



4th Session, 37th Parliament

OFFICIAL REPORT OF

DEBATES OF THE
LEGISLATIVE ASSEMBLY

(HANSARD)

Tuesday, November 25, 2003

Afternoon Sitting

Volume 18, Number 16

THE HONOURABLE CLAUDE RICHMOND, SPEAKER

ISSN 0709-1281

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

LIEUTENANT-GOVERNOR
Honourable Iona Campagnolo

4TH SESSION, 37TH PARLIAMENT

SPEAKER OF THE LEGISLATIVE ASSEMBLY
Honourable Claude Richmond

EXECUTIVE COUNCIL

Premier and President of the Executive Council.....	Hon. Gordon Campbell
Minister of State for Intergovernmental Relations.....	Hon. Greg Halsey-Brandt
Deputy Premier and Minister of Education	Hon. Christy Clark
Minister of Advanced Education	Hon. Shirley Bond
Minister of Agriculture, Food and Fisheries.....	Hon. John van Dongen
Attorney General and Minister Responsible for Treaty Negotiations.....	Hon. Geoff Plant
Minister of Children and Family Development.....	Hon. Gordon Hogg
Minister of State for Early Childhood Development.....	Hon. Linda Reid
Minister of Community, Aboriginal and Women's Services.....	Hon. George Abbott
Minister of State for Community Charter.....	Hon. Ted Neibling
Minister of State for Women's Equality	Hon. Lynn Stephens
Minister of Competition, Science and Enterprise	Hon. Rick Thorpe
Minister of State for Deregulation	Hon. Kevin Falcon
Minister of Energy and Mines.....	Hon. Richard Neufeld
Minister of Finance	Hon. Gary Collins
Minister of Forests	Hon. Michael de Jong
Minister of Health Planning.....	Hon. Sindi Hawkins
Minister of Health Services.....	Hon. Colin Hansen
Minister of State for Mental Health.....	Hon. Gulzar S. Cheema
Minister of State for Intermediate, Long Term and Home Care.....	Hon. Katherine Whittred
Minister of Human Resources.....	Hon. Murray Coell
Minister of Management Services.....	Hon. Sandy Santori
Minister of Provincial Revenue.....	Hon. Bill Barisoff
Minister of Public Safety and Solicitor General	Hon. Rich Coleman
Minister of Skills Development and Labour.....	Hon. Graham P. Bruce
Minister of Sustainable Resource Management.....	Hon. Stan Hagen
Minister of Transportation.....	Hon. Judith Reid
Minister of Water, Land and Air Protection.....	Hon. Joyce Murray

LEGISLATIVE ASSEMBLY

Deputy Speaker.....	John Weisbeck
Leader of the Opposition	Joy MacPhail
Deputy Chair, Committee of the Whole	Harold Long
Clerk of the Legislative Assembly	E. George MacMinn
Clerk Assistant	Robert Vaive
Clerk Assistant and Law Clerk	Ian D. Izard
Clerk Assistant and Clerk of Committees.....	Craig H. James
Clerk Assistant/Committee Clerk.....	Kate Ryan-Lloyd
Sergeant-at-Arms.....	A.A. Humphreys
Director, Hansard Services	Anthony Dambrauskas
Legislative Librarian.....	Joan A. Barton
Legislative Comptroller	Peter Bray

Published by British Columbia Hansard Services, and printed under the authority of the Speaker by the Queen's Printer, Victoria. Rates: single issue, \$2.85; per calendar year, mailed daily, \$298. GST extra. Agent: Crown Publications Inc., 521 Fort St., Victoria, B.C. V8W 1E7. Telephone: (250) 386-4636. Fax: 386-0221.

www.leg.bc.ca

Hansard Services publishes transcripts both in print and on the Internet. Chamber debates are broadcast on television and webcast on the Internet.

ALPHABETICAL LIST OF MEMBERS

Abbott, Hon. George (L)	Shuswap
Anderson, Val J. (L)	Vancouver-Langara
Barisoff, Hon. Bill (L)	Penticton-Okanagan Valley
Bell, Pat (L)	Prince George North
Belsey, Bill (L)	North Coast
Bennett, Bill (L)	East Kootenay
Bhullar, Tony (Ind. L)	Surrey-Newton
Bloy, Harry (L)	Burquitlam
Bond, Hon. Shirley (L)	Prince George-Mount Robson
Bray, Jeff (L)	Victoria-Beacon Hill
Brenzinger, Elayne (L)	Surrey-Whalley
Brice, Susan (L)	Saanich South
Bruce, Hon. Graham P. (L)	Cowichan-Ladysmith
Campbell, Hon. Gordon (L)	Vancouver-Point Grey
Cheema, Hon. Gulzar S. (L)	Surrey-Panorama Ridge
Chong, Ida (L)	Oak Bay-Gordon Head
Christensen, Tom (L)	Okanagan-Vernon
Chutter, Dave (L)	Yale-Lillooet
Clark, Hon. Christy (L)	Port Moody-Westwood
Cobb, Walt (L)	Cariboo South
Coell, Hon. Murray (L)	Saanich North and the Islands
Coleman, Hon. Rich (L)	Fort Langley-Aldergrove
Collins, Hon. Gary (L)	Vancouver-Fairview
de Jong, Hon. Michael (L)	Abbotsford-Mount Lehman
Falcon, Hon. Kevin (L)	Surrey-Cloverdale
Hagen, Hon. Stan (L)	Comox Valley
Halsey-Brandt, Hon. Greg (L)	Richmond Centre
Hamilton, Arnie (L)	Esquimalt-Metchosin
Hansen, Hon. Colin (L)	Vancouver-Quilchena
Harris, Roger (L)	Skeena
Hawes, Randy (L)	Maple Ridge-Mission
Hawkins, Hon. Sindi (L)	Kelowna-Mission
Hayer, Dave S. (L)	Surrey-Tynehead
Hogg, Hon. Gordon (L)	Surrey-White Rock
Hunter, Mike (L)	Nanaimo
Jarvis, Daniel (L)	North Vancouver-Seymour
Johnston, Ken (L)	Vancouver-Fraserview
Kerr, Brian J. (L)	Malahat-Juan de Fuca
Krueger, Kevin (L)	Kamloops-North Thompson
Kwan, Jenny Wai Ching (NDP)	Vancouver-Mount Pleasant
Lee, Richard T. (L)	Burnaby North
Lekstrom, Blair (L)	Peace River South
Les, John (L)	Chilliwack-Sumas
Locke, Brenda (L)	Surrey-Green Timbers
Long, Harold (L)	Powell River-Sunshine Coast
MacKay, Dennis (L)	Bulkley Valley-Stikine
McMahon, Wendy (L)	Columbia River-Revelstoke
MacPhail, Joy (NDP)	Vancouver-Hastings
Manhas, Karn (L)	Port Coquitlam-Burke Mountain
Masi, Reni (L)	Delta North
Mayencourt, Lorne (L)	Vancouver-Burrard
Murray, Hon. Joyce (L)	New Westminster
Nebbeling, Hon. Ted (L)	West Vancouver-Garibaldi
Nettleton, Paul (Ind. L)	Prince George-Omineca
Neufeld, Hon. Richard (L)	Peace River North
Nijjar, Rob (L)	Vancouver-Kingsway
Nuraney, John (L)	Burnaby-Willingdon
Orr, Sheila (L)	Victoria-Hillside
Penner, Barry (L)	Chilliwack-Kent
Plant, Hon. Geoff (L)	Richmond-Steveston
Reid, Hon. Judith (L)	Nanaimo-Parksville
Reid, Hon. Linda (L)	Richmond East
Richmond, Hon. Claude (L)	Kamloops
Roddick, Valerie (L)	Delta South
Sahota, Patty (L)	Burnaby-Edmonds
Santori, Hon. Sandy (L)	West Kootenay-Boundary
Stephens, Hon. Lynn (L)	Langley
Stewart, Ken (L)	Maple Ridge-Pitt Meadows
Stewart, Richard (L)	Coquitlam-Maillardville
Suffredine, Blair F. (L)	Nelson-Creston
Sultan, Ralph (L)	West Vancouver-Capilano
Thorpe, Hon. Rick (L)	Okanagan-Westside
Trumper, Gillian (L)	Alberni-Qualicum
van Dongen, Hon. John (L)	Abbotsford-Clayburn
Visser, Rod (L)	North Island
Weisbeck, John (L)	Kelowna-Lake Country
Whittred, Hon. Katherine (L)	North Vancouver-Lonsdale
Wilson, John (L)	Cariboo North
Wong, Patrick (L)	Vancouver-Kensington

LIST OF MEMBERS BY RIDING

Abbotsford-Clayburn	Hon. John van Dongen
Abbotsford-Mount Lehman	Hon. Michael de Jong
Alberni-Qualicum	Gillian Trumper
Bulkley Valley-Stikine	Dennis MacKay
Burnaby North	Richard T. Lee
Burnaby-Edmonds	Patty Sahota
Burnaby-Willingdon	John Nuraney
Burquitlam	Harry Bloy
Cariboo North	John Wilson
Cariboo South	Walt Cobb
Chilliwack-Kent	Barry Penner
Chilliwack-Sumas	John Les
Columbia River-Revelstoke	Wendy McMahon
Comox Valley	Hon. Stan Hagen
Coquitlam-Maillardville	Richard Stewart
Cowichan-Ladysmith	Hon. Graham P. Bruce
Delta North	Reni Masi
Delta South	Valerie Roddick
East Kootenay	Bill Bennett
Esquimalt-Metchosin	Arnie Hamilton
Fort Langley-Aldergrove	Hon. Rich Coleman
Kamloops	Hon. Claude Richmond
Kamloops-North Thompson	Kevin Krueger
Kelowna-Lake Country	John Weisbeck
Kelowna-Mission	Hon. Sindi Hawkins
Langley	Hon. Lynn Stephens
Malahat-Juan de Fuca	Brian J. Kerr
Maple Ridge-Mission	Randy Hawes
Maple Ridge-Pitt Meadows	Ken Stewart
Nanaimo	Mike Hunter
Nanaimo-Parksville	Hon. Judith Reid
Nelson-Creston	Blair F. Suffredine
New Westminster	Hon. Joyce Murray
North Coast	Bill Belsey
North Island	Rod Visser
North Vancouver-Lonsdale	Hon. Katherine Whittred
North Vancouver-Seymour	Daniel Jarvis
Oak Bay-Gordon Head	Ida Chong
Okanagan-Vernon	Tom Christensen
Okanagan-Westside	Hon. Rick Thorpe
Peace River North	Hon. Richard Neufeld
Peace River South	Blair Lekstrom
Penticton-Okanagan Valley	Hon. Bill Barisoff
Port Coquitlam-Burke Mountain	Karn Manhas
Port Moody-Westwood	Hon. Christy Clark
Powell River-Sunshine Coast	Harold Long
Prince George North	Pat Bell
Prince George-Mount Robson	Hon. Shirley Bond
Prince George-Omineca	Paul Nettleton
Richmond Centre	Hon. Greg Halsey-Brandt
Richmond East	Hon. Linda Reid
Richmond-Steveston	Hon. Geoff Plant
Saanich North and the Islands	Hon. Murray Coell
Saanich South	Susan Brice
Shuswap	Hon. George Abbott
Skeena	Roger Harris
Surrey-Cloverdale	Hon. Kevin Falcon
Surrey-Green Timbers	Brenda Locke
Surrey-Newton	Tony Bhullar
Surrey-Panorama Ridge	Hon. Gulzar S. Cheema
Surrey-Tynehead	Dave S. Hayer
Surrey-Whalley	Elayne Brenzinger
Surrey-White Rock	Hon. Gordon Hogg
Vancouver-Burrard	Lorne Mayencourt
Vancouver-Fairview	Hon. Gary Collins
Vancouver-Fraserview	Ken Johnston
Vancouver-Hastings	Joy MacPhail
Vancouver-Kensington	Patrick Wong
Vancouver-Kingsway	Rob Nijjar
Vancouver-Langara	Val J. Anderson
Vancouver-Mount Pleasant	Jenny Wai Ching Kwan
Vancouver-Point Grey	Hon. Gordon Campbell
Vancouver-Quilchena	Hon. Colin Hansen
Victoria-Beacon Hill	Jeff Bray
Victoria-Hillside	Sheila Orr
West Kootenay-Boundary	Hon. Sandy Santori
West Vancouver-Capilano	Ralph Sultan
West Vancouver-Garibaldi	Hon. Ted Nebbeling
Yale-Lillooet	Dave Chutter

CONTENTS

Tuesday, November 25, 2003
Afternoon Sitting

Routine Proceedings

	Page
Introductions by Members	8181
Introduction and First Reading of Bills	8181
British Columbia Railway (Revitalization) Amendment Act, 2003 (Bill 89) Hon. J. Reid	
Statements (Standing Order 25B).....	8182
U.S. trade policy J. Les Development of export markets R. Lee Youth restorative justice K. Manhas	
Oral Questions	8183
Privatization of B.C. Rail J. Kwan Hon. G. Campbell CN Rail operation of B.C. Rail freight services P. Bell Hon. G. Campbell B. Belsey Boycott of B.C. wood in China D. Chutter Hon. M. de Jong Viability of public-private partnerships R. Hawes Hon. G. Collins	
Second Reading of Bills	8186
Timber Licences Settlement Act (Bill 96) Hon. M. de Jong	
Committee of the Whole House	8187
Health Sector Partnerships Agreement Act (Bill 94) (<i>continued</i>) J. Kwan Hon. G. Bruce J. MacPhail	
Speaker's Statement	8206

TUESDAY, NOVEMBER 25, 2003

The House met at 2:04 p.m.

Introductions by Members

J. Nuraney: Today the Muslims all over the world are celebrating Eid-ul-Fitr, which marks the end of Ramadan, the month of fasting. This discipline has been in existence for over 1,400 years, and whilst fasting is a physical activity, there is a strong message of spirituality for practising abstinence and cultivating piety. I would like, on behalf of the members of the Legislature, to offer our felicitations and wish the Muslim brothers and sisters Eid Mubarak.

[1405]

Hon. G. Plant: We have in the gallery today some hard-working advocates for the legal profession and the public interest in the administration of justice in British Columbia. I'd ask all members of the House to join me in welcoming Robert Brun, who is the president of the B.C. branch of the Canadian Bar Association; Michael Woodward, who is the vice-president; Frank Kraemer, who is the executive director; and Caroline Nevin, who is their intergovernmental relations person. I hope all members will welcome these people to the Legislature.

B. Lekstrom: Joining us today in the gallery are two friends of mine, hard-working people in the northeast part of our province who work every day to make the lives better of the people not just in northeast B.C. but in all of British Columbia. Will the House please join me in welcoming the acting mayor of Tumbler Ridge, Mr. Don McPherson, as well as the acting mayor of Dawson Creek, Mr. Alvin Stedel.

Hon. S. Bond: On behalf of my colleague from Prince George North, we would ask you to make two of our friends and certainly key leaders from our community welcome to the Legislature today, as they're here to celebrate incredible opportunities for the northern part of province. I'd like to introduce Bruce Sutherland, the president of the Prince George Chamber of Commerce, and Jim Blake, the chair of the Prince George Airport Authority.

