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SECOND SESSION, 38TH PARLIAMENT

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MONDAY, FEBRUARY 27, 2006

The House met at 10:03 a.m.

Prayers.

Orders of the Day

Private Members' Statements

MENTAL HEALTH SERVICES — NORTHERN B.C.

C. Wyse: Good morning, Mr. Speaker. I hope you had as relaxing a weekend as I did.

A few weeks ago I was up in the Prince George area, and I toured the Prince George Regional Hospital and had a look at the provision of mental health services for this part of our province. That gave me the opportunity to speak with individuals who suffer mental illness, to talk with advocates for the mentally ill as well as talk with the staff.

To help lay the groundwork for where my description will go today, Mr. Speaker, I would like to give you this particular piece of information. Together, medication and social therapies are the cornerstone for effective treatment of mental illness, and they treat both positive and negative symptoms, decrease relapse rates and improve engagement in a healthy lifestyle.

Now, the Northern Health Authority is a very large geographical area that is sparsely populated. It has a dedicated staff as well as a very open management. The challenge is that to provide for the mentally ill in a crisis in the smaller communities is distinctively different from the situation that presents itself in the larger community of Prince George.

[1005]

[H. Bloy in the chair.]

I will present to you two separate cases of an individual exhibiting a mental health crisis in the northern part of the province. In the smaller community with a hospital, that hospital no longer will phone Prince George to see whether there is room for that individual to be admitted. They have experienced the overload that exists in that particular hospital, so in the smaller community they simply put the individual in crisis into an ambulance and send them off to Prince George and leave it up to the hospital to address that particular issue in the emergency ward. In Prince George itself, if the individual presents a mental health crisis in a jail environment, the individual may end up remaining in the jail because the emergency service at the hospital is not 24-7.

A description of what faces individuals in this type of crisis in the northern part of the province: we have a 20-bed unit that is spread over ten rooms with two beds per unit. That complicates the provision of services, because upon discharge the individual for admittance must be of the same gender as the person who is already in the room. So there's a limited aspect there upon admission.

The six youth beds for the adolescent psychiatric unit. The development and relocation of those six youth beds was started, then put on hold. So part of the mental health portion of the hospital is torn down and under construction.

The four psychiatric seclusion units do not contain washrooms, as is required under best practices for mental health individuals. From those same seclusion rooms, many of these patients in crisis end up working their way into the treatment rooms. I wish to give you a further testimonial from a patient who experienced the seclusion room.

I had to go to the bathroom, and I remember trying to desperately get out before I lost control of my bladder. I remember begging and pleading and banging on the door before I lost control of my bladder. "Please let me out. Please let me out. I have to go to the washroom." I remember telling the voices: "Yes, I do have weak kidneys." The door finally opened, and they took me to the washroom. I barely made it. I will never forget the degradation and the humiliation of having to get down on my knees and beg and plead with the staff just so I could go to the bathroom.

The practice remains. In order to go to the washroom, the individual must obtain the attention of the staff by waving through a camera.

The situation that we have for either of these individuals in a mental health crisis is 20 beds that are so full that the emergency ward becomes plugged with persons in crises, putting additional pressure on our acute care beds.

After treatment and stabilization, the individual from the smaller community is kept in care longer because the community lacks support for that individual as well as the necessary housing, further causing backlog upon these 20 necessary beds. In Prince George itself there are more support services, but these support services are stretched to the limits.

When we look at the housing situation, the housing options, there is a shortage. The housing available is often unsafe for the staff to go and continue to support that individual. There is not enough housing. The discharge planning has limited coordination upon leaving the hospital. A case manager is required for subsidized housing, and the individual must wait to obtain a case manager. Finally, the individual who suffered this particular crisis may have lost their housing if their stay in the hospital has become too long. So the 20 beds for providing these secondary mental health services remain full longer than necessary as the community supports, including housing, are lacking.

With forensic youth psychiatric services, I'm advised that cuts to the Ministry of Children and Family Development have put additional pressures upon this particular group of individuals needing support for mental illness. The medicalization of social programs is too simplistic, and foster care and housing for these individuals becomes a big issue.

[1010]

Youth 16 years of age in the care of MCFD with mental health issues encounter unique difficulties as they move from 16 years of age to 19 as an adult.

Finally, at this part of my description, I wish to talk about the third-party providers — those groups that provide support to the people with mental illness within the community themselves. The B.C. Schizophrenia Society....

Thank you, Mr. Speaker.

K. Krueger: Mental health — and dealing thoroughly, properly, respectfully with the victims of mental ill health — is a major priority of this government. Unfortunately, it is another area where British Columbia was left in serious deficit during the decade of the 1990s. It was a promise in January 1998 that the government of the day, the NDP, would put \$125 million into additional health services. According to the Canadian Mental Health Association, publishing in December 1999, it was estimated that actually only \$10 million was spent on mental health services. We were a long way behind.

I remember in the election campaign of 2001, at the last big public forum of the campaign, there was a speaker at the microphone asking me as a candidate the question, "Will you resign if your government doesn't build the tertiary regional psychiatric facility in Kamloops," as we had promised to do.

I said: "Well, we haven't even been elected yet. I don't really want to talk about resigning, but I know we're going to do it." And we did it. We opened it a couple of weeks ago, a 44-bed acute care facility attached to the Royal Inland Hospital and two 20-bed beautiful residential units near Overlander Extended Care Hospital.

We're having success with those units that people never dreamed of. People are being integrated into the community, when it was expected they would be in much longer-term residence. The doctor who came to head up the psychiatric facility in Kamloops, Dr. Paul Dagg, a psychiatrist, came from Ottawa where he had run a large facility of 200 staff. He told us publicly that he dreamed for ten years that he might one day get to operate a facility such as the one that he has now taken over in Kamloops.

I'm sure it grieves all of us when we hear of situations where people have not received the type of treatment that we had hoped they would receive, but I don't think it's good for any of us to exaggerate those situations. It only adds to fear and concern out in the communities, and exaggeration has no place in this picture.

Our government is spending more than \$1 billion every year on mental health and addiction services. We long ago included addictions in the definition of mental health issues. What we're spending is a 20-percent increase above what was spent in the fiscal year 2000-2001 by British Columbia. We've expanded addiction treatment services throughout all health authorities. We now have approximately 1,000 treatment beds in British Columbia.

I was the gaming critic during the second half of the '90s, and a decision was made by the government of the day to expand gambling. At the time it was clear

that that was coming. I examined every minister in the estimates debate who had a portfolio bearing on addiction and health issues related to addiction in any way, and was shocked to find that none of them had done any preparatory studies. Searching the Internet, it was clear that just about every jurisdiction in North America had gone into gambling ahead of us. The addiction consequences were clear, but they hadn't been prepared for it.

To her credit, Joy MacPhail as Health Minister responded to my request and put \$2 million a year — I believe it was — into funding for gambling addiction treatment, but we inherited a situation where the province was poorly equipped to deal with people with mental health issues. We've come a long, long way.

With regard to the issue of the seclusion rooms in the Prince George facility, I'm told that those rooms were built to the standards of the '90s. There's less than a one-minute response time to the four rooms that don't have washrooms, I'm told, and there are washrooms ten feet away, but that sounds like a real problem to me — and a problem that needs to be dealt with.

[1015]

The member for Nelson-Creston, who was a minister in the government of the '90s, said in his race for the leadership, when it was open, that the government of that day had promised to do things they never intended to do. It's tragic that the \$125 million that was promised for mental health services appears to have been one of those things that was promised without any intention of ever doing it.

I'm really pleased to tell this House that the facility that's just been opened in Kamloops is a facility that, if one of your family members needed to have acute care treatment for mental health issues, you would be very pleased to have them in. It's beautiful, and there was no scrimping, and it's got a large budget. A lot of professional staff have come to Kamloops, and more will come. I think there's a much brighter day ahead for people with mental health issues in British Columbia, and as we know, one in three of us will be afflicted with those issues.

C. Wyse: I would like to acknowledge the comments from the member opposite. There is no exaggeration in what I'm presenting here. It's not alarmist; it is simply a description of the situation that exists today. I would like to pick up not on institutionalization care, not the care for our mentally ill that requires them to be kept within an institution for their life. I want to return to the vast majority of people with mental illness who, with the proper community supports, can exist productively within our society.

When we return to the community of support here in the northern part of the province, we find organizations like the B.C. Schizophrenia Society — with their contracts that have been locked in for years — being forced to swallow the inflationary costs and therefore not able to expand their services to support those people requiring that support. The demand is definitely there.

