

## Legislative Assembly of Alberta

Title: **Thursday, March 16, 1995**

1:30 p.m.

Date: 95/03/16

[The Speaker in the Chair]

head: **Prayers**

THE SPEAKER: Let us pray.

Our Father, we confidently ask for Your strength and encouragement in our service of You through our service of others.

We ask for Your gift of wisdom to guide us in making good laws and good decisions for the present and the future of Alberta.  
Amen.

head: **Reading and Receiving Petitions**

MRS. ABDURAHMAN: Mr. Speaker, I would ask that the petition I tabled yesterday be now read and received.

Thank you, Mr. Speaker.

CLERK:

We the undersigned Residents of Alberta petition the Legislative Assembly to urge the Government of Alberta to ensure all Alberta school boards provide the opportunity for each eligible child to receive a minimum of 400 hours of Early Childhood Services instruction per year.

We also request the Assembly to urge the Government of Alberta to allow Alberta School Boards to use money from the Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community, so that there are no ECS user fees for 400 hour programs and so that all Alberta children have an equal opportunity or "level playing field" to succeed and compete in life by having equal access to basic educational resources.

THE SPEAKER: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Speaker. With your permission I would ask that the petition I tabled on March 14 be now read and received.

CLERK:

We, the undersigned residents of Alberta petition the Legislative Assembly to urge the Government of Alberta not to make sexual orientation a part of the Individual's Rights Protection Act.

THE SPEAKER: The hon. Member for West Yellowhead.

MR. VAN BINSBERGEN: Thank you, Mr. Speaker. I request that the petition I presented yesterday now be read once more with feeling.

CLERK:

We the undersigned Residents of Alberta petition the Legislative Assembly to urge the Government of Alberta to ensure all Alberta school boards provide the opportunity for each eligible child to receive a minimum of 400 hours of Early Childhood Services instruction per year.

We also request the Assembly to urge the Government of Alberta to allow Alberta School Boards to use money from the Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community, so that there are no ECS user fees for 400 hour programs and so that all Alberta children have an equal opportunity or "level playing field" to succeed and compete in life by having equal access to basic educational resources.

head: **Notices of Motions**

MR. DAY: Mr. Speaker, I'd like to give notice of a motion that the membership of the following committee be approved by the Assembly: that on the Standing Committee on Private Bills Mr. Tannas replace Ms Haley.

head: **Introduction of Guests**

MR. MITCHELL: Mr. Speaker, it's my pleasure to introduce to the Members of the Legislative Assembly today Ron Hodgins, who is a representative of the Health Care Employees Union. I would ask that he stand in the gallery and receive the welcome of the Members of the Legislative Assembly.

THE SPEAKER: The hon. Member for Vegreville-Viking.

MR. STELMACH: Thank you, Mr. Speaker. It's indeed my pleasure to introduce to you and through you to the members of this Legislature 29 students from Lamont elementary. They're accompanied today by Mr. Clarence Kitura, teacher and vice-principal, of Lamont, parent Mrs. Linda Nemirsky, and also their bus driver Mr. John Danyluk. Would they please all rise and receive the traditional welcome.

THE SPEAKER: The hon. Member for Edmonton-Mayfield.

MR. WHITE: Well, thank you, Mr. Speaker. It is my pleasure today to introduce to you and through you to the members of the Legislature 18 students of the English as a Second Language program at Winnifred Stewart campus. They are most appreciative of the government's continued support for the program. I'm sure, after speaking to them, that each and every one of them is working at becoming a citizen – and some of them already have become citizens – and intends to be contributory to this society of ours. They're here today to find out how we conduct ourselves and how business is conducted in a democracy. I'd like them and their leader, Yuri Drohomirecki, to please rise in the members' gallery and receive the warm welcome of this House.

THE SPEAKER: The hon. Member for Edmonton-Highlands-Beverly.

MS HANSON: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to the Legislative Assembly Ms Yalemsew Adugna and Mr. Mesfin Adugna. Ms Adugna has been in Canada for several years, and her brother Mesfin has been visiting from Ethiopia for the last few months. Please rise and accept the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. I'm delighted this afternoon to introduce two of Leduc's brightest and best behaved grade 6 classes from Caledonia Park school. They're in the gallery, and their teachers Mr. Murugan and Mrs. Foley are attending with them. Mrs. Guenther, Mrs. Vansickle, and Mrs. Laczko have graciously volunteered their time to assist the teachers this afternoon, and Mr. Middlestadt has safely delivered the children to the Assembly. So I would ask you and the rest of the Assembly members to give them a very warm welcome this afternoon.

THE SPEAKER: The hon. Member for Fort McMurray.

MR. GERMAIN: Thank you very much, sir. The quality of the debate in this House has spread so wide that today we even have some guests visiting us from Whitehorse in the Yukon Territory. Mr. Speaker, we have two young hockey players with us, an 11 year old and a nine year old, who between them scored 150 goals this year. Of course, because of their age they have to have their adult with them, so I would like to welcome Brett, Chad, and Ryan Kirkland here watching the activities of the Member for Leduc today. If they could rise and receive the warm welcome of the House.

head:

### Oral Question Period

#### Health Care Layoffs

MR. MITCHELL: Mr. Speaker, the Edmonton region health authority is laying off 2,300 health care professionals starting two weeks from now. The Premier made a personal commitment on February 1, 1995, this year, to Heather Smith, president of the United Nurses of Alberta, that there will be severance packages. My question is to the Premier. Who are the nurses supposed to believe: the Premier, who made yet another obviously empty promise on February 1, or the Minister of Labour, who reneged on that promise two days later?

MR. KLEIN: Well, again, Mr. Speaker, it is not true. Can this member stand up and tell me: was he listening in on my phone call? Was he? I mean, how did he get this information? Was he listening in on my phone call? Was he party to the conversation I had with Heather Smith? Were you party to that conversation? [interjection] No, he wasn't. So he doesn't know what he's talking about. To set the record straight, I'll tell you what kind of a conversation . . .

MS LEIBOVICI: Are you calling Heather a liar?

MR. KLEIN: Well, no, but if you want to . . . [interjections] Mr. Speaker, those were not my words. Those were the hon. Member for - I don't know which one it was - Edmonton-Meadowlark's. Right.

Mr. Speaker, what I indicated to Heather Smith was that, yes, if at all possible it would be good to see the nurses receive severance pay - and it would - throughout this province and indeed that I would ask the minister to encourage the RHAs, if they possibly could, to negotiate packages to give the nurses severance pay. The unfortunate thing is that it is not in their contract. In order to have the issue of severance pay addressed, if possible the issue of retroactivity - and I'm not suggesting that I'm going to get involved in those negotiations - it would involve a reopening of the contract. The hon. Minister of Labour has had numerous telephone conversations. I understand that he and the Minister of Health met with Heather Smith last night. As I understand it, there has to be a willingness to reopen the contract before this can be considered. As I understand it, Heather Smith and the union refuse or are very reluctant at this time to reopen the contract.

1:40

MR. MITCHELL: The Premier tells them what they want to hear, and the Minister of Labour turns around and tells them what the Premier really means.

Mr. Speaker, I wonder how the Premier justifies a single mother who has worked as a lab technologist or a nurse for

perhaps 20 years getting laid off without a severance package while her manager, who's been there for perhaps three or four or five years, does get a severance package. Is that fair?

MR. KLEIN: Mr. Speaker, it is unfortunate. On that point I will agree with the hon. Leader of the Official Opposition. But the simple fact is that it was not negotiated. Part of the management contract, I would say, with a union-exempt employee would be severance pay. That was probably something that was negotiated. In the case of the nurses it was not negotiated. They did not want severance included in the negotiated package. Now, in order to achieve severance pay and discuss all the issues revolving around severance pay, the contract, sir, will have to be reopened.

MR. MITCHELL: Mr. Speaker, I wonder whether the Premier could clarify what his impression was of his conversation with Heather Smith now that Heather Smith is in the gallery - just moments ago - and tell us how it is that she thinks you told her that there would be severance packages. Now you're standing in front of this Legislature and all Albertans saying: absolutely not; I didn't mean that; certainly not. And the Minister of Labour had to renege on your promise.

MR. KLEIN: What nonsense. What absolute nonsense. Again, I indicated to Heather Smith - and if she's sitting in the gallery - that I would do my darndest to convince the Minister of Labour, to convince the regional health authorities that there should be severance pay for nurses. Subsequent to that, Mr. Speaker, the Minister of Labour, and rightfully so, said: lookit; there is not a mechanism to achieve this unless the contract is reopened. Now, the discussion, if you want to take it a step further - I don't like to get into these things. The one thing that the Minister of Labour indicated to Heather Smith was that one of the issues that might be considered relative to reopening the contract is this very contentious issue of bumping nurses, and apparently the union refuses to acknowledge that.

MR. DAY: Supplementary information to that, Mr. Speaker. Again, the Leader of the Opposition continues to have great difficulty in telling the truth.

THE SPEAKER: Order. [interjections] Order. The hon. minister is rising to supplement the answer, not to debate, please.

MR. DAY: Correct. To supplement, Mr. Speaker, I can say very clearly that what the Premier has said is entirely consistent with discussions that I have had with Heather Smith and that the Minister of Health has had with Heather Smith.

MS LEIBOVICI: So you're calling her a liar; right?

THE SPEAKER: Order, hon. Member for Edmonton-Meadowlark.

MR. DAY: To echo what the Premier has already said, it is certainly our hope that severance arrangements could be negotiated, but those negotiations have to take place at the regional health authority level. Neither the Premier nor myself nor the Minister of Health gets involved in those negotiations.

Following that encouragement to the regional health authorities by myself and by the Minister of Health, also communicating to the Council of Chairs that the issue of severance is something that's very important, there have been a number of regional health

authorities in fact that have negotiated severance. In the David Thompson region severance has been negotiated and offered at the rate of one and a half weeks per year up to 45 weeks, to three hospitals in Calgary: two weeks per year. In the Palliser health region, which includes Medicine Hat, packages of up to four weeks per year to a maximum of 52 weeks have been offered. I know that the opposition doesn't like that, but those are the facts; that is, the truth.

MR. MITCHELL: The Premier has no trouble . . .

THE SPEAKER: Order. Second question.

### West Park Nursing Home

MR. MITCHELL: Mr. Speaker, the Premier's cutbacks are forcing the closure of West Park nursing home in Red Deer, even though there are 48 seniors living there, and there's a waiting list of 100 more needing that kind of residence in the region. Red Deer's city council, to their credit, says that they will fight to keep the nursing home patients from being dumped on the street. To the Premier: I wonder where the Alberta advantage is for this group of seniors.

MR. KLEIN: Mr. Speaker, that kind of language is certainly uncalled for: dumped on the street. Yesterday the hon. Member for Edmonton-Gold Bar talked about seniors rummaging through dumpsters. My God, it is simply not happening, and nobody is going to be dumped. Yes, we do treat people fairly and with compassion. As a matter of fact, if the Official Opposition would care to examine the figures, they would find that as a result of our seniors' programs and the adjustment to our seniors' programs, 40 percent of the seniors in this province are actually getting increased and better benefits.

I'll have the hon. minister supplement.

MRS. McCLELLAN: Mr. Speaker, on the specific of West Park nursing home, it is included in the David Thompson regional health plan to close that nursing home. I think that the hon. member would do well to look at the reasons for that and why those decisions were made, and I can assure him and this House and the residents in Red Deer that no one will be displaced without proper care and attention being given to their needs. But there does come a time in the cycle of buildings and the geographics and demographics of an area when you do have to make changes. I am sure that the hon. member would not want people living in an institution that did not have the health and safety factors in it that we require in our very high standards to care for our frail and elderly.

MR. MITCHELL: How can the Premier allow these 48 people to be pushed out of this nursing home when there is no plan in place whatsoever to deal with where they're going to go? The city council doesn't see a plan; the Council on Aging in Red Deer doesn't see a plan, Mr. Speaker.

MRS. McCLELLAN: Mr. Speaker, I have just outlined that there is a plan. In fact, what the plan is is that the David Thompson health authority has said very clearly that no one will be moved until they have the accommodation available. As far as the city council, I will be speaking with the mayor of that city in just a few hours and certainly will respond accurately to any concerns that she has.

MR. KLEIN: Mr. Speaker, this same question was asked of me so inappropriately in subcommittee of supply yesterday. It had nothing to do with estimates. I'm advised that the RHA has committed to have placement confirmed before these patients will move. They will attempt to relocate these people to the place of their choice, and all of these patients will be given absolute priority.

