at the last minute by a desperate effort to bring operating room nurses in from Calgary. That would hardly be efficient and certainly doesn't lend anybody any confidence on the quality of health care that's being delivered.

Mr. Speaker, we're now beginning to see the consequences of cross-training, deskilling, deprofessionalization, and of course that's where this government wants to drive us. They are antiprofessional; they are antieducation in many respects. They certainly don't want people who are professionals, who would disagree with what they want to do. So now we see the emergence of LPNs, well qualified to do certain things, well trained to do certain things, eroding and taking away at the government's pressure and direction more and more of the roles that were once performed by highly qualified, specially trained registered nurses in this province. That will have a direct consequence on the quality of health care in this province.

Private facilities. We've lost \$1.7 million in funding from Ottawa because this government for over two and a half years has refused to settle the issue of private clinic facility fees. So we have lost the equivalent of 128 hip replacements, 1,200 MRI scans, 112 heart surgeries, or 32 cataract surgeries, this in the face of growing waiting lists.

The waiting list for urgent heart surgery – urgent heart surgery – is four months. Twenty-eight people are awaiting transplants. Only 21 were done in the last year, so there's over a year's waiting list, very likely, for heart transplants. Six people are waiting for double lung transplants. Only one was done in 1995. That could be a six-year waiting list. Overall there are provincial waiting lists for these kinds of surgeries of over 500. It's probably higher, but it hasn't been reported because many specialists have not been referring their patients due to the backlog. Infusion of the \$4.4 million, for example, that will go to these kinds of services – this public relations initiative that the Premier announced a couple of weeks ago – will reduce that list by about 250. There will still be 250 people on waiting lists for critical heart surgery.

Orthopedics. As of January 19, 1,600 people are on waiting lists for hip joint replacements. The \$4.6 million slated to bring down that backlog will affect not even half of those people. As for physiotherapy the average wait for high priority is four weeks. The lower priority is two to three months, if in fact those people ever receive physiotherapy. Lung transplants: 18 are on the list. Five were done last year. That's a three and a half year wait. For MRI the waiting lists between Calgary and Edmonton are over 1,800. The \$1 million infusion into this will barely dent that backlog.

Let me give you some examples about individuals, individuals that the Premier seems to know very little about, Mr. Speaker, despite the fact that he toured the province speaking with them. There's a Stettler couple who have all but lost their home after she was diagnosed with cancer, treated, and released early. Shortly after being released, their Blue Cross coverage ran out, and they were forced to pay out thousands of dollars for expensive medications. If she had been permitted to stay in the hospital, it would have been covered. They have exhausted their retirement savings, and they have had to put a second mortgage on their home. By saving the health care system money in going home, these people have nearly become destitute.

I'm reminded of a case. I bumped into a couple of elderly people in a store near my riding the other day. The woman had just had two operations. She spent a thousand dollars for cataract surgery. She had spent somehow \$200 in extra fees surrounding knee surgery. The discussion focused on the Premier's claim that we had to do something about abuse of the health care system because it was out of control and we were spending too much money. I said to this couple: one, have you heard any assessment

or analysis of how much or what kind of abuse? "No." Two, did you ever abuse the health care system? She said, "No, absolutely not; I have never abused the health care system." Then why is it that she is paying \$1,200 to solve abuse in the health care system, abuse that somebody else unspecified by this government has been the perpetrator of? It doesn't happen, Mr. Speaker, and it's an argument that is used simply to legitimize and deflect from what this government is truly trying to do.

A 35-year-old Sherwood Park single mother had to have valve replacement surgery done in 1991. There was a problem with the original surgery, and she was placed on the waiting list 18 months ago to have the valve replaced. She has been waiting ever since. She has contracted severe pneumonia as a result of her going into a state of congestive heart failure, spending two months in ICU – that's a real savings – and spent a month in ICU two months ago because her lungs were failing her. Two weeks ago she was told that no one knows when she could have the heart surgery anyway since her system is now too weak. Her parents are left to raise her child. That's a legacy of this government, Mr. Speaker. That is an appalling legacy of this government, and every member over there, with their heads down now because they can't face this kind of specific case about what they're doing to individuals, should listen to what we have to say and should consider very seriously supporting this Bill. [interjections]

### Speaker's Ruling

#### Decorum

THE DEPUTY SPEAKER: Order. Hon. member, when you use rather inflammatory kinds of things like "everybody's got their heads down," I think you only invite that kind of interruption. I would say to those who may or may not have their heads down, a lot of noise is hardly the proper way to begin the wonderful work of the House.

We would invite the hon. member of Her Majesty's Loyal Opposition to continue with this Bill and invite the members who might take exception to this to contain their exuberance.

MR. MITCHELL: We want them to face this head on, Mr. Speaker. My words aren't inflammatory. It's these cases, which they've created, that are inflammatory.

3:30

#### Debate Continued

MITCHELL: This third case, Mr. Speaker, reflects something that I think is even more deplorable, and that is that people who are particularly vulnerable, people with mental health conditions, are being forgotten and are suffering under what this government is doing. A brilliant young physicist was recently turned away from an Edmonton hospital while searching for emergency psychiatric care. Severely depressed and suicidal he informed the medical staff that he had been driving erratically and contemplating having head-on collisions. The doctor informed him that there were no beds available and advised him to come back to the walk-in clinic the next day. By the next day he had shot himself in the basement of his home. This is an indictment of what this government has done to health care in this province.

What we need is a health care system that we can trust. This Bill will be the founding, essential block in that health care system that we can trust, because it's going to provide a clear statement of people's entitlement to proper, adequate health care in this province that is affordable and accessible and is not privately but in fact instead is publicly funded so that you get it because you need it, not because of how much money you might have or you

don't have. It will also, Mr. Speaker, establish an objective, independent health care advocate, who will report to the Legislature – not to the Minister of Health but to the Legislature – so we can begin to get some true accountability for what's happening to this health care system.

MR. DICKSON: What a change that would be.

MR. MITCHELL: That would be a change.

Mr. Speaker, when I rise to discuss my first motion in this Legislature, you will see how we will flesh out that health care system that we can trust. We have over the last year consulted extensively with people in this province to get their ideas, and we have begun to announce a 15-part health care program that will clearly defend a publicly funded health care system, clearly support people's entitlement to proper health care in this province, and will clearly create and enhance a more efficient, higher quality of care health care system for all Albertans in our communities. Health care is a value for people in this province.

THE DEPUTY SPEAKER: The hon. Member for Three Hills-Airdrie.

MS HALEY: Thank you very much, Mr. Speaker. I'm pleased to be able to comment on Bill 201, the Alberta Health Care Entitlement and Accountability Act. When I look at this Bill, I have to tell you that I'm disappointed, but I'm not really surprised that there's so much disagreement from the other side of the House over how this government has been restructuring health care. [interjections] Precisely.

It does seem that Bill 201 is pretty much a replica of the legislation that's already in place. The proposals in this Bill are advocating things that have already been accomplished. Bill 201 declares that all Albertans should be able to receive adequate health care regardless of where they live and their ability to pay for such services. Well, nobody's arguing with that, Mr. Speaker. People should be able to get the health care services that they need. In fact, just so everybody in the House knows, we think that idea is so important that we agree that it should be enshrined in the Canada Health Act, and by God, it is. Accessibility and portability are two of the principles of the Canada Health Act, that Alberta is a signatory to and that we are committed to uphold. We have had this discussion before in this Legislature, and the facts remain the same: we believe in the Canada Health Act, and we abide by it.

Alberta Health is working with the other provinces, the Territories, and the federal government to clarify the principles of the Canada Health Act and to ensure that they are consistent across the country. In addition, Alberta Health is currently considering the concept of a charter or policy statement which outlines the health services and standards that Albertans can expect to receive from our health care system.

Many elements of a charter already exist in the principles, expectations, and standards outlined in various existing documents. The Core Health Services in Alberta document, the principles, pledge, and performance measures in the Ministry of Health business plan, the Health Goals for Alberta, and the Canada Health Act should be consolidated into a single document such as a health charter for Albertans. Standards for a document like this should also be developed in consultation with RHAs, health service providers, and Albertans. Developing a charter would provide Albertans with a clear understanding of what our



health care system is to provide inside a flexible document that would be responsive to changes in expectations and technologies.

Bill 201 also states that health care should be provided according to certain principles. Again, these principles seem familiar, Mr. Speaker. The Bill calls for health care to meet community needs and for the community to be involved in the planning and evaluation of health care. One of the primary goals of this government's restructuring of the health care system is to focus on providing care in the community according to the needs of the community. The strategies to meet these goals can be found in the business plan of Alberta Health and the 17 health regions and in provincial legislation.

I look to the Regional Health Authorities Act, and I see the provisions that the member across the way is asking for right there in legislation. Section 5 defines the responsibilities of the regional health authorities. To clarify, an RHA shall

- (i) promote and protect the health of the population in the health region and work towards the prevention of disease and injury,
- (ii) assess on an ongoing basis the health needs of the health region,
- (iii) determine priorities in the provision of health services in the health region and allocate resources accordingly,
- (iv) ensure that reasonable access to health services is provided in and through the health region, and
- (v) promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

Well, the words may be a little different, Mr. Speaker, but the meaning and the result are the same as what is proposed in Bill 201. Regional health authorities are required to care for the health of the people in their regions according to their needs and to ensure that health care services are accessible.

As I mentioned, one of the responsibilities of the RHAs is to provide "reasonable access to quality health services." To make this clear, Mr. Speaker, Alberta Health is working on a project to define "reasonable access" and to develop measures for determining whether Albertans have reasonable access to services. The Regional Health Authorities Act also states that the Community Health Council shall be established within health regions. The councils will provide community input into regional health planning by consulting with the community and communicating this information to the RHAs. This achieves the principle contained in Bill 201 of involving the community in health care planning and evaluation. The provisions for this are already in place.

