



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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Second Session

TUESDAY, SEPTEMBER 30, 2014

TABLE OF CONTENTS	PAGE
PRESENTING AND READING PETITIONS:	
TIR: Rte. 3 (Argyle) - Pave, Hon. C. d'Entremont.....	98
INTRODUCTION OF BILLS:	
No. 5, Government Restructuring (2014) Act, The Premier.....	99
No. 6, Petroleum Resources Act, Hon. A. Younger.....	99

NOTICES OF MOTION:

Res. 22, Health: Bill No. 1 (Clauses 83 to 104) - Remove, Hon. C. d'Entremont.....	99
Res. 23, Prem. - Collective Agreements: Flip-Flop - Recognize, Hon. M. MacDonald	100
Res. 24, MacLeod, Brian - Golf Accomplishments, Ms. L. Zann.....	100
Vote - Affirmative.....	140
Res. 25, Goodwin, Evelyn (Dodo) - Prov. Remarkable Senior Award (2014), Hon. S. Belliveau	101
Vote - Affirmative.....	140
Res. 26, Clory, Connor et al: Special Olympics Can. Summer Games (2014) - Achievements, Hon. David Wilson	102
Vote - Affirmative.....	140

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS:

No. 1, Prem.: Health Merger - Process, Hon. J. Baillie	103
No. 2, Prem. - Health Care: Collective Agreements - Arbitration, Hon. M. MacDonald	104
No. 3, Premier: Health Care Legislation (Bill No. 1) - Motivation, Hon. C. d'Entremont.....	106
No. 4, LAE: Health Care Workers - Union Representation, Hon. F. Corbett	107
No. 5, Prem.: Hydraulic Fracturing Rept. - Response Explain, Hon. J. Baillie	108
No. 6, Prem.: Health Merger - Min. Estimate, Hon. M. MacDonald	109
No. 7, Health & Wellness: Inverness Hosp. CT Scan - Procurement, Mr. A. MacMaster.....	110
No. 8, Prem.: Health Merger - Upheaval Confirm, Hon. David Wilson	112
No. 9, Nat. Res. - Boston Trip: Kings So. MLA - Inclusion, Mr. J. Lohr	113
No. 10, Prem.: Bluenose II - Cost Increases, Ms. K. MacFarlane	115
No. 11, TIR: Victoria Co. Ferry - Repairs Explain, Mr. E. Orrell.....	116
No. 12, Prem.: Health Care Plan - Worker Retention, Hon. M. MacDonald	118
No. 13, TIR - Scotian Ferry: Service Interruption - Reasons, Mr. E. Orrell.....	119
No. 14, Health & Wellness: CT Scanner - Option Explore, Mr. A. MacMaster.....	121

GOVERNMENT BUSINESS:

PUBLIC BILLS FOR SECOND READING:

No. 1, Health Authorities Act

Hon. L. Glavine.....	123
Hon. C. d'Entremont.....	125
Hon. M. MacDonald	129
Mr. E. Orrell.....	140
Hon. David Wilson	143
Mr. T. Houston.....	159
Hon. F. Corbett	163
Mr. C. Porter	175
Hon. S. Belliveau	190
Hon. D. Peterson-Rafuse.....	196
Ms. L. Zann.....	209
Mr. Gordie Gosse.....	221
Vote - Affirmative.....	228
ADJOURNMENT, House rose to meet again on Wed., Oct. 1 st at 8:00 p.m.....	229



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, SEPTEMBER 30, 2014

Sixty-second General Assembly

Second Session

7:00 A.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKER

Ms. Margaret Miller

MR. SPEAKER: The honourable member for Argyle-Barrington.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, I stand today on a point of order regarding the public gallery above. Last evening there were a number of visitors to the gallery, but a number of them were sent away because they did not have access to the east gallery. If anyone paid attention last night, the east gallery was filled and blocked off by a number of Liberal staffers. I have never seen so many staffers sitting in the public gallery in a very long time. It did not afford the opportunity for the public to come here and listen to the proceedings of the House of Assembly.

I would ask you, Mr. Speaker, under your authority in this House, to look at the procedures with the visitors to this gallery and the access. I mean, if staffers are going to block it off, I think that's very much an injustice and very embarrassing, to block off and completely take up every seat within that gallery so that they could not be here to listen to the proceedings on the floor of the Assembly. They are allowed to be here, just like you guys and gals are allowed to be here, so I was hoping you could rule on this very important issue.

MR. SPEAKER: I will take that point of order under advisement, and I will get back to the House at my earliest convenience. Thank you.

PRESENTING AND READING PETITIONS

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

MS. LENORE ZANN: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

MR. SPEAKER: Order, please. It's early, I know. We'll get on track here. We're on Presenting and Reading Petitions.

The honourable member for Argyle-Barrington.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, I beg leave to introduce a petition entitled "Petition for repaving of Route 3 through Argyle From Argyle Head to Pubnico Head":

"The condition of Route 3 is in deplorable condition through the community of Argyle from Argyle Head to Pubnico Head. There are many rough sections with patches over patches and the collection of water is causing dangerous hydroplaning in many spots along this road.

We, the undersigned, call on the Government of Nova Scotia and the Minister of Transportation and Infrastructure Renewal to ensure this road is rebuilt and repaved as soon as possible."

There are 467 signatures, and I have affixed mine as well.

MR. SPEAKER: The petition is tabled.

PRESENTING REPORTS OF COMMITTEES

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

INTRODUCTION OF BILLS

Bill No. 5 - Entitled an Act Respecting the Restructuring of Certain Government Departments. (The Premier)

Bill No. 6 - Entitled an Act to Amend Chapter 342 of the Revised Statutes of 1989. The Petroleum Resources Act. (Hon. Andrew Younger)

MR. SPEAKER: Ordered that these bills be read a second time on a future day.

NOTICES OF MOTION

MR. SPEAKER: The honourable member for Argyle-Barrington.

RESOLUTION NO. 22

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas patient care, health care worker concerns, and taxpayer interests are best addressed if provisions of Bill No. 1, an Act to Provide for Health Authorities and Community Health Boards, that relate to the reorganization of labour relations of health authorities and their employees should be considered by this House separately from the provisions relating to the amalgamation of health authorities;

Therefore be it resolved that notwithstanding any rule or usual practice of this House, Clauses 83 to 104 of Bill No. 1 be removed from that bill and do compose a new bill; that the new bill be entitled an Act Respecting Reorganization of Labour Relations Between Employers and Employees of Health Authorities; that the new bill be deemed read a first time, be assigned a bill number, and be ordered to be read a second time on a future day; that Bill No. 1 retain the status on the order paper that it had prior to the adoption of this order; that the Chief Legislative Counsel be authorized to make any technical changes or corrections that may be necessary to give effect to this motion; and that Bill No. 1 be reprinted as amended.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

I hear several Noes.

The notice is tabled.

The honourable Interim Leader of the New Democratic Party.

RESOLUTION NO. 23

HON. MAUREEN MACDONALD: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas during last year's provincial election, the Leader of the Nova Scotia Liberal Party took out a newspaper ad in The Chronicle Herald; and

Whereas in this ad, an open letter to nurses, the Leader indicated that if elected his Party would protect collective agreements for nurses; and

Whereas yesterday this government introduced legislation that takes away the right of front-line health care workers to make their own choice of who will be their voice in collective bargaining;

Therefore be it resolved that this House of Assembly recognize the blatant flip-flop stated by the Premier and the complete lack of respect his Party and government hold for health care workers in Nova Scotia.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

I hear several Noes.

The notice is tabled.

The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

RESOLUTION NO. 24

MS. LENORE ZANN: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Brian MacLeod, a visually impaired resident of Truro, won the 2014 Australian Open; and

Whereas immediately following that win Brian went on to win the 2014 ISPS HANDA World Blind Gold Championship; and

Whereas Brian had a busy summer which included tournaments in Cleveland, Dublin, Belfast, and the Canadian Open at the Mountain Gold and Country Club;

Therefore be it resolved that the Nova Scotia Legislature congratulate Brian MacLeod on his many accomplishments, and wish him great success in his future golf tournaments.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

I hear several Noes.

The notice is tabled.

The honourable member for Queens-Shelburne.

RESOLUTION NO. 25

HON. STERLING BELLIVEAU: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Evelyn (Dodo) Goodwin has worked nearly two decades promoting awareness of mental health issues, particularly depression, and is responsible for creating and running a peer support group for people with depression, called Care and Share; and

Whereas Ms. Goodwin organized an annual event during Mental Health Week to raise awareness and reduce the stigma associated with depression; and

Whereas in 2014, Ms. Goodwin received a provincial Remarkable Senior Award for her leadership and community service in Shelburne County;

Therefore be it resolved that his House of Assembly recognize the efforts and contributions made by Evelyn (Dodo) Goodwin in her work to promote mental health in her community and congratulate her on receiving the Provincial Remarkable Senior Award in 2014.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

I hear several Noes.

The notice is tabled.

The honourable member for Sackville-Cobequid.

RESOLUTION NO. 26

HON. DAVID WILSON: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Special Olympics Canada Summer Games were held in Vancouver, British Columbia from July 8-12, 2014; and

Whereas Team Nova Scotia was represented by 79 athletes including Sackville residents Connor Clory and Samantha Waite for Athletics, Robert Deal for golf, and Tyler Seto and Justin Martell for swimming; and

Whereas Team Nova Scotia competed in athletics, soccer, softball, swimming, bowling, powerlifting, golf, basketball and bocce, and brought home a total of 67 medals;

Therefore be it resolved that this Legislative Assembly congratulate Sackville residents Connor Clory, Samantha Waite, Robert Deal, Tyler Seto and Justin Martell for their achievements at the 2014 Special Olympics Canada Summer Games and extend best wishes to all members of Team Nova Scotia.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

I hear several Noes.

The notice is tabled.

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

MR. SPEAKER: The time is now 7:18 a.m. We will conclude at 8:18 a.m.

The honourable Leader of the Official Opposition.

PREM.: HEALTH MERGER - PROCESS

HON. JAMIE BAILLIE: Mr. Speaker, my question is to the Premier. Nova Scotians expect this government to get this health merger right. No one moreso than the patients that rely on that system every day. The health experts that we have spoken to over the last little while all say that the best way to proceed is to take it one step at a time to ensure that there is a proper merger of health management and then move on to realigning the health care unions. That way, there isn't too much turmoil at the same time and patient care will always be paramount. But that's not the way the government has chosen to proceed. They've picked one bill, right now, all at once with all the turmoil that that entails.

I would like to ask the Premier, Mr. Speaker, how can he ensure Nova Scotians, particularly those that are in our health care system, that their care will be protected when he has chosen the most disruptive method of proceeding?

HON. STEPHEN MCNEIL (The Premier): Mr. Speaker, first of all, the Leader of the Progressive Conservative Party suggests we're not going fast enough, now today he accuses us of going too fast. This bill is about protecting patients, it's about protecting workers, and most of all, it's about ensuring that this health care system is sustainable in the future.

MR. BAILLIE: Mr. Speaker, there are times when I have to say that this government is a hard one to even agree with. They campaigned on a pledge to merge the health authorities; we campaigned on a pledge to merge the health authorities. We're prepared to work on getting that done, whether it's fast or slow is not the issue. Getting it right and protecting patients while this happens is the issue that's at question today and many Nova Scotians are watching as we meet here at seven o'clock this morning wondering, what's the rush? Why all the turmoil all at once? What is the deadline that the government has set, and why?

We know that last Spring the Premier brought a bill into this House that he, on the one hand, told health care workers would preserve the right the strike. On the other hand, he told Nova Scotians he was ending strikes in health care. The fact of the matter is, Mr. Speaker, it turns out there is a deadline. There is another strike in health care coming our way very soon with Capital Health nurses. So I would like to ask the Premier if he would just admit to this House that the reason for the rush is that his plan on health care strikes from last Spring didn't get the job done and he's trying to paper that over with this bill today.

THE PREMIER: Mr. Speaker, last Spring we brought in essential services legislation which respected the rights of workers in this province to strike. At the same time we were respecting the right of patients to understand, in their community, they have core health care services, no matter what happens at the bargaining table.

Mr. Speaker, this piece of legislation is bringing together nine different health authorities under one employer. We have negotiated and talked with major unions across this province and they told us very loudly and clearly, they all wanted to be preserved. That bill does that. At the same time it respects the collective agreements of things that workers have earned. No worker will lose anything. At the same time it makes this system sustainable in the long run.

MR. BAILLIE: Mr. Speaker, I don't know how the Premier can tell health care workers that nothing will change and tell all Nova Scotians that everything has changed, all at the same time. The fact is we want to make sure that the health merger goes through properly and correctly, in a timely manner, in an orderly way that puts patient care first and protects patient care. Causing more confusion is not the way to do that.

Just on the weekend, Mr. Speaker, the government changed the position on how it is going to handle the health workers' ability to organize two times: first they said they were going to legislate it and then they said oh, no, that was a mistake, we're not going to legislate it, we're going to deal with it in a different way and now we know it's going to go to a mediator.

Mr. Speaker, it creates confusion. It makes people wonder if the government actually has the ability to get this done in an orderly fashion. My question to the Premier, who has changed his message to health care workers three times on the weekend alone, why wasn't he just up front with them in the first place on his plans for their ability to organize?

THE PREMIER: Mr. Speaker, I'm very proud of the work the Minister of Health and Wellness has done. I'm very proud of the work this government has done. I'm very pleased with the work that the union leaders have done in supporting us to get to this point around this piece of legislation. This protects workers' rights; it protects patients, and it protects the system.

MR. SPEAKER: The honourable Interim Leader of the New Democratic Party.

PREM. - HEALTH CARE: COLLECTIVE AGREEMENTS - ARBITRATION

HON. MAUREEN MACDONALD: Mr. Speaker, my question through you is for the Premier. Prior to the election last year the Premier told CTV's Steve Murphy during a leaders' debate that he wanted to be remembered as someone who kept the promises he made during the election. Prior to the election the Premier ran an open letter in the *Chronicle Herald* where he specifically promised to maintain all existing health care collective agreements. I'll table that letter.

Mr. Speaker, can the Premier please explain why he has broken this promise by having an arbitrator determine which collective agreements are kept and which are discarded.

THE PREMIER: Mr. Speaker, I would encourage the honourable member to actually read the bill. The arbitrator will determine who is in the four categories, which the union leaders agreed upon. Anything else will happen at the bargaining table. No health care worker in this province is losing anything associated with this piece of legislation.

MS. MACDONALD: Well, Mr. Speaker, that's why there's nobody outside this House of Assembly, I guess. In the same pre-election open letter the Premier promised to respect the rights of nurses and health care workers. Today I'd say it's safe to say that health care workers in the Province of Nova Scotia aren't feeling all that respected by this government.

My question for the Premier is, why has he chosen to throw the entire health care system into upheaval by forcing mergers and suspending bargaining rights, instead of adopting the solutions that were provided to him by the four health care unions?

THE PREMIER: Mr. Speaker, I wonder if the honourable member could enlighten this House on what was actually provided by the four union leaders. They were proposing the status quo and that is one thing, when they were in government, even that member didn't agree with.

MS. MACDONALD: I believe that the four unions were proposing the model that is working quite well in B.C. and were very prepared to bring the collective agreements down to four.

Mr. Speaker, that's not the point. The point is the legislation that we now have in front of us. In the ad that I previously tabled, the Premier promised health care workers that he would respect all their hard-earned rights and collective agreements. My question for the Premier is, how does taking away the rights of health care workers to determine who speaks for them respect all of their rights?

THE PREMIER: Mr. Speaker, this bill doesn't do that. Let me be clear to the Leader of the NDP; what was brought forward by the union leaders was not the B.C. model. In B.C. unions come together separately and then they send one person to bargain at the table with government. What was being proposed by the union leaders is that they all come to the table, bargain on the things that they can agree with and then we set aside side tables to negotiate the things individually. How is that any different than what we have in front of us?

What this bill is about is protecting the rights that workers have earned, protecting the things they have earned at the bargaining table. This bill will do so. It will also ensure

that patients can ensure that health care services are there and it will ensure the system is sustainable in the long run for all Nova Scotians.

MR. SPEAKER: The honourable member for Argyle-Barrington.

PREM.: HEALTH CARE LEGISLATION (BILL NO. 1) - MOTIVATION

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, in 2007, while in Opposition, the Premier said that labour issues in Nova Scotia are not the cause of problems in our health care system. I'll table that. He explained that patients feel the same problems in our health care system about a shortage of doctors, nurses and wait times. He went on to say that picking a fight with our health care workers is not ensuring that Nova Scotians have access to the quality health care that they expect each and every one of us here to protect and deliver for them.

My question to the Premier is, if picking a fight with health care workers doesn't protect health services for Nova Scotians then why has the Premier put on his boxing gloves?

THE PREMIER: Mr. Speaker, I'm not sure where the honourable member is coming from on his question. This bill is about protecting workers' rights. This piece of legislation ensures that every worker can retain the rights that they have earned at the bargaining table and at the same time it's protecting patients and making sure the system will be there for them in the long run and to make sure it's affordable for all Nova Scotians.

MR. D'ENTREMONT: Mr. Speaker, on that same day the Premier asked the former Premier to abandon his campaign against unionized health care workers and get down to the real issues facing Nova Scotians when it comes to health care. I'll ask the Premier the same question; it's high time this government thought about patients, will the Premier get down to the real issues facing Nova Scotians in health care?

THE PREMIER: Mr. Speaker, I'm very proud of the work that the Minister of Health and Wellness has been doing our first year in government. We are moving forward to ensuring that health care services will be in communities across this province. Nova Scotians can expect to know what services will be there. We're working towards ensuring that we streamline administration across this province. We're making sure that the system is sustainable in the long run.

MR. D'ENTREMONT: Mr. Speaker, in 2007 the Premier said of a bill limiting the right to strike, "the proposed cure is worse than the disease." I'll table that as well. This government is facing their third cure worse than the disease in less than one year. In light of the serious issues on the minds of Nova Scotians, does the Premier think that it's time for more turmoil in our system that this bill creates?

THE PREMIER: Mr. Speaker, I'm not sure where the House Leader of the Progressive Conservative Party is coming from but little wonder because no Nova Scotians know where they stand on any issues.

MR. SPEAKER: The honourable member for Cape Breton Centre.

LAE: HEALTH CARE WORKERS - UNION REPRESENTATION

HON. FRANK CORBETT: Mr. Speaker, my question is for the Minister of Labour and Advanced Education. Earlier in the Spring the Minister of Health and Wellness said that he wanted one union to represent all nurses and didn't want workers to vote on which union they wanted to represent them. I will table those remarks. That sparked a question from myself to the Minister of Labour and Advanced Education and the minister's response, ". . . there is no legislation of this kind planned" I will also table that. My question through you to that minister is, why does she think it's okay to tell health care workers one thing and do the exact opposite?

HON. KELLY REGAN: I thank the honourable member for the question. Yes, I did make those comments, but I would note that the member in question asked me if I had any plans to introduce legislation and I did not. I further went on to indicate that I had never spoken to the Minister of Health and Wellness about this issue. So that's why I said what I did.

MR. CORBETT: Well, Mr. Speaker, that's the first piece of information we got from this government in a long time - that the Minister of Labour and Workforce Development is out of the loop.

The minister promised Nova Scotians, "This government will respect the desires of the health care union members in which union they want to belong . . ." - I'll also table that. So I want to ask through you, Mr. Speaker, for the minister to please explain how the government is keeping this commitment.

MS. REGAN: I thank the honourable member for the question. As I indicated at that time, I had had no conversations with the Minister of Health and Wellness about any potential legislation. I did know that this government was concerned about the concerns of health workers and I knew that we would want to consult with them, and that's what happened during the summer. Thank you.

MR. CORBETT: You know, it kind of amazed me when I saw the bill yesterday and I saw that everything from mediation to arbitration landed on the lap of the Minister of Health and Wellness and not the Minister of Labour and Workforce Development. Now I understand how that loop works; it's a very small loop. So instead of improving front-line care, this government is causing chaos in the very system it says it wants to protect.

Through you, Mr. Speaker, when will the minister and her government wake up and realize they've got their priorities all wrong?

MS. REGAN: Unfortunately consensus was not reached during the conversations this summer. My role going forward will be to assist the Parties if they need an arbitrator. Thank you.

MR. SPEAKER: The honourable Leader of the Official Opposition.

PREM.: HYDRAULIC FRACTURING REPT. - RESPONSE EXPLAIN

HON. JAMIE BAILLIE: Mr. Speaker, the Liberal Government's political decision to outright ban shale gas development has drawn much criticism, particularly from the members of Dr. Wheeler's expert panel. In fact, one of the members, Brad Hayes, who's an expert in this area, says they ". . . saw fit to impose a ban on fracturing, which was not recommended in the report, without spending even a week to carefully consider the findings and recommendations presented . . ."

I will table that for the benefit of the Premier in a moment here. My question is, why did the government spend over \$100,000 on an expert report, only to throw it out without even trying?

THE PREMIER: Mr. Speaker, I appreciate the question. Let me be clear. Dr. Wheeler and his committee went around the province and spoke to Nova Scotians, who came out loud and clear, raising concerns that there was more to learn about whether or not the Province of Nova Scotia wanted to have hydraulic fracturing in this province. The Minister of Energy responded, listening to those Nova Scotians. There's a bill before this House. There will be a debate about that piece of legislation and I would encourage the Leader of the Progressive Conservative Party to actually do something he has never done: pause, read the bill, and understand what's actually happening.

MR. BAILLIE: Well, I actually read the Wheeler report. I've been following this with great interest. I've spent all summer speaking to many Nova Scotians who have family members working out west and wish they were here working. I would encourage the Premier to listen to what Nova Scotia families are saying about the greatest issue of our time, which is why they're split up, with so many people working out west who could just as easily be working here in Nova Scotia, if the government had just a little bit of courage to take the Wheeler report at its word and take a look at something that could actually unite Nova Scotia families.

Instead, the government has sent a very clear message that this province is closed for business. That's what the bill says: Nova Scotia is closed for business. Well, Saskatchewan is a province that's open for business and you know what the Premier of Saskatchewan says? I'll just quote him, "Here are the incidents that we found related to

fracking: Our kids are coming home, they are starting new businesses, we have jobs being created for young people . . ." - that is the experience of the Province of Saskatchewan.

I believe the Premier has a duty to at least take a look at ways to create new jobs and do something that's new for him - do something positive that actually grows Nova Scotia instead of shrinking it. So my question to the Premier is, will he explain to all those Nova Scotia families who want to be united working here at home why he has said no to one of the new ways of creating jobs?

THE PREMIER: Mr. Speaker, one of the things the report says is that they're not even sure we have shale gas of any quantity. For over six months now, under the leadership of the Minister of Energy, the department have been mapping offshore Nova Scotia to actually find out if we have the resource. The only thing the piece of legislation says is that if we're going to do hydraulic fracturing we should actually reach out and talk to Nova Scotians.

MR. BAILLIE: Mr. Speaker, unless the Premier proposes to borrow more taxpayers' money from our children and drill himself, there is not going to be any exploration on how big the resource is, that opportunity that Nova Scotians may or may not have, as long as he comes forward and says no to new ways of creating new jobs. The Wheeler report did not say to ban it. It said go slow, but go - but that's not what the government is doing.

So I will ask the Premier, did he at least explain to Dr. Wheeler and his panel why he decided so quickly to say no to new ways to create jobs?

THE PREMIER: Mr. Speaker, we are going to do what Nova Scotians asked us to do: make sure that when we act we do it right. We're going to do that in this case as well.

MR. SPEAKER: The honourable Interim Leader of the New Democratic Party.

PREM.: HEALTH MERGER - MIN. ESTIMATE

HON. MAUREEN MACDONALD: Mr. Speaker, one year ago the Premier was promising his health merger scheme would save Nova Scotians \$13 million in the first year alone. Last week the Minister of Health and Wellness guessed the savings might be \$1 million or something. Yesterday the Health and Wellness Minister changed that figure again to be about \$5 million.

So my question to the Premier is, will he please explain how his Minister of Health and Wellness has landed on the \$5 million figure, as tenuous as that may be?

THE PREMIER: Mr. Speaker, I'm very pleased and proud of the work the Minister of Health and Wellness has done in his department, and all Nova Scotians who have

engaged in this process of merging the nine district health authorities. We are going from nine CEOs to one. We'll have a substantial reduction in vice-presidents. That money will be reused to apply to put back into front-line health care services. Not only will this change be more cost effective for Nova Scotians but it will make the system more accessible to all Nova Scotians.

MS. MACDONALD: Mr. Speaker, as the Premier well knows, and we all know, health care is government's single largest expenditure. It takes up close to 45 per cent to 46 per cent of the provincial budget, and arguably it's the biggest concern and the highest priority for most Nova Scotians. I wonder if the Premier could tell us how much it costs to run the acute care system for one year.

THE PREMIER: Mr. Speaker, I can tell you in the last four years under the NDP Government it did nothing but rise. Unfortunately, the former Finance Minister knew that challenge and did so by walking out the door. The fact of the matter is, we've been given a mandate in this province to run the finances of this province to ensure that essential services are there that are required. That's exactly what we're going to do, and I believe the answer to the question is somewhere between \$2 billion and \$2.5 billion.

MS. MACDONALD: Well, Mr. Speaker, the answer to the previous question is that the total DHA budget is about \$1.6 billion for this year. That means \$4.5 million per day, \$12,464 per hour, and \$207 per minute.

The Minister of Health and Wellness is now saying that this scheme that is throwing the system into chaos will save approximately \$5 million. So I want to ask the Premier, how can he justify complete health care chaos and upheaval for only one day and a few hours' worth of health care?

THE PREMIER: Mr. Speaker, no wonder Nova Scotians don't want to relive the last four years under the New Democratic Party. No one is saying this is easy on anyone and there aren't challenges. As a matter of fact, every Nova Scotian is going to have to be part of moving this province back to sustainability. The fact of the matter is, this change is not only about saving money in the health care system. It is about making the system more accessible for more Nova Scotians. Why would they want to continue to build up walls in the health care system for less than a million people?

MR. SPEAKER: The honourable member for Inverness.

HEALTH & WELLNESS: INVERNESS HOSP. CT SCAN - PROCUREMENT

MR. ALLAN MACMASTER: Mr. Speaker, my question is for the Minister of Health and Wellness. On August 12th an Order in Council was approved, granting \$1.15 million to purchase a CT scanner for the Inverness Hospital. There has been no tender posted on the Nova Scotia procurement website, and this means the public is unable to

access the terms of this agreement. What is most concerning is the lack of transparency around such a significant purchase.

Can the minister explain the lack of transparency in the procurement of this CT scanner?

HON. LEO GLAVINE: Mr. Speaker, I'm just wondering, do we have 45 minutes or an hour? Because I have long answers and short answers.

Just to explain a little bit for the House, this is a very, very important and significant purchase for the people of Inverness and area, and I'm very proud that our Premier, no matter who owns the seat, keeps his commitment to the people of Nova Scotia. In fact, it's right in line with this whole plan, that obviously the Interim Leader of the NDP has missed - that the restructuring is not so much about all of these savings. It's how we'll have a highly integrated health care system from one end of the province to the other.

In terms of the CT scanner, to the member for Inverness, there is within the Department of Health and Wellness the opportunity to use the procurement with a company, when you have purchased one or two of an item, to then be able to get a third or fourth for the province at the very best price possible. Thank you.

MR. MACMASTER: Mr. Speaker, I can't believe the Minister of Health and Wellness has just suggested that the people of Inverness should be thankful that they are getting a piece of medical equipment even though they didn't vote for this government in the last election. It amazes me that a statement like that would be made by the Minister of Health and Wellness. There have been meetings in the community that question whether the scanner selected by the province actually meets the community's needs, including from the chief of staff at the hospital.

Despite these concerns, the government has pushed ahead and acquired the scanner it has deemed best. Now the government wants the community's money. Will the government forgive the 25 per cent portion of the cost for the rest of the scanner, or will it review options and return the scanner, if that is what is preferred by the community?

MR. GLAVINE: Mr. Speaker, I thank the member opposite for the question. The one certainty that I do have is that the good people of Inverness and area want this scanner. They want this addition to the medical diagnostic work that goes on in their community. This scanner will serve the needs of the people in that area of the province for many years to come.

In terms of the 75-25, that is the current structure that we have in the province for procuring equipment, doing capital projects. That 25 per cent, I believe, will be gladly paid out by the people of Inverness.

MR. MACMASTER: Mr. Speaker, I'm not so sure if that's true. I know in a recent community meeting people were very upset when the district health authority promised to provide a transparent breakdown of the costs and yet refused the very next day, and upon further probing by an organization called Engage Inverness, continued to refuse to provide basic information. Then we see a letter in the paper by the minister saying, we believe we purchased the scanner that is best for the hospital - without consultation with the very people who are going to be using it.

That doesn't ring with me. I will ask the minister again: given the situation that has been created here, where we now have a CT scanner sitting wrapped in plastic in the basement of the hospital because the hospital is not even ready to receive it and put it into use, how is the minister going to raise the remaining 25 per cent cost to this machine?

MR. GLAVINE: I know that foundations across Nova Scotia do outstanding work; in fact we would not have the delivery system we have today without all Nova Scotians, at some point in time, contributing to foundations. It is obvious the member opposite doesn't quite understand the procurement process. You don't go out and do one-off with a private company that may or may not be here in a couple of years. I'm very familiar with their scanner. I have been out to the company to take a look and see how it does operate, and I think on that private side of medicine they will do some complementary work for our health care system, but when you are procuring for the entire province, you just don't do a one-off and also have a company come in the side door to try to become part of the health care system. There will be an opportunity for the new health board, a competency-based board, that can decide on that kind of policy for possible future procurement.

MR. SPEAKER: The honourable member for Sackville-Cobequid.

PREM.: HEALTH MERGER - UPHEAVAL CONFIRM

HON. DAVID WILSON: My question is for the Premier. A little over a year ago the Premier, the Leader of the Liberal Party, promised to create upheaval in the health care system by taking local decision making away from communities and at the same time creating labour unrest. So I would like to ask the Premier, will the Premier tell us if he believes the Liberal scheme in health care is creating upheaval within the health care sector?

THE PREMIER: The piece of legislation that is before this House, Mr. Speaker, is actually putting decision making back in the hands of communities across this province. Health institutions in one end of Nova Scotia to the other will have more say about their future, community health board responsibilities will be enhanced, and I can't for the life of me understand why the New Democratic Party would be opposed to making the health care system more accessible to more Nova Scotians and engaging more Nova Scotians in what they want in their community around health care.

MR. DAVID WILSON: I hope there is a 1-800 number to the CEO of the new amalgamated health care because she is going to be located in Halifax, Mr. Speaker. Earlier this month the Deputy Minister of Health and Wellness sent out a letter to health care workers across the province that read, "And we recognize the upheaval this is causing. Right now, there are more questions than answers." And it goes on to ask for everyone's patience as they understand upheaval like this is difficult. I would like to ask the Premier, do you agree with the Deputy Minister of Health and Wellness and recognize the upheaval that is going on in the health care sector because of this decision to amalgamate the district health authorities?

THE PREMIER: Mr. Speaker, I have yet to have a single Nova Scotian tell me that when they have tried to access the health care system, or one of their loved ones have been trying to access the health care system, that they can't get hold of the CEO of a district health authority. What they have told me though is that their hospitals have been closed; the emergency room has been closed; there is a lack of family physicians. What this bill does is streamline the health care system, make it more accessible, and allows Nova Scotians to get the care anywhere in this province with the quickest possible time.

MR. DAVID WILSON: I would agree with the Premier because those residents used to call those community leaders who volunteered on the boards that this government fired. They are going to have to call somebody so they are going to call the CEO, I assume, Mr. Speaker. The Deputy Minister of Health and Wellness is publicly apologizing, apologizing. He has been on the job for a number of months and he is already apologizing for this scheme from this government. He is apologizing for the upheaval and the confusion the Liberal scheme is causing, so I'd like to ask the Premier, will the Premier finally stand up and apologize to health care workers for the upheaval his government has caused them?

THE PREMIER: Mr. Speaker, I want to again say I don't know a single Nova Scotian who, when they are not feeling well, call the CEO and I don't know any Nova Scotian who has called a board member of any health authority when they're not feeling well. They call a health care provider and what this piece of legislation is doing is allowing our communities to have more control and access about the institutions that are in their individual communities and it is tearing down the walls that even that Party knew, when they were in government, were too many.

Mr. Speaker, this is making it more accessible and sustainable for Nova Scotians.

MR. SPEAKER: The honourable member for Kings North.

NAT. RES. - BOSTON TRIP: KINGS SO. MLA - INCLUSION

MR. JOHN LOHR: Mr. Speaker, my question is for the Minister of Natural Resources. Recently we learned taxpayers spent \$12,600 on pricey trips to Boston for the Minister of Natural Resources and his EA, all in the month of May. Then, after being

questioned by the media, the minister came clean and admitted that a third person joined them on one of their excursions at the last minute, the member for Kings South - a pretty good perk for a loyal Boston Red Sox fan. The cost to the taxpayers was an additional \$1,900.

My question, Mr. Speaker, for the minister is, why was the member for Kings South added to the trip on such short notice?

HON. ZACH CHURCHILL: Mr. Speaker, I'll refer that question to the Minister of Economic and Rural Development and Tourism.

HON. MICHEL SAMSON: Well, they didn't do much in four years to answer any questions; it's surprising to hear they want answers, Mr. Speaker.

The fact is that due to a last minute conflict, I was unable to attend the ceremonies in Boston to promote our province. I did ask the member for Kings South to attend on my behalf, and it's my department that did pick up those costs.

In light of the fact that the member for Kings North is concerned about costs, maybe he would want to share with Nova Scotians what the costs were to the taxpayers to send him to the Boston Seafood Show. (Applause)

MR. LOHR: I will comment on the Boston Seafood Show. We were invited by the minister to attend, and we booked well ahead of time. I actually flew a day later and came home a day later, simply to save the taxpayers about \$700 or \$800 on that trip.

Mr. Speaker, when trying to defend his taxpayer-funded voyage, the member for Kings South told CTV News: "I attended a couple of functions at Faneuil Hall with the minister and I attended a baseball game and met with some tourism writers during the game.

Mr. Speaker, are all expense-paid getaways how the Liberals keep the backbench in line or was the minister's executive assistant just not enough company for a Red Sox game?

