



3rd Session, 37th Parliament

OFFICIAL REPORT OF

DEBATES OF THE
LEGISLATIVE ASSEMBLY

(HANSARD)

Tuesday, October 8, 2002

Morning Sitting

Volume 8, Number 13

THE HONOURABLE CLAUDE RICHMOND, SPEAKER

ISSN 0709-1281

PROVINCE OF BRITISH COLUMBIA
(Entered Confederation July 20, 1871)

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3RD SESSION, 37TH PARLIAMENT

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TUESDAY, OCTOBER 8, 2002

The House met at 10:03 a.m.

Prayers.

Orders of the Day

Hon. G. Plant: I call committee stage debate on Bill 59.

Committee of the Whole House

ELECTION STATUTES AMENDMENT ACT, 2002

The House in Committee of the Whole (Section B) on Bill 59; J. Weisbeck in the chair.

The committee met at 10:05 a.m.

On section 1.

J. MacPhail: Mr. Chair, I want to clarify this section on which I have one series of questions on the issue of charging for labour under the Election Act now. I assume that's section 2. If not, could the minister point me to which section we discuss it under?

Hon. G. Plant: Well, there's a change in the definition of volunteer. The change in the definition of volunteer is intended to operate in the context of changes to subsection 180(5)(a), but the substantive work of dealing with the recording of the value of services provided by volunteers is in section 2. I think the answer to the member's question is that the section she is most interested in is section 2.

Section 1 approved.

On section 2.

J. MacPhail: Yesterday in second reading, I raised my questions around this issue where the government is now changing what will be billed against election expenses. What now will be billed against election expenses is labour donated by an employee, as I understand it, but labour donated by a self-employed person will not. How is this going to be determined?

[1010]

Hon. G. Plant: Primarily, labour donated by employers is going to be included — in other words, where someone is volunteering their services to an election campaign but they're being paid in relation to the time spent providing the services or in relation to the services. If they're not being paid, perhaps, by the campaign itself, but rather they're being paid by their employer, then our view is that that should be included in the contributions that are required to be disclosed.

It's not limited to employers. Anybody who is compensating the volunteer is caught by this provision, because the provision focuses on the services provided by the volunteer and the fact of compensation.

J. MacPhail: If a worker is on her vacation, how does one determine that?

Hon. G. Plant: Obviously, at the end of the day the nuances of these things may have to be examined by the chief electoral officer and/or a court. I'm not here giving legal advice. I think that in general terms, somebody who takes their annual paid leave during the course of an election campaign and makes their own choice to volunteer their time to an election campaign — as opposed to, say, receiving strong encouragement from their employer — would probably be outside the scope of this section.

J. MacPhail: How does one determine...? Well, let me ask this question. The reason why I started by saying compensation to an employee is because the employer-employee relationship, I assume, is what would determine whether compensation has occurred, but maybe not. Will people who share office space at a Re/Max realty company, who then work in an election where there's an exchange of moneys between Re/Max and a realtor...? Is that an employer-employee relationship? Is that counted as an exchange, then, to be billed as an elections expense?

Hon. G. Plant: The section has a reach that is not limited to employer-employee relationships. If a third party approaches someone who happens to be working in an establishment and says, "Look, I'd like you to go work on Mr. Block's campaign, and I'll pay for the month that you're doing that," there's no employer-employee relationship between those two individuals. The volunteer is actually somebody who, in my view, within the scope of the section, would be receiving compensation directly or indirectly in relation to the services or the time spent providing the services, even if the compensation is not being received from that person's employer.

P. Bell: Is it safe to presume, then, that these donations will be tax receiptable to the employer?

[1015]

Hon. G. Plant: That's an interesting question. I think probably the answer is yes. It would be a donation.

J. MacPhail: I think I'm comforted by the Attorney General's answers, but I need further clarification. Let's take an example. I think it's pretty straightforward, where there is an employer-employee relationship, where a paycheque is exchanged on a regular basis, how the rules will unfold. But what about a situation — and this occurs on a regular basis — where a lawyer

who works for a law firm and bills her hours works on a campaign? How, then, does the work that she does on the campaign get charged?

Hon. G. Plant: I'm told that it depends to some extent on whether and how the lawyer in your example fits into the Income Tax Act definition of self-employed.

To illustrate one way in which I think the section would apply, there are a number of situations where the person that the member is referring to is actually an employee of a law firm. Typically, for example, associates in large law firms are employees. They have an employer-employee relationship with the law firm. In that situation, if the firm says, "Why don't you take the month and go work on the campaign?" but she continues to be paid her salary, the fact that she's not doing billable work probably doesn't speak to this at all. She's an employee, and she's caught by it.

It becomes more of a challenge to take, again, the simple case of a partner in a law firm, who may well be self-employed and maybe for that month isn't billing anybody — who is, in fact, taking his or her time and donating it to the campaign, saying: "For this month I'm not going to bill fees; I'm not going to work for clients. I'm going to contribute to the electoral process." If the person's a partner or has a relationship with the firm that allows them to say that they're, in effect, self-employed for tax purposes, then I think this section would not reach to capture that situation.

K. Stewart: My question is in the application of this bill. How onerous is it going to be on the financial agent and on the official agent to report who is a volunteer and who is not a volunteer, based on whether they're being employed or not? What's going to be the test of due diligence for the campaign organization in determining that? How are they going to really test — if someone comes in and says, "I'd like to volunteer"— to be able to determine whether that person is a volunteer paid by someone else or what? It does seem a bit onerous.

Hon. G. Plant: I think it could be fairly said that much of this act is very onerous. In particular, it's onerous for the people who agree to serve as financial agents. The way this will work is that they will have the additional task of determining whether the people who are coming to work on a regular basis are in fact being paid in some way, directly or indirectly, by an employer or by some other person for the time that they're spending there.

[1020]

I've had the experience twice now of watching financial agents in the campaigns that I've been directly involved in. They already have pretty extensive obligations. This will certainly add to them, but I don't think it's an unreasonable burden, recognizing that the goal here is to try to make sure that there is a full disclosure of the real value of contributions made to election campaigns.

J. MacPhail: I have concerns about this, given the Attorney General's answer that somehow the self-

employed, through the definition of the Income Tax Act, are exempt from this. I expect that my example of Re/Max means that the realtors who donate their time to a campaign or work in a campaign will be excluded, as well, if it's through the Income Tax Act that the definition is thus.

Is it that somehow the contribution of time that would have otherwise been compensated is too hard to calculate when one is a realtor or a lawyer, a partner? Why are they precluded from this?

Hon. G. Plant: Let me begin by saying I don't pretend to understand what arrangements exist or don't exist for people who work for or with Re/Max, so I'm not able to comment on the situation that the member talks about, but I take her point more broadly. I think the distinction in the broadest possible terms is between someone who is a volunteer and someone who is being paid to help an election campaign. What we're trying to do here is capture the people who are being paid by somebody else to help on an election campaign and say, in effect, that it is a contribution every bit as real as the contribution of cash would be to purchase those services. For someone who is self-employed and says, "For a month I am going to defer pursuing my profession and instead donate my time to a campaign," I don't think the principles of disclosure should reach that far.