The Member for Edmonton-McClung is also concerned that information regarding the financing and administration of health care facilities be available to any Albertan. Financial information is already accessible since RHA budgets are publicly available as part of their business plans. Albertans can also look to public accounts for the financial statements of the RHAs. I would also steer the members' attention to section 13 of the Regional Health Authorities Act. It states that RHAs shall provide annual reports to the Minister of Health which are to contain the audited financial statements of the authority, information on remuneration and benefits paid to members, officers, and their senior employees, and information on performance measures. The minister will then table these annual reports in the Legislature, and they will be available to the public, any Albertan in the province.

3:40

So, Mr. Speaker, while Bill 201 contains principles and practices that we all support, I see nothing new in this Bill that

would require it being passed into legislation. The legislation to achieve these goals is already in place. The Member for Edmonton-McClung has not convinced me that there's a need to legislate these things again.

Bill 201 also calls for the creation of the office of the Alberta health care advocate. It would be the job of the advocate and his or her employees to make sure that health care is provided in Alberta according to the principles of this Act. The advocate would investigate complaints, evaluate health care policies and health of Albertans, and ask the public for their views on the health care system. Once again, Mr. Speaker, these are commendable provisions, but these duties are already being performed by a number of agencies and organizations in the province. The Mental Health Patient Advocate and the Health Facilities Review Committee are both equipped to handle complaints and make investigations into the health care system.

As well, the proposed duties of the Alberta health care advocate overlap with those of the Provincial Health Council. It is the role of the Provincial Health Council to act in an advisory capacity to the minister, focusing on issues of quality of care and achievement of performance measures, evaluating the success of the health system in achieving the health goals, identifying the strengths of the system and the areas that need greater attention, making recommendations on the adequacy of existing performance measures and the development of additional performance measures, acting as a resource in reviewing Health policy issues, and acting as a resource regarding matters regarding the regional delivery of health services. So, Mr. Speaker, the Provincial Health Council does have quite an instrumental role in monitoring the health system in the province and recommending changes to improve the delivery of health care in Alberta.

On top of this, Alberta has recently appointed a provincial health officer, similar to the health officers in other provinces, to monitor health matters and to serve as an adviser to the minister. The duties that would be performed by the Alberta health care advocate created by Bill 201 are already being carried out. Although it's a catchy title, it would be redundant and unnecessary.

The member is on the right track, Mr. Speaker, in his attempt to address changes in the health care system.

MR. GERMAIN: Mr. Speaker . . .

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray is rising on a point of order. Would you care to share it with us?

#### Point of Order Questioning a Member

MR. GERMAIN: Yes, Mr. Speaker. Pursuant to *Beauchesne* 482 I wonder if the hon. member would entertain a question at this juncture.

THE DEPUTY SPEAKER: Hon. Member for Three Hills-Airdrie, you just need to say yes or no.

MS HALEY: No.

THE DEPUTY SPEAKER: Three Hills-Airdrie.

#### Debate Continued

MS HALEY: Thank you. We do need to have a health care system that is accessible, accountable, and responsive to the needs

of our communities. We also need to ensure that the system is monitored and evaluated to see that it meets the needs of those who use it. But we don't need Bill 201 to do this. The legislation to meet these goals and the roles to monitor and evaluate the system are already in place. There is no reason to create more legislation to achieve these same purposes, and there's no reason to pass Bill 201.

Thank you.

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

MR. SAPERS: Thank you, Mr. Speaker. You would think after hearing the Member for Three Hills-Airdrie read that piece of work that there was absolutely nothing wrong with the health care system today. I mean, you would actually walk away from this Assembly thinking that everything was just fine in health care land, and of course we all know that nothing could be further from the truth. Before the member read that piece that was written by one of her research staff, I wonder if she actually took the time to read Bill 201 and then compare it to the legislation that she was referring to before this Assembly.

Mr. Speaker, let's just deal quickly with the notion that the provincial health care advocate, as contemplated in Bill 201 sponsored by the hon. Member for Edmonton-McClung, is covered off in other existing pieces of legislation or in the offices of other employees of the government. It absolutely is not. There is not one office or commission or committee that is independent of the Minister of Health. The Provincial Health Council is nothing more or less than a creature of the Minister of Health. That Provincial Health Council is handpicked by the Minister of Health. That Provincial Health Council can only do what the Minister of Health tells it to do and can only report back to the Minister of Health. Hardly what anyone would consider to be an independent health care advocate.

As for any of the other three dozen health care committees that this government and this Minister of Health have created, not one of them has the responsibility for an overall, comprehensive – comprehensive – review of all the chaos that's happening in health care, not one of them. Albertans are forced to go from pillar to post, from office to office, being left without knowing whom to call or where to go for assistance. What we are calling for is the development of something that will immediately address the needs of Albertans, who see their health care system being eroded from underneath them. We see the absolute need for the establishment of an independent provincial health care advocate who has responsibility for the entire system, who is responsible to the people and the taxpayers of this province and not to the Minister of Health and her business partners in cabinet.

Now, I would say that if the Member for Three Hills-Airdrie or the Member for Olds-Didsbury or the Member for Medicine Hat or the Member for Grande Prairie-Wapiti or in fact the Member for Peace River or any of the hon. members on the government side took the time to answer their mail or answer their telephones or talk to their own constituents, they would no doubt be hearing exactly the same messages we've been hearing from their constituents. Mr. Speaker, when we travel to Grande Prairie, to Peace River, to Lethbridge, Olds, to Didsbury, to Ponoka, and Wainwright, we hear that people are fearful about their health care system. They have asked, "Why isn't this government doing something to protect our system?" We've talked to Albertans all across this province. We've said, "What would you like?" and

they've told us this: "We want to see a protection in law that we have the right to access health care when we need it, and that right should not be eroded by the whim of a government or by the thickness of our wallet."

Mr. Speaker, these very same Albertans have told us that when we don't get the health care that we need, the health care that we've paid for through our taxes, we should have the right of being able to go to one place, to go to one office, to make one telephone call or send one letter and know that that concern that we pass along is going to be dealt with seriously and that it will not be interfered with politically. That's why we need an independent health care advocate.

Now, when the Member for Three Hills-Airdrie was speaking just a couple of minutes ago, she also said that portability isn't an issue because it's in the Canada Health Act. We all know this government's opinion of the Canada Health Act. They would just as soon see it not there. Now, if you really want to talk about issues of access and portability, let's look at what this government's half-baked plan of regionalization has done. It has created barriers between regions. Those artificial lines drawn on the map throughout this province have created brick walls that people run into when they need services.

In long-term care, Mr. Speaker, people from as nearby as Sherwood Park could no longer access long-term care beds in the city of Edmonton because of the shortage of beds: a brick wall between regions. People were being sent miles away. They were being torn away from their families and their communities and their churches and their support systems because of this government's shortsighted and total lack of planning.

Mr. Speaker, any doctor – and I hope the Member for Bow Valley pays attention. Any physician in this province will tell you about the difficulties they have now in being told they have to practise all across a health care region, going from one hospital to another, and if they happen to have a practice that's close to a regional boundary, the difficulties they have getting even visiting privileges in another hospital.

We're told that we're going to have a single medical staff in every region. Well, that's simply not happening. Right here in the Capital health authority in the city of Edmonton doctors are being prohibited from even going in to visit a patient if they don't have admitting privileges in that hospital. That is shameful. That's a real barrier; that's a real access problem. That interferes with continuity of care, and that erodes everybody's confidence in the system. And you know what, Mr. Speaker? It costs each one of us a lot more as well, not just in terms of dollars – of course that's important – but in terms of life and in terms of the protection of our health.

Now, Mr. Speaker, the member also spoke about community needs, and then she went on to quote, I would say with some lack of relevance to Bill 201, certain sections out of the Regional Health Authorities Act. In particular, if I recall correctly, the member quoted the sections that talked about the creation of community health councils. Great idea these community health councils. I would like to see one in this province. There aren't any that have been set up as a result of this legislation, and that's because this government has provided absolutely no leadership. There is in fact a section in the law that says they should be there, but there's been nothing done to make sure that communities truly have a voice in the selection and in the participation of these community health councils.

Mr. Speaker, on December 14, 1993, the government, Alberta Health, issued a news release, and they said:

A key component of our action plan will be how to achieve area structures for community-based management and decision-making in the health system.

December '93, for goodness sake, and that was going to be a key feature. I'd hate to see how they'd drag their feet on something they didn't consider important. We still don't have these community-based structures in place, and this member would have us believe that we don't need to ensure community participation in health care in law. I say that is nonsense, and the people of this province know it's nonsense. They want that guarantee in legislation, and they deserve that guarantee in legislation.

**3:50**

The Alberta Liberal caucus is not alone in calling for these kinds of reforms. The Alberta Medical Association last year called for the development of a quality commission, because the AMA themselves were so concerned that their patients were losing confidence not just in them as health care professionals but in the ability of the system to meet their emerging health care needs. Mr. Speaker, this government would have us believe that we don't need such a quality commission or a health care advocate because of all the committees. We've got committee gridlock for goodness' sake. We've got some three dozen health care committees that are costing taxpayers millions of dollars, and what have they got for it? Have they got a health care system they can trust? No. They've got a health care system they're fearful of. How do we know that? Well, again I can turn to the AMA who just today – just today – released the results of their dialogue with Albertans, their survey where Albertans overwhelmingly responded that they were fearful about the future of their health care system as a result of this government's action. That is not acceptable. We need to do something about it.

There is no shortage – no shortage at all – of examples that we could each stand in our place and discuss in this Assembly, examples of the concerns and the confusion and the chaos and the erosion of quality that our constituents across this province have brought to our attention. They have brought to our attention examples concerning physiotherapy, home care, long-term care, access to acute care when they need it, access to mental health care, access to respite care. Mr. Speaker, they've talked to us about ambulance services, about the massive layoffs amongst health care workers and all the instability and dislocation that has created. They've talked to us about the lack of openness of the regional health authorities.