Likewise, when I look at the Intersect Youth and Family Services Society, a group that provides support for individuals under 19 years of age.... Mr. Speaker, you likely will find this as surprising as I did — that we have 27 students, youth suffering from psychoses, that are funded in their education by fundraising by this particular group along with the support of education staff in school district 27. I found that somewhat alarming in this situation. Later I will have an opportunity to speak about the provincial situation that exists today.

Besides the description I've given here, the other problem that faces the northern part of the province is acquiring properly trained staff. The province lacks an overall provincial mental health plan. They have assigned the responsibility to the health authority to look after these particular problems.

In closing, a dedicated staff with an open management is not adequate to address the needs of the mentally ill and those individuals with addictions. The Ministry of Health must accept its responsibility to support those individuals with the necessary resources as well as to provide the necessary monitoring and evaluation of service levels.

We must move past the point that when we talk about the needs of the mentally ill, the members opposite move back into the debate of tertiary services — those services that are simply the redeployment of the Riverview services provided across the province of British Columbia. On numerous occasions I have recognized the government's efforts in this particular area, but until we set aside that type of discussion, we are not going to be able to effectively support those people with mental illness that exist throughout the province and can live within our communities. For that, I look for the support of the House in the future.

MENTAL HEALTH AND ADDICTION

K. Whittred: It's my honour to rise today to talk about an issue that is of concern to everyone in this House and certainly to everyone in this province. It's the issue around addictions and youth. There isn't a single, solitary member among us who doesn't come from a community where the issue of crystal meth has not risen to the top and is causing a great deal of alarm amongst members in our ridings.

[1020]

If I may take a little bit of liberty with Margaret Mead, who pointed out that it takes a village to raise a child, I think that in this instance it takes a village to confront the issues around addiction and, most particularly, crystal meth. So I want to share with you some very important initiatives that I think have taken place in my region. It's a good example of a community that is taking action.

The North Shore Task Force on Substance Abuse was formed by the North Shore congress to contribute a particularly unique North Shore perspective on this particular issue. Significant, I think, in this strategy is the number of jurisdictions that have come together to

try to fashion a response. On this task force are representatives from five municipalities, two school districts, two first nations and the health region. It is an unprecedented example of agreement, cooperation and a willingness to act collectively by a community to really address this very, very important issue.

The task force has been working with many sectors to develop a draft response, and it is based on the four pillars approach of prevention, treatment, enforcement and harm reduction. This strategy benefits from and complements other substance abuse policies throughout the lower mainland and the province while emphasizing the unique needs of the North Shore. I really think that is one of the most important aspects of what I'm trying to say here this morning. That is that the issue of addiction amongst youth, and particularly crystal meth, is cross-province, but I think the unique aspects of each community need to be addressed in order to solve the problem.

Last fall the task force held a community forum, which was very fruitful, and it of course brought speakers from the law enforcement community, from the health community and from the school district, each of them bringing with them their perspective and the initiatives that they had taken. I believe this is in fact a model, a template, which it might be fruitful for other regions in the province, if they have not done so, to look at and follow.

Another aspect of this that has grown out of the community is the Crystal Meth Task Force. This actually started from a meeting of concerned citizens. I was honoured to have been invited to this meeting. It was a group of community members who came together because they had concerns about lawlessness, drug addiction, small crime and so on in their community, particularly in the area of lower Lonsdale. It was really refreshing to see a community get together and say: "Let's deal with this before the problem gets bigger." Out of that meeting came the Crystal Meth Task Force and, again, cooperation of the interested parties. The police, the city, the health community and, in this case particularly, the Salvation Army took a very active role in this initiative. This group now works in conjunction with the larger Task Force on Substance Abuse, which also works in conjunction with the North Shore Youth Safe House.

[1025]

One of the really successful aspects of all of this activity has been the implementation recently of an adolescent day treatment program. This was just opened in December and is a very welcome addition to the treatment availability on the North Shore. This is a day program. It grew out of recommendations of the substance abuse task force. It grew out of recommendations by the concerted efforts of the health authority, the school district, the police and, of course, the community. It's a program that offers counselling, rehabilitation, treatment services, and most importantly, it enables youth to return to their families each evening. An important part of this treatment program is the fact that families are also included in the therapy.

For those individuals where this is not possible, we also have on the North Shore the Youth Safe House. I also had the pleasure of visiting it not too long ago. It, too, does a very, very good job of providing a place for youth who are having problems at home or in the community and where the in-house treatment is not a viable solution. Many of the problems that come across the doors, if you like, of this safe house, of course, are dealing with drugs.

Now, in my remarks there certainly are a great many positive things that have come out of these community endeavours in North Vancouver. However, I would not want to leave the impression that all the work is done. There is still a considerable amount of work to be done. I worry at times that there are not sufficient programs going out in terms of educating the youth. I know that some programs are very effective, but I do think that there is work to be done in that area. I will be following up, of course, with the task force on behalf of my constituents as time goes on.

I encourage all communities in British Columbia to follow a similar model. I believe that by cooperating in communities, the various institutions that I've mentioned can accomplish much more together than by acting individually. I'm also pleased, of course, that the government has seen fit to support these endeavours. In the recent budget \$34 million was added to increase funding for phase two of the children's mental health plan and, also, \$2 million for the child youth secretariat on crystal meth. This will go a long way towards solving some of the problems.

C. Wyse: I definitely want to recognize the points made by the member for North Vancouver-Lonsdale. Her points are very well made for progress that's been made in her area, and I do wish to acknowledge those. She provided me with a comment, though, that she hopes that the successes that have been found in her area would become provincewide and that it would be looked at.

It's with that part that I wish to give my address here with a response to mental health and addictions. There is a lack of a provincial mental health plan, which adversely affects the delivery of services at the regional level. Mental illness is often lifelong. A provincial database does not exist, so information is lost as a person moves across the province. There is a lack of provincial standards. Health authorities are expected to do best practices, but the Ministry of Health does not monitor the situation. The provincial government cannot delegate this responsibility. There is lack of a contact list across the health authorities. There is no list of who to contact in any one health region regarding any specific inquiry. Who is responsible for what in each health authority is not categorized.

With accountability, mental health and addiction funds were merged, but there is no evaluation of outcomes or processes involved. With these funds transferred to health authorities, it is impossible to determine where these funds are spent. In 2001, \$600 million was a line item for mental health. Now when we ask

the Ministry of Health, they talk about over \$1 billion being spent upon mental health and addictions. However, those funds also include other items, such as MSP and Pharmacare. It is impossible to determine at this moment in time where those funds go with regard to providing services for mental health and addictions.

As far as voices of the mentally ill, they have been silenced with the elimination of the mental health advocates. For example, in the coroner's office between 2001 and 2003 you could distinguish if an individual who died had a mental illness. That is no longer possible. The Minister of State for Mental Health has been eliminated, the Minister's Advisory Council on Mental Health — cancelled. In the coroner's budget, cuts have led to the elimination of inquests of deaths in custody, most which are mentally ill. Cuts in the Corrections and Attorney General's office have eliminated the mental health Crown prosecutor, eliminated the mental health screening on admission to B.C. jails and eliminated the Vancouver pre-trial.

[1030]

The Ministry of Health accountability is weak, to say the very least. The province monitors accountability outcomes but does not report on adherence to standards. It does not report on compulsory hospitalization rates, monitor changes in death rates or provide an overview of forensic caseloads, and data does not involve the Vancouver Coastal Health Authority.

Providing for the mentally ill requires more than a band-aid approach moving from community to community. It requires a government that believes everyone matters. It requires a provincial mental health plan that the mentally ill and those individuals with addictions are properly supported.

I thank you for this opportunity to bring forward the provincial aspect of this discussion.

K. Whittred: I cannot help but observe that when the member opposite talks about a provincial mental health plan, I recall we had a government one time that did have a provincial plan — but it was never funded. It was talked about. It was tabled. It was announced a dozen times, but there was never any funding. In fact, the Minister of Health actually said that right in this House. The plan was put in, but it was never funded.

We on this side of the House, and I tried to make the point in my remarks, believe that a great many of these issues are best handled in the communities. The point of my presentation this morning was to indicate that communities need to take charge. They need to start to break down the silos, and they need to do what is appropriate for their communities.