Similarly, I think that someone who took an unpaid leave of absence from employment for four weeks to work on an election campaign would not be caught either by the principle which underlies the obligation to disclose or by the actual wording here, because although they are somebody who is in an employer-employee relationship, they are not receiving compensation either directly or indirectly in relation to the services or the time spent providing the services. Anyone who is out there wanting to help the democratic process, who says, "I want to put aside my ordinary work and volunteer my services to the political process for a month," is free to do that. We are putting forward this proposal from a perspective that respects the spirit and intent of true volunteerism, but we're also saying that somebody who, in effect, is being paid to work on an election campaign is in a different category and that the payment is as good as cash in the hands of the campaign and should therefore be regarded as a contribution for the purposes of the act.

[1025]

J. MacPhail: When can we expect the regulations on this? I gather there will be regulations that flow from this. Will the regulations be open to consultation?

Hon. G. Plant: I appreciate the question. The bill will come into force upon royal assent. There's no proclamation clause or regulation clause, so what you see is what you get. As I know the member knows from her second reading comments yesterday, the government is pursuing the issue of electoral reform in other ways which may eventually require that something come

back to this Legislature. In the short term this bill, if it passes, will become law, and the obligation will apply to all those who are caught by the Election Act from the moment of proclamation and royal assent.

B. Suffredine: In my former life I practised law, and as part of that, I was also involved in virtually every election, federal and provincial, since 1974. The concerns raised by the opposition about volunteers and the difficulties in interpretation of the section highlight to me the difficulty of distinguishing between monetary contributions and volunteer labour contributions. Although I was a lawyer, most of the work I did in elections had no value as a lawyer. The menial tasks in going from place to place didn't apply a skill I had learned.

As much as I applaud efforts to keep the playing field level, I would ask whether or not any thought is being given to provisions that would basically assign a fixed value to an hour of labour volunteered regardless of whether anyone is being paid, so campaign spending limits can be levelled, if that's the way we want to do it. Whether one donates \$100 and provides ten or 20 hours of services through that mechanism or whether they donate ten or 20 hours of their labour, if we're trying to make sure elections are run on a level field, that should be dealt with equally.

Hon. G. Plant: I'm not sure I understood the member's question completely, and if I didn't, I'm sure he'll give me another chance. This isn't focusing on an attempt to value the work being done by volunteers — that is, in terms of how valuable it is to the campaign. This is focusing on something else, which I've tried to explain over the course of this debate.

If I understood the member's question, he was suggesting in some way that we might level the playing field by attempting to assign an hourly rate or some value to the work done by volunteers in election campaigns and that it somehow ought to become relevant to a determination of how much has been spent. That might in turn, as he says, level the playing field. Let me say why I think that's wrong. I think the electoral process should be about encouraging volunteerism. If you are in fact truly a volunteer working X number of hours a week, we should acknowledge that fact, but we should also acknowledge that if we try to.... Let me say it a different way.

I think what the member is proposing would in fact eliminate the contribution of volunteer effort. Every time someone walks in the door and says, "Oh, I would like to knock on doors in this neighbourhood for you or fold envelopes or operate the fax machine," you would essentially be punishing the candidate who is so popular that he or she can bring dozens or hundreds or thousands of volunteers to help their cause by saying: "Okay, fill out a time sheet, and then we'll have to record the value of your contribution."

[1030]

You would end up with the spectre of somebody who has almost no volunteer help having a low

amount of expenditure and someone who has enormous volunteer help having a high level of expenditure. I think the result would be that the process would break down completely.

This is not about attempting to value the services provided. It's about ensuring that if somebody is paid to provide services, that payment is included in the disclosure obligations. I think we're a long way from attempting to value from the perspective of the campaign, or I think government should avoid trying to value the provision of volunteer labour. I haven't probably put it as clearly as I should have, but this is not what we're talking about. I don't think, frankly, that we should be talking about doing that.

J. MacPhail: I am a little bit dismayed by the comments of the Attorney General that once this act is proclaimed, that's it. I think there are challenges in this. As one knows, rules around campaigning take on very serious meaning for those who enter the race. If one is truly trying to level the playing field, then surely one should be very clear and should understand concisely how the rules will apply — and I don't. I don't understand it.

I think there is all sorts of room for dispute between self-employed and employed. What are the volunteer hours contributed? What personal choice does an individual have in contributing their hours?

Now, this is also a section where I know the public would generally agree that on the face of this, this all makes perfect sense. But I think that if we are leaving this up to challenge by appeal, either through the chief electoral officer or through the courts, that's bad news for democracy.

What I am going to urge the Attorney General.... I actually don't know how this could take place in a formally delegated way, but the chief electoral officer has an advisory committee made up of each political party that reaches a certain percentage of the vote. They don't even have to have elected people. They have to have a certain percentage of the vote, and then that group advises the chief electoral officer. I would urge that the Attorney General refer this matter to that committee — I'm sorry, I would appreciate help in determining what the real name is of the committee; I've just lost it — and that this matter for establishment of guidelines be referred to that committee.

Hon. G. Plant: Let me speak for a moment about the process. This bill has been on the order paper and quite openly has been there for public review and comment since the end of May. One of the reasons, in fact, why we have a process exactly like the process we now have is so that we can take advantage of the opportunity presented by two sessions in the course of a year to ensure that the public gets a look at some of our legislative proposals. That's how this one particularly has worked.

We introduced this at the end of May, and it's been there for people to have a look at since then. I talked about it from time to time and in place to place, en-

couraging people to comment. I think it's fair to say that over the course of the four months, we have received very little in the way of any response or commentary in the form of letters or e-mails. We received a few letters or e-mails from some people who hadn't read what we were doing and wanted to offer some suggestions about electoral reform generally.

[1035]

We took this out for a walk, and it's been out there already for a walk in the very way I think our democratic processes function best. In addition to that, the chief electoral officer was consulted before and during the drafting of this particular bill, and I am told he supports the amendments we are putting forward here. I don't think there is in fact a need for further consultation.

The other thing I think needs to be said at this point is that we are amending a provision which has been in the act since 1995. It's section 180, and in fact, section 180(5) has been there for quite some time, talking about.... What section 180 does is talk about political contributions generally, and what section 180(5) does is say that some things are not political contributions. Examples of the kinds of things that are not political contributions include things like publishing editorials, property or services provided by elections officials and services provided by volunteers. So we're in well-established territory here when we are in the territory of services provided by volunteers. We are just making a change in the way in which that particular definition will work.

We're actually not even making a change to all of it. In section 180(5)(a)(i), the act as it currently reads goes as follows: "The value of the following is not a political contribution: (a) services provided by a volunteer, being an individual who (i) voluntarily performs the services...." That's not changing; what is changing is the next part of it and the next two or three parts of it that are, I think, pretty straightforward in their application.