W. Cobb: It's my pleasure today to introduce the mayor from one of the great communities in my riding, His Worship Mayor Rick Gibson. Would the House please help me make him welcome.

Hon. R. Neufeld: It's always a pleasure to rise in the House and introduce someone from northeastern British Columbia. It's my pleasure today to introduce a good friend of mine, Steve Thorlakson, the mayor of Fort St. John. He was down here to listen, along with the other acting mayors from northeast B.C., to the good news about B.C. Rail this morning. Would the House please make them welcome.

B. Belsey: Joining us in Victoria, and now in the House today, is His Worship Mayor Pond from Prince Rupert, who is here to take back some very good news and information that has been passed on to us in our new agreement that we have with CN. Would the House please join me in making him welcome.

I. Chong: Today visiting us are two exchange students attending Glenlyon Norfolk School. They've come from very faraway places. We have Abisha Lobo from India and Dineo Oliphant from South Africa. Would the House please make them both very welcome.

A. Hamilton: Joining us in the House this afternoon are 35 grades 4 and 5 students accompanied by 13 parents and their teacher, Mr. McLatchie, from Hans Helgesen Elementary School. Would the House please join me in making them welcome.

Hon. J. Reid: I'd also like to join in welcoming the mayors from across this province. As well, joining us today for question period is John McLernon, chair of B.C. Rail. Would the House please make him very welcome.

Hon. R. Thorpe: In the gallery today, visiting British Columbia, is the president of Fortis West, Mr. Philip Hughes. Would the House make him welcome, as their company invests millions of dollars in growing the economy of British Columbia.

[1410]

Hon. G. Bruce: On this historic day in the province of British Columbia, Anneke has brought some other very fine individuals of British Columbia down here to the House. With her today is Harmina and Wayne Richmond and their son Peter, who have the 49th Parallel grocery operation on central Vancouver Island — another independent body that does so well. They contribute so much to our community. Along with them are Rob and Lynn Owen. Rob is the Owen of Owen and Sons, and in most instances when you put your money into a cash register, it's courtesy of Rob. With Rob and along with them all is my brother Garry, who runs the family business and is actually trying to find out whether I really do anything at all. Could you make them welcome, please.

Introduction and First Reading of Bills

BRITISH COLUMBIA RAILWAY (REVITALIZATION) AMENDMENT ACT, 2003

Hon. J. Reid: Mr. Speaker, I have the honour to present a message from His Honour the Administrator.

Interjections.

Mr. Speaker: Order, please.

The Administrator transmits herewith Bill 89, intituled....

Interjection.

Mr. Speaker: Order!

The Administrator transmits herewith Bill 89, intituled British Columbia Railway (Revitalization) Amendment Act, 2003, and recommends the same to the Legislative Assembly.

Hon. J. Reid presented a message from His Honour the Administrator: a bill intituled British Columbia Railway (Revitalization) Amendment Act, 2003.

Hon. J. Reid: I move that Bill 89 be introduced and read a first time now.

Motion approved.

Hon. J. Reid: Earlier today the Premier announced a new partnership for B.C. Rail that is going to generate \$1 billion of investment for the people of B.C. Our new partnership is going to deliver better services, new cars, new infrastructure, faster shipping times, lower rates and new economic opportunities for northern B.C. The legislation I am introducing will enable this partnership to move forward. First and foremost, it will legally enshrine B.C. Rail's rights-of-way, railbed and track under guaranteed public ownership.

In addition, it will ensure that as a new partner assumes operations of B.C. Rail, the B.C. Railway Co. remains a provincially owned Crown corporation. Under this legislation, the partner will be able to lease the right to operate over the railbed, which remains publicly owned by the B.C. Railway Co.

Bill 89 also allows for the smooth transition of inter-company land transactions to ensure long-term protection by the Crown. This bill will facilitate a new investment partnership that delivers numerous benefits for British Columbians. These include new improvements for the rail system; lower rates and better services, like a Chicago express; to create new jobs and opportunities in B.C.; \$8.3 million a year in new ongoing revenues for communities along the B.C. Rail corridor; new passenger-tourist train services; and brand-new jobs and economic benefits as the customer base increases.

I move that the bill be placed on the orders of the day for second reading at the next sitting of the House after today.

Bill 89 introduced, read a first time and ordered to be placed on orders of the day for second reading at the next sitting of the House after today.

[1415]

Statements (Standing Order 25B)

U.S. TRADE POLICY

J. Les: Last week the United States Commerce department announced plans to impose new import quotas on selected Chinese textiles. Protectionist trade policies, whether they be quotas, tariffs or a number of

other trade barriers, allow a small group of producers to enjoy artificially high domestic prices at the expense of everyone else. As British Columbians, we are well aware of the impact of American protectionist policies. The current softwood lumber dispute has led to the closure of mills and the loss of roughly 15,000 forestry jobs and is estimated to have cost lumber producers \$1.5 billion.

Like advances in technology, trade liberalization allows a country to specialize in producing goods and services in which it enjoys the greatest productivity advantage. The result is greater labour productivity and higher real incomes. While import barriers may save some jobs in certain protected industries, it is at the cost of destroying jobs in other more globally competitive industries.

Last week Alan Greenspan, the chairman of the United States Federal Reserve Board, said, "The clouds of emerging protectionism raise new risks for the global economy," adding that: "It is imperative that creeping protectionism be thwarted and reversed." Tariffs on agricultural products, softwood lumber, steel, cotton and now textiles have significant consequences to the global economy.

Protectionist policies are disruptive to the orderly development of free trade, detrimental to emerging economies, and erode the integrity of international bodies like the World Trade Organization. The importance of trade with the United States is vital to the British Columbia economy, with more than \$15 billion of exports being sent to the United States so far this year. For the benefit of citizens everywhere, we must resist protectionism wherever it rears its ugly head.

DEVELOPMENT OF EXPORT MARKETS

R. Lee: Recently we have heard a lot of good news in this province, but I'm most excited at knowing that in October over 30,000 new jobs were created in British Columbia. It shows that the economic policies of this government are working. One important component of our economy is export, which accounts for one in five jobs in this province. This month I had the opportunity to participate in two trade missions: the trade mission to China and the trade mission to northern B.C.

In China the delegation promoted the advantages of British Columbia for its products: education, high-tech and tourism. As a result of this mission in Shanghai, the University of British Columbia reinforced its relations with the Jiao Tong University, and our Premier broke ground for the \$12 million Dream Home China project. In Guangzhou our Premier helped foster collaboration of SARS vaccine research between Guangdong and British Columbia, two sister provinces.

In Beijing our Premier spoke in the World Economic Forum. With the hon. member for Oak Bay-Gordon Head, I witnessed the Premier signing agreements with the Chinese Minister of Education for further cooperation and with the Chinese Academy of Forestry to find new uses for fire- and beetle-affected

wood. We also witnessed the signing of 14 MOUs between BCIT and its various partners in many cities of China.

Right after the trade mission to China, together with my colleague the hon. member for Prince George North, SUCCESS and the organization Export Prince George, we brought a group of Chinese Canadian investors and exporters from the lower mainland to Prince George and other central interior towns. This visit went extremely well, as it brought together the investors and exporters with the lumber producers to establish trade relations.

For greater prosperity in British Columbia, we must continue to make a concerted effort in developing our export markets to create more jobs for our families in this province.

YOUTH RESTORATIVE JUSTICE

K. Manhas: Studies show that many individuals caught up in criminal behaviour at a young age will continue reoffending upon release. All too often this marks the beginning of a lifelong pattern of criminal activity and returns to the court system. Youth restorative justice can help break that cycle. It puts them face to face with their victims, and it reinforces the idea that society suffers as a result of their crimes. But most importantly, restorative justice ensures that youth learn from their mistakes.

Effective restorative justice is an important tool in fostering responsibility and a sense of connection to the community. It teaches youth boundaries and expectations, building assets among youth who need help and attention the most. These are the same kinds of assets the Youth Matters! initiative has been working on building in my community. The result is a safer, more connected community and a better quality of life.

[1420]

Restorative justice acts firmly but recognizes that youth are mostly good kids who have made bad decisions and that every young person has potential. This work is spearheaded in the Tri-Cities by the Fraser-Burrard Community Justice Society and supported by the three municipalities. In coordination with the Coquitlam RCMP, they provide an alternative to the court process for youth who have committed criminal offences and their victims. To date, 107 victims, 124 young people, 149 support staff and family members have participated in the program and benefited greatly from their services. They provide guidance to community members affected by crimes and help them work with their offenders to reach a mutually satisfactory and fair resolution to the conflict.

Programs like the one in the Tri-Cities reduce the strain on the justice system and the police system, as time and resources allocated to police officers and courts are freed up. It's also worth mentioning that 98 percent of the young people processed through the Fraser-Burrard program have upheld their agreements to their victims.

Last week we marked youth Restorative Justice Week in British Columbia. I'd like to salute at this time the Fraser-Burrard community youth justice program in my community and all the organizations, individuals and volunteers across the province who dedicate their time and effort to support restorative justice. Thank you for believing in all of B.C.'s youth.

Oral Questions

PRIVATIZATION OF B.C. RAIL

J. Kwan: Today the B.C. Liberals and every Liberal MLA from the north have officially broken with their constituents. They were elected on a promise not to sell or privatize B.C. Rail. They put that promise in writing, and they campaigned on it hard. Now their personal integrity and credibility are in tatters, sacrificed in the service of the Premier's frantic attempt to pay for his failed tax cuts. To the Premier: how can anyone...

Interjections.

Mr. Speaker: Order, please.

J. Kwan: ...who took the Premier at his word and believed him when he said he would not sell B.C. Rail trust him now — now that he's broken a fundamental commitment he made to the people of the north?

Hon. G. Campbell: The answer to the question is simple. We did not do any such thing. What we've done is protected the ownership of the right-of-way of the rail for the people of British Columbia so that resource communities throughout the north will know it is in public ownership for the long term in this province to meet their needs.

More important than that, what we did was reflected on the advice we received from northern mayors and community leaders across the north of this province from last year, when they said to this government that their recommendation "would be for the province to retain ownership of the railbed and rail tracks and to offer their partner rail freight and passenger services." We have done that, and it will mean nothing but good news and jobs and investments for the entire north of this province.

Mr. Speaker: The member for Vancouver-Mount Pleasant has a supplementary question.

J. Kwan: The fact is that B.C. Rail has lost control of everything. The Premier admitted outside in the hall that B.C. Rail has no control — no control — of the railbeds. The Premier can talk all he wants about the supposed benefits of this deal, but it changes nothing. B.C. Rail is gone. Hundreds of jobs are lost. So, too, is the faith of British Columbians.

Interjections.

Mr. Speaker: Order, please.

Interjections.

Mr. Speaker: Order, please, hon. members. The member for Vancouver–Mount Pleasant has the floor.
[1425]

J. Kwan: So, too, is the faith British Columbians put in this Premier to keep his word. The Premier simply can't buy that trust back. The process that led to this deal stunk — leaks, angry bidders, letters of protest, withdrawn bids. The Premier had broken a fundamental promise to British Columbians. How can British Columbians trust a deal that's signed under a cloud of scandal, secretiveness and suspicion?

Interjections.

Mr. Speaker: Order, please.

Interjections.

Mr. Speaker: Order.

Hon. G. Campbell: I think the member opposite should understand this. I know it will be difficult, but she should get this. The British Columbia Railway Company is a provincially owned Crown corporation. That provincially owned Crown corporation owns the right-of-way, the railbed and the rails. More important than that, Mr. Speaker, it is time this Legislature and this province responded to the voices and the advice of the people of the north. That's exactly what we've done. That's why we're getting jobs, that's why we're getting investment, and that's why they can count on a long-term rail system that will meet their needs.

CN RAIL OPERATION OF B.C. RAIL FREIGHT SERVICES

P. Bell: My question is to the Premier as well. Critics have attempted to frame this B.C. Rail partnership as an unnecessary sell-off of a valuable provincial asset and a betrayal of our commitment to northern British Columbians. Today the critics are silenced by this agreement reached with CN that brings countless benefits to Prince George and the rest of British Columbia. Can the Premier please explain how this partnership with CN makes Prince George a new continental gateway, creating new economic opportunities for the north?

Hon. G. Campbell: The B.C. Rail Investment Partnership does something very important for Prince George. It opens it up as a new continental gateway to the north. It helps establish, for decades ahead, Prince George's pre-eminent position as that gateway. There will be a \$135 million northern development initiative housed in Prince George. It will be driven by northerners so that they can take full advantage of northern opportunities.

The government today has committed a \$4 million investment in the Prince George airport expansion...

Interjections.

Mr. Speaker: Order, please.

Hon. G. Campbell: ...which will create 75 direct jobs over the next three years and 300 new jobs in the region. Because of the integration of the rail systems that we have just been able to announce today, goods from Prince George will get to the continental marketplace in Chicago two days earlier than they used to. There will be a \$1 million private sector investment in a state-of-the-art wheel shop that will bring jobs back to British Columbia and back to the north.

B. Belsey: My question is also to the Premier. For weeks now, critics of the B.C. Rail agreement have been spreading misinformation about the deal, saying there will be thousands of jobs lost. Clearly, these dire predictions are not coming to pass. In fact, the recently announced agreement with CN Rail looks to be very promising to the residents of northern British Columbia. Can the Premier please provide this House with details of how the CN partnership will open up the north coast to new markets in Asia and around the world?

Hon. G. Campbell: Mr. Speaker...

Interjections.

Mr. Speaker: Order, please.

Interjections.

Mr. Speaker: Order, please.

[1430]

Hon. G. Campbell: ...unlike the last government, which didn't even bother to put the port of Prince Rupert in their brochures, this government has put the port of Prince Rupert and that great northwestern opportunity front and centre as we move forward.

The government has agreed to invest \$17.2 million in a new containerization and terminal facility in the port. It's important to note that the private sector will be investing \$15 million to improve track. It's important to note that there is a request for proposal out right now that will encourage hundreds of new jobs through the development of tourism opportunities and rail touring opportunities across the north and up and down the line.

More important than many of these things, I think, is to point out that when we do focus on the great opportunities of that northwest gateway, we provide access to Asian markets that's one and a half days sooner for our prairie farmers and our Peace River farmers in this province.

Finally, had the members opposite decided to listen, they would have heard CN say that they have just got an opportunity that will provide additional jobs, additional coal shipments from the heart of the continent to the Asian marketplace. That's what Prince Rupert can do, and that's what this agreement does.

Interjections.

Mr. Speaker: Order, please.

BOYCOTT OF B.C. WOOD IN CHINA

D. Chutter: My question is a....

Interjection.

Mr. Speaker: Order, please. Order, please.

Interjection.

Mr. Speaker: Order, please. Please sit down. The Chair will not tolerate outbursts like that. If you wish to wait for your turn in question period, please wait.

D. Chutter: My question is a public written question from Mayor Chris O'Connor from the village of Lytton to the Minister of Forests regarding the minister's responsibility for international trade or forest products markets.