Health funding in this province has increased by a significant amount of money — I believe something like \$1.9 billion — and that money has gone out to the health authorities. This money is there for communities to talk about. It is there for organizations to go and talk to the people in their health authority and say: "What do we need in this community to address the problems of youth addictions?" I point out that in my community we got a treatment centre out of this. We got a treat-

ment centre by getting together, by breaking down the silos and by saying: "This is what is needed in this the community."

Now, it may in fact be something different in a different community, but that is exactly what we are trying to accomplish — solutions that are close to home and that meet the needs of our children and youth so that they can go on to be productive in their adult lives.

MANDATORY BLOOD TESTING

J. Yap: I rise today to speak about an issue which is of great importance to the dedicated men and women who work in our public safety services, whether they are police officers, firefighters, nurses, paramedics, other health care workers or in correctional services.

From time to time in the course of doing their jobs, these people are exposed to the bodily fluids — most commonly blood — of individuals whom they may be dealing with. When such an exposure happens, there is the obvious concern as to whether the worker has been infected by the individual encountered. For example, when a police officer has to engage in a struggle with an aggressive suspect and injuries are sustained by both with potential transfer of blood from cuts or existing wounds, the obvious concern we would have is whether the suspect is infected with diseases such as HIV or hepatitis C.

More often than not the individual in question is not inclined to cooperate and refuses to provide permission for his or her medical records to be referred to or for blood tests to be done to determine if they are carriers of such infections. The officer involved who was exposed is typically put on chemotherapy known as "the cocktail," a mixture of anti-retroviral pharmaceuticals which is administered over a period of time — typically from a few weeks to two months. Potential side effects of this cocktail include nausea, rash, fatigue and some damage to internal organs.

[1035]

During this time, as well, the level of anxiety and stress on the officer and his or her family is extraordinary. There is extreme worry about one's mortality. Everyday normal personal activities of family life are impacted — activities such as playing with or hugging children or intimate relations with spouses.

What we are talking about here is not abstract but very real. I've had the opportunity to meet with and talk to several police officers and have heard the personal stories of officers who were actually confronted with such a situation — stories such as that of Const. Mario Mastropieri of the New Westminster police services.

In the summer of 2005 Constable Mastropieri was called to an incident at a restaurant in New Westminster. He had to fight with a violent female suspect to apprehend her. It was determined later that this suspect was high on crystal meth. During the struggle, blood from cuts to the suspect was splashed on the constable, who was also cut in the fight. The woman stated she was hep-C positive but refused to be tested.

Fortunately for Mario, his exposure was considered lower risk, as his cuts were superficial. While Constable Mastropieri was not placed on the cocktail, he's had to have regular blood tests since the incident to ensure that he's in the clear. He continues to this day to live with the stress of not knowing if he has been infected by the suspect.

Another officer, Const. Pat Dyck, also of the New Westminster police services, was poked in the palm of his hand by an uncapped syringe that was in the pocket of a suspect who he was arresting. The suspect, a drug user, stated she was hep-C positive and admitted to sharing syringes. While the risk of infection was considered low, Constable Dyck went on the cocktail treatment. It was a highly stressful time for Pat and his wife, especially because at the time of the incident they were trying to start a family.

There are many, many more such stories. They are moving stories, powerful stories, stories which for me highlight the need for us as legislators to better support our public safety officers by requiring that there be a legal obligation on the part of the transferer of the bodily fluid to be tested to confirm whether he or she is a carrier of an infectious disease.

Today in British Columbia there's no legal requirement for this testing. I believe we need to review this to see if we can make it mandatory — that is, to compel an individual who may have infected a public safety officer in the course of his or her duties to be tested, if they refuse to be tested, to determine if they are carrying an infectious disease. Four other provinces in Canada recognize this need and have acted. Alberta, Nova Scotia and Saskatchewan have brought in mandatory-blood-testing legislation. Ontario is in the process of doing so. I believe that the time is now for British Columbia to engage in a dialogue to advance this issue.

L. Krog: I want to give my thanks to the member for Richmond-Steveston for raising this issue in the House this morning. His concluding remarks are in fact, I think, the appropriate response to this problem, and that is very careful consideration.

There is no question that we are all in this House and in this province grateful to those who work for the public and in the public in dangerous situations to provide law enforcement, emergency treatment. Unfortunately, in our society today that is also true of anyone who engages, indeed, in relations with another person. The unknowing fear about whether or not they are infected with AIDS or HIV is a problem common in society.

One of the things we have to very carefully consider with respect to mandatory legislation is that if it is brought in and it compels those who become involved with the police force or emergency workers, then we have to also consider: is it therefore not appropriate to ask that literally every citizen should have to provide that information to anyone who demands it? The contact between parties may in fact be voluntary. It may be accidental. It may be the result of a motor vehicle accident. This raises a number of very important

issues around the rights to privacy, because essentially, what the legislation that has been suggested would require is that your medical records would become in essence an almost public document.

[1040]

I think we must also consider that as much as there is the fear in the community, before we debate this in a serious way, we should rely on good science. In other words, is there evidence that communicable diseases of a serious nature have in fact been transmitted and are being transmitted on a frequent basis in these kinds of contacts between criminals, peace officers, emergency workers, Good Samaritans? I'm not sure, frankly, that I heard from the member this morning, nor even from the police association, that that evidence exists.

If we are going to extend the right of the state to have access to the very private information of individuals or to compel them to release information, then we should do so very cautiously and very carefully and only after incredible consideration. I would suggest, with respect to the member, that there is fairly good evidence that these kinds of transmissions of diseases of this nature are only going to occur when there is in fact bodily fluid contact. It's not a question of splashing blood on skin only but into some sort of open wound, or some other form of transmission.

It is very important to consider that even if that were the case — if you were compelled to provide that information — it will not solve the problem which all those people involved in this fear — that is, that they will actually contract the disease. The problem is that if you've been exposed, you may go through an unnecessary and very painful period of treatment that the member referred to.

In and of itself, this kind of legislation will not prevent the transmission from occurring. So we have to ask very carefully: is that what we want to do? Will it be nothing more than a bit of a comfort to people when, in fact, it will have no significant beneficial effect and yet will have a very serious effect on our civil liberties and our rights to privacy?

If we are going to do this, it strikes me that this would be the kind of thing that would be appropriate for real scientific evidence. It would be the kind of thing appropriate for a committee to study very carefully before we took that step.

The member mentioned other provinces passing the legislation. My understanding is, for instance, that the province of Ontario passed the legislation in December 2001, but it's never been proclaimed. I suspect it's never been proclaimed because they have taken that sober second look and considered that this is a significant step and a significant derogation of the rights to privacy and civil liberties. It seems to me that if this Legislature is going to consider this proposition, to do so, it needs to look at the evidence that has been presented in other Legislatures across the country and, indeed, to consider whether this kind of legislation has been passed in other parts of the world.

In summary, I wish to agree with the member. This is a matter for very careful consideration, but this is not

a matter or a step that we should take without that kind of careful, sober consideration. This is an important issue, but it is an important issue on the civil liberties side as well.

J. Yap: I appreciate the member for Nanaimo's comments on this important issue. As he was, I was present last week at a reception hosted by members of the police community. At this reception I had an opportunity to meet with and talk to a number of police officers who further encouraged us on the importance of this issue to them.

Of course, this potential exposure and the resulting need for testing extends not just to police officers, as I had mentioned and as the member for Nanaimo also alluded to. This refers to ordinary citizens, as well, who might potentially be exposed to an infectious disease — for example, in a situation where a passer-by acts to assist an injured individual and perhaps delivers a life-saving procedure. We'd want to provide the same requirement for testing such Good Samaritans.

[1045]

I also acknowledge the issue brought up by the member that any mandatory-blood-testing requirement would have to be narrowly focused, with protocols in place to ensure that all that comes from this system is simply the answer to the question: is this individual infected with HIV or hepatitis or some other infectious disease which would be identified? Yes or no? We're not talking about creating another bureaucracy, another level of government. We're talking about a very straightforward process, where of course, we'll need to ensure that the privacy rights of individuals who are compelled to provide the test are properly respected.

We would, of course, have to ensure that ethical, privacy and cost implications are factored into this and that the process for dealing with such cases works in a way that is expeditious; timely, to be meaningful; and efficient in terms of arriving at the results. The member for Nanaimo is right regarding the fact that the government of Ontario brought in legislation in 2001, but it hasn't been proclaimed. However, recently, in November of 2005, the new government of Premier McGuinty has committed to bringing in this type of legislation.