When I said earlier that I didn't want to be in the business of providing a legal opinion, I suppose I was just doing the thing I feel obliged to do from time to time, which is to point out that we're having a political debate here about what these things are intended to do, and to make the point that I believe their intention is clear and their application will not be difficult. But I have long experience of knowing that every single page of all those many binders of the *Statutes of British Columbia* is potentially subject to legal challenge in one context or another, and I'm not in the business of second-guessing that entire project or the legal system which makes it all possible.

I think we've done all the consulting we need to do with the right people, and it's time to decide whether or not we want to move forward to ensure that services provided by volunteers who are in fact not really volunteering, because they're being paid directly or indirectly to provide the service, ought to be included as political contributions for the Election Act.

J. MacPhail: Well, I think perhaps what this government is learning is that just because matters have

been out there amongst a very full agenda with massive change to many things that are perhaps of a higher priority to individuals now doesn't necessarily mean they're being accepted.

I'm disappointed in the Attorney General's comments. I was offering a practical solution to resolving matters to keep the application of this legislation out of the courts and out of becoming a political hot potato, and I'm disappointed that he rejected it.

Section 2 approved.

On section 3.

B. Suffredine: Mr. Chair, when I read this section, I'm of course tempted to say "bingo." The concern I have with this is that it refers only to a charity. There are lots of incorporated bodies that are non-profit and have other statuses. Why not include all non-profit, incorporated bodies in this prohibition?

[1040]

The evil I see here is the use of non-profits as fundraising devices where people don't realize they're contributing to charities. Why not make it clear that any non-profit organization, whether registered as a Canadian charity or not, cannot make political contributions?

Hon. G. Plant: I think the policy objective underlying this provision is that someone who donates to a charity is not thinking that the charity will use their funds to go off and participate in election campaigns and support them. That's what this is aimed at, and as the member knows, this particular section is really nothing more or less than the implementation of a new-era commitment. That's why it is focused the way it is. It's written the way it is because we were trying to strike at charitable organizations broadly speaking, and as the member knows, some charities are registered under the Income Tax Act and some are not.

This section in its operation in practical terms will have more impact on charities that are not registered as charities under the Income Tax Act for this reason. Charities registered under the Income Tax Act are already precluded by law from making political contributions. This is intended to strike a little bit more broadly, and we gave some thought to some of the issues around the member's question.

My view is that we should, at this point at any rate, do that which we promised to do. Certainly, if the member thinks we should take a broader approach even than the one taken here, then I would be happy to talk about that with him in the context of our longer-term and continuing commitment to electoral reform.

M. Hunter: The Attorney General made reference that this piece of legislation had been taken for a walk over the summer. I have to tell him that during the walk that I took it on, I did get a question or two that had to do with the issue of charities and charitable or-

ganizations and whether or not they can make political contributions.

Specifically, I was interested yesterday in his remarks in second reading that we appear.... I think, Mr. Chairman, that my remarks are probably also relevant to section 14. I know we're not there yet, but they both refer to charities making donations, political contributions. In his remarks yesterday at second reading, the Attorney General made the observation that a charitable organization can make use of the initiative process under the Recall and Initiative Act as part of its general advocacy role in relation to its charitable purposes.

I would like to understand what is in our minds in this legislation when we're talking about the Recall and Initiative Act as opposed to recall or the Election Act proper. When is an initiative a political act and when is it not? What kind of ratios in a charitable organization's activities are we contemplating tolerating under the Recall and Initiative Act? I have some questions from charities in my part of the province wanting to know how this might affect them, and I would appreciate any clarification the Attorney General could offer on that point.

[1045]

Hon. G. Plant: I appreciate the question. Let me try to distinguish between three different processes. One is an election under the Election Act. The second is recall under the Recall and Initiative Act, and then the third is the initiative process under the Recall and Initiative Act. As the member himself points out, we're here looking at the Election Act. We will get to the Recall and Initiative Act later in this debate. In fact, I think the issue the member is interested in will arise specifically in the context of section 14 of the bill, where we have said that a charitable organization must not make a recall contribution. I thought it was important in my second reading remarks yesterday to make sure people saw that the prohibition did not extend to initiative campaigns and to explain why.

I think there is a reason to argue that an organization which would meet the common-law test of "charitable" — that is, an organization that provides for the relief of poverty, the advancement of education, the advancement of religion and other purposes beneficial to the community — will from time to time want to participate in public policy debates, particularly in the areas that are of direct concern to their organization. I could imagine a situation where someone wants to initiate an initiative process, which is the petition and all of that, to try to persuade government to change its approach to some issue relating to the advancement of education that may be a core function to that organization.

I think that people who contribute, who make donations to those charitable organizations knowing that's the very thing their organization is about — which is advancing education — have or can be reasonably imputed to have some expectation that their contributions may actually be used to help further the

public policy debate and process around those very issues.

That's quite different, in my view, from the situation of a general election or a by-election under the Election Act and the situation of a recall petition. For my purposes, to try to illustrate the point, it is sufficient to distinguish between processes and activities that are personal as opposed to processes and activities where the focus is on policy. I don't think charitable organizations should be in the business of funding political campaigns, because they're about electing individuals, and I don't think charitable organizations should be in the business of funding recall petitions, because by definition a recall petition is about an attempt to set aside — to remove from office — an individual. That is the distinction I draw among those three different categories of processes — again, the election process, the recall process and the initiative process.

[1050]

Let me illustrate that by reference to another example, a more specific example. Let's say there is a charitable organization that believes passionately that there should be no grizzly bear hunting anywhere in British Columbia. As the member knows, there are legislations and regulations in British Columbia that do contemplate permitting grizzly bear hunting in some circumstances subject to a consideration of scientific evidence and so on.

I think there's a difference between advocating or participating in an initiative process that might lead to a debate on the floor of this House around the policy associated with grizzly bear hunting versus a recall campaign that was directed at unseating an MLA who didn't have a position on grizzly bear hunting or who supported grizzly bear hunting. That is the distinction we are trying to draw in the provisions that include section 3, which is before us now, and section 14, which will be before us momentarily.

I. Chong: Just a clarification. The section does state that a charitable organization must not make a political contribution. I'm wondering whether that would also.... This is a B.C. government statute, or a provincial statute. What attempts would be made to ensure that political contributions from a charitable organization registered in another province would abide by these rules? Or would they fall under these rules? For example, we know there are charitable organizations across Canada, some of which are registered in their province and others which aren't. Would there be any overriding policy or intergovernmental rules that would ensure that those charitable organizations would fall under this? Can I just get that clarification from the minister?

Hon. G. Plant: The scope of the provision we have in front of us is not limited to charitable organizations that are resident only within British Columbia. What we're saying here is that a charitable organization must not make a political contribution. By definition we're talking about political contributions within the mean-

ing of the Election Act of British Columbia, which generally speaking means contributions made to our campaigns. This would preclude a charitable organization operating in B.C. from making a donation.