MR. CHURCHILL: Mr. Speaker, this is absolutely unbelievable. For four years after that NDP killed our ferry in Yarmouth, threw southwestern Nova Scotia in the lurch, that caucus stood with us, fighting for the return of that ferry service because those members knew how important it was for this province. Now, to gain cheap political shots, that member has the nerve to stand up and question the promotions that we need to do to make that ferry work for this province. Unbelievable. (Applause)

MR. LOHR: Mr. Speaker, my question would be, why didn't the minister take the ferry? I understand that the Digby ferry would have run at that time and it would have saved a considerable bit of money.

MR. CHURCHILL: Mr. Speaker, the simple answer to that question is the ferry wasn't running at that time - and that member buys into this foolishness. I'll tell you, I wish these promotions weren't necessary for our ferry service to be successful, but we were thrown in the lurch. We had that market debt for four years, because of the NDP.

We received hundreds of thousands of dollars' worth of promotions because of this trip, because of these promotions, and I don't apologize for doing my job and for working to make sure that ferry is a success.

MR. SPEAKER: The honourable member for Pictou West.

PREM.: *BLUENOSE II* - COST INCREASES

MS. KARLA MACFARLANE: Mr. Speaker, in less than a year the Liberal Government has delivered two Throne Speeches. In November of last year the Liberals spoke of the iconic *Bluenose II* as if she was back in the water instead of steeped in cost overruns with her steering in shambles. I quote: "My government will join them in celebrating *Bluenose II*'s return as Nova Scotia's sailing ambassador next Spring as she helps to welcome the world to our shores." I will table that statement.

Mr. Speaker, my question to the Premier is, how do you explain to Nova Scotians that after \$19 million and counting, *Bluenose II* still isn't in the water even though you promised a Spring sailing?

THE PREMIER: Mr. Speaker, I explain it by this: The RFP was put out by a Progressive Conservative Government and has been managed for four years by a New Democratic Government. It will be a Liberal Government that gets that vessel sailing on behalf of all Nova Scotians. (Applause)

MS. MACFARLANE: Mr. Speaker, and double the expense. But, sadly, the vessel didn't play a role in this season's speech. Perhaps our sailing ambassador is no longer a priority to the Liberals. It certainly isn't a priority for the elected members of that side of the House who so willingly stand by and allow a non-elected bureaucrat to be the face of this file.

My question to the Premier is, has he lost all faith in his elected members to handle a file of this importance to Nova Scotians?

THE PREMIER: Mr. Speaker, I would remind the honourable member that the person she's referring to is a 32-year civil servant who has served in almost every

department. He has managed every major file, not only under this government but under other governments. I want to not only commend Mr. Darrow but all civil servants who work on behalf of the people of the Province of Nova Scotia for coming to work every day, doing the very best they can to ensure taxpayer dollars are being spent in the best possible way.

I want to remind the honourable member that this file with the deputy minister to the Premier of the Province of Nova Scotia, not only are we going to get this vessel sailing, we're going to hear the Auditor General tell us how they got it so wrong in the beginning.

MS. MACFARLANE: Mr. Speaker, in early August Nova Scotians learned they had taken possession of *Bluenose II* despite the fact she was not sea ready and did not have a stable or usable steering system. At the time the Premier said the company responsible for restoring the vessel had satisfied the requirements outlined in its contract which required the province to take possession of the ship on July 30th. Yet, a copy of the original contract states that delivery is made provided that "all defects have been corrected to the satisfaction of an inspector." I will table that.

My question again to the Premier, does he not consider a failed steering system, which he himself confirmed to be a defect, worth correcting before he took ownership of the vessel on behalf of taxpayers?

THE PREMIER: Mr. Speaker, we have great craftsmen in this province and they did exactly what the RFP asked them for - that government asked for a defective steering column.

MR. SPEAKER: The honourable member for Northside-Westmount.

TIR: VICTORIA CO. FERRY - REPAIRS EXPLAIN

MR. EDDIE ORRELL: Mr. Speaker, my question is to the Minister of Transportation and Infrastructure Renewal about the ferries.

According to a press release issued by the government in mid-July, the *Torquil MacLean* ferry in Victoria County was taken to dry dock in Pictou County for scheduled repairs - and I'll table that. Although it was just built in 2008, the ferry has had its share of problems. The tender for the work was awarded at \$776,000 - and I'll table that as well.

So my question to the minister is, why did the ferry have to go for scheduled repairs?

HON. GEOFF MACLELLAN: Mr. Speaker, I thank the member for the question. Obviously the *Torquil MacLean*, just like all of our fleet of ferries here in Nova Scotia, they require certain maintenance, obviously, as they age. The renovations and the dry dock

work required is very important so we set the schedule as best we can. There's no question about it, the *Torquil MacLean* has had a significant number of issues. We've addressed those as best we can. There are certainly weather problems in that area that we have to deal with, the *Torquil MacLean* is aging, no question about it. We use our fleet as best we can to manage all the traffic that's possible.

We're very aware of this situation, and we're doing our best to deal with the challenges we have with respect to ferries in this province.

MR. ORRELL: Mr. Speaker, in the government press release it said the ferry was expected to be out of service for 10 weeks. In mid-July it was swapped with the 30-year-old *Scotian*. It will be 10 weeks tomorrow - can the minister explain to me when the *Torquil MacLean* ferry will be back in service in Englishtown?

MR. MACLELLAN: Mr. Speaker, again, the member brought up a point. What we do, when we have these required retrofits and work on the ferries, is we swap out with our other fleet. So the *Scotian* has been there doing the work in that channel. It's been doing a tremendous job. The staff has been top-notch in keeping us informed on not only the situation with the *Scotian* but also with the renovations and the retrofit of the work being done with the *Torquil MacLean*.

Communication is important for us. We're doing our best to get that information updated and as accurate as possible. As soon as the *Torquil MacLean* is ready and the retrofit is done by Aecon, we'll certainly communicate that to the public. Thank you.

MR. ORRELL: Mr. Speaker, I had a lot of calls from residents of Northside-Westmount who either have summer homes or travel to Ingonish quite regularly to enjoy the national park. This refit was originally scheduled for last September, but then it was delayed. It was done in mid-July, during the height of the tourism season, and put the ferry out of service for three days. Now it appears the actual refit is going to be delayed too.

My question to the minister is, how many times has the member for Victoria-The Lakes met with the minister to raise concerns, and when will this ferry come back in service so that the people who have to go to Ingonish either for work or for pleasure can enjoy this ferry again?

MR. MACLELLAN: Mr. Speaker, the member for Victoria-The Lakes talks to me daily about the *Torquil MacLean* - about the Englishtown ferry service. It's an issue. The member and I met recently with the municipality to talk about some of the issues with that service, with some of the options that exist for that corridor. Obviously, again, with our ferries, we have an aging fleet. It's a very expensive proposition to keep the fleet going. However, safety is first and foremost for our government.

We want to stick to the timeline as best we can, and obviously that's the challenge and that's the focus for the government. But at the end of the day, this is about having safe ferries on the water to transport passengers, to transport tourists and make sure that service is running safely and efficiently. We'll endeavour to get the *Torquil MacLean* ready, and when it is, we will communicate that to the public. Thank you very much.

MR. SPEAKER: The honourable Interim Leader of the New Democratic Party.

PREM.: HEALTH CARE PLAN - WORKER RETENTION

HON. MAUREEN MACDONALD: Thank you. Mr. Speaker, my question through you is to the Premier. As you know, this government has a dismal record so far in creating jobs and opportunities for Nova Scotians. In fact, in the last year alone, we have nine thousand fewer Nova Scotians working, so the government's "closed for business" sign remains firmly in place. Not only does the government need to create good opportunities to keep our young people at home and working but we need to keep our health care workers here and working.

My question through you to the Premier is, how will your latest plan for the health care system help retain and attract valuable health care workers to Nova Scotia?

MR. SPEAKER: I would just remind the member not to refer directly to the other members.

The honourable Premier has the floor.

THE PREMIER: Thank you, Mr. Speaker. I do share the member's concern. If you look over the last four years, there was a "closed for business" sign on this province. That sign has been taken down. The Nova Scotia private sector clearly understands their roles, clearly understands that government is not going to interfere or pit one Nova Scotia employer against another Nova Scotia employer. They know this government's not going to subsidize one employer over another. They know they are on a level playing field, and they're excited about the possibility of growing good jobs in the private sector in the province of Nova Scotia.

I want to assure the honourable member that health care providers and health care workers across this province are applying for jobs to stay in this province. They know it's a great place to work, they know the system is a great place to work in, and this bill does nothing but improve that situation.

MS. MACDONALD: Thank you very much, and I think the operative clause is "was." This place was a good place for health care workers in the province. We know that the Liberal Government in the 1990s drove health care workers away. Specifically, nurses left this province in very large numbers due to the unfair treatment and wage rollbacks that

occurred. Now here we are, Mr. Speaker, where this government is once again attacking nurses and front line caregivers and they may not be interested in picking one employer over another but they don't have any difficulty in picking one union over another.

My question to the Premier is, why is the Premier repeating history and creating chaos in the health care sector that will result in the loss of health care workers from our province?

THE PREMIER: Mr. Speaker, I want to remind the Leader of the NDP that it was her Party that took away the right to strike from paramedics in this province. This piece of legislation tears down the walls inside our province, allows mobility of health care workers. Everything that has been earned by a health care worker across this province will remain the same.

The four categories that are being referred to in this piece of legislation were supported by the union leaders so the chaos and confusion that is happening in and around this piece of legislation is being driven for political motivation, nothing more.

MS. MACDONALD: Mr. Speaker, health care workers are the backbone of the health care system. They play a significant role in the healthy economy. We are right now seeing history repeat itself with this Liberal Government. My question to the Premier is, why would any health care worker want to stay in Nova Scotia after all the mistreatment this Liberal Government has caused in just one year in government?

THE PREMIER: Mr. Speaker, I'm not sure where the Leader of the NDP gets her information but we hired every nurse who graduated from CBU this year. Does that sound like we were driving people away? The system has hired nurses from every nursing class in the province in this year. How is that driving health care workers away?

What this is about is tearing down the walls in the health care system, ensuring that workers protect the things they've earned at the bargaining table, making sure that they'll be able to do open, free, collective bargaining into the future and at the same time making sure that this system is sustainable in the long run for all Nova Scotians.

MR. SPEAKER: The honourable member for Northside-Westmount.

TIR - SCOTIAN FERRY: SERVICE INTERRUPTION - REASONS

MR. EDDIE ORRELL: Mr. Speaker, again my question is to the Minister of Transportation and Infrastructure Renewal. The Scotian was brought in to replace the Torquil MacLean for the summer. It is more than 30 years old and could not carry as many passengers as the Torquil MacLean. On August 6th and 7th it was put out of service, in peak tourism season. I'll table that.

On September 18th it went out of service again and was out for nine days. Mr. Speaker, the people in the area realize there was no government press release notifying the public so my question to the minister is, why was the Scotian out of service last week?

HON. GEOFF MACLELLAN: Mr. Speaker, I'll again thank the member opposite for the question. The reality is that we are dealing with an aging fleet. The renovations and retrofits they require can certainly be very time-consuming and extremely expensive. We do our very best to manage it. Obviously the member opposite, the entire House and all Nova Scotians understand the fiscal challenges we have and again, with ferries, it is keeping them safe and secure; that's the focus.

The Torquil MacLean has been in existence for seven years. It has never been dry-docked up to this point. There are a number of issues that we have had over the last 12 months; we are doing our very best to address it. The Scotian has served as a very adequate substitute to this point.

Again, Mr. Speaker, we have no control over when breakdowns and issues are going to occur and we do our best to manage them as they arise. Thank you very much.

MR. ORRELL: Mr. Speaker, at the same time the Colas Silas was out of service in Little Narrows. There was no government press release communicating that to the public either. We get calls on that all the time of why. My question again is, what was the reason for the ferry in Little Narrows being out of service as well?

MR. MACLELLAN: Mr. Speaker, again, certainly there are issues of maintenance and issues of breakdowns with the ferries, no question. For me, as a minister, and for us, as a government, there are certainly learning experiences that we have. One thing we have learned from the Tancook ferry situation is that residents, over and above everything else, require communications. I know that the member opposite said he has been contacted many times about the Narrows ferry. I certainly take that seriously, and I think that if it's a communications issue, then by all means we can talk about that.

Getting these boats in the water safely and efficiently is certainly what we focus on, but again, it comes down to communications and letting people know. So if that's a specific issue with this run, then we'll endeavour to improve that service.

MR. ORRELL: The Tancook Island residents are voicing their ferry frustrations as well. They rely on their ferry service to get on and off the island. Their passenger service was downgraded this summer from 95 to only 45 people per trip. My question to the minister is, is the plan to replace the Tancook Island ferry with the Scotian ferry, and when?

MR. MACLELLAN: Again, I did mention that the Tancook ferry issue is one that was brought to our attention. It is very significant, as it affects many people in the Tancook

Islands/Chester area. I know that the member for Chester-St. Margaret's has suggested that we put together a committee to talk about some of those issues. That is certainly something we would be willing to do. I've spoken on a number of occasions with the mayor, Don Downe, who pulled together the initial public meeting. There were issues with the service and there were issues with communications, and it's an important service that we have.

With respect to the Tancook situation, these were compliance issues based on Transport Canada's new legislation that came in in April 2012, with respect to some of the damage mitigation instruments we have on the ferry. We're working with our federal counterparts at this point to make sure we're in compliance. The current permit that we're under runs until November. We're looking to figure out these problems before then - get that vessel to dry dock in May 2015 and make the required changes. This is a significant service. There are significant costs involved, so we just want to make sure we get it right for the people of Tancook and for all Nova Scotians.

MR. CHAIRMAN: The honourable member for Inverness.

HEALTH & WELLNESS: CT SCANNER - OPTION EXPLORE

MR. ALLAN MACMASTER: My question is for the Minister of Health and Wellness. The Speech from the Throne talked about doing things differently. My question is, why doesn't this government at least look at an option for a CT scanner that offers lower radiation, that does not require children to be sedated, and that gives doctors in rural areas the tools they can use to save lives and quite possibly save money?

I know from speaking with the chief of staff that he has talked about technology which gives him the ability to see things more quickly and the ability to diagnose people more quickly, which may in fact save money on the side of the equation where people are either faced with going into a nursing home to live out the rest of their days or being able to function as they always have. Why won't this government at least look at the option?

HON. LEO GLAVINE: We gave more than just a passing glance to the Atlantic Medical Imaging Aquilion CT scanner. We invited them into the Department of Health and Wellness to discuss the new scanner they were bringing to the province. I also went out, along with the deputy minister and others, to take a look at the operations in Bedford. However, this is about a proper process, a proper procedure, and one that could be very much a part of the future, and one that we will continue to take a look at.

From the point of view of economics, this particular deal made zero sense. In fact, it doesn't even come close to what we can do by actually purchasing a GE scanner for Inverness or any other part of the province. Radiologists at the IWK and the QEII are fine with the equipment they have. They say there is no problem, where we are at this point in time. This is a process that could very well be examined in the future.

MR. MACMASTER: I want this Legislature to know that we did try to approach this government quietly. Myself and the chief of staff - I remember the day that I called the Premier's Office, and I don't call the Premier's Office very often. We also directed a letter to the Minister of Health and Wellness, and sadly, we didn't get a reply until the day after the current scanner that was purchased for the hospital was delivered to the hospital. The hospital wasn't even ready to receive it.

I think the minister talks about how there was a process, but really there was a process with no transparency. When people in the community asked for the numbers behind the scanner, the government refused to provide them. Why is the government playing games?

MR. GLAVINE: I have talked to some of the people in Inverness, some of the people in the medical community who are extraordinarily happy that a CT scanner is coming to their hospital. In fact it is now going to provide the kind of diagnostic work so that people will not have to go to Antigonish or Sydney, especially during the winter months. It is going to give quick diagnostic results for surgeons as well as the entire medical community in that area. The process, led by Dianne Calvert Simms and her team, is a very ordinary part of procurement. When we want to take a look at whether or not there will be some private dimension of providing diagnostic equipment in our hospitals, that is a big decision for the Department of Health and Wellness that could be very well explored but in terms of this particular purchase, the entire process was done as it should be done.

MR. MACMASTER: Mr. Speaker, this government and its bureaucracy got scared of a new idea, plain and simple. The medical community itself was never allowed - what we kept hearing was they weren't allowed to participate. Now this is before this government took office but the medical community as we know, Mr. Speaker - they know who their employer is. They have to be very careful what they say.

One of the things that I will state for the record is neither Dr. Pillai or myself would ever suggest that the people working at the hospital now shouldn't be the people operating with this new potential CT scanner. If the same people are operating it, I really don't see what the fear is and at least look at the idea. It is the technology that the chief of staff at the hospital wants. Our doctors are aging; we need to attract new doctors. They are going to want to work with new equipment.

Mr. Speaker, we saw what happened in Antigonish with Dr. Silver. He had to go public and make a complaint, publicly, to get the government to act. Is this what we have to do? Is this what doctors around the province have to do to get the attention of the government? Why doesn't the government work with doctors, provide them the equipment they need? If the government will show the transparency behind its number, wouldn't they actually be able to prove that these new options can actually save money for the system?

MR. SPEAKER: Order, please. Time allotted for Oral Questions put by Members to Ministers has expired.

GOVERNMENT BUSINESS

MR. SPEAKER: The honourable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker, would you please call the order of business, Public Bills for Second Reading.

PUBLIC BILLS FOR SECOND READING

MR. SPEAKER: The honourable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker, would you please call Bill No. 1.

Bill No. 1 - Health Authorities Act.

MR. SPEAKER: The honourable Minister of Health and Wellness.

HON. LEO GLAVINE: Mr. Speaker, I move that Bill No. 1, the Health Authorities Act, be now read a second time.

Mr. Speaker, it's no secret that our government has intended to move from ten health authorities to two, but this bill is much more than numbers. It's about improving the quality of patient care - about demonstrating those improvements to Nova Scotians. We will, in fact, set targets, measure and report to Nova Scotians. As I travelled across the province earlier this year, I heard time and time again from people both inside and outside the health care system who have concerns about the sustainability and the fragmented nature of our health care system. They want to know that we are spending their hard-earned tax dollars on front-line health care, and not on executive salaries; they want us to improve wait times and services; and they want the system to focus on patients, and not on endless rounds of collective bargaining.

Mr. Speaker, that's exactly what we've done here. The Health Authorities Bill will make the system more transparent and accountable. The Department of Health and Wellness will set a strategic multi-year health plan for the province with targets for improvement. The new authority and the IWK will report back to government and the public on how we are doing. We won't have 10 different business plans, 10 strategic visions and 10 competing sets of priorities - one direction, one vision, and increased transparency for the public. Nova Scotians will know what we are doing to improve care and patient safety and, most importantly, they will know if we are getting results.

People also want to know that they have a local voice in their provincial health care system. I am sure I don't have to explain to any member of the House. This bill requires the new authority and the IWK to create annual public engagement plans. That is new and it's unique across Canada. I, as minister, started that public engagement last year. Yes, it was to explain a lot about where we were going in terms of the new health care structure, but that will be done each and every year as long as I am minister. This year I will be doing a seniors' tour. (Interruption) Yes, I'm part of the tour, I guess. (Laughter)

This requirement will make sure that our health care authorities know what people across the province think about how their local hospital, clinic or public health service is doing and use that information to make improvements. Community health boards will play a strong role in the public engagement. They have always done a fantastic job with wellness programs. Now they will help in reaching out to their communities, making sure that the needs and concerns from people across Nova Scotia are heard. The IWK and the provincial health authority will work together to address those concerns. All of this means our system will be working together as one, hearing the concerns of the people and following one strategic direction set by government.

Mr. Speaker, this bill also addresses the current labour structure, which simply doesn't make sense. Right now there are 50 different collective agreements among staff in our health care facilities. A nurse in a Nova Scotia hospital can't work across the street at the Dartmouth General if she is needed there, and because there are so many different collective agreements, it takes the system thousands of hours to bargain. Too often we are negotiating contracts months - or, as I have discovered on my review - years after they have expired and Nova Scotians know all too well what happens when a strike or a lock-out is looming. We have had three reminders in the last year and a half. Surgeries are postponed, patients are moved, services that people rely on are reduced or cancelled. That's not good for anyone: not for workers, not for patients, and certainly not for their families.

The Health Authorities Bill will treat workers fairly. Wages, pensions and health benefits will be protected. Mr. Speaker, I want to emphasize that point: Workers will not see any erosion in the wages and benefits they have fought to achieve. (Applause)

The four existing health care unions and employers will sit down with a mediator to work toward a solution. That will ensure clear and prompt bargaining. When collective bargaining begins on April 1st, the IWK and the provincial health authority will sit down with them at the same table, at the same time. That means four collective bargaining processes, not 50. That's good for Nova Scotians. It means more stability, less disruption, and more focus on patients, which is what this is all about.

I'd like to take a moment to address one point that unions have been making around people's right to be in the union of their choice. Mr. Speaker, there may be some people who chose their job opportunities based on the union that represents them, and certainly if people are choosing to unionize for the first time, they may get a chance to vote on that. But

in the health care sector, most Nova Scotians simply apply for jobs in their field and in their communities. A union membership follows once they have gotten the job.

That's true outside of health care too. Mr. Speaker, I was a teacher, and teachers who work in the public school system must be represented by the Nova Scotia Teachers Union. That's not optional; that's in legislation. It's the same for the provincial civil service - by law, if you apply for a unionized civil service job, you must become a member of the NSGEU.

Mr. Speaker, I began by saying that this bill was not simply about numbers. I've explained in detail how it will help us be more transparent, ensure a strong community voice, and improve health care from one end of the province to the other.

There's one number everyone always wants to know and that's how much money we will save. Once we move to the new structure on April 1st, we estimate the health care system will save more than \$5 million a year, and that's just the beginning. That is lowballed, based on the highest severance that may have to be given; that's based on paying two CEOs, not ten; far fewer vice-presidents; and expenses for just 13 board members.

Mr. Speaker, that's not all the savings we will see. There will be increased savings after the first year. This is just the platform, the foundation on which further changes will be made. By sharing services and continuing to streamline health administration, those savings will be realized.

Mr. Speaker, Nova Scotians want us to ensure that as much money as possible goes into the care they rely on. I'm happy to say that's exactly what we are doing and this bill is just the beginning. Thank you.

MR. SPEAKER: The honourable member for Argyle-Barrington.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, of course I rise in my place to speak about the government's proposed Health Authorities Bill. It's a right and a privilege that I hold dear, that I have since I was first elected to this House in 2003.

As we all know, it's not a tradition of this House for us to speak to the details of the bill on second reading; we're expected to speak to the broad principles. So, regardless of the political leanings or positioning, it's fundamental to our legislative process that members are afforded the time to debate legislation at each stage of this bill. With this specifically in mind, earlier this morning I moved a resolution to split the government's bill, an omnibus bill, and I did that because there are matters too serious to rush through. It is disrespectful to workers and the members of this House that the government is attempting to do just that. I was a little disappointed when that resolution was shot down, but quite honestly I expected it as well.

Mr. Speaker, complex bills - as the one we have before us today - take time. It's in everyone's interest, regardless of the subject matter or who is implicated, for all views to be factored in before they become law. Today we find ourselves in the worst possible situation as members - the government has introduced an omnibus health bill and they are preparing to ram it through.

The government is using the same tactic that the federal Conservatives are often accused of and, if that's not enough, they're also playing the cheapest of political games. Last night, no one but Liberal staff members in the gallery facing the government members - they intentionally blocked anyone from the public from finding a seat. Why? They also knowingly prevented the member for Inverness to deliver a speech that was important to a survivor of sexual trauma as a child - the person was sitting in the gallery, waiting to be acknowledged.

What are they afraid of, Mr. Speaker? If this omnibus bill is such a great piece of legislation, why are they forcing it through this House of Assembly? Why are they suspending other business?

Mr. Speaker, it is the problem of majority governments; they have enough votes to win, so what's the rush? We know that at the end of the day they will get their way, so why are they forcing it through? What is this important deadline, that we find ourselves sitting at seven o'clock in the morning on a Tuesday and, supposedly, sitting until midnight? Why did they decide to join two very complex bills together?

The Premier's talking point suggests that this approach balances the rights of workers with savings to taxpayers. The Premier wants everyone to believe he is the one who will slay the unions.

In 2007 when the Premier sat on this side of the House he said that health care workers, like so many other sectors of this province and across the country, have fought long and hard for the rights and benefits that they now have, thanks to unionization. Unionized health care workers are the backbone of our health care system. The Premier then went further to state that picking a fight with other health care workers is not ensuring that Nova Scotians have access to the quality of health care that they expect each and every one of us here to protect and to deliver for them.

He was right; he was right when he spoke those words. And even to the point that the Minister of Health and Wellness talked about the focus on patients - I agree we should be here for the patient; we should be here for the people who continually call our offices and say they can't get their hip replaced until next year sometime or two years down the road. But I wonder when we put the system in such an upheaval - I mean we have all the management side of things, and I'll talk about that in a few moments, in turmoil because this bill doesn't tell us what the organizational chart is going to look like, what kind of

management is going to be put in place to make sure the health system is managed across the province.

So while that's all going on, no one will basically have their eye on the ball. At the same time we're taking on the unions who for the time being will probably take their eye off the ball, as well, while they're fighting for their rights again. So who is actually supposed to be watching out for the patients while all this is going on? That's the challenge that we find ourselves in with all this information, this omnibus bill, sitting in front of us.

In the last election campaign, our caucus, the Nova Scotia Progressive Conservatives campaigned on the need to streamline the administration of health authorities. We can say we fully support that part of it - we believe that nine district health authorities, plus the IWK, was far too much administration. But we do differ when it comes to how everything here is being put together. It's a very important point that after all as MLAs, especially the PCs, we've been focused on results when talking about amalgamating health authorities. We expect the plan to lead to better health outcomes. Like I said, it is first and foremost.

Savings should be reinvested into the front line and into patient care - to buy CT scanners; to buy kidney dialysis machines; to renovate emergency rooms so they can be the clinics that they need to be; to keep the Northside Emergency Room open. That's where all those savings are supposed to end up. But I don't see it within this kind of work. The minister, on a number of occasions has sort of picked a few numbers here and there, but I don't think he has been solid in that. He needs to be a little more forward with these numbers - to provide, you know, here's what it's going to cost. This first year of amalgamation and reorganization is going to cost money - how much is it going to cost?

Don't forget, there are 10 CEOs - now there's only one, actually two, right? That means there are now eight of them who are now going to have some kind of severance or is going to move off - and that doesn't count the number of vice-presidents who are also within the system. Are those ones being severed off or are they going to be caught up in the new system? We don't know.

That's going to be costing the province a whole lot of money. Is there going to be a whole bunch of office space and those kinds of things that are going to have to be cancelled? I know some of the district health authorities don't reside actually in the main hospitals that they represent. I think Cumberland is one of them, they actually have an office off-site in downtown Amherst - what are we going to do with that space? If they're renting the space, that means there will be some kind of penalty if we have to vacate that. I'm not debating that they have created empires, which is why we agree with that base principle that things do need to change on the administration of health care. On that, we have always been clear, publicly and privately, that our position has not wavered.

It is also fair to say that significant concerns remain regarding this government's competence to manage it. The Minister of Health and Wellness has not always been clear or consistent with explaining what the savings are - I think I already said that, didn't I? - but this is something that we could debate on a thorough debate on merging just the health authorities and it is something that we should have time to fully examine.

The question, too, is really this bill doesn't tell us what that organization is going to be. Similarly, members of the House should have the opportunity to thoroughly review and debate the new part of this Liberal plan that really wasn't brought forward during the election or spoken about until just recently and the Liberals should be willing to stand in the House and defend it.

I hope no one is fooled by the path that the government has chosen here. The government talking points will say that this strikes a balance between the rights of workers and savings to taxpayers, which we have already heard a couple of times here during Question Period and during the minister's introduction speech, but that it can be reinvested into health care. If that is true, they should be prepared - more than prepared, they should be proud to debate it in full.

This is a slippery slope. The government is counting on the fears of Nova Scotians that there will be another strike. They are positioning this as a fight with the unions but somehow not a fight with health care workers. How can you fight with the union but not fight with the worker?

I want to be clear, Mr. Speaker, we would like to find a constructive way to move forward on this. We proposed one with our resolution and we want to ensure that the labour instability and costs are addressed in a good manner. Believe me, no one in the PC caucus would object. We simply want to be afforded our rights to examine this carefully, not just under the government's gun, to be sure that this is actually what the bill would do.

If the government even begins to hint that this is some kind of hypocrisy - I can almost guarantee that they will - I will say, for the record, that we will not just trust the government any more than we are simply agreed to long weekends for MLAs.

Finally, I am a little surprised on how far a member can move from a position, depending on where he sits in this place. On June 15, 2001, you will find the following passionate statement in Hansard - so it's not you, minister, it's before we got here: "Not only was it offensive enough for them to arrive here and to see that this government is proposing to take away all of their rights to collective bargaining and giving this Cabinet, this Tory Cabinet, the ability to impose a contract on them, but they came down to the House of Assembly, they are all taxpayers, they are Nova Scotians. They figure, oh, we are coming to the Chamber of democracy, then they walk in, and what do they see? Well, I counted six Halifax Regional Policemen. We saw the gates on the sidewalks here; gates

along the sidewalks, that is a first. The nurses can at least say, that with all other protests that we have had, they are the ones who scared the government the most . . .”

Do you know who said that, Mr. Speaker? That was the Government House Leader; that was the member for Richmond.

It is so funny that we can take those important words that he said way back then in 2001 and apply them to our debate here today, that so many health care workers are outside, concerned that they didn't even get to vote on the union that represents them.

In conclusion, Mr. Speaker, I can say that on the health merger side, we support. There are some details in there that I am sure we would like to see and like to be able to debate within this House but the labour issue needs to be done separately, with more time and more thought and one that I hope on the next number of spots in this House, as they go off to Law Amendments Committee, after some thoughtful debate here on second reading, that the government members will be listening to what happens in that Chamber, as I know they do. I know they do.

I've seen some reasonable amendments happen in that Chamber. I know it will be a long, drawn-out process, because I know there will be a lot of people interested in speaking to the Law Amendments Committee, but if there is a way to make this better, if there is a way to make this reasoned, if there is a way to make this affordable across the board to Nova Scotians, but more importantly, as long as it makes our health care system safe, making sure that we put patients first, then of course we'll be there to help with those reasoned amendments and changes that we believe are needed on this bill.

I know there will be a number of speakers coming up today. I can say that we will be listening to those comments. I hope that there are a couple of government members that get up and speak, as well, to bring their thoughts. I don't think it's enough to hear from the minister, but we'll see how that goes today. I hope to hear from a number of my colleagues across the way, to see what their thoughts are. I know what I'm hearing from my public, and this is just too heavy-handed a bill in its current structure.

Thank you very much for the opportunity to speak in this great House. I wish we weren't rushed to do it. This could take a few days to debate and think about, but here we are trying to ram it through in one day, which I think is a travesty to democracy in Nova Scotia. Thank you very much.

MR. CHAIRMAN: The honourable Interim Leader of the New Democratic Party.

HON. MAUREEN MACDONALD: Thank you, Mr. Speaker. It's my privilege to have an opportunity to rise in my seat. I'm searching for some throat lozenges - found, thank you.

This is a very important piece of legislation, and like all legislation, this is an initiative that has some elements that are worthy and that all members of this Assembly would agree with. I doubt very much if there is anybody here in this House of Assembly who would disagree with a more effective health care system, reducing health administration - streamlining health administration - but it's how you go about doing this that has myself and the NDP caucus extraordinarily concerned.

As the previous speaker said, when we discuss second reading of a bill, we talk about the principles of the bill rather than going clause by clause. I look back on what now is becoming a much longer time in this place than I actually had contemplated when I first arrived here. When I was first elected in 1998, we had four regional health boards, and prior to that, each hospital in the province had its own board.

The Savage Government in the mid-1990s did something called regionalization. It was a very popular approach to managing health care systems right across the country and there were four regional boards, which I think are very much the zones that the current government have defined; they've reintroduced into their recycled plan for overhauling the governance model for our health care system.

That whole exercise was very controversial. It put the system in crisis for a considerable period of time. It took probably 10 years or more for our health care system to recover from that process and it was the focus actually of an election campaign when Dr. John Hamm campaigned on a promise that if he became government he would introduce district health authorities. In fact, Dr. Hamm formed the government and he came to this place and introduced the current governance structure that we have: nine district health authorities and the IWK.

When the NDP formed government, that's the structure that existed in the health care system. I have said on more than one occasion, I really don't know, frankly, what the right number of boards is for a province of our size. Is it four? Is it five? Is it one? Is it nine? I don't really know. I've asked people from other provinces who have gone through a lot of these exercises. When I was Health and Wellness Minister I asked people, and the advice I got repeatedly from people in other provinces who had gone through this was that that wasn't the right question to ask. How many boards should you have, is not the right question.

The right question to ask is about what is most needed in your health care system and how are you going to improve patient care on the front lines, and what can you do to set about achieving that? Those are the right questions to be asking, not questions about how many health authorities do you have and how many volunteer boards do you have - that kind of stuff. That preoccupation will not give you a better health care system. The preoccupation has to be about improving health care.

The Minister of Health and Wellness in his remarks talked about the importance of improving the quality of patient care, and we would agree with that. One of the things that we learned when we came to government actually was how little attention was being paid in our health care system to the whole question of quality. Nova Scotia is one of the few provinces in Canada that doesn't have a quality control council to monitor the performance of the health care system.

We put in place a foundation that would allow us to move in that direction and I hope that the current administration will build on that foundation, because in the end this will result in not only quicker access to health care but better results - better outcomes. A better quality of patient care means better results and better use of our resources for those results.

Frankly, there's no one better to lead that initiative than the deputy minister in the Department of Health and Wellness, Dr. Peter Vaughan, who is a leader in this area of quality of patient care. It's unfortunate that Dr. Vaughan is having to oversee a merger of boards and focus so much on governance because this doesn't necessarily use his talents in the best way, in my view, which is around the whole question of quality of patient care.

So we have in front of us today a bill that's preoccupied with what is the right number of boards to have in the district health authorities, which is the wrong question. The question does need to be, what do we need to do to improve health care, to improve quality, to improve access. With the restructuring there is a loss of community input and the minister will say that community health boards will be given a greater role to have community input in health care planning. I and our caucus have the greatest respect for community health boards and the work they do, and an expanded role is always a welcome thing for the community health boards, without question.