In summary, I look forward to further dialogue on this issue, which is important not just to members of the public safety fraternity but to all British Columbians. I look forward to further discussion and debate on this issue.

SOCIAL SERVICES DELIVERY

R. Austin: I rise today to speak for a few minutes about the importance of delivering social services in rural British Columbia. British Columbia, like most of the provinces, has a highly centralized urban population, which creates a huge divide in numerical as well as geographic terms and brings with it enormous challenges for government to overcome.

The delivery of social services — be they the obvious ones, like health care and education, which eat up 75 percent of government revenue, or smaller services, such as access centres, employment services and such-like — has to be delivered in a way that recognizes some fundamental challenges. The first, of course, is political: namely, that in a democratic system, where each person is treated equally and given the opportunity to vote for a member to represent them in this House, the political focus is and will always remain on this large concentration of population that lives in the lower mainland.

How do we bring a sense of equity and provide health care and education of an equal quality to those 15 percent that reside outside the lower mainland? In education we have tried to achieve this by giving a provincial grant from Victoria to the local school boards, based on a per-child dollar figure, and allowing the local boards to run their school districts. While, on paper, it is hard to argue with the equity of this system, it fails to take into consideration the extra challenges that rural districts have in delivering an educational system that is equivalent with the large cities.

In rural B.C., school districts have to bus children much further, pay higher energy bills and, most importantly, are challenged by the ups and downs of resource-based economies, which can play havoc with enrolment and make long-term planning very difficult. One of the suggestions to overcome this boom and bust is for the Ministry of Education to create a funding formula that includes more categories or variables so that school districts are not burdened with having to distribute so many fixed costs between far fewer students. There is acknowledgment of variable heating costs and busing costs in the current system, but we need to add the local economic variations that result in school districts making up for a large outflow of population.

In the case of school district 82, this has resulted in sums as large as \$1.8 million being hacked out of the budget for several years in a row. It is no surprise, then, that three rural school districts in this province — one in the Gulf Islands, another in the Kootenays and my own in the north — resorted to a four-day school week to cut their costs. I ask all members of this House to think of the consequences to their communities if their children went to school only four days a week when we have a world that is designed for five days of work and five days of learning.

In health care the difficulties are probably even more complex, because it is not economical to provide every medical service within easy driving range of where it is needed. I think people in rural areas accept part of this argument in their decision to live in rural areas, but they also expect a certain level of care that does not require them to travel nearly as much as is currently the case and that recognizes that using the business model as the main justification for locating health services is simply wrong.

Fortunately, governments have recognized that we are obligated to all citizens to provide as many services

as possible closer to home, but we have seen an attempt to regionalize these services in ways that have become very distressing for those who try to access health care in rural communities. We are not the only country in the developed world to come face to face with this problem. In Australia they have a flying doctor service that takes physicians in by plane to remote communities so that many more people can access primary health care.

[1050]

We have examples of this type of service delivery taking place here. In the northwest, for example, once someone has recovered from cancer treatment, the follow-up, which can take place over many years to ensure that the patient remains cancer-free, is done locally. Cancer clinics are organized in Terrace, at the regional hospital, where the oncologists travel up north to provide this service. Delivering this service at the public expense instead of families having to pay for their own travel gives enormous relief to families that are already undergoing the stress of fighting cancer.

Recently, while flying down here for work, I sat next to a patient who is fighting cancer. She's having to fly back and forth to Vancouver, and she commented how relieved she was to get free flights from our local airline, Hawkair. She praised the owner of the airline who attends the same church as her and who, realizing what she's going through, did this enormous favour for her.

While this show of support from a local company is admirable, I pose the larger question to members of this House. Should access to medicare be subject to knowing the owner of an airline? Of course not, but this is a fact of life for too many people in rural British Columbia. It is no wonder that our health outcomes are worse than those who live in the lower mainland.

In other areas, such as mental health, it is very difficult, if not impossible right now, to attract psychiatrists to live in rural B.C. Expecting people with mental health problems to get themselves down to Vancouver to access psychiatric care is clearly a huge barrier to access and one that leads to a continuation of many mental illnesses in rural areas.

These challenges that I speak of are not simply ones that are partisan by nature but affect all people who live in rural communities. Take an area of the province that has undergone an economic boom in recent times due to the surge in prices for energy. I speak, of course, of the North and South Peace area. I have spent many visits to this area, as I have friends who live there, and it generates huge dollars to the provincial treasury with the royalties that oil and gas bring in.

Only three years ago, when the government was having to deal with a very aggressive forest fire season and the budget was having a hole blown in it within weeks of the start of the season, it took just a one-day sale of gas-drilling rights to bring in over \$460 million to plug the hole in the provincial budget that was caused by the carnage in the forests. Rural B.C. is not looking for equality of dollars on a population basis but on an equality of outcomes and recognition that the

increased costs of delivering social services in a rural setting should be paid for by the revenue from the resources that are sent to the provincial treasury.

We had a perfect example of this just last week in this House when we debated in the estimates process the ability of this government to use a billion dollars of essentially found money — the result of unexpected revenue once again generated by high gas prices. Essentially, the resources of the Peace have paid in whole for the Liberal government's ability to offer a signing bonus to B.C.'s entire public service sector. It must be small comfort to those who live there and struggle to access health care when they know how much they contribute to the B.C. economy.

I would like to speak for a moment on the state of child care delivery in the north. As part of the regionalization brought in by this government, the access to assistance and referral for day care was moved to Prince George. Using a 1-800 number to provide these kinds of services....

Deputy Speaker: Thank you, member.

R. Austin: Okay. Thank you, Mr. Speaker.

L. Mayencourt: I'm glad the member has brought forward this issue. It's something that I've noticed, as well, when I travel around the province with the Finance Committee or other committees that I've worked on. There are particular challenges that rural communities face, and it is important that we recognize that in addition to those challenges they face, they are also fairly significant contributors to British Columbia's economy. In that sense, sometimes they can feel a little bit left out in the cold.

[1055]

One of the things that our government is trying to deal with.... I don't view this as a partisan issue, and I know that the member opposite does not either. These are difficult challenges that we have to face.

[Mr. Speaker in the chair.]

In the case of the kinds of important services that we have, which have been identified by the member — whether that's social services, education or health — there comes a time when every government has to recognize that the decisions about health care in Skeena can't be made in Victoria. The decisions about education in Dawson Creek cannot be made in Victoria. The notion we've brought forward is that if we bring these decisions closer to the people, they'll have the opportunity to effect a change in their own community.

The members of the prior government, the NDP government, recognized this with health authorities, so they went out and set up regional health authorities. In my view, they went a little bit too far. There were 52, and there should have been fewer than that. I think we've got a nice balance now.

There has to be a recognition. I'm sure that in Victoria, if we were imposing things on the member's con-

stituents, the issue would be even more serious than it is today. I think one of the ways we do that is to try and make sure people have access to government services. We have over a hundred government offices around the province where people can go in and access a variety of services.

They also have MLAs. They have members like the member opposite that they can go to and say: "You know what? I don't think I'm getting a fair shake here with Employment and Income Assistance." Or they can come to the MLA and say: "I'm concerned about health care." In fact, that member has brought those issues to this chamber. That is his job, and that's my job in my community. There are a number of vehicles that can be used by members of rural and remote communities to interact with Victoria, to interact with our government to make sure they get the services they need where they need them.

I have visited many communities. I can remember visiting Kelowna one day, going into a drop-in centre for the homeless and recognizing that there was a problem in there. They had bad resources. They didn't have enough money to operate. I came back down here and worked with the member from that riding and got extra funding for them.

We're constantly doing that when we have the opportunity to be in someone's community — to see what the need is and to try and respond to it in as compassionate and as fair a manner as possible. I know our government is committed to that. Every ministry is committed to it. It is the basis on which regionalization has been founded, first by his predecessors in the NDP government but, also, within this government: that we have to be able to respond locally to the needs of people.

He mentioned school districts and the fact that some school districts have peculiar or more costs for transportation and what have you. The members should know that school districts in British Columbia lobbied for a standard formula for education, for per-pupil funding. The reason they did that is that every district has unique challenges. Every district has something that is going to cost them a little bit more than in other areas.

In the lower mainland maybe that is the ESL programs. In the north it might be issues of poverty. In other areas it will be different issues. So our government, and any government in British Columbia, has to recognize that those issues come from a region and must be addressed by a region. For government — our government — our job is to make sure that we distribute funds to those areas so that they get an equitable thing.