Unelected, unaccountable environmental groups....

Interjection.

Mr. Speaker: Come to order, please, member for Vancouver–Mount Pleasant.

J. Kwan: Shame.

Mr. Speaker: The member for Yale-Lillooet has the floor, and, hon. member, the word "shame" is unparliamentary. I don't want to hear it anymore.

D. Chutter: Unelected, unaccountable environmental groups, led by the Forest Action Network and the Western Canada Wilderness Committee, recently staged a press conference in downtown Vancouver...

Interjection.

Mr. Speaker: Order, please.

Interjection.

Mr. Speaker: Order. We'll wait till the member comes to order. We'll wait.

D. Chutter: ...promoting a boycott of B.C. forest products in China. To the minister: what actions will the provincial government take to counter this act of economic treason, and what can resource communities

do to fight the boycott and promote our sustainable forest industry worldwide?

Hon. M. de Jong: To the member and to Mayor O'Connor of the village of Lytton. I think millions of British Columbians were disappointed, frustrated and actually outraged when they saw the actions of the Forest Action Network. On the very day and week that the Premier was in China trying to find new markets for the products that British Columbians produce, these folks are telling our potential customers not to buy. What they're really saying is: "Put British Columbians out of work." It was irresponsible, and it outraged a lot of people.

Sadly, I have to say to the member and to Mayor O'Connor that it hasn't stopped there, because yesterday we learned that these same people have now gone to Japan and are telling our Japanese customers not to purchase products from British Columbia.

Here's what the government is going to do. We are going to....

Interjections.

Mr. Speaker: Order, please.

Interjections.

Mr. Speaker: Order. Order. Hon. members, let's have some order and decorum in this chamber, please. At least, let's be civil to each other.

[1435]

Hon. M. de Jong: We are going to continue via the market outreach network, via trade missions led by the Premier and others, to tell the world about our world-leading forest practices in British Columbia. We are going to continue to tell our customers around the world about our leading-edge forest products made right here in British Columbia. We are going to press ahead with projects like Dream Home China, which the Premier unveiled just a few weeks ago in China. I hope every member of this House and every leader of every political party in British Columbia will denounce the kind of irresponsible behaviour that Mayor O'Connor refers to in his question today.

VIABILITY OF PUBLIC-PRIVATE PARTNERSHIPS

R. Hawes: My question is to the Minister of Finance. Our government has made a commitment to the people of B.C. that we will actively pursue partnerships that make the best possible use of every tax dollar. Recently the Canadian Centre for Policy Alternatives released a study that concludes that P3s actually don't save money; they lose money. In the health sector they may result in a loss of up to 10 percent. Can the Minister of Finance tell the people of British Columbia if this is going to change our policy and our approach on seeking partnerships?

Hon. G. Collins: It's important to note that the Canadian Centre for Policy Alternatives was given about a \$200,000 grant, I think, by the NDP as they were going out the door and cleaning out their desks just prior to the election. I expect this is the kind of study they're putting that money into. In fact, I believe the study was about seven pages long. It's a lot of money for seven pages. It was alleged to be an economic impact study, which I don't think it came anywhere close to.

I think it's important to note that there are values and benefits from partnerships around the public sector that are there to be accrued. I think the Abbotsford hospital is going to be a stellar example of that. I think it's also interesting to note that in Ontario recently the new government made changes to their partnerships to restructure them so that the public continues to own the asset, which is exactly what we've been working on in Abbotsford all along. That's a great project. The people in the valley have been waiting for it for a long time. The economics are there; the benefits are there. It's going to be a huge benefit to the people who live in the Fraser Valley.

[End of question period.]

Orders of the Day

Hon. G. Collins: I call second reading debate of Bill 96.

Second Reading of Bills

TIMBER LICENCES SETTLEMENT ACT

Hon. M. de Jong: I move that Bill 96 be read a second time now.

Bill 96, Timber Licences Settlement Act, as I indicated during first reading of this bill, clarifies the intent of a 1995 statutory amendment to the Forest Act that passed through this House, I believe, in June of that year, which removed the royalty method of timber pricing.

I should take a moment to explain that for a number of decades in British Columbia there were two mechanisms by which timber pricing took place. One is the conventional notion of stumpage, wherein the methodology has changed, but it is a particular classification of timber pricing. The second is the royalty method.

[1440]

In '95 the government of the day phased out royalty rates that were established statutorily for timber licences. Timber licences — and the terminology here is significant — represent the oldest form of forest tenure in British Columbia. The last timber licences were actually granted in 1907. Most have since expired or been consolidated. A few remained in 1995, and a few continue to remain. Royalty rates, or the rent the Crown collected for the sale of the timber rights, were set in legislation. Since 1907 average royalty rates have been significantly lower than average stumpage rates.

In the mid-1970s Dr. Peter Pearse commented on that inequity in a report he produced in a royal commission, actually, that he chaired. He commented on what he termed the inequities inherent in that historical anomaly. I should say that nothing came of that recommendation, and yet it was his.

In the 1990s the NDP government of the day commissioned Mr. Brian Scarfe to conduct an independent review of timber royalty rates in British Columbia. After conducting an exhaustive consultative process, he did recommend that the royalty system or the royalty methodology by which timber pricing was calculated be removed. That gave rise to the introduction and passage of an amendment to the Forest Act in 1995 to remove that historical anomaly. It was and is clear to me that the intention at that time was not to pay compensation to corporate interests which, in the view of those who had conducted the report, had benefited from that historical anomaly between the methods for calculating timber pricing.

I've also reviewed the debates that took place at the time and the commentary, and I did want to alert members of the House to a portion of Mr. Scarfe's report. I am quoting now from page 49 of that report, wherein the author, Mr. Scarfe himself, quotes from a subsequent or additional report prepared by Mr. Schwindt and also references the Pearse recommendations.

I'll quote that. This is from page 49 of the Scarfe report:

"There is no question that royalties have historically been below stumpages. There is also no question that the Crown could have brought these charges into line and that many think the Crown should have done so. This, in fact, was the key recommendation of the 1974 task force which inquired into this issue. While amendments to the Forest Act were passed in 1974 by the Legislature to accomplish this end, they were never proclaimed.

"From the perspective of compensation policy, any expectations about the relationship between royalties and stumpages must have been tempered by the knowledge that this could have been changed at any time. Furthermore, there is scant evidence to suggest that investment-backed decisions were made on the basis of expectations that the relationship would not change. The commission has no knowledge of mills that were constructed on the basis of access to cheap, royalty-bearing wood. In short, timber licences do not explicitly confer the right to low-cost timber, and there is no compelling evidence to suggest that investments were made on the basis of such an expectation. As a result, the commission recommends that uncollected resource rents not be factored into any compensation for the taking of timber licences."

Finally. "The reason Commissioner Schwindt has been cited at length is because there is a relationship between my recommendations and those of Schwindt when it comes to the taking of a resource interest embodied in a timber licence. In principle, I fully agree with the Schwindt position that no compensation should be payable...."

[1445]

The report continues on other matters. With this bill we are, as a government, making it clear that the roy-

ality system is gone and that companies will not be compensated for the loss of any benefits that they enjoyed from the historical anomaly that I have just described. That is the case for all purposes, including, as I said yesterday, any present or future litigation. The mechanism by which that is achieved is set out in the seven sections of the bill that are before the House.

Those would be my comments at this time, insofar as second reading of the bill is concerned.

Motion approved.

Hon. M. de Jong: I move that the bill be referred to a Committee of the Whole House for consideration at the next sitting of the House after today.

Bill 96, Timber Licences Settlement Act, read a second time and referred to a Committee of the Whole House for consideration at the next sitting of the House after today.

[1450]

Hon. R. Thorpe: I call committee stage on Bill 94.

Committee of the Whole House

HEALTH SECTOR PARTNERSHIPS AGREEMENT ACT (continued)

The House in Committee of the Whole (Section B) on Bill 94; H. Long in the chair.

[1455]

The committee met at 2:56 p.m.

On section 1 (continued).

J. Kwan: Picking up from the morning session on my questions to the minister on section 1. The minister advised, when my colleague the Leader of the Opposition, the member for Vancouver-Hastings, asked the minister about the Abbotsford hospital and the relevance of this Bill 94, the Health Sector Partnerships Agreement Act, and how it relates to the Abbotsford hospital development.... The minister gave her an answer.

I'm interested, though, on the question around the need or how.... Let me rephrase this. Does the minister anticipate that those groups who may be putting in their bids for the Abbotsford hospital...? With this piece of legislation, is it the government's intention to facilitate a process where — even for the Abbotsford deal, the subsidiaries of the subsidiaries of the subsidiaries, as is outlined in the definitions section — it would allow for each of the bidders to drive the bidding process in terms of work environment and the wages that would apply, perhaps, to the very bottom

end? Are there any ramifications with this bill and its application in the way the health sector partner is defined, which would cause that to happen?

Hon. G. Bruce: Let's just understand what we've got here, because I can see the piece being complicated. You could take this in one way if one doesn't fully appreciate and understand how we're going to do public-private partnerships in the province.

[1500]

There's a fundamental difference, and this comes back to the phrase I'm using. As that concrete of the footings is actually poured, that becomes the property of the taxpayers of British Columbia. So by virtue of the construction of that hospital floor by floor, with all that goes into it, at the end of that construction you have a hospital owned by the province of British Columbia, with a licence for what I call the private co — that is, the public-private company — to be able to deliver, where they have them, non-clinical services to that operation and only to that operation. Then, bestowed upon them are the same rights as what was within Bill 29.

You have Bill 29, which applied to your public hospital, your health authority, all of the rights of Bill 29 under a public health authority. When the health authority is now a partner with the private sector, we're making sure the same rights that were employed there with the public hospital are there in the public-private facility — that facility being now owned totally by the taxpayers of British Columbia. So what we've actually done is mirrored what is there in the public sector in the public-private sector.

J. Kwan: The only trouble with the minister's answer is that in Bill 29, it didn't apply in its definition section the broad scope which this Bill 94 extends — that is, the subsidiaries and subsidiaries and subsidiaries. So it is more than Bill 29. The government has opened a big hole by inviting the subsidiaries of the subsidiaries to the table to become the employer, which we will define and debate later on, in section 3. So the scope is much bigger than Bill 29 and what the minister lets on.

Hon. G. Bruce: Do you want me to answer that?

J. Kwan: Well, the minister wants to answer my issues. Sure.

Hon. G. Bruce: I'd just like to explain it. You're quite right in respect to the scope as it applies to sub-contractors. I appreciate that. What we're actually doing is trying to craft a new way in how we're going to build these facilities. In actual fact, this private co that has both the public and the private sector involved in it is probably made up of three or four others to become a conglomerate that delivers other types of services. They've actually put equity, investment, into the construction of this facility.

Then with what they have, through the auspices of Bill 29, they have the right to subcontract out if and where it is necessary, because that's what's bestowed in Bill 29. Now, you're absolutely right. It does go one step, two steps below, from the standpoint of, first of all.... Keeping in mind that the conglomerate, the consortium that's made up of a number of companies.... Some of them will actually be delivering some of the non-clinical services. That's one component. They may wish to contract some of the other non-clinical services to other smaller companies there in and around the community, and they have that as their right, as well, to contract out.

But what you must understand.... If they subcontract out to another company in that community that's doing business, which is certified — and, quite frankly, it could very well be that they are a unionized company — any of the application of Bill 29 is only specific to the work and service that's delivered to that one facility. Then if 5 percent of their work is what's around, in this instance, the Abbotsford hospital, and the other 95 percent of the work is perhaps for hotels and other types of delivery through the community, none of that which is applied through Bill 29 reaches beyond only the work they do for the public sector of that particular facility.

So where the member has mentioned that it is broader, it is in that sense, but it is contained specific to that facility. That would be the case in any of the others that we may, if government chooses, undertake through British Columbia.

[1505]

J. Kwan: Well, the minister says it's contained only within that facility, but within that facility the extension is much broader, as the minister has acknowledged. It is much broader in terms of its application, which we'll get into under section 2. So it is substantively different from Bill 29. It's not just extending the rights that the government had legislated under Bill 29 to other facilities. That's not true. It goes beyond that. By the way in which the health sector partner is defined, which allows for subsidiaries and subsidiaries, etc., to later on be included as a definition of the true employer, then the layers of moving beyond who the employer is into the subcontracts and the subcontractors are phenomenal. It's a long list — a long list of people who could line up and all of a sudden become the so-called true employer under this definition.

I just want to be clear around the implications of this definition, the health sector partner, in terms of the ramifications of it. Later on, Mr. Chair, I'll get into the issues pertinent to that around its application, the contracting-out situation, because it is misleading to suggest that the act affects only a public-private interface. The allowance of it to go into subsidiaries and subsidiaries then effectively, through this act, allows the government to delve into the private and private interface at the contractor and subcontractor level. We'll get into that when we get into sections 4 and 5.

I want to just cover for a moment the questions around non-clinical services in this definition. In the debate of Bill 29, the Health Services minister admitted that this refers to just about everything, with one exception. That is the acute care area. Quoting from the Bill 29 debate dated January 27, 2002, the Leader of the Opposition stated:

"By this language in the collective agreement, a patient could be admitted to an emergency ward in a bed but not part of an in-patient ward. Therefore, that emergency ward can be a contracted service. By this legislation, emergency ward delivery of patient care can be contracted out. Is that the minister's understanding as well?"

Response from the Minister of Health Services:

"The intent of this legislation — and the examples the member is using — is simply to give flexibility in terms of how to best meet patient needs in communities throughout British Columbia. We have singled out non-clinical services as a way of identifying the in-patient services that are protected from contracting-out.

"It's simply around flexibility and getting options that will allow us to meet patient needs in the most cost-effective way. That's the best explanation I can give."

Then the Leader of the Opposition goes on to say:

"Oh, now I'm disappointed, because the Minister of Health Services is sounding like the Minister of Labour with just that mantra.

"I was looking for some answers. Can an emergency ward be contracted out under this legislation — yes or no?"

Minister of Health Services: "Technically, yes."

Then *Hansard* goes on to record the Leader of the Opposition:

"Wow! Unbelievable! What about pre-admission procedures? You know; that's where nurses greet patients at the front entrance and do the lab services or provide for the lab services, etc. Sometimes it even gives you radiological services, etc. Is that able to be contracted out under this legislation?"

Minister of Health Services:

"As the member will be aware, we're looking at a reform around primary care. It is an initiative that is really across Canada and certainly British Columbia. We'll be trying to play a leadership role in that.

"There clearly are opportunities for some new models that will actually do a better job of meeting patient needs in communities around B.C. Today we have a lot of pre-admission assessments done by physician's offices which are private operations. They are private sector operations. There are some opportunities in terms of primary care reform which could make better utilization of some of those services in a way that's actually more accessible to more British Columbians in communities throughout the province."

[1510]

My question to the minister is this. The application of non-clinical services, and the way in which it's defined and understood under the debate when Bill 29 was debated — is that something that the Minister of Labour agrees with? That is to say, emergency care is deemed to be non-clinical services in its definition. That is to say, when you arrive in a hospital, pre-admission procedures, as an example, would be deemed to be non-clinical services. I would like the

minister to be very specific about the full range of non-clinical services that would be included and be applied to for Bill 94.

