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THE HONOURABLE BILL BARISOFF, SPEAKER

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LIEUTENANT-GOVERNOR
His Honour the Honourable Steven L. Point, OBC

FIRST SESSION, 39TH PARLIAMENT

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THURSDAY, NOVEMBER 5, 2009

The House met at 10:02 a.m.

[Mr. Speaker in the chair.]

Prayers.

Orders of the Day

Hon. B. Penner: Good morning. I hope everybody had a good rest last night. For the information of members, in this House we'll be calling continued second reading of Bill 21, Ambulance Services Collective Agreement Act. In the Douglas Fir Room I call continued committee debate on the budget. For the information of members, we'll be debating the Ministry of Children and Family Development budget estimates.

Second Reading of Bills

BILL 21 — AMBULANCE SERVICES COLLECTIVE AGREEMENT ACT (*continued*)

R. Austin: I would like to continue my remarks that I was making yesterday evening when we adjourned, in regards to the government's attempt to impose a wage settlement upon the paramedic service — Bill 21, the Ambulance Services Collective Agreement Act.

It seems very strange that after seven months where the ambulance workers have been working hard and continuing — they are, of course, part of the emergency services act — to provide great service to all British Columbians, here we are now seven months in and no resolution to the issues that they have been bringing forward to the government.

Now government is essentially saying: "To heck with democracy. We're going to impose it."

[1005]

[C. Trevena in the chair.]

You know, prior to getting elected into this chamber, I had always heard that, essentially, government can do whatever it wants. But in a democracy, even though a party may have a majority, that doesn't give it the right, morally, simply to impose its will whenever it wants. There is a sense in our democracy of fairness, of justice, and what is happening here today is not fair. It is an affront to democracy.

I'd like to read into the record a letter that came to me from a paramedic in my home community of Terrace. His name is Mike Nagel, and I think his words say a lot.

Dear Sir:

I am deeply concerned about the recent developments in the Ambulance Paramedics of British Columbia members strike and

how the government has shown its complete and total contempt for the democratic process, of which collective bargaining is a cornerstone.

It appears that the Premier has decided that they do not have to follow the time-honoured and legal practices to settle labour disputes. It seems that in this province the government believes it is above the law, and if they don't like a law or the way it impedes their progress towards their chosen goal, they can just change it to their liking.

I say no. If you want to enact legislation to bring about compromise, then go through conciliation, and if need be, take the step and enact binding arbitration legislation. But do not supersede labour law by legislating an end to a legal strike.

The Ambulance Paramedics of British Columbia have kept up their end of the bargain and provided essential services. Now it is time for the Premier and for the Health Minister to live up to their end of the deal and bargain in good faith, not use heavy-handed tactics to force acceptance just because they can and are weary of the bargaining process.

Sorry, Mr. Premier and Mr. Health Minister. In this playground you do not have the right to bully people into acceptance of your will. Stop stamping your feet and throwing your tantrum because the other children aren't doing what you want. If you propose a just deal, it will be accepted, and everyone could move on. This is our health and well-being that is on the line here, and there should be no compromise in the funding of it.

I challenge the Premier and the Health Minister to ride for just a week with any paramedic crew and see what they experience. I believe most residents and voters in British Columbia would prefer to be attended to by ambulance paramedic services that are well trained and funded. I'm sure no one wants to put their life in the hands of a cut-rate and underfunded ambulance and paramedic service — would you?

He refers to me and says:

I thank you for all your efforts on behalf of the Ambulance Paramedics of British Columbia and very strongly urge you to continue to do whatever you possibly can to keep this legislation from passing. In my estimation, this flouting of the law and disregard for basic democracy are intolerable.

I think that what Mike says is a feeling not just of all the 3,500 people who work for the Ambulance Service here in British Columbia, but I think it's a sentiment that is felt by many British Columbians — people who understand that there are people who go to work every day; who are part of the essential services act; who risk their lives; who go and get training; who do very difficult, challenging jobs that not many of us would ever want to even contemplate.

We should treat them with respect. The fact that they have to do this work and are under the essential services act does not mean to say that we can just trample upon their rights.

We've already had a discussion in this House about the levels of pay for people in the paramedic service, the fact that they have to pay for their own training and the fact that they have to go and do a challenging job. They spend time away from their families, going to live in smaller communities to try and build seniority so they can maybe one day get a full-time job.

Here we are in this legislative chamber, where we even have the government MLAs and the Minister of Health saying words that suggest that they have full respect for what they do. Well, if they have full respect for what they

do, then do the right thing. Don't pass this legislation. Bring in a binding arbitrator, and let's get the job done in such a way that it's fair for the paramedics, fair for the taxpayers and fair and right for all British Columbians.

[1010]

We rely on this service. I think that as a result of the imposition of this bill, what we are going to see is people being driven out of the service. It is very hard to attract people to do this job, and it's a difficult job to do. And you know what? It takes years to get the kind of practice and skills necessary.

It's not just going down to the institute in Vancouver, taking a few courses and then going out and thinking that you can do the job. It is on-the-job training, and people put years and years of their lives into this job so that they can get better at it. And here we are, upsetting those people who have shown dedication to what is a very difficult task.

I'd also like to question the MLAs on the government side. We had an election a few months ago, and I know for a fact that there were many members in this chamber who were running for office who met with paramedics, both on our side of the House and on the government side of the House.

I know for a fact that there are many people who got elected on the government side who, when they heard the issues and understood the challenges the paramedics have, were supportive during the election. They were supportive of there being a fair and just agreement — not a bill such as Bill 21.

I'd like to read a letter here from a paramedic who lives in North Vancouver. I happen to know this paramedic because he used to be working in Terrace. He has a wife and a young child, and I'd just like to read into the record what he has to say in terms of the disappointment of what was said prior to the election by members of the government who are now elected and what we are saying on this side of the House. It reads as follows:

I would like to take this opportunity to ask you, my former legislative representative, to convey a plea to my current MLA for the North Vancouver–Seymour riding to break the Liberal silence.

As you know, I am a career-minded part-time paramedic of 3½ years with the British Columbia Ambulance Service. When I was in Terrace, I worked an average of a hundred hours per week, covering a mixture of shifts to make a wage equal to one full-time member.

Having only the years of service I do, I still do not qualify for benefits or the ability to purchase the benefits of my employer for 2½ more years. I recently needed to move to North Vancouver, as my spouse took a job with B.C. Hydro and is receiving paid training at Capilano University.

As there is no living allowance for my spouse, it is up to my part-time employment as a paramedic to provide for her and my daughter. Given that I cannot yet be employed in the Lower Mainland, despite the total of 80 unfilled full-time positions, I'm forced to travel to Lions Bay to work the \$2-an-hour and \$10-an-hour part-time ambulance shifts.

As a note, on one of the \$10-an-hour shifts I am scheduled beside a full-time member with the same qualifications being

paid three times my rate to work as partners on the very same ambulance. This common practice throughout the province is becoming an increasing concern to part-time members, as it eliminates full-time job opportunities.

My plea to my new Liberal MLA is to support me and help restore the worsening critical condition of the Ambulance Service in a way that I will be able to provide basic necessities for my wife. Please stand up and speak against this bill that will strip me of my democratic rights to collectively bargain and negotiate a fair and equitable contract.

My plea begs you to expose the untruth in Bill 21, as there are facts readily available to everyone contradicting its statements. Further, I beg of you to use your 22 years in health care and your experience as a school trustee to speak out with your knowing concern of the public sector struggles that are haunting this ambulance service.

My disappointment with my governing body has hit an all-time low as I watch B.C. society crumble so that a select few may attend the Olympic Games. There is still time to restore this ambulance service to the once first-class service that it was. This back-to-work legislation is not that avenue.

I applaud all who stand to support me, my family and paramedics. The respect that is being proven by your voice is astounding. I thank the MLA who is speaking for conveying my message that will, hopefully, encourage the support of our Liberal MLA.

Steve Stringfellow

Part-time paramedic from Lions Bay

[1015]

I think this letter says it all about the issues that we are debating here in this House. Here you have a young man with a wife and a very young child — I believe, from what I remember, she's about two or three years old — struggling to make it, struggling in society to support his wife, to go to school, to get a better job.

He has to go and do a job that is incredibly stressful every single day. On top of that stressful job, think of the hours he has to work simply to make a day's living, put food on the table and support his wife and child.

We don't even have enough respect in this chamber to honour the Steve Stringfellows of this world — people who, if we were in an accident, God forbid.... If any of us were in an accident, who do we rely on to come and solve that problem? It's the paramedics of B.C.

It's those people who, if they don't get to us in the first half an hour or hour of a serious accident or a condition like a stroke or a heart attack.... If they don't get to us and apply the skills that they have, it doesn't matter what happens in the hospital. It doesn't matter how brilliant the doctors or the nurses are or the huge amounts of money we invest in our hospitals. If the paramedics don't get us there in time, it's curtains. It's over. That's how important this service is.

These are dedicated people. Can you imagine moving all over the province in the hope that you can gain enough hours to get a full-time job? Yet we have how many jobs in the Lower Mainland? Eighty unfilled full-time positions in the Lower Mainland. Why? Because this government is trying to break the Ambulance Service, using part-timers who don't even get benefits, can't make a living wage, can't plan for their family.

We're using part-timers instead of allowing people who have the skills, like the Steven Stringfellows of this world, to be able, then, to get a full-time job, find some stability in their work and find some stability to live and work in a community — to build those connections and be able to make enough for their families — and then allowing them to concentrate on getting better at their job.

As I've said, this is not a job where you come out of the institute and all of a sudden you're brilliant at it. I've spoken to paramedics over the last several months, and this is a job where month after month you see new things.

There are paramedics who have worked for eight years, ten years, who still find new ways of making their job better, of improving their skills, because it's the amount of hours you put into it that makes you a great paramedic. We need to honour those paramedics, and we need to encourage more to be coming into the Ambulance Service.

With the conditions of work of sitting on a pager for \$2 an hour, of not being able to pay their bills, not being able to pay their mortgage.... Who is going to be attracted to enter a job when those are the working conditions? I know that the government has appointed somebody under the Ministry of Labour to look into some of these issues, so obviously, there's an acknowledgment that there are serious problems.

You know what, Madam Speaker? Over the last four years when I sat in this House, we brought many of these concerns to the government. This is not something new. It didn't happen just seven months ago. We brought concerns about the B.C. Ambulance Service into this chamber for the last four years, warning the government that these were serious issues that needed to be addressed.

This should never have come to a strike. We should have addressed this. We address other areas of our health care system. When we have doctors who need to be attracted to work in remote communities, we find solutions for that. When we need to attract nurses to move to smaller communities, we find solutions.

Some of those solutions are extremely expensive. They involve putting bonuses in place. In my community of Terrace and Kitimat, it involves giving free housing to attract people to come up to do the difficult work that we need done in our medical system.

Why is it, if we're willing to do that for nurses and doctors and other specialists in the medical system, that we are treating B.C. ambulance paramedics in such a fashion? Really, you have to ask yourself that.

I can only contend that it must be that this government, even though they have nice words and say they're supportive.... It must be that there's another agenda at play. What is that agenda? Maybe that agenda is to go back to the bad old days where people had to pay for all their own services and it was privatized.

I can tell you that this won't work for the part of the province that I represent. Maybe there could be private companies that would want to run an ambulance service in Vancouver or the Lower Mainland or in Kelowna or in Kamloops or some of the bigger centres where there is enough call volume on a regular basis to warrant a company coming in and taking over that service. But how would that work in all the parts of British Columbia, the small towns, the small communities — places like the Nass Valley, which I talked about yesterday, where there isn't even any ambulance service, where it takes an hour and a half to get there?

How are we going to attract anybody to go and provide this important service in rural B.C. if we dismantle it and don't have a service that is paid for out of the public purse and is there for all of us British Columbians?

I notice, hon. Speaker, that the light has come on, so I'd like to just end my remarks by saying this. I hope that after all the debate that has taken place on Bill 21, the government will rethink their position, that they will understand it is important to not just say they respect the work of the Ambulance Service, that they will show that respect by pulling this bill away, going back to the bargaining table, putting in an arbitrator and sorting out the issues.

Come next March, once this deal is imposed on them — this ends in March — we're back to where we are, except that it'll be worse. Then you will have 3,500 dedicated ambulance service paramedics around this province who feel dismayed, who feel that they have not been treated properly. That is no way to try and solve the next labour negotiation, which will start in March.

With that, I will end my remarks and pass it on to those who want to follow.

G. Gentner: I rise to speak relative, of course, to Bill 21. I begin my comments premised on my childhood.

I have to think about those early years of my life, what kids did and how they played. We would act out those jobs that represented our heroes. Many of us wanted to grow up to be a firefighter, others thought we'd be a police officer, and some of us acted out the idea of being an ambulance driver or a paramedic working for the Ambulance Service.

It was kind of good play, but it went to show that in my childhood, being a lifesaver was something that was dear to all of us. It was respected. They were the heroes, hon. Speaker. They were the heroes that a child aspired to and wanted to grow up to become.