The fundamental problem here is that community health boards are being corralled into looking at a particular kind of health - health promotion, health planning around improving the health outcomes of people more broadly in the community where, let's face it, the community health boards want to focus, and that's a good thing. Who at the local level is going to fill the vacuum that looks at the local needs in terms of the acute care system, the long-term care planning, and what have you? Those roles were being filled at a local level by the volunteer district health authority boards. These are the folks who put a lot of effort, volunteer effort, into understanding the local community needs and what was available in the system, locally, and what was required locally, to address this.

This government has dismantled that local voice, Madam Speaker, and that is being centralized in one board, located here in the capital area, and if anybody thinks for one moment that this is not going to have an impact on protecting health care in rural and small towns around the province, they are dreaming in Technicolor. This is the beginning of the end for any number of small facilities in parts of our province where communities have built their health care intuitions with dimes and nickels from fishermen, farmers, and coal

miners; and don't you kid yourself if you think that those facilities are going to survive in a centralized model of decision making, when they have to compete for resources in or health care budget-making process with the large tertiary centres, the regional hospitals, and any other number of needs.

I've been in the Department of Health and Wellness. We have all read the consultants' reports over a long period of time and we know where this train is going, Madam Speaker, and so this bill that is in front of us today has way more implications for the people of this province than simply what this government is doing for health care workers. This bill has significant implications for the population of the province as a whole, and the implications for health care services from one end of this province to another.

We all agree we need to streamline administration, but I suggest to you this bill is about a lot more than streamlining administration. Madam Speaker, you can streamline administration without having a bill like this. I know that because we did it. When I became the Minister of Health and Wellness, the amount of the budget that was eaten up by health administration in the Province of Nova Scotia was above the national average - the third highest in the country. We brought that down below the national average and we did that without a Bill No. 1, we did that without any grandiose merger plan. It actually wasn't that hard to do.

I'll give you an example. We have the IWK and we have the QE II side-by-side, the Capital District - one's in the Capital District Health Authority, one's a stand-alone health authority. They're both teaching hospitals, they're both connected to the Dalhousie Medical School, an academic centre, so the specialists who work in these facilities are teaching, they are practitioners, they're doing research, and one of the positions that both of these health authorities had was a VP of research, one in the Capital District Health Authority and one at the IWK. They got to talking among themselves and they said, really, do we really need two VPs of research? One of the VP of research was retiring and they decided it makes great sense to have a VP of research across these two entities.

No merger was required, no legislation was required, and stripping health care workers of their rights was not required. There were quite a significant number of VP positions that were eliminated through attrition and they were eliminated through collaboration across the district health authorities. People don't always see what's going on in the backrooms, how things actually work in a health authority or in a Department of Health and Wellness, but I'd like to give people a little look at some of that.

The district health authorities in the Province of Nova Scotia met every month with the deputy minister at the Department of Health and Wellness and they brought information about what was going on in their district health authority, but they also were working quite collaboratively on any number of things.

The Deputy Minister of Health and Wellness might go to one of those meetings with all kinds of data that his department officials would have prepared for him to show to the CEOs about the number - let's say the mortality rates - and they would be able to look at mortality rates across the DHAs and they would have discussions around why a DHA was somewhat higher or lower than the mean and they would talk about why that might be. They shared the best practices and the worst practices with each other, through that process. They worked on a variety of issues. They worked on things like the infection control and the high rates of *C. difficile* and those other super bugs that have plagued acute care facilities around the world and what they could do in collaboration with one another and with the Department of Health and Wellness to deal with that.

There is a lot of collaboration that went on. I listened to the Minister of Health and Wellness when he introduced the bill the other day, read the press release, listened to him this morning. You would think, to heavens, Madam Speaker, that nobody ever talked to each other in the current configuration. This bill is going to tear down the walls; it's going to eliminate the barriers.

Well that's hogwash; that's complete and utter hogwash. These individuals between DHAs spoke to each other constantly and worked together constantly. Someone who lived in Halifax would get orthopaedic surgery in Bridgewater or in New Glasgow. This idea that the district health authority structure is an impediment to accessing health care is nonsense, complete and utter nonsense.

There may be very good reasons to streamline and reduce administration but whether or not this is the way to do it is very questionable. I would suggest that the approach this government is taking has other motivations in terms of how our health care system will change that go far, far beyond the management level. We have seen it before and I dare say, Madam Speaker, we will see it again.

That's a little bit about my concerns around this bill with respect to the health reorganization. This bill, as we know, also contains significant provisions to change the face of labour relations in the health care system for a very, very long time. Now as someone who has also been there through rounds of collective bargaining that sometimes were very challenging, to say the least, Madam Speaker, I do not disagree with the government's position that it would be preferable to have fewer rounds of bargaining and fewer collective agreements. If that can improve labour relations, that is something that should be bargained with the health care unions.

I'm not at the table, I don't know all the details, but as I understand it, the health care unions went to the government and said, we know you're going to amalgamate the boards - you're going to merge the boards, and this is going to have implications for who our employer is, so we want to work with you, we want to understand what your objectives are, and we want the opportunity to present a proposal to you to meet those objectives. The

government said, right on - that's great, we want to work with you; we want to see what we can work out.

For a number of months now, there has been a lot of effort between the government and the health unions to work out a set of arrangements that would achieve the objectives of the government with respect to fewer collective agreements, but also respect the rights of health care workers to remain with their current bargaining units, and also prevent the incredible upheaval and chaos that ensue in the health care system when the preoccupation becomes something other than front-line patient care.

Earlier, the Leader of the Official Opposition talked about approaching this in a way where you would get things right. This government had an opportunity to approach this in a way that could get this right, could do things differently than the choices that have been made. They've chosen the absolute worst possible approach - the approach that will have a damaging impact on the health care system and on people who work in the system.

This is not hyperbole. I've been reading - first of all, I've received many - probably more than on any other issue that I've experienced in my time in this House. I've had a few campaigns that I've lived through - Liberation therapy, for example. I've received many - and I know that the members on the other side are receiving many letters and phone calls from members of their constituency.

Quite often these are long-term health care workers - nurses, for example, who have worked in the health care system for more than 25 years. Some younger nurses. But by and large, I'm hearing mostly from people who have been in the system. They have considerable experience and expertise and specialization. They're nurses who work in specialized areas and fields - on specialized wards, on stroke units, on cardiac units. They are distressed and distraught about what this government is doing, and they feel betrayed. There is no other word to characterize the feelings. They are talking about how betrayed they feel.

What disturbs me is the politics of this. We live in a time where union bashing is fashionable. It's popular. It earns you a lot of brownie points with columnists and interest groups.

The labour movement worldwide has been hammered for the past 30 years by the forces of globalization. The wages of working people have stagnated, and the benefits that working people have previously enjoyed are disappearing. Our kids are a generation who are going to be worse off than we were because of that. And what does this government do? It jumps on that bandwagon. It attacks the very middle-income, middle-class earner in this province and makes them responsible for the financial situation in the province and the financial future of the province - a province whose economic prospects need to improve.

We all get that. We get that our economy has grown more slowly than any other provincial economy in the country for the past 20 years. That's why we need a government that doesn't sit on its hands. That's why we need a government that will do things and have an action plan to ensure that we have a more prosperous future. But to focus on one sector - our health care workers - and make them responsible for the financial situation in the province is wrong, and it's very, very short-sighted, Madam Speaker.

You know, if there is one thing I've learned around health care in the time that I've been in this place, it's how significantly competitive we have to be with other jurisdictions. We have a very, very short road between ourselves and health care opportunities throughout the United States and throughout western Canada. If we as a province fail to maintain a competitive place in terms of pay and benefits and conditions of work and respect for health care workers, we will lose health care workers to other jurisdictions.

It has happened before. It happened under the last Liberal Government. It took more than a decade, and it took huge injections of funds to undo the problems that that created under the last Liberal Government, who did this very thing - a reorganization of the health care system in this way.

If we, on this side of the House, are unable to support this kind of approach (Interruption) I hear the member for Halifax Chebucto saying that I wouldn't support anything. Well, I think the member for Halifax Chebucto should go back and look over the record of myself and this Party in the 17 years we've been here and the times that we have indeed co-operated with the government on any number of initiatives that have resulted in positive change for the people of this province. I'll make him a little reading package. We're going to be here a while so I'll have time to do that. As he's meeting with people to explain the bill, I can meet with him as well and explain the impact of this bill.

Madam Speaker, this bill may make good politics in terms of the kind of union bashing, the kind of contributing to or feeding into popular sentiment about big labour and greedy unions. We need to remember who make up these unions. They are regular men and women who work in our health care system and they perform the vital work of delivering health care to people. They are technicians, and social workers and people who clean the halls and the washrooms and change the beds and care for patients. They need and they have a right to have a voice. First of all, a voice of their choosing; and secondly a voice that is a collective voice, a place for them to speak collectively. Without that, they definitely are at the mercy of a government that has no respect and doesn't really understand what it means to provide that front-line patient care, the importance of good morale, the importance of going to work every day and feeling like you're valued.

Madam Speaker, I'm not sure how much more time I have.

MADAM SPEAKER: You have until 9:42 a.m.

MS. MACDONALD: Thank you very much. This is a concern that we have, that this bill will result in an erosion of local input into health care. It will result in the removal of health care services from local communities; that it will throw labour relations and the morale of health care workers in our health care system into chaos, which it already is; that it will result in people leaving the profession and leaving the province, which is not a good thing; and that it doesn't result in the health savings that people would imagine - in fact it often costs more money to do these things. We've seen quite a few amalgamations and mergers in all kinds of different ways around the province that really have not produced the kind of savings that people anticipated.

When I look at HRM, the amalgamation of the municipalities here in Halifax, I doubt very much that there are very many residents, property owners, taxpayers in HRM, who will tell you that that saved much money - not to mention the commercial property owners and the small business community who continue to see their municipal taxes and their assessments just go through the roof. This has not made things more efficient or more affordable.

We're in this situation where the Minister of Finance and Treasury Board hasn't really been able to give us any documentation, any evidence, to support her claims of what savings there will be. I tabled earlier today a document, an open letter in *The Chronicle Herald* back in the election where they said that one board would result in \$13 million in savings - on an annual basis, they would be able to invest \$13 million.

I saw the Minister of Health and Wellness on television one evening saying that was an oversimplified understanding; that was based on an oversimplified understanding of what a merged health authority into one would look like. The next time we heard from the minister in terms of any numbers he said it would be about \$1 million; then yesterday I think it was \$5 million, we would get \$5 million - in the millions, in the millions - and now we have \$5 million. It has been a big of a moving target.

We know other provinces have gone through this - I think most notably Alberta, where they literally have spent millions of dollars. Their system, especially their emergency care system, has been a complete disaster and crisis ever since that process. They, in the Province of Alberta, have a new Premier, Jim Prentice. One of the first things he announced, and I think in his leadership bid to become the Leader of the Alberta Progressive Conservative Party he indicated that the one super board in Alberta hadn't worked that well. It particularly hadn't worked - surprise, surprise - for rural health care. Now, as Premier, he has announced a review of rural health care delivery in Alberta, so all you rural MLAs on the government side take note.

MADAM SPEAKER: Order, please. I'd ask that you please direct your comments towards the chairman, not towards the other members of the House.

MS. MACDONALD: Thank you, and through you, Madam Speaker, I would ask those other members, all of those rural members, to take note of the plan in Alberta by their government to review rural health care and the impact that having one centralized health authority, no doubt in Edmonton or Calgary - Edmonton, I believe - the impact that has had because it hasn't been a positive one.

I remember as Health and Wellness Minister being at a meeting of health ministers about health care delivery in general and the Minister of Health from Alberta at the time - Minister Horne, a very thoughtful, knowledgeable individual - was very concerned that what they had initially perceived to be a way to reduce administration had actually resulted in an increase in administration, an administration that was more costly, an administration that spent a great deal of time focusing on reducing access to front-line care, especially in the rural areas, and it was a disaster. So let's hope that this does not happen here, Madam Speaker, but I don't have great confidence in how we have started this off.

The Leader of the Official Opposition says that their Party also supported the idea of reducing the number of district health authorities even though it was Dr. Hamm who set the current system up from what the Liberal plan was of the previous four regions. They now think that wasn't the best thing to have done and they are in support of dismantling that system and going to one. Presumably, if my colleague, the Leader of the Progressive Conservatives, were in charge, they would do it differently and they would get it right. Their plan would be to separate out the labour issues from the merger issues to deal with later.

Ironically, I was thinking when I saw the bill that was tabled - Bill No.1 has an interesting history in this Legislature. I think the Bill No.1 that was tabled the last time the Progressive Conservatives were in power was, in fact, the bill that would take away the right to strike from all health care workers in Nova Scotia, everybody who worked in the health care system, everybody who worked in the district health authority.

So you may have been somebody who was a maintenance person and you no longer would have the right to strike. Or you may have been somebody who worked in one of the cafeterias, you no longer would have the right to strike. If I remember correctly, when that Bill No.1 was introduced by this Party, that Party didn't support it. The Premier, who would have been over here in the Third Party position at the time, was not in support of Bill No.1, was not in support of eroding the rights of health care workers.

Those were back in the days when the Premier wanted to project a very different image than the one he wants to project now. When he was here he wanted to project a very labour-friendly image I suggest, Madam Speaker. And now that he's on that side, he would like to project a very tough-on-unions image and get onboard that kind of 35-year trend of blaming the organizations that represent working people for all of the ills of the world and for being the greedy people in our society.

It's interesting how that shift occurs in just a few feet and in such a short period of time. I think that Bill No.1 was introduced in the last session that the Progressive Conservative Government were in power, before that government fell, and it was during a minority government and the Third Party, the Liberal Party, held the balance of power at that time. So the Premier was, at that time, on the side of labour and the health unions, but things certainly have changed in that regard.

I've tried to touch on the three aspects of this bill that I'm concerned about, that my caucus is concerned about, that I think all Nova Scotians should be concerned about. That is essentially that, while we do need to reduce health administration, it can be done without this kind of disruption and massive reorganization, that what's at the heart of this reorganization is not simply the reduction of top management, that what will really be the motivation for this massive kind of reorganization is a significant centralization of health services in each of those regional zones here in metro, an eroding of local community voices and control, and that the labour relations piece is both financially motivated in the absence of a government that has demonstrated no plans to do anything about the state of the economy except ride on the investments of the previous administration and take advantage of the very conservative politics of union-bashing that have been so effective in seeing a growing gap between the rich and the poor and an erosion of the standards of living of many middle-class households and families. This legislation is just part of continuing that trend and jumping on that bandwagon.

With those few remarks, I think I will take my place, Madam Speaker. I know I will have an opportunity to discuss this bill in a clause-by-clause basis when the bill returns to the floor of the House after it has been through the Law Amendments Committee process.

You know, I want to say a few things about the Law Amendments Committee process. We're very lucky here in the Province of Nova Scotia that we do have a process where we allow the public - or I shouldn't say we "allow" the public - where the public have an opportunity to come and make presentations to members of the Legislature based on what legislation is going through this House.

We have been through two very difficult pieces of labour legislation already. As I said, there is only one part of this legislation that is labour legislation. This legislation has scope that goes far, far beyond the interests and the concerns of people who are looking at this legislation from the perspective of the rights of workers.

We have not seen such a massive reorganization of our health care system since Dr. Hamm introduced the Health Authorities Act back in - I would think, I don't know; I didn't have time to check with the Legislative Library, but I would think that bill probably was introduced around 2000, and came into effect maybe - maybe it was introduced in 1999 and came into effect in 2000, but it was introduced quite early in the majority Hamm Government.

It has been quite a long time since we've had a piece of legislation with respect to our health care system that is so significant and what is this government doing? They are racing this really important bill about this really important health care system, that takes up almost half of the provincial budget, that is the number one priority and concern for Nova Scotians, they are racing this bill through this Legislature, into the Law Amendments Committee where no doubt they will want to limit public opportunity to speak on this bill. They sure don't want to give the public an opportunity to understand the bill.

The bill was introduced last night and we were out of here. We are back here this morning because the government wants to race the most important piece of health care reform that this province has seen for more than a decade. I would suggest, Madam Speaker, that members of the government Party will have some explaining to do with respect to why they are so anxious to keep the public from having an opportunity to have their say on this bill.

What is it about this bill that is different than any other piece of legislation we do in here that commands this kind of process? I have not heard a good explanation from anybody on the government side with respect to that and I genuinely would like to know what lies at the heart of trying to prevent the opportunity for Nova Scotians to learn about this bill, to understand what is in this bill, to have input into what is in this bill. What's that all about?

This is not only about bad process when it comes to health care workers and the health unions that represent them, this is bad process for Nova Scotians more generally. This is a really crummy process for people who are concerned about a strong health care system. This is a government that crows and a minister that crows about the consultation he did, this big consultation, by invitation, he did in terms of developing this approach.

Apparently they are interested in hearing from Nova Scotians who they invite to hear from but they are not all that interested in hearing from Nova Scotians once people get a look at the bill and start to understand its implications. They are not really that interested in that.

How does that happen? How does it happen that you have a government that says you know we really want to hear from people and then their actions don't demonstrate that there's anything behind those words? Those words are empty, those words are completely hollow.

I have a lot of skepticism about this bill. As I said, there are things that I could certainly get behind - quality care, improving the quality of care, reducing health administration and streamlining our system. All of those things sound great, but they're not represented in this bill and that's unfortunate. This is an opportunity that this government has blown. Thank you.

MADAM SPEAKER: The honourable Government House Leader.

HON. MICHEL SAMSON: Madam Speaker, I would move that the question be put.

MADAM SPEAKER: The honourable Government House Leader.

HON. MICHEL SAMSON: Madam Speaker, on a point of order. I would ask that we revisit the Notices of Motion that were introduced by the members for Queens-Shelburne, Truro-Bible Hill-Millbrook-Salmon River and Sackville-Cobequid, Resolution Nos. 24, 25 and 26, and with the consent of the House I would ask that you put forward the motion that there be waiver of notice and passage without debate again to the House for consideration.

MADAM SPEAKER: Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motions are carried.

The honourable member for Northside-Westmount.

MR. EDDIE ORRELL: Madam Speaker, it is a great honour to rise in my place today to speak about Bill No. 1, the Health Authorities Act.

We're hearing a lot of concern about this bill, how it has been presented in the Legislature and how it will pass through this Legislature. The bill is of particular interest to me because if I did not have the privilege of sitting in this seat today and standing in my place today, I would be one of the thousands of health care workers this bill would be affecting. I've heard from a lot of the health care workers and I know we all have health care workers in our constituency that are concerned about this bill - not necessarily the bill itself, about the administration part, but the part about where the health care workers are not going to have the choice to decide which union represents them.

This bill covers a lot of ground, and in my opinion it's too much ground. Why does it need to be that way? If this bill is of such importance and we can save so much money with the administration of health care, which we campaigned on as well, why do we have to lump two things together? Give both sides of that bill ample time to be discussed and debated in this House so the people can get a good idea of what it actually means, where it's actually going to go, who it's going to affect, how it will affect health care, how it will make health care better and how it will streamline the process; not to have the unrest we have out here today and last evening of what's going to happen to these health care workers who are going to be put into one bargaining unit or another.

It sounds like by design the aim of this bill is to get as much done as possible in the quickest time frame with as little examination as possible. It seems as though the strategy is to clearly swoop in in the early morning hours or late in the night and exhaust the dedicated workers that provide health care in this province who are affected by this legislation and use their majority to push through the legislation that deserves to be aired and discussed in the light of day.

To me, as a health care worker and as a legislator, that's disrespectful to the workers who will be impacted and it's disrespectful to those who want a thorough examination of this bill and it's disrespectful to the democratic process. We've all been elected by the democratic process, we know it works. Maybe I'm not happy that we have a majority Liberal Government, the people who voted for people on this side and the people over here probably are not happy either, but we accept that. That's part of the democratic process; we'll live with that for four years and by the sounds of what we're hearing maybe four years is all we're going to have to live with and we'll be changing again.

Health care workers will not be afforded this democratic process under this bill. The process to determine who represents them is going to be thrown upon them. I guess that's why I'm so disappointed the government refused to support our resolution to split this bill in two, to divide it into two manageable pieces so that everyone, especially health care workers, understand how the actions of government will affect them.

Madam Speaker, it will be interesting to see, when this goes to Law Amendments Committee, what the health care workers and what the general public have to say about this bill and to see if it will change the minds of the government on how to approach this bill and how to pass this bill in the legislation.

We know with a majority government the bill can pass, but if there is a conscience over there at all, and it affects so many people and everybody's constituency, health care workers, we'll see how that goes. But it doesn't seem like the government wants it that way. They would prefer to push it through, to use their majority to hide these actions from the people of Nova Scotia and not allow everybody to see their choices and use democracy to decide who represents the health care workers.

Madam Speaker, to me that shows the government doesn't want to hear what people have to say and they lack the intestinal fortitude to look the workers in the eye and tell them this is the way it's going to be; this is the way we want it to be, let's do it this way.

A government that had the courage of its convictions, that truly believed what they were doing to be right, would be brave enough to look the union members in the eye, not fill the gallery seats meant for the public with paid Liberal staffers. If the government had the courage of its convictions they would allow debate, thorough debate, on all aspects of the bill, allow us to pass the resolution, split the bill, so we can see what both sides are

thinking. I think it may be because the bill represents change, a change in the government's direction from where they sat, when they sat over here.

Madam Speaker, back in 2007 the Premier said that legislation removing the right to strike for hard-working, committed, and professional health care workers is not the answer. We see that is different today. What has changed? The change is the side of the government they sit on. Funny now, seven years later, he thinks removing the right to strike for hard-working, committed, and professional health care workers is the answer and is the only answer. Back in 2007 the Premier believed picking a fight with our health care workers was not ensuring that Nova Scotians had access to quality health care that they expected each and every one of us here to protect and deliver for them, but today he has his dukes up and he's ready to take on every health care worker in this province.

In the last election campaign we, the Progressive Conservatives, campaigned on the need to streamline the health care system, streamline the administration of health authorities, and we still fully support that, Madam Speaker. We have been focused on results when talking about amalgamating health authorities. We expect the plan to lead to better health outcomes, first and foremost. We get the money out of the boardrooms and into the emergency rooms and other front-line services where it belongs.

If we had the money in those front-line services today, the emergency department in the Northside General wouldn't be closed like it is closed, the emergency department in places like New Waterford and Glace Bay, the lab workers who are going to be transferred in other areas because there are shortages of staff, that wouldn't happen if there were more money in the system. So we fully support the administration costs being put back in the front-line system. The problem we have is the health care workers are going to be told where they are going to bargain from.

Madam Speaker, we heard the Health and Wellness Minister say this morning if you're a teacher and you come into the province as a teacher, then you go into the Teachers Union. It is understood that when you come to this province that is where you're going to be. This is not that case. We have workers who are in other unions, or other areas of bargaining, who have to be put into places that they may not be comfortable with, maybe that's not the best place for them that they think. Let the democratic process decide that.

While we think our plan is better than the Liberal plan, we support the basic idea of decreasing district health authorities and putting that money back into health care. Where we differ is the second part of the bill, as we said: the part that incites chaos in the ranks of the health care workers, as we see out here yesterday and today; the part the Minister of Health and Wellness can't make up his mind about; the part that prevents workers on having a say in who represents their interests.

Madam Speaker, is that democracy? Is that democracy or is it a pale imitation of democracy? In a true democracy the government wouldn't shy away from looking citizens

in the eye and giving them the right to choose. It would not discourage examination of the laws. It would invite its citizens to understand what the government was doing on their behalf, and it doesn't seem like the health care workers think that way right now. The government is not a year old yet but it is behaving like it has been years and years with the arrogance of a government that is tired and has lost sight of its objectives and forgotten the people who elected them in the first place.

From what I'm hearing from the people outside, they haven't forgotten who they elected, and they're not happy with this government right now. They're being told they're going to have to join a bargaining unit that they're not happy with; that they're going to have to deal with people in the bargaining unit that may not represent all of their needs but they're going to be told that's where they're going.

In a democratic process, that's not how it works. We were elected in the democratic process. People in my constituency elected me to do a job for them, and the people who elected them expect them to do the job for them as well - not to be told that they're going to be put into certain situations. So, Madam Speaker, although we agree with the first part of the bill, we're not happy with the second part of the bill. We would like to have a democratic process to decide that, and we would like to see that bill split in two.

I'm looking forward to this going to Law Amendments Committee to see what the general public has to say and what the health care workers have to say. Hopefully, if there's any conscience in some of these people and they realize that democracy works and that's why we're all here, they'll go that way and allow this to happen. It's my pleasure to sit, and thank you very much.

MADAM SPEAKER: The honourable member for Sackville-Cobequid.

HON. DAVID WILSON: Thank you, Madam Speaker. I always say it's an honour to stand in the House and talk and debate about bills that are important to Nova Scotians, but I have to say, on Bill No. 1, I don't think that I could say the same about this piece of legislation. I say that because of my experience over the last 11 years speaking on a number of occasions on different pieces of legislation, as an Opposition member, as a government member, as the Minister of Health and Wellness and, of course, today as an Opposition member.

I think I bring some insight to the health care sector from my background as a paramedic, but also as an MLA. In the six years in Opposition I had the role of Health Critic, and then, of course, having the opportunity to sit at the table as the Minister of Health and Wellness. It's not an easy role; it's not an easy table to sit at. I understand that fully. I think our Leader had indicated in her comments that there are components of this, the essence of what I think the government is trying to do, that we agree with - and that was, and that is, the fact that the Province of Nova Scotia has to continue to address health

administration costs. That's something we took very seriously when we came into government in 2009.

We had, as a province, one of the highest health administration costs in the country. I believe, at the time, it was only Nunavut and the Yukon, one of the Territories, that had a higher health administrative cost, and that is understandably reasonable due to their size and nature of where they are situated in the North. Over those four years, we took our responsibility seriously to try to reduce health administration, and we did that.

Over the four years we were in government - we were one of the highest - we were below the national average, and that's not just my Leader and me saying that. You can go to CIHI, you can go to the figures that are released by CIHI and it indicates that Nova Scotia had the best record of reducing health administrative costs between 2009 and 2013. We reduced it by over 23 per cent and we had a savings of about \$14 million - and what we did with those funds were to put it back into front-line health care. That's the whole goal, and I would hope that's the goal of the current government. I've heard that from the Minister of Health and Wellness, that we need to reinvest any savings into front-line health.

So, as the government, we invested in things like a children's insulin pump program. It took us a number of years where we could introduce new programs under the Department of Health and Wellness; it was a struggle for a number of years. I know my colleague spent the first majority of our mandate in that seat and had some very difficult files in front of her. I think one of the first real crises that our government faced and my colleague faced was the H1N1 crisis that hit our province. That was a serious health care issue that needed to be addressed.

It took us some time to ensure that we were taking the right approach to reducing health administration costs. The main thing was to not create chaos within the health care sector.

I know my colleague mentioned this, but I had a similar conversation, as Minister of Health and Wellness, with the minister from Alberta, Fred Horne, who I see is no longer the Minister of Health but was a very competent Health Minister for Alberta. He was very compassionate, very understanding, and he took a leadership role at the table when Ministers of Health came together. He knew we were taking on the responsibility of reducing health administration costs in Nova Scotia. His advice to me was do not repeat the mistakes of the Alberta Government - of his government. He recognized that it was easy to say initially, oh, we have too many health authorities, let's get rid of them all, we'll save all kinds of money. He understood that once that process started, there were costs and implications of doing that.

I believe Alberta had put aside close to \$100 million in a transitional fund to amalgamate to a mega-board in Alberta, and well over 50 per cent of that - \$50-some,

maybe \$60 million went not to improving front-line health care, not going toward ensuring that residents of Alberta knew what was going on, but to severance - to pay people to leave the administration of that government's health care sector. In my mind, that's a total waste of funds. Can you imagine what we could do here in Nova Scotia or what Alberta could have done with an additional \$50 million?

We know there's a new Premier in Alberta now. They've recognized over the last year or so, I believe - they realized it was a mistake to take the approach they did to amalgamating and trying to reduce health administration costs.

I have to say here today, Madam Speaker, that this current Liberal Government is taking the same path that other jurisdictions have taken in the past that hasn't worked. It costs taxpayers money to reduce and amalgamate and make a super board. That is what I have been saying all along.

We agree with the fact that we need to reduce health administration costs. That's so important, but the more important part of that, when you go and do that, is to not create chaos. I have to tell you, Madam Speaker, since almost a year ago, I have heard nothing but negative things coming from the sector about this plan - well, supposed plan - from the current government on this amalgamation.

We have a new Deputy Minister of Health and Wellness who recently apologized, Madam Speaker, to health care workers in a transition update. He apologized for the upheaval that this is causing them in their work environment. I think that's unfortunate.

I asked the Premier today in Question Period if he agreed with the deputy minister about the upheaval that is being caused within the sector. A lot of time and energy is being put in place on this redistribution of where the boardroom is going to be, where it is going to be situated, how many people are going to sit at the table. That's the unfortunate thing.

As I said earlier, Madam Speaker, I sat at the table of the Minister of Health and Wellness. I know how the department works, and I know how senior management works. They take on tasks. They are very competent in the Department of Health and Wellness, especially the senior management. They are more than willing to implement the government policy of the day. That's their role, as government bureaucrats. That's what the senior management role of, say, the Department of Health and Wellness is: to implement government policy.

I know, because of initiatives in the past, that they are giving it their all. They are spending a lot of time and energy trying to focus on how we amalgamate the district health authorities in our province. The unfortunate thing is, I know the talent that is around the table currently trying to figure this out. It's very evident to me that when this promise was made by the Liberal Party prior to them getting into government, they really didn't think it

through fully. They had no actual plan in front of them even though they had a lot of time. They've been talking about this for a number of years.

Now we see where a year in of the current government we still have no structure in place. Yes, we have - I can't remember the term they call it - Janet Knox who is going to be the CEO, and I don't know if it's pending CEO or whatever it is. She's going to be the CEO, but it's not until April 1st that we'll find out what the makeup is of the board. I mean, that's a year and a half-plus after the election that we're finally going see what the upper management of this mega-board is going to look like.

On top of that, Madam Speaker, we learned through the bill briefing from department staff and political staff that their work is then going to be to come up with a vision, come up with the direction of this new super mega-board, and then that won't be implemented until April 1, 2016. That, to me, is a long time. The Liberal Government is going to be halfway through their mandate before we even know what the vision and the direction of the new mega-board is going to be, and that's unfortunate. That's not right for Nova Scotians to have a government come in and make a significant change to how health care is delivered when it comes to the administration component - and it's an important part of it.

I've said in previous debates that they're easy targets, health administrators - we don't need them, there are too many, they cost too much. But they're an important part of the health care delivery. We hear time and time again - and I've known through initiatives that we initiated as government, that we want those nurses who are trained to be giving care to patients at the bedside, not sitting in offices trying to figure out HR issues and other health administration issues. That should be taken care of by a health administration team.

We're going to continue to need them. They form an important component. They play important roles in health care delivery, probably just as important as that nurse who delivers care. We need that flow of administration and those services to be able to take place so that front-line health care can continue to provide care.

So we're not going to know the vision of this new health authority until April 2016. The concern that I brought up for well over a year and a half now were those that I've been advised on - what to look out for when you are looking at reducing health administration costs. I refer to CIHI, and any member can go to CIHI and look at the charts and the information that they provide to Nova Scotians and Canadians about health administration - everything from the cost of prescription drugs to the cost of health administration.

When you look at the data from CIHI - I didn't need to just take Minister Horne's advice, I looked at the data. If you look at jurisdictions like Alberta or jurisdictions like New Brunswick that went through the process that currently we are about to go through here in Nova Scotia, you see a spike in health administration costs - a spike. That means it costs more. It goes against what we're trying to do, I think - reduce health care costs.

I think we had the approach in government that was a reasonable approach - considering the implications of making too many changes too quick, and more importantly, making sure that we didn't siphon funds that should be going to health care, to a rearrangement or an amalgamation of the health authorities. That's the biggest concern I have and that's what has made me frustrated, to say the least, over the last year and a half. We had a Liberal Party who stood up to Nova Scotians, telling them: vote for us, this is our plan, this is what we're going to do, this is what we're going to achieve if you give us the confidence of your vote and allow us to sit in the Chamber as government.

It was plain and simple in the letters that went out to nurses, for example, an open letter to nurses saying that they would respect their collective bargaining and all the rights and benefits that they have achieved so far will be protected. Well with this bill, Madam Speaker, I don't know if that is still the case. We know that from what we've heard from the interaction with labour and with the government and those who are involved in the negotiations that it looks like they are trying to run to the bottom of whatever benefits each union has, not allowing union members to keep the benefits they fought hard for.

Madam Speaker, we can't forget that these are thousands of men and women who are working every day in our province. They are working Christmas Day, the holidays, overnight, to provide care for you and me, for our loved ones, for our community members who we represent. I think they deserve to be treated in a respectful way.

We have a process in our province that has allowed for collective bargaining for decades and they fought hard for what they have today. That's why I think we saw so many of them last night and today around Province House, they feel that those rights and benefits and privileges are in jeopardy. I would have to say that by understanding the briefing I was given and some of the language in the bill, I'm concerned about that too. That's very hard for a nurse who works in the burn unit, who we heard from under Bill No. 37, about the situation and environment they work in. It's not an easy thing to do, not an easy environment to work in. Not everybody can do it, as I know that not everybody can be a paramedic. Not everybody can go and see what I've seen, as a medic, and the men and women who are paramedics today in this province see some environments that most people would run from, but they are dedicated, they are highly trained, they are committed to providing care.

Just like paramedics, the nurses have worked hard to get their rights, to get their benefits. I've said this time and time again when I stand up in my place here in the House that I loved being a paramedic but when I started in the business in 1995-96, I made \$6.50 an hour as a paramedic, worked 84 hours a week and I loved every minute of it. I wouldn't have changed it for a minute. I know some of my colleagues worked even longer than that. It's hard to believe, that's 84 hours a week, 168 hours every two weeks - go to work Saturday morning at 8:00 a.m. and get off Monday morning at 8:00 a.m. That was one of the shifts. Then I had the next weekend off so it was okay.

We worked hard, as a profession, to get to the point we're at today. (Interruption) Who was my partner? My colleague, the member for Hants West, I remember, Madam Speaker, entrenched in me the need to make sure that medics were taken care of and we needed to support moving that profession along. The paramedic profession is what I would consider one of the newer professions in the province. We had a lot of ground to make up and there are some today who still say there's still ground to make up with what they do today and what care they provide.