Let me just take a moment to think about the question of whether it would preclude a charitable organization operating outside the province from making a contribution here in British Columbia. I appreciate the opportunity to think about this a bit more. Frankly, if a charity outside British Columbia makes a contribution to a political campaign here in British Columbia, it will be caught by this prohibition.

Sections 3 to 20 inclusive approved.

Title approved.

Hon. G. Plant: I move that the committee rise and report the bill complete without amendment.

Motion approved.

The committee rose at 10:54 a.m.

The House resumed; Mr. Speaker in the chair.

[1055]

Report and Third Reading of Bills

Bill 59, Election Statutes Amendment Act, 2002, reported complete without amendment, read a third time and passed.

Hon. G. Abbott: I call second reading of Bill 60.

Second Reading of Bills

HEALTH AUTHORITIES AMENDMENT ACT, 2002

Hon. S. Hawkins: I move the bill be read for a second time now.

This bill makes minor amendments to the Health Authorities Act. It makes clear our government's goal to improve the delivery and management of health services in British Columbia.

Let me first deal with the proposed minor house-keeping changes this bill will make to the Health Authorities Act. Currently, the Health Authorities Act includes language that reflects the structure of the health authorities prior to December 12, 2001. Effective December 12, 2001, as part of the health care governance restructuring initiative to increase efficiencies and accountabilities for health authorities, we restructured B.C.'s regional health authorities by amalgamating 52 health authorities into five regional health authorities and one provincial health services authority.

The amendments are housekeeping in nature and update the act by removing obsolete references to community health councils and community health ser-

vice societies. The references to regional health boards will remain, and in addition, the reference to Tilbury Regional Hospital Laundry Society in the definition of facilities subsector is being removed. On June 27, 2002, Tilbury was amalgamated with the Vancouver coastal health authority and ceased to exist as a society. Furthermore, this amendment clarifies the position held by the health authorities and makes clear their responsibility and accountability for establishing goalposts for performance in health care standards in British Columbia.

Restructuring the health authorities has been fundamental in ensuring that each region of the province has the population base and resources needed to support the health needs of their citizens. The improvements we've introduced will help measure the performance of our health care system, strengthen accountability to both the public and the government for tax dollars spent and will help in our ultimate goal of ensuring patients are put first.

The changes we put into action are helping to move our health care system toward a more flexible, accountable, sustainable public health care system with clear responsibilities and guidelines. These amendments will assist our government in its goal to improve the delivery and management of health services for all British Columbians.

R. Hawes: I rise today to speak in favour of this bill, but before I get into talking directly about what's in the bill, I think I'd like to go back in history just a slight bit to the mid-1990s. In the mid-1990s I, along with a lot of people around this province, sat on a community health council, and we wrestled with the problem of revising the delivery of health care in this province. It was a problem put to us by the previous government. There were regional boards that were formed, but there were community health councils. The idea was that the communities would run their own health system and would replace hospital boards.

For two years we sat and talked about how we would revise health care in this province — without resolution. In 1997 I and my colleagues that sat on the community health council were unceremoniously dumped, I would have to call it — at least, it felt that way to me — by the then Health minister, who is now Leader of the Opposition here in this House.

[1100]

There was a regional structure that was set without really any consultation. There were 52 health authorities formed around the province, and the concept of changing health care began through the regional process that they then undertook. The communities at that time were largely left out of the equation, and regions were formed to run health care in most of the province.

I have to say up front that I've never been a fan of regionalization. I sat on a hospital board in my community, and I thought we did a good job. We looked after the hospital. Regionalization has never been something that was high on my personal agenda, but it's here, and it's here to stay. Frankly, one has to make

the best of what we've got and work hard to try to make sure it succeeds.

Earlier this year I and members of the legislative Select Standing Committee on Health, which was recharged for the first time in over a decade, travelled the province to look at the regional structure throughout this province and to look at all kinds of health matters and concerns in communities across the province. One of the things that became abundantly clear as we travelled was that the 52 health authorities that then existed were, frankly, non-functional.

A good example, at least to my personal belief, would be as we went into Terrace and listened to people come and make submissions. A good example would be a man that came and told me he had suffered a broken leg a year or so earlier. There was no orthopedist in Terrace that could look after his problem, so he was looking to go to Kitimat. In Kitimat there was an orthopedist, but the anaesthetist was away on vacation.

The next closest place he could look was in Prince Rupert, which is a different community health council, and in Prince Rupert the exact opposite was the case. The anaesthetist was there, but the orthopedist was away. These health authorities were not communicating with each other in any way. The anaesthetist couldn't travel to Kitimat, nor could the orthopedist travel to Prince Rupert, so the man had to be flown to Vancouver to get his leg fixed. It was a totally and completely unreasonable situation.

When the broader regionalization took place where we moved down to five regions and one provincial region, that kind of situation was eliminated. As we move through the restructuring that has taken place earlier under this government's term.... I first have to remark that we're one-third of the way through our mandate, and one of the things that has really, really struck me is the absolute lack of planning that took place under the previous government. I don't think planning beyond tomorrow's lunch took place at all.

When you take a look at what was happening in health care, frankly, there was no planning. In fact, there was no employee within the ministry — none — that had a job description that had anything to do with planning. Earlier this year at the health congress the Premier convened — or perhaps it was last year; yes, it was last year — there was a speech by David Baxter. David Baxter is a noted demographer from the Urban Futures Institute in Vancouver, a very well-known and very articulate speaker with a very good presentation.

In his presentation, he showed what's happening with our population and the huge ball of people that are advancing toward senior status — the baby-boomers. On the graph he presented, it looked like a mushroom cloud. The head of the mushroom was this big group of baby-boomers. The stem of the mushroom was, frankly, our kids and our grandchildren, who are going to be left trying to support us as we move through senior status and into old age, when we begin the most expensive part of our lives as far as the health care system is concerned.

It became abundantly clear through what David Baxter spoke about that what we're doing in health care is absolutely unsustainable. Fundamental change has to happen. When you look at the previous government and at what has gone on in the past in this province looked like without planning, there was no thought of where we were going and where the demographics of this province are leading us.

[1105]

We're running headlong into it. It's like running on the *Titanic*. We're heading for the iceberg, and there was nobody in the wheelhouse.

At this point, we have a Ministry of Health Planning that is now taking into account those demographics. The health regions themselves, the five health regions that have been created, are now busy looking at not tomorrow but five years from now and ten years from now and at where we are going in health care. The realization is that this is not sustainable and that we are running into problems not far down the road, based on the demography of this province, that are going to absolutely destroy our system unless we make these fundamental changes.

As we created the five regions, I think that has allowed an opportunity for better delivery of health care in the long run, although it's going to mean fundamental change now. Fundamental change is something that most people, particularly on health care, don't like. Nobody likes change. You get comfortable in the way things are going in your life.