While I'm on that point, Mr. Speaker, let me just refer back again to the Member for Three Hills-Airdrie when she said: it already is open; their budgets are all open; they table them all. I wonder where this member has been. Not one regional health authority budget has been discussed in this Legislature. Not one. Not once. Not ever.

Mr. Speaker, she'd mentioned that they're audited. Last year's public accounts: 17 regional health authority financial statements. Quick. Anybody remember how many were audited? Three. Three of 17. They weren't audited. There is no financial accountability. When the regional health authorities meet, their finance committees don't meet in public. Most of the regional health authorities don't even tell you when and where they're meeting. The public has no access, no access at all to the kind of financial information they need. These regional health authorities spend 25 percent of the provincial budget, and they should be accountable. They should be held up to the highest standard, not the lowest standard that the Member for Three Hills-Airdrie would have us hold them to.

Constituents have talked to us about laboratory closures and the inability with ease and with certainty to be able to both give and then get results back on specimens that will help their physicians diagnose what's ailing them. They've talked to us about their concern about physicians leaving, about the professionals leaving. They've talked to us about the exodus. For the first time ever in the history of this province we've had more doctors leave the province than have decided to come here and set up practice. We've had a drain. The young men and women that we are educating with public dollars . . . [interjections]

There is some distracting noise in the Chamber. I'm not sure exactly. Perhaps you could call them back to heel, Mr. Speaker. Thank you.

The exodus of our young people that we are educating in two of the finest medical faculties in all of Canada; the vast majority of those graduating classes are leaving town. They're leaving town because they don't see a future. Isn't that a sad comment when the young people of this province don't see a future in this province because of this government's policy initiatives?

So not only are we losing some of our best and brightest and most accomplished specialist physicians, Mr. Speaker; we're also losing the next crop that is coming up to take their place. They're going elsewhere. They're not just going to the United States because they're chasing a dollar. They're going to other provinces because they know that other provinces have a vision of health care, which this province has abandoned.

Last but not least on this list of issues that constituents have brought to our attention is their increasing concern regarding privatization, privatization that's creeping in in some of the most sinister ways. The price of a catheter going up by just a couple of pennies may not seem like much, but when you are confined to a wheelchair or bedridden and you require a number of catheters every day and you require those every day for the rest of your life, then a few cents an item adds up. When you begin to lose your ability to get the kind of medical equipment and supplies that you need so you can maintain whatever little bit of independence you have or whatever dignity you're able to strive for and when that's been taken from you because this government is continually striving just to write a smaller cheque and not care at all about its impact on individual Albertans, that is shameful, Mr. Speaker, and it cannot be allowed. If Bill 201 was the law of this province, that would not be allowed to happen, and that's why it's so important that 201 pass this Assembly and pass quickly.

Mr. Speaker, I can refer to the Premier's own words. If you want to know how important this is, on February 12, 1996, the Premier himself said these words to an assembled group of health care authority members. He said: my colleagues and I have heard your advice that you need time, time to focus on the issues of care, time to bring more stability to staff and management. And he said: now, that's why we're allocating \$10 million to relieve backlogs for cardiovascular and joint replacement surgery and MRIs, plus \$1.4 million for a home nutritional therapy program. The Premier's own words acknowledging that his policies and the policies of his business partners have created this kind of backlog and these kinds of difficulties in health care. That's why we need a health care entitlement Act; that's why we need a health care advocate. I would suggest that any member on the government side who's going to vote against this Bill would be voting against the Premier, because the Premier has recognized the need for this in his own words.

Mr. Speaker, when the AMA released their report on their Tell Us Where It Hurts campaign, they said this in their press release

with today's date. Of the calls received on Tell Us Where it Hurts, 90 percent were in support of the physicians' Stop the Cuts message. Nearly one-quarter of callers said that they were scared of the future, and one-quarter are concerned about the reduced number of health care providers. One in five cited long delays for laboratory or surgical services as their main source of concern, and 17 percent cited reduced access in general to hospital services. I notice that the baying of the dogs has died down now, that it's a little sobering.

In November of 1995 Dr. Ed Papp, who's the president of the section of general practice of the Alberta Medical Association, wrote in the College of Family Physicians of Canada newsletter. He said: what can we do individually about the crisis in health care? This is the advice from one of the senior practitioners:

Two things . . . First, leave . . . as many of our colleagues are doing - for sanity and quality of life. The USA could take all of us tomorrow and still not have enough primary care physicians for their needs.

He says:

Secondly, we can be more actively involved in defining the problems and issues and seeking solutions.

The medical leadership and their patients know that the system is in trouble, and they want something done about it. They obviously haven't found the leadership in the government, and they are demanding that this Legislature assume that vacuum. We can do that, Mr. Speaker, if we pass Bill 201.

Mr. Speaker, if you still need some evidence, if any member in this Chamber still needs evidence of the importance of Bill 201, let me just quote one sentence from a letter that was written by the Minister of Health to a physician in this province. Now, I have to set the context. The physician wrote the minister saying that two of his patients have died as a direct result, in his opinion, of budget cuts forced by the Minister of Health. [interjections]

#### **Speaker's Ruling Tabling a Cited Document**

THE DEPUTY SPEAKER: Hon. members, whether the speaker is about to touch on an item that you may not wish to hear, let us hear him and judge the comments accordingly.

If you're going to be quoting from an official document, presumably you'll table that.

The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you. I'd be more than happy to table the document, Mr. Speaker.

#### **4:00 Debate Continued**

MR. SAPERS: The context is important. This physician wrote the Minister of Health claiming that two of his patients had died as a result of government policy.

SOME HON. MEMBERS: Who?

MR. SAPERS: Mr. Speaker, if the Member for Calgary-Bovar or wherever he's from would just keep quiet for a minute, I'd get to the point.

#### **Speaker's Ruling Decorum**

THE DEPUTY SPEAKER: Hon. members, those nearer than farther, the hon. member has indicated that he's going to reveal all of this, and shouting "Who?" is not going to help the debate or hurry him along.

We'd ask the hon. member to continue.

#### **Debate Continued**

MR. SAPERS: Mr. Speaker, I'll have to just do the preamble here one more time because I don't want the context to be lost. A doctor writes the Minister of Health and says: two of my patients have died as a result of government policy. Regardless of the substance, regardless of whether that can be proven or not proven, the response from the Minister of Health is all telling. Before the Minister of Health had a chance to investigate those allegations, this is what the Minister of Health wrote back regarding the death of two Albertans: thank you for your letter dated October 13 regarding the impact restructuring of the health system is having on your patients. The impact that health restructuring is having on your patients. The doctor claimed that two patients have died - they're dead - and that's the minister's cavalier response. Unacceptable. More reason why we need a health care advocate to carry the message to this government that they can't get away with that kind of attitude.

Mr. Speaker, the member for Brooks . . .

THE DEPUTY SPEAKER: Hon. member, we do not have a member for Brooks.

MR. SAPERS: Bow Valley. He knew who I was talking about, Mr. Speaker. The Member for Bow Valley, who we're told knows something about health care and in fact has been called upon by the Premier to provide some guidance and leadership, says this to the press on October 7, 1995, and I quote: some are saying how can we believe you, how can we trust you? And that's something that's only come up in the past few months. What was he talking about? He was talking about the significant anxiety, his words, that people in his constituency are showing about the government's attack on health care.

MR. DUNFORD: You know, Howard, this one's so good I might even send *Hansard* around to my constituents.

MR. SAPERS: Mr. Speaker, Lethbridge-West has offered to communicate this to his constituents. I'd be happy to go to a town hall meeting with him, I believe coming up March 14, and discuss these issues with his constituents.

MR. DUNFORD: Anytime.

MR. SAPERS: Anytime.

Mr. Speaker, let's just review quickly the lifesaving surgery that is being delayed and in some cases delayed beyond the waiting ability of those people who need it in this province. There are currently 28 people waiting in this area for a heart transplant. Twenty-eight. Fewer than that were done in 1995, and there has been a reduction in the number of donor organs that can be recovered, again because of government cutbacks. There are currently six people waiting in the province for a heart and double lung transplant. Only one was done last year. There were no double lung transplant procedures at all performed last year, and for single lung there are currently 18 on the waiting list, with only five accomplished last year. These situations must be corrected, and they must be addressed.

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

MR. HERARD: Thank you, Mr. Speaker. It's a pleasure to rise and make a few points with respect to the discussion on Bill 201. There's one thing for sure, and that is that the delivery of health care services in Alberta has changed dramatically. We have realized in health, pretty much like everything else, that if in this province we want an affordable, sustainable system to be there for us when we need it and be there for our kids and our grandchildren now and in the future, then we must reorganize our priorities and refocus our resources. To the government of Alberta this has meant providing ways and means for increased accountability within the system, a movement from institution-based care to community-based care and making the system more responsive to the needs of individuals who use it.

In Bill 201 the Member for Edmonton-McClung presents his suggestions for improving the health system and comes up with basically the same principles and strategies that the government has already put in place. In that regard, Mr. Speaker, the hon. member is consistent: consistently behind reality. According to the principles of Bill 201, health care should be appropriate to the needs of the community, and for this to happen the community must be involved in health care planning and evaluation. This is a great introduction, to talk about some of the ways in which health care is already being restructured in this province.

In November of 1995 this government announced that \$40 million will be reallocated from acute care to community-based services in the 1996-97 budget. This fulfills the government's commitment to inject \$110 million into community-based services. The minister also announced that the regional health authorities would receive no further funding reductions. The reason for this reallocation is to allow for more health care services to be provided within the community. Albertans have told us – but apparently the hon. Member for Edmonton-McClung doesn't hear them – that they would prefer to be able to receive more care in their homes and in their communities rather than having to travel to institutions for care. But the hon. Member for Edmonton-McClung certainly doesn't hear them. This government is taking the action necessary to make this possible.