It is concerning to me that here we are today after four years of mistreatment, I believe, from this government — at least four years, on how they've been dealing with this issue. Of course, it all started in many ways with Bill 29 — there's a relationship in Bills 29 and 21 — and how this government with its heavy hand came down on all health care workers.

How did this all begin? We had a great legacy. It really began many years ago with Tommy Douglas, who years ago in the '40s and '50s reconstituted and reorganized an ambulance system within his own province. They created an air ambulance, and it was something very novel, inventive and ingenious that the rest of North America was watching. He was able to consolidate and put together a triage that worked effectively, and it was the model that all other governments were aspiring towards.

Of course, in the '70s we had a very progressive government led by Dave Barrett. Dave Barrett reorganized and put together the Ambulance Service itself. That was a government that looked at the pitfalls of privatization — what happens when you don't have a public entity that could work triage and work all the emergency care systems together. Here we are today, and it seems to me that there's been an erosion of the health care system.

[1025]

It also begins from your doorstep — preventative, but a doorstep — when you're in the unfortunate position or situation where you've called upon those first care responders. You literally put your life and limb on hold in a situation where it's dependent on the good work of those heroes, which all of us aspired to become when we were little children.

Hon. Speaker, I can get very emotional on this issue, and I'm going to try and stick to a script, because I can get off focus on this one in so many ways — the emotions in the letters I have received very recently. There are so many issues in this province that come and go politically and that have a lasting impact on our social fabric. I believe Bill 21 is one. It's a bellwether of more to come, of what this government represents.

Bill 21, the Ambulance Services Collective Agreement Act, is really, I believe, the employer's thug bill, because it's a big stick. You take it, and you have no recourse. In fact, it's a bill that's about to set the clock back on labour relations in this province. We are going backwards. It is a position that I call a big stick.

We saw with Bill 29, when this government took control, a position that changed a longstanding relationship, a good working relationship, with working people, the labour movement, unions and those who really were giving their lives, giving their worth and jeopardizing their lives, whether it be health care workers or nurses — and above all the paramedics, who are the front line.

They were literally giving their time, their effort and perhaps their lives within a livelihood that is now suddenly shaken. It's being destroyed by something that I believe is very arrogant and pretentious. I think "arrogant" is a very soft word for this piece of legislation, in my estimation. I mean, it is only a brute with a big stick that would put forward such an onerous bill, and that is what we are seeing here today.

That is what Bill 29 was — the "Kill the health employees union" act — when this government first took

over. It was scornful of the relationship over the years, the development that we had with labour and management and the understanding of collective bargaining — a proud history we built in this province that is now being destroyed.

It's now suddenly ripped apart, just like what was attempted with Bill 29, as though some scrap of paper.... A social fabric, a social contract has been put together — so many toilsome long years on picket lines in this province, built on social and labour history where many people.... In fact, some people gave up their lives, when you talk about the mining industry and what happened on Vancouver Island many years ago. It's a long litany to get here, and here we have today a situation where it's all for naught. Here we are again with Bill 21.

You know, hon. Speaker, the government had to eat crow with Bill 29. It had to repeal sections of Bill 29 that prohibited those collective agreements from including provisions that sought to limit and restrict or in any way regulate the contracting-out of non-clinical services.

I have no doubt in my mind that this is where this government would love to go — contracting out ambulance services in small towns. It's almost like they're looking forward to perhaps a post office.... The postmaster would be a multitude of many things, and the postmaster in a small hamlet would probably have an old beat-up car and run around and pick people up and submit his invoices whenever he was called upon. We have to ask ourselves: what does that mean when it comes to training? I want to talk about that as well.

[1030]

It took many years to put together an argument, and I'm happy to say that Bill 29 did go to the courts. It went before the courts. The Supreme Court of Canada in June 2007 ruled parts of Bill 29 illegal and established collective bargaining as a right protected by the Canadian Charter of Rights. It's enshrined, and every chance this government has, it's going to test it.

This Bill 21, I believe, is a fundamental shift that, in its hastiness and almost belittling attempt on the paramedics of British Columbia.... I believe it's somewhat contemptuous. That is what Bill 21, I really think, is all about. It is why it's important to address the aspects of Bill 21, which does not try and reconcile, if you will. It is somewhat representative of a government that's conceited, big-headed, selfish. That is what we see in Bill 21.

We've witnessed the untruthfulness of this government before the election, the promise that there would be a smaller debt, and it mushroomed by three to four times. We heard the aspect that there'd be no HST. After the election here we go. There it is. It's this deceitfulness, the falsehood, where it said one thing during the election and did something very different after the election. Here we are again with Bill 21.

On that side there's no credibility or trust by the people of British Columbia and certainly by those who

are on the front line of delivering our emergency services. Now we have this propaganda or distrust enshrined in this Bill 21.

We can look right at its title. Let's look at its title. It's called the Ambulance Services Collective Agreement Act. "Collective agreement act." Can you believe that they would come up with the audacity to refer to it as a collective agreement? This is an absolute sham. This is imposing the will of the employer onto the employee, and they have the audacity....

We talked, of course, about the deceitfulness that we've seen from this government, the way they gloss things over. Right there on the bill — the title, the subject — there it is: collective agreement act. What a farce. It's an absolute sham. It's trickery, and only the B.C. Liberal government would come up with the audacity to call it that.

What a collective agreement. There's no collective agreement here. Collective? Not. It's forcing, again, the will of the employer on a defenceless group of citizens who are there for you and me. They should be held in the highest regard, on the pedestal of our employees in this province, and they are completely tossing about as though they're a ragbag of disposable entities.

This bill is absolutely outrageous — absolutely outrageous. Collective bargaining is sitting down and working out your differences. It's not running around with a piece of paper and saying: "We're calling it collective bargaining. We're calling it a collective agreement."

It's about negotiating. It's about what makes this province wonderful — to sit together and work our differences out and continue to deliver the services that the people of British Columbia need. That's the nature of collective bargaining.

That is also the nature of parliamentary democracy itself, a system where we sit around, and yes, there are amendments, and yes, there are times listening to the opposition. Above all, you listen to those you're about to hurt the most — those who have mortgages, those who, in my estimation, should be seen as the highest-esteemed of the province in the delivery of our health care systems.

This is a government that believes in conflict. I believe it should be the other way around. It should be about open discussion — something that's transparent, something that we can sit down and work out with people.

That is what Bill 21 is doing. It is here to rip apart that decent way of dealing with our differences in a collective bargaining scenario. Collective agreement act? Agreement? Where's the agreement? There's no agreement here — none, nada.

[1035]

I'll tell you what the agreement is really all about. It's about the inability of this government, which cannot bargain in good faith.... That is what this agreement's all about.

It's interesting. We recently discovered, thanks to the good member — our Labour critic here, the MLA for Burnaby-Edmonds — who exposed the marching orders from VANOC that are forcing the hands of our paramedics....

An agreement is a contract. But I have to ask you: what contract? There's no contract here. This is not a contract. This is a major dispute, and there is no agreement.

Just on the title alone — this falsehood — the B.C. Liberal government is making, I believe, a mockery of the process of collective bargaining. They are absolutely deliberately rubbing salt in the wounds of our working people. That is what this bill is all about. It is a vicious, malicious act. There's no other way to call it. And what a joke. Any rightful-minded citizen will call it the big stick act. That is what it is.

The members on the other side don't get it. They jeer the working people. They hold them in contempt, and they hold our paramedics of this province with such a disdain, and in a disrespectful way. I just don't understand it. I'll be honest. This is how they view the world. They are the captains of industry, and everyone else must come with cap in hand.

We see all the bureaucrats and the benefits, the bonuses that Crown corp executives get. We can talk about all the wonderful tickets we're going to see passed out to friends and insiders for VANOC. Of course, we're talking about the Olympics and all the great venues.

We know what our paramedics will be doing. Yes, they will be doing their best for the Olympics, and yes, they deserve an opportunity to put their message and their case forward. When you think of public health and safety, isn't that what the Olympics should be built on — that kind of security?

We know they don't care about working conditions. You've heard it here before. I think of the hours and hours, of the moments where... I've talked to paramedics. They're running every which way. We have the statistics to show where there are various garages. In my area of North Delta there are 41 calls a day — just in my area alone.

The working conditions. I couldn't do that job. I couldn't. When I was a child, I thought I could. I had a different job awhile back, and I used to see some of the stuff on the road, and how they can do it is beyond me.

This government doesn't care about their working conditions or decent wages. I don't think they care about pensions or better health care for all or equity in this province, where we're all treated equally.

Hon. Speaker, I don't think they care about you or me, your family, and they certainly don't care about the paramedics of the province of British Columbia. They don't care.

This was the vindictive nature of the government of its day. This is the vindictive nature. It was very clear, upon winning the election, that they didn't care. They say one thing, and they do something else.

These are workers who are willing to risk their lives for you and me. They should be held in the highest esteem. They are our heroes, but the pompousness and the rashness of this government turns its back on them. I can tell you that on this side we are willing to stand up for the fundamental rights of workers in collective bargaining in the province of B.C.

So what's in a name? Bill 21, the Ambulance Services Collective Agreement Act. Collective agreement act — it has as much credibility as what happened in the implementation of Bill 29. It, too, masqueraded itself as something different. It was called the Health and Social Services Delivery Improvement Act. Well, improvement it did not do — another untruth. But it mimicked what was to come.

[1040]

Here we are seven years later. How this Liberal government tries to gloss over its dirty deeds. The shoddy mess took us to the Supreme Court — a national embarrassment, a national disgrace, if you will. B.C. was once the proudest province of some of the most progressive collective bargaining processes and legislation in Canada. Now we are the laughingstock. It's all this sneakiness that comes to mind. All the sneakiness of how they implement this nefarious type of legislation.

Friday nights are a typical example of how they try to sneak it through. The press releases, you know. And here we are. We'll probably see the same type of sneakiness during the Olympics. Everybody will be out with their tickets while attentions will be elsewhere and the midnight oil will be burning over there. Some of their specialized hit teams will be with their hired guns finding another way to screw the working person.

Deputy Speaker: Member, would you be careful of your use of language.

G. Gentner: I'm sorry. I withdraw, hon. Speaker.

How they demoralize and upset the people of the province — those who work for a living. That's what's going to happen. Keep your ears to the ground, because we're going to see more Bill 21s being invented while everybody else is celebrating the games.

You can watch the Premier smiling like some Suharto, waving at the crowds, and the OICs, the orders-in-council, will keep churning out. That's how they work.

But I've got to ask the question: why won't the Liberal MLAs stand up now and stand up to a very arrogant Premier. Why don't they stand up and put their life-saving paramedics before the despot? Stand up.

Where is Carole Taylor when you need her most? I had respect for but I had great disagreements with the then Finance Minister. TILMA — I could go on and on. But she came up with a \$6 billion package that included signing bonuses to public sector workers, ensuring labour peace and security through the Olympics.

Where is former minister Olga Ilich? No wonder the moderates, if you want to call them that, left. The extreme right over there is in control. There is not one MLA who is willing to stand up. Stand up.

When the boss finally walks into your caucus room, I'm sure the henchmen slink their way into the room and stare for any discontentment. They're frightened over there. They're not going to stand up for the workers or the people of the province. They're going to let a special group of people within cabinet dictate to them what it's all about. It's about their friends and insiders and corporatism.

There's no real small-l liberal left over there. This government is exposed for what it really is. This Bill 21 clearly demonstrates that.

We know what happens when you basically shake your head and get in line with what's going on with the extreme right wing over there. Just ask the former Attorney General. For four years he ducked; he hid. "It's before the courts. It's before the courts." And where is Wally Oppal now?

Deputy Speaker: I'd remind you that we are talking about Bill 21. We are on second reading of Bill 21, so I would ask you to discuss that bill.

G. Gentner: Absolutely, hon. Speaker.

That's what Bill 21 brings to mind. Bill 21 comes to mind how those members are unwilling to stand up. An apologist will get you nowhere.

There's no improvement in this bill here at all. It's going to create great chaos. It's bombastic. I think it's brassy. It's shameless. It's a condescending view of a government over those who are trying to fetter out a better way of life — a better and decent wage. They deserve better than what this government is offering.

[1045]

How can anyone over there sit and agree with this Bill 21? Many of them will turn their backs as we speak here. Many will somehow shut down their ears. They don't want to listen to it. They don't want at all to hear what's going on. They're part of the jet set, will fly around, spend lots of money for parades and everything else — hundreds of thousands of dollars. But they still, through it, will turn their back to what's happening in this room here, with total disrespect to the paramedics and people working in this Health Ministry.

You know, it sums up this government to a T. It does — the arrogance. Bill 21 strips the union of its right to negotiate. It still amazes me today that this government has the audacity and thoughtlessness to think that it can get away with it, that they can somehow... I don't know how to suggest it, and correct me if you have to, hon. Speaker, but they think they can just sort of goose-step their way over anything that tramples over people's rights.