I believe Bill No. 1 won't affect the paramedics of this province or the dispatchers. They are hired by a third party, Medavie Blue Cross, or Blue Cross now, I believe, Medavie. This won't affect them but I'm sure there are medics out there who are quite concerned about this. It's all health care workers who I think feel they want to protect what they fought so long for.

When I first came into this House in 2003 there was still a lot of concern and issue around retention of health care workers, especially doctors and nurses, across this province. We had chronic issues especially in a lot of rural communities, about recruitment and retention of health care workers. I have to say that over the last number of years when we were in government we emphasized that. We tried to make a better working environment for these health care workers with the introduction of new models of care, better utilizing those health professions and their training and what their capacity is within delivering health care.

Over those four years we were in government, we increased the number of doctors in the province. There wasn't what I saw in my early days as an elected official - the crisis that seemed to be every other day we heard about an area of the province that was screaming for health care providers. Not to say that we have enough in rural communities; there are still challenges there.

When I came in 2003, I think the reason that there were so many areas in the province that were affected by recruitment and retention of health care providers was the fact that we had gone through the 1990s with a Liberal Government that made some dramatic changes to how health care is funded and how health care providers are treated. We know that they closed hospital beds, they paid nurses to leave, and they rolled back wages. They created an environment that not too many health care workers wanted to come and work in, especially if you were a new graduate. We all know there is a financial component after you graduate from university. Someone who will go on to specialize in health care, and they want to not only make a good living but work in an environment that is respectful and that helps them grow in the profession that they chose to work under.

I see those mistakes of the 1990s being repeated here in this bill. As our Leader said, there definitely is a lot in Bill No. 1 that reminded her of what happened in the 1990s. I wasn't here in the 1990s when those changes came through, but I know when I ran in 2003 there were a lot of health care workers in Lower Sackville and Sackville-Cobequid

who supported me 110 per cent because of how they were treated over the last five or 10 years.

Well, I have to say, Madam Speaker, I've gotten a lot of correspondence over the last number of days - a lot from health care workers within my own community, but health care workers from across the province who are voicing their concerns. Many of them are sending emails, writing letters, not only to myself and my caucus members, but I'm sure to the PC caucus and to government members, because there are a lot of them. I'll agree with that. There are a lot of them, and there seems to be a constant similarity in some of these emails and some of these letters that I received, and how they feel that they were taken advantage of, how they feel they were lied to, how they feel that the Liberal Party, by doing this, is not the Party they voted for. Many of them are regretting that they voted Liberal, and a lot of people voted Liberal in the last election.

I hope that the members across the way in the government caucus, especially those who don't sit on the front bench, recognize the implications on Bill No. 1 and the responsibility for them to their constituent. It's not going to be an easy ride for them. I know and I respect many of them; I have good conversations with them. It's not an easy thing to bring forward legislation that affects someone's life and then have to try to defend that and try to ensure that to that person who voted for them, maybe, that it was in their best interest. I think that there are a number of responses here from government members who say, well, I'll get back to you and explain what we're doing.

I think late last night - well, it wasn't too late, but at 8:30 or 9:00 last night I went out, and someone came up to me and said, I still haven't heard from my member, who said that they would take the time to explain why they were going to support Bill No. 1. So I hope they recognize the importance of ensuring that they can communicate with their constituents around why this bill is important for them as a health care worker, but more importantly, why it's important to bring this piece of legislation in the form and the manner it is, and how it's going to improve health care.

The sad thing about all this, Madam Speaker, is that what's happening is we're losing focus. I have to stand here today to try to talk about a bill that I don't support, instead of talking about things that I think matter to most Nova Scotians. In the 11 years, going on 12 years that I've been here, every poll I know, every response you get from the general public, health care and health care delivery is always the number-one concern for them - always.

What I haven't heard over the last year - it will be a year coming up soon - is what the government is going to do to improve health care delivery and what are they doing to improve front-line care. I know it was quite the awakening when I was sworn in down the road at the Lieutenant Governor's House as Minister of Health and Wellness and then walked up to the minister's office - I sat down and I realized all the issues in health care were all over my table. I know for months I was being briefed by different people within

the department trying to educate me more on the concerns and issues within the health care sector.

We all know there's a challenge on the costs in health care. We see the costs going up all over the country - all over the world, really. Health care costs continue to go up. There are issues in almost every sector that need the attention of the government, that need the attention of the Minister of Health and Wellness, that need the attention of his senior advisers within Health and Wellness. By bringing this piece of legislation forward, those issues aren't being addressed. I can guarantee it - I was there and I know. If we had an issue in front of us, everybody came to the boardroom and we tried to figure out that issue.

This is a big one - we have labour who is very upset, extremely upset, at this piece of legislation. I understand fully that it's difficult, as a government, to have a balance and have a relationship with labour to try to make sure that labour unrests are minimal during your time as government.

I believe it was the Premier, if I'm not mistaken, Madam Speaker, who mentioned something when he was in Opposition, that I believe over the last few decades or decade - 20 years, I think - there were three hospital strikes over that time. He was talking about legislation around labour, and he is correct.

Under our mandate there were some challenges, no question. We were challenged with trying to make sure that that relationship between government, between the Department of Labour and Advanced Education, between the Department of Health and Wellness, and those who work and provide the services - it was challenging, but we worked extremely hard at it to try to come to resolutions to ensure that labour felt they were being listened to, that there was good, transparent negotiation as we moved forward through our mandate. One thing you need to continue to remind yourself of is that needs to continue to work.

In my mind, seeing Bill No. 21 is the easy way out for the Liberal Government. They won't have to worry about - and I think they mentioned there are 50 collective agreements and that's fine; in other province there's, like, 800 of them. They still managed to negotiate with those bargaining units and there are not too many jurisdictions that have taken a step that this government wants to take, with amalgamating them down to four different unions.

We've gotten a lot of correspondence, as I said, Madam Speaker, and I'm going to just quote from a couple and then once I'm done, maybe at the end of my speech, I'll make sure it's tabled. This is from Kelly Kennedy:

"I chose to become a registered nurse because I wanted to help people. I work 12 hour shifts, miss holidays and weekend events with friends and family and I never complain as I knew this when choosing

my profession. My coworkers have become my second family and I am very fortunate to work with an amazing team of professionals and support staff.

I'm very disappointed that your majority government clearly doesn't see our value as you plan to create chaos and resentment in our professional lives by forcing us into unions and appointing leadership. Then to play on semantics indicating it will be a mediator and not the liberals who stripe [sic] me of my valuable benefits. We are all well educated and far to [sic] clever to be swayed by the smoke and mirrors that may work on the public."

I'll refer to that in a little bit; I'll table that. They feel that they are concerned with the approach the government is taking. They know that they want to feel respected and this does nothing, nothing to do that.

As I said earlier, a lot of time and energy is being placed on this amalgamation to the superboard. One of the reasons I believe there is so much time and energy that needs to be placed on this now is because the government didn't really have a plan. They had some vision up there that we were going to amalgamate these district health authorities and were going to save \$13 million. It was going to go back into front-line health care, \$13 million.

We know that is not the case now. It took the minister a little bit of time to figure out that he oversimplified that number in their platform, that it wasn't \$13 million, can't do it. He said he can't do it, that wasn't the promise. It's going to be a \$13 million savings, right there, front-line health care. That's not the case. (Interruption) Now he takes my advice - now. I almost turned blue, prior to election, telling him you should take my advice and not go down this road the way they're going. I know a couple of months ago the minister said that was not the case. We can't do it right away. There are other things at play - like severance, like people leaving the system that have contracts with the government - and they said at that time - million-ish, I think is what was said.

Now, of course, we see yesterday they are indicating about \$5 million that may be saved, minimum, sometime in the future. The concern I have about that is that there was no plan. Now senior management within the Department of Health and Wellness has to come up with a plan for the government. They have to figure out how this will work, and as I said earlier, that is taking them off issues that have been long-standing in the province. We worked hard on trying to address as many issues as we could when we were in government. I indicated from the \$14 million that we saved in health administration costs, I think we reduced VP positions by 18 or 19 over our mandate - significant, I think - 18, 19 fewer VP positions in health administration. The next step was to try to get some of those CEOs to amalgamate, that was where we were going.

You don't have to take my word for it, I know when Ms. Knox was introduced as the new CEO, she said for years now that she had been working with other CEOs in other districts to make sure there was the ability to support each other as districts across the province. But one of the things we haven't heard from, and I think it's due to the busyness of this file, is what's going on in long-term care. There are still wait times; they haven't been eliminated, unless I missed that news release.

There were a number of commitments made from the previous government around increasing long-term care beds in the province. If I'm not mistaken, the Premier now, who was Opposition Leader, said they would honour those capital projects.

THE PREMIER: We were going to work together.

MR. DAVID WILSON: We were going to work together too, yes, that they would agree to that but I haven't heard of any addition to long-term care beds in facilities in a year. Continuing care is hugely important, trying to keep people in their own homes. I know our last year in government we put \$21 million more in continuing care in home care support so that people can get the support at home. That's where they want to be. They don't want to be in a nursing home. I don't think I have ever met anybody - as Minister of Health and Wellness or as an MLA - who says I can't wait to get into a nursing home. I have never met them.

Unfortunately, people do end up in long-term care facilities and there are so many dedicated women and men who work in those facilities who provide care, most of the time it's towards end-of-life care of Nova Scotians. But we haven't heard anything. I haven't seen any news releases about more home support for Nova Scotians.

Another area that was extremely important to everybody - and I believe the current Minister of Health and Wellness asked me I don't know how many questions on - ER closures. We have legislation on the books today that requires the government to bring forward an ER accountability report that tells Nova Scotians how often the ERs are closed across the province. It's legislation that's somewhat overdue. I think maybe tomorrow I'll get a question to the minister so maybe he'll get me an answer. Where's that report? How many ERs have been closed in the last year in Nova Scotia? And with that accountability report, not only does the government have to say where those ER closures are, but they have to say why they closed. Was it personnel? Was it some other reason? And also, what they're going to do to fix it.

It's no secret, we've talked about this many times as a government, as MLAs in our Party, that we recognized emergency rooms and how vital they are in rural communities, and brought forward a change in model of care that is now being looked at across the country, and that's of course the CECs that we have throughout Nova Scotia. We have them in communities that for far too long continue to have no access to emergency care, that continue to see health care workers be sent home because, maybe the physician there,

who couldn't work 48 hours in a row, had to take some time off so they just closed it. At those opportunities we lost the ability of health care providers like nurses and paramedics from being able to provide care they can. Allowing them to work to their full scope of training.

That really was kind of the background of why we needed to look at something to improve that. Of course we had Dr. Ross, who is a well-respected emergency room physician - not only respected here in Canada, but around the globe - visit every single ER in this province, every single one of them, to try to find out what was the issue, try to hear first-hand, at ground level, what the concerns were in those ERs. He came back with the Ross report, which really was the framework of how we moved forward, how we made the decision to introduce Collaborative Emergency Centres to places like Parrsboro, Springhill, Tatamagouche, Pugwash, Annapolis Royal, Musquodoboit Harbour, Musquodoboit Valley, and New Waterford, which is a mobile CEC, and supposed to be soon was Lunenburg which we haven't heard anything from the government of what the delay is.

I would be interested to see if there has been an increase in emergency room closures in the last year. During our mandate, every year we reduced emergency room closures. Every year they went down. North Sydney, I've been reading recently, is being closed a lot and there are many reasons for it. That's why the government needs to continue working on that file, to try to make sure that the people of North Sydney have access to emergency care. There was some kind of solution to their issue. That's the other part I'm so against in this piece of legislation, is the fact we're going to lose, I believe, the ability to effectively propose changes to how health care is delivered in their community.

The Premier told me today nobody calls the CEO of the health authority, well, when they don't have anyone in their community to look at, I think they're going to call the CEO, I hope it's a 1-800 number so people don't have to incur long distance charges from Parrsboro or from Glace Bay or wherever else they're calling from. The importance of ensuring they have access to communication and the ability to propose changes goes right to the model of the CECs. This is total change of model of care in the emergency room, in care that people get. We didn't come forward with the CEC model and say, here you go Parrsboro, here you go Springhill, Pugwash, and those other ones, here's the model, just implement it.

Each and every one of them is different in some capacity because each community's needs are different. I know we're one province; we're less than a million people, that's the reason they want to amalgamate all the district health authorities. That's fine to say, but we're a diverse province, and the needs in communities are different, especially in health care. One area of the province may need more nurses, some may need more paramedics, some may need surgeons, and some may need more cardiologists.

It's going to be more difficult, I believe, to figure out what the needs of each little community are by having this mega-board, and we wouldn't have been able to introduce this CEC model in that manner, it wouldn't have worked in New Waterford. New Waterford is a mobile CEC because the interaction with the local board and the community members recognize a big issue in New Waterford and that was a lack of transportation sometimes for individuals - and some low-income individuals, single parents, who brought forward their concerns. One of their concerns was late at night if I have an emergency I didn't have access to get to the emergency department, I called an ambulance, even if it was a minor issue.

I remember that that has been a criticism over the years that one of the issues we have crowded ERs is that people go there for everything and anything, and I've said this before, it doesn't matter why they go there if that individual feels they have a health concern, they're concerned with that. They go to what is available to them and in many communities it's the ER, that's the only thing that is available, especially after-hours.

In a place like New Waterford we were able to look at and hear from that community that there was a need so the mobile Collaborative Emergency Centre came to light. I understand that first there is some reluctance to move to a new model of care but I think it's serving that community well and it's a model that is being looked at, as I said, across the country.

I continue to say when I was Minister of Health I wish we could have patented the CEC model and got revenue and royalties because we had jurisdiction after jurisdiction coming to Parrsboro, Pugwash, and Springhill to find out what it looks like, how is it working there. I've got to tell you when you go to Parrsboro, a small little community, they weren't too sure about this at first but because there was an ability to have leaders from the community who were on those health authority boards, who were their neighbours, who lived next to them, who had family members who used the same hospital and ER that they did, they were able to convey to them that, listen, we need to give this a try, what we've been doing for decades hasn't been working, hasn't been meeting the needs of those individuals, and because of that connection to that community, I believe, from the health boards and from the CEO of that area in Parrsboro, Parrsboro said yes, we'll allow our community to try this, we'll be the first in Nova Scotia to have what a Collaborative Emergency Centre is.

I've got to tell you, once I become minister and got up to Parrsboro and went in there they were very proud and always had the offer to make sure that if anybody was asking about Collaborative Emergency Centres that you brought them to Parrsboro. The one thing they wanted to make sure was that nobody came in and changed what was going on there, and it really shows, I think, a small, small community like Parrsboro that they were willing to accept some change, embrace a new model of care and health care.

It sounds crazy, when we first talked about it, oh I don't know, what do you mean you're going to change whose working here and who I see? But once they started interacting with the health care providers that were there they realized how dedicated they were, the level of care that they go, and that this is better run. I remember having an elderly lady tell me she used to wait five to six weeks to see a physician, five to six weeks just for some small ailment, which usually transpired into something more serious because they had a chronic disease which ended up that they couldn't be seen at their local ER, they ended up going to the regional hospital and sometimes ended up in Halifax, all the way from Parrsboro because they had to wait five weeks to get in to see their doctor because they had some breathing problems, and by the time they got in there they needed a higher level of care. Now they have same-day/next-day service and they said they wouldn't have it any other way.

So it's just one example, I think, of the approach that we took which will be different than what the current government is going to take when it comes to trying to address health administration costs, trying to make sure that people have a voice in local communities.

I know that initially they said they are going to have one board and then it kind of morphed into four regions. I would predict that within the next few years we are going to see exactly what was just announced by the new Premier of Alberta, and that is a rural health care plan. The reason for that is because those communities were not being heard. The issues in those small rural communities - especially in Alberta where some of them are remote, you can only fly into their communities - weren't being heard by a super, mega-board. Over the last two years Alberta has kind of reverted back to ensuring that that input is there from communities. So what the heck did they do it for in the first place? Why did they pay \$50 million, \$60 million for people to leave the system when that \$50 million or \$60 million could have been spent in rural health care in Alberta?

The answer here that we can't get from the government is how much is this going to cost us? The Finance and Treasury Board Minister said in her update, Madam Speaker, that this will cost us money. They finally admitted that. How much? Who knows? They go back, oh, we're going to save \$5 million, that's this week - million-ish.

There is a cost here and we can't get that from the government. How much money is going to be diverted from health care? One of the things we did with the \$14 million was, as I said earlier, introduce an insulin pump for children and we increased dental coverage for children in Nova Scotia. Maybe some of that money that is being spent to amalgamate could go to even increasing more of the age limit for dental care, maybe help seniors get a program that helps with hearing aids for seniors. We know that they are struggling every day to try to pay for that. Maybe it should go towards lowering the premiums that our seniors are paying for Seniors' Pharmacare. Those are the things we could use the money that we are going to pay CEOs to leave that I would rather have seen happen.

As I said at the start, I agree with having to reduce health administration. That was something we were committed to in government. I know the Liberals say they are committed to it but what you don't want is the chaos and I see in Bill No. 1 that that's all they are doing, creating chaos. You have a deputy minister already apologizing to health care workers for the upheaval of their working environment. In my mind that's craziness, that we have a deputy minister having to apologize to the health care workers already and we are not going to see any real, true results or a vision for this new mega-board until April 1, 2016? I can't believe they're going to waste the time, the energy and the money to get us to that point.

They should have done their work prior to this, Madam Speaker. As I said earlier, I tried for months and months to say in other jurisdictions what their experience was and how they all saw an increase in health administration costs. But that was on deaf ears - no, we're going to save \$13 million; it is \$5 million now. It was difficult for us to save \$14 million over four years but I can assure you that we did not create chaos within the health care sector, that our Deputy Minister of Health and Wellness did not have to apologize to workers over those four years about the upheaval within the sector because we were trying to save health administration costs.

It was actually to the contrary. CEOs across the district health authorities, board members across the district health authorities, people within the Department of Health and Wellness, all realized we needed to do this and save money, and they all came forward with ideas - every single one of them. There wasn't one district out there that said no, we don't believe we need to save money, we're going to keep what we're doing. None of them said that, they were all on board.

Ms. Knox mentioned that in her speech, after being announced, that she had been working with other districts over the years. There are no walls up between the districts. There are some barriers but those walls were being taken down by the previous government. We had Nova Scotians who had choices if they wanted to move to other districts to get care. That's why we had published wait times. That's why physicians had access to lists of surgeons and their wait times, so that they could make the best decision possible on referring their patient to a specialist, to a surgeon.

My own father went to Bridgewater, I believe, for surgery a couple of years ago. There was work being done to take down those walls around districts. We look at the mammography program here in the province. There was one number that you called, and if you lived in Yarmouth, you could call that number and say, well, it's getting close to Christmas and I need my test done - I'll be in Halifax so I'll call and see if there's an opening in Halifax. I've heard that directly from people from Yarmouth who made an appointment in Halifax because they were up here visiting family - this one was Christmas shopping, but was able to gain access to the health care services here in Halifax. So this vision that you're going to break all these walls down isn't really there, Madam Speaker.

There was a transformation happening within the health care sector that was seeing a better sharing opportunity between districts - surgeons who were working in multiple areas. There was still work to be done, I would agree with the minister. But in his office, that's what senior management should be working on.

I remember reading through some of the emails - and I think it was a comment in Question Period today: Listen, a nurse can't go across the harbour and work in Dartmouth General.

Okay, you can say that, but you also have to ask more questions. What nurse are you asking to move over to Dartmouth and work in Dartmouth? Is it someone who's an ER nurse and they need a nurse in the OR over at Dartmouth General? If that's the case, then you might not want the ER nurse - not that she's any less trained, but she's trained differently. There are differences within the profession of nursing, for example. ER nurses do a different role than OR nurses. If you've ever been in an OR, there are different skill sets there.

They're all trained the same, I would agree. They're all nurses, but they bring their own specialty to wherever they're working. It's not as easy as is being said: they're not allowed to move in there. Moving nurses from floor to floor - if you have a nurse who has been working in Cardiac for decades and then all of a sudden just move them down to GYN or another area.

I'm not going to say that they can't manoeuvre, but they may not be as up on what really goes on on those floors. There are ways of addressing that, and it's not telling that nurse from Halifax that they need to belong to the same union as the nurse in Dartmouth. That has nothing to do with their competence. It has nothing to do with the scope of care that they can provide. It has to do with what kind of additional training they got after they graduated.

That is something senior staff should be working on. I would agree with that, that we need the mobility part of our health care providers, because that was really so we can utilize them better. We know our population is shrinking in Nova Scotia. It's no secret, and I don't think we could have any targets that would be achievable that are going to address the sheer reduction in population in Nova Scotia. So what we need to do is work smarter, allow our health care workers to be utilized in situational environments that use their full scope of practice and full scope of training. That was the essence of Collaborative Emergency Centres.

As I said earlier, because a physician may have worked 24 hours and then spent 12 hours at the regional hospital looking at patients, they had to take 12 hours off, so they closed the emergency department. You had nurses there. You had paramedics there who are fully trained, who can work on people, who can assess people. That's their whole job - assessing what residents' needs are when they come in for an emergency.

It's not the physician who meets you at the door when you go to the ER. If you go to the QEII down the road here, it's a paramedic, because the paramedic can train and understand what is going on with you and where you need to go then. You go to other hospitals? It's not the doctor who meets you at the door when you walk in. It's the nurse. They're trained to understand what's going on and make a decision. And in health care, that's what we need. We need decision makers. If you're trained properly you can make a decision on what care that person needs.

So you go into Parrsboro and they recognize that maybe the person is having a stroke. That nurse or that paramedic sitting there, who sees that person coming in, they are not yelling for the doctor that might be there, they are calling dispatch saying can we have the LifeFlight here? Can we get an ambulance here so we can get that person to a stroke unit so that patient can have a better outcome as they progress through the health care field?

That's what we need. We need decision makers within health care and utilize them to the best of their ability. This piece of legislation doesn't talk about that. All it talks about is where you are going to end up. I have to say, reading through some of the letters - I haven't forgotten, I'll table this before I do it - that's part of their concern. They belong to a union that many of them feel represent their values and where they are going. They fought for their benefit package that they have and they feel it's wrong for government - and you can paint it any way you want - the government is going to make a decision on where they go. I think I read in the bill that right after the passing of this bill, if within seven days the unions don't agree with a mutual mediator, then the government will appoint one.

The likelihood of getting them to agree on that is - I'm sure they are going to try it and that is the thing that's frustrating about all this is that the unions have been trying. They recognize that the new government came in, there was going to be a new direction, that they were going to go forward with this amalgamation, but they wanted to work on seeing if they could come forward with a compromise. They worked all summer and some of them feel betrayed is what I heard and read in many comments.

Instead of trying to maximize the use of our health care workers, put them in an environment that really compels them to work to their full scope of practice, which I think improves their working environment. When you are working in an environment where you have to do things that really you are not trained to do, other people should be doing it. I think the environment like Collaborative Emergency Centres really brings forward the responsibility on those nurses who are evaluating those people who are coming in, those paramedics and some of the CECs that have paramedics, to make that decision saying I'm trusted by our health care system to make these important decisions about the health and well-being of an individual.

I think in Bill No. 1 we don't see that. We don't see where or how it will improve health care. We don't see how this is going to be better for the health care workers and there is a fear there will be a race to the bottom and take the smallest package or benefit

packages from each union and it will be forced down their throats. That's what they are feeling, they're feeling uncertainty and this bill does nothing, if anything it hurts the morale of the health care sector.

We heard it thorough Bill No. 37 time and time again. I want health care workers to be out there worrying about health care and trying to figure out what do I do when that next case comes in if it's a certain ailment and not, am I going to lose some of my benefits? Am I going to get less vacation? Is my pension at risk? My vacation time - whatever it is. They shouldn't be worrying about that when they are working a shift for 12 hours at the ER or on a floor or in the OR. I don't want that and I think that's why we feel compelled to ensure that we voice our concerns about this piece of legislation and I look forward and I hope government remembers to listen intently when this gets to the Committee on Law Amendments. I'm sure there will be a few people coming in and giving their opinions about Bill No. 1. Thank you.

MADAM SPEAKER: The honourable member for Pictou East.

MR. TIM HOUSTON: Madam Speaker, providing effective, efficient health care is a foundation of our society. One of the most important things we can do in this Chamber is to get health care right so any piece of legislation impacting health care is of great importance to Nova Scotians and it's for this reason that I feel compelled to rise from my seat today and offer a few words on Bill No. 1.

Members, without health care workers we have no health care. We can't lose sight of the fact of how important they are in the process, because they are the process. As concerns health care, there are really only two questions that a government should be asking: does it produce health, or does it save money? Those are the two questions that government should be asking every time it considers a change to the health care system.

I worry, Madam Speaker, with this bill there's too much going on inside the bill to allow for these two questions to be properly answered. So while it might be possible to look at the first part of the bill dealing with the amalgamation of the health authorities and say that it will save money, the more complex you make the amalgamation, the more difficult it is to say that it will save money with certainty. I think the minister has experienced that if you listen to his comments. Starting back in the Spring he was asked on the floor of this House how much it would save. At that time he didn't know, and I believe he may have insinuated that it may actually cost money.

Back then there wasn't much talk about savings of amalgamation. Now in the last frantic week as he prepared to get this legislation before the floor, we have heard the minister say things like it might save a "million-ish" which I guess is a technical accounting term for the minister - it may save \$5 million. (Interruptions) It's not proper GAAP.

Madam Speaker, we have to put that into the context of listening to the person who the Premier handpicked to look after the *Bluenose II* file. When he was asked what something would cost, he said it would cost between \$10,000 and \$1 million. Now we hear the minister saying \$1 million-ish. I don't know if \$1 million-ish is \$10,000 or \$10 million - apparently I don't think the minister knows either.

The fact of the matter is we can haggle about little details like savings and the saving (Interruption)

MADAM SPEAKER: Order, please. The member for Pictou East has the floor.

MR. HOUSTON: Thank you, Madam Speaker. The details of how much will be saved by the amalgamation is only a detail. It will only be borne out in the fullness of time. My concern today is that this plan, this approach, puts not only savings at risk, it puts the entire implementation at risk.

By adding so much into this one bill, the minister has added execution risk because when you look at what's going to happen with the amalgamation and you look at the moving parts of this bill, you're going to have managerial change, you're going to have management transition disruption. But the issue is that the minister and this government have now decided to layer another level of complexity over top of those issues, of that disruption, and what they're doing is they are layering possible labour disruption over top of the ordinary transition issues - and that almost encourages labour disruption and encourages chaos.

This is a bill that we're seeing the government trying to ram through. The ramming through of this bill in and of itself increases the risk, it increases the risk of labour unrest. You have to ask, why? What's the rush that we have to put these two significant elements into one bill and try to push it through?

It raises additional questions as to how smoothly the implementation will run, and when you start to ask questions about how the implementation will operate then you have to go back to where I started, which was the first question, you have to question whether or not it produces health. So you put a system into chaos, you can't say with certainty whether there will be any savings, how much the savings will be, and now you say is it going to produce health? That's a shame that they have taken this situation and put everything into chaos such that they can't answer those two questions succinctly.

How can a government put a piece of legislation on the floor of this House and not be able to answer those two basic questions succinctly and confidently. Does it produce health? Don't know. Does it produce savings? Maybe a million-ish. It's silly - it's just silly.

There's too much in this bill; the bill should be split into two components. Government owes it to the people of the province to split this bill into two parts and to

evaluate both of them on their merits. Let them both stand up to the test of scrutiny, what's the rush?

Now, I'm not the only one who is asking what the rush is. Back in 2001 my colleague quoted some stuff that the now Government House Leader said back in 2001, and it's so good that I have to share it with you a second time today. I wish you could have some popcorn and settle in to hear this beautiful work of fiction; it's an absolute fairy tale about a saviour riding in on a white horse at that time.

At that time, back in 2001, the now Government House Leader said, "Not only was it offensive enough for them to arrive here and to see that this government is proposing to take away all of their rights to collective bargaining and giving this Cabinet . . . the ability to impose a contract on them, but they came down to the House of Assembly, they are all taxpayers, they are Nova Scotians. They figure, oh, we are coming to the Chamber of democracy, then they walk in, and what do they see? Well, I counted six Halifax Regional Policemen. We saw the gates on the sidewalks here; gates along the sidewalks . . ."

That was a first to the Government House Leader back in 2001. What did we see, I think we saw a heck of a lot more than six policemen; in fact, when I looked out the window from the Red Room probably just an hour and a bit ago, I saw at least six policemen trying to arrest a protester plus the ones in here.

Well, the nurses can say that with all the protests that this House of Assembly has seen over the years, they're the ones who are scared the most - the nurses. I'm just so hopeful as I stand here that some of these members on the government side will stand up and talk because they're so anxious to have their say while I'm having my say. I heard the member talking about stuff. I don't know, perhaps some of the members might even be allowed to have their say on this and we can hear from them what they're thinking.

Madam Speaker, when you think about the comments from the now-Government House Leader back then and you think about his actions over the last day, not allowing people to sit in the gallery to have a look at the government, filling the gallery. We saw them voting down resolutions this morning to recognize the accomplishments of Nova Scotians, we saw them stymying a person, a gentleman who had travelled to this House all the way from Port Hawkesbury as an invited guest, to hear a speech honouring him in his quest to overcome the trauma of sexual abuse, and then the Government House Leader says no, you can't have your say, member, you're not going to have that speech today.

Back then, a different story; today, this is what we see. Perfect example, Madam Speaker, of do as I say, not as I do. (Interruptions) It's okay, Madam Speaker, I earned that.

Let's ask ourselves, is health being produced outside of this building right now? Is this piece of legislation producing health? What's the rush? For the amalgamation of the health authorities to work, the team that is implementing the amalgamation needs to buy in

and that's the team at all levels: at the management level, at the rank and file level. It doesn't quite look to me like the team is buying in so by ramming through this one piece of legislation, the minister has managed to increase execution risk - increase the risk that the amalgamation will not be efficient, increase the risk that the amalgamation will not be effective. That's not what the job of government is to do. The job of government is to make the lives of Nova Scotians better. It's not the job of government to increase turmoil, unnecessarily.

The concept of the amalgamation is something I support. It's a good idea but I have a real issue with the way it is being taken forward. I encourage the minister to rethink his plan, or rethink the plan that somebody put in front of him, and try to do it properly, try to do it sequentially, try to do it in a manner that respects the health care workers through the process. The way to respect the health care workers through the process is to split this into two bills and look at them separately and sequentially in a proper manner.

It's also the way to get it done properly, to get the amalgamation right. Step one, establish the proper governance. Get the system right. Step two, deal with the labour. When you try to do them both at the same time, I'm worried that we are going to see a colossal failure here and we don't have time for that. We have seen a lot of colossal failures over the time.

This should be two bills. I ask and I beg and I plead of the government members to listen to Nova Scotians through the Law Amendments Committee process, pay the ordinary Nova Scotian citizens who travel to this House to be heard, to give their opinion, pay them just a little more respect than you are paying the members on this side. What I have seen over the last couple of days, and what Nova Scotians are seeing, is the complete abuse of a majority government and Nova Scotians are noticing it and Nova Scotians are not very happy with it.

When we look at this bill and I listen to the answers in Question Period today and I've read a lot of the media reports, I've been trying to ask myself, what is the rush? Why is the government trying to push this through? I'm trying to search for an answer for that and I'm trying to be open-minded about that, to see if it really is in the benefit of Nova Scotia health care to rush it through.

When you rush things through, you miss things. When you rush things through, you have unintended consequences and I think we're already seeing that. We've seen Exhibit A over the last few days with the varying degrees of estimates on savings, but in Question Period today we heard the government say that no health care worker will receive less under this Liberal plan. Madam Speaker, if nobody receives less does that imply that somebody receives more? Has that been thought through? Maybe that's why we're having such a struggle with the estimates of savings - because nobody knows. They haven't thought about it. It's rushed through. It's the cart before the horse.

That's a shame. That doesn't instill a lot of confidence in me, and I don't think it instills a lot of confidence even in the members on the government side. I think they are a little confused as to how this is all going to play out. They might have been told not to be confused, but I know they are.

Madam Speaker, this should be two bills. I urge the government to think about that, because there is a good idea buried in here, but they are risking turning a good idea into a bad idea. I just ask them to hopefully have a second thought on that and just listen to that and rethink what they're doing. It's not too late to get this right. There's lots of time to get this right.

I have to stand here today and remain optimistic, for the sake of Nova Scotia, that they will get it right, but I'm not seeing it so far. I sure hope they do. It's not too late to do this right. It's not too late to do this fairly. Thank you.

MADAM SPEAKER: The honourable member for Cape Breton Centre.

HON. FRANK CORBETT: Madam Speaker, a previous question has been moved, am I correct in that?

MADAM SPEAKER: Yes.

MR. CORBETT: Thank you. I'll say a few words on Bill No. 1 and its implications to all Nova Scotians. Much of the talk today has been around the impact on the labour movement and the workers, and I'll spend some time on that.

This is an interesting bill for no other reason than even if you agreed with its contents of why the government has pushed this forward with unprecedented hours this early in a session. We've come in relatively early in the Fall, and if we followed the due course of regular hours, this bill would be passed sometime mid to late next week, and off we'd go, and that would probably be it. If there were dilatory motions being made, then I would understand that, but for some reason, unbeknownst to most people in this province, the Premier decided that he has to ramp up the hours to get this bill passed ASAP, and we don't know why.

Why is it? That's what I think most Nova Scotians want to know about Bill No. 1. Why are they in such a hurry to pass a bill when they have a majority? It's going to pass - they've got the majority and it's going to pass, but it's not even the fact that it's going to pass. They also want it done using extraordinary time arenas, Madam Speaker. One has to wonder, what is behind the government's desire to do this so quickly, to not allow Nova Scotians time to really reflect and understand this bill in all its complexities?

We come in here on a Monday night, which is usually three hours, 7:00 p.m. to 10:00 p.m., and the government presents no business but then calls us back the next day at

seven o'clock the next morning with no real discussion around who is - I guess I can only speak for our Party, and I'm sure the House Leader and the Leader of the Official Opposition can speak on their behalf very forcefully, but nobody said what's your intention on debate around this bill. Have you caucused it, what are you going to say. That question was never asked.

We were confronted with the heavy hammer of hours and saying okay, you have to meet this bar now and we really don't know why that time frame is there. We're left wondering is there an agenda here by the government that we know nothing about. With Bill No. 1, we're very much afraid that maybe we'll get this thing through and the Opposition Parties will not be able to ferret out the extra badness that's in this bill.