We are also making health care more responsive to community and individual needs by returning decision-making power to the people within the communities. Health care in Alberta is now delivered by regional health authorities. These authorities are composed of concerned individuals within the community who make decisions on what health care services their community needs and how those services should be delivered. We had today a tabling by the minister, a report on the future governance and the election of members to those health care authorities.

To help the regional health authorities keep in touch with the needs and the wishes of their people in their communities, there will be community health councils set up in every region, and I can't believe I heard the Member for Edmonton-Glenora say that there are none of these councils that exist. Well, in his own backyard, right here in the city of Edmonton, RHAs are in the process of planning their community health councils. For example, in the Capital health authority a task force has recommended that 10 community health councils be set up.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora is rising on a point of order. Would you share with us the citation?

**Point of Order  
Questioning A Member**

MR. SAPERS: Yes, Mr. Speaker, of course I will. *Beauchesne* 482. I'm wondering, seeing as the member mentioned that there

are some community health councils right here in my backyard, if he would answer a question about those during the course of debate.

THE DEPUTY SPEAKER: Thank you.

The hon. Member for Calgary-Egmont is reminded that you just have to say yes or no. You don't have to give your reasons.

MR. HERARD: No. Thank you.

THE DEPUTY SPEAKER: Okay.

**Debate Continued**

MR. HERARD: In the Capital health authority 10 community health councils will be set up in Edmonton. These councils will represent distinct geographic communities and contain between 50,000 and 70,000 people. It has been suggested that each council will be made up of nine to 12 voting members and two nonvoting members. One will be from the regional authority, and the other will be a municipal representative.

The task force also recommended that the length of term for each voting member will initially be staggered to ensure the continuity of the council. Terms for the first members will range between two to four years. Following that, each would serve a three-year term with the option of one additional three-year term.

This is the plan of the Capital health region, and I know that other regions have similar plans for involving community members in health care planning. Community health councils provide a way for people to take ownership and accountability for their health and the health of their community.

**4:10**

Bill 201 creates the office of the Alberta health care advocate to monitor the delivery of health care services, investigate complaints regarding health care, evaluate the health care policies of the government, and communicate with Albertans to hear their views on health care. Well, Mr. Speaker, there are a number of initiatives already under way in this province to accomplish just what this Bill 201 is asking for.

The Alberta Health Facilities Review Committee, that I am privileged to chair, monitors the quality of care and treatment and the standard of accommodation provided to patients in health care facilities. It is the role of the committee to receive and investigate complaints and review and inspect facilities anonymously. Alberta Health is also looking at expanding the responsibilities of this committee to include the services delivered or funded by RHAs and provincial health boards.

I'm really pleased to see that the hon. Member for Edmonton-McClung is now here to hear some of the statistics with respect to the Health Facilities Review Committee, because all we hear from the other side is chaos, chaos, chaos. Well, it might in fact be interesting, if you care to pay attention, that in 1992 the Health Facilities Review Committee investigated 180 complaints. In 1993, the start of the restructuring, it investigated 149 complaints, and in 1994, 106. [interjections] So you can see, Mr. Speaker, even with the noise from the other side, that the health care system is not in chaos.

A new Provincial Health Council was also announced last October. One of the first tasks of the council is to examine current review and appeal mechanisms available to Albertans who have service delivery concerns. The council will provide advice to the Minister of Health on options for improvement of these

processes. It will also be the duty of the council to provide an annual report card on Alberta's health care system. The council's report card will be used for future planning, and an annual report will be tabled in the Legislature. I understand as well that Bill 211, which was passed in the last session, the Protection for Persons in Care Act, is also being considered with respect to its implications on the health care system. Some of the things that the council will be looking at are factors such as accessibility to services, readmission rates, and moves to community-based care.

Mr. Speaker, we already have a 16-member Provincial Health Council whose job is to evaluate the success of the health system in achieving Alberta's health goals, identify the strengths and the areas that require greater attention, determine the adequacy of existing performance measures and recommend additional ways to measure performance, act as a resource for the minister by reviewing any health policy issues from a provincial perspective, and act as a resource to the minister by reviewing and making recommendations regarding matters affecting regional delivery of services. All in all, the duties performed by the Provincial Health Council are the same as those that would be performed by the Alberta health care advocate called for in this Bill. In fact, the Provincial Health Council is made even better – even better – by the fact that it is also receiving input from the Health Professionals Expert Panel. The panel will be composed of doctors, nurses, and other health professional groups and health science academics who will be able to provide advice regarding the technical and professional issues involved in the health care system. So that's even better than what is being proposed in Bill 201, but it already exists.

In light of these points it appears that Bill 201 is not the tool necessary to meet the objectives it contains. Those objectives are already addressed by the current initiatives of this government. To work on improving our health system and making sure that it meets the needs of our citizens, we must look to the future and not the past.

Bill 201 may appeal to those across the way who do not understand what is really going on in health care restructuring, but Bill 201 offers nothing new. What will this Bill do that is different than what is already taking place in this province? I'll be voting no, and I urge all my colleagues to do the same.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray.

MR. GERMAIN: Yes. Thank you very much, Mr. Speaker. I want to begin by reminding the hon. Member for Calgary-Egmont that he sits on a so-called review facility at the direct licence of the Premier and is paid by the Premier effectively by getting the position of sitting on that board, and it can hardly be said that his review facility is an independent facility independent of the government. Those are the kinds of concerns that this Bill addresses. Those are the kinds of concerns that this Bill addresses. Now, I must say that I would have been much more impressed by the words of the hon. Member for Calgary-Egmont if he indicated that with a view to maintaining his objectivity and his independence from the Premier and the Premier's ministers, he would decline and renounce taking that committee fee and that additional income supplement on the basis of an overwhelming interest to serve health care needs in Alberta. I would have been much more impressed.

I want to talk about one of the most important pieces of legislation we're likely to see in this particular session. It is a bellwether piece of legislation, and history, yes, does repeat itself.

You'll remember, Mr. Speaker, that a few years ago I stood here and I begged the hon. members to support kindergarten. I urged the hon. members opposite to get up and speak up and support kindergarten. Members here stood and spoke up for kindergarten and said that what we were doing was wrong. I begged the members opposite. I remember begging the minister of transportation. I remember begging him to stand up and speak for kindergarten. I remember begging a member who was previously with another political party in this province who might have believed in education to stand up and speak for kindergarten, and, no, he did not do so. The hon. Member for Stony Plain did not do so. Now, just a few short years later there's suddenly an acknowledgement that, yes, indeed kindergarten is important and maybe we should have supported kindergarten.

Now history repeats itself, Mr. Speaker. History repeats itself because we again urge members opposite. I urge the Member for Lesser Slave Lake, who has a remote northern area where there is a large First Nations population often deprived of health care services, and challenge her to stand up in a few moments and speak up for health in this province, to stand up and vote for health care in this province. Do not sit and grin and laugh at somebody who is trying to fight for victims of health care in this province, because those members, those individuals, and those of you from rural Alberta, those of you out there from rural Alberta, you are the first . . . I see that the minister of transportation wants to make an allegation. Stand up and make your allegation.

DR. WEST: You're morally bankrupt.

MR. GERMAIN: Mr. Speaker, the hon. minister of transportation, sitting as he does . . .

#### Speaker's Ruling Relevance

THE DEPUTY SPEAKER: Hon. member, when you're calling on everybody to speak at the same time, as you do, it causes the Chair some difficulty in listening to your speech and also trying to contain all of these people who want to accept your invitation. I think, hon. member, rather than reorganizing the procedures of the House, if you'd get on with the defence of the Bill and the extolling of its virtues rather than inviting a whole bunch of people to explain whether or not they're speaking or whether or not they did something in the past . . .

4:20

MR. GERMAIN: Very good direction, Mr. Speaker. Very good direction. It will be instructional to note, though, that of course I assumed that when I urged people to stand up and speak for health care, they would do that at the appropriate time, after I had finished my comments, many of them being much more experienced and much more sophisticated.

#### Debate Continued

MR. GERMAIN: But I do want to return to the minister of transportation, who referred to me as being morally bankrupt for standing up in this province and speaking for health care and speaking in support of health care. If that's what makes you morally bankrupt in this province, then I admit guilt to that. I think health care is important in this province. I've spoken about it before, and I continue again, Mr. Speaker, and I want to urge the member.

Now, I want to urge the hon. Member for Barrhead-Westlock to stand up and speak for health care today, because the hon. Member for Barrhead-Westlock is a thoughtful and thought-provoking member of the MLAs in rural Alberta. He spoke of health care. He spoke in no less than an important delivery of public opinion in the province of Alberta, the *Barrhead Leader* of September 26, 1995. The *Barrhead Leader*, highly reputed for accuracy in its stories and its quotes, featured the prominent visage of the hon. Member for Barrhead-Westlock, and adjacent to that visage was this quote: if you just say we're reducing the expenditure by X percent, then you're gearing yourself only to reduction without concern for reforms that we should be doing. That from the hon. member. That's right. Some people say: wise words from the man that brought them there.

Now, about the Bill, Mr. Speaker. It has never been the test of this Assembly that we do not pass legislation simply because it is already the existing policy of the government, if indeed it is. I want to remind you that when we raised and suggested that on the Deficit Elimination Act, the Premier, no less, and the Treasurer, no less, bobbed to their feet and said: we will control the deficits. Why then would we have needed, my friends in this Assembly, a Deficit Elimination Act?

AN HON. MEMBER: In case you get in.

MR. GERMAIN: Not in case. "In case" is the wrong word. I see that the hon. Member for Cypress-Medicine Hat has come alive now in the dying moments.