I want to make a point that the member talked about, just a minute, saying there was a larger concentration on the lower mainland and stuff. When it comes to education, health care and social services delivery, our concentration is never on a region. It is on the people that live in that region. That's the only way we can move forward. We have to talk to what the school district needs in that district.

My time has expired. I want to thank you, Mr. Speaker, for the opportunity to respond. I look forward to the member's comments.

R. Austin: Thank you to the member for Vancouver-Burrard for his comments. Of course, the member is correct. This is a problem that has been going on for a number of years and one that's continuing to go on in all of Canada. The question here is that we have a population that is getting more and more urbanized. People are leaving rural Canada to move to the city, to urban centres, so it's going to be a continuing challenge for all governments to figure ways in which they can still deliver those services and send those dollars back.

The member is correct when he says that the government doesn't concentrate on areas but concentrates on people. My point remains the same: 85 percent of the people live in a small geographic area, so by concentrating on those people, essentially, that's still where the bulk of the dollars goes. There needs to be a recognition that the cost of delivering social services to the rural areas is far, far more expensive than in the lower mainland.

[1100]

If you close a particular service delivery in the lower mainland, someone has the option to get in their car or on SkyTrain and drive another ten or 15 kilometres to access that same service in another municipality. In rural areas, when you close a service, the next municipality may be a three-hour drive. It may be a six-hour plane ride. That's the point I'm trying to make.

When there were lots and lots of cuts over the last four years, for all of us who live in rural B.C. — and I'm sure that members on the other side who represent rural areas would have heard the same thing said to them — this was extremely hurtful. It also did not recognize the fundamental social contract within this province, which is this: that people who live in rural B.C., who support the industries that send the resources and the resource revenue down to Victoria, have a right to a certain quality of life.

Admittedly, those of us who live in rural B.C. have much better air than those who live in the lower mainland. We thank you for that. We also do not have to spend hours and hours in traffic jams. We thank you for that. At the same time, when our children get sick or when we want to find health care for our elderly, we expect a certain level of care that people in the lower mainland and the capital region take for granted.

I get back to my earlier point about the four-day school week. Can you imagine if a four-day school week had been imposed in the member's riding of Vancouver-Burrard? There would have been a demonstration that he would have had a hard time controlling, but when it happens in Skeena or the Gulf Islands or in the Kootenays, it's taken for granted. Well, those people will just put up with it. They live in the middle of nowhere anyway, and who cares?

We have to have an understanding that people should not have to resort to taking measures such as cutting a whole day of school in order for them to have equality.

Second Reading of Bills

MEDICARE PROTECTION AMENDMENT ACT, 2006

D. Cubberley: It's an honour to have the opportunity to rise today and speak to a private member's bill, a bill that was introduced and read a first time last week in this House.

The Medicare Protection Amendment Act, 2006, essentially revives Bill 92, the Medicare Protection Amendment Act, 2003, which, as members will recall, was passed unanimously by this House in December 2003. This act, introduced by then Health Minister Hansen, was placed in limbo when the Premier decided not to proclaim it without giving reasons for that.

The act before us would enable the Legislature to proclaim the act, rescuing it from limbo and giving members of this chamber an opportunity to speak to its relevance to today's situation, where we are confronted with the flouting of the Canada Health Act and the Medicare Protection Act by the Copeman clinic selling access to faster, better medicine for the well-heeled.

It's my ardent hope that the majority of members opposite — ideally, all members opposite — continue to support the foundational principles of the Canada Health Act. These principles provide a framework for delivering publicly funded and publicly administered care that's universally accessible.

The prime test of accessibility, of course, is that individuals get medical care on the basis of their need and not on the basis of their ability to pay cash out of their pockets.

Canada's is a single-tiered health care system that does allow private medicine to exist outside the MSP billing structure, employing disenrolled doctors who are available to those who are wealthy enough to pay the full costs of private care.

It requires that physicians practicing in the public system bill for insured services at rates set by a fee-for-service schedule, arrived at through negotiation between government, the Medical Services Commission and care providers. It requires that within the public system there be no barriers to access in the form of fees, extra billings or exclusive club med memberships.

[1105]

As then minister Hansen said on first reading: "The amendments we're introducing today support our new-era commitment to ensure that B.C. health care is universal, accessible, portable, comprehensive and publicly administered, consistent with the five principles of the Canada Health Act" — a new era based on support for the founding principles of health care. Now, an era is typically a substantial period of time, and hopefully, it implies enduring commitment and not just for one term of government.

It's especially important at a time when our Premier has said we will launch a dialogue about the future of public health care, including its sustainability, that the five principles be reaffirmed by the Legislature and, in

particular, that we affirm our collective commitment to ensure and guarantee that access to medicine is based on need and not on ability to pay. This, of course, is timely and necessary given the bold threat to needs-based access presented by the Copeman clinic and its billing scheme, which is manifestly non-compliant with the Canada Health Act and with existing provincial legislation.

Bill 92 involved a relatively minor set of amendments to existing legislation that were intended, as the minister said, to "bring greater clarity to both patients and private clinic operators about billing practices for medically necessary health care services." The minister summarized quite succinctly their importance when he noted that they would (1) strengthen B.C.'s rules about billing practices by clarifying when charges are inappropriate; (2) confirm the Medical Services Commission authority to audit the billing practices of all diagnostic facilities and private clinics in response to complaints; and (3) allow the Medical Services Commission to recover inappropriate charges from private clinics or physicians and, where it's appropriate, to arrange for the reimbursement of patients.

The legislative framework of the Canada Health Act and the Medicare Protection Act embody the spirit of the five principles and the intent to enforce them in order to protect universal access to medical care. In essence, we've agreed collectively that if two people have a like need for service, they should have an equivalent opportunity for access to medicine. This is a deeply held precept and a true Canadian value.

The Canada Health Act was introduced after medicare's creation in response to real problems caused by the widespread levying of user fees, a practice that created inequities and imposed hardships upon both communities and individuals — for example, the practice of registration fees in rural communities just to get onto a GP's roster — communities where access to medicine is already more constrained than it is in urban areas — or extra fees for access to specialist providers in urban areas, where all such providers decided to add to their billings.

The Canada Health Act largely eliminated extra billing for a period of time, but with the rise of private clinics across Canada in the '90s, there was a clear need for a more complete and consistent regulatory framework at the provincial level. The then federal Health Minister, Diane Marleau, met with premiers and reached agreement to implement changes to the legislative framework to set ground rules for the operation of private clinics and, in particular, to prevent the levying of user fees, facility fees or any other fee that could create a gateway to a second tier of medicine. That led to the Medicare Protection Act and to analogous legislation in provinces across this country. This was something requested by the federal minister of the day — something responded to by all provinces across Canada.

The Medicare Protection Act provides the basic tools and obligations on the part of the government and billable service providers to prevent two-tiered medicine. Bill 92 represented further clarification of the original legislation, making explicit things that were implicit, ensuring that all clinics and all billing schemes

were explicitly subject to the act. The then minister Hansen introduced the amendments....

Mr. Speaker: Member, could I remind you not to use the minister's name.

Interjections.

Mr. Speaker: The former minister's name. [1110]

D. Cubberley: Former minister Hansen? Or just former minister?

Mr. Speaker: Member, you can't use his name.

D. Cubberley: Perhaps the Speaker could help me in this. How do I clarify which former Health Minister I am referring to?

Interjections.

D. Cubberley: The former Health Minister from Vancouver-Quilchena...

Mr. Speaker: That's better.

D. Cubberley: ...introduced the amendments and on second reading noted that these changes will "help protect patients' access to publicly funded health care by providing greater clarity to patients, physicians and private clinic operators about charges that are not permissible under the Medicare Protection Act, as well as auditing procedures and penalties for violations."

As well, he said: "These changes will clarify when it's inappropriate to bill patients or unauthorized third parties, such as friends or relatives, for medically necessary medical procedures, including diagnostic services."

An important point, in light of experience showing the need for a more direct power to audit in the province, was the explicit confirmation of the Medical Services Commission's authority to respond to complaints by auditing relevant billing records of any physician, diagnostic facility or medical surgical facility. In other words, the MPA applies not just to individual physicians but to the clinic facilities and their billing schemes as well.

As important as the power to investigate is the power to ensure compliance once an infraction is determined. Hence, these amendments "specify penalties for individuals and corporations and authorize the MSC to recover unlawful charges."

A more explicit power to examine billing schemes....

Mr. Speaker: Member.
Government House Leader.