That's one point that makes me extremely worried and I'll probably come back to that later. The idea of fixing health care in Nova Scotia is (a) not a new idea, and (b) for sure, is not an easy task, but yet we're being told by the government that this is what ails the health care system and we can fix it with Bill No. 1. Well, it doesn't because for almost a year now the government all but ignored all the issues in health care while they rushed to get this bill in front of us.

We're asked to pass this bill again, that really, is not fully developed until April 1, 2016 when the boards are in place and so on, it's still very much in a state of flux. How we're going to accommodate those changes, what it's going to look like, where the proverbial head office is going to be - we don't even know where that is going to be. There are many things out there. The Minister of Health and Wellness says he can't tell everything. The \$1 million-ish man does not tell us anything.

If it wasn't so serious it would be funny and I agree, as much as anyone else, I like to have fun with the job and I don't think we should be too dour and sour with each other all the time. It's very hard to support this bill when there are so many unknowns in it; not the least of which, if the roles were reversed, if their members were over on this side and we were over there again, that they would say, what's your hurry, why are you ramming this bill through?

From time to time, every Party that has been in government has used the clock to their advantage and disadvantage and we understand that. This is all of a sudden, after a year, they have to come in and get this done, but they give us another year and half before it's fully implemented. We don't know why this is. Nonetheless, I'm worried about the unintended consequences, when we take control further away from the local areas and the effect it's going to have on local hospitals. I'm really calling them local hospitals. I'm not talking about regional hospitals, I'm not talking about tertiary care hospitals, I'm talking local hospitals - the New Waterfords, the Pugwashes, the Guysboroughs, North Sydney. Those small ones, they're the ones because they have unique issues because what has happened is, these hospitals are the most vulnerable. Today is not the day to debate out-migration in this province, I'm sure we'll have another day to do that, but the fact is

these hospitals are set up in areas that are becoming depopulated, for a variety of reasons, but they are the ones under the most stress.

If the Northside General Hospital has a hard time having its voice heard 15 miles down the road at the regional hospital in Sydney, how much harder is it going to be to have their voice heard in Truro or Halifax or wherever. Again, we don't know where the epicentre of health care is going to be in this province. This is the hide and go seek method of we either won't tell or don't know.

I have to say, I've had the pleasure in government, in Opposition of working with one individual in particular from over on the Northside, Norm Connors - I never asked permission to use his name but I don't think he'll mind, he's a good fellow. The member for Northside-Westmount knows him well; he's a good guy and a good community-minded citizen, I must say. I would dare to say he has never voted for my Party but that said, a more dedicated individual for health care in this province would be hard to find. I'm looking for my friend to nod to see if he agrees with me and I think he does.

Norm has sat as chair, he has sat as a member and he gave up much of his free time and was always there to help support the people. Not only was someone like Norm Connors put on that board, he found himself as the representative of the Northside. Norm took a very large view of his time as just a regular board member and chair that he saw, through DHA 8, what it was like to provide services for everybody. That meant whether it was Baddeck or Neil's Harbour or Inverness or Cheticamp, he understood the complexities of those small local hospitals and what they mean to those centres. His voice is loud and strong.

I'm singling out one member. It is just that I have spent a fair amount of time working with this gentleman and I respect him greatly so I understand those things. I understand why he thought his role was important and why his voice should be heard. Again, the one thing that amazed me was the ability to cut through and I don't think he ever forgets where he comes from for sure but he never, ever saw himself as the board member from North Sydney; he thought of himself as a board member for District Health Authority 8.

His voice may be lost because we don't know who is going to make up this new board. I haven't talked directly to Mr. Connors so I'm not putting his name forward in nomination for anything, but I have to say we are going to lose that. I'm sure other members can get up in this House and talk better than I can ever do about members in their district health authority and the time they've given freely to support health care and the idea of what we cherish in this country, and that's our health care system.

We don't know, we are now going down the road of - and I heard much of this today - like New Brunswick and Alberta, there is no big pot of gold here to be saved. There's a million-ish, I guess, but we don't know where and when we are going to see that.

We are going to see some reductions. When we were in power there was a large reduction of the executive pay schedule with the reduction of executives, but we don't know what this is going to do where - there are two layers of management, if you will, and possibly a third. There's a layer of what we'll call the executive and the vice-presidents, but there's a whole other layer between them and what I will refer to as the on-the-ground workforce. So that level in the middle - I don't know what's going to happen to them, who will really carry a good part of the burden in our health care system and so on.

What has happened is - this is really hard to understand, not that I agree with this bill in any way, but I understand where the Progressive Conservative Party comes from in their desire to split up the bill. I maybe philosophically don't agree with it, but I understand where they're coming from and if I somewhat agreed to this bill I would see the merit in splitting this bill because it is really two different ideas. One is how do you draw a map and make up these various districts they are going to talk about, or whatever they call them, zones or whatever, so that's one thing, but on the other side is the whole labour component and how it is broken up. Again, I won't spend too much time talking about the exact labour because I'll come back to that in a little bit.

With that said, there is that group that are probably outside any bargaining units but aren't on the executive pay scale. They live in communities from Argyle to Cape North and we don't know what's going to happen to them and at the end of the day is there going to be major turmoil in their lives, so we wonder what is going to be the effect of Bill No. 1 on those groups of employees. They have no voice and even ones with a voice, this government seems to be kind of very aggressively trying to squash that voice. So that's another issue.

Now for a year this government has given itself a great many releases and so on, and even previously going to election, about their super board, yet for almost a year into their mandate they still haven't kind of put any kind of form, they still have just a very square piece of granite that really has no shape yet. Yet while that year transpired, what has happened to the overall wellness in Nova Scotians? Has it improved? I would submit no. What are we looking at our health coming for our young people and so on - has that improved? I would say no. The government has basically sat idly by and let those things slide off the table because of their myopic view of what they have to do when it comes to health care. They want this super board, yet can't agree on its makeup. I mean April 1, 2016, before it is in place - two-plus years into your mandate before it is in place?

One would have thought when they were putting their election platform together that these things would have been figured out, these things would have been costed. The ideas of all these savings - remember during the election all these savings and now it's, oh, nothing in the first year but there might be something, a million-ish somewhere.

In my almost 17 years in this House I've heard some dandy words. I remember the last time a Liberal Government talked about a million-ish and the then Finance Minister

was over in the Red Room talking about a million dollar surplus on Budget Day. By the time he got back to this Chamber it was gone, Mr. Speaker. I often wonder, when my friend who used to sit in this House, from Timberlea-Prospect I should say, and I, when that Finance Minister got up, we would always shout to him and say, Donnie, get the Hoover, there's a million dollars in that carpet out there somewhere.

You know, Mr. Speaker, the million-ish - I mean, it would be funny if it wasn't so cruel. We're just put in here to look after the people's money. Obviously, Nova Scotians didn't agree with how we did it. We've accepted that, and we've moved on from that. But the reality is that it's an insult to say a million-ish. If you don't know the number, say you don't know the number. If there is no number, you don't have a number. Yet they kind of do this circular thing. It's like if you've ever been to a bingo game where they've got those ping pong balls with the numbers on them, and they're kind of just floating from the air pressure, and whatever comes out at the end, that's the number they're going to call. This seems to be where we're at with this. It's like tomorrow we'll turn the bingo machine on again and we'll see what number rolls out this time.

We don't know, Mr. Speaker, and doesn't that scare you? Doesn't that scare everybody, that we don't know? They come in and they go on at great length about former governments and what they did around the *Bluenose II*, because you didn't know. Well, if they think that there were issues around not knowing what the money was around *Bluenose II*, that will pale in comparison to what this realignment, or whatever they call it, is going to do through Bill No. 1.

Just because you're doing something different doesn't mean it's transformative. Sometimes it's just plain wrong, and the fact of the matter is it should ring alarm bells to everybody on all sides of this House when you can't give a number except \$1 million-ish. I don't even know if that's a word.

The minister is charged with many things to do with the health of this province, not just the DHAs, and as I mentioned earlier, we've not even come near talking about doing things for our young people to make them healthier so that primary care is not used as much. A healthy society spends less just by virtue of people not going to these places, yet we hear nothing from this government of how they're going to protect these people and how we're going to make our young people healthier.

It's really tough when governments are faced with limited dollars in our economy, and we have to make some choices. The choices around health care are even more difficult, but I would contend that spending money on keeping our young people healthy is an investment that's, as they say in the vernacular, a no-brainer. If we can keep them healthier, we would spend less money - if the province was as forceful with the federal government as they are with some of the people that work for them demanding our due.

When you look at dollars given to provinces for health care, there has to be a formula that takes into consideration that it can't be, as an example, a dollar per person, if you will. I think, and I know, that what has to be taken into consideration is the age of your population, is that your health care dollars are spent more rapidly, obviously, on an aging population than on a younger population. That's what we have to do, is to get out and say to the feds, spend our time not fighting with our own but talking. If it indeed has to be a fight, it's a fight, but one would assume that we have to get the attention of the federal government, saying look at us, we are a shrinking population; we're an older population and our needs in the health care system are much different than Alberta's who have younger people who don't access as much.

Yet I would contend by virtue of age disparity that they cause an economic disparity here in Nova Scotia because the formula they are using doesn't work for small, aging provinces like ours and if this government is ever looking for support from other Parties in this House, I think that's where they would get it. They would support our Premier moving forward in a legitimate way, going after the federal government saying, no that's not what we need here in Nova Scotia. This idea of a dollar's health care in Nova Scotia is equal to a dollar's health care in Alberta - it's just not and everybody knows that. That's the reality of it.

We haven't heard anything like that, any kind of real leadership from this government around that issue. No, instead they want to stay with this idea of a panacea, that health care is going to be like sunshine and roses after April 1, 2016 because they'll have reconfigured these boards and there will be a handful of executives not around anymore, and that's going to be fine, that everything is okay now; we've gotten rid of the drag.

AN HON. MEMBER: They're just going to change the title.

MR. CORBETT: Well yeah, the member for Pictou East said they're just going to change titles and to a great extent that may be it. Again, I'd have a bit more confidence if they could have, on the front end, say how much it's going to cost. Sitting close to me is a former Health Minister and . . .

AN HON. MEMBER: Got the scars, want to see it.

MR. CORBETT: He says he has the scars but I'm going to give him a mental scar now, I'm going to bring up Corpus Sanchez because like or dislike Corpus Sanchez . . .

AN HON. MEMBER: Remember what it suggested.

MR. CORBETT: What did it suggest?

AN HON. MEMBER: Not to split up the districts.

MR. CORBETT: Not to split up the district health authorities and that's true. I think they spent a million-ish on that one. (Interruption) The fact is they gave some financial outcomes and what it would mean, whether you agreed with it or not. This was not a good road map, but a road map nonetheless, that led you somewhere and philosophically you could agree or disagree. It wasn't like there were not a lot of issues in there but that would give you some idea of where we're all going to go with this. But no, the government of the day really wants to talk about what we might do. It's like going to build a home without a set of house plans and hope everything comes together. It sounds like what they're going to do is build the roof trusses first and maybe in a couple of weeks we'll get someone to put the basement in.

That's what this bill is like. Bill No. 1 does not give us that clear road map. As I said before, I agree that fixing health care, whether it's in Nova Scotia, British Columbia or Newfoundland, it is not an easy issue. There is no easy way about it. But the only thing that this government has invested in is this idea of a super board. They have not done another significant thing around health care, whether it's long-term care, which is again greatly needed in this province, but they have no strategy for that. The government previous to us started one.

We had hoped we would follow it a little bit further but this seems to be stopped now, it doesn't seem to be going anywhere. Bill No. 1 - I'll ask any member of this House - will Bill No. 1 open one more long-term care bed? No. Their million-ish idea, what they will do - they won't even open one acute-care bed. The million-ish idea, somewhere out there there's a hidden savings somewhere - they're saying just trust us.

Well, we've seen many issues that they've done since almost their year in office that make us do just the opposite, and that's not to trust them. Let me spend now a few minutes talking about the labour section of this bill - basically Section No. 1 onward, which is a recipe for a court challenge to say the least.

They've contended that they've put four unions, by name, in the bill. I wonder what would happen - and this is not uncommon because one of the unions named in the bill, UNIFOR, didn't exist much more than a year ago and they're an amalgamation of the CAW and CEP and some other smaller groups. What would happen if, let's not say tomorrow, but let's say a year, two years from now, the members of one of the other two unions decide to amalgamate - are they restricted from amalgamating because of the legislation? Another fundamental right that's taken away from them - what would happen in the case of a decertification vote? That entity doesn't exist as a representative party - are those members forced to stay in there?

They are not allowed to decertify because it explicitly says that this group is to be covered by these people whenever they get through the step of mediation or whatever, so we don't know. That fundamental right has been taken away. It's in the bill saying what

union. It's bad enough the minister has already told everyone his preference, but that it will now be enshrined in legislation. One has to wonder.

Maybe at some point in his closing comments the minister will say. What's the mechanism there if this bill, and this bill will carry, how does that happen? Do you put an amendment in to say what, if this does happen. In the bill it explicitly says - I will not stray too far down that, but it says it names them and says one can't represent more than one bargaining unit. You can't have two, but it could happen that way.

I should talk more on the face of the bill and not the substance of the bill, and I apologize, Mr. Speaker. What's interesting about this is, I heard the Premier say this morning that he's doing what the bargaining units wanted. I don't agree with that at all, nor do the unions. Whether you want to call it council of unions or whatever, that's not unheard of, it's not unheard of to do side tables. The reality is, in a lot of these things, what they call rationalizing bargaining units, it's not uncommon. One of the things you want to do is to go toward a similar expiration date.

That combines collective bargaining to that area, to that time frame. Within collective bargaining, that's what is built around time frames, and so had the Premier said well, okay, let's venture this. One has to wonder the seriousness that the government of the day gave to those representing those workers. Wouldn't it be a lot better had they sat down and talked to them, in a substantive way, to find out what would work? I think this would work.

Another thing that the Premier vehemently denied is that it's the British Columbia model. In a world of size, it's not the British Columbia model, but in essence it is because of the fact that it has the same effect. Now there were other issues in the New Brunswick case that brought people to the table. It was a multiplicity of employers. If that is an overriding concern for government then where is the government when it comes to negotiating such things as long-term care agreements, which again, from one end of the province to the other, has a multiplicity of bargaining units and collective agreements, and where does all that end up?

Is that the next volley that the government's going to get into? I doubt very much that it is, but philosophically, if they think this is the right thing to do, to take what they would perceive as, "This group would eventually win this pod of workers so we're going to give it to you anyway." We're going to put this group of workers here with this union and this group over with that union, and so on. So if they buy into that, they should buy into card check. They should just say, you know what? You signed up 50 per cent plus one, then we don't have to have a hearing and you automatically get certified.

I don't hear them saying that, but that's philosophically what they're doing with this. They're trying to have it one way and not the other. So if, indeed, their idea is

protecting the majorities, then why not do that? But apparently that doesn't go to their idea of working.

You know, we're not told in this province what church to go to. Even if you're a criminal or an accused criminal, you're allowed to choose counsel. Here are just ordinary working Nova Scotians who don't have that option. They are being told, "If you want to continue to work here, this is the union you have to belong to." It's not a matter of, are you in or out of the union; it's this is what it is.

You know, what happens is the employees today - let's use Capital Health as an example. If Capital Health wanted to start contracting out laundry and some other services, and maybe the collective agreement they have representing their workers today prevents contracting out. But if they put them in with another collective agreement that doesn't stop contracting out, then those employees who've worked there for years and thought they had the protection of no contracting out, lose it by virtue of this legislation.

In the Premier's words, the unions support this idea. Has he asked them about that? Does he really think that they support the idea of, you know, taking everything? Or will he take the hybrid of all the collective agreements and say, well, what we'll do is we'll give you the best - the greatest hits, if you will, Mr. Speaker. Now, I doubt very much that that's going to happen in my lifetime. But Bill No. 1 does nothing to really help or modify that. The workers, particularly the ones here in Capital will see the most disruption by this, and it is very concerning for everyone here.

You know, it's interesting, when you look at strikes and so on, very few have happened in the health care sector. The last real long-term nurses' strike was not that long - it was under a Liberal Government also. It's disconcerting when they're out looking for votes, and when in Opposition, they're very much a friend of labour. But when it comes to governing, as it relates to labour, they certainly govern from the proverbial right.

You know, the last time they were in power we saw the Steen bill here, which really disrupted a lot of work on the construction sites, which some will say after 20 years that it still causes problems on the work site. I wasn't here at the time, but this little walkabout outside here last night and again this morning was very mild compared to that time when people were actually coming over the railings here in the gallery. That was perpetrated by a Liberal Government, so we had the Steen bill and again, like I say, there are many people who remember that day who are really experiencing déjà vu.

Encapsulating a lot of this stuff around the labour issues is that the government has not really ever, I don't think, seriously sat down with its partners. Your labour force is your partner, Mr. Speaker. We think in this province some of the best paying jobs are in health care - and they should be, because of the work they do. But yet it seems that time after time the government wants to lower that bar.

We often hear about public employees and their remuneration and people will complain about it but it's my contention that you lower the bar on what they make, whether it is wages or benefits, and the bar gets lowered for everybody. You raise the bar and it is raised for everybody. It gives people a working wage.

There was a time in this country, probably throughout North America, when people could actually live in some sort of decent lifestyle on minimum wage. But minimum wage has been out-paced so dramatically that the idea of people being able to live on minimum wage is almost non-existent. A lot of that has to do with not only are they forced to live off minimum wage but there are also zero benefits. These are issues that really concern us, and should concern everybody in this House, about the plight of what is proverbially called the working poor.

If we want to go out here and go to some of the stories today, the various media outlets, to the bloggers and all the online participants who will take an unreal view of the work these men and women do and their wages, and think of what the problem is - that the ills of this province would be cured if we just got rid of the unions and so on. Well, that is such a specious, silly argument that is just confounding in many ways. The idea that the trade union movement hasn't raised the level of everybody's lifestyle is just wrong. A rising tide floats all boats, Mr. Speaker, yet this bill will cause more consternation.

What is really interesting, and I don't get this one at all, is why does the issue of a mediator/arbitrator sit with the Minister of Health and Wellness? Nowhere else is that contemplated in any other province that I'm aware of. That would sit over at the Department of Labour and Advanced Education, and I believe that's the spot where it should be. But for some reason he or she, whoever it will be, has the final say. If they come to an impasse, it's going to be decided by someone appointed by the Minister of Labour and Advanced Education, who may or may not have any background in collective bargaining or workplace issues, deciding who goes where and why. That must be awfully frustrating if you're a member who works in the health care system.

Another issue that I believe - the other Party has said that this bill should be split in two; I think it should be torn in two, but that's a difference of opinion. Yet, still, this government is bound and determined they're going to do this, and they will unless they see the light of day; they do have the majority, we all know this and I just want to get up and make sure the voice of the people I represent is heard. This is not going to keep the New Waterford Consolidated Hospital open one more hour. This bill will have just the opposite effect. The people in New Waterford will see their hospital being downgraded to the extent where it will probably not even resemble a hospital because that's where we're going with this because they've allowed themselves no other room here. They've not talked about other things they could do to improve health care.

They've never said in the context of the old DHA 8, we all have these facilities, how will we utilize them? Someone said they could take all the ambulatory care stuff and

put it in New Waterford Consolidated Hospital so all the patients would know where to go; we'll just funnel them through there every day. Wherever the superboard is going to be situated, I don't think they will see that. I think it will be just a mother ship-type attitude and it will be all talked down, there will be no grassroots, there will be no community health boards - they're all gone.

I heard someone say that's not true and they certainly have the same right as me to get up and speak, if it's not true then they have the same right to get up and speak as I do. Mr. Speaker, as you're well aware, there will be no community health boards, they'll be gone. (Interruptions) I see I've struck a chord. If they're going to be saved, it will be one of the few things that will be saved. But there are people in the communities that don't feel that way and certainly aren't reassured by Bill No. 1. There's nothing in Bill No. 1 that says they will be saved. It's a wink and a nod, if you will. If they believe that they're going to be saved, well, they're not talking to the same people I'm talking to.

It really comes down to, as they started out with this bill, it's an election promise, not very well thought out. The iterations of this bill are beyond the pale. We're going to do it this way - no, no, we're going to do it that way - we're going to do it here - we're going to do it there. Nobody seems to know, between the Premier and the minister, they really are like a bad comedy act where neither one knows the other one's lines and they keep tramping on them.

The reality is that any kind of change in health care, no matter how well guided it is, gives the fear of the unknown to many of our health care providers and recipients of our health care. That by itself is scary but when you have Bill No. 1 that really nowhere talks about the care and what it will do for Nova Scotians and how they're going to access health care any sooner, any better, it's very difficult for anybody to be supportive of this. It's just like, close your eyes and keep your fingers crossed. This has done nothing to help the New Waterford Hospital, the Northside General, whether it is Buchanan Memorial. We're wondering where and how their voices are going to be heard and the people who work in them because they're the ones who can raise the level, who meet these crises every day.

We've seen health care evolve so much in the last 20 years, it's probably unprecedented in just about any other occupation the way we've seen changes. Whether it's the idea of nurse practitioners - how they've evolved into our health care system, how they've become strategic - we would like to build on that, even in the context of this bill, the best we can hope for, it's something that's out there, maybe.

There are so many changes that could be done to health care rather than this bill. I mean there are many problems out there with people accessing primary care - having a family doctor - and that issue has only gotten worse over the last year and in no way will it get better with Bill No. 1. For the amount of money that they're going to save, is one day a year and a bit and it will be less than that in a leap year. The fact is that this is taking us down a road of a lot of more unknowns than knowns.

So we would say with the extended hours we're into now and so on, that the government is really even leading with its chin, as they would say in boxing, Mr. Speaker. Why are you doing this? Why is Bill No. 1 so important that you can't allow it to be scrutinized over a period of time? Why do you have to jam it in, in a four-day session, basically Tuesday, Wednesday, Thursday and the government would like to have it passed on Friday. Why is it there? Is there something behind the curtain? We're really worried about this haste around the bill. It's almost as bothersome as the contents of the bill.

Nobody on that side has ever said, okay, we've got to get this bill passed before Friday or Tuesday or Wednesday, we don't understand that. When someone doesn't give you an explanation for something - and I'm quite sure, Mr. Speaker, as an individual, if someone says "because I said so," I think you're the type of person who would say, well, that's not good enough. I would like to have this explained to me and if there's a rational reason why, you're a reasonable person that you would understand that.

We have not been given any kind of rationale around why this bill has to be ramped through in such a fevered pitch. They waited a year to introduce it, they've got a year and a half to implement it, yet they want two or three days to pass it. Doesn't that make you want to ask a question - what's the hurry? A year to get here, a year and a half to have a board in place but yet we've got to pass the legislation in three and a half days or less. Tell me, what's the hurry?

We saw a couple of bills introduced, one that we would refer to as the fracking bill - is that going to be the same urgency? Is that what we're going to do every time the government feels there might be opposition out there - heaven forbid - from the public who wanted to get in the gallery, that they'll ram it through and they don't want to have any discourse?

The reality is that's what democracy is about sometimes - it is discourse. It's very tough when you have a very limited time in which to debate a bill that's of such significance - and the government will say that themselves, that they would see this as their kind of piece of legislation in the showroom window. They ran on it. Not to allow Nova Scotians, and their elected representatives, to have time to speak on it and to vet it in such a way that they get every nuance of it, and so what happens is in lack of clarity you end up with the position either like the Progressive Conservatives, who say our position is we want to split the bill, and then ours is, well, we can't support it because there are so many unknowns in it. The support of a unionized council of unions bargaining at one table over issues like that, for some reason they find side tables offensive.

If you were to buy a company tomorrow, a large corporation, not everything is done at one table. You would take other groups out to the side tables and then you would group together. Whether you agreed with it or not, there were many side tables in the recent CETA. In the recent CETA agreement there were many tables and that's the way it goes. This is not unheard of for collective agreements. It has been done successfully with the

building trades. The building trades do this all the time. They have what's called the master agreement and then the contractors or the subs or whatever, they have various trades go out and do sub-agreements. That's not unheard of.

Why would that be so offensive? It goes to the heart of the matter. Why is that offensive in health care straight up, but it's not good in long-term care? It seems bizarre that this is what the government seems to want to do now is say that's not going to be good enough. I can't speak for those at the table, I'm not there but, again, if they had a common expiry date then that answers a lot of your questions. Your questions around availability of collective bargaining and multiplicity, the real issue is getting one over and having another one starting and so on and so on.

If you had, for the sake of argument, a January 1st or an April 1st deadline for all of them, although you might have side tables you get your desired effect, you have a common one-, two-, three-, four-, five-year agreement, or whatever it is, but it begins and ends the same time. I'm sure that there are people who work for government who are well versed and can handle those roles. It's not something uncommon. If they kick aside the British Columbia model and said no, it doesn't work - what they actually did there, how many locals were there? Was it 800 and some? And they came up with a model that worked for them and we have far less that, certainly we can make that work. We have a multiplicity of contracts in long-term care, and that works, by and large.

I really don't know why the government has chosen the way it has - I've said this earlier - in Bill No. 1, why the government felt the need to name the unions in the body of the bill. I think that may be and could be cumbersome for them at some point. If they haven't thought that out, which other parts of the bill haven't they thought out? That could be a problem.

It's very difficult to stand up - you would hope when health changes come, you could be - they're on a go-forward, and they make sense to Nova Scotians, and by and large it gives them better access to primary health care. It allows for our youth to have more wellness programs. They're not using our health care services directly, as they're overburdened now because of the large amount of seniors in our province. It's sad to say that this is a bill that provides many more questions than answers, and probably a million-ish questions, Mr. Speaker.

With that, I will take my place, and thank you very much.

MR. SPEAKER: The honourable member for Hants West.

MR. CHUCK PORTER: I'll take a few minutes today, an opportunity to speak to Bill No. 1. As some of you, or maybe all of you in this House may know now, I've been a long-time health care worker back a few years ago in a previous life. For quite a few years - near 17 of those years - I was a paramedic. I know a little something about front-line

health care, spending time on the streets, going into people's homes, what their needs are, how you can help them, how you can make life a little bit better. My honourable friend - my former partner from our days back as paramedics - who represents Sackville-Cobequid alluded earlier to how we worked a little bit together, and it was interesting in those days just exactly how it was.

We were represented by unions as well. We formed a union - I shouldn't say formed - but got together and became associated in those days with the operating engineers. Hard to believe there was a group of health care workers in that day, but through people that we knew and friends and so on, that's how that evolves sometimes, and those that are associated with other groups and represent other groups should become part of that.

It was a long road from there to today. A lot of growth took place, a lot of changes. When I look back at that, I think we were excited about change in those days, really excited about it, the workers out there were. We knew how bad it was in some ways and how good it was in some ways. As the former member who talked about the hours, when I started in Windsor in 1990, I think - 1989 or 1990 - I was working 72-hour shifts. That was three days non-stop. Then you have a 24-hour shift off, and you went back and you did another 24, and you had a 24-hour shift off, and you went back and did another 24, and that was before you worked any overtime.

In those days - you talk about wage differences - we did reach \$6.50 an hour, as Dave had alluded to, at one point prior to the formation of EHS and that stuff - that was all good coming on. There were days when you made \$8 a call in town and \$25 for a trip to Halifax. That was how you made money - that was how you worked - paid by the call. There were some other scenarios that went around that.

There were 52 ambulance operators in the Province of Nova Scotia in those days. Not many of them were unionized. Halifax and the VG in those days were seen as the greatest model, because they were actually called paramedics. They were doing advanced care and all the things that we would work up to be in the years ahead.

We thought about change. We were excited about that change. Before it was all said and done EHS had been formed, EMC came along, Medavie Blue Cross - whatever you'd like to call them - and there was a role for them to play as they do today, managing the people. We know that government owns the assets and all of that, and that all works well so far. There are some that would look forward to changes there, and perhaps that will happen in the years ahead too. Who knows?

When I think about our days of being in the union - I worked as a shop steward and sat around the table, and later on in that same life as a paramedic, I worked on the management side of things and also sat around the table in negotiations, so you had a pretty good feel for both sides. Having worked in those days of \$8 a call in town to \$25 out, you

had a real perspective as to where the industry should go or could go. Again we saw that as a pretty good change and it was a long time coming.

Around 1997 some changes were made to health care that allowed that to begin its evolution to take us to where we are today. We had five unions, I think, amongst the entire group around the province that were represented and we moved to a runoff vote and that was how it was decided as to how we would end up. Although there were some who probably weren't really excited about that in the day, it was something that worked and we lived with that and we continued to negotiate and made our agreements with Medavie and with the government, as we sat around the table. Again it doesn't matter who you are represented by or how good the deal is at the end of the day, we know by votes that take place by those who vote in favour, those who vote against, you know in negotiations of the numbers of people who truly are satisfied with what they have successfully just negotiated or not.

Unions certainly played a key role for us as paramedics, there is no question about that, in getting us to a place that we needed to be and to an income level where we were now not working 168 hours every two weeks. It's hard to believe, when I think back, that we did that, and we did overtime besides. We would take extra shifts in-between on the week that was a little bit lighter. But that was part of life then. That's what you had to do to make a living and you did that and that was okay, because you met some great people along the way.

We talk about change here to health care and I want to go back a little bit. When I was first elected to this House - believe it or not it was eight years, three months, and 17 days ago. My math is pretty good, I think I'm about on; I could probably almost get to the hour. Fortunately I've been here this long and I've enjoyed my time here, I really have. I've met some great people who have come and some, as we know, who have gone.

When I came into this place we were on the governing side; I sat as a backbencher for three years and performed a variety of different roles. That was a great learning experience as well. I want to round this off by saying there were times when we heard people speak in this House about when we were there, when you were there, and it's funny how quickly we forget when we were there and they were there, and now they're there.

There were some times of turmoil all the way along. It wasn't always great days in here for anyone who remembers back, and certainly prior to my coming here. There were some tough times and I could probably go as far as 1998 with some memories of how that first paramedic strike went, not well for anyone who might have been around who recalls it. Those were some tough times around here, too, but in the end we saw where that took us - to good things.

Three years later it was decided that it was time for a change in this province, so the NDP came into power and we also know that there were great times of turmoil there. It

wasn't the easiest four or five years there either. There was legislation that went through there that I can think of that also was not the greatest but yet it got put through.

When we stand here now, today, and we think about another new government - and I spoke about this in the Spring a bit - what do people expect of those they have elected? They expect us to come to this place on their behalf and to do the right thing. Well the right thing is a very broad term depending on what that is. In this case we're looking at a very tough piece of legislation.

Now for those eight years, three months, and 17 days, and former Ministers of Health will tell you that I have been to them all and said when are we going to change this district authority system because I believe that we have too many. I worked in that system and you could see the inequities; you could see the differences across the province from district health authority to district health authority by way of really simple things. I would be in an ambulance in Windsor in one district health authority and I would go to transfer a patient, maybe, to Colchester. It wasn't even the same kind of IV equipment. You had to take it all out and throw it away and start it over. That is totally - I don't know what we're doing. When I think about those things and cost savings, there are opportunities in that piece of legislation and there are some that probably we would not refer to as opportunities.

When you think about bringing that model of health that we live in today for less than a million people under one fold, we need only look back - and I'll go back again and I'll probably do this more than once - but you'll go back again to the legislation that brought the ambulance system into one. You can get into an ambulance in Sydney or you can get in it in Yarmouth and you can open the doors and the same piece of equipment will be found in the exact same location in that ambulance. That's a good system.

We also know how much that system - the awards that it has won. It took a long time to get there. It's hard to believe. I would never have thought in the 1990s that I would ever have been around in a day where that would have happened, having worked in the environment that we worked in. There was a lot to it and it was a long time coming. This did not happen overnight - there was a lot to it. It took time and it took successive governments; it didn't take one, it took many - and ministers, I don't know how many.

Here we are now faced with another challenge of coming under - well, two, I suppose, with the IWK and then the rest of the province. There is an opportunity to create efficiencies. I've heard people talk about the \$1 million-ish term was used - \$5 million, \$13 million. Well, I don't know about any of you, but I do know this - the average people that you talk to on the street, \$1 million is a lot of money, and they want those efficiencies - \$5 million dollars is more. Whatever those savings are, they expect those savings and they want to see them reinvested back in front-line health care so that when they do go to their hospitals they get the service that they want - where people expect service, in all honesty, in this province and in this country. It's something that we have come to know and many years - decades - we have come to know that there are certain services that governments

have always provided or have provided for a long time that are expected and they continue to expect those.

I think the majority also expect and understand the cost of doing business. They may not know the finite dollar amounts. They probably don't, in all honesty, but \$1 million - they will tell you \$1 million is a great deal of money. It doesn't matter whether you're thinking about students and their debt; people on community services who are struggling to get by; people who are working every day who are struggling to get by. Let's not kid ourselves - living paycheque to paycheque, that is what we do here in this province, and a good part of the country probably. Unfortunately, we are not Alberta. We'd love to be, I think. Most of us would agree it would be nice to have a resource that would create that. Perhaps we will at one point. We'll see where it goes.

As this system evolves, health care has to evolve. We all know the numbers. We know that it takes up to 40-plus per cent of our provincial budget and it continues to grow every year. At budget time we hear that number go up and it's incredible to hear it read during the estimates each year - \$4 billion-plus and growing. We really have to find a way to manage that budget and all of the other departments too.

I've said this before as well. We have to figure that out and there is an expectation from the people that they really send us here to do that. You wonder why there are changes in government - because they would tell you the last one wasn't successful. They did not agree with the decisions that were made. Well, being in government is all about making decisions. I think everybody in this House knows that. There will be popular decisions and there will certainly be unpopular decisions, and there will be decisions that you could call even worse than unpopular that we're hearing already. What do they mean going down the road?

When you look back at the days when I came in here and others - there are a few of us left from the 2006 class here - they would say that there were some bad decisions made during Rodney MacDonald's time here, but you know, there were some good ones too. When we look at the health care side of it, there were actually some good ones. The provincial health plan was a good plan - costly but a good plan for people who have nothing else. The Family Pharmacare Program is a good plan.

When you look years out and you realize people are still saying, I didn't know that existed. We're still helping people get on that plan and introducing it to them - fewer and fewer, which is a good thing. When you look back, that was a good thing to do. That was the right thing to do, but it adds to the bill. We all pay for that.