MR. MITCHELL: There's a 100-person waiting list, Mr. Speaker. I wonder whether the Premier could tell us: where exactly is the regional health authority going to find places when there are already 100 people in addition to these 48 trying to find places right now? Where's he going to conjure up those?

MR. KLEIN: Well, Mr. Speaker, again, I would suggest that the hon. disputed Leader of the Official Opposition get out from under the dome, go down and talk to the mayor, talk to the civic officials, talk to the RHAs, talk to the patients. [interjections] Well, no, they haven't talked to these people, because they simply don't have the information.

1:50

MRS. McCLELLAN: Mr. Speaker, there is a very important point that has to be made in this. Yes, there have been waiting lists for long-term care, but because of a policy that this government put in place to say that people should have long-term care needs met as close to the community in which they reside, where their family and their friends are, we are diminishing those waiting lists. If the hon. member really, truly read the David Thompson plan, he would see and all of his caucus could see that there have been long-term care needs being met in other communities, taking the pressure off the one particular centre. This is a very positive move for the people of the David Thompson region, and I think we should commend them for making those services available in their home communities.

THE SPEAKER: The hon. Member for Redwater.

### Gaming on Native Reserves

MR. N. TAYLOR: Thank you, Mr. Speaker. During question period on Tuesday I suggested that the Premier is trying to bring casinos to Alberta by first allowing them on the native reserves. Back on May 26 of last year, when the then Deputy Premier was questioned about casinos on Indian reserves, he said in *Hansard*:

Mr. Speaker, it is not something that the province is looking at now to allow, a private ownership of a casino in the province of Alberta. It would violate every policy and principle that we have in this province.

So much for principle. To the Premier: why would the government position change from no casinos on reserves to one now of tacit consent?

MR. KLEIN: There has not been tacit consent or any other kind of consent, Mr. Speaker. Quite simply, we have no authority to stop Hobbema, and neither does the hon. Member for Redwater, unless he wants to go out there and tell them that they can't do it. I'll challenge you to do that, hon. Member for Redwater, to go out there. You go tell the chief of Hobbema that he cannot at this time even contemplate or enter into negotiations; tell your Liberal friend Roy Whitney, the chief of the Tsuu T'ina Nation, that he has no authority to negotiate with Las Vegas promoters who might want to establish a casino on that reserve. Go out and talk to the chief of the Enoch reserve and say, "You have no business

negotiating with these people." Well, I challenge the hon. member to do it, and maybe he would like to invite the press out with him as he goes and tells these chiefs that they can't negotiate with these casino operators.

We are not involved in this in any way, shape, or form. However – and I talked to the hon. Member for Lacombe-Stettler today – on April 3 I understand that the hon. member is going to try and convene a meeting with all of those Indian nations who have expressed interest and who have entered into their own negotiations relative to casino operations.

MR. N. TAYLOR: Mr. Speaker, if he'd had bigger ears, he'd have taken off on that one.

Is the Premier trying to tell the House that Jack Binion and the international casino community are so naive and stupid that they would be inking agreements with the reserves without the Premier's approval?

MR. KLEIN: Well, first of all, Mr. Speaker, they don't have my approval. I have not been involved in any way, shape, or form. I have not been involved, and if he's suggesting that I have, I would challenge him to say that outside the House. Say it outside the House. The hon. Member for Redwater knows that he is not telling the truth. He knows that he is fibbing. [interjection] Well, I'm sorry. He knows, then, that he is not telling the truth.

I invited the hon. member – I might as well advise him now. I said that if I could get the concurrence of the chiefs, he would be welcome to come with me to the chiefs summit on Friday, but the chiefs have indicated to me that they don't want him there. So, Mr. Speaker, he'll have to set up his own meeting. But if he wants to, I will convene a meeting of the chiefs that I know of that have been involved. I'll arrange a meeting with the chief of the Sarcee, the chief of the one band in Hobbema, maybe the Siksika, the Enoch. I'll arrange that meeting in my office, and the hon. Member for Redwater can come in and ask them the same questions he's asking me and get the answers right from the horse's mouth.

MR. N. TAYLOR: Somehow, Mr. Speaker, I'm not surprised that the invite was canceled.

Since everyone knows of the terrific power to corrupt by the international gambling community, can the Premier say here and now that they are not behind his firing of the Deputy Premier last October?

MR. KLEIN: Mr. Speaker, the hon. Member for Redwater completely lost me on that one.

THE SPEAKER: The hon. Member for Calgary-Shaw.

#### **Human Rights Commission**

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I'll try and get us back to reality here.

It is often very difficult and stressful for individuals who feel they have been discriminated against to pursue the matter with the Human Rights Commission. Consequently, the retaliation provision of the Individual's Rights Protection Act, being section 11, prevents, for example, an employer from terminating an employee for registering a complaint with the commission. Nevertheless, such a provision may lead to abuse of the system. My question is to the Minister of Community Development. What provisions are presently in the Individual's Rights Protection

Act or the commission's policies to discourage the registering of frivolous and vexatious complaints?

MR. MAR: Mr. Speaker, there are from time to time cases which arise from complaints to the Human Rights Commission that are frivolous and vexatious, but I'm pleased to tell you that they are very, very few in number. While there is protection afforded to complainants from discrimination under section 11 of the IRPA, there is also a corresponding protection available for the respondents under section 19 of the legislation. There is a screening and an analysis done at every stage of the inquiry as it goes through the Human Rights Commission, and if a complainant does not provide reasonable grounds for their complaint, then that complaint can be dismissed at the various levels of the inquiry.

MR. HAVELOCK: Recognizing that simply dismissing a complaint may not be a sufficient deterrent to preclude such complaints as there is little downside for the complainant, is the minister prepared to include in the Act a complainant penalty if a claim is determined to be frivolous and vexatious?

MR. MAR: Mr. Speaker, I think my answer to that question would be what's sauce for the goose is also sauce for the gander and that I would be prepared to discuss such a penalty clause as long as it was applicable to both retaliation cases as well as frivolous and vexatious claims made by complainants.

THE SPEAKER: Final supplemental.

MR. HAVELOCK: Yes. Thank you. Further on those lines: would the minister also commit to amending the legislation to include a provision allowing for remedy against a complainant for a respondent who incurs harm from a frivolous and vexatious complaint?

MR. MAR: At this time, Mr. Speaker, the only remedy available to an individual who feels that they have had a frivolous and vexatious complaint made against them and have suffered damages as a result is through our civil courts through a tort of defamation. But as the hon. member is certainly aware, a number of recommendations are presently going through our standing policy committee for changes to our legislation, and certainly I would invite him to bring forward such an amendment in that venue.

THE SPEAKER: The hon. Member for Edmonton-Glenora.

#### **Capital Regional Health Authority**

MR. SAPERS: Thank you, Mr. Speaker. Today I table copies of the March 7, 1995, minutes of the regional health authority here in Edmonton. Of particular interest is the motion moved by Mr. Bill Grace to award a \$300,000 contract to KPMG and Price Waterhouse. Mr. Grace, an appointed board member, is also an associate of Price Waterhouse. Will the Minister of Health now unappoint Mr. Bill Grace as a result of this blatant conflict of interest and quash the \$300,000 contract?

2:00

MRS. McCLELLAN: Mr. Speaker, no, I will not commit to do that. What I will commit to do is to speak with the chair of the regional health authority and raise this issue with him. All of the members of the regional health authority, as far as I know, have committed to a conflict of interest guideline that has been set up.

I prefer to have all of the facts and substantiated facts before I would make any such move.

MR. SAPERS: Is this the type of conflict of interest that the Minister of Health is trying to cover up when she refuses to make available for public view all of the regional health authority documents and contracts?

MRS. McCLELLAN: Mr. Speaker, I think that is actually a quite terrible allegation. What the member is alluding to is a motion in the House which I asked to have amended to include public documents, because, frankly, I don't have all documents that the regional health authority would have. I think that the hon. member is really missing the important point here. This is the first time in this province that I know of where board meetings have been held in the open, with very few exceptions. Only very few exceptions will be held in camera, and when they are in camera, the purpose of that meeting has to be given, although they can't give information that might be detrimental to confidentiality of a person's information.

Mr. Speaker, for the first time the audited financial statements of every region in this province will be tabled in this Legislature. That's a first again. Prior to that we had over 200 boards and agencies, which, frankly, even the minister would have difficulty getting information from, with the exception of the provincial hospitals, which were directly under our control. I think the hon. member should commend the legislation that allows for that to happen in this province and allows for the opportunity for full examination of the activities of those regional health authorities.

MR. SAPERS: It's more than just a little bit of truth that we're looking for.

Why won't the minister release the details of all of the regional health authority contracts, all of the contracts, the material that the minister has, so that all Albertans can be assured that there are in fact no further conflicts of interest?

MRS. McCLELLAN: Mr. Speaker, in my last answer I outlined that I don't have that information. The regional health authorities do not have to file with me every one of their activities. They have to carry out their activities under bylaws of their own organization, under the legislation that was passed in this House, in regulations that are attached to that. In that legislation it clearly states that audited financial statements will be provided to this House. It also says that I must approve the business plans of every region in this province. That's my responsibility, and I will do it.

I must point out to the hon. member though - he keeps mentioning appointed boards. I've just pointed out to him that we've had elected boards where we had no access to information.

THE SPEAKER: The hon. Member for Calgary-Fish Creek.

### Child Prostitution

MRS. FORSYTH: Thank you, Mr. Speaker. Child prostitution continues to be a serious problem. I recently attended a meeting, and the frustration is another meeting and another study. The problem continues to be a very difficult one to tackle because of the separation of federal, provincial, and municipal jurisdictions. No one agency, service, or government sees child prostitution to be within their mandate. My first two questions are to the Minister of Family and Social Services. Can the minister tell the

House what can be done to look at the serious problems in our communities?

THE SPEAKER: The hon. Minister of Family and Social Services.

MR. CARDINAL: Thank you very much, Mr. Speaker. That is a good question. It's a very sensitive issue, and it's very complicated to deal with. Presently, what we have is the provincial Child Welfare Act, which is designed for child protection. Of course, the courts, wherever possible, use that and existing legislation that's available. If there is a requirement in the future to change the Child Welfare Act and other legislation, I'm open to working very closely with the Minister of Justice on this issue.

THE SPEAKER: Supplemental question.

MRS. FORSYTH: Thank you, Mr. Speaker. What funding is available to develop programs to help diminish this sexual abuse and exploitation of children in our society?

THE SPEAKER: The hon. minister.

MR. CARDINAL: Yes, Mr. Speaker. In my department alone we spend over \$200 million on child welfare. [interjections] Of course, the opposition wouldn't want to hear anything positive.

Earlier this year I also announced a major program on how child welfare will be delivered in Alberta, keeping in mind that the budgets will increase in the next two years in child welfare, improving programs, making sure, wherever possible, that the community gets involved more at the community level in design and delivery of programs. In fact, we committed an extra \$50 million in the first three years to assist communities in designing the programs at the local level, and \$25 million of the \$50 million will go to aboriginal communities. Fifty percent of the 8,000 children who are in care are of aboriginal ancestry.

In addition to that, my department officials continue to work with the safer cities committees, both in Edmonton and Calgary, wherever possible to help in changing programs to assist these individuals. In addition to that, we fund over 150 agencies, millions upon millions of dollars in Alberta, that deliver various forms of programs to support children in need. An example, Boys and Girls Club of Edmonton, Mr. Speaker: we fund close to \$2 million. That's just one example of 150 agencies that provide various forms of support services for these children. Not to say that we've resolved the problem out there; we will continue working very hard to improve it.

THE SPEAKER: Final supplemental.

MRS. FORSYTH: Yes. Thank you, Mr. Speaker. My last question is to the Minister of Justice. How do we get the message out that normal men don't buy kids? Can we print their names when they are sexually abusing and exploiting these children?

MR. EVANS: Mr. Speaker, if we can print the names and have photographs taken of individuals who are released from custody and continue to be serious threats to society, then I think we have to look very carefully at why we would not be able to do that in the kind of a circumstance that the hon. member is referring to.