I live in the community of Mission. For a long time Mission Memorial Hospital has been described as the jewel of the Fraser Valley. It's an excellent hospital. It's delivered wonderful care to the people of Mission and the surrounding area for 50 years.

Services are now being taken from that hospital and put into a central hospital in Abbotsford, and I can tell you that it's causing a great deal of angst and anguish in my community. However, when one looks at where the demographics of our province are going to lead us within a relatively short period of time, one starts to realize that change now has to happen. It's that kind of fundamental change that's going to make sure that we have a health care ten years down the road and that we have a system that's going to look after us ten years down the road.

As the mayor of the community that I lived in for eight years prior to being elected to this House, I made a great deal of noise on a lot of occasions about the changes that regionalization was bringing to my community. I was extremely upset and very vocal about it. I have to say there was no effect to that vocalization. It didn't really change anything.

Yet since being elected here, I've been forced or I've had the opportunity — I think that's a better way to put it — to broaden my outlook and to look at things like, as I've said, the demography of the province. I've had an opportunity to look at the way, for example, the medical community wants to deliver health care and the lifestyle issues they themselves are pursuing.

Doctors don't want to be on call every day or every second day. They want to do service on call one day out of every five — specialists, that is. That creates for communities like I live in an impossibility to offer the services we had traditionally offered for years because we do not have sufficient numbers of specialists, nor is our population base great enough to create business for a number of specialists.

If your population demands that you have a few specialists and they don't want to work any more than one day in five on call, it makes it really impossible to retain those specialists. If they retire or become ill or anything, it becomes really impossible to attract new specialists to replace them because, frankly, in the medical community lifestyle is becoming a big issue.

As we look at regionalization and as the government refocused how health care is to be delivered in this province, centres of excellence are being developed where specialists can come together in groupings of five or more. They can both have the lifestyle they pursue, but probably more important to the delivery of health care for you and I is the fact that they've got support. They've got backup for anything that might arise, and they are not burning themselves out by trying to do one and one on call or one day out of every two on call and living the kinds of lifestyles that doctors for so many years in this province willingly did. Unfortunately, in today's complicated medical world, that kind of lifestyle is burning people out. The regionalization process is actually over time going to deliver to us a much, much better health system.

[1110]

I have some skepticism, and I think probably most people do, as to whether or not this is going to work, but what we had and what we were doing clearly wasn't working. As one who has followed the health system and has been involved on the periphery of the health system for quite some period of time, I know — and I think most people in this province know — that we were getting a lot less health care for a lot more money and that it's been deteriorating for a decade. So while I have some skepticism as to whether the system that has now been put in place is going to be 100 per cent successful, I need to — and my colleagues are accepting the same thing.... I hope that the folks I represent in my community are going to realize change is necessary.

What we have to do, then, is all get in the boat together and row in the same direction and try to make these changes work properly. Where there is adjustment needed and where there are some things that aren't working, we need to recognize that quickly and make adjustments. Now that we're laying out a long-term plan in health care, that makes it easier, because there is a plan, an overall plan. Each of the regions in this province is developing an individual plan for the people who live in their area. For the first time we're going to have long-term plans that will allow us to measure our progress against those plans and make adjustments where they're necessary. That's a huge, huge step forward from where we were.

I guess I would have to characterize the last couple of years as one of the biggest learning experiences of my life. You know, I sat in a community thinking: "Government, a multibillion-dollar enterprise, has all of these people here planning what's going to happen, and no move is taken by government without very careful consideration." I got here, and I was just flabbergasted. One of the most stunning revelations of my life was to find out that there is — there was, I should say — no plan. The government was in a mode of crisis management. That's how government has been run for the last decade here. This government understands, given some business sense, that no matter whether it's health care or what service is being delivered, it has to be done in a business-like manner with some respect for the bottom line — after all, that's how we live our lives — and there must be a plan.

You can't just run from crisis to crisis, from political favour to political favour — the way things have been done in the last ten years — and succeed. The evidence of failure is so broad across this government. The failure of the last decade is felt in every household in every part of this province. Now those who caused that devastation would point fingers at this government and say that it's because of the policies of this government.

I have had the opportunity to look at where we're going, as have all of my fellows in the House here, and I think we all understand and all realize that the change we're undergoing now, though painful, is really necessary to get us on plan, so we know where we're going, so that we know that the services that the government delivers throughout this province are sustainable. I can tell you that prior to our election, we were on an unsustainable course.

[1115]

There is no chance that health care could have been delivered to the ball of people, which David Baxter's graphs show are coming into seniorhood. It couldn't possibly be supported by our children and our grandchildren. That's whose backs the last ten years were building a system upon. All of the programs that were put together to politically win favour with special interest groups, all of the unplanned spending and the ridiculous programs that were put in place without plans and without any measurement of success — all of those are built on the backs of our children and our grandchildren, because they're the ones who have to pay the freight here when we march through our middle age and into seniorhood.

I wonder how some of the people who put that together over the last decade sleep at night. How can they possibly dare to point a finger at a government that's planning a future that's sustainable for all the people of this province — whether they be rich or poor, whether they be in a corporation or in labour? We are planning a future that is sustainable and that is satisfactory for every single person in this province, and yet those who destroyed our system would point fingers at us.

When I look at this bill, it's a reflection of the plans that have been put in place. It's a cleaning up of the language that's left over from the decade of non-planning — the decade of despair, I think of it as — the decade that moved our province from first to last in almost every economic category. That's being swept aside with this bill. This bill cleans up language that referred to those obsolete structures in the 52 health authorities that were created by the previous regime, which simply didn't work.

One of the things that I'm hoping this bill does as it erases from memory the ill-conceived method the previous government had of regionalization.... What I'm hoping will happen is that we can start building some partnerships with communities, because that's the only way we're going to build a sustainable health system. I think people have to stop looking at government to provide all things and to be the keeper of everything. It's time that the communities and individuals started to take some responsibility for their own actions, for their own lifestyles, and, frankly, to build a health system in communities that is sustainable, which is what we all want. I think we have to build these partnerships where everybody, as I said earlier, gets into the boat and starts rowing in the same direction. I'll give you an example of that.

Where I live, regionalization is going to create a situation where many of the services we once had in my community will be offered in another community. People who are in need of higher levels of acuity in health care are going to travel across the river to Abbotsford, and some will wind up in Chilliwack, and some will wind up in our community from other communities.

It's going to create some movement of people to visit — for example, relatives visiting. Often these are people who don't have transportation. I know in my community, I've asked the Rotary Club and the Knights of Columbus, and I'm asking some of the other service clubs to get together with their counterparts in the other communities in our region to raise money to build a shuttle service that would run between hospitals and allow visitors or ambulatory patients to move freely between the hospitals within our region.

It could be done without expense to the health authority, because frankly, I don't think the movement of people to visit patients should be something we load onto the health care system. Every dollar we have in health care should be spent on health care, and where the community can partner up and where the community and people can, through volunteerism, provide services that make the health care system run more smoothly, I want to encourage that to happen in my community.