The government had recanted its Bill 29.

Interjection.

Deputy Speaker: Member.

Point of Order

Hon. B. Penner: Point of order. The member knows the bounds of the debate, and he is clearly exceeding them with his ridiculous comments.

G. Gentner: I withdraw that, hon. Speaker.

Debate Continued

G. Gentner: Government thinks it can march its way.... I won't describe the type of marching, but they can continue and stomp their way over rights people have held very dear in this province. If there was no Charter in this country, constitutional rights in this country, where would we be with this government?

This government would continue to rip and tear collective agreements apart like never before at its own convenience and, of course, for their friends. I don't think they've learned a thing since they had to recant Bill 29. It's quite obvious here with this legislation.

I know that the government opposite doesn't believe in the notion of security for the workplace, which builds a strong community, knowing you're going to be there, not having to uplift your family at a whim of a government and try and find schooling somewhere else, go into a new community because the job is no longer there. That security, that stability, is an instrument that government should be upholding, and they're ripping it apart with Bill 21.

Stability, I believe, is what the Olympics.... It's what the government uses as its flagship. It's there for the future. It's there for stimulus. It's there for our security. There's no security with this bill.

Unlike Carole Taylor, this group couldn't negotiate a dust-off at a preschool birthday party.

Interjection.

G. Gentner: Deep thoughts indeed. They're deep thoughts, because I harken back to when I was a child. As a child....

Even today I still hold the paramedics in this province with the high esteem that most people should be holding them or looking at them with. They should deserve that kind of respect.

You know, we can talk about the recruitment that goes in — the disease, the germs, the horrific situations. They deal with severed arms, accidents. They witness accidents that most of us would never get over, and there's all the stress and the high suicide rates that go with that job. And they've got to be defused. Those services are

not being provided. When you are involved with that type of stress-related job.... There's more related stress than for most of us, certainly most of us in this room.

In recruitment, in the absence of long-term training, there's a need for retention of that training. It's no longer there. It's reflected in the increasing frequency of remote stations. They've got to move back and forth — a lack of staff. It goes on and on. Let's not talk about the care they provide at hospitals, when we've seen the complete collapse of acute care hospitals and emergency systems in our province.

Who is there to care for you in the hallways — the hallway medicine created by this government? It's the paramedic. We're so far behind that instead of getting back on the road, our paramedics have got to stay with their emergency patient.

[1050]

You know, these are self-starters. They have a work ethic. But I want to end with the notion about morale. This is a type of job that when you lose morale, you lose everything, because not only is it a system of caring for those who are in dire need; it is a system whereby you count on the team. You're dealing with triage, call systems. You count on that team. When morale is gone and it's dissipated because of an uncaring government that does not respect them, it's a system that fails. It fails.

I have to tell you that it's a download, also, on municipal government. When you don't have the proper paramedic systems in place and the ambulatory systems, it's up to our firefighters to be the first responders. That's another example of downloading by this government, by the uncertainty created by Bill 21 and the lack to have bargained in good faith.

I'm going to conclude with those remarks, and I have to tell you again that I believe in a province that believes in collective agreements. I believe in a province whereby people are treated with equal rights. I believe in a province that believes that care for our citizens should be above all other needs. I believe in a compassionate province that believes in people and cares for people. I don't believe in a province that puts certain friends and corporate interests ahead of the general population of British Columbia.

K. Conroy: I rise, too, to take my place to speak against Bill 21. This bill is nothing but an attack on the democratic bargaining rights of paramedics in this province. To bring it in now, while the latest offer is being voted on, is unconscionable. To say it is about H1N1 — I believe and I know that people in this province just don't accept that.

I have, as all members of this House have, been getting e-mails and letters to our offices, appalled that this legislation is even being introduced. I agree with them. It is appalling.

We know full well that this is not about the paramedics and their strike and the services to the people of this

province. It's about the Olympics. This is about ensuring that there are paramedics on the job during the Olympics.

Is that a bad thing? Well no, of course we have to have paramedics at the Olympics. But to use this as an excuse to bring in back-to-work legislation is just wrong.

We know that other paramedics across this country have been invited by VANOC to come here during the Olympics to help out, to volunteer. The response that VANOC has gotten from paramedics from across the country is a "no thanks" because they are showing their support of their brothers and sisters here on strike in British Columbia.

If this minister and the government truly believed they needed to settle this dispute, why not get involved sooner in a respectful way. Why not appoint a mediator? Why not support the process instead of hijacking it, and hijacking it for their own purposes? It's just unconscionable.

In our region paramedics are paramount to ensuring people of Kootenay West get the health care they need and should be able to access. Since 2001 there have been a number of closures of hospitals and emergency rooms throughout our region. Many of our emergency rooms have gone to 12-hours-a-day service and no longer provide that 24-7 access that people need.

To ensure health care access in our region, we have to have our ambulances. We have to have our ambulances and our paramedics to get us to all the services that we need.

Kelowna is our regional hospital in our region. It's the hospital where the major emergencies go. We have a regional hospital at Trail, a regional hospital that.... Most people in our region get taken to that hospital by ambulance when they need those services. If they can't be served in Trail, they get ambulated to Kelowna. We need those paramedics to do that, so they work for us by air and by land.

I have 20 years of experiences of dealing with the health care system, and the paramedics have been right there front and centre for our family when we needed them. Whether it was by air, by land, they've been there for us, and they've been a critical part of the health care that our family has received in the last 20 years.

[1055]

They are genuinely concerned, and they care about the health care in our region. They're there, they're responsible, and they're available when we need them. When you live in small communities like we do, we all know each other. The paramedics are there not only to provide that necessary service, that critical service we need, but they're there for us as personal friends, as people that we know, and they care about our region.

We have paramedics in our region who are part-time, who have to drive an hour, hour and a half every day to their worksite when they're called out to make \$2 an hour

— \$2 an hour for eight hours — and then they drive back home. That \$2 an hour doesn't even pay for their gas. It doesn't even come close to making minimum wage.

They're waiting for a call-out. Sometimes they get it; sometimes they don't. But that's been happening for years. We know of professional part-time paramedics who've worked for years, often years in other communities. I know of one who worked for seven years in another community, driving every day to the other community that she worked because she couldn't get a full-time position.

These are issues that need to be bargained, that need to be negotiated at the bargaining table, not to be slammed on them in draconian methods that just don't work in a bargaining process that should be democratic.

We know of paramedics in our area who now have to pay for their own training. In how many jobs, how many professional jobs, do you have to pay for your own training? These are people who are being trained to save our lives, to save our children's lives, our families' lives, our grandchildren's lives. These are people who have been trained to work so that we can all benefit from it, and they have to go and pay for their own training. Where does that make sense?

I want to talk a bit about the paramedics in our region who provide the critical care team services. This was originally a pilot project that has been proven to be one of the best methods of providing services in rural B.C. When I look at Bill 21 and what it's proposing, I think: "How does it leave behind these critical care transport paramedics?" They provide such incredible service in our region, to the point where they even volunteer their time and have worked hard to ensure a helicopter pad at our regional hospital so that people can get their services quicker.

We all know the critical period of time when you're dealing with paramedics, when you're dealing with people that are injured, that are hurt.... We know that there is a critical period of time that if an ambulance, if those paramedics, can get to you, you can survive just about anything.

What these people are doing in our region is they're making sure that they can get to us, that they can get to people that need their services. It is something that we need to recognize and not have these people penalized. They're being penalized by not being able to go through the due process when it comes to the bargaining process, and this is just wrong.

I find it frustrating that what it does is it takes away from these professionals. It takes away when they go to work and they give their all, and it takes away from the morale of the paramedics, and for what? Again, it's not to benefit the province of B.C. It's not to benefit the paramedics. It's not to benefit the people of B.C. It's to benefit a very small period of time when this did not have to happen. It's to benefit the Olympics, and this just did not have to happen. We just did not have to bring this in now.

I hark back — and I know a number of members have harked back — to the '70s, when Premier Barrett at the time created the ambulance services. An e-mail was sent from a person who lived in those days, and I want to quote what this person has said to us. They said:

"Back in 1972 our friend, living in what is now a densely built-up area of greater Vancouver, had a stroke during the day, and it took the private — because they were private ambulances in those days — 40 minutes to arrive to take them to the hospital. As a result of the delay, this person was severely paralyzed for the rest of their life. This is what a private ambulance service does. The doctor at the hospital said that if they had arrived more quickly, they would have recovered most of their faculties in the following few months."

[1100]

That was before we had a public ambulance. That was before we had paramedics that were brought in to make sure this type of thing doesn't happen anymore.

Here we are in 2009, and we're struggling with these very issues in rural B.C., struggling to make sure that paramedics can get to people on time. I mean, we have stats — information from the employer — showing that in the community of Fruitvale, which is in my constituency, in March of this year, 55 percent of the time there were no ambulances available. There were no ambulances available.

We have to ask that question. We have to ask: if the paramedics are of the critical importance that this bill is saying they are, why hasn't it been dealt with before? Why did the community of Fruitvale...? Why are they sitting with 55 percent for the month of March with no services, no paramedics who could be there and no ambulances that were staffed?

The same in Nakusp. The same in New Denver. These are all communities in rural B.C. which, because of the lack of paramedics in this province, are struggling to ensure that we have services.

Will this bill help that? No. Bill 21 will not help this. Bill 21 is directly related to ensuring that the bargaining process is in place for the Olympics. It is not going to ensure that we have better staffing in Nakusp. It is not going to ensure we have better staffing in New Denver. Fruitvale will not get better staffing because of this.

Will our paramedics benefit by it? Well, we've had hundreds of stories about our paramedics and whether they'll benefit by it. In this province we have 66 stations which are designated either rural or remote. That means stations where a lot of those ambulance paramedics are making \$2 an hour. Are they going to benefit by this? Are we going to actually see in the legislation that they're going to make more than \$2 an hour?

Are we going to be able to sustain paramedics in rural B.C. with \$2 an hour? And with this proposed legislation — this proposed agreement — are we going to be able to actually see an increase so that we can sustain paramedics, so that we can keep paramedics in rural B.C., so that we don't have to worry about going back to the '70s, prior to having an ambulance service, where there wasn't enough time and there weren't ambulances

staffed by professional paramedics that could get to people on time?

Rural B.C. shouldn't have to suffer like that. This legislation will not help that. This legislation will not. We've read through the legislation. I can't see anywhere in the legislation where it actually says that the paramedics will get a better rate per hour for working in rural or remote B.C. — that the \$2 an hour call-out will be gone. I don't see it in this legislation.

So we have to look and say: "Why is this legislation coming forward now?" Is it going to help rural B.C.? Is it going to help those remote ambulance sites? No, it's not.

People are looking at it. We're getting so many e-mails, so much information from people saying: "This is not going to help us. This is not going to help us as a community. This is not going to help us in rural B.C. This is not going to help us as paramedics."

The paramedics have seen it. They know, and the paramedics are frustrated in the sense that they are following due process. They are bargaining, thinking that they've got their democratic rights to bargain, and that's been taken away. And we're getting letters from them.

[L. Reid in the chair.]

I want to quote from one of them, from an ambulance paramedic. There are so many of these letters, and it speaks from the heart. These are not my thoughts. These are not the thoughts of the members of the chamber. These are actual paramedics who are living this life every day, who are working in the field, who are out there struggling to make sure that they are going to give us the health care we need, to save lives.

I think Rob Schelski says it best. He says:

"I'm outraged that the government of the day failed to negotiate in good faith with the Ambulance Paramedics of B.C. Despite what your government or the union have to say, neither of the spin masters have addressed the genuine need for negotiation.

[1105]

"On one hand, the union wants parity with other emergency services. That is not going to happen. On the other, the government is trying to balance the books, citing tough economic times. We both know that creative accounting allows numbers to tell whatever story we wish. Somewhere in between this, the truth must be told.

"I am disappointed that the smoking gun of this bill will be buried, that VANOC's threat to cancel the games if the dispute was not settled is the reason, in actuality, for this piece of legislation.

"At the end of the day, you get your way, but do us all a favour, and try not to hide behind the alleged H1N1 pandemic. If the general public is at risk, so are the front-line men and women manning the ambulances throughout B.C. They will also be affected and be unable to staff the ambulances that need to get to the general public."

It goes on and on and on.

I spoke with another woman in my constituency who has a family member who's a paramedic. She talked with them about this current agreement, how it impacts them, what it means to their lives.

Here are some of the highlights about how her family member works. They attend all the same emergency service calls as police and fire, but have very different collective agreements. Paramedics have a higher percentage of job-related injuries and are at greater risk than police and fire, but they earn less money. They are expected to settle for \$2 an hour for on-call wage rate and a \$10-an-hour second-car wage rate while working side by side with fire and police who earn about 30 percent more.