I believe that this is child abuse, and I've made that point to the Minister of Justice federally. Part of his very aggressive legisla-

tive agenda is to make changes to the Criminal Code. I think we have to do that, and we have to do it quickly. We have to focus on the customers, we have to focus on the pimps, and we should have minimum sentences for those individuals, either customer or pimp, who are found to be guilty with respect to young children. This, as I've mentioned before in this House, is becoming an increasing problem in our province and elsewhere. We are going to have to look at this very carefully, and I think we should also be trying, as I know Allan Rock is doing, to find a way to provide through the Criminal Code some additional authority to municipalities to deal with this matter at the local level.

THE SPEAKER: The hon. Member for Calgary-North West.

### Paramedics

MR. BRUSEKER: Thank you, Mr. Speaker. Yesterday paramedics in Calgary, those first-response professionals who can make the difference between life and death to an accident victim, stated: people will die while the government tears down the health care system. Now, incredibly, the response from our listening and caring Premier was this – it came on the 6 o'clock news last night – unfortunately people die; people die every day; what I say to the paramedics is: don't spread fear. That's a quote from the 6 o'clock news. So my question to the Premier: how can the Premier tell paramedics not to be fearful, when as a part of their daily work they race the clock to save lives, a race they don't want to lose, Mr. Premier?

MR. KLEIN: Well, Mr. Speaker. I didn't see the full clip, but I remember the interview, and it went a lot longer than that 15 seconds.

MRS. SOETAERT: Oh, cover-up.

2:10

MR. KLEIN: I was in the . . . No. You shut up.

I've been in the business for a long, long time. [interjections] Well, Mr. Speaker, it's time that, you know, she learned how to button her lip. She just keeps a-yipping and a-yapping. I mean, she has effectively replaced the hon. Leader of the Opposition in terms of being . . .

THE SPEAKER: Order. [interjection] Order please. [interjections] Order please. The Chair thought that the hon. Member for Spruce Grove-Sturgeon-St. Albert said that she wanted to raise a point of order later, and that's the appropriate time, I think, to pursue this discussion.

MR. KLEIN: But in the meantime, Mr. Speaker, can you tell her to button her lip?

Mr. Speaker, as I said, the interview went . . . [interjections] Lookit. [interjections] Do they want to hear the answer? I'm going to sit down.

THE SPEAKER: Supplemental question.

MR. BRUSEKER: Thank you, Mr. Speaker. Paramedics are expressing their professional concern, so I'd like to ask the Premier: who knows more about saving lives, the Premier or the paramedics in Calgary?

MR. KLEIN: The paramedics.

MR. BRUSEKER: A clear answer anyway.

My final supplemental: when will the Premier listen to these ever louder concerns of these frontline professionals, health care providers, who say that people will die because of the government's lack of planning?

MR. KLEIN: Mr. Speaker, I would challenge not only the paramedics in the city of Calgary but their representatives in the city of Edmonton and throughout this province to sit down and, first of all, meet with the regional health authorities. This is what I did say yesterday too. I encouraged the paramedics and all health care professionals to work with the RHAs and help the RHAs see their way through these very difficult times of restructuring. I'm sure also that the Minister of Health would sit down with the paramedics to have their concerns addressed. I know that as the mayor of Calgary I was very instrumental in working with the paramedics to make sure that they had a first-class service in that city. I said to the media – and they know it; it's on tape – that paramedics are first-class people who are, as the hon. member suggested, sort of the first line in the medical health care hierarchy. I would hope that they would work with the RHAs; I would hope that they would work with the minister to make sure that all the components relative to health care come together in a rational way.

THE SPEAKER: The Member for Highwood.

### School Councils

MR. TANNAS: Thank you, Mr. Speaker. My questions today are to the Minister of Education. Last December the government position paper on Roles and Responsibilities in Education was issued. It features the importance of an educational partnership of parents, teachers, principals through school councils. However, this exciting initiative by its nature requires timely changes to the School Act. To the minister: when will amendments be introduced which will enable the expanded collaborative role for school councils? Will it be in the current session?

MR. JONSON: Well, certainly it was recognized that this very, very important initiative with respect to the meaningful involvement of parents actually boils down, you know, Mr. Speaker, to people wanting to be listened to in the education system, particularly parents.

In direct answer to the hon. member's question, I would hope that we will have into the Legislature certain modifications to the section dealing with school councils within the next two weeks. I make that as a considered prediction to the Assembly. It's a very, very important item, and that's what I would leave with the Assembly.

THE SPEAKER: Supplemental question.

MR. TANNAS: Thank you, Mr. Speaker. Again to the Minister of Education: when will the minister give permission to those keen and anxious school councils who want to begin? When will he give them the go-ahead to hold elections, begin organization for the 1995-96 school year?

MR. JONSON: Mr. Speaker, I do recognize that across this province there are many people who have taken up this opportunity and want to get going. Actually, in terms of planning and thinking through the whole process, they could be starting right

now. Certainly there will be provision made for people to be able to launch in this particular direction as soon as possible, very soon. I would say, by the end of the school year.

THE SPEAKER: Final supplemental.

MR. TANNAS: Thank you, Mr. Speaker. Again to the Minister of Education: will the minister declare a year's delay for those schools and school councils who don't feel ready to commence operations this fall?

MR. JONSON: Mr. Speaker, as I indicated – I think it was the day just past – we are right now looking at the extensive representation that has been made with respect to the roles and responsibilities paper. I would like to say before the Assembly this afternoon that we do have a firm direction in education, and that is to provide more meaningful involvement for parents, but in terms of implementing that direction, we do very sincerely look for the input and a response from people across the province. So we're awaiting that right now.

Certainly, we do not want to in any way delay too long so that people feel we are not, as we are, very sincere about this particular direction. We're going to try and accommodate in a reasonable way a time line so that there is some time for people who are not ready for this particular initiative to be put in place to develop their bylaws, develop their procedures, and so on according to our parameters, but we don't want to delay it too long, because it's a good opportunity, and we want to get it in place.

THE SPEAKER: The hon. Member for Edmonton-Whitemud.

### Treasury Branches

DR. PERCY: Thank you, Mr. Speaker. The province of Alberta is the only jurisdiction, state or provincial, in North America that owns its own bank: the Treasury Branches. Remarkably, \$8 billion of assets are backstopped by Albertans, who insure this collectively. The governance of this institution is weak, to put it mildly. The superintendent reports to the Treasurer, and then it's audited once a year by the Auditor General. Despite the fact that the Auditor General in the report on Gainers showed clear evidence of political interference in loans, despite the recommendations of the Alberta Financial Review Commission, nothing has been done about the governance of the Treasury Branches. My questions are to the Premier. Can the Premier explain why we still have a primitive, unresponsive method of governance for the Treasury Branches despite the fact that Albertans collectively are on the hook for \$8 billion should things be run badly?

MR. KLEIN: That is an assumption, and indeed there has been some speculation as to what the hon. member says as being actually true. I've heard that from other people, some Conservatives too. It's for precisely that reason, Mr. Speaker, that an internal review is being undertaken relative to the governance and the overall operation of the Treasury Branches. This, I believe, was raised in the Legislature only a few days ago. That review and that investigation is ongoing. Hopefully, we can bring forth recommendations to improve the operations of the Treasury Branches, much as we have other areas of government.

DR. PERCY: Can the Premier commit to tabling in the House on Monday the Flynn report, which assesses governance for the Treasury Branches, so that we can see what lies down the road?

MR. KLEIN: Mr. Speaker, I think that's a question that should more appropriately be put to the Provincial Treasurer, because I don't know the status of that report right now. I'm sure that the Provincial Treasurer would be very happy to provide an answer to the question.

THE SPEAKER: Final supplemental.

DR. PERCY: Thank you, Mr. Speaker. Can the Premier explain why, despite a letter to myself from the Provincial Treasurer on August 4 stating that the business plans of the Treasury Branches, a summary only, would be included in the business plans released from the budget, we have absolutely no business plans, no detail on those plans at all for an \$8 billion enterprise that is effectively run by the government?

MR. KLEIN: Well, Mr. Speaker, again I don't have that letter in front of me. That was a communication between the hon. member and the Provincial Treasurer. I'm sure that if he asks that question again on Monday, the Provincial Treasurer will have the answer.

THE SPEAKER: The hon. Member for Olds-Didsbury.

2:20

### Organ Transplants

MR. BRASSARD: Thank you, Mr. Speaker. We recently learned of a young boy being denied a lung transplant by a local hospital. The boy happens to have Down's syndrome, and it's been implied that this disability somehow precludes him from such an operation. To the Minister of Health: can you tell me why this individual is being denied this critical operation?

MRS. McCLELLAN: Well, Mr. Speaker, again I will remind the House that it is not appropriate for the minister to discuss individual cases. However, I think the member brings up a very important point regarding a transplant program in this province that I think indeed we are very proud of having, and it has been very successful. The guidelines for the transplant program have been developed by a team in the transplant area. I do believe most sincerely that it is in the best interests of the success of that program that those guidelines are developed by that team. However, I can assure my hon. colleague and all of my colleagues in this House that disability is not a disqualifying criterion in that program.

Mr. Speaker, I think it's an important enough issue that we should outline briefly the areas that would be taken into account. I will certainly communicate with the hospital to assess whether those guidelines can be laid out here. Medical teams look at a number of factors. I think it is really key that we all understand that it's not one factor; it is a combination of factors that makes the determination as to the team assessing a person eligible and suitable for a transplant. Certainly they look at many factors: lifestyle prior to and indeed after transplant.

Mr. Speaker, I thank the hon. member for raising that so that I have the opportunity to clarify for the House that disability is not a disqualifying criterion for a transplant.

MR. BRASSARD: Given this province's record of deinstitutionalization, can this minister assure me that discrimination will never be a factor in the delivery of health care services?

MRS. McCLELLAN: Yes, Mr. Speaker, I certainly can. I can give that assurance. No one in Alberta is limited in the health

services they have available to them on the basis of disability. The only factor that determines access to medical services in this province is need, and I would suggest that that is the way it will continue.

In fact, Mr. Speaker, I think that we have moved in this province to ensure that persons who do have disabilities have greater access. I would point to the inclusion of persons of any age in our home care program. I would point to the community supports model that is being developed now with the help of the Premier's council for persons with disabilities.

MR. BRASSARD: Madam Minister, will the health care facilities review committee be empowered to investigate any future similar cases?

MRS. McCLELLAN: Mr. Speaker, the role of the Health Facilities Review Committee is to review facility concerns. Any concerns that are of a physician nature certainly go to the College of Physicians and Surgeons.

Mr. Speaker, I should point out that on April 1 we will be establishing a provincial health council. One of the first tasks that I will be asking that council to perform is a complete assessment of the appeal mechanisms we have in place today in Alberta: in view of the restructuring of our health system, are there ways that we can improve those appeal mechanisms so that we are assured that everyone who has a concern has a voice?

THE SPEAKER: The hon. Member for Sherwood Park.

#### Hunting Licence Auction

MR. COLLINGWOOD: Thank you, Mr. Speaker. In 1989 children from 3,000 schools in this province and the Conservative government of the day supported a move to make the bighorn sheep an official emblem of this province. Six years later this Conservative government no longer sees the bighorn sheep as a proud provincial emblem but only sees it as a cash cow. The Minister of Environmental Protection has now allowed a bighorn sheep permit to be auctioned to a hunter from Colorado for nearly a quarter of a million dollars, to be hunted in November during the rut, out of season, in the sheep's most vulnerable period. To the Minister of Environmental Protection: will the minister confirm that the decision to allow an out-of-season hunt for a bighorn sheep was driven entirely by money not by policy and, for that matter, not by ethical standards?

MR. LUND: Well, Mr. Speaker, we do care a great deal about the bighorn sheep. We find it extremely important that we do things that will enhance the sheep's habitat. We think there's a lot of management things that can be done, we believe there's a lot of research that can be done, and these things all do cost some money. So any money that's raised through this auction goes back into the three areas that I've identified. In fact, we believe that very shortly it will much enhance the population of the bighorn sheep.

THE SPEAKER: The hon. member.

MR. COLLINGWOOD: Yes. Thank you, Mr. Speaker. To the same minister: can the minister explain to Albertans why an American hunter would pay almost a third of a million dollars to hunt a bighorn sheep out of season when an American can buy a

trophy sheep special licence, nonresident alien, for \$324.86 as long as he hunts in the regular season?