THE DEPUTY SPEAKER: The hon. Member for Cypress-Medicine Hat on a point of order, I can anticipate.

#### **Point of Order False Allegations**

DR. L. TAYLOR: Yes, a point of order; 23(h), (i), (j), imputing motives, false allegations. The member has made a comment and a direct suggestion that I have leaped into action, and I can assure the member that if it was me that made such comments, they would have been much sharper and much more intelligent. Certainly those comments weren't made by me, and I would ask him to withdraw that slur.

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray on the point of order raised by Cypress-Medicine Hat.

MR. GERMAIN: If the hon. member denies that he came alive, I accept his word as an honourable gentleman. I retract the comment I made.

THE DEPUTY SPEAKER: I think that the point of order has been appropriately retracted and would invite the hon. Member for Fort McMurray to continue.

#### **Debate Continued**

MR. GERMAIN: Mr. Speaker, we then move on to the Taxpayer Protection Act. Now, what does that Act do? It was an Act to try and squash sales taxes in Alberta. Well, of course, we do know we have a sales tax, but they said: we won't have a sales tax. But they still brought forward the Act. So simply enshrining things that are perceived to be policy into legislation is not a good reason to vote against good legislation.

My friends in this Assembly, you have to go through this Act and see if it is important that we have an independent health advocate. We have an independent Ethics Commissioner; we have an independent Freedom of Information Commissioner; we have an independent Ombudsman. We have some agencies that purport to provide review services over health care in the province of Alberta, but they all lack, the fundamental flaw, in that they are not perceived by the public to be truly independent. They all report back to the Minister of Health.

For that reason alone, this Bill 201 is an opportunity for all hon. members to stand up shortly in this Assembly and vote for the preservation of health in the province of Alberta. To enshrine principles that we hold dearly into a piece of legislation in the province of Alberta is not a good reason to vote against a Bill; it is in fact a compelling and overwhelming reason to vote for the Bill. I urge all members to adopt that approach when they vote for it.

Now, we know that we've heard some comment that these things are all found elsewhere in other legislation. Well, one of the reasons that we sometimes bring forward pieces of legislation, in addition to ensure and maintain good community standards and the rights of our citizens, is to in fact consolidate those into a one-stop shopping centre where people can find all the law that affects them on one point in the same legislation. So in answer to the adverse comments from the hon. Member for Three Hills-Airdrie, I want to say to you that consolidation of different concepts that are found elsewhere is again not a reason to vote against a Bill, because consolidation is considered one of the primary reasons to vote for a piece of legislation.

In the final analysis we have to go back to the Member for Three Hills-Airdrie, Mr. Speaker, who said that this was a good Bill. Her reason for not voting for this Bill was that she believed that the rights and protections are found elsewhere. It should not be a reason that she votes against a good piece of legislation, simply because the rights and obligations are found elsewhere. The Premier traveled extensively in Alberta in the month of January. He heard people tell him directly that what is contained in this Bill 201 they need and they feel they want and that it would be good for Alberta. Hon. members, please rise above partisan politics here and take off the hat that you wear from the side of the room and say, "Is this Bill good for Alberta?"

Now, the Member for Stony Plain. A few months ago it was in the newspaper that he was going to fight for his health care facilities in his region. He went and he was going to take on his health care authority. There is some suggestion that he may have even done that. But I want to say to him that had this Bill been in place, he would perhaps have not been in a position where he felt that the citizens of his community were being grievously treated as it related to health care in their particular area.

Shortly you will be asked to vote yes or no to the second reading of this Bill, the reading on principle. This Bill says that we'll have an independent health care advocate, and it also says that the protection guaranteed, which members of the government say is already guaranteed to Albertans, will be incorporated into the legislation. That being the case, my friends, there would appear to be no good reason to vote against this Bill. Rather than later having to wonder why you didn't stand up and speak for kindergarten two years ago when you were being urged to do so, you will be able to go back to your ridings on the weekend and say, "When I had a chance in the Legislature of Alberta to stand up for health care, I stood up and fought for health care."

Those are my comments, Mr. Speaker.

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

MR. AMERY: Thank you, Mr. Speaker. It's a pleasure to rise and speak on and against Bill 201, the Alberta Health Care Entitlement and Accountability Act. Accessible, affordable, and quality health care for all Albertans is a priority for this government. Bill 201 also highlights these priorities, but unfortunately the objectives of the Bill have already been legislated by this government.

According to the principles of Bill 201, we must have a health care system that is accountable, accessible, and responsive to the needs of Albertans. To ensure that these goals are being met, this system must be monitored and evaluated. The basic principle of Bill 201 cannot be argued, Mr. Speaker, but the legislation to meet these goals and the rules to monitor and evaluate the system are already in place.

4:30

Bill 201 states that "health care shall be provided in accordance with [certain] principles." As my colleagues have explained, these principles are already contained in the Canada Health Act and the Regional Health Authorities Act. This government is committed to providing accessible health care to all Albertans.

As we heard in yesterday's Speech from the Throne, the government will focus on accessibility by maintaining all seniors' health benefits at current levels and freezing health care premiums for all Albertans at current levels. Bill 201 declares that "health care must be appropriate to the needs of the community," and that "the community must be involved in health care planning and evaluation." Well, Mr. Speaker, it is a priority of this government to provide health care in communities according to the needs of the community. This is why health care in Alberta is now delivered by the regional health authorities. We have turned over decision-making power to the people within communities, making health care more responsive to community needs.

The Regional Health Authorities Act requires RHAs to determine priorities of health services and provide these services in a manner that responds to the unique needs of their residents. RHAs must also ensure reasonable access and promote and protect the health of all the population. Clearly, Mr. Speaker, the objectives of the Regional Health Authorities Act are precisely those proposed in Bill 201.

In addition, community health councils have been created by the regional health authorities. The role of the councils is to consult with the community and to take this information back to the RHAs. Mr. Speaker, the provision in Bill 201 to provide care according to the needs of the community and involving the community in health care planning and evaluation has already been met by the community health councils.

Yes, Mr. Speaker, we are restructuring the health system in Alberta to make it more responsive and accountable, realizing that for this to work we must also have a government that is responsive and accountable. We have always said that we would listen to RHAs and to Albertans and we have.

In November of 1995, Mr. Speaker, this government announced that there would be no further reduction to RHA budgets and, in addition, the government will provide \$40 million to RHAs to continue their enhancement of community-based services. In January of this year the government announced a new initiative to allocate \$11.4 million to relieve waiting list pressure points. Clearly, the concerns of the RHAs and communities are being heard.

Bill 201 states that "health care [should consist] of promotive, . . . curative, rehabilitative and supportive health services." This is one of the goals listed in the Alberta Health three-year business plan, Mr. Speaker. The community rehabilitation program, expanding public education campaigns, enhancing the availability of medical equipment and supplies for home use, and promoting good health, rather than just reacting to illness or injury, are just a few of the initiatives undertaken by Alberta Health. Once again, the provisions are already in place.

The member is also concerned about accessibility to information regarding the financing and administration of health care facilities and the achievement of performance and health outcomes.

Well, as my colleagues previously pointed out, Mr. Speaker, this information is readily available to all Albertans in the business plans and annual reports of the RHAs and the Department of Health.

As we heard in the throne speech, Mr. Speaker, the system will be more accountable through regular performance measurements and reporting by RHAs and an independent report card on the system from the Provincial Health Council. RHAs are required under the Regional Health Authorities Act to provide the minister with their business plans. Section 8 states that health plans must contain

a statement of how the regional health authority proposes to carry out its responsibilities . . . and to measure its performance in the carrying out of those responsibilities . . . information respecting the health services to be provided, and the anticipated cost of providing those health services.

In addition, RHAs must submit annual reports containing audited financial statements, information on their remuneration and benefits, and performance information. These annual reports are tabled by the minister in the Legislature. This information is available to all Albertans. We all support the principles and practices contained in Bill 201, but it's not necessary to pass this legislation to achieve these goals. This legislation is repetitive and unnecessary. There is no reason to support Bill 201.

Mr. Speaker, Bill 201 would also create the office of the health care advocate. My colleagues have already pointed out that the role of the advocate is already carried out by the Health Facilities Review Committee and the Provincial Health Council.

It is important that we look toward the future and continue to work on improving health care in Alberta. This government is committed to improving the quality, accessibility, and accountability of the health care system. Bill 201 does not contribute to the improvement of Alberta's health care system as it does not propose anything new. The principles and strategies contained in the Bill are the same ones that this government already has in place. Bill 201 should not be supported. It's not a step forward. Instead it is redundant and unproductive.

Thank you, Mr. Speaker.

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

MRS. HEWES: Thank you, Mr. Speaker. In a way I hesitate to rise, although I'm certainly in support of this Bill from our Leader of the Opposition, and I want to state that without equivocation. Perhaps my voice doesn't convey quite the aggressiveness or excitement that my colleagues from Edmonton-Glenora and Fort McMurray do, but let me tell you that I'm nonetheless passionate about our health care in Alberta, and I think I have proved that over and over for a number of years.



Mr. Speaker, to say, as members of the government have suggested, that everything is in place, that all of the existing legislation is there and operative, is just patent nonsense. All they have to do is look at their mail or pick up the phone to hear that it isn't working, and I'm sure that is clear to members of the government.

Yesterday we had the Speech from the Throne, and about it the Premier declares:

This will be a year of transition. It's the year we'll evaluate the effect of the abrupt, but necessary changes over the last three years, and ensure government programs meet Albertans' needs.

Well, one would have thought, at the very least, that in tinkering around with the health care system a plan would be in place and that a method of evaluating as they went along would be there, not 18 months or two years later. I mean, this is dangerous. This is toying and tinkering with people's lives, Mr. Speaker, and it should never have been allowed.