Point of Order

Hon. M. de Jong: Thanks, Mr. Speaker, and to the member: I do rise on a point order.

Mr. Speaker: Continue.

Hon. M. de Jong: Without in any way diminishing the import of the principles that the member is discussing through the course of this debate, I note that when one examines the specifics of the admittedly short private members' bill that he has tabled, it purports to amend section 16 of the previous Bill 92 passed by this chamber. The member has fairly pointed that out in his remarks.

I do note that section 16, which is the provision by which Bill 92 would come into force, is in fact the enactment provision of that bill. It is, I would suggest to you, Mr. Speaker — and through you to the rest of the House — a fundamental procedural tenet of this House and British-based parliaments that bills affecting the prerogative of the Crown, which I would suggest to you enactment provisions squarely do, cannot be introduced by private members.

The authority for that proposition has, I think, been stated in parliaments and, in fact, in this chamber. The earliest one that one can locate, or that I have been provided with, dates from the late 1800s — in fact, 1881. It was Speaker Williams in the *Journals* at pages 22 and 32. I'll just read this very brief passage from those *Journals* where Speaker Williams's decision was reported as follows:

While Members have, undoubtedly, an abstract right to present any proper subject by Bill or Motion for discussion in the House of Commons and therefore in this House, still English Parliamentary Practice has established the principle that questions which relate to the prerogative of the Crown can only be dealt with by the Crown itself, or by a Private Member who has received the consent of the Crown through one of the ministers.

Again, later in the report:

[A] Private Member cannot introduce an original Bill which affects a prerogative of the Crown, or any measure amending such Bill, without first obtaining the consent of the Crown.

[1115]

Again, while I hasten to emphasize my acceptance of the importance of the principles that the member seeks to capture within the confines of his bill and the comments that he has made thus far, in so far as specifics of this private member bill purport to impact on an item that is squarely within the Crown prerogative, I would submit to you, Mr. Chair, that the bill for that purpose, unfortunately, is out of order.

M. Farnworth: While I appreciate the remarks of the Government House Leader, I must say I'm somewhat concerned that at this particular stage we are reaching back to 1881 — 125 years — to find a precedent to rule something out of order because the members on the government side seem to have some concern about discussing or debating this bill.

The bill had been tabled with the House. It had been on the order papers. If there was an issue with the bill, it should have been raised at that time. The fact is that we have started second reading. Now is the time we're going to say, "No, no, no. It's out of order," and

we're going to do it by going back more than a century to find some way of not allowing debate.

I understand the sensitivity, but there are some practical realities around this. We know that it is not likely to come to a vote. Therefore, there's no infringement on the royal prerogative. The debate could still ensue. To deal with this bill this way, I think, will place a dangerous limitation on private members' discussion, and that's not what this House should be about.

Therefore, Hon. Speaker, I ask you to carefully consider your ruling and the implications that it has on members on both sides of the House in terms of future debate and discussion. While I recognize that precedents of the 19th century are important, it's also important to take into account the realities of debate on parliamentary procedure in the 21st century.

Point of Order (Speaker's Ruling)

Mr. Speaker: Section 16 of the Medicare Protection Amendment Act, 2003, provides that the act comes into effect by regulation of the Lieutenant-Governor. Bill M201, Medicare Protection Act, 2006, was introduced by the member for Saanich South and would alter section 16 by deleting "the discretion of the Lieutenant Governor in Council" and substituting a fixed date — namely, February 22, 2006.

On a number of occasions Speakers in this House have ruled that the bill in the hands of a private member which concerns prerogatives of the Crown is out of order unless sanctioned by the Crown — see *Journals* 1965, March 17, page 139, and *Journals* 1881, pages 22 and 23 — so the bill is out of order.

Hon. M. de Jong: This being an opposition time in the House, I will, with caution, suggest that there is some notion that Motion 10 would be called.

Mr. Speaker: Hon. members, unanimous consent of the House is required to proceed with Motion 10 without disturbing the priorities of motions preceding it on the order paper.

Motions on Notice

CALL FOR PUBLIC INQUIRY INTO SALE OF B.C. RAIL

D. Chudnovsky: I'm pleased this morning to rise to speak to Motion 10 on the order paper.

[Be it resolved that this House call upon the BC government to establish a public inquiry into the sale of BC Rail.]

It is no surprise to this House that a motion like this would come forward, because of the controversy and the sensitivity around the sale of B.C. Rail. It's important to talk for a minute about the context.

[H. Bloy in the chair.]

Interjection.

D. Chudnovsky: I've got a colleague whispering that I'm out of order. Leave it to them. The context is that the government, those on the other side, promised to the people of British Columbia that their asset, B.C. Rail — an asset which had been built by, financed by and was owned by the people of British Columbia — would not be sold.

[1120]

That was a commitment of this Premier and this government and forms the context within which we bring forward this motion, because of course, Mr. Speaker, we know that subsequent to those commitments, B.C. Rail was indeed sold and privatized. That in itself is enough, we believe, to take a good, hard look in a public inquiry into the sale, but there are many more reasons why we need to look at it carefully as well.

When that sale took place — which it had been promised would not take place.... When that privatization took place — which the commitment had been given would not take place — this government pretended that in fact a sale had not taken place. The government pretended that what was happening was that there was a lease, but we know very well that what in fact happened was that the freight business of B.C. Rail — a business which belonged to the people of British Columbia, which they had built, and an asset which the people of British Columbia had brought to bear — was sold, even though the promise was there that it would not be sold. The pretence was put forward that this isn't really a sale, because the tracks and the railbed and the right-of-way would only be leased.

We found out later that that lease, which was the pretence for not calling the sale a sale and for not calling the privatization a privatization, was a 990-year lease, so that, too, is a question that needs to be explored, and the people of British Columbia — who were the owners of this railway, who had built this railway, who had brought to bear their energy and their intelligence and their wisdom and made it a valuable asset of the people of British Columbia.... That's another reason why we need to look carefully at the privatization that wasn't to be a privatization of B.C. Rail.

Now, Charles River Associates Inc. was paid \$300,000 by government for reporting on the fairness of the bidding process, and despite the discovery of a critical leak of confidential and commercially sensitive information, that report found nothing wrong. In debate in this House we learned that CN had received information about the costs associated with interline agreements. CN at the time was in the middle of a bidding war where they had offered up a 5-percent reduction for interline shipping rates. After the leak of that confidential information about these agreements, CN upped the offer to 7 percent. There's another element of this privatization that it was claimed wasn't a privatization, this sale that government claimed wasn't a sale — another reason why the people of British Columbia deserve a public inquiry. A couple of weeks ago B.C. Rail announced....

Let me take a step back. There was a piece of the sale that didn't go ahead, and that was the spur line to Roberts Bank. That was to be non-privatized in a dif-

ferent way, in a separate process. That was to be not sold, but sold in a separate process. That, as you'll recall, Mr. Speaker, was postponed. That process was postponed. It was postponed because there was an investigation which ensued, which included criminal investigation, and it was put on the shelf. We were told when that piece of the sale that wasn't a sale of B.C. Rail was postponed, "We'll set it aside for a bit," and then that privatization that isn't a privatization would take place later.

[1125]

Well, just a few weeks ago B.C. Rail announced that in fact that privatization, that sale, wasn't going to happen. The sale of the spur line — which had been postponed because of the investigation, and which had been projected and announced — wasn't going to go ahead. Why wasn't it going to go ahead? B.C. Rail tells us it's not going to go ahead because it's too valuable. It's too valuable an asset of the people of British Columbia, they find a couple years later, to go ahead with the sale. The people of British Columbia have created an asset which is too valuable to sell, to privatize.

We're fortunate, aren't we? The people of the province are fortunate that there turned out to be this investigation that postponed the sale of that piece of B.C. Rail, because as it turns out, B.C. Rail decides not to sell it and that asset — that value, that wealth — still sits in the hands of the people of the province.

Doesn't that course of events give us pause and give us another reason for a public inquiry into the sale of B.C. Rail? Because, of course, if over those couple of years the value of the spur line has gone up so much that it is not a good idea for the people of B.C. — it's financially detrimental to the people of B.C. — to now sell that spur line, what about the whole sale? What about the vast majority of B.C. Rail — the asset of the people of British Columbia, built by the people of British Columbia, financed by the people of British Columbia, part of their wealth that was sold? Don't we have to ask the question?