MR. LUND: Mr. Speaker, I didn't see the interview with this individual, but I understand that he made comments about how pleased he was to have the opportunity to put a lot of money into conservation and into enhancing habitat. I know that it's sometimes hard for some people to recognize that there are people out there like that who are very anxious to enhance habitat and do research and do management of big game, but they're out there, and this was an indication that in fact they're willing to pay a great deal of money. If, in fact, this program were to ever harm the population of the elk or the sheep, we would cancel it, but I really have difficulty believing that taking four male animals in the fall is going to make one bit of difference to the population.

THE SPEAKER: Final supplemental.

MR. COLLINGWOOD: Yes. Thank you, Mr. Speaker. Hunting an animal out of season is hardly sport.

To the same minister: will the minister confirm that during the regular season the chances of getting an animal, according to the Alberta Fish and Game Association, are about 10 percent, but during the rut, when this hunt is going to take place, the kill is almost 100 percent guaranteed?

MR. LUND: Mr. Speaker, last fall there were about 1,700 elk harvested. There were over 200 sheep. So if the hon. member feels that taking two more males of each of those species is going to harm the population, I wish he would stand up and explain how that is going to happen.

THE SPEAKER: The time for question period has expired.

head: **Members' Statements**

THE SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

#### Tough Love

MR. YANKOWSKY: Thank you, Mr. Speaker. A surprising number of Alberta's families are struggling with adolescent misbehaviour. Organizations which offer support to Albertans in difficult times are very important if we are to properly address the issues facing our families. Tough Love is a self-help program designed for parents of unruly young people and the professionals who work with them. The Tough Love program combines philosophy and action which together can help families and communities bring about positive changes for the betterment of all involved. Tough Love's methods are intended to help parents regain control. It advocates firmness and consistency in dealing with kids in trouble. Tough Love is a network of parents helping kids and of parents and professionals working together to bring change into the lives of rebellious children.

2:30

The Tough Love program was founded by Phyllis and David York, parents of three grown daughters. Although they were trained family therapists and worked with troubled teenagers, they found themselves in the same dilemma as their clients. Tough Love was created and launched in the Philadelphia area in 1979. The national organization was formed in 1980. It presently has four registered groups in Alberta. These groups are in Spruce

Grove, Edmonton south, Edmonton Kingsway, and Red Deer. There are also new groups in northeast Edmonton and St. Albert, as well as two groups in the development stages in Edson and Lethbridge.

Tough Love provides much-needed support for troubled Alberta families. Mr. Speaker, all Albertans benefit when Alberta's families succeed.

THE SPEAKER: The hon. Member for Edmonton-Whitemud.

#### Capital Regional Health Authority

DR. PERCY: Thank you, Mr. Speaker. On Tuesday I attended the meeting of the Capital health authority board, and I have to tell you, Mr. Speaker, that I was disappointed. This was to be a public meeting, and there was no opportunity for public input, unless you call board members tossing puffballs to one another public input. So there were no questions from the public.

Second point: there were no hard numbers. I saw nothing at that presentation that would lead me to believe that moving the obstetrics and gynecological components from the University of Alberta hospital to the Royal Alex would make sense. I saw no numbers, no facts, no presentations from people in the field who deliver the service. I saw nothing there that would give me any comfort knowing that they were still going to keep the same number of acute care hospital beds in place, 1,650. They're going to significantly reduce the numbers of nurses and health caregivers in the system but still keep the number of beds. They didn't tell us how they were going to do it.

I did not see the facts and figures I would like to have seen, but more importantly, I did not see fairness. We know that a number of the CEOs and chairmen of boards bailed out with hefty severance packages, yet the nurses, the LPNs, the registered technicians are going to get nothing. They're the people that have built our health care system. This is a board, then, that knew they were going to downsize, they knew they were going to restructure, and they knew they had to get something in place. Fairness demands that the people on the front line be treated with dignity, respect, and be given the opportunity to retrain.

So the issue of severance, I think, is fundamental, and the board has to deal with it. I think the government also has to deal with it, because we're talking large dollars. If the government can give a \$16 million transition payment, surely in the case of the people who actually deliver the services, there is scope and room for the government to ensure that there's a consistent set of rules across all health boards so workers are treated fairly.

THE SPEAKER: The hon. Member for Calgary-Montrose.

#### Right of Landing Fee for Immigrants and Refugees

MR. PHAM: Thank you, Mr. Speaker. On February 28 of this year a right of landing fee of \$975 came into effect for immigrants and refugees. The federal government expects to collect about \$150 million a year from this program. I agree with this head tax on immigrants. However, I am very strongly opposed to this tax being applied to refugees.

There is a world of difference between an immigrant and a refugee, and I cannot believe that the government in Ottawa has not accounted for that distinction. When immigrants come to Canada, they can plan their move and prepare themselves financially for their own settlement as far as this \$975 landing fee, but the refugee does not have this luxury by the very definition of the word.

*Webster's* dictionary defines a "refugee" as one "who flees to a foreign country or power to escape danger or persecution." These people are fleeing oppression, and they do not have the time to prepare for their move to our country. Many of them arrive here with nothing but the clothes on their backs, and \$975 to them is an enormous sum, regardless of provisions for loans in hardship cases. How could a 75-year-old woman from Bosnia ever have the means to pay this loan back? Are we going to turn down applications for refugee status just because they cannot pay this head tax?

Mr. Speaker, Canada does not take in refugees for economic reasons. We do so on humanitarian grounds. Our country is respected worldwide for her compassion and humanitarianism. Our peacekeeping efforts throughout the world are testimony to that. But by failing to differentiate between refugees and immigrants, we put that reputation at risk. I stand here today to urge our federal government to exempt refugees from the right of landing fee program.

head: **Projected Government Business**

THE SPEAKER: The hon. Opposition House Leader.

MR. BRUSEKER: Thank you, Mr. Speaker. Under Standing Order 7(5) I'd like to ask the Deputy Government House Leader what the plans are for next week, please.

THE SPEAKER: The Deputy Government House Leader.

MRS. BLACK: Thank you, Mr. Speaker. For next week, that being Monday, March 20, in the afternoon we will deal with third reading for Bills 2, 4, 12, 13, and 14. We'll then go into Committee of the Whole as per the Order Paper. If time permits, we'll go into second reading on Bills 10, 11, 15, 16, 17, 18, and 20. In the evening we will go into Committee of Supply to deal with Family and Social Services.

On Tuesday, March 21, we will go through Committee of the Whole in the afternoon, and then into Committee of Supply for the evening, dealing with the Department of Labour. If time permits, we will move back into Committee of the Whole as per the Order Paper.

On Wednesday, March 22, we will deal with Committee of Supply in the evening, Health, and we will move into second reading if time permits as per the Order Paper.

On Thursday, March 23, we will move into Committee of Supply. Education has been designated. If time permits, we'll go into second reading again as per the Order Paper.

THE SPEAKER: The point of order of the hon. Member for Spruce Grove-Sturgeon-St. Albert has been withdrawn. The Chair would like to urge all hon. members, though, to kind of reduce the level of heckling next week and hereafter, please, to try to restrain themselves.

head: **Orders of the Day**

head: **Committee of Supply**

[Mr. Tannas in the Chair]

THE CHAIRMAN: I'll call the committee to order. I would remind those in the gallery that this is the informal part of the Legislature. The rules are relaxed somewhat, and members are able to move from their seats to other seats. We do have a few

rules. We are requested to have only one member standing and speaking at the same time.

**head: Main Estimates 1995-96**

**2:40**

**Health**

THE CHAIRMAN: We would ask the hon. Minister of Health to begin this afternoon's debate with her comments.

MRS. McCLELLAN: Thank you, Mr. Chairman and colleagues. First of all, I would like to acknowledge in the gallery the presence of a number of my officials from my department which, I must point out, have given yeoman service to the task of restructuring health and supporting us over this past year. [applause] Thank you.

Mr. Chairman, it's important to note with the 1995-1996 estimates that we will have achieved 83 percent of the reductions outlined in our business plan. This transition period certainly required change and patience from all Albertans. Let me emphasize one more time in this House that unless we do manage our resources more effectively and more efficiently, we will be or would be forced to make more difficult decisions later on.

Our three-year business plan sets out our general themes which are guiding the restructuring. These are regionalization, consultation, consolidation, co-ordination, accountability, and affordability. Since their appointments last summer each of the 17 regions in our province have been working very hard to restructure how they deliver health services in their own community within the business plan framework. They've certainly faced enormous challenges, and I think they've done a very commendable job and have risen to the task. Mr. Chairman, this is because the members of these authorities, wherever they are in this province, have a tremendous dedication to their community and have given up much of their personal time for a job which is paid almost, we could say, a pittance, certainly at an honorarium level.

Mr. Chairman, the one other area I want to comment on before allowing to hear from my colleagues in the House is the reallocation of the funding discussed during our supplemental estimates, actually, for 1994-95. To help the regions deal with the period of transition, we have allocated an additional \$40 million to the regions. Of course, this is onetime funding and does not fall within the estimates that we are going to discuss today, but I thought it was important that we note that. Also, these funds were transferred from unexpended capital funds from Public Works, Supply and Services. All members know that we have had a freeze on major capital in this province for about 18 months and will continue to have a freeze on major capital until a complete provincial plan for capital is available.

Mr. Chairman, inherent in the 1995-1996 estimates is that health restructuring requires a lot more than simply talking about closing beds or converting beds. I don't think we should become so fixated on bed costs. I think that, instead, we should be challenging the system and saying: is it meeting the needs of our communities and is it keeping us healthy? That means keeping us out of hospitals in the first place. Probably the most singular change that people will note in the new system that the regions have set the plan and design for is that it is a move from the institutional base to the community and of course from a treatment model to a wellness model. I think everyone in this Assembly agrees with that move. To support that, of course, we have allocated \$110 million a year ago, having disposed of \$30 million of that to the regions in the first year. The part we will talk about

in our estimates today is \$40 million for this budget year, and there will be a further \$40 million in the next budget year, but we will wait until we have advice from the funding committee to see how that \$40 million should be distributed.

Mr. Chairman, I think it's worthy to note that new drugs, new therapies, new procedures, indeed new attitudes, and other developments means that we can remove a great deal of our reliance on hospitals and look to alternate ways of delivering health services, ways that are less expensive but equally effective and certainly, I would hope, more convenient and more useful to consumers of our health services. The evidence to support this continues to mount.

We're continually asked for what studies show that we can do these things, and I would draw members' attention to a much referenced report by the University of Ottawa called Sustainable Health Care for Canada which found that 15 percent savings could be found simply by shifting to less costly modes of delivery with no reduction in health status. Mr. Chairman, that is exactly what we are doing in Alberta. That is exactly what our plans have been developed to. This report not only validates the movement of more services into the community but also indicates that spending reductions are reasonable and not necessarily a reduction in care. I think these are very important messages.

The last comment I would have is that I would encourage all members in this Legislature from both sides of the House to work towards restructuring our health system, to work towards having a health system that can be sustained in this province for the good of all of our citizens. I believe the issue of health and how the services are delivered in this province go beyond partisanship, and I am certainly prepared to work with my colleagues in this Legislature to ensure that health services are here for all Albertans not only today or tomorrow or next week but many years and decades into the future. I think that has been demonstrated by the words of the Prime Minister of Canada, who has indicated that we can simply not continue to go along the way we have, that we do have to make some tough decisions, but by working together, we can make those decisions that will be in the best interests of all who use our services.

Mr. Chairman, with those comments I would look forward to the comments and questions from my colleagues.

THE CHAIRMAN: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Chairman. Thank you, Madam Minister. I want to say at the outset that all members on this side of the Assembly as well consider health to be of the utmost importance and an issue that transcends partisan politics. I know that from time to time the Minister of Health and the critic for the Official Opposition tend to take it personally. I can assure you that it's not personal; it's just very, very important. I know you agree with that.

It is not that anyone is arguing for the status quo. As a matter of fact, this province has always been a leader in terms of innovations in health care, but there's a way of getting between where we are today and where we would all like to go, and it's a way, I think, that is very different from the way in which the current provincial government has embarked on this journey. To paraphrase a health care economist who is often referred to on both sides of the House, Dick Plain, from the University of Alberta - he puts it this way, and I couldn't agree with him more: the fiscal horse is way out in front of the health system restructuring cart, and it's about time that we bridge that gap, that we make

sure that what we're doing in health care is really restructuring and not simply a bottom-line budget exercise for some political reason.