Hon. G. Bruce: The Minister of Health Services was correct in his definition at that time. As I mentioned, what is there in Bill 29.... We are only extending the same to Bill 94. As the member so aptly quoted from *Hansard*, those would in fact be the same comments of the Minister of Health today and what we're doing.

B. Locke: Mr. Chair, I seek leave to make an introduction.

Leave granted.

Introductions by Members

B. Locke: It is my privilege on behalf of my colleague from Surrey-Cloverdale to welcome Bibleway Christian Academy to the chamber. This is a group of students and their teacher and leaders, and their teacher is Ms. Ramona Clarr. Also with them is Mr. David Dar, Ms. Kay Dar, Shaun Maloney, Janet Maloney, Genevieve Daricia, Melody Stahl, Judy Florent and Gail Kemper. Will the House please make these leaders and their students very welcome.

Debate Continued

J. Kwan: I want to be very clear so that the public understands what non-clinical services mean, because the way in which this government puts out the information, you would think it's just laundry services. You would think it's just the people who cook and those kinds of services, albeit those services are equally important as the other ones that I think are also considered non-clinical services by this definition under this government. Would radiologists be considered as non-clinical services? Psychiatric services? Therapists? Counselling? Maybe the minister can give the House and the opposition a full list of who would be included as non-clinical services.

Hon. G. Bruce: It was interesting with the announcement there that private schools.... I just sort of forgot to mention that. Private schools are actually a form of P3 in British Columbia today, in a different way but a similar instance.

Just coming back to the question at hand, Bill 29, as the Minister of Health Services so aptly put it and as the member opposite was able to reflect on again here in the House as to the definition of non-clinical services and what that may or may not entail, that is there. I don't think I need to canvass every single situation that applies, but I think it's important, as is stated in this act, that the Canada Health Act takes precedence. Regardless of how we go about providing facilities or how we go about providing services, all of that must be done under the auspices of the Canada Health Act.

The member should rest assured that what we're actually focused on here in all of this is a different

model of how we're going to provide facilities in the province, utilizing a public-private model to gain the extra efficiencies that we think are there. This is to be able to put back those efficiencies — and I'm speaking in this respect of dollars and cents — into the provision of good health care, patient care for the very people we're trying to look after in this whole health care system. So it is that we would go and find or try and utilize a new system to develop a manner of construction of facility that would affect those efficiencies.

I think it's prudent of government to look at all that's available and to try to find a way to bring that into play so, as I mentioned to the member before, we can take those limited dollars that are there for capital and have them available for the delivery of actual health care services. If it's the definition of non-clinical services the member wishes to canvass, the statement of the Minister of Health made during the debate on Bill 29 a year and a half ago, that is the statement. Clearly, the member is fully aware of what that entails and doesn't entail.

[1515]

J. Kwan: Well, I wanted to make sure British Columbians know what "non-clinical services" means as it applies to Bill 29 and as it applies to Bill 94. The way in which this government has been spinning the information, I don't think people do know. I don't think so. From time to time you would even see Liberal government MLAs trying to muddy up the issue.

Basically, "non-clinical services" would apply to anything in the health care sector where a patient is not attached to a bed. That is perhaps the simplest way to describe it. You could go in for radiology treatment, and that would be deemed to be a non-clinical service. The radiologist giving you that treatment would fall under the category of non-clinical service. A psychiatrist who gives you therapy — or you go through a session with a psychiatrist.... That psychiatrist could be deemed to be non-clinical in this definition under Bill 29 and therefore, by extension, Bill 94. Let's be clear. The scope of this bill and the definitions in it are very far-ranging.

The minister raised the question around private schools. It just came to him that it's sort of like doing that. Well, no, it isn't, because we don't have an act or legislation that allows for the overriding of collective agreement rights in the public education system — if there were such a thing as a public-private partnership in the school system.

Interjection.

The Chair: Order, please.

J. Kwan: What this legislation does is above and far beyond any legislation that has been in place. The reach in deeming.... Well, I should just say that its application and the broad nature of its applications to the various different facilities and the ability for this piece of legislation to override collective agreement rights are unlike any other legislation in the history of B.C. It's nothing like what is going on in the education system,

even if the minister wants to say the private sector education system.

Hon. G. Bruce: The member opposite is quite correct. Radiology and psychiatry today are actually pretty much all done in the private sector. I don't think there's anything new....

Interjection.

Hon. G. Bruce: Pretty much. Pretty much.

That's okay. We don't need to debate fact. We can stick with the fiction, because it's way more fun. I can play the fiction role...

Interjections.

The Chair: Order, members. Let the minister talk.

Hon. G. Bruce: ...with you for days and days and days if we want to deal with fiction. I'm happy to. That's fine.

Interjection.

Hon. G. Bruce: No, actually, I'll make it up where you make it up. I have to answer what you've made up. If there's no fact to it, I've got to come up with some fiction to be able to play to your fiction.

The Chair: I would remind the members, please, to go through the Chair.

Hon. G. Bruce: Thank you, Mr. Chairman. You're absolutely correct.

Let's come back to the fact of the matter of what's in this bill. We were actually dealing, I thought, with definitions, which would be section 1. Through the course of this discussion, which I'm happy to go through, we've now pretty much canvassed all sections of the bill. We've talked about true employer; we've talked about contracting-out. We've talked about a number of other things — section 3, section 5, section 8. I'm quite happy to focus in on any of the definitions, but perhaps we'd like to move on to section 2.

J. Kwan: Maybe the minister should focus a little bit, because what we were talking about was non-clinical services. Then he started to go on to say: "Well, you know, most of these services that I talk about are already contracted out. They're already in the private sector anyway." The minister knows that there are services, such as psychiatry services, that are not in the private sector and that are included under this non-clinical services definition. The minister knows there are radiologists who fall under this category. The minister knows there are counsellors that fall under this category. The list goes on.

[1520]

The minister can fabricate, at least in his own mind, and make up stuff as he goes along. Why not? Virtually every other minister in this House does that, so why not him too? He may as well join the club. Otherwise,

he'll be an outcast. Anyway, it would be unparliamentary if I actually said what I was thinking, so I won't.

Interjection.

J. Kwan: I was asking questions on the definitions section of this bill around non-clinical services. The minister, by his own admission, admitted that a full range of services that go far above and beyond laundry, cooking and security services are deemed to be non-clinical services — services that impact patient care directly. All of those would now apply under Bill 94 and the reach that is provided for under Bill 94.

I just want to close with a statement. The opposition will be voting against this section. I want to be very clear and say why that is. The reach which is being allowed in defining the health sector partner to include subsidiaries and subsidiaries and subsidiaries is far too broad in its scope. The measure which the government is allowing for the application of Bill 94 is unbelievable with the definitions section. The opposition is not in support of how health sector partner is defined, nor are we in support of how health care facilities are defined in this bill.

[1525]

Section 1 approved on the following division:

YEAS — 57

Falcon	Halsey-Brandt	Hawkins
Cheema	Hansen	J. Reid
Bruce	Santori	van Dongen
Barisoff	Roddick	Wilson
Lee	Thorpe	Hagen
Murray	Plant	Collins
Clark	Bond	de Jong
Nebbeling	Stephens	Neufeld
Chong	Penner	Jarvis
Anderson	Orr	Harris
Nuraney	Belsey	Bell
Chutter	Trumper	Johnston
Bennett	R. Stewart	McMahon
Bray	Les	Locke
Nijjar	Bhullar	Wong
Bloy	Suffredine	MacKay
Cobb	K. Stewart	Visser
Sultan	Hamilton	Hawes
Kerr	Manhas	Hunter

NAYS — 4

Nettleton	MacPhail	Kwan
	Lekstrom	

[1530]

On section 2.

J. Kwan: Section 2 deals with the application of this act. According to this bill, there are three tests. Bill 94 applies wherever the following three conditions have been met. Where a health sector partner, which was defined under the definitions section, has entered into a contract with a private sector partner to either provide capital or equipment — that's condition No. 1.

Condition No. 2 involves non-clinical services. That is as defined in Bill 29, as I tried to canvass earlier, which is why I was asking the minister for a list of the non-clinical services, which the minister refused to provide. That definition extends all the way through the other sections of this bill, and it was important to lay that out clearly so that people know and understand what context we are talking about. I must add that as it is defined in Bill 29, non-clinical services include emergency room services in hospitals. That's condition No. 2.

Condition No. 3 is that the facility has to be designated by the cabinet, by regulation.

According to this bill, Bill 94 extends not only to a private partner that builds the facility but also to any sub-subcontractor who slaps on a coat of paint. If that's not correct, I would want the minister to rise up in this House to outline for us what are deemed to be substantial renovations under.... Actually, it doesn't even say substantial renovations. It just says "renovating a health care facility." Maybe the minister can advise to what extent would a renovation be for it to be deemed to qualify under this section.

[1535]

Hon. G. Bruce: We're talking about a sizeable capital here in respect of the type of.... That would be one part of the criteria for being designated under the P3 and then finding that the extension of Bill 94 was applied to them. We were clear on the fact that it would have to be substantial capital we're talking about. We're talking about a new facility or a very substantive renovated facility. We're saying that to begin with, of course, there has to be a partnership established with a health authority. That means there's a public-private component to that and, as the member quite rightly pointed out, the provision in this instance of non-clinical services. The final part of all of that is that it has to be designated by cabinet as an acceptable project.

There are those kinds of limiting factors around this, but it's clear to say it's got to be what one would call capital, not maintenance.

J. Kwan: The minister says and uses the terms "sizeable" and "substantial." What is deemed to be sizeable and substantial? Can the minister give a dollar figure?

Hon. G. Bruce: It could very well vary project by project, so to define a dollar figure on it at this point is not going to give the clarity. The clarity I suspect the member is concerned about is: if it's work performed such as maintenance, would that be deemed as capital investment or substantive renovation or a new facility?

No, it wouldn't. We're talking about a new delivery of a facility through the public-private partnership.

J. Kwan: If the minister can't give a dollar figure or a range, how would we know, then, what would be deemed in the minds of this cabinet and this minister as substantial or sizeable? Nobody would know, because those decisions — the designation — will be done behind closed doors in cabinet. The public wouldn't know. How would we know the criteria, other than these broad strokes written and spelled out in legislation here?

Let me ask the minister this question. If he can't give a range of dollars that would deem a project to be sizeable or substantial and therefore qualify it to be applicable under Bill 94, maybe he can give a percentage of the capital investment that has to be in place for it to be considered substantial or sizeable.

Hon. G. Bruce: I can quite understand, by the questioning of the member, Mr. Chair, that you'd like me to come out and say it's X number of thousands of dollars. But I can't do that, because the different facilities or whatever that may come along could vary.

The point is this: we are trying to find cost-effectiveness and cost-efficiencies in the delivery of these new facilities, so it takes plans, it takes time, and it takes effort. Clearly, it's going to be a substantive amount of money before it makes economic sense to be able to proceed with a P3. If it's a question of changing the door jamb and painting the walls, that's maintenance. That's work currently done by a health authority.

We're really talking about the type of project that is much larger than that, and we're talking about either substantive renovations or new facilities. As we move through on this, more and more of those types of things.... As you build them through, it will become clear what the threshold is of the actual dollars and cents to even bother with it. Clearly, little amounts of money wouldn't make any sense, because you'd have all sorts of staff time and legal time and others in trying to put the whole deal together, which would nullify any cost advantage of moving into a P3.

[1540]

J. Kwan: The minister said he wouldn't be able to give a ballpark figure or a range that would deem a project to be substantive or sizeable for this section of the act, because the different projects may vary. I ask the minister for a percentage. Is it 5 percent? If the renovation cost is 5 percent of the total operating cost of the entire facility, would that be deemed to be substantive? Is it 1 percent, 10 percent, 15 percent? What is it? What can the public expect?

The public, I think, has the right to know and should know, if they want to hold this government accountable, so that they have an understanding of what would apply to cause the government to designate a particular facility under this act. Perhaps the minister can explain to us what kind of percentage we

are looking at in terms of investments, whether it be capital investments, whether it be renovation costs — if it's 5 or 10 percent of the total renovation costs and even equipment costs. What are we looking at?

Hon. G. Bruce: What the cabinet would look at in designating a facility or a project under this piece of legislation would probably be a range of criteria that would come into play, which we think would form that regulation — something like, first of all, that it must provide a needed and valuable addition to the health care system. That would be important. The private sector partner must offer to provide a significant capital investment in building or modifying or renovating a health care facility and, likewise, a significant capital investment if it was in providing equipment that would support services that are to be delivered in that facility. Others you might consider to be part of that criterion would see the private sector partner having to assume a significant proportion of risk that's associated with the project and, obviously, having to be committed to completing the project in a timely manner. Also, the project itself would have to be done in a manner that was cost-effective — this comes back to that issue — for the health sector partner.

J. Kwan: Well, all of the criteria the minister laid out are very general. They're generalities and not specifics. Take the first example the minister used — something that would be useful and needed in the health care facility. I could argue — and I'm sure someone could argue — that a bunch of wheelchairs would be needed and be useful in a facility. If someone invests in a bunch of wheelchairs, as an example, would that deem it to be a substantive investment in terms of equipment purchase for that facility and therefore deem that investment to qualify as a health sector partner under this act?

I'm looking for specifics — a little bit more concrete here. All these decisions, in terms of the designation of these facilities, would be done behind closed doors in cabinet — secretive decisions — and the public will not have access to that information to make that evaluation for themselves. It is pertinent that the minister lays out and clearly advises this House what will be deemed to be a substantive or sizeable investment.

[1545]

Hon. G. Bruce: Maybe I can offer some comments, some assurance. Let's take the Abbotsford hospital then, and let's go back to that criterion. What that Abbotsford hospital, the MSA, will actually come in at we don't know yet, because that's still in request for proposal, but I think you're around the \$300 million mark or so. Is the Abbotsford hospital a project that is needed and a valuable addition to the health care system? I think that if you were to check yes or no in the box, you would check yes to that one. The Abbotsford hospital that I think we've been.... Well, it's been a long time coming.

What we'd be looking for is a private sector partner to provide significant capital investment in the building. Well, around that \$300 million mark, I think, would probably be pretty significant. But on the yes or no for the Abbotsford project, would you check yes or no? I think you would check yes in that regard.

If the private sector partner of the Abbotsford hospital — whoever it comes to be — was going to proceed with this, they would have to assume a substantial proportion of risk. We just made that very clear. That would fit in with how we're developing the P3 concept and as it will apply to build the Abbotsford hospital, which we know the people in Abbotsford have wanted for a long time. Now, in fact, we're going to be able to move ahead to undertake it.

Again, if you use the Abbotsford hospital, the real key one in this respect is: can the private sector partner complete the project in a timely manner? Well, it's been years in coming. We now have an opportunity to move ahead. I'm not sure how many years that's been. Was it ten years? Did the former administration actually...? I think they even announced it a couple of times. They might have even turned some sod around this project. However, we are going to build it now, because to fit under this criterion, it would have to be timely. That means when you start and when you finish, so that would be built into that process. So that all fits in there.