Will there be savings in altering this new health care reform - this bill? Maybe. It's interesting where we go from \$13 million to \$5 million to \$1 million-ish. What are the real numbers? I look forward to seeing what the real numbers are. I'd be a lot happier if we

knew where those savings are. I'm not a financial guy. Maybe it's hard to predict what those savings truly are.

I know that the budget moves from prediction to prediction by way of a few million or \$10 million, and most people couldn't fathom talking about that kind of money, in all honesty, outside of here - everyday working people. We talk about \$10 million like it's \$100 maybe some days, or \$10 - it's a lot to people. We have to start realizing that's a lot to people - a lot of money, a lot of programs.

It's going to be about - what will the end look like? It's hard to say. How long will it take to actually put this process in place? We're hearing we have until April 1, 2016 as an estimated time; you're going to begin next Spring starting with this process in motion. People will question, where is it? It's not laid out. Maybe you don't know what it is yet. Maybe it has not been drawn up, maybe it's quasi-drawn up or partly drawn up, maybe it needs a whole lot more input, I don't know.

I'm not really sure, when I think about this, here we are again and I talked about in the Spring following the election it was really our true first session to be able to come in here and debate some bills and have some time and go through the budget. We talked about the expectation of people, what they expect of us as elected officials. How many of them are we hearing from today? Well, I've heard from quite a few in my constituency on this particular bill. Some I know personally, I'm sure all of you are hearing a bit from your constituents.

Will we hear more? No doubt, as the week goes along, we will hear more. As Law Amendments Committee opens itself up for this debate there is lots to be learned there. People talk about what you're going to do. Well, let's see. We've got a lot of debate to have yet. We've got Committee of the Whole and third reading, I'm sure that there will be a lot more debate on this. It will be very interesting to see what else comes in. We have heard that the unions have come together and made some offers that obviously have been rejected to this point.

I guess we were here last Spring and we saw a bit of an uproar around the union a bit again and here we continue with this one and not expected when you're going to do this and you're going to make a huge change. Change automatically creates a fear in people, it doesn't matter what it is, there's a bit of fear there for at least a short period of time. Sometimes change can be a very good thing, we all know that too. Other times, it is fearful, people don't know what to expect.

People would question out there in the street today of the minister, they might ask, what does this really look like? What does this mean? You're telling me I'm not going to lose pensions and benefits and salaries and so on. I read the bill, I went through it. There is a pretty short part on all of that that is there, there's a lot more that needs to be there. I think

to get people onside, or their buy-in, or in a supportive manner, okay, maybe there's something that can be done here.

Obviously it's clear that the unions are not happy with the position that has been put forward by government. That's fine, that is their right. Just like we all have a right here through the democratic process. We were elected through the democratic process. That is the people's right, it gave us the right and honour to stand in this historic Chamber and to speak as we're speaking today as we see fit, as we feel free to do so. They, too, are asking for an opportunity; have we considered it? I know that in the bill it says we're going to mediate and arbitrate. It's doesn't say a lot more than that, so the questions really are what does a runoff vote mean? I think back to the days, as I described a few minutes ago, around the four or five paramedic unions that were representing us.

We went through that process, I know that some weren't happy, I was there. I know it well. At the end of the day it was done and they felt as though they had the right to express themselves and to vote accordingly. Were all happy with the end result? No, they never are. People will always be upset with that but they will understand it. This really is, if you listen to them out there, and you talk to them - and maybe some of you have - if you talk to them, this is about their rights, what they feel. It is their right, and the question really put is, are we, in this piece of legislation, taking their right away?

Some would argue no, some might say, yes. They certainly would believe you are because you're not allowing them to choose. Is it their right to choose? They would believe it is their right to choose. Let's look at some other examples. Every day we get up and we choose to do what we wish to do, whether it's to go to work, or to come in here and speak, or to go to a meeting, or choose not to. We choose to move, or buy a home, or take a job, whatever.

That's the freedom we have, as Canadians, certainly as Nova Scotians. A friend of mine that I worked with for a long time, a paramedic, sent me an email the other day, it was interesting, it wasn't really just directed to me, it was just an open note expressing his frustration. He talked about those rights and those freedoms to express himself. He states how every November 11th he'll go to the cenotaph and he will remember all year long, like many of us do, the importance of how we got to where we are today and why we are, why we're allowed to stand in this Chamber. We'll talk about that, and did talk about that.

It reminds us, what are those rights and are we infringing on anybody's rights? They, out there, some would agree, yes, you very well are by not allowing them to choose. Through the voting process, that runoff could happen. So the real question here is, why not? I don't know what the fear around that is specifically and maybe the government has a reason, I'm sure they must have a reason - I wouldn't say "should" - they must have a reason for writing the bill the way they have written it and chose not to go down that road.

When we think about those freedoms - is it democratic or is it not? This place is all about democracy; everything we do in this country is about democracy. That's a great thing. You need only look around other parts of the world, south onward, to know about democracy or the lack thereof. We're very fortunate in this country.

This has been an interesting piece. Now it gets even better here because when you put yourself in my position - from an independent perspective shall we say? - I've sat, as I said earlier, on the government side coming in; I've sat in the Third Party after being asked to leave the government bench in 2009; I sat in the Official Opposition in 2013; and now I'm sitting in a bit of a different spot, aren't I? It's unique, too. I think I can say that I've truly sat in every position in this House at this point. (Interruption) Almost every position in this House, Mr. Speaker.

You know it really doesn't matter, does it, where you sit in this House. If I've learned anything over my eight years, three months and 17 days, it is it really doesn't matter where I sit in this House - it's the fact that I'm here and I have the opportunity to bring forward the concerns of those who elected me to do so and to be here on behalf of all Nova Scotians. That is what our job is, in case any of us have forgotten, or at least I thought that's what the job was.

I must say, though, when I was elected there was no handbook that was given that says here's how you be an MLA. I have to tell you, there were days I wished there had been. My God, I've had a few discussions with some around here . . .

AN HON. MEMBER: Graham Steele just wrote one.

MR. PORTER: Graham Steele just wrote one, I'm told. Well perhaps, I have not read it yet, I haven't turned a page but perhaps I will and maybe there's a lesson in that as well. Hard to say - Chris is saying it's hard to say; maybe there isn't.

In all seriousness, we have a set of Rules in this House that we follow. They've been written for years. We've talked about reform in the early days of the sitting, a couple of days ago in this House. We've talked about reform since I've been here and I'm sure some of you have been here a lot longer than I. The reform has been talked about for many years. Now this Legislature is 255 years old or thereabouts and we're probably due for a little reform, in all honesty.

We've kicked around within, from what I understand, you know if you read the Howe Room they'll tell all, they'll say this one agrees to that and the other one agrees to this and so on and so forth. Well, you know, I don't know. The spirit of co-operation, if you will, a term that I've heard here many times and scratched my head a bit on, sometimes is rare but we do see it from time to time, but other times it is not. It's not here at all at times. For the life of me, I don't quite understand why, because at the end of the day we all walk

out of here and we're supposed to be doing the right thing, and that is doing the best thing for all Nova Scotians.

You may think, aw, that's a lame speech, and that's fine. You can think what you want, it's not the first time you've heard it in here from me - at least I've been consistent on that when I talk about the people I represent and democracy and the true feelings of the people and what their expectations are. That hasn't changed because I hear it all the time. I listen to my constituents. They come into my office and they want to talk about anything and everything, just like they do when they come into your office, Mr. Speaker - and all the members here.

We all have similar problems coming in the office - problems or issues, call them what you'd like - that we do our very best to deal with. Then we come here and we do something different, it seems. Some people in this House over the years might argue that coming here is the worst part of their job. In all honesty, it's an honour to sit in this Chamber, to be elected, to be a member, to have a seat in here. Not many people, when you think about it, have held this honour - or will. You are a number of a very small group, a very small group at the end of the day and you have an opportunity to invoke change here for the better.

We all have different philosophical beliefs, if you will. I don't think sometimes that they're all that different, again having been around this Chamber most of the way, Mr. Speaker, I would say that the differences are small. We saw the NDP bring themselves to the centre, in all honesty, a few years back. It's how they got elected, if anybody wasn't paying attention. You know? There's not a lot of difference, and when we saw them come to government, many would argue they were no different. As a matter of fact, they might have been worse in some ways. I've heard that, too. But we were all worse in some way once we got there, right? It doesn't matter who's in government when you come right down to it.

You never do everything right. How can you? You shouldn't expect to. That's not what it's about. Tough decisions have to be made, and they have to be made on behalf of the people that you represent. It's a simple thing. I don't know why it's so difficult.

But we'll come in and we'll debate it and we'll fight about it if you want, or we'll argue back and forth, and for a group of people that tend to get along - and I have the greatest respect for every member in this House, and all those who have come and gone before me, for the job that you do in here. It's an interesting one.

Debate is incredible. Some of the things that you would think would be debated for hours on end go through here in a flash. Other things - you know, I heard the previous speaker talk about quickly ramming a bill through, talking about a million bucks. Bills have been put through here very quickly. Some haven't even been spoken to or listened to; they've just gone. Is that the right thing? Probably not. Every bill deserves a little bit of

debate. If it was worth putting on the floor, it probably should be debated. But we hurry them along. That happens.

Some of them are, maybe, small in nature or don't have great meaning. They can go through relatively quickly. Maybe some of them are simple amendments. There are reasons some of them do go through pretty quickly. When we talk about this piece of legislation going "quickly," I'm not sure what "quickly" is.

Part of it - I've heard everyone stand so far and speak in favour of the reform to district health authorities. Everybody seems to be in favour of that part of it. There's this little piece in there - I think its number was put forward in an amendment by way of, maybe, Section 80 through 104, Mr. Speaker. I may be off on my numbers there a little bit, but that's the key piece. That's where it's all at.

The question is why is it part of the same bill? Do you need to make changes to the labour, bringing the 50 unions into four and so on, in the same bill where you are actually going to make changes to the district health authorities? Maybe you do. Maybe it takes care of it all in one fell swoop, if you will, or one large swipe right across the board, and it's done.

It'll be difficult to say, because we know it will get done. We have a majority. This has been spoken to many times. We know the bill will pass. It doesn't matter how anyone over here votes, or if they vote. It will get done. That is the mandate that the government has put forward.

I would say this, though, Mr. Speaker, I would hope that when the Law Amendments Committee does start - and it will shortly, as I understand it - that people are listening. That they're not just sitting around the Chamber over there in the Red Room, that they're listening to what's being said. Because there will be people who will come in there who will present themselves in a very professional manner, who are very educated, very level, and who will deliver a message about what it means to them.

Now, we know what it means in here. The government has decided to put a bill forward. They know what that means to them. They know why they're doing that. They have a purpose. Fine. They're going to move forward with that. We've had suggestions around potentially doing it separately. I'm sure that that will come through Law Amendments. We'll probably hear a lot of that, you know - why are you doing it together? Why don't we separate it out? Why don't we work on this other piece, this labour piece, and see if something can be worked out?

Maybe it can. Maybe it can be worked out and still be in there. I don't know. I'm sure that they're going to be coming in there pleading to have some changes made, to have their opportunity.

Now, as I understand it - I haven't seen anything in writing, but as I understand it there have been some things put forward by the unions, by way of an association, I think I saw, maybe, in one media outlet - the group of them coming together. The feeling would be that that obviously doesn't change things a whole lot. Maybe there are some other opportunities that have not yet been thought of.

I can't imagine their situation that I saw this morning. Each time I come back here things seem to get a little bit hotter, if you will, Mr. Speaker, by way of labour issues. This morning we watched the Premier's attempt to leave this very property and get caught up out there, and not be able to leave. It was quite a thing to watch. I'm going, "I am in Nova Scotia, right? I am still in Canada, right?" This is where I am. Reality check.

Where are we going? What's it coming to? I'm not sure. I'm not sure that any of us are sure, but I think that we come here - when we came here with the right intentions, people supported us. Sometimes people supported the Party that we were with and other times they supported the Party that we were with and the individual candidate. We see a lot more of that these days. I mean you need only look at some members that are still here.

We saw a pretty big Liberal majority on election night, and if there weren't some good members outside of the Liberal Party that were not doing their job they probably wouldn't be re-elected. So there's more than just "Party" going on in this province, there are all kinds of things going on. There are all kinds of numerous reasons why one gets elected and/or re-elected. It's about the work we're doing for the people that have put us here in our own constituencies that will be our electoral base.

Now for myself, someone this morning was asking me how long I've been here and I told them eight-plus years, hence the reason I figured out how long, that's how I got to that. I was nominated in September 2005 - and that seems like forever ago; it's hard to believe - over nine years. I won that nomination, Mr. Speaker, by five votes. There were four people vying for this job to run as the Tory candidate in 2006, or whenever the next provincial election might be. I won that by five votes. What a great day that was - not just because I won. There were 700 people signed up to come out. That's democracy, what a fun time. We campaigned all that summer prior to, getting membership signed up so people could come out and express their vote. (Interruption) I know 20 minutes is moving on, I apologize. Anyway this will all come together with a point, I'm sure.

So from there, in 2006, you talk about democracy, 46 votes separated me and the Liberal candidate - 46 votes after the recount was the difference. You know, each election after that, again in 2009 with the big NDP wave coming into town in the Province of Nova Scotia we gained votes, a few hundred more. Then with the Liberal wave in 2013 we picked up nearly over 2,000 more votes with a record win in Hants West.

I don't think that had anything to do with politics, I guess maybe it plays partly to where I'm standing today in this historical Chamber, but I can tell you there's more to it

than just putting your flag up and saying I'm this or I'm that and running and buying into everything that we as Parties, if you will, Mr. Speaker, say this is how it's going to be. Well, as many of you would know, that's really not my philosophy, that just isn't how it goes - it's never going to go that way for me, and that's fine, that's just me, I'm one of 51. The rest will make their decisions in this House, and that's a good thing, that's democracy, that's the freedom I was talking about. We all have the right, and that includes everybody on the street, everybody in Windsor, everybody in Yarmouth, and everybody in North Sydney, wherever - all over this province; you have the right to do as you wish. We're free to do that.

We're all not going to like what everybody does, Mr. Speaker, but it doesn't matter; we have the right to do it. Bill No. 1, the Health Authorities Act, eight years, three months, and 17 days I've been waiting for this bill, to speak to it, to speak to this bill and say it is the right thing to bring this province into one district health authority - in this case two - and I can accept that; it has been worth the wait. It really has been worth the wait, I was happy to hear it was coming forward.

Am I discouraged with where we are now? There is no question that I'm discouraged to see this battle, if you will, this disruption, this uproar. I would certainly love to see something better worked out by way of the labour side of it because I think not only as a Nova Scotian but as a former union person - and I'm sure there is more than just me in this House that once upon a time was attached, or maybe is still attached to a union, and that's okay, that's not a problem. That is also a right that we have to be part of an organization that wishes to represent us. Do we see things the same? No, we don't. But it's okay, they have a say too. We have to remember that.

I hope as we go through the Law Amendments Committee that we take a few minutes to think about all that, and maybe it won't matter. You know, the minds are likely made up pretty solid, we've been willing to tolerate this and go through the process and we understand that it is a process. There are many, many more important things that one might say. We look at members who struggle with their health, families, the same, how important is it? Ask yourselves the question - is there a way to get it done successfully? I hope so because it needs to be done. As I said, I've waited a long time, through many ministers I have asked, please, why are we not reforming this health care system? Why are we not under one? We have a model and that model, believe it or not, is that ambulance system, EHS in this province. We can go from 52 different operators to one, successfully. It took a number of years. That's okay, no rush.

There is a process to go through here, Mr. Speaker, the same thing: we have multiple unions, no different; we have quite a few people, a lot more people, many thousands of people not affected. We weren't that big as paramedics, maybe 1,000 or 1,100 at the time, if my numbers are correct, but not near what we are looking at today.

All things must be considered, Mr. Speaker. I think of talking to not only the people on the street but the phone calls that I've received and the emails I've received and people I know, people who work in health care. Now I'm in a bit of a predicament, I'll tell you this; my sister is in NSNU. I talked to her last night. She says, do the right thing. Thanks, Janet. My wife, a former NSNU, not working right now, I often ask myself if that's good or bad, but you can just imagine now, if you will for a moment. I don't know how many of your spouses are in the health care field, plus I've worked there for quite a few years. Those of us who have been in the front-line health care industry, we know the nurses, a lot of the newer ones who have come along, certainly a lot of the older gals and guys who have been around this business for a long time, we know them. (Interruption) Experienced, thank you, not older, experienced. I stand corrected, you are quite correct - not older, experienced, very well experienced.

Now my honourable colleague, my former partner and friend from Sackville, the honourable member for Sackville-Cobequid, spoke about many things and about the different scopes of practice or training levels that the nurses had. There is a variety: there are LPNs out there who are often looked at as being a little less qualified, if you will. They were not less qualified at all, they had different skills. If you think and you compare some of this to the paramedic levels, and I have to compare it to that because it's what I know, it's very similar. You had the paramedic level 1, 2 and 3, the 2 now mostly gone. I was one of those old 2s when everything was grandfathered and then went on to get my level 3.

Nurses are very similar. There is a basic level and there's extra training that they will do. He talked about working in one division of nursing versus maybe in OR. Well there are great differences but you know that's not unusual because there are also great differences in the scopes of practice that paramedics do, great differences in those scopes of practice. So it's not like we're forging new ground, it's not like we're going to travel down a new road that we've never been down before. There are opportunities to look back here maybe and say, what worked to get us there?

I heard criticisms about previous Liberal Governments, albeit some years ago, this morning in this debate. I can tell you, though, if we really think back, for a guy like myself who is a paramedic, it was the Liberal Government of the day and I want to say Dr. Jim Smith I believe was the name who was the minister (Interruption) Ron Stewart, thank you and I knew Ron. Yes, the Godfather, how could I ever forget that - Dr. Ron Stewart who I knew, started this thing for us, as paramedics, in that time. It grew, obviously, past the Liberal Government, through the Tory Government, through the NDP Government. Here we are again, the red team is back in. We are all the way around, come full circle and we're still talking about issues that we're having there.

Do you know what? Life's pretty good, it's not bad. Some would argue, some would say it's not enough money. Well, we never make enough money for some. Some have gone out West to work, they have done very well. A good friend of mine, I talked to him a couple of weeks ago, the first time I've seen him in a couple of months, still lives at

home in Falmouth, goes to work in Alberta; he's out two weeks, home two weeks. He makes \$700 a day. That's big money, \$700 a day. What a shame that we have to go to Alberta, though, to do it and be separated from your family. Isn't that the problem? We want to have good things here in Nova Scotia. We want to grow our province. We want people to come here. We need to give people a reason to come here.

When people look at labour disruption, however - whether we like to call it that or we don't or whatever you want to call it - when we look at things like this, I'm not sure how many people are paying attention. I know people in the health care sector are. I think that's very real and in this province there are many thousands of people.

What does that mean for people who we might be trying to bring in or bring home? My buddy is probably not too anxious to come back to go to work in health care right now. Making that kind of money would be the big one. He's enjoying that. He has the ability to do that. Well that's good for him and I'm happy for him that he's able to do that. He's one of a number of paramedics that I've known over the years that have gone to Ontario. Ontario was the go-to place for a lot of years, and now Alberta with the boom - if you want to call it a boom once again. They have always been booming there for a number of years. This new creative boom there in Fort Mac and other places has seen an opportunity for paramedics to make big money.

They need to do that because we have a way that we like to live, just like they like to live. We like to have new cars and we like to have homes and we like to be able to support our family, and that's just living - that's not extravagance. You look at some of these guys I spoke to earlier, they're just making it; they're living - they struggle. Unfortunately there are a lot who do.

Where will this end? I don't know, as I've said. This has been an interesting debate, hearing the members speak and going down a number of roads from speedy legislation being passed. I would ask, though, if this bill didn't have the labour piece into it, with hearing what I've heard, most people talking about supporting it, that it would be almost a non-event, if I dare use that language, because it's really just the labour piece here that I'm hearing to be the bigger issue. Others will speak after me and I guess they will correct me, if need be, and I appreciate that.

I was only going to speak a couple of minutes here and I might have passed the couple of minutes. Once you get going, you get on a thought or two. I didn't prepare any written speeches. I just speak from a little bit of knowledge in the union world and the health care sector. I would say it is important that we treat everyone, whether they're health care - in this case it is health care - it's about fairness.

Remember when I started this little discussion and this debate and began taking part, it was about what people expect of their elected officials. I made this statement in the Spring when I stood in this very place, well, maybe just a front row or two ahead back then

a couple of months ago. I made the statement that if you took the politics out of this very historical Chamber, you might actually get something done for Nova Scotians. I still believe that today. I've always believed it. I've never been a big "P" Partisan anything.

Provincially, unlike municipally, you have to fly under a flag. Well, that's okay. Those are the rules today. One day I may see something different in this province - probably not in my time, maybe, but there are other places around the world that do it and I spoke to that too, that do not fall under any partisan, and it seems to work too. I'm sure they have their issues. It would be no different. When you're governing and you're trying to put forward policy and legislation and so on, you're going to have issues that are going to come up. We know that and we accept that. That's part of the responsibility. There's nothing wrong with that.

I should close. I've been going quite a while here. I would say that from my perspective, from the people I know who work in the health care field, front line, the opportunity is there, whether we might look at it as small - \$1 million-ish, \$5 million, \$13 million, whatever the savings is - big or small, it must be done; it has to be done. It needs to be reinvested back into those people working on the front lines because they're always going to be there because they're always going to be needed. There are issues. We're going to continue to have health care issues in this province. They're not going away.

I, for one, am looking for dialysis. I've asked every government since I've been here for a dialysis unit in my hospital in Windsor. That will never go away. We want that. You'll hear me talk more about that as we go through this session. We heard the member for Inverness talk about a CT scanner this morning in Question Period. There is always that need and people expect those needs to be met because they have problems with dialysis, travelling, et cetera and so on. I won't get into that now. I could, but that might take me another hour or two and I don't want to take that. (Interruption) That's another day.

What we really need to remember here is we will have this bill finish up on second reading at some point, probably today, I guess, whenever - make its way to the Law Amendments Committee, and we listen intently to those who are coming in, to hear what they have to say and not just listen, to really think hard about is there an opportunity to make a change? Maybe there isn't, maybe we're bound to that, maybe there's no going back now, maybe the government says we've made the bed and we're going to lie in it, finish it out and see it through. That's okay, they've made that decision, they will accept that and so on as I've said.

Or, maybe they see an opportunity, something that has yet to be presented and it may be presented through the Law Amendments Committee process, who knows? I look forward to that and see what happens. I'm sure there will be a couple of people in, at least, to speak to this, maybe a couple of hundred, I don't know what the lineup looks like yet but I'm thinking there will be quite a few.

In my mind, this is about nothing more than fairness, fairness to all - fairness to government, fairness to Opposition members and all members in this House. Fairness, more importantly though, to those working out there and to those living in this province, doing the right thing. Being as fair as we possibly can to all Nova Scotians, you have to consider that. With those very few words, I will take my place.

MR. SPEAKER: The honourable member for Queens-Shelburne.

HON. STERLING BELLIVEAU: Mr. Speaker, it is certainly a pleasure and a delight to hear my colleagues collectively across the floor, Opposition members engaged in this particular Bill No. 1, the Health Authorities Act, in second reading. I just want to dovetail on some of the comments of the previous speaker. He talked about some of the labour concerns he had and certainly I want to raise another aspect of this.

In my theme here, if I do have a theme - I hope my colleagues are paying attention - I have a great concern, and I'm sure many residents across Nova Scotia have a concern, about the diminishing of district health authorities and the centralization or decision-making process or some may call this a superboard. To me, I really am encouraged by the fact of having a rural voice for that input from the people that are most affected.

We know the makeup of Nova Scotia is a lot of rural communities - I'll get into that in more detail as we move on - but my big concern is the local voice of these district health authorities. I know personally a number of them, my constituents, volunteer people that were on those district health authorities actually called me at home. They called my office, I had a personal contact with them and I questioned - I know that they talked about having a CEO and I heard here on the floor most recently that they hoped there would be a 1-800 number. Well, I can assure you that the phone directory for the MLA for Queens-Shelburne does not have a 1-800 number, has a simple listing in the phone book that you can get that individual and if you go to the corner store or any event in the local community you have access to that MLA and that individual and I emphasize the word volunteer that was on these local authorities.

I can see that there is some uneasiness across Nova Scotia as we move - I want to emphasize again that this sitting government has a majority and when bills move through the House, there is much that can't be changed or prevented from change when there is a majority as we're facing now. We just have to know the realities of what we're facing. We certainly have an opportunity to voice our concerns as Opposition. We're here to hold the governing Party accountable and that's our job and I take that very seriously, that's simply what we'll be laying out to do.

In the next few minutes, I want to simply highlight some of the observations and anyone can appreciate my previous background. I spent a lifetime, in fact, making a livelihood for my family and for myself, observing nature and reaping the benefits of it. If

you weren't paying attention you simply could not survive in my previous occupation. I have spent a number of hours and minutes in the previous sitting of this House and I have observed what took place on this floor and some of the comments that have followed this particular bill as it entered this Chamber. We are facing now the process of second reading and some of the highlights, Madam Speaker, that I want to point out in this discussion that I have observed.

I have before me an open letter that was tabled here earlier and I want to bring note to this, An Open Letter to Nova Scotia Nurses' Union Members. This was tabled today and I'll table it again. There's a comment from our Premier: "We respect and will continue to respect your hard-earned rights and collective agreements."

I'll table that because a number of people who protest that we've seen in this building - I don't want to say shut down but it certainly has its limits and I have observed that. I have observed the tinted law enforcement vehicles that surround or are parked in our lot. That is different, that is not the democracy that I appreciate.

I had the privilege, Madam Speaker, of being in government and holding two portfolios, at those times making decisions, and I want to make a distinction here. When you make a decision there are going to be people who judge and who may criticize and may cast a different view on it. I respect that, but never in my time in this House - in my past or hopefully in my future - did I need the security of a tinted vehicle to carry me from this building, because of any decision that I have made or am going to make in the future.

I have made decisions in the past and I've gone to their communities. I have gone to their public meetings and I have defended our position. I have not observed this in these last 24 hours. What I have observed is a slow closure of democracy and that is certainly sad. That is certainly something that I am not proud of.

I want to get into the other remarks through my speech about not only the members of government that have to be accountable but the backbenchers also of this so-called government have to be accountable. You cannot hide continuously behind tinted windshields; you cannot stop democracy from being heard and for people to have access to your elected officials. That is not what a tinted windshield does and we have observed this in the last 24 hours; it is simply sad.

I want to go on to say, Madam Speaker, through you to the members in this House today - during last year's provincial election, the Leader of the Nova Scotia Liberal Party took out a newspaper ad in the Chronicle Herald and in this ad was an open letter to the nurses. The Leader indicated that if - I repeat, if - elected, his Party would protect collective agreements for nurses. Yesterday this government introduced legislation that takes away - I repeat, takes away - the right for front-line health workers to make their own choice as to who will be their voice in collective bargaining.

This House of Assembly, Madam Speaker, recognizes the blatant flip-flop - I call it a U-turn - by the Premier and the complete lack of respect for the Party and the government holds for health care workers. Now, that's what a tinted windshield does. I see people on that street who have no problem walking to this House and going through those particular people who have a right to demonstrate.

We are privileged. We are privileged in a democracy that we can assemble and have different opinions, and we may have different philosophies and may belong to a different Party, but I have the right to my opinion. But those people feel that they have been trampled on, and what's obvious, if you spend the time and talk with those individuals - which I'll get into later - is that the people in the governing Party need to do their job that they are elected for, to listen to these people, and we'll get to that.

I observed the opening remarks of the present Minister of Health and Wellness. His opening remarks today, I actually took note, and his introduction speech was roughly 10 minutes - 10 minutes on the second reading on an issue so important to the people of Nova Scotia. I find that a bit of a concern, and I know why the people out there are sitting in that street and are circling this building, because they feel their voices are not being heard. I made note, and I'm going to give an opportunity to the sitting government, to the minister, through you, Madam Speaker, that I noticed when this previous process in Bill No. 37, when this particular Bill No. 37 went through Law Amendments Committee, there was a silence. There was a silence from the sitting government and the backbenchers. It was very noticeable, and that was my observation.

I'm observing this same process as we begin this particular Bill No. 1. What I'm asking for a clarification on is, when the Minister of Health and Wellness made his statement earlier today, he talked about entering into this new superboard and having a new annual public engagement each and every year.

What does that mean? Does that mean to me that we're going to engage the public and have greater consultations on the issues that I'm raising about the previous status quo? We had volunteers on these particular district health authorities, and those volunteers literally picked up the phone and called their local MLA. Is that what that means? I have a question and I'm hoping that the backbenchers - I see that I have their attention - will not remain silent as they did on Bill No. 37, but that they will ask for clarification on that particular point and to understand that more deeply, because we need to know as Nova Scotians. That's certainly something I'm hoping I'll see addressed in Law Amendments Committee.

To me, Madam Speaker, the word "public engagement" or "consultation" - and I'm going to make a quick reference that has actually taken place in the last 11 months. On two occasions, myself and the Opposition member and the Fisheries and Aquaculture Critic have asked about consultations regarding a lobster levy, and I'm just making an example. The existing Minister of Fisheries and Aquaculture stated in March and in April of this year

that there would be consultation, and I want to point out that it's in Hansard and I asked. That consultation has never taken place. So is this the same consultation that the Minister of Health and Wellness is referring to about engaging the public?

If it is, it's a flawed process. The Minister of Fisheries and Aquaculture hasn't engaged in consultation, he has misled this particular House. So, again, there's another important question that the members opposite - and they've had opportunities to stand up in Question Period and ask for clarification, I have seen it in the previous session. Great question, let's hear clarification on that process of engaging the public on an annual basis.

One of the previous speakers, our Leader, did a very graceful job of pointing this issue out. To me, it is something that makes me extremely nervous of this centralized decision-making process or decision superboard. Is it? I ask the question. I'm sure it will be raised in Law Amendments Committee. Is this the beginning of small town erosion of our local hospitals and a centralized model? Is this what's going to happen to our rural communities? That's the fear I have. Erosion of anything to do with health care in Nova Scotia is something that I have great concern about.

This is something that attracted me to this particular Party. I know we all have different political views on our political Parties or platforms, and I appreciate that, but one of the fundamental values of a Canadian is the health care system. I think, for any Party to introduce legislation in that, we have to have a thorough engagement of discussion. I look forward to the backbenchers being involved in that discussion. In the last 11 months, we have seen over 9,000 people leave this province.

It saddens me when I stop at a service station to get fuel to come to this city and I meet people, literally, this weekend, making that trek out west to that economy. It saddens me to know they are making that trek. We heard the earlier speakers talk about the two weeks out and one week back, and that is difficult on any family, especially young families. I question again, is this structure going to add to that 9,000 workers who left in the last 11 months? Are any of those 9,000 workers health care workers? Are they health care givers? Is this going to add to it? Those are great questions, and to me, it is something I certainly want to find out the answer for and I want to make our health care stronger.

Just to get back to our health care, we all have relations in other countries, and it's something that many people envy Canada for, our health care system. It's something in particular that I'm proud of and can we make it better? This is why we're in this Chamber, to make things better for Canadians and Nova Scotians and it's something I look forward to.

I have a great concern of diminishing that local voice in our district health authorities. I ask the question here, and I hope the members opposite are making notes because I want the minister, hopefully, in third reading or again, members have an opportunity in Law Amendments Committee to ask the question of what this particular

engagement means for rural communities. I emphasize that I heard this is going to participate on an annual basis. I need to get an understanding; does this public forum go around the province on an annual basis gathering information and trying to collect problems or flaws regarding our health care system?

What I have noticed and I made reference to the first time I saw tinted windows in law authority vehicles, ferrying our elected members back and forth, this is Canada. I truly believe in the decision I make that I should be able to be scrutinized, be able to publicly go out and defend that, and to me that's a deep concern.

I see, Madam Speaker, that there's a point of order before this House talking about blocking the east gallery and why the sitting members have staff up there and not the public. I'm waiting eagerly to see the review of that point of order because this is the people's House. There should not be a yellow ribbon or tape around saying police line or whatever that line says. To me that is closing down or shutting down democracy; that is not the Canada that I want to know. This House is open and we must emphasize that more and more.

I want to go in a somewhat different direction right now. I know that my colleagues on all sides, I really appreciate the different viewpoints, the different backgrounds, the different qualities they all bring to this Chamber. Everybody seems to put a unique spin on their presentation. I think I have a somewhat unique situation, I think I'm one of a few in this House who can stand here today and say in this microphone to a public forum that I have the ability, or had the ability, to vote my conscience. Hansard, I think, will confirm that. I want to direct my remarks to the backbenchers of the sitting government because I think that when you vote your conscience you're making a choice that makes you feel the best. Not what some political Leader or somebody gives you direction for - it's about where you feel the best on this particular issue.

Also by using critical and objective thinking, to observe, and I use the word "observe," all evidence and aspects of the situation in order to make a much clearer determination. You also should want to hear every argument; you need to hear every point of view in an open order to make sure that you cover every single base. Again, Madam Speaker, I direct my comments through you to the backbenchers because I know when this particular second reading process leaves this Chamber we're going to be entering Law Amendments Committee. The backbenchers will be sitting there and I observe this, I point out that this is what I am observing and I believe Nova Scotians will be following the same minutes.

So far, this important bill in this House has had 10 minutes by the government as it was introduced - 10 minutes. My fear, my concern, is that the backbenchers we have seen engaged on such issues as Address in Reply to the Speech from the Throne, they're involved in questions of the House, we've seen that in previous sessions and they have no

problem standing up and asking questions or asking for clarification on some issue about certain departments - I've seen it.

My fear in what I observed on Bill No. 37 is that there will be a cone of silence fall down over this particular governing Party, and I have great concerns over that. Now, my questions would be directed towards the member for Hants East or the member for Dartmouth South or the member for Halifax Atlantic - maybe the member for Victoria-The Lakes will voice her concerns or ask questions in Law Amendments Committee. Maybe they'll ask questions about what is the public engagement, what is this process, are they going to participate in Law Amendments or are they going to remain silent? Now, people from Victoria-The Lakes, Lunenburg, Cole Harbour-Eastern Passage, again they all remained silent on Bill No. 37. Is this what we are to expect during Law Amendments on Bill No. 1?