We would propose that as part of the investigation that we are proposing, the public inquiry that we're proposing, the question be asked: what was the value of B.C. Rail at the time of the privatization that wasn't supposed to happen, the sale that wasn't going to happen? What was the value of B.C. Rail at that time, and what's the value now? What value and wealth have the people of British Columbia lost because of that sale that wasn't supposed to happen, that privatization that wasn't supposed to happen? It's something else for us to look at in the public inquiry.

There's some evidence that that value has increased tremendously because, of course, over the last few months CN, the current owner of that asset of the people of British Columbia, has announced record profits, billions of dollars in profits. We need to know how much the people of British Columbia have contributed to those record profits. And what have we lost as a result of the sale that wasn't supposed to happen?

There's more that needs to be investigated, more that needs to be looked at in the public inquiry. As

you'll recall, hon. Speaker, throughout the fall of 2005 there were a series of events which gave the people of British Columbia pause with respect to the new owners of what was once an asset, what once was the wealth of the people of this province. Throughout the fall there was a rash of train derailments — some of them very dangerous, one of them resulting in a dead river near Squamish. The new owner of what once was our railway was involved in a whole series of these derailments. We know now that those derailments were happening at a much higher rate than had happened in the past. We need to have a look at that.

We know that this opposition and this critic wrote as long ago as last August to the Minister of Transportation and said that as a result of the first derailment — not the rash of derailments that seemed to come one per day throughout the fall, but as a result of the first derailment....

The critic from the opposition wrote to the Minister of Transportation and said: "Tell the people of British Columbia, would you please: what discussions were held at the time of this privatization that wasn't supposed to be a privatization between the then owners, the people of British Columbia as represented by their government, and the new owners, CN? What discussions took place with respect to safety, with respect to maintenance, with respect to environmental protection? What discussions took place at that negotiating table to make sure that the interests of the people of British Columbia were looked out for — to make sure that the interests as regards to the maintenance, the safety and the environmental protection of that railway were looked out for?"

[1130]

The minister has not provided that information to the opposition, even though the opposition has asked the minister on a number of occasions, both formally and informally, in this House and out of this House, if he would make clear to the people of British Columbia what discussions took place, what commitments were given by the new owner with respect to safety, maintenance and environmental protection. It seems a simple question to ask of the minister who was responsible and a government that was responsible for a sale that wasn't supposed to be a sale, for the privatization of an asset of the people of British Columbia. It seems a simple question to ask: what did you talk about? Did you have a discussion about maintenance? Did you have a discussion about safety? Did you have a discussion about environmental protection? We've received no answer on that from the minister. So it's another part, it seems to us, of the reason for the need for a public inquiry.

In addition, we know that the procedures used by the new owners of this asset are very, very different from those used by B.C. Rail, when it was the owner of this railway, with respect to level crossings, with respect to fencing, with respect to taking care of the railway — noxious weeds and their impact on the range and ranchers in the Cariboo. There are very different procedures and a very different attitude. In fact, the

minister himself in a rare moment of frankness in the fall agreed with the opposition that the way in which CN was dealing with its neighbours, with the people of British Columbia, was inappropriate. We need to have a look at those procedures and that, too, should be a part of the public inquiry.

We bring to this House Motion 10 on the order paper. We think that it's very, very important that the people of this province know and understand the full story when it comes to the privatization that wasn't to be a privatization. They need to know what's happened, how it happened and what the financial, environmental and social impact of that decision was. We put it before the House. We commend it to members on both sides, and we encourage everyone in this House to support the motion.

R. Hawes: I'll be speaking against this motion, but before I do, I would just like to correct one of the statements made by the member for Vancouver-Kensington. I'm quite sure he doesn't want to leave an impression out there with people that might not resound as completely factual. He said there was a 990-year lease, and that leaves an impression with people that the lessor has the option of retaining this for 990 years. The fact is it's a 60-year lease renewable after that time at the option of the government, not at the option of the railway, of CN. So really it is a 60-year lease. So many times I've heard from the opposition about a 990-year lease, and that leaves an impression that just doesn't ring true to me. This is a 60-year lease with some options that the government has after that. So let's talk in those terms, and let's make sure that people understand that's the way it is.

[1135]

The other thing that we should understand is.... I have gone back through the financial statements of B.C. Rail for over a decade. B.C. Rail is not a good financial performer, has not been a good financial performer with the exception of a couple of years once the bug woods started to come out of the north. We wrote off almost a billion dollars in debt, that we had to take from the public purse to support B.C. Rail. It was still left with a \$500 million debt, aging rolling stock, insufficient rolling stock. There were shippers on the line waiting considerable periods of time to get access to railcars to ship their goods. B.C. Rail, actually, in trying to connect with other railways, to a big degree is a competitor with CN Rail.

When you think about what happens, how shipping works in this province, particularly with the ports, we are the Pacific gateway. We are actively, as a government, trying to build an economy.

In fact, the federal government is now working very hard to build the Pacific gateway, so the Port of Prince Rupert becomes critical to that strategy. If you talk to people who ship from overseas, it takes a day or two longer to get to Vancouver than to Prince Rupert by ship from the east, but the moorage on a ship is much less expensive than the moorage on a railway, so the shippers would actually prefer to go to Vancouver

or Seattle. That's the problem: here or Seattle rather than Prince Rupert. Even though it's closer by boat, by rail it takes much longer to get to their markets, which generally can be in the northeastern United States or the eastern part of Canada.

To build a port in Prince Rupert, it is absolutely critical that we have rail connection that is improved. The B.C. Rail deal does improve that. I think it's 72 hours that we've cut off the time it takes to get from Prince Rupert through to Chicago and that area of the United States. That makes Prince Rupert a really viable option and allows us the opportunity to build a much, much improved port there to compete with the Port of Seattle, to stop the flood of traffic that is moving towards Seattle away from our province. I think it opens the north, and the people who live in the north understand that.

The duty of the opposition is defined in their name. They're the opposition. They're here to oppose, so they're not going to come out and say: "Gee, this is a wonderful deal." They have to oppose pretty much everything that the government does, and they do. We all understand that.

This is a deal that has been consummated. When you look at it, I'm just wondering what part of getting rid of a \$500 million debt, which was going to be on the backs of B.C. taxpayers, they don't like. The \$135 million that's going into the Northern Development Initiative — do they not like that? Do they think that's bad for our province? The \$15 million that's going to the first nations benefits trust — is this bad news? I don't get that.

A \$30 million investment in a new container terminal at the Port of Prince Rupert. One of the real mainstays of this deal is building that port. With improvements in Prince George and in Prince Rupert, the north has an opportunity to become an even greater financial benefit to this province. The members in this House from the north will readily tell you that much of the wealth we enjoy in this province comes from the north. This enhances that. It makes life in the north much better.

I don't get why anyone would object to this. The Charles Rivers report did say that the bidding process was fair. So to retill that ground.... You know, I understand how the opposition needs to do that, but I don't see where a government which is progressive and moving ahead and building an economy and making life better for every single person in this province needs to go back and retill old earth.

To the opposition, I would say: get on with it. Get a life. Let's just move forward. Understand that this province is benefiting like it has not benefited in the past, ever, really. We are in an economic boom here that this province has never experienced.

[1140]

Through the 1990s, as B.C. Rail struggled and piled up debt and the economy faltered, I don't think they.... Well, it's obvious. They did not get it then. They don't get it now. So, again, they're going to do what oppositions need to do. They have to oppose. They have to

push forward old chestnuts. When you run out of good ideas, you bring out a bunch of old chestnuts, and you keep retilling and retilling.

We have reduced rates and shipping times for shippers. CN has introduced over 600 new railcars. That means that the shippers aren't waiting any more. So who is it that's really wound up about this? Well, I know who it is. It's the opposition. It's not the shippers. They're very happy. It's not the people who live in the north. They're seeing the economic benefit.

Frankly, my community isn't really affected, and the member for Vancouver-Kensington.... I don't think his community is really affected either. But those communities who are on that rail line and those people who provide jobs up and down that rail line are much affected. They're affected positively, and they're in favour of this deal. The whole province really is benefiting from it, and so it's just time to get on with life.

With that, I would oppose this motion. You know, in some ways I'd almost characterize it as mischievous, so let's just move on with life. I know we'll hear some other speakers today. I know that many of my colleagues, particularly those who live on the line, can attest to the benefits, and I'm looking forward to hearing from them.

Deputy Speaker: The member for Nanaimo.