Then the private sector partner, as it would apply to Abbotsford, has to complete the project in the manner that is cost-effective for the health care system. What would that mean? Well, you would call for your request for proposal; you'd put it out. You'd get all the information back in. You'd take a good look at it, as a business decision. You'd scrutinize it. You'd take the reports. You'd critique it and decide whether this in fact is the best way to go for the development of that private sector partnership — sort of a similar process to how one might go if you were actually trying to do something different with B.C. Rail.

I know you would want to rail on and on and on about the what-ifs and the maybes and the what-fors and all the calamity about how terrible this thing is actually going to be, but by gosh, it must hurt at the end of the day when you see a deal come out that is so powerful and so positive in building the province. I mean, here is an opportunity for every small community, from one end of that rail line to another, to actually share...

The Chair: Minister, are you on section 2?

Hon. G. Bruce: ...in the economic activity not only in British Columbia but around the world. I can get really excited about that.

The Chair: Minister, I think it's important to stick to section 2.

Hon. G. Bruce: Mr. Chairman, I take your admonishment, and we'll try to stick to the bill here.

My point being this: the fact is that there are some criteria here that we've put in place, and the Abbots-

ford hospital is one that can be used as an example. Not necessarily will it finish that way, because it will also take part in negotiations as to how we go about trying to attract those who are going to come and be part of that P3 initiative....

All in all, at the end of the day, what is it that we're actually trying to do? We're actually trying to provide, in this instance, a hospital for those people in that area, which for the last ten years hasn't been created. What are we trying to do? We're trying to be able to do that within the dollars that we have, that \$10.7 billion of health care which continues to escalate at a tremendous trajectory rate. The expenditure in health care is astronomical.

Do you know, in respect of this, that the \$10.7 billion, by the year 2005, could be nearing \$15 billion if we don't find a way to be able to manage the delivery of our health care in this province — different than the method that we've been on? As I mentioned to you earlier on — and I think this is a very important point to understand — that \$10.7 billion.... The figure I'll use is \$10.4 billion, because the additional dollars are coming in from the federal government. The statistics that I have currently in my mind are \$10.4 billion. Of that \$10.4 billion, 77 percent is wages, salaries and benefits, and that's understandable. But that then means there's actually only a small portion for facilities and equipment — the tools that we need to be able to provide the health care in the province. So it's incumbent upon government that they find the most cost-effective way to be able to utilize those dollars to provide the services to the people of British Columbia and in fact build a hospital in Abbotsford — finally, for the people of Abbotsford.

[1550]

J. Kwan: You know, this minister is full of rhetoric. I sat here and listened to him rail on about B.C. Rail — a broken promise of this government where they betrayed British Columbians. We know today that every single one of the Liberal MLAs sitting in this House broke their promise and betrayed British Columbians and, quite frankly, said what Winston Churchill would say is an illogical inexactitude to British Columbians with that promise. They broke it today...

The Chair: Order, member.

J. Kwan: ...and they sit around in this House and they hail and they....

The Chair: Order, member. Order, member. Order. Will the member please sit down. Will the member please sit down.

I counsel the minister to stick to section 2. I also counsel all the members in the House that if they're speaking, we are speaking to section 2 of Bill 94, and that's what we're trying to accomplish here today. I will request that we stick to section 2 with all the members of the House.

J. Kwan: Thank you for that guidance, Mr. Chair. I did lapse for a moment, because I was simply respond-

ing to the minister himself when he actually provoked that response from me. My apologies to you, Mr. Chair.

Let me get back to section 2 around this bill — the application of this act. The minister goes on and on and on about how he actually has exact and specific criteria that would apply in determining what would be deemed to be a designated facility under this act. Yet when you ask him a very specific question about the size of the investment — what that would be, what the ballpark of that investment might look like — the minister is not able to give you an answer. He goes on to brag about what a wonderful job this government is doing, moving forward with the Abbotsford hospital — save and except that this government, including this minister, is closing hospitals all across British Columbia.

You know what? The member from New West should know, because the community was calling for her resignation just days ago because of the closure of St. Mary's. Maybe the government should be looking for a cost-effective way to try and save St. Mary's and to ensure that those health care services are being provided for, for the people of New West.

The Chair: Member, can I draw you back to section 2, please.

J. Kwan: My question around this section, around what would be deemed to be a sizeable or substantive investment, the minister refuses to answer. Well, then let me ask the question in a reverse way. Let me ask the minister: what would be excluded from consideration? That is to say, what investments would be excluded from consideration for that to be deemed as a designated facility under this act?

Hon. G. Bruce: It's interesting to note that today there was a news piece that came out of Britain, actually. Britain has embarked quite substantively in the public-private partnership aspect. I mentioned that in my opening remarks as to the fact that I think they'd constructed 40 hospitals and had 60 under construction, and then they had constructed something like 130 schools and had another 250 schools that were under the public-private partnership aspect. It accounts today for approximately 11 percent of investment in public services. That's about \$12 billion, I believe, and supports tens of thousands of jobs in construction and related industries. You know, one area that they've actually been very successful in....

Now, our P3 partnerships will be a little bit different than theirs because, as I mentioned to you, we are starting and maintaining those facilities, indeed, the moment that concrete is poured into the ground and the footings and the walls and such go up. We've seen what's been good in other countries. I know the work of Partnerships B.C. has also been to ferret out those others that have not been consistently good and to try to build a process for British Columbia which will be truly successful and unique.

[1555]

Again, you must come back to.... Okay, let's try it, then. Let's try this. This works. I don't know if this works

or not, but.... Let's say we're painting the wall — okay? We're going to paint the wall of the emergency care service. That's what we're going to do. We're going to paint the wall. First of all, is that a project that provides a needed and valuable addition to the health care system, if you're using that sort of criterion? Well, it's true that the walls probably need to be painted, but they're already there, so I don't think it would probably fit. Those that were going to paint it — this would be, I guess, the contractor that's going to paint the place.... Would they be offering to provide a significant capital investment in the renovation of that health care facility? I don't know. I guess one could argue that if it was a large emergency ward.... I don't know how many gallons of paint that would be. I haven't painted for a long time, but I'm a pretty messy guy — so maybe ten, 15 or 20 gallons of paint.

Would that, in fact, be a substantive investment? I don't think it would stand the test before cabinet. It might stand the test in my own home budget, but I don't think it would stand the test in cabinet.

Now, we're still painting this place. The private sector — this would be the painter again.... Do they have to assume a sufficient portion of the risk associated with the project? Well, I guess there is a fair amount of risk. You could spill all your paint or not get it done on time. You could be pretty lax about it, but I don't think it would stand the test in front of cabinet. Must they do it in a timely fashion? Yeah, they would have to do it in a timely fashion, but you know, painting the emergency ward.... They ought to be able to do that in a pretty down-and-dirty time frame, so I don't think that particular piece actually offers....

So you're still painting the emergency ward, and the private sector partner has to do it in a manner that is cost-effective for a health sector partner. Well, I guess you're actually haggling over 20 gallons of paint, the number of days it would take, the three people that it would take to paint it and what their whole operating costs would be. So what would that be? How long would it take you to paint an emergency ward, given that you had the opportunity to do it? Two days? I don't know. Professional painters can paint pretty quickly.

Interjection.

Hon. G. Bruce: Okay. Four. Would that actually then fit the criterion of being cost-effective for the health sector partner? I know it sounds ridiculous, but this is. And it's not what we're talking about.

So that's where we started. I've tried the example of \$300 million, which I think would be sizeable if we were talking about the construction of the Abbotsford hospital. I think that would give you some idea of the magnitude and how the criterion would fit. I think I've tried now, on the other end, because the member asked me to try going the other way. I've used 20 cans of paint and painting the emergency ward to see if that criterion fits, and I don't think it does.

J. Kwan: You know, it would do the minister well if he actually provided answers to my question in a clear

and concise way and stopped mocking, quite frankly, the questions that are being asked. I asked a simple question of the minister. If he can't give me a figure or a range of what would be deemed to be sizeable or substantive, then give me a percentage of that investment, that budget — a percentage of, let's say, a renovation. Then we'll have a sense.

The minister just uses an example that he likes to say: "If I slap a coat of paint in my house, it requires some gallons of paint. Well, that might be a substantive part of the budget for my house, but it is not likely going to pass the test in cabinet." That's what he said. He used the operative criterion for determination for his own budget, and that is that slapping a coat of paint in his own house might be substantive relative to his household budget.

Well, then the question is: what is the percentage that will deem such a renovation or capital investment to be substantive — in the health care sector, in this instance — to qualify a facility to be a designated facility under this act? Why is that so hard for the minister to answer?

[1600]

[G. Trumper in the chair.]

He can answer that question, but he likes to mock it as though asking the questions were somehow not relevant, or ridiculous or obscene. What we've seen so far with many decisions of this government is that the decisions are ridiculous and obscene. It pushes the opposition, if we're to do our job effectively and take our job seriously, to ask these questions because that information is not forthcoming from this cabinet, this minister or this government. That's why we ask this question.

The minister has failed to answer the question today, and I will give him yet another chance. What percentage would be deemed to be substantive within the total budget of a capital investment or renovations or equipment purchase?

Hon. G. Bruce: Well, we've tried two examples, and they obviously weren't clear enough. We're trying to explain that we are actually going about the delivery and the development of health care facilities in a different manner. Now, we think....

Interjection.

Hon. G. Bruce: Well, we are, and we think there's an opportunity, by doing it in this manner, to take what are limited capital dollars and be able to utilize them in such a way that we can get first-rate services for the patients and for the taxpayer in British Columbia while at the same time concentrating that very large proportion of dollars that is so very necessary to pay for our doctors and nurses and the people that work in the health care facility.

You know, percentages of what? That's always an interesting discussion. There's \$10.4 billion in the budget. You're not going to run percentages of that.

You're looking for innovation. You're looking for creativity in how we go about the delivery of new facilities. We have here today a piece of legislation that speaks to that. I've used the Abbotsford hospital as an example of what would fit the criteria.

I'm sorry if the member took it as mocking. I certainly didn't mean to do that, and if I did, I apologize. What I was actually trying to do was to find: okay, here you are. There are all sorts of other ranges in between that you can look at, but what we're trying to do is develop that set of criteria. We know that those criteria, as we're working through looking at the construction of something like the Abbotsford hospital, would certainly be ones that this government would entertain under the P3 proposal. That public-private partnership and the necessity of making sure that what the health authorities currently enjoy — "utilize," I guess, is a better word to use — in the management of a public health facility in regard to something like a hospital....

The same application can be made in the public-private, and that's what this bill does. Sorry, that's what Bill 94 does. It takes what there is provided for in Bill 29 under the public health authority side and now — when partnerships are created between the public and private — the ability to manage in that same way can be undertaken under Bill 94.

Where we are at here is trying to proceed and trying to provide now, finally, a new hospital for the people of Abbotsford, which I'm sure the member opposite would be very excited to be part of. I'm sure she would wish the residents of Abbotsford and the government well in the development of a new health care facility that has, like I say, been waiting for some time, been announced several times, with sod-turning by the former administration. It's with that, the combination of a number of things, that we're trying to move along to utilize in the most cost-effective way the tax dollars that the taxpayers put up so that we can provide new facilities for people.

[1605]

J. Kwan: You know, the minister goes on to say about how Abbotsford would be excited to get their hospital built. I'm sure that would be the case, but I am sure it is the case that the Port Alberni residents, the Grand Forks residents, the Nelson residents, the New West residents — just to name a few — would be thrilled if their hospital services were kept intact. Instead of building new hospitals, all the government needs to do is ensure that existing ones are not eroded and closed along the way. Maybe the minister would turn his mind to figuring out how to do that. That might be useful and helpful for British Columbians.

The minister has not answered the question with respect to the percentage of the budget for a capital investment or a renovation, modification or equipment purchase for it to be deemed to be sizeable. I don't know what the minister is hiding that he's not forthcoming with that information. Maybe, after all, the criteria that the minister will use behind closed doors at a cabinet table to determine what is sizeable or sub-

stantive or what qualifies a particular investment to be included or get the designation under this act may not be based on factual information and standards that are set. Maybe what really matters is how big the cheque the investor is prepared to write to the Liberal Party. Maybe that will be the determining factor.

I fail to understand why the minister would not be forthcoming with that information. You'd think it's basic information that, when the act is drafted, the government would actually have in mind what they think would be substantive under this section of the act. Maybe the minister would have in mind what the time frame would be for a project to be completed. He says one day or two days. He says that's likely not to be deemed substantive. But what about one week, two weeks or one month or two months? Would that be deemed to be substantive?

Would the purchase of a CAT scan, let's say, for a small rural community hospital be deemed to be a significant equipment purchase under this section of the act, which would deem that investment for a particular hospital or facility to be a health sector partner in this act and therefore receive designation from cabinet for this act to apply to them? Let me put that question to the minister.

Hon. G. Bruce: Let me first of all assure the member opposite that anything that this government does will be done on a factual basis. I know that's foreign to the member's thought, because, quite frankly, there was hardly anything in the past ten years of that former administration that was done on a factual basis.

Interjection.

The Chair: Order.

Hon. G. Bruce: I'd also like to say that when it comes to this continual harangue about government only doing things like.... I'm not sure what. It was quite an offensive comment there — that we would only be making decisions based on those that were contributing to the B.C. Liberal Party. You know, it must be very, very tough for the member opposite when there is the continued support and contribution to the B.C. Liberal Party. But we don't make decisions on that basis.

The member opposite might also try and kind of understand where people are at. In four days on Vancouver Island — the other members would be interested — there were over 2,000 people who came out to two fundraising dinners, one on the north of the Island and one in Victoria. These were little people. Why did they come out? They came out to support the building of the province after the ten years of disaster that you people brought to this province, so it's a little bit of a stretch.

[1610]

I don't know if the member opposite knows this or not. Maybe that's how you conducted your business through the course of those past ten years. I think if

one were to take a look and reflect on what went on, that's exactly how you conducted the business, because you certainly didn't apply any type of factual information when it came to building fast ferries in this province. In fact, you had reams and reams of factual information which you continued to ignore. You certainly didn't apply any factual information into how you would run a railway, because in fact what you wrote off was twice what you wrote off in the B.C. Ferries situation — like billions of dollars. I can understand that the comment may be, "Gee, I hope there's some factual information in cabinet," because, quite frankly, in that ten years that the NDP administration ran this province or tried to — into the ground, I might add — you probably didn't apply much in the way of the factual information. Let me reassure this member and the people of the province that, indeed, when this government is working through what needs to be done for the people of British Columbia, it is done on a factual basis.

Secondly, you mentioned some aspect of whether a CAT scan would be a potential facility or piece of equipment that one might look at. Well, I don't know. I mean, say you had this tiny, little community somewhere, and for them it was huge and there was some way this could be factored and put together so that it would allow them....

I don't know. Pick a community. Maybe it's Bella Coola or some small, little community which would love to have the service. Somehow we could make that happen, and we could deliver that service for those people by the utilization of the P3. Are you saying: don't use it? Is that what you're implying?