I'm sure all the members in this House are going to be doing the same thing, and I'm sure that the service clubs and the huge army of volunteers throughout this province all will do the same thing, because after all, every one of us in this province — regardless of political affiliation, regardless of economic status — wants the same thing, and that's a health care system that

delivers good-quality health care where we live and when we need it. Where we live should really be characterized as within reasonable and safe distances. It doesn't have to be on the next block, but what we've got to have is a health care system that, when you need help, is there for you.

[1120]

When I look at the demographics that David Baxter has laid out, it is so frightening to think that if we don't do something right now, none of us are going to have health care maybe a decade from now, maybe 20 years from now. The entire system will collapse. That collapse, if we didn't do anything about it, would be our fault as well as that last regime's. But it's not going to be our fault, because we are taking action and laying out plans that are going to fundamentally change health care to make it sustainable.

That's why I have to support this bill. As I say, it does wipe out the last vestige of that ill-conceived method of health care delivery with 52 health authorities that really often didn't communicate well with each other and created, in many communities, a failing health system. While there were islands of health care throughout the province — like where I live, in Mission — that continued to have really high-quality health care, it's obvious to me that if we didn't do something now, within just a relatively few years the hospital in my community and the health care delivery system in my community would begin to rot and fall away, as it has in other communities throughout this province.

The other part, I have to say, is that we spend an awful lot of time talking about acute care hospitals. That's the big focus. That's the hot button for most people — the hospital. We spend very little time talking about preventative care. We don't talk a lot about the delivery of community health. Those are really important parts of the health care delivery system that get overlooked but are under the authority of these new regions. The regional health authority looks after community health. It looks after preventative care. It looks after all facets of health care, not just acute care.

Sometimes we forget that. That's just another reason why communities should partner up with the health authorities, with the government, to make sure that we have this quality of health care. I would encourage the people where I live — in fact, I would encourage everyone — to stop looking backwards. Looking backwards is a road to failure. It's really, really clear, particularly in view of the demographics, the oncoming army — the grey army, I call it. I'm a part of that army. We're marching fast towards being seniors.

When we become seniors.... It's always been an ongoing tenet that as you reach 65 years old, that magic age of 65, all kinds of expenses fall away. If you look at things like the Pharmacare system and the costs that the Pharmacare system imposes on the entire province, it is not sustainable, given the fact that within a relatively few years there will be so many more people achieving that magic age of 65 and so many fewer people striving to pay the full shot as they work towards

65. That's our kids. They're not going to be able to sustain us. It's a horrible burden we're putting on them.

I would encourage the Ministers of Health to continue with what they are doing in looking at Pharmacare and finding a system that's not just fair, that takes the unfairness out of how we charge people for the health care they receive, but also builds sustainability. There's only one road towards that sustainability. First, it's fundamental change, but I think the regional structure is going to allow those economies of scale that are going to create financial sustainability within health care delivery in this province.

Again, it's a pleasure for me to support this bill. It is the last of that horrible era. I'm pleased to see that it's going to be wiped out and forgotten as we move towards just talking about the five health regions and the one provincial region.

With that, Mr. Speaker, I appreciate the time and the opportunity to speak to this bill. I'm quite sure all of my colleagues will do exactly as I am doing, and that's to enthusiastically support the passage of this bill in an expedient fashion.

[1125]

Mr. Speaker: Debate continues at second reading of Bill 60 with the member for Oak Bay-Gordon Head.

I. Chong: I, too, am very pleased to rise in support of Bill 60, the Health Authorities Amendment Act, 2002. As has been indicated by the Minister of Health Planning and by the Minister of Health Services, who introduced the bill yesterday, this bill is primarily one that is designed as a housekeeping bill, one that reflects the reforms that were initiated last winter when the restructuring of our health authorities was laid out.

As was mentioned by the minister earlier, we at one point had 52 health authorities in existence, with close to 600, I believe, appointees to these various health councils, health society boards. I know that in my community, people used to wonder what it is they did and the value that we received from all these health councils, these health service societies, and the work that was done by them. That is not to say that the work performed by these individuals on these boards was not valuable. In fact, I think all of us would agree that because many of them provided volunteer services, we very much valued what they did for our community.

The problem was, as always with the previous government, the lack of direction. I think that in many cases — and I spoke to my health authority on many occasions — they were looking for leadership. They were looking for planning; they were looking for direction.

When the idea of regionalization first took place some years ago, it was with the view that we would have those kinds of things in place. We would have a regional body or an authority which would look at our communities, assess the needs of our community and then work on delivering the health care services that our communities needed. Unfortunately, that did not happen. What instead happened was, as I say, that a

bureaucracy grew — 52 health councils, community health service societies and a number of appointees who didn't have the authority, ultimately, to make decisions. The speaker before me, the member from Mission, indicated that he at one point served on these as well.

I remember the consternation that occurred in 1997 when in fact a number of health authorities, which had board members who had volunteered and served for a time and were finally looking to present something to the government where they could act upon things to help make health care reforms work in their communities, were more or less yanked — fired — from their positions. I knew some of those people, because at that time I had known them from my days on municipal council, and they were appalled at the approach that was taken, because they were trying to move towards exactly how regionalization was first introduced. They didn't get that opportunity. Instead, over the next few years we had a bureaucracy of health authorities, health service societies, who were just being led by their noses by the previous government. That was a shame, because we had very good people who would have provided the services we needed.

The streamlining that took place finally, though, last winter and was then introduced and laid out this spring was to go to five health authorities with one provincial service authority, and I think that was a good thing. As I listened to the rollout of that plan last spring and heard some of the questions that were raised, I knew at that time that there had been enough dialogue and enough discussion on the idea of regionalization, that we were moving in the right direction and that in fact we would finally have a regionalized service that was going to meet the needs of our community. More importantly, of course, was the issue of accountability, one that the previous system lacked severely but one that our new system, our new governance structure, will allow for.

[1130]

When I was in opposition, I had the opportunity to travel the province on a number of occasions. I went to areas in the north and into the Kootenays and even here on the Island. I spoke to many people, not just people who were looking at ways of helping us restore our economy — because we all knew that was in its spiralling-downward trend — but also people in the health care field, health care professionals. In particular, I spoke to specialists in places like Smithers, Terrace, Port Edward and Prince Rupert.

I remember that on one occasion on that particular trip I had taken, we met with five doctors one morning for breakfast. They said they had just lost three of their colleagues to the lower mainland. Of the five there, two of them were considering leaving at the end of the month. That was very distressing. At that time I was with my colleague the member for Vancouver-Quilchena — now the Health Services minister — and he heard their stories along with me. We were very concerned about why that trend was occurring.

It was very simply this: as specialists, they wanted the opportunity to work. They wanted the opportunity to use their specialty, especially in the hospitals, but because they were spread so thin throughout their region — because they did not have an opportunity to deal with the economies of scale, so to speak — they were forced to work excessive hours without the possibility of locums to provide the relief they needed. Also, their families suffered. That was, at the end of the day, very important to them — their families.