Sackville-Beaver Bank, Hammonds Plains-Lucasville, Kings South, Timberlea-Prospect all sat in silence during Bill No. 37. Clare-Digby, silence; Cumberland North, silence; and so far we have heard 10 minutes on Bill No. 1. I think I've raised many questions and the silence again is obvious. What I am observing is that we are going to have a bill that is trying to be rammed through this House. We have the tinted windshield vehicles in our parking lot as we speak. We have police tape around the perimeter of this building, and the list goes on. Is this a democracy? I think not, or not what I want to be part of. I want to be engaged with the public and making sure that I'm doing the right thing at all times.

Madam Speaker, it is interesting to note that certainly the health care system has affected a number of us and I just want to take this opportunity to recognize some of my colleagues, their personal fight with health issues, particularly the member for Sydney River-Mira-Louisbourg. I know that he is dealing with some personal health issues and I just want to take this opportunity to recognize that there are some serious health issues with our colleagues and I look forward to their wisdom. Also I'm looking forward to my friend, my colleague from Sydney-Whitney Pier and my understanding that he will be addressing the House in a few short minutes or hours, sometime today. I look forward to that and I know that they are facing some personal health issues and I'm sure that they will bring their own unique aspect and concerns forward to this floor and I look forward to it.

I just make a few comments about what I have observed. These individuals are fighting their own health issues and they'll bring their own collective thoughts not only to the second reading but also they will participate in Law Amendments Committee. To watch my colleague last night just go out and engage with the people on the street - the member for Sydney-Whitney Pier did not have to have a tinted windshield in front of him. He did not have to have the authorities to protect him and he did that on several occasions and I respect that. It certainly is interesting to see that unfold in our society and I look forward to my colleague's wise words in a few short minutes.

I also want to recognize my colleague from Hants West. I've observed this and I want to pay him a tribute. I notice that he spoke roughly close to 55 minutes without one note, not one note. My observation is - I actually connected the dots - that that individual has worked in that profession. He appreciates the professionals and has come from that background so there was no need for notes, Madam Speaker, they simply come from the heart. I made some notes on his delivery and they were wise words, as all of my colleagues have contributed.

I'm going to close here in a few minutes but - hopefully I've got your attention - my theme was concerning a centralized decision-making board or one superboard. I have a great concern about that because I feel that rural communities across Nova Scotia may get lost in the erosion of any of these facilities in rural Nova Scotia. That's certainly something that I don't want associated to a legacy. I want to protect those, I want to be very clear on that.

When you stand up for the hospitals in Liverpool or in Shelburne, Roseway Hospital, to make sure that they're open and you know that a lot of those district health authorities around that surrounding area had volunteers, I'm deeply concerned about the loss of their input and their voice - that local voice.

I just want to end on this - my very first speech in this Chamber, Madam Speaker, was about health care, it was about the establishment of building Bay Side Home, which was promised for 40 years or 30 years in a place called Barrington. Four Premiers had promised that and to me, those four Premiers represented a centralized decision-making process. They did not deliver to that community. It was the local voices of many individuals who knew that that long-term care facility was important to that community and their voice was crucial to making sure that their members, their loved ones, were taken care of. That same concern has not diminished, from my perspective as I sit here today.

I'm deeply concerned that any erosion of that rural voice is going to be lost in a centralized superboard. That's what a local voice can do. It's going to be interesting, Madam Speaker, to see - particularly this government - if the backbenchers will break their silence and they will listen to the people of Nova Scotia. We are here to stand up for health care workers.

I look forward to my colleagues' comments. I thank you for your time, thank you very much.

MADAM SPEAKER: The honourable member for Chester-St. Margaret's.

HON. DENISE PETERSON-RAFUSE: Thank you very much, Madam Speaker. It's a great privilege for me to have the opportunity to be here today to represent many Nova Scotians in their concern with respect to Bill No. 1.

One thing we have learned along this short journey to date since the Liberals became government last year is that they are very aware of the importance of image and perception. That is what is worked on all the time. It's not the reality of what is truly taking place - it's that perception that they can give.

I know that the Premier and the Minister of Health and Wellness are part of that. They like to use buzzwords that they feel would resonate with Nova Scotians, things such as: sustainability of the health care issues in our province, and sustainability with the health care system. I think before they use those buzzwords they need to take time to look up in the dictionary what they actually mean. The word "sustainability" in the Webster Dictionary means that it is using a resource so that the resource is not depleted or permanently damaged.

Madam Speaker, Bill No. 1 has already created permanent damage in the Province of Nova Scotia. We can see that with our health care labour situation that we're dealing with today and what we dealt with back in April with the home care workers and the nurses, and the mistreatment and the disregard of the rights of the very people who work on the front lines. They touch the lives of Nova Scotians each and every day. And I'm sure that each and every member in this House has experienced the passion and dedication of a health care worker, whether it's a personal experience or it's an experience of a family member.

We are all human beings. We're all here to try to do good, but it's very important for us to maintain and have a level of respect for each other. Where is the respect from our leadership when that leadership is taking away the voices, the very voices of those people that are taking care of us?

We all use the health care system. We all have an investment in the health care system. We all want the health care system to get better. It is not an easy job. I know that the Minister of Health and Wellness has a huge portfolio on his hands, but what's important along the process is co-operation and transparency. It must be important, because those are the very words that the Liberals used this time last year, running up to an election, telling people, that is what we are about; we will be a government of transparency; we will be a government of co-operation.

So people are realizing - they're seeing, unfortunately within a year - that those were only words. There wasn't action attached to those. You will see that when you are forced into another election, you're going door-to-door. People are probably hearing it from their constituents already. Sustainability means working with a plan. That is one of the biggest issues here. When you look at amalgamation, and you look at what amalgamation can create - and Madam Speaker, I have had that experience.

A number of years ago, I had an opportunity to work for Halifax County Municipality when it represented the county. We had suburban areas and we had rural

areas. It was during the Savage years, a Liberal Government that made the same very wrong decision with HRM in terms of forcing amalgamation. It was a horrific experience. I know that when you talk with anybody that worked for HRM at that time, or may still work for them, they know that that experience is one that they certainly do not want to relive. I can say from a personal note that it was. There was no planning around that, either. It was a fait accompli. It was a decision that had been made by the Liberal Government of the day without putting plans into action.

The concept of amalgamation sounds good, and it rings well for people in terms of saying, we can't have all of these top administrators making big salaries, and what we're going to do under amalgamation is bring them all together and make a better system with fewer at the administrative level.

But the reality of that, Madam Speaker, is that it does not work. We have seen that across Canada, and that is one thing that, I have to say, truly baffles me, in the sense that why would we repeat the same mistakes that other provinces have made, and have realized, and have publicly even come out and have said that's not the way to do it? There's certainly nothing wrong with streamlining and to look at a better way for us to do our administration and if it means to do some amalgamation in some areas and maybe not in others, there is nothing wrong with that.

One of the things with Halifax County that I saw, one of the first steps should have been an amalgamation of services, and I've always said that that would have been a better first step towards a full amalgamation if that's what was discovered as the best route, but it takes a couple of things. It takes time and it takes planning and research and it takes consultation, those are the key elements that are missing here in Bill No. 1 and that will come back to haunt the Liberal Government, there is no question at all.

As I said, I experienced that with Halifax County because of the fact that there were many duplications of services that were taking place at the county office and the City of Halifax, the City of Dartmouth, that there was no reason why departments could not have come together and had discussions with respect to how we can save some money, how we can do one huge run in printing, because each one of us each year at the same time puts out particular publications, or the tendering process comes together as a one-step process in particular equipment. There are many, many areas that within government, or within health authorities that those discussions should take place because there will also be an awful lot of waste, Madam Speaker, when you start amalgamating because there are things that are already produced in printed materials. There are things that have already been decided that have been implemented halfway.

Those things when you do the amalgamation will still be there and have cost money but are not usable anymore. That's what happened with Halifax County and the HRM amalgamation, and to this day there are very few people in HRM that said that that was a

good thing to do. All you need to do is go out to the more rural areas and ask them if HRM amalgamation is a good thing to do.

I live in a rural community and I know I represent, for example, the community of Hubbards and the community of Hubbards is divided by two municipalities: Chester municipality and HRM. On the Chester side, lo and behold, they have sidewalks because the decision making is done by the local municipal council on that side. On the HRM side there are no sidewalks and you can't get sidewalks because the council is more centralized. Although you have municipal councillors, when it comes to the dollars and the decisions for sidewalks at least, they're putting the infrastructure for sidewalks in the urban areas, so the rural communities have lost out.

That's just one of many examples and that will actually occur in this health amalgamation, there will be services and there will be supports that we now receive in rural Nova Scotia that will not be there after amalgamation, that we will lose, Madam Speaker. That is sad; once those are lost it's hard to rebuild. There has been a lot of discussion about community and that the government says there is a plan about community involvement, well, I think that we all deserve to see what that plan is because it's easy to say that we have a plan - I would actually like to see the plan. What is the plan; how do you make a change without a plan? That is what I fear is taking place here.

How do you make a change without a plan? I mean even in our personal lives if we want to make a major change in our career or make a major change in our relationship we have some kind of plan around that. Unfortunately this government has missed that and for whatever reason, they are trying to push Bill No. 1 through very quickly. I don't know whether it's because you think the pressure will be over after the bill goes through and people will go away but I can tell you that is not going to happen because you are affecting at least 14,000 employees and workers around this province. Those very people have family and friends, those very people are saving lives every day or helping seniors and helping people, and the message will get out.

If you think that ramming this bill through in a couple of days that then you can just close the file and go on, I can tell you that's not going to happen. It is very concerning that in a province that people have worked for years and years - not just decades but centuries - for their rights and their abilities and the veterans who have lost their lives, even young people in the more modern wars that we've been facing - it's always about democracy, how hard they are fighting for democracy.

What is democracy? My understanding, Madam Speaker, is that you have a right to voice your opinion, you have an ability to picket, you have an ability to march up and down the street but what is always a key element of democracy is that you are part of the conversation; you are part of the decision making. That is the part that the Liberals have taken away.

It's very strange, I find, to be here yesterday and to experience such security. I know my other colleagues have mentioned it. Now if somebody didn't tell me that I was in Nova Scotia, I would have thought I was in a foreign country because that's what I've seen on the news for many years, people protesting because their rights have been taken away to express themselves at the table. They are not part of the policy or planning process. So the only means they feel they have is to march up and down the street and to contact those people who they thought were representing them.

I hope everybody in this House thinks about it - what does that image give to the rest of Canada and the world of what Nova Scotia is becoming? We talk about how important it is for us to develop our economic base and make Nova Scotia look like a welcoming place to come and live. Well I don't think with what we saw the last several days, what we saw in April, certainly does not give the image or perception that this is a welcoming place to come to live or work. That's the very thing that is baffling to me because that's where the Liberals have been experts. They've been experts on developing image and perception, yet they're allowing our province to be seen worldwide as a place that is taking rights away from people and that's really discouraging.

We talk about how we want to try to keep our young people here and to encourage them to raise their families, because we have an older population and we're in a crisis now. Well what is this doing? This is not keeping young people here or families; they will make a decision to live elsewhere. Why would you want to live in a province where you go to work and you feel that by the leadership of your province you are not respected, you are not being listened to and you are saving lives and touching people's lives each and every day, under very extreme circumstances? It is not a work-friendly place, yet they still go because what is important to them is those lives that they're touching. Yet we're not there for them, those very people who are saving lives and making the health care system better.

We have a lot of crises that we are dealing with in the health care system. People know that and there's a domino effect to these types of decisions. You can't just sit here and live in the moment; you have to also look at what has taken place in the past and what will take place in the future. What took place in the past under a Liberal Government was forcing about 1,000 nurses out of our province. It was horrendous.

That domino effect did not stop when another political Party got in. The chaos and the crisis that is created by that kind of decision continues on and it even continues on today. Some of the issues that have been felt in the health care system were a result of those very bad, poor decisions made by a Liberal Government to force our nurses to leave this province and to lose 1,000 health care workers that we desperately needed.

Are we repeating history? It looks like it. We're repeating history on the crisis and chaos that the Savage years created in nursing, the crisis and chaos that was created by the Savage Government with amalgamation of HRM. How much more information do the decision makers on the government side need to see to know that does not work? We have

the research; we have the information; we have history that shows that and it will not be any different today, you're not putting any kind of magic potion into your amalgamation to make a difference.

We are going to lose people because of your decision and we will have people who are not going to want to come to Nova Scotia. When the Minister of Health and Wellness does his calculations of savings and he says in the millions, well, have you also looked at the calculation of what you're going to lose in terms of people leaving the province? You can't have one without the other. You may say you're going to get these savings and you really, truly don't even know that, that's just guesstimates, yet at the same time we do know, too, that you're going to have a loss and so it's important to look at both sides of the coin and not try to give the information or try to say to Nova Scotians, this will be a saving.

It certainly wasn't a saving with the amalgamation of HRM. What happens is you may have one CEO who almost gets double their salary but you also create a new line in the organizational chart. I bet you we will see that with this amalgamation. The reasoning will be now we have all these people who we have to represent in all these hospitals, we need the support staff for that. So what happens is you go through the whole severance package and the early retirement package, costing an awful lot of money, and then you look at those who are still hanging around and because they have relationships and they've been there for a long time, they're going to be placed in positions, there's no question.

We've seen that with all amalgamations, all through Canada, so what you're going to do any differently than the others I do not know and I think that we should know. I think that as a person who represents people in Nova Scotia that I should have that knowledge base. If your plan is so solid - and as I said I don't believe there is quite a plan - if the plan that you're touting is really there, why can you not provide that to the people of Nova Scotia? Why can you not provide that to me as an MLA, if you have the information?

As my colleague said earlier, an analogy that's really fitting is the fact that what you're doing is you're building a home without a plan. You're not putting in a foundation, and you're not putting walls in, but you're putting the roof on first somehow. That's what's happening. The roof is going to fall in, come crashing down, and it's not only going to come crashing down on the Liberals as politicians. The unfortunate part is that it comes crashing down on the people of Nova Scotia and those that need that service and those who are most vulnerable. That's the really sad part.

Whether you're going to be sitting here in your seats after the next election or . . .

MADAM SPEAKER: Order, please. I would like to remind the honourable member to please direct your comments in the third person toward the Chair instead of saying "they." Thank you.

MS. PETERSON-RAFUSE: Whether or not members will be in the seats as representatives is not really the issue that I'm concerned about. They might be concerned about that, but the real issue is how is this going to affect Nova Scotians?

First, I've been talking about the workers, and that's really important. There's been a great deal of silence from our Minister of Labour and Advanced Education. It's a little bit ironic because on the first page of their website, it says, "The Department of Labour and Advanced Education works to provide fairness, safety and prosperity for all Nova Scotians by helping them live, learn and work to their highest potential."

So I guess my question is, where is the fairness for those people who are out there marching tonight, and the other health care workers across our province? Where is that fairness? I'm not seeing it, and I don't believe that they feel they are seeing it. Where's the democratic process? Each and every one of the members representing the Liberals had the opportunity to be in their seats today because of the democratic process, and then it's being ignored. I think that's quite sad.

I really think that members need to reflect on that. I know that most of the members that are representing the Liberals have gotten involved in this job because of the importance to them in feeling like they can make a difference in people's lives. But you don't want to make negative differences in people's lives. I know it's challenging, because of the fact that there are few people trying to make decisions, and they are always thinking on a political nature. To truly represent people, you have to think on a people's nature, not a political nature. It's time that you do that and look within yourselves to do that.

As I said, unfortunately, the Minister of Labour and Advanced Education has been very silent about the chaos that is taking place now within our labour movement in the Province of Nova Scotia. Another question that I guess I will pose is, where in all of this is the Premier, in terms of the comments that have been made in the past from that member? I'm wondering if there's an evil twin, and the reason why I have to question that is because it was just a little over a year ago that the Premier said this very clearly to union members and to the labour workforce: we respect and will continue to respect your hard-earned rights and collective agreements.

That's not happening. How can one say that, and now it's completely different? It goes back as far as 2007, and as it was tabled today from a member of the Progressive Conservative Party, a notation and an article from the Annapolis County *Spectator*. The Premier said at that time:

"Many of the province's healthcare workers are on the front line every day, they know what happens if they are not there to provide care to Nova Scotians when they need it. They know better than anyone else how important their jobs are and how much people rely on their care every day."

What happened, Madam Speaker? Is there an evil twin or something that suddenly came around, because the fact is those are not the words of that same member?

MADAM SPEAKER: Excuse me, I believe that calling a member, the possibility that there's an evil twin, is unparliamentary language so I would . . .

MS. PETERSON-RAFUSE: I wasn't calling the member an evil twin, I said there must be one so I didn't reference the member as an evil twin. As I said, I was saying there must be one.

MADAM SPEAKER: I think you are treading very, very close. I would ask you to proceed.

The honourable member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: That's fine, Madam Speaker, people have heard me. One of the things that we have talked about is the concern in our local communities and how an amalgamation of this nature with no plan will affect them. I know that the Minister of Health and Wellness referenced today that he was going to be on a tour, to go around and talk to seniors. I would like to invite the minister when he's touring Nova Scotia that he spend some time with me on the South Shore because I will take him around and I'll take him on what I would call a reality tour, not a tour that takes you to people who are handpicked to be around you to make it look good. I will take him on a tour to be able to talk to those people who are experiencing the crises in our health care system and crises that are being made right now because of the Liberal Government's decisions.

A very good example of that is, I don't know how many times before the election and after the election both the Premier and the Minister of Health and Wellness have stated publicly how important it is for seniors to have the opportunity to remain in their homes as long as possible. I agree with them and the NDP have always agreed with them. We worked very hard in government to be able to move that along.

What we knew and what we saw is that it wasn't just about the importance of providing more opportunities for health support in seniors' homes. We know that was very important and there's not a government or a political Party that can make those changes overnight, I realize that, we all realize that. The important part to make a change successful is not to do it on a political cycle but to do it on life cycles and to be able to have a plan that there's financial commitment attached to that plan over a number of years.

One of the things that became very apparent to us while we were in government is that beyond the medical support to help seniors stay in their homes longer - because we know that we are in a crisis with the number of seniors in our province - we know that we do not have enough long-term care beds. As we develop those and try to support those, at

the same time people experience life on a daily basis and people have to have things done and support for them to be able to get through their day.

One of the things we did discover was the importance to provide support for those things that we may think are just little because we have the capacity and ability to do it, but those things to a senior are huge barriers. Those are the things such as providing funding for things such as wood piling, cutting of wood. We're now in the Fall season, we'll soon be in the winter season, so many of the seniors need - and homes. We have the oldest homes in all of Canada in terms of housing stock, and not just public housing stock but people's private homes. You can see that when you take a drive around Nova Scotia how old people's homes are and their inability to maintain those homes and their challenges with heating and the importance of having somebody to be able to deliver a cord or two of wood and help them put that in their basement.

For a senior who will be trapped in their home because they don't have the money to hire somebody to plow their driveway and what kind of crisis - just imagine being 90 years old and being stuck in your home for three or four days and you do not have family available and you can't get out because you cannot afford to have your driveway plowed, or in the summer months when you need your lawn mowed, those types of little things are huge when you are a senior trying to stay in your home on a very limited income.

Through the health authorities, the NDP initiated a pilot project that allowed the health authorities to identify those seniors coming through the hospitals or through medical care units that were in that type of crisis. The difference for them not going into a senior citizens home, or going into the hospital for months at a time waiting for a home, could have simply meant that they were getting their driveway shovelled. That program was piloted for about a year and probably about three weeks ago I discovered - it was done very quietly in the back room - that program that supported our seniors at up to \$500 a month was cut by this Liberal Government to \$500 a year. I have been totally shocked. I have received a number of calls from seniors and that's why I invite the Minister of Health and Wellness to travel with me on what I call a reality tour.

We all take those calls that are very heart wrenching. You take a call that I took about two weeks ago in the evening from a senior couple and the wife is crying. Her husband is a double amputee, he lost his second leg in February, and she's saying what do we do, Denise? I do not know what we are going to do. We just got a letter today saying that the program of \$500 a month has now been taken away; it's \$500 a year. What we already spent will be a part of that program. We used it to have somebody come in and mow our grass during the summer months. What are we going to do? Winter is coming on. What are we going to do? The money is gone now.

There was no transition. There was no discussion. It was just a letter saying that decision was made. She was apologizing to me for crying. I said to her, don't ever apologize for crying because your life is now in crisis - an unfortunate decision that I bet

most of the members sitting in the seats of the Liberals do not even know about. Nobody even told them this program was cut. I bet if I had the opportunity to see inside people's heads or hear what they're saying now, they did not know this program was cut.

She said to me that they felt that they did not know what to do. They wouldn't be able to stay in their home. Her husband was talking about having to go to a seniors' home where there is no room available. They did not want to go and he was talking about suicide. I can provide this House with their names. I got more than just one call similar to that.

Madam Speaker, that's why I will stand here today and I will speak with a lot of persistence and speak about these stories because it is mind boggling, it's absolutely mind boggling that a year ago Nova Scotians had people knocking on their door saying hello, I'm a Liberal candidate. I believe in Nova Scotia first. I believe in transparency; I believe in consultation; I believe in co-operation; I believe in the most vulnerable, those people who are low income; I believe in seniors; and I am here to work to help you. Yet, what you would say in an overall provincial budget, that was a very small amount in comparison to other monies that are spent, and sometimes on frivolous things, but yet where the money was directed to be cut was in a seniors' program that was working. The other health authorities across the province actually had used up all the money and had a waiting list of seniors because of the crisis that we are in in this province.

Yet how in good conscience can anybody say to a senior we care about you when in turn those who need the help the most - what is up to \$500 a month if it means that a senior is going to stay out of a hospital that is going to cost you \$2,000 a day? Where is the logic of taking money away from a program like that? Where is the logic?

That's part of the concern. What's happening is that these little programs that are health-related are being attacked because there is no plan; it's being done on an ad hoc basis. Whoever made that decision, I don't know how they could look a senior, or their parent, in the face to know . . .

AN HON. MEMBER: The federal government did it.

MS. PETERSON-RAFUSE: No way. Come on now, that was a program that we as a provincial government budgeted for, so it's time that the Liberals stopped pointing fingers at everybody else and started governing this province in the appropriate manner instead of blaming everybody else. It is ridiculous for even the member to say that was a federal government program - it was not. It was an NDP pilot project through the health authorities, and what a shame, Madam Speaker, that the member does not even have the knowledge to know that - and as a minister, my colleague next to me says, doesn't even know. So who made that decision? (Interruption)

MADAM SPEAKER: Order, please. The member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: That tells it all; that just tells it all, when you have a minister trying to blame that on the federal government and it was a project that was budgeted through the NDP Government, and it was a project that even if it happened to be federal, which it was not, that if the federal government took it away, in all good conscience any provincial government would make sure that still exists, because that \$500 a month in order to get those things done was very important.

Truly, it's easy to sit in the confines of this building and not feel the depression and not feel the crisis, or not feel how those individuals are trying to deal with their daily lives.

I had another woman call me, Madam Speaker, and she said I'm going to have to choose now between do I get groceries - and we all know the cost of groceries - what do I do, because I have to choose whether or not I'm going to heat my home or if I get groceries. We had another story of a gentleman, and he was ripping off his baseboards last winter to heat his home until the South Shore Health Authority, through an organization called Helping Hands, discovered this because he was ill and had to be taken to the hospital, and instead of keeping him in the hospital they were able to take him back to his home because they were able to use that money to get him what he needed in terms of wood and in terms of heat.

What a logical program. You know, you keep a senior in their home because that's where they want to be, and you provide them with \$500 a month. What do Cabinet Ministers receive for car allowance - \$700 a month? (Interruptions)

MADAM SPEAKER: Order, please. Order, please.

The member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: Well, if I'm wrong I apologize. But let's put forward the expenses that have been spent today, everything from travel to expenses and let's see, in terms of what \$500 a month can do to help a senior in this province. So I must have hit a sore point in order to say that because (Interruption)

MADAM SPEAKER: Order, please. The member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: Madam Speaker, with a clear conscience, as a member of the previous government in the Cabinet, we did not submit the monthly expenses for our vehicles. We did not do that, and we made that choice. We made that choice. So what I'm saying is that there are priorities that have to be made. But I mean, to chip away at a program that's \$500 a month to help a senior stay in their home is really sad.

That's what concerns me about this Bill No. 1, because what will happen is when you centralize, one of the biggest challenges of centralization is that you have people in one

area making decisions for people that live in other communities, and every community is very unique. And that's why the involvement at the community level, and the grassroots level, is critical in order to serve the people of Nova Scotia with their health needs and to make a difference, because of the fact that there are unique opportunities.

We talk about the Ivany report; the Ivany report points out that what needs to be done in our province is to . . .

HON. DIANA WHALEN: Madam Speaker, I rise on a point of order around some of the comments that were just made by the honourable member opposite, relating to special allowances for cars for Cabinet Ministers. I just wanted to clarify for the benefit of the House that there are no car allowances of any sort at all for Cabinet Ministers today in the Province of Nova Scotia. Thank you.

MADAM SPEAKER: The honourable member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: As I said, what is really important is the fact that we have people in communities that need to be part of the decision-making process, and this government is taking that away from the communities. We need to be able to see what the plan is. It's so critical to have a plan that - if you're proud of a plan, if you even have a plan, why can you not provide that to the people of Nova Scotia, so they know what will happen in the future in terms of health care? Just because there's an idea that, when you centralize and reduce the number of health authorities in the province, that doesn't mean it's a golden ticket to save money. It doesn't mean it's a golden ticket in order to make a better health care system. That has been shown over and over by other governments in Canada trying that. It just does not work. It may take time and that's what this government is not allowing for. They're not allowing for time.

Another issue that needs to be considered, Madam Speaker, is with respect to the IWK Health Centre. They do a fabulous job in this province. Is there a plan specifically for the IWK, in terms of women's health issues across this province, because many of the individual health authorities have programs within the smaller communities that are not under IWK - they're not run by them. So what's going to happen there? Are we going to lose those programs? Is the funding going to be taken away from those programs?

I've had the opportunity to talk to people in the health care system, even at the specialist level, and that was where the alarm bells were going off. That's what they were saying to me. The fact is they weren't so caught up in amalgamation itself, if it works, but they said there has been no planning. There has been no consultation. There has been no discussion. They are the people, each and every day, that know their job inside out and feel that if this government would only listen to them and incorporate some of what they want to suggest as part of the plan, there might be a possibility of some of it working.

There is such a refusal from this Liberal Government to consult, and it was less than a year ago that that was the word of the day, that we were going to consult, and we're going to talk to people. What has changed? What has changed? It's the same as what I was saying earlier in terms of outside looking like another country, having 40 police officers and four plainclothes police officers. I don't think any one of us ever dreamt that that was going to happen here in the Province of Nova Scotia, and it only takes the Liberal Government less than a year and it's happening. That just doesn't sound right. Don't you question that as members? Don't you wonder?

Those who were here before in Opposition, do you never refer back to your notes, and what you've said, that are recorded in Hansard? (Interruption)

MR. SPEAKER: Order, please. The member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: Thank you, Mr. Speaker. I think there are many things that have to be considered that are not being considered. As I've said, and many others on this side of the House, is that it's not that we are saying that amalgamation itself is the issue, what is the issue is the timing, how the government is going about it, why the rush, why the lack of consultation with those who are involved. I don't think that any one of us would appreciate it if we were not consulted on decisions that were affecting our life.

We are supposed to show others in the province leadership, we're supposed to show the corporations the importance of fairness to employees and to support their rights and their abilities. Where is that all going? It's unfortunate that that is now happening. People have worked for decades and decades to make sure that we live in a province that enables them to feel free to voice their opinions and be part of the process. That's what's missing here. You're excluding those that you're making decisions for out of the process. You are taking that fairness away from them.

I think what goes around comes around; it's going to catch up to you. Unfortunately, I think for many of you over there because of the fact that . . .

MR. SPEAKER: Order, please. I would like to remind the member for Chester-St. Margaret's not to refer to other honourable members in the House directly, please. Keep comments through the Chair.

The honourable member for Chester-St. Margaret's has the floor.

MS. PETERSON-RAFUSE: Thank you. I know that as I said before, the intentions of everyone in this House are good intentions. It's the process of how you execute those intentions, and that's what the issue is here today for us, is the part of not allowing those whose rights are being taken away and that they are not being involved, that there isn't a concrete plan.

In closing, what we have to do, we have to reflect on the fact that it was not even quite a year ago that the Liberals told Nova Scotians that they were first, that Nova Scotia was first. I guess what did not happen is that they did not complete the sentence so I'm wondering what the first meant. Was it the first to attack our democratic process in Nova Scotia? Was it the first to create absolute chaos in our health care system? Was it the first to disregard the passion and dedication and hard work of our health care workers? Was it the first to ignore the fact that patients and people need those health care workers and they can make a huge difference in their recovery when they are ill?

I do know one of the firsts that will happen, I do know that many of the new Liberals will experience one thing, Mr. Speaker; it will be the first and the last time that they will be a MLA. Thank you very much.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

MS. LENORE ZANN: Mr. Speaker, I'm pleased to rise to my feet today to respond to the introduction of Bill No. 1, the Health Authorities Act. This bill combines the Health Authorities Act, the IWK Act and the QE II Act and it creates two corporate bodies: the Provincial Health Authority and the IWK and we are told the board will have 13 competency-based directors.

Now I know a lot of very good CEOs were available for the main position of CEO for the new health authority, including Peter MacKinnon from my own, now defunct, Colchester East Hants Health Authority. They did a wonderful job in my community, Mr. Speaker, and they will be sincerely missed. They really brought the community together. They raised a lot of money. The hospital foundation raised about \$27 million for our new hospital and many of us in the community are extremely sad to see it go.

Now the new CEO has been announced for this new body. Interestingly, she happens to be from the Premier's own Annapolis Valley Health Authority. I'm told that she is very competent and I wish her well in this huge undertaking, which has been tried before in other jurisdictions and apparently has not worked. It certainly isn't guaranteed to save money or to improve our health care system, that's for sure. The minister himself has continued to try to tell the public and this House exactly how much this move is going to save or cost us, but there really still seems to be a big question mark.

The other part of Bill No. 1 concerns the labour movement. I know we have already heard a lot about that today and, in fact, we can hear the people still outside this building as they chant and try to have their voices heard inside the Chamber. I have to say that when it comes to this particular part of the bill, I am extremely concerned for the people of Nova Scotia, for the patients in Nova Scotia and for the workers in Nova Scotia because this legislation appears to be government's move to dictate labour representation to the health care workers of this province, which, I think, does not bode well for anybody.

In my opinion, health care workers of Nova Scotia are, in fact, under attack. As a proud union member myself, and have been for 38 years, ever since I qualified as a professional actor at the Neptune Theatre just down the street, at the ripe old age of 17. In fact, I belong to four unions, two in Canada and two in the United States: CAEA, Canadian Actors' Equity Association; ACTRA, Academy of Canadian Television and Radio Artists; AFTRA; and SAG, the Screen Actors Guild.

I've been a proud union member, still paying my dues and still getting to meetings whenever I can. That is because I believe people deserve to make a living wage. Those people who are not in unions, who are living on minimum wage or at the discretion of their employers, are often struggling to make a living. Unions work hard to ensure that people make a living wage, that they are respected in the workplace and that they are protected in the workplace as well.

This move by this particular current Liberal Government particularly bothers me for these reasons and also as Critic for the Advisory Council on the Status of Women, since so many health care workers are female. Women have fought hard for our rights and to be treated as autonomous human beings and as such, have the inherent right to association. That means to choose which association we intend to associate with and to be members of.

Let's face it, without unions, women would still be slaves in this continent and still are in many workplaces around the world where they have no unions to protect them. Check out the Triangle Shirtwaist Factory fire in New York for instance. This was a very important event in the history of the labour movement as it was in the history of the women's movement in North America. Of course, we don't have to go very far from home when we mention William Davis who was a coal miner who died trying to fight for better conditions for his fellow coal miners in Cape Breton.

In my own family history I'm quite proud to find out that my great-great-grandfather was one of the first instigators of the Australian federation for coal miners in Australia. He was from Glasgow, Scotland where there is a lot of coal mining activity, he moved to Newcastle, Australia where they also developed a coal mine rather like the one here in Nova Scotia which goes far, far out under the sea. My great-great-grandfather, Thomas Marshall, saw all the hardships and the accidents and deaths, and so he and some of his friends decided to form the very first federation of coal miners and to try and help change the issues and change the dialogue really to make owners and management start to listen to the workers and to hear their concerns. That's why I'm concerned about Bill No. 1 and bills like this which I feel are overriding the workers and what they feel their needs are that need to be met. It's doing so in a very heavy-handed fashion.

So, put together all of the anti-union and anti-worker bills that have been passed in the last year of this government; to me, this really amounts to a type of class war in this province. A type of dividing and conquering among the unions themselves and trying to

convince the public that unions are somehow selfish or entitled because they're trying to get better working conditions for their members. As far as I'm concerned, it's not a race to the bottom, everybody should have a good pension, everybody should have a living wage. In fact, I lived in Sweden for a year as an actor where I was very honoured to be chosen to come and do a play back in 1986 and they put me up for a whole year and I managed to check out the situation there and see how people live in Sweden where everybody is entitled to a living wage and gets one.

For instance, they have free universal daycare, they have free post-secondary education so young people don't come out of school with huge debts that they are trying for the rest of their lives to pay down. Once they graduate, they get a living wage which means that whether they work or not, everybody gets enough money to be able to pay for an apartment and food on their table. Therefore nobody ever has to worry about growing older and being a bag lady or a man in the street which takes away a lot of stress. In fact, there are less visits to the doctor, to the hospital, there are a lot less sick days and stress days in the workplace and people have much greater longevity - better than any other countries in the world really, the Scandinavian countries. They also have shorter work weeks, people are not allowed to work beyond 40 hours because their governments believe that quality time means spending time with your family, getting out in nature, bicycling.

They have very good laws there for the environment and anti-idling law where when you stop at a red light you have to turn off your motor and these are the types of things that help create a thriving environment and a very good business climate.

Some people would ask, well, if you are being paid not to work, what's the point in working? The difference is that in countries like the Scandinavian countries, like Sweden and Norway and Denmark, from an early age children are taught that they want to be proud of the work they do and that they should be grateful for the fact that their community contributes so much to their well-being. Therefore, they are taught to learn a craft, find out what you are good at, and then the education system helps streamline you into whatever school where you need to learn more about that activity. Then you feel good about giving back to your community because you are proud of your craft, you are proud to be part of the community, and you all pull together - as opposed to figuring out who wants to be a millionaire, who wants to marry a millionaire, and so forth. I find North America - and America, in particular - seems to be so pleased about trying to trumpet these kinds of shows on television and tries to brainwash people into thinking that that's the way they should be.