Mr. Speaker, the news release of yesterday goes on to say:

Initiatives to improve the quality, accessibility and accountability of the province's health care system include . . .

the smart cards, seniors' health benefits, and premiums. Well, there in that first statement is an admission, a patently clear admission that it isn't working. I mean, if it were working, why would the Premier need to include in his throne speech the need to improve "quality, accessibility and accountability"? Here's the admission. It's obvious, and it must be obvious to all members of this House what's happening.

[Mr. Clegg in the Chair]

Let me go back a little bit in history, Mr. Speaker. I started talking about health care reform I guess about eight years ago – it must be eight or nine years ago – in this House.

MR. N. TAYLOR: The hon. Member for Olds-Didsbury had hair then. Remember?

MRS. HEWES: Yes.

My comments about the need for health care reform had to do with the incredible changes in technology, not just in medical engineering technology but in communications and transportation technology, and the very dramatic changes in our attitudes about lifestyle. We were more concerned about nutrition, more concerned about exercise, more concerned about the elderly and taking care of themselves, emphasizing that we should not smoke, that we should not use alcohol or addictive drugs. A lot of changes in lifestyle were driving the need for health care reform, and there was a very visible paradigm shift in people's minds to wanting care in the community. They wanted to move away from the medical institutional model that had served us well over the years. They wanted to move away from it.

4:40

Mr. Speaker, we talked at length about that need, but the government not only denied it – and the minister finally admitted that, the minister of the day. They not only denied there was a need for reform in health care, but they ridiculed it. They ridiculed and derided any comments about the need for reform. So we emphasized that over time without any real success until finally, having persisted in building more hospitals and in adding more and more institutions, the government realized the error of their ways. The minister actually acknowledged that the government had been in denial and that health care reform was essential.

However, with this government there was an abrupt turnaround: not an opportunity for a plan to develop, not an opportunity for the extensive consultation that was necessary, but an abrupt turnaround. The government suddenly said, "Here's how we are going to do it," and with surgical strikes made some very dramatic changes in health care in our province. The major difficulty that I see happened was that they left people out of the equation. It had to do with institutions, with balance sheets, with budgets. They forgot that in health care what we're talking about are people and people's lives.

Mr. Speaker, there's no doubt in my mind that the reality of today's chaotic health care situation is being felt in every constituency office in this province. I would invite members opposite to let us know the things they're hearing. Certainly the AMA has heard it. The Member for Bow Valley has heard it, and many other members I think privately have attested to it. We get countless – countless – grave concerns of people who are even fearful of going public with their concerns because of the potential for retribution, people who bring to my office and to your offices what even the Premier has referred to as horror stories, and they are horror stories. They are deeply felt by individuals and their families and their communities. These are horror stories that are very real in the lives of Albertans every day, and they are not being addressed. They are not being dealt with by health care councils. The health care councils don't exist at this point in time. They are not functioning after a year and a half of waiting.

Mr. Speaker, the concerns relate to things like access, the long waiting lists. I have people sitting and crying in my office about family members. They relate to the kind of thing that happens with early discharge, where seniors are sent home for other frail seniors to care for them, where home care costs are excessive, where family members are unable to do what is necessary. The Minister of Health tells us that in home care things that are medically necessary are insured, but there are many, many things that people need for early discharge that aren't considered medically necessary and that people simply cannot afford. What do we do about that? What is their reality? What are Albertans telling us about institution versus community care? Yes, they're saying that we want community care, but we can't close down our institutions. We can't discharge people from our acute care and our extended care unless those community services are in place and are available to them, and they are not. There are many noble statements made about moneys being put into community care, into home care. It isn't working. It isn't working, and that's abundantly clear.

Regionalization is something that I spoke about years ago, and regionalization in fact can work. There's no doubt in my mind that it can work, but the regions must have adequate resources and they must have time. The Premier in his speech of this week, if I can find it here, in fact spoke about that, Mr. Speaker. He spoke to the members of the authorities and reinforced those very ideas, that they have to have resources and they have to have time. Among other things, he says to this group of people that hospitals are more efficient, that some do more surgery despite less funding. Where? Where's the evidence? Does anybody know of any single institution that is doing more surgery than before? The Premier, with confidence I'm assuming, says that we're shifting successfully from institution to community-based care. Show me. Show me, Mr. Premier, where that is. Show me where that's working. In addition, he says that key programs like home care are expanding, while new services like day programs and respite care support early discharge from hospital

and independent living in the community. Has anybody in this Chamber heard from anyone in our constituencies that says, "Gee, fellas, great work; it's working for me and my family"? Not one single one. Not one.

Mr. Speaker, let me refer to the throne speech where the comments are on seniors. Here the throne speech tells us that "the government will focus on accessibility" – again the admission that something isn't working, because they have to focus on accessibility – "by maintaining all seniors' health benefits at current levels." Well, there's no mention about the cuts of the last two years. There's no mention of the circumstances that seniors across this province are facing, where they cannot manage in their own homes and manage independence with the kinds of cuts that they've been subjected to. There's no mention of the increase in drug costs and what that has done to the lives of seniors and their ability to lead a quality of life.

Finally, the throne speech says that we're going to freeze "health care premiums for all Albertans at current levels." Well, whoopee. Isn't that great? Everybody is delighted with that. People all across this province are saying, "Good for you." No mention of what they did a year and a half ago with the Alberta seniors' benefit, where seniors suddenly are paying insurance premiums. And then last year once their income tax – then they get another jump in them. No mention of putting that back or relieving some of the hardships that seniors have had to put up with.

Mr. Speaker, there is no doubt in my mind that this thing is failing. The councils are nonexistent. The government has discovered, to their sorrow and to their peril, that their health care reform is not working. They've acknowledged that in the throne speech. The Premier acknowledged it by saying that there would be a 90-day turnaround. Is anything different? Has anything changed with 90 days? What happened to that?

You sow the wind; you reap the whirlwind. This reform was put in place without a plan, without an understanding of the consequences, without really knowing what it would do to people. We knew what it would do to the balance sheet, but we forgot about people. Mr. Speaker, I think the government has discovered this to their sorrow. What has happened in health care has become a real embarrassment. We have finally had an acknowledgment. I'm appalled however. I suppose I shouldn't be surprised, but I'm appalled that members of the government one after another stand up and say that we don't need a Bill that gives entitlement, that we don't need a Bill that would provide an advocate, one after another say that we don't need that. I don't know what your reality is. I don't know what you're hearing, but I certainly know what I'm hearing and I know what members of my caucus are hearing, and I know it's time to take some action.

I would ask that you show some courage, show some understanding of the reality that Albertans are facing. Let's face up to this. We can make regionalization work. We can make regional health authorities workable if we'll provide them with resources. They're good and willing people. It can happen, but it can't happen as long as we make struggles and make pious and righteous statements about how great this thing is and how we don't need an advocate and we don't need an entitlement.

Mr. Speaker, I know that there are other people who want to speak to this very important Bill. I urge all of my colleagues to support it.

4:50

THE ACTING SPEAKER: The hon. Member for Bow Valley.

DR. OBERG: Thank you, Mr. Speaker. It's certainly a pleasure to rise today and debate Bill 201. I think it is an issue in 1996, and it is an issue that I've been intimately involved with over the past three or four months.

I would like to address, if I may, a couple of points. First of all, the point that has been made time and time again is that people on the other side of the room are going out and talking to people. They're hearing all the concerns. They're going out and hearing all the concerns, Mr. Speaker, and the assumption is made that the people on our side, the government, don't care what people say, that they're not going out there and talking to people, that they're not hearing the same stories. I'd like to give you a list, and what this list is is a list of health care providers and stakeholders in communities around the province that I have personally met with in the last two and a half months. I'll read you that list. It extends from northern Alberta to southern: Grande Prairie, Rocky Mountain House, Olds, Didsbury, Eckville, Claresholm, Sundre, Innisfail, Vulcan, Pincher Creek, Crossnest Pass, Fort Macleod, Edmonton, St. Albert, Calgary, and Lethbridge.

Mr. Speaker, a very interesting point was made at each of these meetings. I asked, and not one of these groups had been contacted by the Official Opposition party. So I challenge . . . [interjections]

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

#### Point of Order Questioning a Member

MR. SAPERS: Thank you, Mr. Speaker. It's Edmonton-Glenora. Thank you, sir. It's 482. I wonder if the Member for Bow Valley would entertain a question regarding the tabling of that list of groups that he's met with during debate.

DR. OBERG: Any time, Mr. Speaker.

#### Debate Continued

MR. SAPERS: My question to the hon. member is this. He's just made the assertion, of course, that all of these groups that he's talked with from north to south and east to west in this province have complained to him that they have not met with the Official Opposition. My question to the hon. member is: would he please tell us exactly who those groups are, when he met with them, and what issues they raised so that we can ascertain the accuracy of that particular comment, Mr. Speaker?

THE ACTING SPEAKER: Hon. Minister of Education, we're not going to have a point of order on a point of order.

The hon. Member for Bow Valley. [interjection] As soon as we finish this point of order.

DR. OBERG: Thank you, Mr. Speaker. My assertion and what I said, if the hon. member would care to listen to what I said, is that when the issue was brought up about the Official Opposition party contacting the groups that I'd met with, the answer was no. These were all health care providers and stakeholders around the province, and consequently that is what the issue was.

Mr. Speaker, if I may, I'd like to just talk about a couple of issues that were raised in the speeches from across the way. The last hon. member who spoke stated a very interesting point, and it was a point that had a lot of significance to me. What she said

was that we left people out of the equation. On Monday I had an opportunity to attend the regional health authorities forum, and the regional health authorities forum, at which I gave a presentation, presented me with a gift at the end of it. What that gift was was called Success Stories in their regions. If I may, I would just like to go through a few of these because, to be quite honest, an awful lot of them are from Edmonton, which is where the sponsor of the Bill is from, and I would just like to show him and wonder if he is aware of these issues.