I can't believe the member would say that the people in some of these smaller communities ought not to have the opportunity to enjoy the services that we're able to have in some of the larger centres like Vancouver or Victoria. Why wouldn't we extend those types of services to people throughout small-town British Columbia? I think we ought to. But we have to be creative in how we're going to do that. We have to be innovative in how we're going to apply that type of opportunity for them. In fact, that's what we're attempting to do.

Maybe that will work; maybe it won't. But do you know what, Madam Chair? If you don't come back to the types of things I was talking about and put that particular project against those things and it doesn't fit, it won't be done.

J. Kwan: It is funny how, on a day that this minister and this Liberal government broke a significant promise and betrayed British Columbians by selling off and privatizing B.C. Rail, he is asking for me to trust him and telling me that I should have faith in him and be reassured by what he says.

His worth has just been proven by the action of this government and all Liberal government MLAs. Their word is worth nothing, not even the shred of paper that it could be printed on. His word is as easily broken as this pencil — just like that, gone. Just like that it is

worth nothing, and that's the value of this minister and this cabinet minister and this government's word. That's how much it's worth. When he says: "Trust me. We will make the right decisions in cabinet behind closed doors...."

Interjections.

The Chair: Order.

J. Kwan: And when this minister says, "Trust me. The cabinet will make the right decisions behind closed doors on what is deemed to be substantive or significant, or what facility will be deemed to be designated under this section of the act...." Guess what. I don't trust him. I don't trust him, because he has broken promise after promise after promise. He has done nothing to earn the trust of British Columbians, and he certainly has done nothing to earn the trust of the opposition.

After all, it was this minister who brought in legislation that said: "I will not rip up collective agreements." This Premier and this government have promised they would not do it, and we are now debating legislation that extends the ripping up of collective agreements. How can the minister stand up in this House and have the face to say, "Trust me," when "trust," in his meaning, in his definition, does not apply obviously for this minister through his actions? How can he ask people for their trust, when he has broken promise after promise after promise? There are so many broken promises. You can hardly keep track of all the broken promises that have taken place.

[1615]

The minister says, according to my question, that a CAT scan could be considered a substantive investment in a particular community, in a particular situation — could well be deemed to be significant — and therefore designate that investor, that health care facility which received that piece of equipment to have received substantive investments and therefore be designated under this legislation.

What about a situation like St. Paul's? I'll use that as an example. When I was there in March, when I gave birth to my daughter, St. Paul's had one aspect of a facility that was quite frankly a godsend for women giving birth. They have individualized tubs in the room in which you're delivering your baby. For those excruciating moments, the suggestion was — and I did — to get into the tub, and the warmth of the water alleviated much pain at least for a period of time. Not every hospital has that. St. Paul's was very unique in that they have that facility, those tubs. For the hospitals, let's say, that don't have those tubs — large or small or medium-sized hospitals — if someone comes along and says, "We will purchase equipment by buying these tubs for the hospital," would that be deemed to be a substantive investment?

I'm trying to get a sense here of the range of the scope that will be deemed to be substantive for people to understand what would be designated, because the

criteria that the minister said are very general. There are no specifics to it. You would be hard-pressed to understand in what situations capital investments or renovation investments or equipment investments would be deemed to be substantive enough for it to be considered a designated facility under this act.

Hon. G. Bruce: I might point out to the member opposite that St. Paul's, as you were commenting about.... The province is actually looking at St. Paul's as an opportunity, I understand, to engage in a P3 to modernize that facility. It will be interesting to see whether or not they will proceed with that.

J. Kwan: Maybe the minister didn't hear my question. Maybe he doesn't care to listen to what the opposition questions are and, therefore, to answer them. He has completely missed my point when I raised the issue of St. Paul's. Maybe he only just heard "St. Paul's" and decided that, well, here's the answer. It doesn't matter what the question is, which certainly is the case of this government so far on virtually everything. To heck with the people with their legitimate questions. I'll just make it up as I go along and give whatever answer I want, even though it's not relevant to the question at all.

My question was: if someone bought tubs in the maternity ward of hospitals, would that be deemed to be a significant enough investment in equipment purchase for it to be designated under this section of the act?

Hon. G. Bruce: Could the member opposite be a little bit more explicit? Are they white tubs, large tubs, small, short? What kind of tubs? How many tubs? Do you bathe in them, or do you stand in them? Do they have stalls? Do they have handles? Do they have soap dishes? Tubs? Did you say tubs? I need to know more detail.

[1620]

J. Kwan: If the minister actually listened to what I said earlier, he would have known I was talking about regular-sized tubs. I was talking about when women go to give birth and they go into these tubs provided to them, which was an illustration I had pointed out from my own experience, having gone through that experience about eight months ago at St. Paul's. Then the minister would know what I am talking about, but he doesn't care to listen. He sits and smirks, Madam Chair, at questions. He doesn't care to listen, and then he gets up and tries to make fun of questions that are asked of him. It is absolutely outrageous the amount of disrespect this minister shows for the opposition and, by extension, to the British Columbians who want to know the answers to these questions.

He might think it's funny, and he might think it's not relevant. I don't. I'm talking about the regular-sized tubs that are used in maternity wards at St. Paul's for a woman when she's giving birth. From time to time they advise and assist a woman to get into these tubs in the

rooms so that they can have some pain relief, for the warm water to relieve some of that pain and make the birthing process a little bit easier and bearable for people.

Those are the tubs that I'm talking about — a regular-sized tub. If someone purchased these tubs for a particular hospital.... I mentioned small, medium-sized or large hospitals, so it could range in how many tubs depending on the size of the hospital, which is what I said. If the minister had listened to my question, then he would have known. That's what I'm asking.

In those circumstances, would that investment be deemed to be designated under this section of the act?

The Chair: I would tell both members that the debate is becoming a little repetitive and tedious. I would ask if we can specifically get back to section 2.

J. Kwan: We can move on a lot speedier if the minister would just get up and answer the question.

Funny how it is that in this great hall of democracy, as they say in this chamber here, oppositions exist to ask government questions when we're debating legislation. That's the purpose of why we're here. I'm going through section by section of this act, asking the minister questions. Most importantly, I'm trying to get an answer from the minister so that not only the opposition but everyone in British Columbia would have a clear understanding of what would designate a particular investment, deem a particular investment, to be sizeable enough or substantive enough for it to be designated as a facility under this section of the act by cabinet.

So far the opposition has not received the answer. It may be tedious for members of the House, Madam Chair, and I'm sorry about that, if members of the House find my questions tedious. As I mentioned, I wouldn't be repetitive or tedious if I got my answer. The last thing I want to do is be tedious or repetitive.

But every time I rise and ask a question, the minister does not provide the answer. He goes and gives his own spin of what he wants to say. Not only that, he actually would not even listen to the question and then would rise up and ask a counter-question to mock the first question that was asked.

[1625]

Madam Chair, I would seek your advice as to how I might proceed to try and get some answers from the minister. I do not know how to proceed. I don't know how to make the minister answer the question and provide this important information to British Columbians. In this section of the bill, we're talking about the application of the act. Where the act is applicable to deem a health sector partner.... To be a health sector partner under the definitions of this act, you have to meet three conditions: "(i) provide capital for building, modifying or renovating a health care facility or any part of it, or for equipment to support services delivered in the health care facility or any part of it, and (ii) provide one or more non-clinical services at or for that health care facility or any part of it, and (b) that health

care facility is designated by regulation for the purposes of this Act." Those are the conditions one must meet, but there are no specifics attached to these conditions.

I'm trying to get clarity from the minister so we know — particularly under sub-subsection (i), where it talks about capital investments, modification or renovation investments and equipment purchase investments — what would be deemed to qualify for that condition. So far I've not been able to get an answer from the minister. Perhaps you can assist me, Madam Chair, in getting that answer and ask the minister that question for me.

Hon. G. Bruce: Well, let's just kind of recount. We talked about one example being the Abbotsford hospital. That was, I think, around \$300 million. We talked about painting the emergency ward, which we figured was 20 gallons of paint and a couple of days. I think somebody thought it was four — didn't figure that one. We talked about the potential of a CAT scan in a very small community — that there might be some application in that instance. The last thing we were on was bathtubs. I asked how much they were and how many you had, because I have no idea what you need. I didn't know about the bathtub issue. There are in-patient services. Never minding that, I got the drift that you were trying to find out what capital... I don't know how much the bathtubs are, and I don't know how many you need. I've got to have more information than that to be able to put that to the criteria.

J. Kwan: Well, the one operative word the minister said in this space so far is the figure of \$300 million. Is \$300 million, then, the bar? Is that the minimum capital investment for it to be deemed to be designated under this section of the act?

Hon. G. Bruce: No, I was giving you the range by examples as best we can — and utilizing, then, the points we would apply in the basis of how you would go about determining whether it would fit the criteria. You know, let's come to the quick of this. You've asked the questions; I've given the answers. You didn't like the answers. You asked the questions. The member asks the questions; I give the answers. The member doesn't like the answers. I understand that. The member is totally opposed to what we're doing, and I understand that. I appreciate that.

We would rather just carry on, according to the opposition, in delivering how things have been delivered in the past, not paying any attention to the situation we're faced with in trying to deliver health care in a different way, in trying to provide facilities with the dollars we have provided through the taxpayer in the most cost-effective way possible. We think, as government, that there is an opportunity, through this process, to do just that. The opposition don't.

We've had all that argument. We've canvassed it, and we understand that. You can badger around, and we can go to the paint, we can go to the CAT scan, we

can go to the Abbotsford hospital, and we can go to the bathtubs. We can go up and down the whole range of that forever and ever and a day. None of that will actually satisfy you, because at the end of the result, the opposition disagree with this process. That's what democracy is all about. You disagree. We're government. We are the ones that are bringing this through. Your job is to review it. You're reviewing it. You disagree. There it is.

J. Kwan: No. Actually, what I'm trying to do here is figure out.... If the minister would actually give me the range of what is the bottom end of an investment that would be considered substantive and significant, then we could move on. He has not done that, and he refuses to do that. He didn't give me a range in his answers. He sat there and said: "Well, Abbotsford, at \$300 million, would be deemed to be significant." Well, that might be the top end of the range — I don't know — or maybe the medium end of the range or maybe the bottom end of the range. That's what I'm asking for clarification on here.

[1630]

He did not provide the answer. He just said: "No. I gave you a range, and it says \$300 million or a couple of gallons of paint." Well, that's helpful for debate in understanding what is deemed to be significant or substantive. How would British Columbians know how to figure that out on the basis of this minister's arrogant answers? They can't, and that's why we're here as opposition members trying to get the answers.

Will the minister rise up in this House and give me that range? What is the bottom end of the investment that is required for designation under this section of the act? Give me that answer, and then we can move on.

The Chair: Shall section 2 pass?

Member for Vancouver–Mount Pleasant.

J. Kwan: Holy moly, I tell you. It has happened a couple of times already, where I'm on my feet before the vote is called. Then, as though I'm invisible, the vote is called anyway. It's unbelievable the way we're treated in this House. It really is. All we're trying to do is do our jobs.

Interjection.

J. Kwan: The minister says: "You've done it. You asked a question. You've got your answers. You don't like the answers, and that's fine." No, actually. If I got my answers, then we could move on. Maybe the minister can show me in *Hansard* where he gave me the answer on the bottom range of an investment. I asked him for a figure, and he didn't give me one in terms of the lowest figure that would be required in terms of dollars for an investment to be deemed to be significant enough for designation under this section of the act.

The minister rose in this House and said: "I can't do that. That all depends on the range of the total budget."

Then I asked him to give me a percentage of the total budget. The minister didn't give me that answer. He got up and gave me some story about some paint in his house. Then I asked the question about giving me a figure.... The minister says he'll give a range. He used \$300 million as one end of the range. Then what's at the bottom end of the range? Is it \$5,000? Is it \$10,000? What is it?

What is the trick here? Why is there so much secrecy about this that the minister can't rise in this House to share with British Columbians so that they have a full understanding of how a facility would be designated when we're talking about investments that are substantive or significant in the minds of this minister and this cabinet? Why is that so difficult? Save and except that there's something to hide. Without giving that information, it begs the question that the minister is hiding something and that they're going to be making secretive decisions behind closed doors that British Columbians would not be able to see, which they cannot shine a light on.

Then it does beg the question: does it have something to do with donors to the Liberal Party as is the case with CN? It just so happens they donated \$107,000 to the Liberal Party, and they just so happen to be the proponent that got the B.C. Rail deal. Maybe that's all just coincidence. I don't know, but without shining a light on the details of that, the minister is creating a situation that begs questions and suspicion in the minds of the public.

[1635-1640]

Section 2 approved on the following division:

YEAS — 40

Halsey-Brandt	Hawkins	Hansen
J. Reid	Bruce	Santori
van Dongen	Roddick	Wilson
Lee	Hagen	Bond
de Jong	Nebbeling	Neufeld
Penner	Jarvis	Harris
Nuraney	Belsey	Bell
Long	Johnston	Bennett
R. Stewart	Krueger	Bray
Les	Locke	Nijjar
Bhullar	Wong	Bloy
Suffredine	K. Stewart	Sultan
Hawes	Kerr	Manhas
	Hunter	

NAYS — 4

Nettleton	MacPhail	Kwan
	Lekstrom	

On section 3.

J. MacPhail: Madam Chair, I'm going to read section 3 into the record. It's very short, but my questions are technical and therefore flow from the language. Section 3 is entitled "Designated private sector partner is true employer."

"The labour relations board or an arbitrator appointed under the Code or under a collective agreement must not declare a person who (a) is an employee of the designated private sector partner, and (b) provides non-clinical services under the agreement referred to in section 2 (a) to be an employee of a health sector partner unless the health sector partner intended the employee to be fully integrated with its operations and working under its direct supervision and control."

[1645]

Of course, the reason why this is so significant is that there is certain denigration of rights that flows to an employee of a true employer who is designated as a private sector partner. Perhaps the minister could just explain for us the legalities around being designated a true employer. What does it mean? It's a legal concept.

Hon. G. Bruce: One might take into consideration when deciding who is a true employer — this being the true employer of a group of employees.... The Labour Relations Board determines which company holds fundamental control over the employees and has integrated the employees into its operations. That would be one part they would look at.

Another. The act provides that the board or an appointed arbitrator must not declare an employee of a designated private sector partner to be an employee of the health sector partner, unless the health sector partner intended the employee to be fully integrated with its operations and working under its direct supervision.

What we're trying to do here is be very clear that as this consortium is put together.... As I mentioned, you had project co, and in most instances that becomes the public-private sector operator. They will have, perhaps, others that have come in to be part of that in respect to equity holders, and their employees — if they have employees — are theirs alone and are not able to go back up through the system and say that, in fact, they are employees of the health authority.

Now, if you went another step further into that consortium and you had a subcontractor who was providing a service to one of those partners that provides non-clinical services, then those employees of that particular provider are only the employees of that particular provider. They're not able to go back up and say, "Well, no. Who it is that you are subcontracting for is our employer," or that you could go all the way back through and say that the health authority is the true employer. So that's what this does.