There is still the same number of ambulance cars in the province as there was ten years ago, but there are twice as many call-outs as there were ten years ago. When the paramedics work their various on-call shifts, the wages they're earning do not get factored into their pension contribution. They need to be on a full-time regular shift before they qualify for their benefit.

The basic question is: why are paramedics being treated so differently than fire and police? You have to ask that question. Why is this being done to paramedics? Why is this collective agreement not covering these issues, not dealing with these issues? Why are they being put off and at what cost?

There's another paramedic. He's a resident of the Okanagan, and he's also very upset. I'm not going to read part of his letter, but he's very upset about this back-to-work legislation that's being foisted on them. His claim about the negotiations:

"The Liberals' claim is this is a result of prolonged, failed negotiations. Well, it's hard to negotiate when one party shows up with the same contract offer for the past seven months. That isn't negotiating. That's forcing your terms.

"The first time that we take their offer to vote — and we did so because the government accused the union of not representing its members — we get legislated back to work before the vote is finished.

"And the worst part? This is all based on manipulation and lies. Blaming the legislation on the flu — are you serious? Did the Liberals even try hard when they put together their excuses to share with the rest of B.C.?

"In one of the many TV interviews done over the past few days, the minister said that paramedics have been calling in sick and that we are needed to be at full capacity. Of course we call in sick. We work excessive hours, and daily we work with ill people. It is bound to pass on to us and our co-workers.

"If anything, this showed the true lack of preparedness BCAS had towards the swine flu. I am currently off work because I have the swine flu. However, even though I work more than full-time paramedics, I am classified as part-time, which means I get no sick pay. My wife doesn't work because we can't afford day care for our baby, so she has to stay at home too.

"That means that my reward for covering the gaping holes in the service is nothing — a blank paycheque and an illness that spreads to my family.

"What were the other excuses? Oh yeah, a sudden outpouring of worry about BCAS managers working excessive hours during the strike. How pathetic is that? Paramedics have been doing that for years, and the government ignores us. Now a bit of pressure is put on the employer, and they cry foul.

"I moved to B.C. in 2007. I have already started applying for paramedic positions in other provinces. B.C. is the most expensive province to live in yet has the lowest minimum wage and the

lowest regard for their paramedics. I invite my paramedic brothers and sisters to do the same thing."

That's the sad reality — that we are losing paramedics in this province. We are losing them to other provinces where they know they can get a better rate of pay, where they know they can have better family life, where they know they are respected and honoured and the job they do is respected and honoured.

[1110]

What this legislation is doing is taking away with that respect. It is taking away the ability of these people to negotiate a decent wage, a decent lifestyle.

Not only are we hearing from paramedics, we're hearing from the people in the public. Heather Whitley says:

"I am totally outraged with our present government forcing public employees to accept a collective agreement while the union is in the middle of voting on an offer from the same government.

"My father and their forefathers have been strong union men and have fought long and hard to get where we are. If this bill goes through, I think all union members need to revolt, stay home from their jobs in protest.

"I watch this debate closely and keep optimistic that this bill is defeated."

Well, I think most people agree with her that it is totally outrageous. This is the first time in the history of this province, in the history of the country, that back-to-work legislation is being introduced while there is a vote taking place. While a democratic process is being followed, we're getting the hammer coming down on these people, on the paramedics. It's just wrong.

We had another letter from a paramedic, an advanced life-support paramedic, who's been serving as a paramedic for 22 years. He says:

"Notwithstanding this utterly disgusting attack on my democratic rights and freedoms, this bill epitomizes the contempt, disregard and disrespect you have for the work I do. I spent years training to be a paramedic. I have devoted my life to being the best paramedic I can possibly be.

"I work in a profession with the worst suicide rate in the public service, including all emergency services and health care professions. There's a good reason. We are treated like garbage on a good day, but the moment we are hurt or disabled as a result of the risk to which we are routinely exposed, BCAS turns its back on us.

"There are scores of my colleagues that struggle with job-induced mental health issues every single day. Your efforts to subjugate us have only made a bad situation even worse."

We have to ask why. Why is this happening to these paramedics, who are giving everything to be in the forefront of saving lives, of ensuring we get the medical care we need? What is the response they get from the government? They said: "Sit down. We're dictating what your collective agreement is going to be. It doesn't matter what you've negotiated to date. It doesn't matter. We're stepping in."

Another letter from another family member. The number of family members who have sent correspondence, concerned about this.... They see it. They see the day-to-day lives of what is happening to paramedics. They see it in their family members. They see it, and they

truly understand it. They understand what this legislation, Bill 21, is going to bring down on their family members.

"Please exert any pressure you can on the B.C. government to intervene and help settle the strike by ambulance paramedics immediately, or have an arbitrator appointed. I can't believe the lack of respect being shown to our emergency responders. I'm sure you know the details.

"Morale is at an all-time low in a service that is critical to British Columbia's well-being. Employees of an essential service should be treated as essential. We have a son that is a B.C. Ambulance paramedic. He regularly works 60 to 70 hours per week and is a part-time employee. He just finished a seven-day, 12-hour-per-day stint. On his first day off in seven days, he was called at home while we were there. He was asked to work another shift.

"This pace of work in a highly stressful job can only lead to burnout. The system needs to be revamped."

When you look at what the families are going through, when you see what they're doing, when you see what's happening to our paramedics, you have to ask why again, and we have to continue to ask why.

There's another letter that came from Mission. It's a long letter. It talks about the needs of people here in this province, and it talks about the arrogance of the government in introducing this legislation that takes away the rights of paramedics.

This person's brother-in-law and friends spent months away from their families, serving with the Canadian Forces in Afghanistan, the purpose of which is to "oust the Taliban and bring to the people of Afghanistan the values that we as a nation believe, values that our fellow countrymen and women have continued to fight and die for. It is those rights, as guaranteed in the Charter of Rights and Freedoms, that make this country what it is."

[1115]

To dictate the terms of a collective agreement and take away the right to collective agreement is a slap in the face to paramedics. They put their faith in the process. They softened their position while their employer made the same offer over and over again. Their employer then goes to the government, saying that there is no hope of a negotiated settlement and that the government must intervene for the safety of the public.

Safety of the public? We've been watching the paramedics. They have been working. They have been there. They are on an essential services ruling. I know paramedics who have been out working every day of this strike because they have to. I don't know any people in our region that have suffered due to this strike, except for the paramedics. They are committed to their job. They are committed to their profession, and it's appalling that this is happening to them.

He goes on to say that in the last nine years covered by the 12th collective agreement, they have had zero percent raises while the rest of the world moved ahead. Their total raise was 1 percent, and the employer is feeling that that's unrealistic. They're all paid by salary, which is calculated on a 70-hour biweekly pay period.

The problem for this paramedic and a large majority of their co-workers is that they work 84 hours biweekly, or 42 hours per week. They're paid for a 35-hour work week, and they work long, long hours.

He says:

"My co-workers and I would very much like to negotiate a new collective agreement, including a reasonable wage increase, a standardized hourly rate" — everyone gets paid the same wage for an hour's work; novel concept — "all overtime calculated on the standardized hourly rate, and a commitment from BCAS to work with its employees to develop a formula to determine resource staffing levels so that the citizens of B.C. do not have one ambulance for 300,000 people on a regular basis."

On a regular basis. This paramedic is hitting.... He's saying that these are things that could be negotiated, things that should have been negotiated, things that through the proper democratic negotiating process were there, which could have been done. But they're not.

It's appalling in this day and age in this province that not only is this being dictated and slammed to the paramedics that they have to accept this.... It is appalling that the mere title of the bill note, saying that it's the collective agreement act, is a sham. What kind of collective agreement is dictated to people? We have to look at that, and we have to say that it's just not right.

Another paramedic from Trail says, "It is bullying like this from a government official that makes me disgusted with our current government in power in this beautiful province. Right now, as you may well know, we have been answering calls out of the Glenwood Motel for quite some time due to mould issues in our station" — mould issues that the paramedics have to deal with. Their station is shut down, and they're working out of a motel. What kind of service is that? What kind of working situation is that for the paramedics — that they have to be moved out?

This is happening again and again across the province. We know of other stations across the province. Kamloops — how long was the Kamloops station shut down because of a mould issue, backup of sewer? It's happening everywhere in the province in rural B.C.

These paramedics are not only out there giving it their all to save people's lives; they're in work conditions that are unacceptable. None of us would accept working in mouldy buildings or having to work out of a motel when you're going out to save people's lives. Now, there's really something desperately wrong with that.

Another paramedic talks about the issue with the \$2 an hour. Really, in this province, how many people can work for \$2 an hour, especially highly trained, highly professional people? This legislation does nothing to accommodate that, does nothing to deal with that, does nothing with the retention of ambulance paramedics in rural B.C. because it doesn't deal with the \$2 an hour.

This ambulance paramedic says that he works twice as much as a full-time paramedic for less pay. "I'm a part-time paramedic, equally qualified as a full-time

paramedic with an identical licence, yet I get \$2 an hour. Forget all of that. The fact that concerns me most is that we carry the sick, diseased and ill. Yet if we get sick, paramedics do not receive sick benefits for six years."

Six years they have to work before they even get a single sick day, and they work with gravely ill people.

[1120]

He goes on to say:

"How can paramedics be deemed essential according to the essential service act set by the biased Labour Relations Board and be forced to work for \$2 an hour? You're forced to work, and when you get sick, you have no sick time, no health benefits. If your sickness gets passed to your family, they are not covered and have no health coverage either.

"We have carried this service on our backs for years with more and more demands put on us by our employer, including paying for our training, maintaining our licence and working a second job just so we can subsidize our employment with B.C. Ambulance."

I know so many paramedics in my constituency and throughout rural B.C. who do work as paramedics but also have to have another job to sustain their families. They work at the hardware store. They work at the local grocery store. They work at other places. They work at the mills — the mills that are still operating.

They work at those places, and they're on call. They get called out to go, and some of the employers are great. They'll give those paramedics the okay to leave their employment to go save someone's life. Now, what kind of bizarre situation is that — where we have people working at secondary jobs who have to work in a hardware store and have to have the blessing of their employer to go out on a call to save someone's life? Does this legislation deal with that? No.

B. Ralston: I rise to speak in opposition to Bill 21, which is currently before the House.

Before I speak, I want to also convey to the House some of the personal experiences that I've had with the very effective and dedicated public service that the ambulance paramedics provide. Recently in my own constituency office, one of my constituency assistants experienced shortness of breath and all the classic signs of heart difficulties. We immediately got on the phone and called the Ambulance Service, and they were there within five minutes.

The sense of relief that one has when you see those trained people come through the door to deal with the situation is immense and incalculable. The professionalism with which they conducted themselves... It turned out my constituency assistant had a previously undiagnosed irregular heartbeat, and that was what was causing the difficulty. But that was all brought on very suddenly, and the ambulance paramedics were there to provide the exceptional public service that people in this province are able to count on from them personally.

The service is a significant achievement in public policy in this province. I think it's worth reflecting at

this time that this was a legislative change, the creation of the Ambulance Service, which was brought about in 1974 by the then Minister of Health, Dennis Cocke. When Dennis Cocke died recently, at his funeral there was an honour guard of ambulance paramedics speaking to the great esteem that they held him in and the great pride that he had in launching that initiative as a public service in British Columbia.

Prior to the creation of the Ambulance Service as a public body funded and staffed with proper training, the ambulance service — the pre-hospital care system in the province — was very much a patchwork network where one might rely on good service in one part of a region and poor or no service in another part of the region. There wasn't a set of standards, and there wasn't a centralized dispatch — all of which contributed to unnecessary deaths and serious injuries in the province.

[1125]

That was the goal of creating and consolidating all the private services into one public service — setting a higher standard that would serve the people of British Columbia well. That was a bold visionary move, and it has served this province well.

So it is with some considerable regret that I rise to speak in this debate. The ambulance paramedic service is a group of people that, in my encounters with them, have a tremendous sense of common purpose, an esprit de corps, a pride in their work, a collective sense of accomplishment, achievement and service that's utterly exemplary. It compares with other emergency health services across the country, where our paramedics are recognized as leaders and the Ambulance Service is recognized as one of the best, if not the best, in the country and is looked to as a model by other jurisdictions.

In the course of my duties as a Member of the Legislative Assembly, I have been invited to the retirement gathering for a person who was a long-serving paramedic and spoke somewhat of the service in the Fraser Valley prior to 1974, when the service was consolidated.

Many of the remarks that I've made about the service in general were confirmed, in the sense that this person had started out working for a private ambulance service and had entered into the public ambulance service when it was created. He had a long and very colourful history within the service and was very, very proud of the accomplishments he had achieved personally and that he was able to achieve on behalf of the citizens of the province as an ambulance paramedic.

The hospital pre-care system that's been established here in British Columbia is not a small accomplishment. It's a major accomplishment. It bridges the gap between the injury, wherever it may take place, the accident, wherever it may take place, in those crucial moments. The ability to respond quickly through centralized, accurate dispatch — to dispatch trained personnel to the scene, to treat the person who's injured or suffering

from heart failure or whatever other illness has befallen them — is a very crucial service in the sense that the difference can literally — and this is not exaggerating — be the difference between life and death.