Mr. Speaker, the first one is called Health Service, Education and Research Consortium, and what the Capital health authority did was go out and initiate discussions with groups. If I may, I'll tell you who those groups were, again to battle the point about we left people out of the equation: Alberta Heritage Foundation for Medical Research, Alberta Vocational College, Capital health authority, Caritas Health Group, city of Edmonton, city of St. Albert, Economic Development Edmonton, Grant MacEwan Community College, Healthcare Opportunities Metro Edmonton, Northern Alberta Institute of Technology, and the University of Alberta. What they chose to do is that they brought forward statements out of this on how to address health research. The allegation has been made that we left people out of the equation. [interjections] I think it's very unfortunate that the people on the side are laughing when I talk about positively influencing the manner in which health care is provided to our citizens. That's one of the points that was brought forward by this initiative that was called a success story.

#### Point of Order

#### Questioning a Member

MR. SAPERS: Mr. Speaker, I rise to ask the member opposite if he would like to answer a question regarding his objectivity as both a government-paid member of the Assembly and a physician who bills the Alberta health care insurance plan.

DR. OBERG: Mr. Speaker, I will not answer that question because I'm speaking as a Member of this Legislative Assembly, and I'm commenting on health care in this province and what is going on here. I'm giving something that has yet to be given in this Assembly.

#### Debate Continued

DR. OBERG: Mr. Speaker, I'll read another statement from this success story in this area: "Strengthen health service, education, research and evaluation in the community setting." That doesn't sound to me at all like we left people out of the equation. Instead, it sounds exactly the opposite.

Mr. Speaker, the next one I'd like to talk about is called Health Outcome Measurement, and this is a success story in Calgary. What they have done is that by using a thing called interactive voice response, they are evaluating how this helps maternal patient satisfaction. It measures the level of satisfaction among mothers who have given birth, and what it is is a follow-up system for mothers in Calgary who have given birth. Desired outcomes: as with anything, this is what they want to achieve from their success story:

- Collaboration and cooperation between three acute care sites . . . public health . . . and the appropriate support services.
- Consumer involvement to assess the impact of changes to the care delivery system.
- A high response rate.

- Acceptance of IVR technology as a methodology for patient satisfaction surveys.

To me this certainly doesn't sound like groups that are leaving people out of the equation.

Mr. Speaker, the previous speaker asked us to show them what was happening, and these are true success stories of what is out in the health care system. Again, they are positive, so perhaps that's why the opposition doesn't know anything about them.

#### 5:00

Mr. Speaker, I'll go on. The Capital health authority – again where the majority of the people from the opposition are from – a drinking decisions program. What they are aiming for and what they are looking at is decreasing the incidence of alcoholism. The outcome that they were looking for was to decrease the incidence in drinks per week of a target population. If I can just say, this is one where the outcomes have been monitored. I can give them to you: before taking the program, the average number of drinks per week for the people involved was 21.9, at three months follow-up it was 11.3, and at one year it was 10.6. Again, does this sound like a group of people who are not worried about people?

Mr. Speaker, another one. I go on. [interjection] I do go on; that's right. The Capital health authority: notifiable disease reports investigation efficiency. The efficiency in this program has increased dramatically. They have achieved a 92 percent reduction in the time required to complete all investigations with appropriate levels of quality. What this means is that the response time for outbreaks and epidemics of enteric disease has decreased significantly; the quality of care, the ability to go out and respond has increased significantly, again all with a view to having a better health care system.

I go on, Mr. Speaker. The Provincial Mental Health Board: do you know what their project title was? Establishment of regional mental health advisory committees. Does this sound like a group who don't want to go out and talk to people, who don't want to have people involved? Does this sound like people that need a health care advocate? [interjections] I can clearly see two points here. First of all, the opposition does not want to hear what's going on. Second of all, they have not taken the interest to find out what's going on in their constituencies despite the fact they're saying that they're out there all around the province in our constituencies.

Mr. Speaker, I go on. The Palliser health authority – speaking of my own back yard. This is a community development project designed to increase community participation in health promotion, injury reduction programming in the Palliser health authority region, located in southeastern Alberta. People in my region would sooner have a program like this than a Big Brother health care advocate looking after them.

Comprehensive home option of integrated care for the elderly: another program that addresses the care of seniors in Edmonton. It's very unfortunate that the members across do not have knowledge of these programs, because the way they're talking and the way they're talking about senior care, it's obvious that they haven't taken time to consult with the people in their constituencies and find out what's actually going on. I would recommend that the opposition read the document called Choice. I think it's something that they might find quite uplifting.

Mr. Speaker, I go on. The approach project and what this is. It starts off: the approach project to date has truly been an Alberta success story. The important initiative is the collaboration effort between the University of Alberta hospitals, the University of

Calgary, the Foothills, the Royal Alex, the Holy Cross, and the Alberta Department of Health. What they are doing is monitoring patient management and outcomes as well as short- and long-term costs associated with patients with coronary artery disease. Coronary artery disease affects a lot of people in this province, and these are the groups that are going out there and monitoring it at the moment.

Parenting community television, another success story. The Calgary regional health authority is looking at establishing educational television on cable TV to help parenting. Mr. Speaker, this is a very important socioeconomic issue, and they are addressing it, and they are addressing it on the personal level.

Mr. Speaker, I could go on and on because I've got a whole binder of these, but I think the opposition party tends to be losing a little bit of interest and a little bit of credibility because they haven't done their homework on this.

If I can, I'd like to direct my arguments now to the actual Bill. What I've been trying to do is show how the regional health authorities have been going out, how they've been addressing the needs, the success stories. They are monitoring. There are outcomes, there are performance indicators that are out there, and these are but some of the success stories.

Mr. Speaker, I alluded to it slightly. I would like to talk about the health care advocate. If I may, I would draw three points. Number one, "Every investigation by the Health Care Advocate under this Act shall be conducted in private," not public such as the ones that are being heard. Number two, "The Health Care Advocate may obtain information from any persons and make whatever inquiries the Health Care Advocate thinks fit." Number three, which is really the scary one, "Subject to section 29(3), it is not necessary for the Health Care Advocate to hold any hearing." You have a body, a person, a group that is going out there to make recommendations about health care, but it doesn't have to hold any public hearings. It does not have to hear both sides of the story. This is from an opposition party that advocates public input. I'm astonished.

Thank you.

THE ACTING SPEAKER: The hon. Minister of Education on a point of order.

#### Point of Order

##### Questioning a Member

MR. JONSON: Mr. Speaker, I very much appreciate your previous ruling with respect to allowing the debate to continue, and I appreciate your wanting to facilitate the House hearing all comments. I do feel that with respect to the references which have been made regarding questions during debate, and particularly *Beauchesne* 482, I would like to take issue with the interjection that was made in the guise of posing a question. I believe that the member of the opposition asking to pose a question was well received and favourably received by the member that was speaking. Therefore, I do not think that it is appropriate according to the rules of the House that that member then take the opportunity to make remarks and to make a speech, given that the question had been accepted and debate could have proceeded. I think that I would respectfully suggest that that kind of additional comment, which is not in keeping with the rules of the House, should not be allowed.

THE ACTING SPEAKER: On the point of order, the hon. Minister of Education certainly does bring up a point. Under

section 482 it clearly states that there should be one sentence: would the member in fact entertain a question? The member has to answer yes or no. There shouldn't be this preamble and all this discussion. That's the way it should work. I do apologize to the Minister of Education, because he rose on this point of order when the hon. Member for Edmonton-Glenora spoke. But let's just keep it down to what the intent of section 482 is.

#### Debate Continued

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

DR. NICOL: Thank you, Mr. Speaker. You were moving me a little further north, but I'll stay in Lethbridge right now. Thank you.

I'd like to comment on this Bill as well. It was quite interesting when we heard the Member for Bow Valley talk about his trip around Alberta. He mentioned that he had been in Lethbridge. It brings me to question who he actually met with when he was in Lethbridge. Mr. Speaker, I've met with the regional health authority. I've met with the doctors. I've met with the United Nurses of Alberta and their staff and their members. I've met with the support staff of the health care system. I've met with the board of St. Mike's. I've met with a number of the seniors and asked them about how they perceive the health care system. I've met with a number of the people in the disabled community in Lethbridge and asked them about the health care system. If the Member for Bow Valley is touring Alberta and asking about the health care system, I don't know who in Lethbridge he talked to. He sure didn't talk to those, because I've talked to them.

#### 5:10

Mr. Speaker, one of those things that I asked these groups of people when I was meeting with them was their perception of the health care system. Their responses to that question provided me with the rationale and the reason for supporting this piece of legislation. Most of the people at all levels in the health care system expressed a real need to be able to deal with a province, deal with a government, deal with legislators who showed a firm commitment to the health care system. By implementing, by acting on the first part of this piece of legislation, we in effect are saying that we believe in the health care system, that we believe that this is an entitlement that Albertans have that good health creates good citizens, that good health creates a good workforce. This makes a positive statement that we as legislators, we as people of Alberta do not view health care as a drain on the economy, as a drain that takes away from the economic system in Alberta. We see it as a contributor, as a strong support part of what is a healthy Alberta, both from the people perspective and from the economic perspective.

The other thing that they told me, Mr. Speaker, was that they didn't know where to turn, that they didn't know who to carry their concerns to. They come to my office. They look at me, in many cases because I'm involved in the political process, as being political. They look at the regional authority. Because it's appointed, they look at it as political. They look at the councils which haven't yet materialized, and they say, "How are we going to be able to deal with those?" because they're going to be appointed.

[The Deputy Speaker in the Chair]

So by having an ombudsman established under this Act, what we have, Mr. Speaker, is an arm's-length person so that people who are truly concerned, who truly feel that they have been treated badly by the health care system have a position, a place that they can go with confidence that the politics, that the pressures, and that the accountability is there. They can feel really strongly that their concern is going to be listened to, that it's going to be acted on, and that it's going to be dealt with in an objective manner.