These specialists decided that until there was a change, the only option they had was to go to a more populated area such as the lower mainland, such as Vancouver, where they would be able to practise their specialty, a specialty they were trained for, and then ultimately be able to provide a comfortable lifestyle for their families. They felt bad that they had to leave their communities, but they felt there was no choice, because their health authority or their community health society did not afford them an opportunity to work with them to find some flexibility to see what could be done to deliver health care services better in their communities. That was a shame.

As I read about what is happening throughout the province and speak to my colleagues who represent all regions of this province, I hear things are in fact looking up. Things are improving. What I'm hearing from health care professionals is that by concentrating their specialties, by regionalizing the needs of their communities, doctors will have locums. Doctors will now be able to have a life, and doctors will be able to provide the care they so desperately want to provide for their patients. In the end that is what we all want: to deliver those health care services to patients where they live. This is what we are trying to do. With the change in our health authority structures, this is what we will accomplish.

Regarding the health governance structure, that was certainly overdue — the changing to this new governance structure where we were going to develop more accountability. As I mentioned, accountability has always been a very big issue not just in health care but also in education and in a number of areas. One thing I heard time and time again when I was in opposition was that the previous government did not ever provide accountability. They were not transparent. What our new government has done has given that transparency and put forward a framework for accountability for delivering health services.

I also want to speak for just a moment, because it just caught my attention.... Previously, when the other administration, the NDP administration, brought in the Health Authorities Amendment Act, they brought in a section that was particularly disturbing to myself and, I know, to a number of members in the House when we were in opposition. That was a section that gave the minister the authority to enter into forced amalgamations. Worse yet, it dealt with the expropriation of some facilities.

That has now been removed. As we may all recall, last year the Health Services minister brought in a

piece of legislation that literally removed for all time the possibility or the prospect of expropriation. At the time, though, the previous government felt, in their wisdom.... It was very weak wisdom at that time. Why they needed to do it, I don't know, but I know that here in my riding, the Queen Alexandra Centre was under threat of expropriation. I know that up on the northern part of the Island, Glacier View Lodge was another facility that was under threat of expropriation. That did not have to happen, but it did. It took us, I would say, three years to remove that section in the Health Authorities Amendment Act. That was just another flaw in the previous government's health delivery services and reform of health services.

[1135]

In this region we are now served by the Vancouver Island health authority. Previously, it was the capital region health authority. I have to say that for the most part, I think things are running quite well. I am in contact on a fairly frequent basis with people from the Vancouver Island health authority. In particular, I want to pay respect to our CEO, Mr. Rick Roger, who has done an exemplary job, who has forward-thinking ideas and has now finally been given the opportunity to act upon those.

I wonder sometimes why we have this new CEO. Previously, when I was in opposition, the first CEO I dealt with was Mr. Tom Closson. He left after two or three years. He had come out here from the east, and eventually he went back. That causes me to also wonder why someone of that calibre did not stay long enough in this region to put health care reforms and changes in effect, because these people who are involved in the administration and governance of health care services work a lifetime in achieving change and ensuring that health care services are delivered in the most efficient and effective way. He didn't last very long here, and I have always wondered whether or not the previous administration and the previous government did not, again, tie his hands and not allow him to move forward.

We now have, as I say, a CEO who I'm very proud of, who I know has been working with us. He's been in contact with his local MLAs. I understand he's gone up-Island, as well, and spoken to my colleagues on the northern part of the Island. Things are happening, things are changing, and I think that's a good thing.

Health care reform has been discussed for so many years. It's still being discussed across this country, and I think it will continue to be discussed. The important thing with our government is that we will keep that dialogue open and continue to have that happening.

Another incident that I would also like to bring to the attention of this House was, in fact, a small change that occurred here in this region. It didn't necessarily impact me and my constituents directly, but overall and in the long term I know it will. Again, it goes to the heart of why regionalization can work if we allow the people involved to let it work. That was the change of providing particular services in one part of the south Island to another hospital.

In this area — when I say this area, I'm referring now to the south Island, as opposed to the entire Vancouver Island — we have three major hospitals: Victoria General Hospital, which is out in the riding represented by the member for Esquimalt-Metchosin; the Saanich Peninsula General Hospital, represented in the riding of Saanich North and the Islands by the Minister of Human Resources; and the Royal Jubilee Hospital, which is borderline. I would say the members for Victoria-Beacon Hill and for Victoria-Hillside would probably want to share responsibility for that particular hospital. In the capital region we all take advantage of these hospitals. We're quite fortunate, to be very honest, because within 20 minutes we can go to any one of these three hospitals. We are very fortunate in that respect.

There was a change that was announced last year, and it caused great concern, I think, to the constituents of the member for Saanich North and the Islands, the Minister of Human Resources. There was going to be a reduction or downsizing of services being provided in the Saanich Peninsula General Hospital for pediatric services. I know at that time there was quite a concern that was raised. Once it was explained to them that that would be moved to the Victoria General Hospital and that what they would do then would be to enhance senior services at the Saanich Peninsula General Hospital... Once people understood and it was well communicated to them, they were all very happy, as I understand it, with that change.

After all, we had a tremendous, incredible pediatric care service at the Victoria General Hospital, which, I might add, we had to fight to keep when we were in opposition. The previous government once again tried to shut down the pediatric care facility — the third floor, as I recall. Moneys had been spent, and a renovation process had started. The wires weren't hanging up, the two-by-fours were showing, and all of a sudden that previous government for some unknown reason called off the project. They wanted to board it all up and say: "Well, we'll just go with what we had."

[1140]

Moneys had already been spent, and the project was well on its way. When we were in opposition, we had to raise that concern. We fought to have that facility saved and that renovation proceed, and it did. It shows that when we speak up in this House, we as members do have a voice and we as members can represent our constituents well and fairly.

That pediatric facility was renovated. That pediatric facility carried on, and that pediatric facility is now, I think, the jewel in this area. I know that every year we have a foundation for which fundraising efforts occur and in which I participate annually to ensure that we have the best pediatric care facility we can for our constituents in this area. After all, our youngest, our newborns, are a most valuable asset to us.

I want to very briefly speak on the Seaton report. I'm not an expert on this. I know the Minister of Health Planning is because when she was the critic,

she spoke of it often. I used to admire her for her in-depth knowledge of the Seaton report.

I just want to bring that to the attention of members, because that was a report that was initiated and concluded with in the early 1990s, I believe. Here we are in the twenty-first century, the early 2000s, and it's a decade away, but we're finally able to talk about the recommendations of the Seaton report.

That report did provide some significant and thought-provoking recommendations that were intended to get to the heart of the problem. That was to deal with the importance of streamlining decisions that would provide for a more effective delivery of health care in our respective communities.

As I mentioned, years ago when regionalization was first introduced, people were told there would be a devolution of authority to our regional health boards. We were also told — I remember the phrase Closer to Home; that was the quote — that Closer to Home could occur. I used to have constituents come up to me and say: "Well, it would be great if it was closer to home, but there seems to be no one at home."