Now, the Minister of Health has just stated that by the end of this fiscal year, I believe it was, we'll be 83 percent done through the cuts, and that's good. I don't think the system can take much more. I'm not sure if the system is going to be able to take it to the end of this fiscal year. The one fact that the minister didn't mention and what troubles me is that not just will we be 83 percent of the way through the cuts, but in fact we're going to be over 50 percent of the way through the cuts, through the taking of money out of the system by the time the regional authorities on April 1 actually get control of the system.

So a whole series of decisions have been made prior to those authorities, which are doing an absolutely unbelievable job in the face of almost unbelievable odds. The fact is that they're not going to get control of that system until it's already been reduced by 50 percent of the cuts. It's hard for me to imagine a worse kind of setup. You're giving control to a group of well-intentioned laypeople, really, volunteers, hard working. You're giving control of a hugely important and complex system after a whole bunch of political and fiscal decisions have been made, and then you're telling them to be responsible without being accountable, and that troubles me greatly.

2:50

The Premier says and has said often that we have to do what we're doing in health care and we have to do it so fast because health care costs are out of control. Somehow the Premier continues to leave the impression that it's health care costs which have somehow bankrupted the province of Alberta, and that is nonsense. It isn't health care program spending that has put us into the fiscal situation we're in, Mr. Chairman. I'd say it's got more to do with MagCan and NovAtel, and the list that everybody is so familiar with could go on and on and on. When the Premier says, as he said on March 13, "that health care costs have gone up . . . 220 percent over the last 14 years," I would like to know exactly what the Premier is talking about. I'm not sure the Premier knows, quite frankly, Mr. Chairman, because the fact is that since 1980 health care expenditures – which in 1980-81, according to public accounts, were \$1.490 billion – have increased about 190 percent, in unadjusted dollars, to \$4.325 billion in 1993-94, so not 220 but 190 percent. Now 190 percent, that's a sizable increase. That's worth being alarmed about. That's worth being concerned about.

Let's examine that as well. Let's look at some other things that have happened in that same intervening period of time so that we can put this figure that the Premier keeps quoting – and I'd say erroneously quoting – into some kind of context so Albertans have something to judge it against. Let's consider the fact that the consumer price index in the same period of time grew by 65 percent. Let's consider for just a moment that the population increase in this province was over 21 percent in this same period of time.

MRS. McCLELLAN: But it wasn't.

MR. SAPERS: The minister is saying that it isn't. I'm quoting the Alberta Statistical Review, so if the minister wants to argue with the Alberta Statistical Review, then I suppose she should.

Not only has the population gone up in raw numbers, but the population distribution in terms of sex and age has also changed. We know that older Albertans utilize the health care system more frequently than younger Albertans. We know that women utilize

the health care system more frequently than men, and we've seen a growth in the ratio of women over men, and we've also seen a growth in the ratio of those Albertans over age 45 versus those under age 45. These are just a few issues which you'll have to consider to put that growth into some sort of context.

The increase in health care expenditures on an inflation-adjusted basis without dealing with the population demographics is reduced to about a 75 percent increase. Now, let's just take a look at what that has brought us to, and let's compare it to some other provinces. I would say, Mr. Chairman, that the fact is that by the time this business plan is fully implemented, we're going to see less spending on a per capita basis in this province than we had just a few years ago. A spending cut of over 25 percent in such a short period of time overall has never been tried anywhere in the world. It is an experiment, and nobody knows – not the Premier, not the Minister of Health, not the Official Opposition Health critic, not all the health care economists in the world – whether that's going to be a successful experiment or not.

Now, the total per capita spending on health, on medical costs – that's doctors' costs – in Alberta is about \$350 currently. Just as a comparison: it's as low as \$290 in the province of Manitoba, as high as \$405, \$408 in the province of Ontario. So certainly Alberta isn't leading the pack. On hospital care Alberta spends about \$805 per capita, about the same as they do in Ontario, less than they do in Manitoba, a little more than they do in British Columbia. Again Alberta's about middle of the road, not the leader of the pack. Both of these facts alone would dispute the Premier's assertion that health care spending in this province is out of control, that health care spending is to blame for the debt and the deficit. It's not health care spending; it's bad government decisions that are to blame, Mr. Chairman.

Provincial government spending on health as a ratio of gross domestic product in this province was as high in 1992 as it's ever going to be, and that's what makes 1992 such a bad figure to start with, but of course that's what the Premier and the Minister of Health always do. In 1992 that percent of GDP was 5.75 percent; as I said, about as high as it will ever be. That grew from 1980, when it was only 3.4 percent. But do you know what it's going to be by the end of this fiscal year? It's going to be back to 3.75 percent. That would indicate to me that maybe the cuts are already deep enough. Maybe we don't have to take that remaining 17 or 20 percent out.

Mr. Chairman, in Canada overall about 10 percent of GDP is spent on health care. In the United States, which is considered to be one of the least efficient national systems, about 13 percent of GDP is spent. In western Europe it varies between approximately 8 percent and 11 percent, but the total per capita spending in Alberta is somewhere between 3 and a half and 5 and a half percent, half or less of the national average of so many other countries.

Mr. Chairman, I would say that the health providers and the health administrators and the health consumers in this province have been very responsible, and I for one am sick and tired of them being blamed for the government's mismanagement of the fiscal resources and of the health care resources. It's not the doctors who are to blame. It's not the patients who are to blame. It's not the nurses who are to blame. It's the politicization of health care over the last couple of decades in this province that is to blame.

We've seen, Mr. Chairman, that the business plan calls for health care premiums to rise in this province so that they cover about 20 percent of health care expenses. Well, as health care

spending goes down and health care premiums keep going up, I'm concerned that they will exceed 20 percent. They're already above 17 percent, and we're not all the way through the cuts yet. Health care premiums in 1992 accounted for \$431 million of revenue. By the end of 1997 it'll be 670 million plus dollars in revenue. That's a 50 percent increase in a health care tax right there, and this is a very unfair tax. This is a regressive tax. This is a tax that hits all Albertans equally no matter their fiscal resources. The minister – you're shaking your head: no.

MRS. McCLELLAN: I'm looking up at my accounting friends, saying "Help; help me with this."

THE CHAIRMAN: Through the Chair, hon. members.

MR. SAPERS: The health care tax is an unfair burden on Albertans. At about \$12,000 a year family income you have to start paying this tax. Now, in other jurisdictions this tax has been eliminated as a separate tax. I would like to know whether the Minister of Health has ever looked at the fiscal advantage – and maybe there isn't one, but I'd like to know that there isn't one – or the possible fiscal advantage of collecting the health care premium as part of the provincial tax and eliminating that part of Alberta Health, which costs \$20 million, \$28 million in terms of administering the collection of those premiums, and turning those dollars that are spent on tax collection back into health care dollars. If that's been done, I'd like to see the study. I'd like to see the report. If it hasn't been done, I'd like to know why not. Certainly, it's not being done just so we can have the myth of a low tax base, because when the Fraser Institute and so many other observers look at Alberta, they recognize the health care premium for what it is. They know that it's a tax, and they roll it into the income tax. They adjust the tax rate in this province to account for it. So if that's the way the accountants do it, I'd like to know why that isn't the way the government does it.

Now, doctors' fees are about to be rolled back by about another \$72 million. There are negotiations going on right now. Some would say public, some would say private negotiations, but nonetheless there are negotiations ongoing at this point with the AMA to see how we're going to save about another \$72 million in physicians' fees, about \$100 million overall in practitioner services.

3:00

Physicians have come to me and they've asked me a very simple question, and I'll pass it along to the minister. What happened to the Premier's commitment that people in this province were going to be asked for a 5 percent pay cut to make their individual contribution? It is untrue that all doctors earn outrageous amounts of money. Some physicians get very well paid. Some would say too much. Some would say that they get what they deserve. But most physicians work very, very, very hard for every dollar that they bill Alberta health care. Those physicians who have to pay overhead costs – rents and staff and insurance and all kinds of other things – are saying to me: "I don't know how we are going to be able to practise medicine in an environment where we are being told every day that finding ways not to practise medicine and not to provide care is more important than providing care. Finding a way not to bill health care is more important than a way of billing health care. What happened to that 5 percent commitment, and why is so much being taken out of our pool of funding?" I think it's a question that deserves an answer.

I believe there is a difference between managing a health care system and negotiating a fee schedule, and I think it's about time that we looked at ways of controlling those costs in terms of overall management and not just making arbitrary decisions about how much money can come out to meet a budget target. It's about time that we trusted physicians to make medical decisions and listened to our doctors when they tell us that what's being asked of them is unreasonable and perhaps even unsafe.

Now, also in this cut of physicians' payments, Mr. Chairman, there is an insidious kind of downloading that's going on, and it's downloading to the ordinary Albertan that requires medical services. I'll tell you how this works. When you take money out of hospital budgets, for example, and when you force hospital administrators to discharge patients quicker and sicker from hospital, and when you force patients back into the community before they are free and clear of their medical problems, what you do is you force costs back to the individual patient that not so long ago were seen as part of the health care contract. They were seen as part of what we could expect as taxpayers and citizens of this province: things that used to be considered appropriate to be paid for under the Canada Health Act, under the tenets of that federal legislation. But what happens now is that as we see patients moving out of hospitals much more quickly – and some would say too quickly – we see those patients having to pay for all the medications and the bandages and in some cases even home care nursing out of their own pockets.

Mr. Chairman, this is downloading, and this is another way that Albertans are being taxed in perhaps a hidden way by this government. Of course, it's also downloading to the fee-for-service practitioners. You see, the very same doctors that the government is squeezing by taking another \$72 million out of the pool of money that they can bill from are having to provide more and more follow-up service postoperatively, postsurgically, to patients who leave hospital too quickly, because they leave hospital – they're still unwell; they're still not healthy – and then they go back to their family doctor. So that means that the family doctor is now billing, and it's reducing that pool of money. It's like a shell game that's being played right now as we move patients out of the appropriate level of care into perhaps an inappropriate level of care.

MRS. McCLELLAN: Howard, don't you think they would be able to see them in the hospital?

#### **Chairman's Ruling Decorum**

THE CHAIRMAN: The hon. Minister of Health will be invited to speak as often as she wishes throughout the afternoon when it's her turn but remembering again that only one member standing and talking at a time.

MR. SAPERS: Mr. Chairman, the Minister of Health and I are used to doing this in a subcommittee review, where we're allowed to have more of a dialogue.

THE CHAIRMAN: If you could do it subliminally, that would be fine.

MR. SAPERS: We'll play by the rules, Mr. Chairman. My apologies.

### Debate Continued

MR. SAPERS: In acute care hospitals last year there was about \$2 billion spent. We're not sure what exactly it'll be next year and the year following because we've already seen the budget figures change two or three times over this budget planning cycle and we know that there's a new formula that's going to be devised for funding for the next budget cycle, and I'll get back to that in a minute. But in any case, about \$2 billion was spent in hospitals last year.

MRS. McCLELLAN: Your time's just about up.

MR. SAPERS: Just about?

Now, about half of that was spent in rural Alberta. I would like to know the basis on which it was decided it would be okay to use historical funding of hospital-based care to fund the regions when that hospital performance index and the acute care funding plan have been so thoroughly discredited by so many people. In fact, it's been called economic gibberish by some, and it reflects the funding inequity. Fifty percent of the spending on hospitals was in rural Alberta, yet many, many more than 50 percent of the patients were treated in urban hospitals. So I'd like to know why this historic inequity has been allowed to continue?

There has been, I believe, from this government and as part of this budget and business plan an attack on medicare that's not justified, an attack on the substantial efficiencies of a publicly administered health system. No matter how many times the Premier and the Minister of Health say that it isn't so, I remain convinced that part of the plan of this government is to move us towards a more fully commercialized system of health care. Now, I would remind the Minister of Health that public insurance is not only more equitable, but it's more efficient. I would remind the minister of what Michael Rachlis has said, the coauthor of *Strong Medicine*, I believe was his last work, that it was a blend of fiscal conservatism and social justice that led to medicare. Justice and fiscal conservatism: two things that I would find hard for anybody on either side of the House to argue against.

We're seeing displacement of programs, and we're seeing hospitals and hospital boards being disestablished across the province, a little more actively in urban Alberta than rural, but nonetheless the changes are happening throughout the province, and we're seeing this happen in a way that seems all too random to me. When I think of the long-term care centre in Eckville and I think of the residents of that centre, some of whom have been there for many, many years, some of whom have spouses right across the road, right across the parking lot in the lodge, and I think about the fear and the anxiety of those people when they were told that they will have to move, Mr. Chairman, I question very seriously the amount of study that went into this kind of restructuring.