K. Krueger: Nanaimo's just a whistle stop on the former BCR.

L. Krog: I think I heard a heckle, hon. Speaker, suggesting that Nanaimo is just a whistle stop. I'm sure my friend the member for Kamloops-North Thompson didn't wish to criticize the great and ancient city of Nanaimo that I'm so proud to represent. However, railways are important, and B.C. Rail, as W.A.C. Bennett developed it, was a major contributor to the economic prosperity of this province, opening it up, providing services for thousands and thousands of British Columbians for many, many years.

The public had a strong interest in it, and the public had an interest in seeing its assets and its investments protected. That is why it is so fundamentally important that when the province.... They can talk about a 60-year lease or a 999-year lease or whatever they want to talk about. The fact is that B.C. Rail isn't B.C. Rail as the public understands it. The only people who really have to be satisfied in their understanding are the people who put us in this chamber, and that's the electorate of British Columbia. What they know and what they say to each other in the streets and what they understand is that B.C. Rail is no longer B.C. Rail. You can talk about retaining the bed. You can talk about everything else, but all they know is that somebody else is making the profits off that railway today in British Columbia, and it doesn't sit well with them.

In the ancient times when we didn't have a democracy, governments could get away with doing what they wanted. Kings ruled by fiat. But we now work and operate in a democratic forum where people ex-

pect a great deal of clarity and openness from their government.

D. Jarvis: Ask Dave Zirnhelt about that.

L. Krog: Exactly. The member for North Vancouver-Seymour mentioned a former member of this House, Mr. Zirnhelt. He's right. Mr. Zirnhelt's great quote about how governments can do anything within their jurisdiction is absolutely correct. But just because you can do something doesn't mean you should do something. That's the issue around B.C. Rail. The government had the authority to dispose of this important asset of the people of British Columbia. The issue is: should it have done so?

There are many unanswered questions surrounding this sale to this day. It has been the subject of numerous questions in this House — all sorts of issues raised particularly by landowners along the rail line — and the public has not been satisfied. I think it's not unreasonable to suggest that perhaps this government, in a spirit of openness, in that desire to placate the legitimate concerns of British Columbia's electors, should in fact institute a public inquiry into the sale of B.C. Rail.

[1145]

Let the story come out. If the government is not ashamed of what it's done, if the government's proud of what it's done, why wouldn't it want this opened to public exposure? If you've nothing to hide, you have nothing to worry about. That's the first thing the police say to all the accused: "If you've got nothing to hide, just tell us your story." Well, I'm just saying to the government: "Tell the people of British Columbia your story." It's not an illegitimate request.

Is there something we should know? Does the government somehow think the electorate of British Columbia are incapable of understanding what might come out of a public inquiry? Are they concerned that there might not be enough witnesses to give evidence at a public inquiry? Are they perhaps concerned that maybe when the full deal is made open and clear, they will have to actually admit that this was a stupid decision — disposing of your railway at a time when commodity prices are rising around the globe? To dispose of a railway that was profitable at a time when it was about to enter into a period when its revenues were about to soar was maybe not the best example of modern fiscal business management that you'd hope to expect from a government that prides itself on representing good old free enterprise, common sense and sound business management skills. That, maybe, is an admission that this government is a little concerned about.

I just suggest strongly that if the government is so satisfied that it made a sound business decision that was good for British Columbians, I'm sure a public inquiry — properly conducted, open to the public — would in fact expose their brilliance in this decision, if in fact that's what it would expose. I'm not convinced, however, that it would expose their brilliance. I suggest

to the members of this House that that's perhaps the reason the government is opposed to this, I would say, fairly straightforward motion — simply asking that a matter of enormous public concern, of enormous public importance should be put out to a public inquiry.

Governments historically in this country have often disposed of difficult issues by putting it out to a public inquiry or a royal commission. I'm suggesting this would take some heat off the government. The minister could stand up in the House and say to every question around B.C. Rail: "Well, there's a public inquiry. I won't have to answer it." It would speed up the business of the Legislature. It would be good for everyone.

What might come out of that salutary public inquiry would be the understanding that governments don't always make good business decisions. I'm just ready to hear the heckling, and the fast cats are going to be reborn in this Legislature. I'll save the members the time, and I'll say it myself. Well-intentioned governments sometimes make mistakes. That happens in politics, just like well-managed companies and public institutions make mistakes. But what you try and do is learn from those errors. The only way that you learn from those errors is to publicly expose the process by which the decision was made — examine those who made the decision, examine why they made the decision, examine whether the decision was made on sound criteria or no criteria or simply on a political whim.

All we on this side of the House are asking for is that there be a public inquiry to determine what happened with the sale of B.C. Rail. As I said earlier, this government should have nothing to fear — nothing to fear whatsoever. This government would have an opportunity to justify, subject to full public scrutiny, its sale of B.C. Rail. This government would have an opportunity to brag, if you will, in a public way outside of this chamber as to its able handling of the sale of B.C. Rail. It would have an opportunity in a public forum to convince British Columbians that it was right and wise and correct in the sale of B.C. Rail. I would have thought that was an opportunity that the members opposite, the government side, would welcome in this chamber. Instead, I hear resistance.

[1150]

[Mr. Speaker in the chair.]

I come back to my main point. Are they afraid that the public will discover that the government got snookered; that maybe we sold an asset for far less than its value; that maybe the timing of the sale was absolutely inappropriate; that maybe the wisdom of some of those old Socreds no longer with us was in fact sound, was in fact in the best interests of the people of British Columbia; that maybe some of those old Socreds actually had some brains, which my party never gave them any credit for.

Is the government afraid they'll discover that W.A.C. Bennett was a true visionary, that those great public enterprises — like B.C. Ferries, B.C. Rail, B.C.

Hydro — that were all built during that generation of expansion under Social Credit were in fact good ideas, that they were sound 50 years ago and that they're sound today?

It reminds me that some of the members of this House somehow believe that I lack Christian values. Speaking as someone who went to a Salvation Army Sunday school, I want to say to the members opposite that, indeed, I have very strong Christian values. I'm reminded in making my remarks today of that wonderful old tune, *Gimme That Old Time Religion*. It was good enough for mother, it was good enough for father, and it's good enough for me.

So I say to the members opposite: if it was good enough for W.A.C. Bennett, if it was good enough for two generations of British Columbians, what went wrong? What changed that made it in the public interest to dispose of B.C. Rail? What made it in the public interest to give away, in my respectful view, an asset of the Crown that was producing revenue, that gave the government a tool and an opportunity to generate economic development, particularly in the north, to assist in the growth of our economy, to assist in the growth of government revenues that would be available to pay for all of the programs that those of us on this side of the House have been asking for since the 2005 election and the 2001 election?

When you consider the issue of homelessness that faces every one of us in our communities across this province, when you think of the lost revenue that this government no longer gets as a result of having disposed of B.C. Rail, when you think of the public benefits that could have accrued to this province if they had retained B.C. Rail, it is shameful. But if I'm wrong — I come back to my main point — let the government make its case at a public inquiry. Let the government justify itself.

I learned early on in my life that, generally speaking, bad things only happen in secret. Things that are done in the public are generally positive, and public inquiries are a tool that has existed in our democratic process for hundreds of years — an opportunity for the public to question government. What a shocking proposition: that the government might be wrong.

It's not only the opposition that asks for this; it's the public generally. We've heard the letters read in this House. We've all received the letters from constituents. We've all received the constant concerns of constituents surrounding this sale. It is not an issue that is going to go away. It is not an issue that this opposition will let go away. It is an issue that requires public exposure and an answer from this government.

It is also, as I said, an opportunity for the government to show that the opposition is entirely wrong, that we're talking through our hats, that we have no idea, no understanding of the sale and its wonderful ramifications for the province. If that's the case, we'll wear it. We will go into the next provincial election with people saying: "Oh, that silly opposition wasted all this public money on a public inquiry that got nowhere, that just determined the government had made a wise decision."

If the opposite is true, the government wears it. It's this government that's engaged in this great expansion of public gaming in the province. I sense a gambling interest on the other side. Let's take a gamble with a public inquiry. Let's see who's going to win the toss. Let's see who's actually right on this issue.

I don't wish to berate the members on the government side too long on this issue, however. I think the opposition has made its point here this morning.

Mindful of the hour, hon. Speaker, I move adjournment of the debate.

L. Krog moved adjournment of debate.

Motion approved.

Hon. R. Thorpe moved adjournment of the House.

Motion approved.

Mr. Speaker: This House stands adjourned until two o'clock this afternoon.

The House adjourned at 11:55 a.m.

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