If the response is quick, if it's effective, medically trained intervention and gets that person to an emergency facility as quickly as possible, their life can be saved. If that service is not there, then mortality rates go up very drastically. In setting a context for the discussion of this bill, one needs to bear in mind what this service constitutes.

Recently my colleague — unfortunately no longer with us here in the Legislature, and I can call him by his name now — Charlie Wyse, prior to his defeat, spoke about the Ambulance Service. The perspective of rural members, such as the member from the Kootenays who just spoke, is really important to understanding the service.

The goal of the service was not just to provide intense and effective service within metropolitan regions, where the problems of dispatch and travel are perhaps easier, but to provide a system that extended throughout the province, including to rural areas, on the understandable principle that equality of service and equality of treatment required that wherever illness or accident befell a person in the province, effective ambulance paramedic service should be there to provide the same kind of level of care and treatment that was provided in metropolitan areas.

[1130]

The need or the requirement or the scope of the service that's directed to rural areas is really important to consider. Indeed, that has been the subject of much of the tension, although not all of it, in the service in recent years. Members on this side of the Legislature have raised, on behalf of their constituents, concerns about the working conditions of rural paramedics and the kind of service that is being spoken of.

The member previous to me spoke of service in rural communities in her riding — in Fruitvale, Nakusp and New Denver. Anyone who is familiar with the Kootenays will know that those are certainly not major centres. There has been difficulty, because of the wage structure, in recruiting the paramedics who are required in order to provide that service.

That's not a fault of the union. That's not a fault of the communities. That's a difficulty with the collective agreement and the compensation structure, which I hope to speak about, although I want to make it clear that I am not purporting to engage in negotiations here.

What has happened here.... I think it's useful to reflect upon what is called a strike by ambulance paramedics because it's legally defined as a strike. But in the context of this kind of a service, the Essential Services Disputes Act is applied and the levels of service that are provided are virtually identical to, and in some cases exceed, the requirements of the Essential Services Disputes Act.

So the ability, in labour relations terms, of the union and employees that are members of the union to bring pressure to bear on the employer to settle — that's basically the give-and-take of collective bargaining. Its very basic theory is that the withdrawal of services is intended to bring pressure on the employer to force an agreement at the bargaining table.

The leverage that's given to this union, given the Essential Services Disputes Act, is very little indeed because the Essential Services Disputes Act requires the service to be maintained and the members of the union to remain at work. The actual leverage that can be brought on the situation in traditional labour relations terms is very, very slight, if not at all.

Nonetheless, there are real issues that need to be addressed both on the wage side and on the working conditions and training. There are a number of other issues that are properly discussed at the bargaining table. What is striking about this piece of legislation is that there has been, certainly since the election, a number of bargaining sessions. There was a temporary agreement concluded, or at least an offer being taken to the members. The members are in the very midst of voting on that offer, which would seem to be a pretty normal collective bargaining process — although given the intensity and, I think, bitterness of this dispute, bargaining has been fairly protracted.

At a point when there is a vote taking place, when the membership of the union is exercising its right and duty under the collective bargaining process to pass judgment on the results of bargaining, to then intervene legislatively.... I think it's axiomatic. I think it's a given that it can only and has provoked very, very deep distrust and outrage on the part of those members who are....

[1135]

Given all the limitations that are imposed upon them by their observance of the Essential Services Disputes Act — the very difficult and lengthy bargaining process, the very point that they are voting — to then have the Legislature intervene by the minister tabling this legislation in this House is not only counterproductive; it sets a tone and an environment where it will be very difficult to conclude an agreement in the future.

This is not a solution. The number of issues, thorny though they may be, difficult though they may be, protracted though the negotiations may be, are better resolved at the bargaining table with an ultimate agreement rather than the government, through this legislation, intervening in the dispute.

Once this kind of distrust and bitterness sets in and this kind of legislation is tabled, it damages the bargaining relationship. It creates a legacy of bitterness. It creates a legacy of distrust and makes the presumption that the minister seems to assume in his comments when he was addressing the House very, very unlikely.

The basic wisdom in collective bargaining is that this measure, legislative intervention, is to be used very spar-

ingly. This is clearly not the right time or the right bargaining dispute to use this legislative hammer. It just isn't. From the government's perspective, I suppose, it forms an agreement for a very brief period of time. But the agreement, even by the legislation, expires very soon, and the parties will be back in bargaining before then.

In Bill 21, clause 6: "This Act and the collective agreement constituted under it expire on March 31, 2010." We're obviously in the month of November here. The agreement is going to expire in approximately 4½ months. So for the sake of an agreement for 4½ months, the minister has provoked a wave of bitterness, distrust and damage to the collective bargaining relationship to a vital public service in the province.

This at the very least is bad labour relations policy and at its worst is a calculated thumb of the nose to those dedicated paramedics who provide this vital public service in the province.

My colleagues here have speculated about: "Well, given that this legislation is only enacted for and going to be effective...." The legislation itself expires in 4½ months. The collective agreement expires. Ordinarily, bargaining begins before the agreement expires, so the parties — notwithstanding that they're in the middle of a vote, notwithstanding that this legislation is before the House and the government seems determined to try and force this legislation through — will be back in bargaining, I would anticipate, in advance of the expiry of the agreement. They may well be back in bargaining in January.

It's difficult to see, from the government's perspective, why this incremental step of adding a couple of months to the collective agreement — not resolving any of the thorny and difficult issues, sending the parties back to bargaining almost right away in an atmosphere that is poisoned by the passage of the bill, if the government gets its way on this process — is going to help the situation whatsoever. I think it's right that my colleagues have speculated that there may well be another agenda here at work.

[1140]

The minister offers the explanation in his speech that this is all about H1N1. Therefore, this legislation is required.

It's very difficult to accept that, particularly when one adds the ingredient that was discussed here in this House yesterday — that ambulance paramedics who are front-line health workers, in the priority that's set out for vaccination, should be a priority for receiving vaccinations and have not been able to be vaccinated. Certainly, there were several individual cases advanced here in the House yesterday and publicized.

It seems to be a very contradictory message from the Minister of Health on the H1N1, since he is the minister responsible for that — at least to answer questions here in the Legislature. He can defer that to the chief medical health officer, but he is responsible for the B.C. Ambulance Service. The organization chart shows that it reports to him. He has the power — indeed, the duty —

to manage that operation, and it's completely within his power to direct that that problem be solved.

So it's a very contradictory message, and it's difficult to then know quite what to think. It doesn't sound like, from what I've heard, the public is accepting that. Certainly, ambulance paramedics are not accepting that as the reason why this legislation is being introduced.

To say that it's being introduced because there's a pandemic — yet individual members of the service that you claim as necessary to be fighting out there, assisting in the fight against H1N1, are not being vaccinated in order to do their jobs properly and avoid illness and contamination of the people that they deal with — seems to be very contradictory and effectively undermines the minister's argument and makes it very, very difficult to accept.

It's not surprising that as an explanation, as a rationale for this legislation, it's been rejected by ambulance paramedics. If that's not the reason for the legislation, it's difficult to conceive of what might be the motivation.

Another explanation that's been offered by my colleagues here is that there is some pressure from VANOC, the Olympic organizing committee, who require the support of ambulance paramedics. Yet the Essential Services Disputes Act and the respect that has been shown for that really makes that argument very hard to accept as well.

The Essential Services Disputes Act means that the ambulance paramedics will continue to provide the service in the way that's directed by the Labour Relations Board, and these are lawful orders of the Labour Relations Board. So that argument, again, is difficult to accept.

I'm really at a loss to understand why the minister has chosen to table this legislation. It's very obviously bad labour relations policy. It's not due to the H1N1 epidemic. It's not necessary to fulfil any obligations that are set out by VANOC. So what is the motivation for this legislation, given that it only affords a very, very brief interval before the agreement that the legislation proposes to impose expires?

[1145]

The rationale for introducing the legislative hammer has not been made out by the government. The chief spokesperson on this bill is the Minister of Health, and that's all he had to offer. Looking at his debate in second reading, that's really all he has to say.

He says in his debate at second reading:

"Now, as mentioned earlier, the decision to implement this legislation was not one we made lightly, but it became clear after this length of time, seven months, that we had simply reached an impasse and that there was no realistic possibility of a negotiated settlement between the B.C. Ambulance Service and CUPE 873. Ultimately, this legislation is about protecting patients and ensuring the safety of the citizens of British Columbia."

Well, certainly the last sentence is very high-minded language, but it really doesn't match what the reality of the situation is here — that service is continuing to be provided.

The suggestion that there's some danger to the safety of the citizens of British Columbia is.... Again, I have to be wary of using parliamentary language, but I find that very difficult to accept. There's just simply no evidence, nothing to support that suggestion whatsoever.

Understandably, paramedics are reacting very strongly and very negatively to the introduction of this legislation. Like many other MLAs, I have received e-mails from individual paramedics, and I want to read an excerpt from one. I'm not going to read the name of this person simply because I wasn't able to contact her, and I don't have her consent to read her name into the record.

[Mr. Speaker in the chair.]

She is a Surrey resident. She makes the point that sometimes.... I think it's certainly clear that ambulance paramedics feel that this legislation is symptomatic of a lack of respect for the work that ambulance paramedics do. That's certainly how they are interpreting it. Given the lack of any coherent rationale for this legislation, I'm not surprised that they're taking that position.

One thing she does stress is that the work is not only highly skilled.... I have here a document called *Critical Condition*, which is a lengthy report prepared by the union on ambulance pre-hospital medical services in British Columbia and sets out at some length the training required to become a paramedic. I confess to some embarrassment, as I wasn't familiar with the training modules and the degree to which individual paramedics are required to receive training in a broad range of medical procedures and services that enable them to perform their duties.

One of the criticisms that has been made by those on the management side of the negotiations is that the profession is not dangerous. This individual paramedic really wants to make the point — and I think by reading what she says, I will make the point — that, in fact, there are certainly elements of risk and danger on a daily basis in performing the routine duties of a paramedic.

She says:

"I would like to know why, then, I have walked into routine sick-person calls to find a man holding a knife towards me, or another with a teenager holding a gun to his head. I have been pulled to the ground by my hair and have had to pull patients off my partner to save him from an attack — all of that without pepper spray, flak jackets or guns.

"I have cried with family members over the death of their grandma, and I have held a hysterical child in my arms as their mother died beside us in a car crash while trying to extricate them from the wreck.

"Yes, as you can see, we are greedy, heartless bastards that only want to pad our own pockets."

That's very strong language, obviously, but I think that's very genuine.

She feels that the kind of job done by paramedics — and I support this — is a vital public service where they do in fact enter conditions that I think any member of the public would reasonably regard as dangerous. They

do so as part of their job. They do that willingly, and they do that as part of the service they provide to the citizens of British Columbia.

[1150]

These are important public services that the ambulance paramedics provide, and this particular collective agreement is not.... The way in which this bill is being brought about is not going to solve any of the problems that exist.

There's a proposal to appoint an industrial inquiry commissioner. That's something that could have been done without the necessity of a bill. An industrial inquiry commissioner gives, under the labour relations act, a broad ambit to resolve all kinds of questions in collective bargaining, but that could have been done without the need of this legislation.

Noting the hour, although I do have a few minutes left.... Well, perhaps I'll continue and leave it to another person to adjourn the debate, given that it's not quite the adjournment hour.

I want to conclude my comments by saying that I oppose this legislation. It's unnecessary. It's a legislative hammer. It will damage the bargaining relationship. It will do nothing to improve the ambulance paramedic service in this province. It's a dangerous act done by the Minister of Health without any rationale whatsoever. One can only speculate what motivates the bringing of this legislation, but it's certainly not, in my view, any worthy public purpose.

With those comments, I conclude my remarks.

R. Fleming: I rise this morning to respond to Bill 21. I think, in his summary there, my colleague from Surrey-Whalley has expressed many of the most important points of what this bill symbolizes here in the Legislature.

What it symbolizes is a failure of this government to use the collective bargaining process to improve the situation not just for ambulance paramedics in the province of British Columbia but for all British Columbians, who need to have this emergency service well administered, with strong morale, adequately serviced in communities, with adequate hours of operation, adequate compensation, adequate training — all of those things that could have formed goals-based bargaining for both parties and could have produced a satisfactory outcome.

I mean, nobody is ever perfectly happy or gets everything they want in collective bargaining. But a satisfactory outcome is one that would not require legislation to be imposed forcing a settlement that was not agreed to in the collective bargaining process.

What we're dealing with here today very clearly is an admission of failure by this government — a failure to treat ambulance paramedics with respect, a failure to conclude an agreement successfully that I think would have advanced government's goals in the run-up to what eventually and unfortunately became a protracted dispute months longer than it ever should have been. It should never have gotten to this point. It's an admission

that government has failed to secure things that it ought to have secured through collective bargaining.