I'll be back, Mr. Chairman. Thanks.

MRS. McCLELLAN: Mr. Chairman, we really didn't establish the pattern that we would follow this afternoon, and understanding that I am going to be back or my estimates are going to be back at least next week, I will keep my comments I believe very brief today.

As I indicated when we went through a process a short time ago, if there were a number of questions in an individual's comments, I would try and respond to those so that it might save other members from having to ask those questions again. However, I found two questions, I think, and several inaccuracies

that I'd want to correct. For example, I really want to give the hon. member who just spoke the opportunity to have a clarification. If he ever dreamed in his wildest dreams that 50 percent of the hospitals' budget was spent in rural Alberta, you really, really do need a correction on that, and I will give you the most current numbers. I can tell you that about a year ago 7 percent of the Health budget was spent in hospitals in rural communities, and it's much, much lower than 50 percent. However, Mr. Chairman, in the interests of allowing as many members to speak and to ask questions, I will save the answers for those two questions until a little further down in the agenda.

Mr. Chairman, I should apologize for the bit of repartee that went back and forth, but we're just sort of used to debating, and we got carried away. It was very innocent, and I'll try and control myself.

### 3:10

THE CHAIRMAN: There is an old saying, hon. minister, that it is better to be forgiven than not.

The hon. Member for Fort McMurray.

MR. GERMAIN: Thank you very much, Mr. Chairman. My comments to the minister today will be on some overview items that I have as they relate to health funding in this province and then dealing specifically with issues of particular concern to northern Alberta generally and even yet more specific to north-eastern Alberta and the Northern Lights regional health care centre centred in Fort McMurray, whose constituents there I represent.

First of all, I accept the premise that the Minister of Health is deeply committed to health care in this province, and I accept the premise that her department is deeply committed to health care in this province. When I make some of the comments that I'm going to make shortly about fat at the top, I hope that she takes those comments in light of my appreciation that she and her staff are deeply committed to health care cuts.

We have a situation developing now in this province, Mr. Chairman, where we are not just talking any longer about cutting the magazine subscriptions out of the waiting rooms and cutting back the number of times the floors are waxed, from once weekly versus three times weekly. We're talking about fundamental restructuring, and we're talking about fundamental restructuring that seems to only be a euphemism for job loss, and that job loss is occurring all across Alberta. I don't want to minimize its impact in any centre in Alberta, but to the extent that it occurs in the area that I represent as MLA, people are very concerned. Often when people are very concerned, they lash out with vitriolic and they lash out with attacks on others who they perceive to be doing slightly better than they but always slightly better in an ever down-spinning spiral.

The first comment that I would like to make to this minister is again my concern that the appearance of this budget indicates that there is very little fat at the top being cut. Now, it will give the minister an opportunity to say, "Well, Member for Fort McMurray, there's little fat being cut at the top because there is no fat left at the top." That would be a glib and a polished out for the minister, but I hope that she won't take that out. I hope that she will look at her own department, for example, which, as I understood the numbers, sustained no cash loss this year: the minister's office with no cut, the deputy minister's office with a small cut. The resource department is going up in value, and, by golly, communications is also going up in value. There may be good and rational explanations for all of these, but when some of the cuts are causing families to lose their sole breadwinner, when

some of the cuts are causing people to think about whether they should leave a beautiful province like Alberta and go elsewhere, I would think and I would suggest to the minister, who often says, "Stand up, hon. members, and give us constructive criticism," that the minister would want to take another look at the department closest to the top in her department and find if maybe there are still a few more magazine subscriptions and the like which could be cut out of the budget and save some money.

I want to tell her and I want to tell the members of her party that one senior cabinet minister was in Fort McMurray a while back and made a declaration that they were going to work very hard to unemploy the Member for Fort McMurray and re-employ a different person from Fort McMurray. I want to say to the minister and to all Members of this Legislative Assembly that I would gladly become a sacrifice in the world of being unemployed if it meant that better health and better health conditions and better opportunities for people in Fort McMurray would come to pass. So while the government is planning on unemploying certain Members of this Legislative Assembly in the future, one of the best ways I suggest for them to do it is to look at the very strong concerns that Albertans have about health care and deal with some of those strong concerns rather than just paper them over or point out that these jobs and these efforts are being worked on.

Dealing further with the issue of the employment situation, this ministry, as all ministries, publishes annually the full-time equivalent employees on a lump sum, global basis, one line in the budget. It is today my formal request to this minister that she table in the House, not orally but in writing in answer to a question, a breakdown of the full-time equivalents by her department and by her subdepartment. I have said to other ministers and I have said it again to this minister that as far as I'm concerned, in a government that dialogues, an open and honest government, there would be, in my view, little if any additional computer work in doing that through the entire budget documentations. If I understand my politics correctly, the minister sits, as well, as a member of Executive Council, and you might want to suggest that, Madam Minister, to all departments.

Now, I want to also encourage the minister. In addition to there being fat at the top in the government, I hear rumours – and I want to be very clear now that I do not speak only of Fort McMurray, and I'm not speaking of the Fort McMurray regional health board, who I have every optimism is doing an excellent job and working hard for health care in the Fort McMurray community. But I do say to the minister that we do hear rather interesting stories from time to time – and some have been brought to the minister's attention – that some of the health boards themselves appear to have fallen into a bit of a government trap of spending a lot of money on meetings, communication, travel, and those types of health board perks that the minister herself does not take for the administration of her own department.

I would strongly urge the Minister of Health to analyze very carefully where and how much all the regional health boards are spending on non health-driven matters. For example, are some of the regional health boards in fact advertising on radios and in newspapers? Is that necessary? Is it necessary to advertise that you have a hospital? Was it necessary for regional health boards to shred and throw away all of the old letterhead and hospital papers and the like and have new literature published? Was it necessary for regional health boards to consider taking down the signs and the names of their facilities and replacing them with something that they wanted? By golly, in one area of the province I understand that the street on which the hospital lay was

called Hospital Street, and they might have even been debating whether they should change the name of the street. Those types of concerns do not fit, in my respectful estimation, Madam Minister, when people are losing their jobs and people are thinking about leaving the province.

The other concern that I want to point out to the minister is not a discussion about the budget. It moves into political philosophy a little bit. One of the best ways I know to cut fat at the top is to have elected boards. Sooner or later, Madam Minister, you will have to deal with the issue, philosophically, of whether in this province we are going to have elected hospital boards. I accepted your initial proposition that you couldn't make this amalgamation and have elected boards initially. I accepted that. But we have a municipal election coming up provincewide in the fall. I would ask the minister to tell us in relation to the budget whether there are anticipated to be elections for health authority boards in the fall. If not in the fall, then will we perhaps be able to expect these the next time that municipal elections are held in this province?

The other issue about the elected board issue is that, as the minister is aware, regional health authorities can now requisition into the local tax base. You have had the comment made to you before that this is a situation where unelected, government-appointed officials are now going to be able to resource by requisition to a municipality and ask that municipality of elected officials to go out and find the money to fund certain health care projects – health care capital projects, I believe it is. You will appreciate the concern that elected municipal officials have in communities such as the community that I come from. They've been working very hard to keep their budgets in line, and they do not want to get into a situation where somebody says to them, "Gimme this; gimme that," that somebody being an unelected board, and then they have to go out and do the money collection.

### 3:20

I want to move on now to the severance pay issues that have come up. The minister is aware of these; some of them, in fact, dominated question period today. Last year I raised and brought to the minister's attention that most of the health care workers in the province of Alberta had taken various cutbacks in support of the government's initiative of cutting back the wages by 5 percent. I pointed out at that time to the Minister of Health that this was becoming a difficulty for those people who took the cutback and then lost their jobs subsequently. The concern I had was that they were suffering a double whammy. Those that were eligible for severance pay based on so many years of employment were finding that because they had lowered their income, their severance package was lowered. The minister at the time, I think, if I don't put words in her mouth, indicated that that was a novel and interesting approach and that she was going to look into that. I wonder whether the minister has given any thought to directing the health care authorities that when they are laying off staff that are eligible for severance packages, they look at the issue of basing the severance package on prevoluntary wage cutbacks as opposed to the current salary. That seems to me to be just and would be fair to those people who voluntarily restricted some of their wages so that others could stay employed.

Now, it came up today that some are not being compensated in the health care layoffs. I understood the Premier's comment that he wasn't sure that mechanically that could occur. I do want to remind the minister that we have such a dramatic shift now going on in health care and we are talking about human beings. We are talking about people. What the Health ministry should do, in my respectful estimation, is look for some manner in which health

care regional authorities can compensate, in a smallish way at least, those people who lose their jobs who do not otherwise have a compensation package of any sort. It seems to me that that would be of assistance.

The other concern that I have to express to the minister is that instead of paying people severance packages, in some situations a reasonable notice is sufficient in lieu of any severance whatsoever. It seems to me that if the regional health authorities could give people notice, keep them on for an additional six or seven months, perhaps three or four months longer than they were going to be kept on anyway, that additional notice period would serve in lieu of a severance package, and it would in fact give the province something very precious. It would give the province the additional bodies doing health care work. If the minister could say: "Well, okay; employee X is not entitled to any severance package, so they would normally be getting three months' notice, that we're going to give you anyway. We are going to ask the regional health authority to give you a minimum of six months' notice. You'll get an extra three months' work, and we will get the benefit of your service for an additional three months. It isn't much, but it's something that we're able to do for you." I want to suggest that the minister think about that.

The other issue that I think the minister must look at in terms of cutting is that health care reorganization has been well known in this province for several years, yet it is my understanding that there are some contracts that had been entered into with health care officials and the like that now require large severance packages for the government to get out of. It seems to me, Madam Minister, that if somebody comes to you with this dilemma – and the dilemma is this: we are now caught with a contract that we have to employ this person for three years or pay this person out – I would think that your ministry would want to say to those regional health boards, "We're going to employ this person for three years or four years," or whatever the number is. In no circumstance, in my respectful estimation, Madam Minister, should your department be paying people severance pay only because they have a guaranteed contract. You're better off to say to them, "You're going to come and honour that guaranteed contract, even if you're coming and doing research for the Official Opposition," because you will be getting a benefit that goes beyond words. If it is that you don't want them to come and do research for the Official Opposition, then perhaps have them come and do research for your department, because it seems to me better some work than no work, if you're obliged to pay them out anyway.

I want to move on now to the personnel issues that are of concern to Fort McMurray, Alberta, and to the Northern Lights regional health care centre. Madam Minister, you are aware that family physicians are leaving Fort McMurray. You are also aware that Fort McMurray has the highest ratio – by that, I mean in the worst light – of family physicians to individuals in our community. It is somewhere over a thousand people to one family physician. Contrast that with Grande Prairie, for example, where they have in the vicinity of 500 to 1, and both cities of Edmonton and Calgary, where they have 500 to 1.

Now, the reasons that physicians leave a community are many, and it is unfair to completely blame the Department of Health and the ministry's approach to the problems. However, one of the concerns that the government can deal with is this: some of the physicians are leaving communities like Fort McMurray because they have become alive to the issue that maybe the regional health authorities will close the boundaries off so that they can't later come to Edmonton and Calgary. You have indicated that you

want members on this side of the House to bring constructive criticism to your attention. What I would do, Madam Minister, is this. I would go to a community like Fort McMurray, and I would write a letter to every family physician there. That letter should say: the province of Alberta guarantees you the right to practise anywhere else in Alberta if you leave Fort McMurray. What they are afraid of is that although presently they can move, as the health care cuts increase, some regional health authorities may not give them practise approval in the hospitals within their control, and as a result they won't be able to move.

So it's like the old analogy that I've raised in this Assembly: "How do you sell a dog with warts? You put a diamond necklace around the dog." The same analogy can be said in this particular case. If you have communities in Alberta where people do not want to go and practise, you want to make sure that the package to attract them there is a good one, and with little money you can make that commitment, that guarantee that doctors who practise in Fort McMurray, Alberta, will be able to go from that community anywhere in the province.

The next issue I want to raise in terms of that is this. My understanding is that the ministry has the ability to place communities on what we might call a health care premium. There are some isolated communities, where it's hard to attract physicians . . . Excuse me, Mr. Chairman. I'm finding the din in the Assembly increasing again.

AN HON. MEMBER: Point of order.

#### **Point of Order Decorum**

DR. L. TAYLOR: There's more than one person standing.