They also don't have a fear of taxes over there. Of course, their taxes are higher than ours - they are around the 60 per cent to 70 per cent range - but people don't complain about that because everything is free. They don't have to worry, and they don't stress, and they don't get sick. So many of the things that we are paying for now, we pay for in other ways, too, with our health and our well-being and our mental health.

Put together, I just feel that a lot of the stuff that is coming at us right now from this new government tends to make me nervous, and it makes the workers in this province nervous, because they feel like, first they came for health workers, who are they coming for next? Who is next on the chopping block?

As I said, I believe it's not a race to the bottom, but in fact, how can we improve working conditions for everybody in Nova Scotia? That will make our province a much better province for people to live in and for people who want to come here and move here as well. I think the creative economy is also something we need to look at in this to try and bring more artists to Nova Scotia. The better the feel that we have here for the creative economy, for movies and television, for animation, the more people will move here and want to make this their home. Trust me, artists pay attention to which provinces have the best offers for the arts, and the more that we talk about the arts, the more that we do for the arts, the more people are going to want to come to Nova Scotia and set up shop here and create families and have homes here.

I was very sad to notice that there wasn't much in the Throne Speech about the creative industries and about arts and culture and heritage. I hope this government starts to think about that in the days, months, and years ahead.

I'm honoured to be able to speak out here on behalf of both health care workers and their patients, because the workplace environment is so important for these health care workers in order to do their jobs for their patients. As we've already seen, earlier last year, many health care workers and nurses are concerned because they are working long hours, there aren't enough of them, and they feel that they just can't give the time and energy and attention to their patients in hospitals that they need to.

I'm afraid this type of legislation, Bill No. 1, is actually sending young nurses away. I spoke to a number of them last night on the picket lines. I went around several times with them. Different people came up and spoke to me and said, you know, I just graduated, I just got a little part of the Graduate Retention Rebate, and now it's being taken away, and now this. I'm already stretching my loose ends to try and make a living here, and I can't do it, and I'm not going to be able to do it in this province, so I'm going to have to move away.

This is the refrain I'm starting to hear over and over again. In a province that really needs to retain its youth, I think that is a shame, and it saddens me.

I have spoken about Bill No. 1 to a number of my constituents, including many RNs, LPNs, and other health care workers, as well as hearing from many others around the province who have contacted me with their concerns. These people are disappointed, they are afraid, and they are angry, Mr. Speaker. I saw some of them here at Province House last night and again today. Why are they here? Well, they are here because they want their voices to be heard. They want to exercise their democratic right to speak out against this

bill and the actions of this Liberal Government to dictate their labour relations, which they feel is an attack on their democratic rights as workers, as women, and as human beings. As a matter of fact, many of them are questioning whether, in fact, it's even legal, so I'm very curious to see what's going to happen in the days to come.

As a Canadian, and as a proud Nova Scotian, and as the NDP Status of Women Critic, I have to say I am extremely concerned about these actions by the current government. I promised these concerned women - and let's be clear that it is women who make up 80 per cent of the workforce that is being affected - that I would guarantee that their voices be heard inside this House as well as outside. Some of them said to me, if these were doctors, male doctors, who were parading around the House would they be treated in the same way as these women, as these female workers?

So I promised that if they sent me their letters I would read them inside the House so that their voices could be heard inside the House as well as outside, and I would ask that the members respect in hearing them.

Linda MacDonald is a constituent of mine in Truro, she is a nurse who since 1989 has worked as a continuing care coordinator in our community and at the hospital in Truro. Linda is also one of two women involved in bringing about better public awareness for the problem of human trafficking in Canada and in Nova Scotia in particular - in fact she is the one who taught me that Highway No. 102, from Halifax through Truro and beyond to New Brunswick and points west, is known in that trade as the highway of tears because of all the women who have been trafficked against their will, many never to return, and there are some in my community and I know their stories.

Linda and her working partner, Jeanne Sarson, have both been very outspoken about the need to deal with this issue of human trafficking which affects Nova Scotian women and girls from our own backyards and, in particular, those from our First Nations communities, many of whom disproportionately and sadly end up on the missing and murdered list.

Linda was here at Province House last night with a placard in her hands trying to be heard by the members of this House, trying to tell the members opposite that she of all people feels that her rights are being taken away by this Liberal Government, and believe me, Mr. Speaker, this is a woman who knows her rights and has spent a lifetime fighting for the rights of other women.

Linda sent a letter expressing her concern to the Premier and also sent me a copy. It was dated September 26, 2014, and the subject matter stated: I am a woman and I want my democratic right to vote for the union of my choice. To Premier Stephen McNeil: I am a member of NSGEU and I am writing to you as a person who became . . .

MR. SPEAKER: Order, please. I just want to remind the member it is not proper to use a direct name.

MS. ZANN: I'm reading a letter.

MR. SPEAKER: I understand that. The honourable member for Truro-Bible Hill-Millbrook-Salmon River has the floor.

MS. ZANN: Thank you Mr. Speaker, I'll start again.

I am a member of the NSGEU and I am writing to you as a person who became the present Leader of the Nova Scotia Government by a democratic vote of Nova Scotia citizens. Democracy is one of my most cherished values and I am understanding that the Liberal Government is planning to take away my democratic right to choose what union I belong to. The Minister of Health has been referenced to say that a mediator will be chosen to facilitate this process. I do not want a mediator to make my choice, I want my human right and my democratic right respected to exercise my own vote for my own choice of what union I belong to. I'm very satisfied with my job, benefits, and salary. My strong objection to this proposed legislation is based on my concern for democracy in Nova Scotia and in Canada, as this will be the very first time in Canadian history that such an action has been proposed.

Canadian women before me fought for my right to vote and to be treated as a person and under the Canadian Charter of Rights and Freedoms Section 2(d) I have the individual right to freedom of association. I am not an object to be traded about, I am a woman and I am gravely offended by the government's proposed actions.

As a mother I have always taught my adult children that democracy is a precious and precarious right. I do not agree with you that this way of organizing the health merger will be better for everyone in the long run. Dictating choices to people is not democracy and all citizens lose when human rights are eroded. Linda MacDonald.

The next letter was from Beth Meyer:

Hello, my name is Beth Meyer. I'm a member of NSGEU Local 42. I'm an LPN and work at the Veterans Memorial Building in Halifax with our World War II and Korean War veterans. I thoroughly enjoy my job there and had hoped to stay there for as long as possible but

after talking with my husband about the state of the government in Nova Scotia, we have decided for him to try and get a posting out of Nova Scotia for good; he is military.

I grew up in this province and was once proud to say so but since the government has enacted a new bill that essentially is going to get rid of my union and force me into another one, I can honestly say that I cannot wait to leave this province and get rid of this totalitarian style of government. I have paid into my union for years, I have voted on many aspects within my union and now the government is taking that away from me. I thought it was horrible when they took away our right to strike, which essentially took away our one and only bargaining tool, but this new bill is worse. This new bill and the government that has enacted it is not democratic. Our unions had come up with a solution and the government didn't even look at it, they told us we would get whatever union they picked for us. How is this democratic? What is going to happen to our nurses? I can already tell you that my coworkers that are older are looking to retire early before April 1st. The younger ones are looking for opportunities outside of this province. If the government is allowed to continue with this bill it will essentially drive its health care workers away. I am disappointed in our government - not just the leaders who are enacting these bills but the people I helped to vote in who are not standing up for our rights.

We need help. We need people to help us stand up for what is right. This bill is not right and should not be allowed. It will ruin this province. I'm not sure what can be done at this point but I'm trying to contact as many people as I think may be able to at least help. Please, don't let our government do this. Stripping 24,000 health care workers of their right to vote on their union representation is simply wrong. Beth Meyer.

MR. SPEAKER: Order, please. Is the member going to read more letters?

MS. ZANN: I certainly am and I'm going to table them as well.

MR. SPEAKER: I would ask that you just table your letters and summarize the opinions in the letters. This is your time to share your views, not a time to read letters.

MS. ZANN: I'm going to but I promised the workers and the people of my constituency that I will read their voices so that they are heard in this House so I am going to read a few more.

MR. SPEAKER: I'm going to respectfully ask the member to table the letters.

MS. ZANN: I need to read one more because I believe that the people in government need to hear this. I'll do it in my own voice then. Let's pretend, shall we?

MR. SPEAKER: I'll get you to ensure you're just summarizing the letters please.

MS. ZANN: Yes, we'll do that. Let's just say - I'm an actress so I'm going to act the role. Okay? Here we go. (Interruptions) I'm going to act a role for you. (Interruptions) No, it's not disrespectful, I'm an actor, there's nothing disrespectful about that.

MR. SPEAKER: Order, please. I'll respectfully ask the member for Truro-Bible Hill-Millbrook-Salmon River to summarize the letters in her hand, table them and move on with her comments please.

MS. ZANN: Thank you, Mr. Speaker. Let's just conjecture for a moment that I'm a young nurse and I'm a recent graduate of the Dalhousie School of Nursing program. So let's say when I graduate I go straight to work due to the high amount of debt that I've accumulated from being a full-time student for four years. Specifically, I choose to stay in this province that I love so much because I know that there was say, for instance, a Graduate Retention Rebate that was available to help me for up to \$15,000 to pay down my \$20,000 worth of debt. However, let's just say that suddenly that was taken away from me and now I still have \$20,000 worth of debt accumulated from school.

Wages are higher in other provinces and I know that if I went to other provinces I would be able to pay down that debt much more quickly. However, there are also more nursing jobs in other provinces but I want to stay in a place that would best financially support me at the time, with that retention, and I had decided this is where I was going to stay. Another key factor in choosing to work in Nova Scotia is that I know I would be led by a union that values and respects nurses and, in fact, they negotiate with their employer for fair wages for me and fair benefits in our contract.

Now, I'm afraid that since the Liberal Party has taken away the Graduate Retention Rebate and is now going to be taking away my contract and my union, then I don't see any reason to stay and work in this province any longer. In fact, I feel that Liberals who are going to introduce this legislation that will basically order a mediator to dictate which union nurses like me belong to and which contract and benefits we receive is not democratic; it's a dictatorship.

Just imagine if I had authority and said to the Liberals, there are too many of you so I'm going to decide which of you I keep in the Liberal Party and which of you have to have to join another Party. Let's say, in fact, you guys over here have to stay in the New Democratic Party, you guys have to go to the Tories. Now, if I dictated that to you, how would you feel? Are we not a democratic society? Is it not our constitutional right as

Canadian citizens to vote for which Party will represent us, whether it's government or a union?

The answer is, it's our constitutional right to vote, and I feel that the Liberal Government is taking away my right in a roundabout way, by giving us the mediator who will dictate the union and benefits. One of the big concerns I have is my patients' safety. The reason for this is that many older nurses have said they are going to retire early if their contract is going to be stripped away from them and young nurses, like myself, are going to leave the province and work elsewhere.

I have to ask this, as a young nurse, what would you do in my situation? What would you do if you were me? What would you do about your patients who are sick and need your help? We know that this province is made up of a majority of older population with people who are getting older and will get sicker year after year after year.

MR. SPEAKER: Order, please. I have to remind the member for Truro-Bible Hill-Millbrook-Salmon River that reading a series of quotations strung together with original comments does not constitute debate. I'm going to quote a ruling of Beauséjour on Page 152, ruling 496. "A Member may read extracts from documents, books or other printed publications as part of a speech provided that in so doing no rule is infringed. A speech should not, however, consist only of a single long quotation, or a series of quotations joined together with a few original sentences." So again, I'll ask the member to table those letters. They will be in the record and continue on with her comments.

MS. ZANN: Thank you Mr. Speaker. Yes, as I was saying, personally as a young nurse in this province, I would be leaving. This is what I'm hearing over and over again from people in my riding and people in other ridings as well. It concerns me because here we are in an aging province where we desperately need young people and yet what message is this government sending? We don't support you. If you want to have better representation, go somewhere else. This is the message people are getting and this is a very disturbing fact. It's disturbing because this isn't the first bill that has come forward like this.

Ever since day one of this government taking power, the first thing they have been doing is trying to erode labour in this province. Believe me, Nova Scotia has been behind the scenes with this for a very, very long time and we're just starting to get caught up, with our last government trying to bring us up to date with labour relations, so that we don't have to worry about strikes and things like this, which now has been negotiated away and taken away from the people.

Mr. Speaker, my concern is also about the rural districts and about each of these little places that have had their own health authorities. Truro, for instance, is a small community. We are a very, very, together community. We do a lot of work together, we

raise a lot of money in our community. People are not happy about this change and about what's going to happen in the future. People are afraid.

I'm hearing not just from the workers themselves but patients and older people who are concerned that their nurses and their staff are going to be going away. Of course, I've also heard from the home care support workers who are very, very upset about what happened earlier this year. Mr. Speaker, I have to say that these people are everyday, ordinary, working Nova Scotians and they feel they are under attack.

I come from a family that believes in the working class, that believes in a healthy working class because if everybody who is a worker stayed home, what would happen? I believe that's partly why Dr. Martin Luther King was killed, because he said to the people stay home, don't bother going to work on Tuesday or Wednesday or whatever. See what they do, see what the system does; see how it grinds to a halt. They think they run the show but they don't. They would be nothing without the workers.

Mr. Speaker, in the Throne Speech I counted eight times about private industry and the private owners of the businesses. That's very important for our economy and for our province, but where is the fight for the workers themselves who are doing the grunt work, who are doing the labour?

Mr. Speaker, it's not just the elite versus the rest, the 1 per cent versus the 99 per cent, we need a province that believes in equality and is ready to stand up for equality. That's what the people around here right now, with the bullhorns and whistles are doing, they're trying to get people's attention so that people understand they are important too.

Mr. Speaker, the reason I promised these young people and older people that I would read their letters in the House is because this is the House of Assembly where people need to have their voices heard. If their voices cannot be heard here, then where can they be heard? You can't hear their voices if you're sneaking out the back of the building while the Premier is racing away in a dark, tinted car with the bright lights blaring and ignoring everybody, and then 30 people disappear out the back door and try to escape before they get cornered.

Mr. Speaker, if you're going to make decisions that are going to affect people then we need to stand up and be able to face those people and explain why, not skulk and slope away into the dark shadows. Even in government, our NDP Government faced a number of different challenges but we never skulked, we never slid away. We stood our ground and we explained why we had to do what we had to do.

There is not an emergency situation right now, Mr. Speaker. There is not an impending strike so why is this government trying to ram this bill through so quickly, without much talk on it, without wanting to hear people's points of view about it? I'd like to know, is it because you have, for instance, a one-year anniversary coming up on October

9th and you'd rather not have people parading around with bullhorns, outside the Legislature, showing you how they are not happy with this first year of government? Perhaps that's why there's such a big hurry. I don't know, only some of you would know the answer to that question.

MR. SPEAKER: Order, please. I want to remind the honourable member not to refer to other honourable members directly.

The member for Truro-Bible Hill-Millbrook-Salmon River has the floor.

MS. ZANN: Thank you, Mr. Speaker, I appreciate that. I also wanted to talk about the fact that unions and working-class people are under attack right across North America, we know that. The Conservative Government of Mr. Harper has done a good job of taking away many people's rights and it has not gone unnoticed. In fact, I would suspect that in the next federal election, it's going to show quite clearly people's displeasure at some of these very undemocratic things that this gentleman has done, and I'm sure that there are many over on the other side who are hoping that they will have a huge Liberal win.

But I would say, Mr. Speaker, that they should be very careful, because things like this do get out across the country, and people do find out what the Liberal Party is doing in Nova Scotia. Workers talk, and they email and they Facebook, and there's this thing called the Internet, and word spreads very, very quickly. So I would say that this sort of thing is not going to go away, and is definitely going to be taken note of right across the country, and in fact, in the next election here in Nova Scotia.

I would like to finish, Mr. Speaker, by talking about an event that happened in New York City way back in the 1900s, which was the beginning of the serious labour movement in the early 1900s. First of all, I have to say also that, in England, when the suffragette movement was starting - I have a great-great-great-aunt named Emmeline Pankhurst who is quite well-known. In fact, she's quite famous and celebrated in the U.K. because she was one of the very first female suffragettes. She was the one who chained herself to the palace gates of Buckingham Palace to try and get the vote for women. She used to stand on a soapbox on a corner and talk about her feelings about why women needed to be respected as people and as human beings and have the right to vote.

She also talked about workers' rights, and in fact, she was a huge fan of the theatre. She used to go to the theatre every Saturday and watch the matinees and watch her favourite actors perform, and apparently would then use those gestures that those actors would use in her speeches. She was known as the woman with the golden voice, because her voice would capture people's imaginations. These angry men who did not want women to have the vote would actually stop screaming and yelling enough to listen to her.

She did live to a ripe old age, and she wasn't one of the ones who threw herself in front of horses at the racetrack, for instance, to try and get attention for the right to vote, but

she certainly did a lot of other things, including chaining herself to the Buckingham Palace gates. Now, I'm not about to do that, Mr. Speaker. (Interruption) I'm sure that would be fun to watch, but I do believe strongly in what we're talking about today and what the people outside are trying to get the attention of this House about.

But closer to home, in North America, one of the events that happened here was called the Triangle Shirtwaist Factory fire. It happened in Manhattan, New York City, on March 25, 1911. It was the deadliest industrial disaster in the history of the city, and it was actually one of the deadliest in U.S. history. The fire caused the deaths of 146 garment workers, 123 of them women and 23 men. They died from the fire, from smoke inhalation, or from falling and jumping to their deaths. Most of the victims were Jewish, Italian, and Croatian women - and I am, of course, of Croatian descent.

They were aged 16 to 23 and most of the victims - the oldest one was only 43, and the youngest were 14-year-olds: Kate Leone and "Sara" Rosaria Maltese. Because the owners had locked their doors to the stairwells and exits, a common practice which was used at that time to prevent workers from taking unauthorized breaks and costing the company money, many of these workers couldn't escape from the building, and they jumped from the 8th, 9th, and 10th floors to the streets below.

But the fire led to an investigation, and it led to legislation which required improved factory safety standards and helped spur the growth of the International Ladies' Garment Workers' Union, which then fought for better working conditions for sweatshop workers and, of course, all workers after that. The company's owners survived the fire by fleeing to the building's roof when the fire began and they ended up being indicted on charges of first and second degree manslaughter. Max Steuer was the counsel for the defendants and he managed to destroy the credibility of one of the survivors, Kate Alterman, by asking her to repeat her testimony a number of times which she did without altering the key phrases. He then argued that for her to be able to do that over and over and over again, she must have been lying and she must have just memorized these lines, but in fact they were true. The investigation in the end found that the locks were intended to be locked during working hours and they acquitted the two men but it only cost them \$75 per deceased victim, so in the end it only cost about \$400.

But people in the community, however, Mr. Speaker - they drew many, many lessons from this event so in New York City a committee on public safety was formed, which was headed by Frances Perkins who was a social worker, to identify specific problems and lobby for new legislation, such as the bill to grant workers shorter hours in the work week and the committee's representatives obtained a backing of the Majority Leader of the Assembly, whose name was Al Smith, and Robert F. Wagner, the Majority Leader of the Senate. This collaboration of machine politicians and reformers known as the do gooders got results, especially since the chief, Charles Murphy, realized the advantage to be had from being on the side of the angels, as they say. In the years from 1911 to 1913, 60 of the 64 new laws recommended by a commission that was formed were legislated with

the support of the governor, and as a result of the fire the American Society of Safety Engineers was founded in New York City.

Mr. Speaker, in closing I would like to say something that Rose Schneiderman said, she was a prominent democratic socialist and union activist of the day. She gave a speech at the memorial that was held at the Metropolitan Opera House on April 2, 1911 to an audience largely made up of the members of the Women's Trade Union League. But she used this fire as the argument for factory workers to organize, and the rest, as they say is history. Here is what she said, and I will table that and take my place:

“I would be a traitor to these poor burned bodies if I came here to talk good fellowship. We have tried you good people of the public and we have found you wanting.

We have tried you citizens; we are trying you now, and you have a couple of dollars for the sorrowing mothers, brothers and sisters by way of a charity gift. But every time the workers come out in the only way they know to protest against conditions which are unbearable the strong hand of the law is allowed to press down heavily upon us.

Public officials have only words of warning to us - warning that we must be intensely peaceable, and they have the workhouse just back of all their warnings. The strong hand of the law beats us back, when we rise, into the conditions that make life unbearable.

I can't talk fellowship to you who are gathered here. Too much blood has been spilled. I know from my experience it is up to the working people to save themselves. The only way they can save themselves is by a strong working-class movement.”

That was in 1911, Mr. Speaker. It's now 2014, it's only 100 years later and I would say that the working class is under attack in the Province of Nova Scotia. With that, I will take my seat.

MR. SPEAKER: The honourable member for Sydney-Whitney Pier.

MR. GORDIE GOSSE: Mr. Speaker, it's an honour and a privilege that I rise today to speak about health care. As it's well documented, the health care that I just received here in Nova Scotia was first class, bar none. Our health care workers are the best health care workers in Canada. (Applause)

The nurses at the ENT clinic in the VG Hospital were absolutely fabulous - Angela, Adelia, Jennifer, all of those nurses who when you're under 12.5 hours of surgery and you wake up and you don't know where you are, they come to your room each and every day to

make sure that you're okay. We, as elected officials, are supposed to look after the front-line workers. We are supposed to look after them because as we get older and our families get older, who is going to look after them? Those people who are out there today are the ones who are going to be looking after us as we get older, as we're in long-term care and we get sick as time goes by. Don't forget that they're the people who are going to be looking after us so they're the ones that we should be looking after today.

I wasn't going to get up and speak today but I thought I'd get up after I saw my neighbour in handcuffs, in a paddy wagon on Hollis Street, my neighbour in Whitney Pier, Jason MacLean. Now that brought back many memories of Sydney Steel when Jason's great-grandfather Palmer Margettie and my grandfather Donald Gosse were going through the same struggles in Sydney when they had Gatling guns and they brought in the Army. At that time in the early 1900s they brought in the Army from Halifax and they set the Army up in the general office at Sydney Steel and put the Gatling guns up on the top of the general office.

In Whitney Pier, it's called Bloody Sunday so that brought back memories of having people run over in Whitney Pier by the Army, by the police, women having miscarriages, people on their way home from church getting severely beat up. When I saw that today and I saw a police officer with his knee on Jason's head on the sidewalk - do they deserve that?

I heard people chanting outside. Of all the people who were out there, why was an African Nova Scotian singled out? I have no idea but I heard them chanting outside. So they picked him out of the crowd of hundreds of people who were protesting and they handcuffed him, threw him to the ground and put him on the ground.

Mr. Speaker, I saw every bit of that myself and I couldn't believe it happened. They took him away and charged him with assaulting a police officer - out there with a peaceful demonstration, they were blocking an automobile. It was like something you'd see in a movie, with the black SUV, the tinted windows, it was like holy God, am I in the United States or am I home here in Nova Scotia?

I understand that we have labour unrest and I understand the importance of this bill to the health care people, but to actually handcuff a guy, throw him on the sidewalk and put him in jail, and charge him with assaulting a police officer, I don't think that's fair, Mr. Speaker, and hopefully the people in the police station will have enough sense to let him go. I hope they tell him you can go, just don't come back here - bar him for seven days.

You have that opportunity, Mr. Speaker, to bar somebody for seven days. You have the opportunity to bar any member here and name them if they're not acting accordingly. I think we should all be acting accordingly but I didn't think that was fair today to see that young man of African Nova Scotian descent being thrown on the ground and the knee put to his head, handcuffed, thrown against the fence and put in a paddy wagon over his belief

that he's doing what he believes in - what his union, the NSGEU, believes is an attack on their members.

Why are we here today? We're here today because the members of the NSGEU, Unifor, NSNU and the CUPE local - all their members want to do is to be able to have the right and the vote for what union they want to represent them. They want that right to vote, to say okay, I want CUPE Local 755 in Sydney to represent me. No, CUPE is not going to represent the technicians or the X-ray people anymore, it's going to be Unifor. You can understand the animosity felt between health care workers when they don't understand who is going to represent them. All they want is to vote on who they can have represent them in this province, who do they feel would best represent them in this province, who do they feel is best to represent them when they go to government looking for a contract. That's what that's all about. They themselves understand the importance of a contract and what it means.

I've been on strike myself, on a number of occasions. Today reminds me of back, I think it was in 1983, when they put a piece on the hospital in Sydney and the steelworkers were on strike, Local 1064. I think the Premier of the day at that time was honest John Buchanan - the Honourable John Buchanan. He was a good man and he was showing up there in a limousine to cut the ribbon to open the new piece on the Sydney hospital. Well, the union got a bill for the limousine. I think it was around \$3,000 worth of damage where the steelworkers were jumping on the engine hood and the roof. I saw that with my own eyes like I saw today. That wasn't bad, but I mean the union got the bill for that. Those things happen.

I remember back in 1988 there was another strike. At that time I think the Liberal Party was having a convention or something at Centre 200 and the steelworkers were on strike - I think it was 1998, not 1988. So they're on strike and the Premier at the time was Russell MacLellan and the same thing happened. Do you know what Russell MacLellan did? He went right out the doors of Centre 200 and went right into the crowd and said, what can I do for you? You want your say, here I am. Now, that's a man. He didn't get into no limousine like Air Force One and driven away with tinted windows. He went right out to the crowd - I was there - and he said to them, here I am, have your say. That's a man, that's a man you can respect for holding out for labour and saying to them, what can I do for you? Here I am.

You know what? You respect a guy like that. Back home we say that's a man who got a lot of cajones to walk outside and do that. I have respect for that man to this day for going outside and doing that and all the steelworkers did too. He went right out and told them, there's no money in the province. The same thing we have today, there's no money in the Province of Nova Scotia. We keep adding to the debt. This government adds to the debt. The previous government added to the debt. Something has to give sometime. I understand that but to go out there and face the people, go out there and face them and tell them, look, I was elected to come to this historic building to represent you.

We all have constituents that are out there. All 51 ridings have somebody out there on the picket line. I don't know what the number was - is it 14,000 workers - or how many workers this would affect across the province from Sydney to Yarmouth? We have to respect their rights. Give them the opportunity to have a vote and say okay, I want UNIFOR to represent me. I want the NSNU to represent me. Everybody thinks that it's something like divide and conquer, that we have winners and losers in this battle. We have no winners and losers in this battle. Labour is under attack all across North America, from the United States right through Canada. All we have to look at is our door-to-door delivery for Canada Post. All we have to look at is Veterans Affairs, federally.

Unions are under attack for what they try to do and I have great respect for unions. I'm a third generation steelworker and my son is in the union - four generations. But we're all here to do the right thing and to make sure that we listen. I ask any member elected here to speak to the people in CUPE, UNIFOR, NSNU, NSGEU, please take time to speak to them. Ask them what their concerns are so you'll have a better idea and know what's affecting them. Why are they out here? Why are they so afraid? They're afraid because their rights in the bargaining unit are being taken away.

There's nothing worse than that, than having your rights taken away. I still have the contract in my office, the last contract with Sydney Steel and Sydney Steel Local 1064 was then broken up into 10 different unions - it then became the Credit Union, the cleaning staff, so that union was gone. The history of that union - they paved the way for what we see here today: people have the right to stand up and say, I want to choose myself who I want to vote for. So when the people go to the ballot box here in Nova Scotia, when they walk into the riding of Sydney-Whitney Pier and they say who am I going to vote for, that's all the people want to know, is a choice. They have three good candidates to vote for; they have four good unions. It's the same thing when you're in an election. It's the democratic process to have the right to choose who to vote for. That's all these people out here want: the right to choose who to vote for.

I know my colleague from New Waterford, the honourable member for Cape Breton Centre, is a son of a coal miner. I'm the son of a steelworker. We know what it's like to see labour unrest paving the way for many of the benefits that we see today, like health care, pensions, benefits, a 40-hour workweek. My colleague from Truro-Bible Hill-Salmon River - there might be one more in there I missed.

MS. ZANN: Millbrook.

MR. GOSSE: Millbrook, that's it. I'm sorry, Mr. Speaker. But realize that, yes, we do have a holiday, the Davis Day holiday. When I drive home here on the weekends back to Cape Breton from the Legislature, what do I drive on? What highway, the No. 104, what's that called?

AN HON. MEMBER: Miners Memorial.

MR. GOSSE: That's called the Miners Memorial Highway. Why is that called the Miners Memorial Highway? From the sacrifices that the miners gave to represent their people, the United Mine Workers of America, the UMWA, to represent the fight and the struggle that they had to get fair wages.

Mr. Speaker, we're all here for the same reason. We're all here to listen to the people that sent us here. So I ask anybody that's here to please speak to any union member. I ask all the union members to send an email to everybody. I'm not going to do what I did the last time I stood here and name every address, but I ask them to please send an email telling us what their concerns are, why they're here. We know why they're here, but say that - let us go forward now to Law Amendments, where we will have a first-hand look from the union leaders, from the nurses who are out there, who will be coming to Law Amendments to tell us what is wrong with this bill or what amendments can be put in here. What can we do as MLAs to make this a better piece of legislation?

Right now, everybody, there is a lot of tension. When you've got people going in handcuffs, there is a lot of tension going on. I was sad to see that today. I hope his mother, Sandra, at home is doing okay. She is an elected official with the Cape Breton-Victoria Regional School Board, and sees her son go in handcuffs - Sandra Margettie, Jason's mother, and his grandfather Stan Margettie, who is a senior in my riding, to watch his grandson go in handcuffs.

Think of all the turmoil that we saw back in Bloody Sunday in Whitney Pier and see a child from that community, a man, getting arrested. It's a sad day in Nova Scotia. I will always remember September 30th as I watched my neighbour and my friend go in handcuffs in a paddy wagon here in Halifax over him trying to get people to understand. All they want is to be able to have the right to vote and to decide what union will represent them in the negotiations against government. That's a simple thing.

I will take my place shortly, but I think of all unions in this province and what unions have done over the last 100 years for their workers and what they continue to do for their workers. We as a society, and we as elected officials, must do better to make sure that workers' rights are protected, to make sure that front-line workers - who I dearly love now, by the way. It's not that I didn't before. I have a real appreciation for the doctors, the nurses, the speech pathologist, the dentist. (Applause)

Who, by the way, Mr. Speaker - they're going to fix my voice. (Applause)

Let us leave here today in peace, let us think about what happened today, let us think about our members here on all sides of the House and let's do the right thing. Thank you. (Standing Ovation)

MR. SPEAKER: Follow that, Mr. Government House Leader.

The honourable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker, on the behalf of the Minister of Health and Wellness, I would now move to close the debate on second reading of Bill No. 1.

MR. SPEAKER: The motion is for second reading of Bill No. 1.

There has been a call for a recorded vote. We'll now ring the bells for one hour.

Ring the bells. Call in the members.

[3:16 p.m.]

[The Division bells were rung.]

MR. SPEAKER: Are the Whips satisfied?

[The Clerk calls the roll.]

[4:17 p.m.]

YEAS

Mr. Colwell
Mr. Churchill
Ms. Bernard
Ms. Regan
Mr. Samson
Ms. Whalen
Ms. Casey
Mr. MacLellan
Ms. Diab
Mr. Younger
Mr. Horne
Mr. Hines
Mr. Stroink
Ms. Arab
Mr. Delorey
Mr. Ince
Mr. Kousoulis
Mr. Furey
Mr. Farrell
Mr. Gordon Wilson
Mr. Rankin

NAYS

Mr. Corbett
Ms. MacDonald
Mr. David Wilson
Mr. Gosse
Ms. Zann
Ms. Peterson-Rafuse
Mr. Belliveau

Ms. Miller
Mr. Rowe
Mr. Maguire
Ms. Eyking
Ms. Treen
Mr. Gough
Mr. Jessome
Mr. Irving
Mr. MacMaster
Mr. Dunn
Mr. Baillie
Mr. d'Entremont
Mr. Orrell
Ms. MacFarlane
Mr. Houston
Mr. Porter
Mr. Harrison
Mr. Lohr

THE CLERK: For, 39. Against, 7.

MR. SPEAKER: The motion is carried.

The motion is for second reading of Bill No. 1.

There has been a call for a recorded vote.

Ring the bells. Call in the members.

MR. SPEAKER: Are the Whips satisfied?

[The Clerk calls the roll.]

[5:20 p.m.]

YEAS

Mr. Colwell
Mr. Churchill
Ms. Bernard
Ms. Regan
Mr. Samson
Ms. Whalen
Ms. Casey

NAYS

Mr. Corbett
Ms. MacDonald
Mr. David Wilson
Mr. Gosse
Ms. Zann
Ms. Peterson-Rafuse
Mr. Belliveau

Mr. MacLellan
Ms. Diab
Mr. Horne
Mr. Hines
Mr. Stroink
Ms. Arab
Mr. Delorey
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Mr. Maguire
Ms. Eyking
Ms. Treen
Mr. Gough
Mr. Jessome
Mr. Irving
Mr. MacMaster
Mr. Dunn
Mr. Baillie
Mr. d'Entremont
Mr. Orrell
Ms. MacFarlane
Mr. Houston
Mr. Porter
Mr. Harrison
Mr. Lohr

THE CLERK: For, 38. Against, 7.

MR. SPEAKER: The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker, that concludes the government's business for today. Tomorrow being Opposition Day, the hours the House will sit tomorrow evening will be from 8:00 p.m. to 12:00 midnight. I'll call on the House Leader shortly to give us the business for tomorrow.

Mr. Speaker, what I should advise, for anyone who is watching and for members' information, Law Amendments Committee will start immediately after the conclusion of business today and will sit until 12:00 midnight tonight, and will resume again tomorrow at 8:00 a.m., Wednesday, October 1st. It will continue to sit throughout the day, for anyone who is interested in making a presentation to the Law Amendments Committee.

With that, Mr. Speaker, I ask the House Leader of the Official Opposition to give the business for tomorrow.

MR. SPEAKER: The honourable House Leader of the Official Opposition.

HON. CHRISTOPHER D'ENTREMONT: Thank you very much, Mr. Speaker. After the daily routine and Question Period, we'll be calling a couple of bills. Those are Bill No. 3, Red Tape Reduction Act, and Bill No. 4, Tax-free Zone for Small Business Act.

Mr. Speaker, I move that the House do now adjourn.

MR. SPEAKER: The motion is that the House rise, to meet again tomorrow, October 1st, between the hours of 8:00 p.m. and 12:00 midnight.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

[The House rose at 5:24 p.m.]