I can't think of a better public service than our ambulance paramedics in terms of where there is an alignment between public sector and government goals, improving service and working condition improvements for workers. They're the same thing, for the most part, in this dispute.

You look at the condition of some of the ambulance paramedic stations in British Columbia, the conditions in which our professionals have to work. It is a shambles. I'll speak with some knowledge about how that has dragged on for years and years in greater Victoria with regards to the stations that people work at.

[1155]

I think the legislation itself speaks very clearly to how government failed to see an opportunity to honour and respect and to improve morale in what is a critical emergency public response service in B.C. — over the past year and by imposing a collective agreement.

I'll adjourn debate on this point and reserve my right to speak again after the House resumes in the afternoon.

R. Fleming moved adjournment of debate.

Motion approved.

Committee of Supply (Section A), having reported progress, was granted leave to sit again.

Hon. B. Penner moved adjournment of the House.

Motion approved.

Mr. Speaker: This House stands adjourned until 1:30 this afternoon.

The House adjourned at 11:56 a.m.

PROCEEDINGS IN THE DOUGLAS FIR ROOM

Committee of Supply

ESTIMATES: MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT (continued)

The House in Committee of Supply (Section A); H. Bloy in the chair.

The committee met at 10:07 a.m.

On Vote 19: ministry operations, \$1,394,139,000 (continued).

M. Karagianis: We left off yesterday in discussions about the various cuts and changes to program delivery around the province. I do have a colleague here that wishes to ask questions specifically pertaining to that, and then I'll return to the line of questioning that we were pursuing.

G. Coons: Good morning, Minister and staff. Nice to see you.

I just want to talk about the provincial advisers that were, in lots of people's minds, a cut to direct service, even though the minister has said that there were going to be no changes to services at all and no interruption in services for families receiving the infant development program.

She did talk about, preying upon the fears of those who receive the services.... Again, the minister knows.... She's been to Prince Rupert. I'm not too sure if she's been to Haida Gwaii or down to the central coast — a very unique, diverse and challenging region to try to serve children with special needs and deal with not only the infant development programs but also the aboriginal components of that.

I do have a couple of concerns from every part of my riding — in Prince Rupert, on Haida Gwaii and stretching right down into Bella Coola. The Healthy Beginnings program with the Nuxalk Nation down in Bella Coola. Gail Moody is the coordinator of that.

There's just a bit of a note here that I want to put on record. Healthy Beginnings has concerns that "if the provincial adviser office goes, we will be without the technical supports necessary to do our job."

[1010]

"Many parents in the Bella Coola Valley seek advice and direction from the IDP and the SCD in their search for answers. We were disappointed to learn that the advisers were abruptly dismissed by MCFD with no knowledge of their work of many years." They say that apparently, there is no consultation with advisory workers and no analysis on impact on client services.

I'm just wondering: was there consultation with the advisory workers prior to the cut, and was a client services impact analysis done?

Hon. M. Polak: First, just to provide a clarification again around the positions. The positions that are affected are the two provincial adviser positions and their immediate support staff. Those who work out of those offices as coordinators, consultants — they have various descriptions for their jobs — those positions remain, and they will remain.

Certainly, with respect to the Nuxalk Nation and their concern about Healthy Beginnings and that program, they will continue to be provided with the kind of support and advice that they could expect in the past from the provincial adviser's office, because those people who

would have been providing that advice will remain in place.

In terms of the aboriginal adviser, it's important to note that that position has not been eliminated. We have extended that contract to the end of the fiscal year, and our intent there is to review the activities of that office to determine whether or not we indeed need to continue that position. We recognize that the aboriginal programs are not nearly as well developed as those that are providing service in the mainstream community, such as the infant development program, generally, and supported child development.

When it comes to the way in which these changes were handled, yes, it would have come as a surprise to the individuals, but they were not summarily dismissed or anything of the like. Their contracts were not renewed. Their contracts were up for renewal on the dates when these things were dealt with. While it would have been a surprise to them, they certainly were not summarily dismissed.

We recognize the value of the work that they have provided to communities and on behalf of the ministry for a number of years. But what we recognize is our need to be able to provide all the dollars we can to the very front-line, direct services that affect parents and families every day. We are able to realize a \$600,000 savings that will go directly back into those services, because the budget for both infant development programs and supported child development not only has not been cut but has actually been increased.

So with that, we are expecting that the policy and advisory functions that were performed by the provincial advisers themselves can adequately be performed by the ministry and that, with respect to working with the coordinators and consultants, that role can be fulfilled at the regional level.

G. Coons: Yeah, even though it may not have been a surprise, and their contract ran out, it was after 35 years of providing service to families who have infants with special needs — 35 years. To find out, the day prior to your contract running out, that you aren't going to be providing those services anymore is a real shock, not only to the advisers but to the hundreds of support networks throughout the province, I believe, Minister.

[1015]

I did ask you about... Gail Moody had a question about the client services impact analysis. Was there an analysis done on the impacts that it would have on all of the programs, especially in remote communities?

Hon. M. Polak: It's important to note a couple of things. First of all, the advisers were not let go and shunted out of the office immediately upon being announced that their contracts were not being renewed. In fact, the infant development provincial adviser will

remain in place until the end of December, and we continue to work with her around the transition planning for this.

As well, the supported child development adviser stays in place for a month after the end of the contract. Certainly, while these announcements would have been a surprise to the individuals, we have continued to work with them to ensure a smooth transition. We certainly appreciate the work that they have done on behalf of the ministry over the years.

But that length of time that their positions existed also tells another story, and that is that these positions are historical. They began at a time when these programs were in their infancy and when there certainly wasn't the type of infrastructure that exists currently within the ministry.

As you will likely be aware, we are continuing our move to decentralize the work that we do in the ministry. That means that we are quite confident that along with the enhanced role of our regions in terms of coordinating services in their areas and along with the transfer of child and youth special needs services to the regions and the staff that accompany those, that front-line service will not be impacted.

There was no formal study done with respect to the provincial advisers, nor would I expect there to be, given that this is part of the ongoing staff movement that will take place as we move to respond to various reports around the Ministry for Children and Family Development that have highlighted the importance of enhancing the regional role, as we plan for and deliver services not only for special needs kids but for kids in care and for other children and families in those areas.

We're quite confident that the policy and advisory role that the advisers have played can be fulfilled through a combination of our provincial office and then, in terms of coordination, at our individual regional offices.

[1020]

Again, I want to remind the member that the infrastructure from those offices, in the form of the coordinators and consultants, remains in place and that the only positions affected are the provincial advisers themselves — that's two people — and their immediate support staff. If I'm correct, I understand that they each had two support staff to assist them in their offices, but they were not providing direct service to families.

G. Coons: I realize that the minister understands the complexity of remote and rural communities. The major concern from Prince Rupert... We canvassed this in question period, about the Prince Rupert concerns. There are some on Haida Gwaii, where they talk about... The provincial adviser position is not a layer of bureaucracy. For 30 years it supported families and the consultants every day on issues like best-practice guidelines, ongoing education, constant self-program-evaluation, enforcement of standards.

The concern that I'm hearing — and it's the front-line workers that are writing to the minister and to me — is looking at services to aboriginal kids through those programs and guaranteeing that a family that moves from a Vancouver program to a program on Haida Gwaii or in Bella Coola or Prince Rupert will receive the same level of expertise, support and care.

It's the front-line workers that are concerned with the support they have due to the remoteness of where they are working, as the minister knows, as she's travelled around. A major concern is added support, especially for aboriginal infant development consultants and the like. Throughout the region there are questions of whether or not there would be any added support for the aboriginal programs dealing with the components of the loss of the provincial advisers.

Hon. M. Polak: First, note that these are two positions where the contracts are not being renewed, along with their administrative support staff. The services that they provide are not being eliminated. What is changing should actually serve to enhance services to rural communities. In fact, the provincial advisers were certainly not located in the north.

The move that we will be making, to have the regions providing the consultative services that would have been provided in the past, actually brings those services closer to the areas that you and your constituents are concerned about. It actually should result in an improvement in terms of the service that they receive insofar as being able to consult and have the kind of advice that's necessary to them.

[1025]

When it comes to the overall nature of managing this, in terms of staff, one of the changes that will assist us in providing better service is the fact that we are now in the midst of the transfer of child and youth special needs services from Community Living B.C. to the Ministry of Children and Family Development. That results in about 167 staff moving over. It provides us with an infrastructure of support for children and youth with special needs and for the programs that go with that that we have not had prior to this.

That will also result in the regions now having a dedicated children and youth with special needs manager in each of the areas. So again, it's bringing the services that you're speaking about much closer to the areas that your constituents are concerned about. That, to us, is a net positive.

We want those serving agencies to have very close interaction with our regional offices and vice versa so that we can meet the specific needs of their area rather than having a faraway provincial view as to what services they are being provided.

G. Coons: Yes. Kimberley Larocque from the Haida Gwaii infant development program is a coordinator

there who had the concerns about equal opportunity throughout the province for children with special needs, and she wanted to reconsider the cutting of the backbone of a program that has recognition across the world.

It's difficult at this point in time for the front-line workers in small rural communities like Prince Rupert, on Haida Gwaii, in the central coast and throughout the province to have faith and confidence in the move when they're still trying to grasp this, especially....

The minister knows for sure that when programs are cut, whether they're sports or arts or legal aid or autism programs, in larger communities the slack is taken up by other support groups or agencies or networks and that in small communities there are no support networks to take up the slack. So it's felt right to the heart of the community, and in the Healthy Beginnings in the Nuxalk Nation, they have five programs that depend on this support.

My last question, again, is dealing with the five consultants out of Prince Rupert who had concerns: Anne Falvo, who is the supported child development consultant; Sharlene Wilson, the aboriginal supported child development coordinator; Shirley Duchscherer, the infant development consultant; Sandra Swan, the infant development consultant; Leona Peardon, the aboriginal infant development consultant.

They are expressing their concerns at what's going to happen — not only in the Prince Rupert, Haida Gwaii and the central coast but throughout the province — when these changes or cuts to these programs start to become a reality.

There is one thing that was happening in Prince Rupert. The SCD office was helping with training and was attended by participants from Prince Rupert, Terrace, Kitimat, surrounding villages and the provincial offices through their development funds. It was halfway through a training program that looked at FASD — promoting function and participation and family-centred practice and looking at behavioural concerns and mental health issues.

Dana Brynelsen, the adviser, was key to organizing the next phase. So the question from the region — right from Haida Gwaii through to Terrace, Kitimat and Prince Rupert — is: what is the status of this training with the loss of Dana's position, and who will organize the next phase for the region?

Hon. M. Polak: I'll start in reverse order. With respect to that specific training program that the member is inquiring about, I will endeavour to find out about that specific program for you and will get you some information about that, hopefully, very quickly.

[1030]

But I want to reiterate that the program is not being cut. None of these services are being cut — okay? The

budget is increasing for both infant development and for supported child development. In fact, the funding for infant development programming is at an all-time high. The funding for supported child development has gone up from about \$37.7 million in '04-05 to now \$57 million this year. None of these programs, none of these services, are being cut.

The coordinators and consultants of which the member speaks are not being cut. This is about two positions. They are provincial adviser positions. They had with them administrative support staff. Those are the only positions in question, and the services that they have provided will now be provided through our provincial ministry office and through the regions.

The coordinating work that the consultants and coordinators do will continue uninterrupted. There will not be disruption for families. There will not be disruption for agencies. We continue to work with the provincial adviser for infant development programs and also with the provincial adviser for supported child development programs to ensure that there is a smooth transition as the ministry takes over, through its provincial office and its regional office, the very services that will continue.

To repeat: the programs are not being cut, and the services are not being cut. The difference is in who will provide them and where they will be located when they provide them.

M. Karagianis: I'm sure that my colleague will send that information forward to the minister so that she has those letters available.

I would like to ask just a couple more questions around this issue of changes in service and cuts to things like the EIBI program. I have in front of me here a letter that was sent to the minister. It talks about a specific individual family and their issues around direct funding versus the invoicing program.

I think it really highlights a concern that I hope the minister can answer. In this particular case.... I know that the minister has a copy of the letter from a Ms. Susan Anthony about her situation. She is currently undergoing some health challenges as a result of breast cancer and chemotherapy, but she does highlight here very specific concern around the shift from direct funding to invoiced funding.

She says that her son's behavioural psychologist requires same-day payment, and I've heard repeatedly across the whole array of family concerns here that the shift from the kind of funding that many of them have been managing up to this point has presented some anxieties around the fact that if the government is going to do invoiced payments now, there could be as much as a 30-day-or-greater lag in payment time because of the way government pays these invoices.

Could the minister talk about what will happen in the case of these services — for instance, for Susan

Anthony and for other families who also have service providers, psychologists or others that demand instant payment? In the case of Susan Anthony, she does not have the financial capacity to cover those costs out of pocket herself. She's very concerned about the lag time, and perhaps the minister could address this. I'm sure it's an issue she's hearing from many families.