THE CHAIRMAN: Hon. members, we do seem to forget how many people we can have standing.

Notwithstanding that point, there is another rule; that is, although engaging in lively discussions and laughter in a way that rolls across the floor may be important to the individuals concerned, we would hope that they would adjourn their lively discussion to outside of the Chamber. Was that your point?

#### **Debate Continued**

MR. GERMAIN: Thank you. So, if in fact it is the case that the minister has the discretion to place communities on a type of surcharge for Alberta health care billing so that the doctors in those communities get more per procedure, then I would urge the minister to consider putting Fort McMurray at least temporarily back on that list because the situation in Fort McMurray is getting extremely tense and critical. The minister does not have the same numbers and information, but the general talk within the medical community in Fort McMurray is that numerous other doctors, in addition to those that have already indicated that they are leaving and have given timetables for leaving, are becoming increasingly concerned about the issue. In fact, as further evidence of that point, just last week one of the therapeutic doctors from the hospital announced that he was resigning.

**3:30**

What has now happened in Fort McMurray, Madam Minister, is that doctors are not taking any new patients into their patient load. They are referring patients that do not have them already as a family doctor to the emergency ward of the hospital, and my understanding of the cost procedure is that it is more costly to treat in an emergency setting than in a doctor setting. [Mr.

Germain's speaking time expired] So this is exacerbating the health care problems.

Mr. Chairman, I'm going to continue. I need just 30 seconds to finish up. [interjections] I will return . . . [interjections]

THE CHAIRMAN: Hon. member, we gave you a number of seconds beyond the limit. Because of the nature of committee, you are certainly entitled after the next person speaks to rise and speak again and finish your comments.

The only other point that I can offer is to ask unanimous consent to let the member continue to speak.

SOME HON. MEMBERS: No.

THE CHAIRMAN: Failing that, I'll call on Edmonton-Meadowlark.

AN HON. MEMBER: Sit down, Adam.

MR. GERMAIN: There's nobody else standing.

MRS. McCLELLAN: I would ask . . .

THE CHAIRMAN: All right. The hon. Minister of Health has asked the Assembly to permit the hon. member to speak. Is the committee prepared to support the Minister of Health? [interjections]

MRS. McCLELLAN: Since when do I have to sit down, Mr. Chairman?

THE CHAIRMAN: Hon. Minister of Health, I thought you were asking for him.

MRS. McCLELLAN: Oh, for him. Well, I was rising to intervene. But we'll just have to carry the last 30 seconds into the next speaking time.

However, Mr. Chairman, as I indicated, when there are a number of good questions, I would like to stand and give some responses. I want to say that there were a number of good questions that came forward that might assist in the discussions that other members might want to bring forward. The hon. Member for Fort McMurray brought forward a very important point on dollars that are being spent on communication by regional health authorities, advertising and so on. I think it is important that the regional health authorities use a communication tool that is best suited in their area to communicate the change. The one thing we want to ensure is that people have as much information about the change as they possibly can.

The issue of signage, changing names and so on, I can't refute. I think we've all said that we need an attitude change, and maybe by changing some of the old things that are there, it will help us start out fresh. I think that it's up to each individual community to make those decisions. I've heard of areas where rather than calling their institutions hospitals, they are going to call them, for example, a name of a regional health complex, and I support that. I think they make that decision.

So I think when we hear about these things happening, we should talk with the groups and say, you know, "What's the reasoning for this?" before we too quickly think that maybe they shouldn't do it, because there is a communication that is required.

There have been some comments made about travel of board members. I want to remind hon. members that there was one raised in the House where the expenses for one board seemed

very high. I indicated that I had checked those and they were very valid. In that particular case, that board made the decision to travel to their communities. I gave the kilometrage of that area. It was huge: from the Montana border north to almost Consort, Alberta. It was huge. They decided to travel to their communities as boards to do their consultation firsthand, to visit with the administrations of the area, rather than hire a consultant. Now, I'm not saying which is right or which is wrong. Some regions decided to hire a consultant. However, if they hired a consultant, that doesn't show in their board expenses; it will show on another line. So before we criticize, I think we should ask, and that means critique. Before we criticize, we should have a discussion with the regions and say, "Why did you do this?" and weigh their answers very carefully. You know, quite a bit of what they say just might make sense to us.

The other one is on the issue that comes up continually: elected boards. I have indicated to the House that we have a process in place for designing the process for putting in place the next boards. I want to remind hon. members that not all boards in the past have been elected. Don't fall into the trap of thinking we've had all elected boards. We have not. Most voluntary boards – and we have a number of those that operate voluntary institutions – are not elected. They are appointed. Our provincial hospital boards have been appointed. Many people who are on boards come from either city council, where they may have been elected in another capacity but were not elected to that particular instance by the people generally. They were elected to a position. The boards in this case will not come to election, in my view, in the fall of 1995 because they are in place until June of 1996.

One of the challenges I've laid out because we really want an answer to this: we want a methodology to put the new boards in place that is really good and sound. I've said to people that disagree with the way they are now: bring me back a process. Take your region, take the map, and show me exactly how you would put that board in place. Are you going to elect by population? Are you going to elect by background skills? Do you want certain types of people on these boards, so you're going to say: this person who has these skills should come from here? Or are you going to do it strictly by population? This would almost ensure that you did not have any geographic representation, or at least not much, in some of these very vast regions that maybe have only a few higher numbers? So I throw that challenge out in the House today, because I think we could get some very valuable information from the very knowledgeable people who are in this House to bring a design forward to our committee and say: this is how I would do it. Don't just pick the city of Edmonton or Calgary, because that's just a wee bit simpler. You have to get outside of the two major centres, not that that's not got its complexity. Think about it. This is one of the most critical things that we have to decide. That's why we're taking some time, and that's why we want your input. So I was pleased you raised that, hon. member.

Accountability. There's no question that these appointed boards are accountable directly to the government, to the minister who appointed them.

On the issue of requisitioning, which is another important one that I am glad you brought up because it may be of concern to others. I have written to all regions and have said that the requisitioning that could occur this year will occur under the Hospitals Act as it stands. We will not be developing at this instant the regulations under the Regional Health Authorities Act. I have written to AUMA and AAMDC to see if they would

participate with us in the drafting of those regulations, because it is a critical area. I remind you that boards have never been able to requisition for operating. Never. They could only requisition for support, whether it was site improvements, parking lots, maybe something in addition, but they have not requisitioned, to my knowledge . . . My learned colleague from Edmonton-Gold Bar is looking at me and frowning. I may be wrong. I'm looking up at my learned people upstairs, and they're not frowning. I think that's an important issue.

**3:40**

The issue of severance has been brought up. I would tell you, hon. member, that my responsibilities in that I believe have been carried out. I have told the regional health authorities that they must indeed honour contracts that are in place. I can comment that in management, senior officials are not in excess of industry standards. That's to ensure that we don't have severance packages that are untoward. I will remind you that most of the contracts that were designed were designed by elected boards with the responsibility of carrying out those duties. So it comes full circle.

The other issue that the hon. member raised and I thought had some rather interesting points was on physician supply. It is a concern and it's certainly a concern in the Fort McMurray area and, unfortunately, a sort of cyclical concern in that area. It is a remote area, where I think it would be a wonderful place to live, but maybe it has just a bit more difficulty in attracting people because of the travel costs associated and so on. I think you are right that the number of doctors isn't the problem; it's the distribution. It's really important that areas can develop a physician resource plan so that they can be assured to have that. In doing that, we also have to deal with the issue of mobility: the ability for physicians to move and for patients to move. So there is some work that needs to be done in those areas, and for that reason we have a committee between the AMA and Alberta Health developing a physician resource planning strategy, if you wish.

We also have the tripartite committee which has been set up – which is the Minister of Health, the chairs of the two major centres, and one chair from the other regions representing them all – to develop some overarching principles for medical staff bylaws for the province, understanding that each region may have some additional bylaws that they require but that the bylaws that are finally adopted by the regions and the physicians can't be contravened when developing individual regional bylaws. I think those are two important areas.

Rural incentive. I know that my staff made a note to look at it. In that particular instance it still can be used. I know that your people in that area will be looking very carefully through the rural physician action plan, through recruiting help that can be given them. We do graduate about 170 doctors a year in this province. Hopefully we can fulfill those needs. I think it's important that the authority work with the physician complement that is there to ensure that they can recruit the doctors that they need for their required specialties or areas.

Mr. Chairman, some very good questions. I know I missed a couple. I will respond later, but I wanted to make those comments.

**THE CHAIRMAN:** The hon. Member for Fort McMurray.

**MR. GERMAIN:** Thank you, Mr. Chairman. My colleagues have very graciously allowed me to finish my entire presentation this afternoon, and I wanted to tell them that I'm grateful. I had been in the middle of my issues on personnel issues. Two other

remaining issues are the lab techs and the lab services and of course the issue of the other support staff, the nurses and the like, in which downsizing is still going on.

Dealing with the lab techs, because that is very much a problem this year, Madam Minister. You live in rural Alberta yourself and you understand the special and unique problems that rural Alberta has. I had the pleasure of attending a conference that had been hosted by members of the regional health authority in Fort McMurray when they were explaining to the lab techs some of the traumatic changes that would occur in their profession this year. One of the concerns, however, that I observed as the MLA simply looking in is that the regional health authority as a cost-saving mechanism may be driven to consolidation of some of their services in Edmonton by using outside labs, actually having diagnostic lab tests done in Edmonton as opposed to Fort McMurray. I would want to suggest to the minister: wherever you can in your program, you should encourage rural health authorities to utilize rural lab techs for as long as they can because it will dampen the blow to these rural Alberta centres, one of which I come from.

The next major issue that I wanted to raise with you this afternoon is transportation issues that have occurred in Fort McMurray and other places in rural Alberta. We have a situation now where all MLAs in this province, I suggest to you, are getting an increasing number of complaints from people who need surgery in Edmonton but who cannot get any transportation to Edmonton. Now, what they allege is happening – and I can neither admit nor deny it – is that the local hospitals will not check them into the hospital if it looks like they will have to transport them because, it seems, the transportation costs have to come out of those local health care budgets. I don't want to increase the intensity of the debate, but when this came up a few weeks ago, one of the hon. ministers of the government said: what are we now, a taxi service? Well, of course, I don't expect the Health department to become a taxi service, but it is often the case that people, particularly with needed back surgery, require special transportation methods. I would like to see the ministry, if you can within your limited budgets, develop a program where if it is unsafe or unreasonable to transport somebody by private car or, for example, if they're on social assistance and don't have a car – let's solve the problem. Let's get them to Edmonton so they can get their back surgery, get them back into their communities, and get on with it. There's no sense in us being in a situation where they're phoning their MLA, saying how ruthless the Department of Health is because they have to hitchhike 300 kilometres to get back surgery. It's not the kind of seeming issue that you want to do. [interjection] No. I'm live again.

The next issue that I want to talk about, Mr. Chairman, is facility issues in Fort McMurray. However, one facility issue that I no longer have to deal with is the extended health care facility, because the government did announce this year for the third time that they were going ahead with the funding of that facility. The only difference between this time and the other two times is that this time it got funded. We appreciate that in Fort McMurray.

There is, however, one other health facility issue in Fort McMurray that exists; that is, the nurses' quarters that were on the health capital budget for the Nunee health region in Fort Chipewyan, which is now in the Northern Lights. Now, you will recall, Madam Minister, that I was here one night in a snowstorm and I wouldn't let the Assembly adjourn until I got it off my chest that if we in this province can't assist the hardworking people of

Fort Chipewyan in getting their nurses' quarters, then I think we have to take a hard look at our entire priorities.

Lastly, Mr. Chairman, there is a bit of an issue that's developed in northeastern Alberta as to whether the Nunee health unit, the Fort Chipewyan health unit, is going to be an independent, autonomous health unit. They seem to feel that the minister has given them some indication that that would in fact be the case, and I think once and for all the minister should clarify that issue irrespective of what the decision is.

Thank you, Mr. Chairman. Those conclude my comments.

THE CHAIRMAN: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Chairman. I think we all understand that Health is probably the most controversial department in the government right now because of the final plans that are coming out this week and last week.