Those are the reasons that I got from the people in my constituency and the city of Lethbridge, and those are the explanations, those are the discussions that we had that have led me to come back now to this Legislature and say, yes, this is a good Bill. This is a Bill which contributes to the health care system. It contributes to the public perception of the health care system, and it makes our health care system much more responsive and much more open to the constituents that I've talked to. So that's why, Mr. Speaker, I'm going to vote in favour of this Bill. I feel very strongly that those are good reasons for doing that.

Thank you.

MR. BRASSARD: We're just about out of time, and I'm not going to reiterate what has already been said. I know, Mr. Speaker, that the opposition will claim that by rejecting this Bill, this government is rejecting publicly funded health. Let me make it very clear to Albertans that what we are rejecting today – and I'm quite sure that this Bill will be rejected – is waste, duplication, and unnecessary excess.

The best way, Mr. Speaker, to ensure long-term access to health service is not to create yet another piece of health legislation but to spend smarter. Our actions speak louder than any words. We've established achievable fiscal targets and a practical strategy for achieving them. Eliminate waste, streamline operations and administration, consolidate high-technology services on fewer sites, shift to a community-based system, improve co-ordination and evaluation: that is how we preserve publicly funded health systems.

To summarize, Mr. Speaker, this Bill replicates existing mechanisms, adds to the legislative burden that already encumbers the health system, perpetuates the attitude that health services alone are responsible for health, contains proposals that could see health costs rise substantially, and fails to put forward any innovative or creative suggestions for enhancing the health system. For these reasons I urge all members to reject Bill 201.

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

MS CARLSON: Thank you, Mr. Speaker. It's a pleasure to get up before all the members of this House and speak in favour of this Bill.

The Member for Bow Valley made many allegations about the lack of contact the people on this side of the House have had with constituents with regard to their concerns over health care issues. I would like to remind that member that my constituency is just one block south of the Grey Nuns hospital, which is a hospital that has been under a great deal of controversy with all of these health care cuts. There hasn't been a week since I've been elected and the health care cuts have been enacted that I haven't had many, many, many constituents address me while I've been in my office, while I've been here at the Legislature, while I've been buying groceries, while I've been shoveling the snow off my

sidewalk, while I've been out in the community with my children, who are concerned about health care and the cuts and the changes that have been made to this system in this province. It's been fundamentally flawed. They've eradicated the base of a wonderful general public health care system that we had before and have made people fear for their families, for their children, for their seniors, that they're going to have inadequate access to health care.

DR. WEST: You did that.

MS CARLSON: No.

DR. WEST: Yes, you did.

MS CARLSON: No, we did not do that. This government has done it by the cuts, by the way they initiated them, by eradicating public health care in this province and by cutting hospital beds without any thought, without any planning about the needs the people have in this province for health care. There are an excessive number of cases every single day in every single city and town and village in this province where people are not getting the kind of adequate health care services they need because hospitals and regions do not have adequate funding, adequate access to the dollars that they need to provide those services.

In fact, we just had one from my constituency profiled in the paper this week: a young girl, a young student in grade 12, trying to finish her grade 12 and get a high enough academic standing that she can go on to university and further her education and her career and become a committed taxpayer in this province. What happens? She can't get a back operation. Not for one month, not for two months, but for six months she's been on the waiting list, and all during that time she's in excessive pain, so she cannot commit herself to her studies. She can't take more than two classes per semester. When she goes to the hospital, she misses three days of classes at a time waiting in the rooms, trying to get into the surgical unit. She's been turned down twice in there, all prepped for the operation, and all of a sudden there's no money left, so they've got to shut the OR down for that day, and home she goes again, missing more classes and more school. [interjections] It's absolutely true. The minister of transportation says that it isn't true. I'll give you her phone number, and you can talk to her. You can talk to her mother. You can talk to her father. You can talk to her surgeon. It's in fact true, and it happened this week.

#### **Speaker's Ruling Decorum**

THE DEPUTY SPEAKER: Hon. members are reminded that the convention of the House is that you speak through the Chair. That way we don't get into this across-the-aisle pointing and telling somebody what they can do and what they can't. Tell it to the Speaker, if you would.

The other thing is that if you can, ignore the interjections of others, and when the Speaker gets them . . . [interjections] Order. Hon. minister, the Speaker is standing. When the Speaker notices the interjections becoming unduly frequent, that will be taken into account and the hon. minister asked to refrain.

Would you continue in the moment remaining?

#### **Debate Continued**

MS CARLSON: Thank you, Mr. Speaker. I would like through the Speaker to remind the minister that I am happy to provide this

young girl's name, her parents', and the surgeon's and the hospital that they've been trying to get the service at and have been unable to. When she does eventually get into that hospital, she's going to be six weeks recuperating, and what does that mean? She's lost not one semester of grade 12 but two semesters of grade 12. So that young person is going to be 19 years of age before she's finished her education. So not only hasn't she adequate access to the health care system because of the cuts and the manner in which they've been made; she does not have adequate and timely access to the education system. That is a crime, and that's been committed by the members of the House by not supporting this kind of legislation.

We should never have needed to bring this kind of Bill to the House. We should never need to ensure in legislation that people in this province have got adequate access to health care services when they need them and to the degree that they need them. [Ms Carlson's speaking time expired] I'm sorry that I have no time left because I have many comments, and I will bring them up in debate later on.

THE DEPUTY SPEAKER: The Chair hesitates to interrupt the hon. member, but Standing Order 8(5)(a) provides for up to five minutes for the sponsor of a private member's public Bill to close debate before all questions must be put to conclude debate on the motion for second reading. I therefore would invite the hon. Member for Edmonton-McClung to close debate on Bill 201.

5:20

MR. MITCHELL: Mr. Speaker, I'm of two minds about this debate. On the one hand, when I hear my colleagues on this side of the House speak, I feel that there is a true sense of understanding about what has happened to health care in this province. There is a sense of people and what these health care cuts and the way that the health care system has been restructured is doing to people.

On the other hand, when I listen to members on the other side of the House, I see a very, very frivolous, I think facetious, uncaring, and thoughtless approach to health care and health care delivery in this province. A word that would capture those thoughts and ideas is smug. There is truly a smugness, and nowhere is that less becoming than it is when it affects people's lives.

I think we saw something today in the Legislature that was very, very telling. That was a Premier who stood up and said: I don't know about that case; that affects an individual. Individuals are what the health care system is all about. It isn't systems and processes and bottom lines and institutions and bricks and mortar. It is people. It is their quality of life. It is the nature of communities within which they live in this province. If there is . . .

THE DEPUTY SPEAKER: The hon. Minister of Education is rising on a point of order. You'd care to cite that for us?

#### Point of Order Imputing Motives

MR. JONSON: Mr. Speaker, I would just like to draw to your attention - I'm not requesting a ruling at this time, but I think that under 23(h) and 23(i) of Standing Orders members of the Assembly might be advised that they should not comment and suggest attitudes or motives which have in no way been alluded to in the House, particularly by government members.

THE DEPUTY SPEAKER: On the point of order, hon. member.

MR. MITCHELL: Yes. I'm not inferring or implying anything about the man's motives. He said it. I'm merely paraphrasing what he said right before you and every other member of this House. He said that he didn't understand that question because it was about an individual. Individuals are what the health care system is about. How much more obvious can it be?

THE DEPUTY SPEAKER: The Chair would reflect on what has been brought to the attention of the Chair by the hon. Minister of Education. When you refer to 23(h), (i), and (j), the part that's perhaps most telling is maybe the allegations and then "insulting language of a nature likely to create disorder." If that be the case, then I think we have the case where you're talking about an individual. If you're talking about an individual, then that borders on maybe treading on this one. However, I think that in his lively debate we will ask the hon. Leader of Her Majesty's Loyal Opposition to continue his summation.

#### Debate Continued

MR. MITCHELL: Thank you, Mr. Speaker. I've made my point. The fact is that the health care system in this province is in jeopardy.

I think about some of the things that we could not have imagined happening over the last number of years. Most of us would never have imagined the Soviet Union breaking up. Most of us would never have imagined the Berlin wall coming down. When I came into this Legislature, I never would have imagined having to bring a Bill of this nature to protect the basic tenets of our publicly funded health care system, which has been an outstanding value in this province for decades, Mr. Speaker. It's a sad day that I have even had to bring it to this Legislature. It will be a sadder day if this government defeats this Bill today.

THE DEPUTY SPEAKER: All those in favour of second reading of Bill 201, the Alberta Health Care Entitlement and Accountability Act, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

[Several members rose calling for a division. The division bell was rung at 5:25 p.m.]

[Ten minutes having elapsed, the Assembly divided]

For the motion:

Abdurahman	Hewes	Soetaert
Bracko	Leibovici	Taylor, N.
Bruseker	Massey	Van Binsbergen
Carlson	Mitchell	Vasseur
Collingwood	Nicol	White
Dickson	Percy	Wickman
Germain	Sapers	Zariwny
Hanson	Sekulic	Zwozdesky
Henry		

Against the motion:

Ady	Haley	Mirosh
Amery	Havelock	Oberg

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Beniuk	Herard	Paszkowski
Brassard	Hierath	Pham
Burgener	Jacques	Renner
Calahasen	Jonson	Severtson
Clegg	Kowalski	Shariff
Coutts	Laing	Smith
Dinning	Langevin	Stelmach
Doerksen	Lund	Taylor, L.
Dunford	Magnus	Trynchy
Forsyth	Mar	West
Friedel	McClellan	Woloshyn
Fritz	McFarland	Yankowsky
Gordon		
Totals	For - 25	Against - 43

[Motion lost]

[The Assembly adjourned at 5:40 p.m.]