[1035]

Hon. M. Polak: While I won't speak about the specific case, I can speak to the situation that the individuals find themselves in.

It is common for those who are in that particular field, be they psychologists or many other professionals, to demand, from an individual, same-day payment for service. However, in our experience in the office, when the service provider is aware that there is assured payment — from government, WCB or extended health — then they are willing to change that practice because they are assured of payment. Because there's an established relationship there beyond that of just the individual, there's assured payment.

We are quite happy — and have done many times — to contact the service provider directly. In following up on cases like this, that is our practice, and we have not had any experiences where the service provider has declined to accept a guarantee of payment from government in cases like that. We anticipate being able to resolve any concerns or complaints like this as we make this transition to invoice payment.

I should also add that about a third of our families currently are on invoice payments. We are now meeting the 30-day target quite well, and in fact, our average right now is about 15 days for turnaround of payment.

M. Karagianis: These families that are very concerned now — who would they contact to get some assurance about this or to make those arrangements for the ministry to talk directly to their psychologist or service provider?

Hon. M. Polak: Every one of the families concerned has received a letter from the Ministry of Children and Family Development. They have been provided with information about the transition to invoice payment, as well as contact information both for the website and for a toll-free 1-800 number.

As they approach the transition date.... This is being phased. It's happening on the anniversary of each child's contract, so that would be on their birthdate. As they are approaching that date, our autism funding unit makes contact with the family and then works with them to transition to the invoice payment process.

M. Karagianis: I would like to just ask one more question in this area of program funding and then move into some questions about Community Living.

Has the ministry done an analysis on what the HST impact is going to be on all of these services to families, and is that compensated for in any of the funding this year?

Hon. M. Polak: Well, as I've said publicly on a few occasions, we do not anticipate any impact to families with respect to HST in invoice payment, but HST questions broadly should be canvassed with the Minister of Finance.

M. Karagianis: I'm actually looking specifically at whether or not the ministry has analyzed what the impacts will be to programs like foster parenting. You know, there's a specific funding formula for foster parents. HST is certainly going to add to the costs for those families looking after children.

Right across the range of services that the ministry is responsible for, HST will have impact on all of the families. How is this affecting your decisions on funding and whether or not you'll increase funding — say, to foster families — to compensate for HST? Has that analysis been done on all the various impacts of this harmonized sales tax on children, families and certainly on those that are receiving funding from government?

[1040]

Hon. M. Polak: As with any ministry in government, we have been involved in analyzing that, just as any other ministry has done, with the Ministry of Finance. So questions around the HST and its impact on government services are properly directed toward the Minister of Finance.

M. Karagianis: Will the Minister of Finance, then, be able to answer my questions whether the funding for foster families will increase? Is that that minister's decision, or is it this minister's responsibility around how foster families are funded?

Hon. M. Polak: HST is not applicable until July. We will have a March budget before that time, and questions specifically related to increases to foster families at that time can be addressed.

M. Karagianis: Is government not planning for that ahead of time, then?

The Chair: Member, all questions should be directed towards the budget Vote 19 on the budget estimates for '09-10. The HST is not in effect until July.

Thank you, Member. Continue.

M. Karagianis: Thank you very much, hon. Chair. I'm surprised that the government is so hesitant to answer questions on HST and all these ministry questions. I've seen right across the estimates that this has been a diffi-

cult topic to discuss. However, I'll move into Community Living questions at this point.

I would like to just ask generally... I know we talked a little bit about the budget for Community Living and what's being left behind in the Ministry of Housing and Social Development versus the funding that's coming here, but the transition of those services back into ministry hands — could the minister please give me a status update on all the transition of services?

Hon. M. Polak: Well, I'm pleased to say that the transfer has been fully implemented. It took place on October 31. The staff have moved over. The services have moved over. Letters have gone to all families, about 12,000 of them across the province. We've met with stakeholders along through the process. There is also a 1-800 number if there are individuals out there who have any questions or concerns about their particular file. I'm advised that at this stage we have yet to have anyone call or utilize the 1-800 number.

This certainly took an awful lot of planning and work amongst both our ministry and Housing and Social Development to create such a smooth transition. We're certainly monitoring as we go in the early days to ensure that if there are any challenges for service providers or for families out there, we're catching those. But as yet, things seem to be going smoothly.

In fact, we just released, on November 4, our cross-ministry protocol. That was signed between nine ministries and deals with the transition from childhood services to adult services, so in terms of status, the transition appears to have gone very, very well and was complete on October 31.

[1045]

M. Karagianis: The minister alluded, in her opening remarks, to some responsibility for adult services. Can the minister explain exactly what those responsibilities are?

Hon. M. Polak: It is typically the transition from youth services to adult services. The only adult proper services that we would have would be those dealing with youth formally in care who are aged 19 to 24, and those would be in the area of youth education — the YEAF funding. Beyond that, I am sorry if I made too much of the adult portion. That would be the only place in which we intersect with adult services.

M. Karagianis: That's a little bit more reassuring, then, because I see that the vast amount of funding remained with the Housing and Social Development Ministry, and really a very small, modest amount of funding came with this. I was very concerned about how adult services were going to fit into the Children and Families Ministry.

This process now of moving Community Living responsibilities out to an independent body and then back

in and, obviously, splitting it along the way, leaving part of it — the adult services — with Housing and Social Development, part of this coming back....

Has the ministry looked at the cost of that whole process? It's only been a few years since all of the services were moved out into this independent model, and now they're being split up and moved back into ministry responsibility. Has there been an analysis of the cost of this process of out and then back in?

Hon. M. Polak: There were no transitional costs or associated costs with respect to that work. It was conducted by those who are already in the employ at senior and middle management levels, so there was no impact with respect to the financial aspect of the Ministry of Children and Family Development.

Insofar as transferring the funds, essentially, the funds technically never left the Ministry of Children and Family Development. We managed them on behalf of those who were managing Community Living B.C. When the shift happened in the first place, we continued to manage the funding for them. Again, the financial impact on the ministry was neutral.

M. Karagianis: So the staffing at Community Living B.C., when it was an independent body.... Are all of those staff coming over? I know that the minister mentioned 167 staff. Is that everyone that was employed there? Were those individuals transferred out of the ministry originally, when CLBC was created as an independent body? They've been transferred out and transferred back in. Is that how that staffing has occurred?

[1050]

Hon. M. Polak: Generally speaking, that's correct. When the change was made to have children services moved to CLBC, essentially ministry staff then were transferred over to CLBC. Now that we are receiving those services back into MCFD, staff are transferring back. That, though, of course, is conducted through a preferencing system — and, in this case, many months of planning and identifying which staff — that we agreed to with the BCGEU, CLBC and the PSA.

M. Karagianis: Was there any change in staffing levels through this transition, or has it always been 167 people moving back and forth?

Hon. M. Polak: I don't have the precise numbers, but the number actually has increased modestly. That's consistent with caseload increases and increased budgets to support those caseloads.

M. Karagianis: I'd like to ask some questions now about some of the other functions of CLBC.

There has been a significant vacancy in information around wait-list numbers. CLBC has not put out wait-list information. Can the minister talk about what the current wait-lists are for services, and will that information be part of the ministry responsibilities now?

I know that we talked yesterday about the quality assurance. I would assume that extends to CLBC. It would be very important to know the kinds of wait-lists that exist and what kind of time frame those families are expected to be on that wait-list.

Hon. M. Polak: With respect to the CLBC wait-list and how that is managed, that would be a question to be canvassed with the Minister of Housing and Social Development.

With regard to how we will manage going forward, that would be similar to what we spoke about yesterday with other programs, where we will employ a priority assessment. In other words, there won't be a static wait-list because we will always be responding to those needs assessed of a child that would take priority over another.

So it wouldn't be a static wait-list. It would be one where we are consistently employing a priority assessment to make sure that those children who most need the services are always the ones who are first in line for them.

[1055]

M. Karagianis: Without discussing the wait-list for adult services — because you're right; that's not what we're here to discuss — but for children, is the minister saying that there will be no wait-list for services for special needs children?

Hon. M. Polak: There won't be a wait-list in the sense that one that might expect if one was applying to rent an apartment or something like that, where it's simply.... Once you're on the wait-list and you're No. 3, you move up when No. 1 and No. 2 are gone. It won't be a wait-list like that.

It will be handled based on priority assessment, so necessarily, it won't remain the same. It won't be static. If a new child were to enter our system and need services and if they had a higher-priority need than children who are already on a wait-list of whatever type, then that child would be moved up. It will be a constant assessment of priority amongst children so that those who have the highest need would be receiving the services first.

M. Karagianis: I know that one of the things that the ministry has been concerned about is working on this new functional-based assessment. Is that what the minister is talking about at this point? Is this the functional-based assessment that families have been waiting for?

Hon. M. Polak: No, it is not the same thing.

M. Karagianis: Can the minister please advise me on what the status is of the functional-based assessment process to determine eligibility for children-with-special-needs services?

Hon. M. Polak: When it comes to services for special needs children, there is no hard gate on eligibility the way that there is for adult services. So there is a difference between what we would call eligibility versus what we would call priority. We're looking at providing services on a needs basis to children, and again, there is no hard gate on that as there is for adult services.

[1100]

[J. Thornthwaite in the chair.]

When it comes to their priority on the list, that's a different matter. The determination of their eligibility is not hard-and-fast, as it is with adult services. Where they are on the priority list is relative to who is on the list at any given time.

Sorry, I should just finish by saying that that is not the same as the new assessment tool, because in this case we're talking about work that we're doing cross-ministry through the child and youth special needs framework. Again, there's no hard gate on eligibility when it comes to children's services.

M. Karagianis: I'm a little bit concerned here, then, if there is no real sort of eligibility process. The minister says that there are no wait-lists anymore because those are being assessed for priority at all times. I mean, there are some 7,000 children waiting for autism services. Where do they fit into this picture?

Hon. M. Polak: First, just to highlight a distinction: autism services are very different and distinct from pretty much any other special needs services that are provided because the services are not provided by the ministry. Autism is handled through financial assistance to families, and there is no wait-list for that. That happens immediately upon a diagnosis. So we do not maintain wait-lists for that, because there are not any.

When it comes to what we are describing in terms of our service to children and youth with special needs.... If we were to try to maintain a wait-list that could be published, we would literally be changing it each and every day because of new circumstances with children and because we take in new children every day. So the way in which we manage it is that agencies will often address wait-list pressures by being in consultation with waiting families. If they see changes or if it becomes apparent to them that there is an immediate need, they will often provide service through other services that they have outside of the one that the family is waiting for.

It doesn't entirely replace what would be the best, which is if we could get them into their chosen or their correct service immediately. But certainly, they are not left simply to fend for themselves. Again, it just isn't a traditional wait-list process, because we recognize the need to get services to these families, to these kids, as quickly as we possibly can and to make sure that we're constantly aware of where the priorities are and to make sure that the children who need those services the most are the ones who receive them first.

M. Karagianis: I know that select parent advisory groups met with the ministry last November and talked about this issue of changes to how special needs services were going to be delivered and talked very specifically about this new functional-based assessment practice process. Has the minister said that that's now gone, that's disappeared, and that those conversations resulted in no decision around creating this new process? That's certainly what the parent advisory groups understood — that there was a new eligibility assessment process coming.

[1105]

They want to know at this point where that stands in the ministry's current decisions as they move forward with the responsibilities for CLBC.

Hon. M. Polak: The discussion of functional assessment and the pursuit of it is part of ongoing work as we continue to respond to the work that we do now with children and youth with special needs, as we continue to pursue the cross-ministry work that has been agreed to in our children and youth with special needs framework.

Functional assessment is part of the basket of services that we would be taking a look at. We'd also be pursuing things such as the mapping project from BCACDI, which the member mentioned yesterday, and bringing all that information together to consistently and constantly improve the services that we're providing.

But it's important to note that functional assessment is not about eligibility. Functional assessment is about determining the best available service to meet that child's needs. Really, it is a combination of not only the identified needs of the child but also the available services in whatever area they are at. All of those things work in concert, and they are what we are working toward in the ministry now that we do have the responsibility for children and youth with special needs and as we pursue the cross-ministry framework with Health and with others.

M. Karagianis: I'm glad to hear that this functional assessment is, in fact, not about eligibility. That's really what the families were.... Their understanding, coming out of the meeting, is that that's what the new functional assessment process was going to be about, eligibility. I'm

really glad to hear that it's not, that it's really about just assessing level of service and urgency of service, and all of that.

I want to talk a little bit about IQ testing, though. I've actually had some parents very concerned about IQ testing for children as young as three as part of their assessment. Would the minister like to comment on that?

Hon. M. Polak: Insofar as MCFD's work with children and youth with special needs, it will not involve IQ testing, nor I believe has it ever.

M. Karagianis: That's good news for families as well. There's been a great deal of concern about how you would even begin to test a three-year-old with Down syndrome or other conditions for IQ eligibility.