J. MacPhail: Why is the government legislating this? Is there some problem they're trying to legislate out of existence?

Hon. G. Bruce: This is similar to Bill 29 in that we were trying to determine there who the true employer was, and we're trying to reflect that in this particular

instance here. We're creating these public-private partnerships, and there is the ability to undertake certain activities. The subcontractors or contractors that are employed to deliver that are, in fact, the employer of those employees. They are not then able to go through the chain to try and insist that someone who they are working through as a contractor or subcontractor would be their employer or that the health authority would be the employer. We had that in effect in Bill 29. We're trying to provide that same effect here in Bill 94.

J. MacPhail: Well, I find that perplexing, because the government of B.C., when they were brought to the B.C. Supreme Court — challenging the constitutional validity of Bill 29 — said this. The lawyer for the government told the court that Bill 29 did not change the jurisprudence on true employer.

[1650]

The jurisprudence on true employer is exactly the opposite of what this government is now legislating — exactly the opposite. In fact, the reason why the government's bringing in this legislation and this clause particularly is to override decades of jurisprudence on true employer. That's why it's here. They can't convince the Labour Relations Board that their silly little schemes of contracting-out change the true employer. They couldn't even go before the B.C. Supreme Court and argue that Bill 29 changed the years of jurisprudence on true employer. So here is the government back again, with a sledgehammer to break to pieces the basic labour rights of ordinary working people entrenched in jurisprudence. That's what this is about.

Have there been any rulings since Bill 29, either through arbitration or the Labour Relations Board, concerning health authorities and the definition of true employer?

Hon. G. Bruce: No, there hasn't been. It's still early since this has come through, and we wouldn't expect there would be at this point, in that regard.

But you know, really what we're doing here.... We can go to the dramatic, if we like, or we can take a look at what we're doing here. We had set about very clearly, through Bill 29, that we were going to do things differently in respect to the health care sector. We had an ever-increasing escalation — a voracious appetite in the gobbling of dollars, if you like — of what was taking place in health care to the alarm of the current government and to the alarm of all governments in Canada.

We embarked upon a very specific and difficult decision being made in how we were going to do that, to make sure that the \$10.4 billion.... As the member opposite knows, the \$10.4 billion is an escalating amount. Right back since 1984, which I think was \$3.4 billion, it has been increasing by every government regardless of political stripe in every jurisdiction in Canada. It's not a political thing. It's all about how we look after health care in British Columbia and Canada.

Government, from time to time, is faced with making very difficult decisions. It's choices. It's simply a matter of choices. You could stand back and say: "Well,

I'm sorry. I'm not going to face those choices. I'm not going to face the facts that are before us relative to health care not only in this province but in Canada."

We're going to have to go about delivering health care differently, and so government's going to have to make some choices. We made a choice in Bill 29 — a very difficult choice. By virtue of that choice in Bill 29, we've gone about a process of trying to deliver the non-clinical services differently to British Columbia than what has been in the past. As difficult as it was for us to bring that through, we have seen savings in a number of different manners.

For the first time since 1952 we found that the Ministry of Health was able to balance its budget, at \$10.4 billion. I want the members to understand that even though we were able to do that, the continuing pressures of health care.... It's not static. The continuing demand for health care continues at such a trajectory, as I mentioned earlier to the members opposite, that we would see that at nearly \$15 billion by the year 2005 unless government faced the challenge and tried to find more creative, more cost-effective ways of delivering health care. We're doing that.

Bill 29 gave us one way of moving through in that respect. What we're doing now in Bill 94, in the aspect of the public-private construction of facility, is affording what is really a public facility — built and constructed in the different manner — the same opportunities as what the public facility had.

[1655]

That's what we're doing with Bill 94 as it applies to this act, and this particular section is reflective of what we were trying to do in Bill 29. We're now trying to bring those same provisions across to Bill 94 to allow for that which is constructed through a public-private partnership — the same opportunities that were there under Bill 29 for the totally public entity.

J. MacPhail: My gosh, how the minister does ramble on.

[K. Stewart in the chair.]

Let me just respond, then. I was giving my colleague relief here so that we could probably just debate the technicalities of this legislation. But this Liberal government never campaigned on breaking union contracts or legislating against years and years of jurisprudence that protects employees and that doesn't allow numbered companies to take away employee rights or break a union contract or break the Labour Relations Code. This government didn't campaign on that, so who knows whether the public supports this government or not on this road down to two-tier delivery of health care? They didn't have the guts to test it in the election, to tell the truth. They didn't at all. In fact, they said exactly the opposite. The now Premier of British Columbia said: "Oh no, we're not going to do any contract-breaking or taking away of rights." Yet here we are.

There was a government, just as this minister said, that examined the issues of escalating health care or the

delivery of health care and that campaigned just weeks ago on the very issue we're debating right now, which is privately built, privately operated hospital services. That was the now Liberal government in Ontario. The Ontario Liberal government discussed exactly what this B.C. Liberal government has put in place. Here's what they decided just last week.

"The Ontario government has dropped controversial plans to allow private companies to build hospitals, fearing it is a step toward two-tier health care...."

"Instead, the hospitals will be constructed with public funds, as has been the case for other hospitals in the province. Though the government's move keeps a campaign promise and follows recommendations on the future of health care made by former Saskatchewan Premier Roy Romanow as a commission...."

Okay, that was only nine million people. That's true. Only nine million people actually got to debate whether they wanted to go the direction that this B.C. Liberal government is going now. British Columbians didn't get to debate it. In fact, they were misled. But Ontarians got to debate it, and the government got elected on the basis that they would not now go down the track that this Liberal government is going down.

In fact, here's what the Ontario Liberal government said:

"...Liberals have been persuaded by Mr. Romanow's arguments that having hospitals built and operated entirely by the public sector is less expensive than the private sector operator. The Liberal government also feared that encouraging the private sector to build and operate hospitals and clinics offering diagnostic services such as MRIs and CT scans would be the thin edge of the wedge leading to two-tier medicine."

Of course, we know that this bill defines non-clinical services as diagnostic services, as out-patient services, as day surgeries, as rehab, as cancer patient services.

Yes, there was an election. Nine million Canadians got to vote on whether they agreed with the direction that this B.C. Liberal government is going, and they said no. They said no in Ontario. It would be a real act of courage if this government had actually campaigned with British Columbians on what they're doing now. I hope the minister stops the rhetoric that this is the way everybody else in the world is going to contain costs. This B.C. Liberal government stands alone in Canada on its extreme actions in the delivery of health care. This sledgehammer of denying workers their rights to what a true employer is, is just another example.

[1700]

Let me ask this question: is the minister aware of the Hospital Employees Union challenging a health authority in saying that contracted security services were not part of the health authority as an employer — and they won? They won the argument that for contracted security services, the health authority is the true employer for this reason. I'm surprised the minister is not aware of this decision.

The reason why the health authority was declared a true employer post-Bill 29 was because the security people actually are involved in patient care in restrain-

ing a patient that comes into emergency. They are involved in restraining difficult patients and are part of the health care-patient care system. Is the minister aware of that?

Hon. G. Bruce: You canvassed quite a bit there, and I think that's great. In fact, it is British Columbia that is leading in the reconstruction and building of a sustainable health care system. In other provinces and in fact federally, they are watching what we're doing and are indeed employing some of that which we are doing. Alberta is; Ontario is.

I'm led to believe, in fact, that what Ontario has done.... The new Liberal government that came in made some changes relative to how their P3 model was working. They had their election — the Leader of the Opposition is absolutely correct — and there were changes. But as I'm led to believe, if I understand it, what the new Ontario government now is doing is that the public will own the land and the facility. The health care facility will be leased to the private partner, and the partner will then issue a sublease to the local health authority to operate all clinical services. This lease arrangement is adequate for the private partner to raise financing to build the facility.

You know, it's funny that those points are there, but they are quite similar to what we're already doing on the Abbotsford hospital. In fact, they are very reflective of what we're doing in British Columbia but not quite as far as what we're doing in British Columbia. We are proceeding with a public-private partnership project only where it makes sense to do so and where we can achieve value for money, as we've pointed out before. The model of what is taking place in Ontario is actually now, in the modifications they've undertaken, quite similar to what we are doing here in the province of British Columbia. Let's acknowledge this.

I don't mind that British Columbia leads. I think British Columbia can lead in a whole manner of different ways. When you say we're the only one on the world stage, well, yeah. It's difficult to lead, but sometimes it's great to be first. It's great to be out there to build for the future. In fact, we are building for the future, and that's okay. I don't think the Leader of the Opposition would want to see British Columbia last — albeit they drove the economy into the ground and made it last and made us then a province that was a have-not.

Never mind that part of it. I shouldn't digress into there.

What we in fact have is the situation where what Ontario was doing, similar to what the Leader of the Opposition intoned.... The changes and modifications they're making are very similar to what we're doing here in the province of British Columbia.

J. MacPhail: I can't believe he actually stands up and says that. The Ontario government has rejected exactly what this government has done. They did it on Friday of this past week. They have rejected exactly what this Liberal government is doing here, because they put it to a vote, and the public said no.

[1705]

Jeez, this government is so desperate to make itself not look like the draconian extremist that it is, that it will falsely embrace any other democratically elected government. That's what it's just done now.

I asked the minister a question about the situation of security services being defined as the true employer with the health authority. Is he aware of that?

Hon. G. Bruce: Yeah, we're aware of that pre-Bill 29, but we don't believe we've had the similar situation post-Bill 29.

J. MacPhail: When the government of B.C. had to argue in court whether Bill 29 changed that jurisprudence, the government argued that no, it did not change that jurisprudence. There we have the full line drawn by the minister from A to B. Pre-Bill 29 the very scenario that this government is now legislating out of existence was won successfully by the union. Contracted security services of another employer, of a person where they received their paycheque from elsewhere.... It was defined that their true employer was the health authority. Bill 29 did not change that. Now this legislation takes the sledgehammer and changes that, changes all of the jurisprudence about what is a true employer.

Tell me: does this kind of clause, section 3, exist for any other workers? Does this exist for any workers in the private sector?

Hon. G. Bruce: The Leader of the Opposition makes the point pre-Bill 29 to today. We're not arguing that. In fact, there was concern expressed. We had what's there in Bill 29, and as I mentioned, we were trying to take what was there from Bill 29 as it applied to public health authorities. As the public-private partnership built a new facility and then operated it under the non-clinical portions, the manner of operation would be similar. What was allowed under the public hospital would then be the same under the public-private hospital. What we're trying to bring across from Bill 29 are the provisions that were there so that they would also apply under Bill 94 to the public-private partnership.

J. MacPhail: So is the minister, despite what I've just given him as evidence, saying that Bill 29 does allow, for instance, security services in an emergency room to be declared that the health authority is not the true employer? Is that what he's saying — that this was in Bill 29, and he's just moving it over into Bill 94? If so, where could he tell me that practical application exists under Bill 29?

[1710]

Hon. G. Bruce: We're trying to make it very clear with this that unless there was direct control and full integration, and it was intended.... Unless that was the case, then there won't be a true employer flowback. We have the situation with Bill 29. Again, what we have

done in Bill 29, we're trying to bring across through Bill 94. We're going to make sure there's clarity here on this particular issue — that the true employer status is that the employer you are hired with, in fact, is your employer.

J. MacPhail: My question was — and let me be very clear again: what practical application of Bill 29 around true employer and designation thereof exists, please? Examples.

Hon. G. Bruce: In the example of the nurse and security, what we're trying to make very clear here is that although the nurse may give some direction — I'm talking now to the security person — the true employer of that security person is, in fact, the company that has hired that person and has the contract to supply security. Incidental to that, if the nurse was to say, "There's a security issue here, and we need you to attend to it," that is not to override the issue of what a true employer is. The true employer, again focused on that particular issue, is the contractor that's supplying the security services.

J. MacPhail: Okay, Mr. Chair. The reason why the minister is not answering my question is because he would have to stand up and answer no — that there's been no successful practical applications of Bill 29 that declare as the true employer any employer other than the health authority. They're not moving over what's in Bill 29 to Bill 94. Even with the draconian Bill 29 and all of the rights of workers taken away, they still couldn't get around decades of jurisprudence about the definition of true employer.

That's what this government is now doing. It's getting a second crack. It failed to convince arbitrators or the Labour Relations Board to ignore decades of jurisprudence about removing the thin corporate veil and declaring who the true employer is.

Now, Mr. Chair, again this government.... They must be taking great pride, these Liberal MLAs, about how far their government is willing to go to take away the rights of workers. In fact, this minister is bringing in this language because post-Bill 29 workers have revealed exactly that false front of who the employer is. In decision after decision, unchallenged by the government pursuant to Bill 29, the workers have cut through the corporate veil to show who is really a contracted health sector employee's real employer, and it's always the health authority.

Here's what occurs. The minister tries to brush it off, but here's what occurs, and anyone who has worked in a health care facility absolutely knows this to be true. In the day-to-day operations of a hospital, non-clinical workers such as cleaners and security guards take direction from their clinical co-workers — nurses and doctors. To say their real employer is the construction company or the cleaning company or the subcontractor that built the hospital or subcontracted from the person who built the hospital is an absolute fiction. The Labour Relations Board won't support the

government's point of view on that, and neither will an arbitrator. Here we have legislation that just takes the private sector employer's point of view and imposes it by legislation, regardless of years of labour law.

[1715]

Where does this exist in the private sector affecting non-public sector workers now?

Hon. G. Bruce: As I mentioned earlier, we made a decision as a government. We're not shrinking or hiding behind any of that. We're very clear and very open to what we're attempting to do here.

We are working to bring the delivery of health care and facilities and services to the province in a different manner than before. The choice we made was that, first of all, it would be patients. That means that there are then some difficult decisions. When you have a continually escalating expenditure in health care to the very great trajectory that we're on right now, there are some very difficult decisions. So we made that decision. We made that in Bill 29. We're trying to make sure there's clarity with respect to Bill 29.

Bill 94, as it relates to the true employer.... We're being very clear and up front in saying that this is the case. If you are contracted and are providing those security services with the health authority — Bob's security service or probably through a subcontract to a member of the consortium — your true employer is in fact the person that hires you — Bob's security service, if you like. This is clear in this legislation. It's not a member of the consortium further up, nor is it a member of the health authority.

That's what this is saying. That's what we are in fact doing, and we've made that choice. What we're trying to do is effect, in the much bigger picture, the delivery of new health care facilities in the most cost-effective manner that we have before us, knowing the demand and the continuing pressures to find ever more taxpayers' dollars to put in health care.

J. MacPhail: Once again the minister didn't answer my question about where this applies in the private sector, because the answer would have to be that it doesn't apply in the private sector.

This kind of removal of employee rights to have a fair determination of who their true employer is doesn't exist anywhere else in all of Canada except for the employees that now will be covered by Bill 94. Another breakthrough.

I assume now that this government is willing to go as far as this — to define by fiat, by legislation, the true employer of a security guard at a hospital as their security agency and that they will no longer have to take orders from any other employers, including the nurse or the doctor who works for the health authority. Is that correct?