That was the biggest challenge that was facing our health care professionals: with the so-called devolution, that they would be able to provide the service. In fact, they were not able to provide the service. At the time, the government was not able to put in place a governance structure that actually did require the government to shift its role of governance from that of a centralized approach to more of a collaborative approach, one where regional health boards could set their own priorities for their own communities and make choices and decisions that were the most appropriate to the delivery of health care services in their area.

As we saw regionalization unfold over the years, questions about planning and questions about what direction health care was headed just kept coming forward. Certainly, there may have been closures, and there may have been some downsizing of facilities or services, and certainly that may still occur. We'll have to question our health authorities as to what does occur, and we will have to ask them to provide us with the rationale for that. That's fine because I think in the end people do want to know, when those decisions are made, why they're being made.

It is important, regardless of how the downsizing or closures may occur, that a coordinated plan, in fact, is in place and that there is a real effort to effect change and a real effort to improve things for the better. I think that's what we're tasking our health authorities to do now. We're tasking them to develop a coordinated plan, so that each and every one of us as MLAs in our regions and our areas can go out and say: "What are you doing, and how are you doing this?" We have to give them the opportunity to do that. They now do have flexibility. They do now have the tools with which to make those decisions. I think that's a good thing as well.

While I was in opposition, people came up to me time and time again, as well, and said that there's a lot of money being spent on health care. In fact, \$8 billion

went to \$9.2 billion. Then when we were elected, we've now increased that another by \$1.1 billion to \$10.4 billion.

When I hear people say that health cuts are occurring, I don't understand how a \$1.1 billion increase to the budget is in fact a cut. When I do my mathematical equation, when you go from \$9.3 billion to \$1.1 billion, that's a lot of millions. That's \$1.001 million. That's \$1.1 billion being added to the health care budget.

[1145]

We've had a look at the economic forecasts and the quarterly report that was issued by the Minister of Finance, and we'll see that he has protected that funding. The \$1.1 billion lift provided for health care services this year was not just a one-time injection. It's going to be there for next year, the year after and the year after. Over the next four years, when you really think about it, another \$4.4 billion have been added to health care services.

What the health authorities need to do now — and I think as MLAs we're going to watch to see what they can do — is ensure that they provide the most efficient and effective health care services and that they find savings within their budgetary dollars. Those savings are not going to come back to general revenues. Those savings will stay in that health authority to be dealt with in that community where whatever needs are determined to be the most pressing will be dealt with.

I don't dispute that there are going to be challenges in the future. There will be challenges in many things, because as a province we still are one of the worst-performing economies in Canada. We all know that it is important for us to have a much better-performing economy so that we can, in fact, have those dollars to put into health care and education over and above what we've already committed to, and we have committed to protecting the budget for health care. We have committed to protecting the budget for education, and it's a matter now of making sure our economy continues to grow, and those extra resources will most likely go to health care and education.

Our new health authorities know that they have the tools to make decisions, and they know they have the flexibility to ensure the effective and efficient delivery of health care services. I know that in this area, as I say, I've been in contact with my health authority directors and board members and on occasion raised some issues with them. More importantly, I've spoken to people at a managerial or a lower level, and they've also been very helpful. I'm encouraged by them, because I know they, too, are encouraged by the ability to move forward on things — things that previously had been slowed down in such a red-tape and bureaucratic bog that they now find is not there.

We are looking to streamline administration in our health authorities. In so streamlining, again, the savings found will be redirected to direct patient needs and direct patient care. Our health authorities will also have to deliver on providing a plan — an accountability contract, as I understand it — where finally performance targets and outcomes will be laid out.

What we expect of our health authorities — and you know, I think that's a good approach.... I think that's what taxpayers would also like to see. They want to know, when we have a health authority, what kind of decisions they are having to make. What kind of challenges are they going to have to face? Where are they going to have to concentrate services, and where are they going to have to concentrate dollars?

We want to know that; they want us to know that. But at the same time, they want to know that they will perform and provide those results to us so that we will watch them and see whether or not they have lived up to their ability to deliver on that. Those will all be measured, and those will all be evaluated. I'm looking forward to that opportunity a year from now or even two years from now to be able to look back and actually see accomplishments, to actually see outcomes and targets that we established and outcomes that we met.

If for some reason those outcomes and those targets are not met, then we still have an opportunity. We have an opportunity to challenge those board members and to ask them what happened and why it happened. In the past we didn't know whether there were targets. We didn't know the direction they were headed in. We didn't know if they were actually planning to get to a certain conclusion and to deal with certain pressures they had.

[1150]

It was always band-aid approaches: "Fix up this. Fix up that. Oh, wait-lists are growing here; we'll concentrate our time here. Wait-lists will grow here, and we'll concentrate our time here." That shouldn't be happening anymore once we get accountability contracts in place, and these will be open and will be transparent because I know we've asked questions last year during the debates on the Health estimates as to how the accountability contracts will be developed. I'm looking forward to the day when I can see them, because I want to know, in my region, whether or not those in fact are the measures that my constituents expect. If not, I know I'll hear from them. When I hear from them, I'll put those questions to the Health minister. I'll put those questions to the health authority directors, because I know I can do that.

I do want to say that I support the Health Authorities Amendment Act, because what it does is put in place the new structure this government has established. It has changed from a past era of no directions to a new era of more certain directions, and I think that is a good thing. As we all come to this place and represent our constituents, we're always looking for that opportunity to ensure that on health care services, the concerns and the challenges in our communities are listened to, are heard. This is the place to do it.

We receive e-mails and letters daily, and constituents come in. I've dealt with many a case in the past when I was in opposition, and I certainly know I will still deal with them in the future as a government caucus member. I'm not suggesting those things won't change, because every situation that arises will be different. The changes that are occurring now are not nec-

essarily going to reflect the overriding change so that each and every constituent is going to be affected in the same way, but they do know that if they are impacted by changes, they have a voice.

They have an opportunity to come to speak to us as their representatives, to come and offer an opportunity to share their stories with us. Then we have the opportunity to bring those stories here or to go and see ministers or go and speak with health authorities and find out what is wrong with the systems. Sometimes it takes a little bit longer to fix those things. I certainly know that in opposition, sometimes it took three years before a system change could even be looked at.

I would certainly hope that over the course of the next months and next year, those changes to the system will now be looked at a lot more quickly because we've streamlined this opportunity for our regions, our

health authorities and our constituents. I look forward to that.

In conclusion, I want to say that I do support Bill 60. I think it's a good bill. It's a housekeeping bill primarily, and I recognize that, but it's a housekeeping bill that puts us moving a step forward. Mr. Speaker, I thank you for the opportunity for having had my say on Bill 60.

I. Chong moved adjournment of debate.

Motion approved.

Hon. G. Abbott moved adjournment of the House.

Motion approved.

The House adjourned at 11:53 a.m.