[1110]

On the other end of that spectrum, the minister talked about the transition to adult services. I know that an order-in-council was delivered on this issue of IQ 70 as a criteria for eligibility for services for children transitioning into adulthood. It's been very controversial, and it's been canvassed frequently, I think, in the House. I know that there was an indication from the minister that will be responsible for the adult services that there's going to be a revision of that. Obviously, the transition is important — that IQ testing is done before special needs youth become adults.

Can the minister talk about when that process will change? What's the timeline for that, and what will the criteria be now for determining how youth transition into adulthood and are still kept safe and provided with adequate services?

Hon. M. Polak: With respect to the criteria for eligibility that would be in place for a young person transitioning to adult services, that would be something to canvass with the Minister of Housing and Social Development. However, in terms of our work in MCFD, what we endeavour to do — and we now have a cross-ministry protocol to make this much easier — is to identify early on, in fact, years prior to a child reaching 19.... We attempt to identify those who are likely to be in need of ongoing adult services, and we work together with Housing and Social Development, with Community Living B.C., because often both are providing services.

We do that now through the announced protocol, which takes in nine government agencies and has been recently signed. We can provide the member with a copy of that protocol if she would be interested.

M. Karagianis: I would be very interested in seeing that, and I thank the minister for that offer. But I certainly know that the issue around IQ testing.... I'm assuming that that is done prior to their 19th birthday. So whose responsibility is it to follow through on the order-in-council

that was established? Are children with special needs tested on their 19th birthday, as they become adults? I would assume that's a bit of a clumsy process — trying to ensure that. So at what stage is that done? Whose responsibility is it to make that determination?

It would seem to me that for the ministry to — suddenly, at the age of 19 — simply let go of all responsibility for those individuals and then whatever the process is that occurs for eligibility or to meet this criteria to receive adult services in the Ministry of Housing.... I would expect that, as the minister said, years ahead there is preparation for those who are obviously high need. But this question of the 70 IQ....

[1115]

Frankly, I have worked with the community. I have done respite with individuals who probably do have IQs over 70 but who, in many cases, are nonverbal, are frequently victims of episodes because of changes in the environment — stress, noise, things like that. Some of them would certainly qualify to have IQs over 70, but most certainly are unable to care for themselves independently — hence, the need for respite for families who are currently looking after those individuals.

So I have a grave concern about where the trigger is for this 70 IQ, because it is not, in my own experience, any determining factor that tells you a full-range picture of the children. As the minister said, these children are evaluated well before they become adults to say who is high need, who is not. It seems to me that the order-in-council that establishes in any way that a 70 IQ is a criteria for anything is very troublesome.

I would expect that the ministry, having this extraordinary care for these individuals right until the day of their 19th birthday, would certainly be the first place that you might determine whether this OIC is enforced by your ministry. Or at what stage? What's the trigger to enforce that?

Hon. M. Polak: When it comes to how the services are divided, the Ministry of Children and Family Development has the sole responsibility for children with special needs and the services that they are provided. But when it comes to the adult sector, it's much broader than that. It isn't just the Ministry of Housing and Social Development or Community Living B.C. There's also Advanced Education and Labour Market Development, Education, Health Services, Housing and Social Development, Public Safety and Solicitor General, B.C. Housing, Community Living B.C., the Public Guardian and Trustee. There are many, many others.

What we've done with the new protocol is ensure that the Ministry of Children and Family Development folks are determining the needs of the child early on so that those dialogues can begin to take place, and we can then determine what the most appropriate service provider is for them as they go forward into their adult years.

It isn't just related to services provided through CLBC or Housing and Social Development. There can be many others that come into play here in terms of providing service to that young person who is reaching adulthood. By identifying that much earlier on, we're better able to match them with the appropriate service.

In terms of the OIC or the appropriateness of it or what the future of it might be, that would be appropriately canvassed with the Minister of Housing and Social Development.

M. Karagianis: If the minister could just correct me, then, on this. It is not the MCFD that administers the IQ-70 test criteria? That's done at what point? At what point in the transition for special needs youth into adulthood is that criteria implemented?

[1120]

Hon. M. Polak: It used to be in the past that if one from MCFD were to go to CLBC and say, "We have this young person who's 14 or 15. We believe they're going to need service when they are 19," the response typically would be: "Well, then come back when they're 19, and that's when we'll deal with it."

The difference that you will see now, in particular through the current protocol that we've just signed, is that a facilitator becomes involved with that family, with MCFD. That facilitator is from Community Living B.C. We are able, most often, to identify the potential for that young person to require adult services, usually around the age of 14 or 15, and begin to work with the family and with that young person at that stage.

It's one of the reasons, though, that the services for adults are much broader in terms of the number of different agencies and the type of service. As we go through that process — and it's quite collaborative now, under the new protocol — if there are issues around eligibility, CLBC would then be managing that, together with the family, through the facilitator.

For our role in this, we would not conduct IQ testing. Our role is to ensure that we've assisted in identifying the array of services that would be available for this young person and identifying which of those would best meet that young person's needs. At the end of the day, the management of criteria for eligibility for CLBC and Housing and Social Development programs specifically would still remain the responsibility of that ministry.

For the others, they may or may not have their own eligibility requirements. Again, we attempt to identify any potential barriers that might exist early on so that we can work with the facilitator and work through our ministry to ensure that they're connected with the appropriate service once they reach their 19th birthday.

[1125]

M. Karagianis: Would the Ministry of Children and Families' determination of the needs for service and level of service take precedence over other criteria, like this IQ testing of 70?

For instance, if it was determined through a facilitator that a youth was very likely to be in need of a high level or moderate level of care and support, does that take precedence over this criteria for a 70-IQ threshold? Who gets the call, then, on what the final determination is on how services are provided once the child turns 19?

Hon. M. Polak: The short answer is that the Ministry of Housing and Social Development retains responsibility through CLBC for managing of their own criteria, but that indeed is the short answer in terms of statutory responsibility.

The role of this protocol is to ensure that we never get to that point, and it's important to note that it's only Community Living B.C. that utilizes the IQ 70 in any way, shape or form. It is our role as a ministry to work with the facilitator and with the family to identify what the needs of that young person may be as they go forward into young adulthood and to connect them with services that would be across the piece in terms of the agencies that I referenced before.

It would be possible that they would be receiving services from an array of those different agencies and ministries. Typically, it would not just be one, but it could be. But the net result of this protocol and the way in which we work together is that there would not be a young adult who would be without service. If they were not provided service through CLBC, they would be provided service through any one of those other numbers of agencies and ministries.

M. Karagianis: The 70-IQ determination certainly was something that was put in place by order-in-council by the government. You're right. It is only being used by CLBC and only since the government enforced it by order-in-council. Before that, it was something that was problematic, but I know that the minister has alluded to something else coming.

Is that this new protocol? When does this protocol take effect? Will that mean that the order-in-council determining that a 70 IQ would be a determining factor will no longer be viable — will be rescinded? Certainly, it would seem, by what the minister is saying, that that no longer becomes a viable criteria under the terms of this protocol, if it is to be fully implemented.

[1130]

Hon. M. Polak: The protocol is in place now, as is the OIC. It remains in place. The protocol governs how we will act amongst our different ministries and agencies to ensure that there is no gap left in service for those young people who are transitioning to adulthood.

In terms of the OIC and the IQ 70, again, that is best canvassed with the Ministry of Housing and Social Development.

M. Karagianis: Despite the protocol and all the best plans, the OIC is still in place and will stay in place, so that can be used as a determining factor to severely alter whatever plan youth may have or family may have. Once the child turns 19, it could be determined by the order-in-council that IQ 70 then changes the entire direction of their services and supports, as it is doing right now, to great distress for families.

I guess we'll have to see how effective the protocol will be. If in fact there's a wall at the end of the road at 19, all bets are off, because an IQ could determine a complete change in the services provided to young people.

I do want to ask about performance measures in all of this, though. We talked a little bit yesterday about quality assurance. I would be interested to see exactly what the scope of quality assurance is in determining performance measures for outcomes in Community Living. There hasn't been a lot of consistency under CLBC's model previous to coming back into the ministry.

Is there a performance measure criterion for determining how successful this new model, new protocol and new-found responsibility are for CLBC under MCFD?

Hon. M. Polak: First, I just want to address the comments around the role of IQ 70 with respect to our planning for young people entering adulthood.

It wouldn't alter their plans one bit, because the whole idea of the protocol is that we are working side by side with CLBC and with the eight other agencies and ministries who are part of the protocol so that there would be no surprises. All the way along everything would be planned with knowledge of things such as the criteria for CLBC.

The criteria for CLBC are just that. It's for CLBC alone. There are a range of services for adults with special needs that don't touch CLBC at all. But all of the planning all the way through would be done, recognizing what various eligibility requirements there were for whatever programs were out there.

This gives certainty to families. There wouldn't be changes, because we would be aware of both the young person's needs and our capacity to provide support all the way through. When they reach 19, there would already be a plan in place for what services are going to be provided for them. Whether or not those are through CLBC, they would still receive service.

When it comes to performance measures, one of the values of having children and youth with special needs now being brought back into MCFD is that we will be able to include that as a component of what we do in our overall work as a ministry.

You'll be aware that as we work through the transformation of our ministry, we are taking a look at children and families along a continuum as opposed to having them siloed into specific categories.

What we anticipate through our enhanced quality assurance, now that we have a team developing that along with our Strong, Safe and Supported operational plan, is that we would then be able to take a look at every child with whom we come into contact, whether they are children in care or whether they are receiving services as children and youth with special needs. We would be able to take a look at the outcomes in all areas for each of those individual children that we have had responsibility for in one way or another to provide service.

It's part of our overall new framework that we are implementing through Strong, Safe and Supported. The fact that we now have children and youth with special needs back under the umbrella of the Children and Family Development Ministry means that we will have a great opportunity to be able to look at outcomes not just for children in care, not just for those who are on the child and youth special needs track but to be able to look at each child individually as they present along that continuum.

M. Karagianis: I know that I could probably ask more questions about the IQ 70, but I think that this is actually a good stepping-off point in talking about performance measures and the continuum of services to ask some questions, then, about the Hughes recommendations and the implementation. I was actually very pleased to hear the minister refer to the Hughes recommendations in question period the other day.

At last count there were some 15 recommendations that were still not complete. Could the minister give me an update on where we stand right now with implementing those remaining recommendations from the Ted Hughes report?

Hon. M. Polak: There are no recommendations of the Hughes report that are not completed. There are those that by their very nature are ongoing. They will continue to be ongoing, as they were intended to be, but there are none of Ted Hughes's recommendations that have not been implemented.

M. Karagianis: Without getting into listing each of those items, I will certainly take the minister's word at face value that those 15 that were outstanding have now been met substantially.

I'd like to ask a little bit, then, about the recommendations that come from the children and families representative, because they obviously fit as a companion piece to the Hughes recommendations. There are dozens of these that are still, I think, in progress. There are timelines on many of these.

Does the minister...? Is she able to give me a bit of a status report on the variety of recommendations that the children and youth representative has made? I know that many of them have timelines attached to them as well. I'd be interested to hear.

[1140]

Hon. M. Polak: First, I want to say that I would distinguish between the Hughes report and the reports that the representative produces. I wouldn't say that they are companion pieces. They have a very specific purpose, and they relate to specific cases and specific reviews on given topics that the representative has provided.

They certainly are not standing along the same plane, if you will, or taking on the same nature as the Hughes recommendations, which were overall related to the activities of the ministry with respect to child protection in a very broad and forward-looking manner. The representative's reports are very focused and are directed at specific cases and at specific topic areas that she's chosen to review.

Other than the two most recent reports, the ministry has responded in some detail with respect to all of the other reports. We do not always align with the time frames that are in place in the reports, and that's very often just a result of the nature of the work involved. Again, very often, as with many of the Hughes recommendations, many are ongoing.

We are in frequent, ongoing communication with the representative's office to ensure that they're aware of progress with respect to recommendations in reports or with respect to alternative actions that we've chosen to

take in some cases. That is precisely why the recommendations flow from reports. They are recommendations. Through dialogue with their office, we then seek to be able to determine plans to put in place to ensure that we are responding appropriately.

M. Karagianis: Certainly, I know that there are a vast number of issues that come out of these reports. I was only really going to focus on those that were specific to some of the ongoing processes that the ministry has talked about as part of this budget.

I know that the Children and Youth Representative was particularly interested in the training activities aligning with the quality assurance program that has been implemented. We talked about that a little bit yesterday. There was some concern here, specifically coming out of a couple of the reports, around the training for staff and supervisors around this quality assurance program. Can the minister give me any update on how that training has proceeded?

Hon. M. Polak: Perhaps this is an appropriate juncture at which to say, with regard to discussing training activities around quality assurance that the member is raising, that it would be helpful to know which report that is coming from.

Noting the hour, I would move that the committee rise, report progress and seek leave to sit again.

Motion approved.

The committee rose at 11:45 a.m.

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