Hon. G. Bruce: No. In fact, with respect to the interests of patient care, we're trying to make it clear that although you may be given some direction, your true employer is not the health authority. Your true em-

ployer is still the security services. That's what we're doing through this legislation.

I know you disagree with that, and I can appreciate that. But that's in fact what we're doing. We're actually bringing about a different process of how we're going to build facilities and hospital services in British Columbia. I've said that, and you disagree, and I appreciate that. That's what democracy is all about.

[1720]

J. MacPhail: Mr. Chair, I don't disagree. I'm trying to find out what the government is trying to achieve here.

Let me put this to the minister, then. We have the contracted security services employer as the employer. The security guards are working in the hospital. The contracted service employer has WCB requirements. They're assessed at a different rate, I would assume, by the WCB. They may not have provided their employees with the health and safety protection that the employees would have gotten if they were in the hospital. They may not have had the same training if the health authority had been their employer. They may not have the same level of experience, because there is no seniority system in effect. Yet the minister is telling me that that employee, who may be making minimum wage — probably will be making minimum wage — has to take a direct order from a nurse or doctor who may put the security guard at risk because of lack of training or lack of WCB coverage. What possible application of labour law is that?

Hon. G. Bruce: All of those contracts or subcontracts will in fact have contracts in place — service levels, performances. This isn't just: "Open the door. Come on in." You're going to have performance.... The contractors providing the services will have contract levels that they have to live up to — provisions, obviously, like WCB issues and all of those sort of things. They have to live up to all of that, just as anybody anywhere in the business community has to live up to it. A contractor or subcontractor that is looking to undertake this work will have to live up to a performance measure that's been put in place through this whole P3 operation.

J. MacPhail: We have no idea whether that's true or not, because this is a brand-new race to the bottom — a brand-new race to the bottom where subcontractors can contract out to a sub-subcontractor and the definition of true employer means nothing. Sorry, Mr. Chair; we have no evidence that what the minister just said is true or not.

Let me ask this. Will the sub-sub-subcontractor's performance standards say: "You must obey the direct order of a nurse or doctor"?

Hon. G. Bruce: Those performance measures would be part of the contract, depending on what that job is and how it is. In this particular instance you would want those people in the clinical world to be

able to know that they've got the ability to direct in the sense that there's something that is occurring, either bodily to themselves or a situation in another part of the facility, that they need to attend to.

J. MacPhail: Boy, that's a nice aspect of how this government's going to save money on health care. They're going to deny a worker the rightful declaration of who their employer is, and they're going to put those employees at risk. That's what they're going to do, and the employee will have no legal recourse, because this legislation prevents them from having legal recourse.

[1725]

The minister says now that there will be a performance contract right down to the sub-sub-sub-contractor saying that his or her employees must obey the direct orders of nurses and doctors. How the heck, then, does the government decide...? How is the government going to interpret this phrase: "...unless the health sector partner intended the employee to be fully integrated with its operations and working under its direct supervision and control"?

Hon. G. Bruce: I'm trying to provide, where I can, some examples of this. If there were, say, an intruder on the second floor and a nurse were to say to the security person, "There is an intruder on the second floor, and you need to deal with that," we're trying to make it clear that it does not then mean the security person's true employer is the health authority. The true employer is still that person's employer, the security firm.

The day-to-day operation of service that the security person gives is written up, and within that contract of what they are intending to do, they would perform their function. But if there were an intruder on the third floor, like I say, and the nurse were to say to the security person, "There's a difficulty up there," and that security person went up there to look after that, by virtue of that type of comment, that type of information, the true employer of that security person is not considered to be the health authority. That's what we're trying to offer the clarity to.

J. MacPhail: Honestly, for a government that wants to cut out red tape and all of that, this is not in any way doing anything to clarify anything. It is by fiat imposing the government's complete denial of employee rights to have her employer declared as the true employer, being the health authority, because that's of course the vast majority of work of security. It's directing ambulances. It's securing hallways for ambulances. It's securing emergency rooms for patients who are at risk, for nurses who are at risk, for doctors who are at risk. That's what security does in a hospital. That's what they do.

Let me ask this, then. What would be the test under this clause for a health sector partner's intention to be demonstrated that the employee is "fully integrated with its operations and working under its direct supervision and control"? This language is very clear: "under

its direct supervision and control." If the direct order comes from someone from the health authority, the security officer doesn't have to obey it, or if he or she has to obey it, then this language cannot come into force.

Hon. G. Bruce: On how the Labour Relations Board might determine the intention — and that's what we're trying to clarify — they would look at the agreement between the health sector partner and the private sector partner to look at the working relationship between those two sets of employees — the operational guidelines, policy directives, human resource materials — to determine what direction has been given to employees regarding their interaction with one another. They would probably look at the day-to-day operations and practices in the facility to help determine who was really supervising, controlling and disciplining employees.

[1730]

These factors, taken together, would help the Labour Relations Board determine the true intention of the parties.

J. MacPhail: The Labour Relations Board has ruled on all of those things in the health care system where there are contracted services. They've said the health authority is the true employer. What's going to change? What new information will the Labour Relations Board be able to consider or not consider now?

Hon. G. Bruce: The board would consider this particular application to each case as it came forward.

J. MacPhail: No, there's got to be something new. All of those things have been considered by the Labour Relations Board, and the Labour Relations Board has said that in the area of security services in a hospital, the true employer is the health authority. We've brought in new legislation now that says: "Oh, we're sorry. Those employees' true employer is not the health authority." What new rules do apply in the Labour Relations Board determination? Or what evidence will they now not be able to consider?

Hon. G. Bruce: The Labour Relations Board would consider case by case. They don't rule in the global.... It's case by case. As that case is provided for them, they would take these particular points I've mentioned and use them against the case to determine whether or not there's a true employer case.

J. MacPhail: Well, let me try a different tack now. The arbitrations that have been won pursuant to the current labour law — both collective agreement law and labour law — that have declared.... There are several, unbeknownst to the minister. There have been several where security workers in a hospital are declared as having the health authority as their true employer when the employer tried to argue that it was the contracted security agency that was the true employer.

Will those arbitrations still be won by workers now, given this new law?

Hon. G. Bruce: I can't predetermine what the board is going to do, but if it was fully intended, then these would be the applications that were there in the board's ruling.

J. MacPhail: Well, that's what I'm trying to figure out — about what "fully intended" means. The minister said: "Oh well, just because they take direct orders from the nurses and doctors, that doesn't mean they're employees of the health authority. They'll have to take the direct orders and act on them, but they won't be considered as part of the day-to-day operations." That's not available as an argument now. Is there a percentage of time where the worker will take direct orders that will be considered as an indication of the intention of the health authority, then?

Hon. G. Bruce: I bring a case to the LRB on true employer, and what the LRB is going to now do is determine whether or not — they'll make this ruling — it is fully intended. As I mentioned in respect to those four points before, those are the points they'll probably utilize in determining whether it was fully intended — the agreement between the health sector partner and the private sector partner to determine the working relationship between the two sets of employees. I believe the LRB would look at that — the operational guidelines, the policy directives and human resource materials — to determine which direction has been given to the employees regarding their interaction with each other; the day-to-day operations and practices in the facility to determine who was really supervising, controlling and disciplining the employees. That would be the body which, I think, Labour Relations would utilize in determining the issue of whether it was intended.

[1735]

J. MacPhail: Here's what the language says: "...unless the health sector partner intended the employee to be fully integrated with its operations and working under its direct supervision and control." I assume there will have to be a security services supervisor giving direct orders, direct supervision and controlling the day-to-day work of security officers in order to have them declared as the true employer rather than the health authority. Is that correct?

Hon. G. Bruce: I think we've tried to canvass, as best we could, how they would apply that. We are still saying the contractor would be providing supervision, but there may be incidental direction that comes from time to time, relative to if we're using the issue of security, that would not then lend itself to be a situation where the true employer becomes the health authority. We've got these tests here of what we think the board....

You've got an individual who tries to appeal to the board on the basis of a true employer case. We believe the board would factor through on these particular

policies and say: "Yes, it was intended; no, it was not intended." It's incidental. The true employer, then, is the employer you are currently working for.

J. MacPhail: If there's a car illegally parked on the hospital property that needs to be attended to by the security officer and at the same time there's a patient in the emergency room who is a security risk, and the supervisor of the security officer tells the worker to go deal with the illegally parked car, I assume the security officer pays heed to her employer. Am I correct?

Hon. G. Bruce: In the performance measures that would be established, I would think that for a security service it would be, in the first instance, putting patient care and security for people first. That person would be responsible to make sure that, indeed, is what occurs.

J. MacPhail: No, but I'm asking what the employee does. That's a very perfect world the minister is describing. There may be money involved in having the illegal car looked after. Who knows? Maybe the security service is running the parking lot as well. That's not unheard of in the United States, a great model that the minister likes to follow. The security services operate the parking lots for profit. What does the employee do in those circumstances?

Hon. G. Bruce: In this example they don't, because the health authority will run the parking lots. There's kind of a commonsense application to this, and the fact is that you would have a security firm that is there to make sure people are looked after properly — the safety of the patients, the security of the premises. Within that performance measure that security firm would have to make sure that is paramount in the minds of the people who work with them and are trained to be able to look after them in that factor.

J. MacPhail: I don't know what hospitals the minister has been to lately, but health authorities don't run the parking lots in the hospitals I've been to. They're contracted out, and they're for-profit. They will be subject to this legislation. The common sense is exactly as I describe it. The commonsense application of this legislation is exactly as I describe it, and security officers, I guarantee, will be put in exactly the dilemma I have just described.

Mr. Chair, will there be any aspects of the operation of an emergency room where the true employer will be someone other than the health authority?

[1740]

Hon. G. Bruce: In respect to the Abbotsford hospital, which is what I was using as an example, the health authority would be the collector of the parking fees from the parking lot. It would not then be a situation that the member was mentioning, because the health authority is the one that's going to collect those funds.

J. MacPhail: One example. It doesn't exist at Vancouver Hospital, doesn't exist at Surrey Memorial,

doesn't exist at Burnaby Hospital. Perhaps the minister could answer my question. Will there be a situation where there will be workers in an emergency room whose true employer will not be the health authority?

Hon. G. Bruce: Not to belabour the aspect of parking, but the ones you mentioned are not P3s, and we're talking about P3s. It's a small point, but since we're talking about P3s, we might as well stick to it.

The aspect of non-clinical services intermingled and through will clearly be part of the delivery of services in a health care facility.

J. MacPhail: Let me repeat my question again. Will there ever be workers in an emergency department whose true employer will not be the health authority?

Hon. G. Bruce: Yes, there may well be.

J. MacPhail: Who?

Hon. G. Bruce: It could be cleaners, janitors, housekeepers.

J. MacPhail: How about nurses and physiotherapists?

Hon. G. Bruce: That's not contemplated. You have to come back to your definition of non-clinical. What we're talking about in respect to the P3s are those non-clinical services that can be provided through this model.

J. MacPhail: Just to be clear, nurses in an emergency room will always be employees of the health authority. Is that correct?

Hon. G. Bruce: There are no situations now. It's not contemplated. I can't prejudge the future of all that's going to be. That's certainly not what we're intending to do.

J. MacPhail: This will be my last question before taking a vote on this. Let's look at the MSA Hospital, then. Will all the employees — nurses, physios, people who take blood — be employees of the health authority at the MSA Hospital?

Hon. G. Bruce: As we're proceeding in the process that we have right now in the current structure, yes.

[1745-1750]

Section 3 approved on the following division:

YEAS — 49

Hogg	Halsey-Brandt	Hansen
J. Reid	Bruce	van Dongen
Roddick	Wilson	Lee
Hagen	Plant	Bond

de Jong	Nebbeling	Neufeld
Coleman	Penner	Jarvis
Anderson	Harris	Nuraney
Belsey	Bell	Long
Chutter	Trumper	Johnston
Bennett	R. Stewart	Krueger
McMahon	Bray	Les
Locke	Nijjar	Bhullar
Wong	Bloy	Suffredine
MacKay	Cobb	Visser
Brice	Sultan	Hamilton
Hawes	Kerr	Manhas
	Hunter	

NAYS — 4

Nettleton	MacPhail	Kwan
	Lekstrom	

Hon. G. Bruce: I move that we rise and report progress.

Motion approved.

The committee rose at 5:52 p.m.

The House resumed; Mr. Speaker in the chair.

Committee of the Whole (Section B), having reported progress, was granted leave to sit again.

Speaker's Statement

Mr. Speaker: Hon. members, I wish to comment to the House on matters that occurred at the opening of the afternoon session relating to the introduction of a message bill and during question period. I have reviewed the *Hansard* transcripts and replayed the events through the live webcast in order to ensure accuracy of my observations.

Firstly, when the Speaker is on his feet attempting to read the message from the Lieutenant-Governor or Administrator, irrespective of the members' opinion on the message itself, it is axiomatic that the message is listened to with courtesy and without interruption. It is extraordinary when the Speaker must call for order during this proceeding, but unfortunately, he had to earlier today.

During the one-minute explanation of the bill that is permitted on first reading, inappropriate interjections not only continued, but the tape indicates they accelerated. During question period the opposition was, as always, afforded the courtesy of the first question, but it became apparent during the attempts to answer that the opposition was determined to continue with their interruptions. A supplementary question was permitted to the opposition. Again during the attempt to answer, interruptions became more persistent,

making it difficult, if not impossible, for either members or the Chair to hear the answers.

As has been the practice in the past, and faced with what appeared to the Chair to be a concerted effort to interrupt answers to the questions posed, the opposition was denied the normal second supplementary. The Chair wishes to observe that this process is neither new, nor should it come as any surprise to any member of this House. The members involved are both experienced members and know the rules.

[1755]

The Chair is charged with the responsibility of seeing that the Legislature runs in accordance with the standing orders as developed by the members. The Chair also understands that passion and tempers may be inflamed from time to time during debate. It is the Chair's responsibility to see that parliament is able to do its work.

On a more serious vein, the replaying of the proceedings around question period reveals that both members of the opposition levelled a charge that the Chair was not conducting the proceedings with impartiality. Indeed, the word "partisan" was directed at the Chair. Such behaviour will not be tolerated in this House and brings the institution into disrepute.

The members, with their persistent interruptions and lack of respect for this assembly, brought the situation

on themselves. But even the newest member of this House understands that an attack on the impartiality of the Chair is totally unacceptable, and these are experienced members. Under normal parliamentary rules, an apology is given by the offending members for such an attack. In this instance, the Chair will leave it to the judgment and conscience of the members involved.

Finally, the Chair does not intend to engage in a debate in the media with the members involved in today's proceedings or with any other member. Let it be clearly understood that any repeat of today's performance will not be tolerated. In issuing this admonition, the Chair is also aware that the government benches are not without fault, and they must accept some responsibility for contributing to the general disorder that took place this afternoon. Thank you.

Hon. M. de Jong moved adjournment of the House.

Motion approved.

Mr. Speaker: The House is adjourned until 2 p.m. tomorrow.

The House adjourned at 5:57 p.m.