One of the concerns I have in region 12, that citizens and ratepayers of that region have brought to my attention, is that they're very concerned that board members have been appointed for an extended length of time and are not elected. The people in region 12 feel that if they're not elected by the population, they're not answerable or responsible to the public. We had town hall meetings in at least four communities in my riding that were well attended. In Elk Point we had about 550 people in attendance. It was unanimous in that community that people thought the board was not responsible to them but was only responsible to the minister or to the Department of Health. I think in order to alleviate the fear from the population, it's a must that the minister move as quickly as possible to go to elections of board members.

3:50

The comments that I often receive from my riding only, about 2,000 letters, are directed to the minister, to myself, and to the Premier – the people do not direct their letters directly to the board because they feel they are not an elected board – and they say that you, the elected people, are responsible to us. I cannot see how you can have in region No. 12 roughly \$80 million administered by a board of appointed people. It's a large sum of money, and I think it's a must, I have to repeat, that we go to elections as soon as we can.

In the meantime, before we go to elections, there are vacancies on the board in region No. 12, and the minister has decided that there is no hurry to fill these vacancies. That also creates some problems in some communities because they feel that when these last decisions were made, they had no representation on the board. I know the minister's opinion is that all the board members, regardless if you have 12 or 14 or 15, should try and work and represent the region as a whole. But we all know that there are some personal attachments to communities, and you have more pressure if you come from a certain community. The public out there views it as somewhat of a conflict of interest if there's a large region that has no board members to represent them and then other regions have two or three members sitting on the board with voting power.

I also have a concern that I would like to bring to the attention of the Minister of Health, and that is the boundaries. I think the boundaries in general for region No. 12 are quite acceptable except the southwest part of region No. 12, and that includes the county of Strathcona and the city of Fort Saskatchewan. Before the boundaries were designated, I had stood up in the House here on two occasions asking the minister to consider not including these two municipal districts in our region. The final decision

was made to include them, and I don't want to blame the minister or the cabinet for that because I understand there was a considerable amount of pressure put on by elected officials from the county of Strathcona.

But what happened since the formation of the boundary? We've seen public demonstrations at the Grey Nuns on two occasions. On the last occasion I think there were 12,000 or 15,000 people there. A great number of the people who got involved were from the county of Strathcona, were from Sherwood Park, and a great number of these people did not realize that they didn't have a vote in the Capital region. I have some family on my wife's side living in that zone, and when we discussed this, they said to me, "We're going to talk to our elected representative to try and change things," and I said: you don't have a vote in the Capital region; you have a vote with region No. 12. They were astounded to find that out. Since then, they've spoken to their friends and neighbours, and I've received several phone calls from people who have said, "We never realized." Their elected municipal body knew, and they're the people who had put the pressure to be with region No. 12, but it was not publicized by the local elected officials, and the average citizens out there did not realize that they belonged to another zone.

If you look around the city and if you look around Calgary, I think region No. 12 is the only one that includes bedroom communities from Edmonton. In Calgary bedroom communities are included in the Calgary region. In Edmonton, St. Albert is, but if you look at our situation, this is not the case. I think it's something that should be reviewed. I don't know how possible that is, but I know that the public in region No. 12 would like to see it reviewed. Also, I think if there was a vote taken in Sherwood Park, the public in Sherwood Park would say: "We want to go with Edmonton. That's where we take our health care, that's where we go when we're sick, that's where our doctors reside, that's where we work, that's where we socialize, and that's where we belong."

Just to prove that this is the right thing to do, when the funding was allowed in region No. 12, only 7 percent, I understand, of the dollars available for Sherwood Park and that area were given to region No. 12 and 90-some percent were given to the Capital region. The appointed people or elected people on the board, to me, should follow the dollars, and if there's proof there that the people are using a certain region for their services, that's where their vote should be and that's where they should belong. I would urge the minister to review this. I would be prepared to assist in working that out and getting the feeling of other communities. I think there's big support for this.

I have a little bit of concern. I know that region No. 12 put out two drafts before they put out the final draft a week ago. I have to commend them. The final draft was a great improvement from the first two drafts. There are still two or three communities that feel that they were unjustly maybe sized down or lowered in service in their community, but hopefully these things will be worked out. As we get into the plan and people see how it's going to work for these communities, hopefully we'll have more satisfaction. If there are some problems, I would hope that the board would see and rectify them. But so far I think the final draft is quite an improvement, and I have to commend them on that.

One item that was missing in the final draft was the budget figures. The board of region No. 12 put out a draft, and they specified in their draft all the levels of health service that would be available in each community where there is a hospital or a

health centre, but they did not give any budget figures on how that's going to be accomplished. I personally contacted the CEO of the region, and when I asked for the figures, they said that they had global figures for acute care for the whole region, continuing bed care for the whole region, and home care for the whole region, but they had not defined budget figures for each centre. I am astounded to see that a board would make decisions on \$80 million without knowing where they're going to spend those dollars but are able to say that there's going to be a certain level of service in each community, because the level of service is directly attached to the dollars you have to deliver the service with. I would ask the minister to have some discussions with the boards and get an answer on how they can make a final draft without having a budget to support it.

I think that fairly well covers the questions and the concerns I have on health care delivery in region No. 12. So thank you, Madam Minister.

THE CHAIRMAN: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you. The Health portfolio at any time has got to be one of the most difficult portfolios around.

MR. DINNING: And well handled too.

MS LEIBOVICI: Yes, and I think the minister is indeed a caring individual who has a very difficult job to undertake.

The minister had indicated earlier that 83 percent of the cuts have been achieved within the last year and a half, and that, quite frankly, makes me think of an old adage that talks about how sometimes haste makes waste. When we look at some of the principles that we need to go to in order to promote wellness within the communities and we look at some of the principles that need to occur in order to ensure that that happens, what I think we need to recognize is that this is a long-term process that cannot and will not happen overnight no matter how much the government, because of its fiscal push for cutbacks, wishes it to occur.

4:00

What we then begin to see are some things that are occurring that perhaps don't make as much sense as if we had some time to do it, in perhaps a better organized manner. One of the immediate issues that comes to mind with regards to that is when we look at what happened just a couple of days ago with the Capital health authority budget. Now, last week when the Capital health authority was looking at making their final decisions with regards to areas where changes had to be made, what the Capital health authority was looking at – and I'm using last week as more of an example; I'm not sure at what time they did make their decision. But at one point in time the decision was made that there was going to be a certain number of beds available within Edmonton and that those beds were going to be served by an estimated amount of staff that was required to serve those beds and that the layoffs that were required at that point in time were approximately 900.

Well, due to the budgetary implications of funding that the Capital health region did not receive, what ended up happening was that the number of layoffs doubled, yet the number of beds have remained the same. If you look at the draft document that the Capital health authority put out, as well as the public meeting that I attended, that's exactly what was indicated: the number of beds would remain the same but the number of layoffs would double. Somehow that defies logic; that defies common sense.

I don't have a medical background, but I would think if you halve the number of staff, and given the number of layoffs we've had up to this period in time – as a matter of fact, as of I believe it was the end of 1994 there were 4,588 health care workers who were receiving unemployment, and that does not take into account all those people who perhaps have fallen off the unemployment rolls or have moved outside of the profession or outside of the province. We've seen a significant reduction already within the health care sector.

The minister also indicated that we're well on the road to wellness. Again, I think there are still some potholes along that road. There are still some cracks that need to be resurfaced and fixed.

I've heard in the last few days both the minister as well as the Premier indicate that we need to work together to make things better. I couldn't agree more. Again, I've related at least one occasion within the Capital health region where there seem to be some difficulties in terms of getting a meeting with westend residents, and we were willing to work together on that. We're now hearing this week that there seem to be some blockages with regards to the Capital health authority wanting to sit down at the table with the health care workers. I can't underestimate how important that is: you cannot work together if you can't sit around the table together. For a meeting to be canceled and the only other rescheduling to occur a week from tomorrow, which is a week before the layoffs occur, quite frankly I don't think is a good show of faith or good enough. So I think there are some problems with regards to that. Again, I'm speaking for the Capital health authority area. I'm not sure what's happening in other regions of the province.

As an adjunct to that particular issue, there were 73,500 names collected on a petition with regards to the Misericordia hospital. The consultation that was done with the residents was after there had been decisions made as to what Misericordia hospital would look like in the future. Again, that to my mind does not bode well for working together or consultation. I think it's very disheartening for the residents in and around the Misericordia and outside of the Edmonton region who access that hospital to have their viewpoints not considered and not responded to.

There are some questions that I would like to address. Some have been brought up by the hon. members who have spoken ahead of me, and I've brought this issue up in some of the other estimates that I've addressed. It seems that we have seen across most of the departments increases in spending in terms of departmental support services. I recognize that the minister has addressed that issue, but I think there is, if nothing else, an optics problem when you see that the departmental support services are increasing whereas the areas of direct services such as practitioner services, community and institutional health services, addictions services are seeing decreases. Again, given that the revenue from health care insurance premiums is also increasing, my question there is: why wouldn't that dedicated revenue go to deflecting some of the costs in the direct service areas as opposed to perhaps ending up in departmental support services?

I have a constituent who wants me to ask four specific questions of the minister. She would like to specifically know how come nurses do not receive severance packages. She would like also to know how many women have been affected by downsizing in health care. Her third question is: how many women have been affected by downsizing in all areas across government? Perhaps the hon. minister may have to refer that onwards. Fourthly, how many women – and again this may have to be a referral onwards

– have benefited from the federal government infrastructure program versus how many men?

In speaking about some issues, specifically program 3.3.19, which is the Alberta Cancer Board, I would like to address two areas. One is an area that a constituent brought to my attention over the Christmas holidays, where she was having extreme difficulty with regards to accessing treatment for her mother, who had been diagnosed with cancer. What she indicated to myself was that if the Alberta Cancer Board as a whole decides on a particular course of treatment, there is in fact no avenue of recourse, and she felt as if there was a monopoly on treatment when it came to treating cancers. Now, this constituent who brought this to my attention is an extremely knowledgeable individual who is actually involved in testing certain types of medication and is well aware of the various kinds of treatments across the country, North America, with regards to cancer. This is a concern in terms of when a board such as this is created, have we not created a monopoly where the customers – using the government's terminology, which I don't agree with – do not have access to choosing between services?

[Mr. Clegg in the Chair]

My second question with regards to that program – and unfortunately there's no breakdown within it – is on the amount of dollars that are being provided to breast cancer screening. As well, have there been any decisions made with regard to that area in terms of some of the different ideas as to how women are required to be screened within Alberta? I recognize that there is a difference of opinion on that, but given the importance of this issue to women's health, I'm curious to know what the outcome of that is.

I also noticed – and I'm not quite sure why it's here. Perhaps the minister can provide me with that information in terms of the Wild Rose Foundation. It appears to be under Health. My only comment on the Wild Rose Foundation is that it is a useful organization that I believe requires support.

#### 4:10

The other issues I would like to address are with regards to staffing issues in particular. One of the questions that I have is: does the minister have any information with regards to the number of staff who are laid off and are then contracted back, and at what levels perhaps within the organization does that tend to occur?

Also, with regards to the workforce adjustment programs, I've done just a really quick calculation. If we look at approximately 5,000 health care workers in the Edmonton area alone who could potentially access that program – and it's \$3.75 million – if I just divide that, that's \$750 per employee. Quite frankly, Madam Minister, I don't think that's quite enough, especially with the issue of severance being up in the air. Also, though the idea of the workforce adjustment strategy and program is laudable, again my humble opinion, for what it's worth, is that it's not enough. When you look at what's happening in Calgary, where any potential new layoffs that may occur have not as yet been announced, right now there is a waiting list of two months for individuals who wish to access the workforce adjustment program.

The other thing I'd like to mention is that to this date we have been extremely fortunate in that the federal government has been willing to become a partner with our workforce adjustment program. In fact, when you look at the situation in Calgary, the federal government is providing the overhead for that program in terms of the rental space and is also providing an individual who

works with that program. In other jurisdictions we may not be that fortunate, and again the services across the province then are differentiated.

I have mentioned this before and I will mention it again. My understanding is that in Saskatchewan there is a standard that was put forward across the province in terms of severance, and I would strongly urge the minister, in conjunction with the Minister of Labour and I guess the Treasurer, to look at that for this province. There are an incredible number of people that are going to be affected by these layoffs and more to come as a result of further privatization efforts, and I think this is the least the government can do in terms of its reorganization of health care.

There is a concern that what we are building in this province is a workforce that is skilled at this point in time but as we move on will become more and more unskilled, and in fact what we are doing with the layoffs, especially when we look at the laboratory system, is moving towards a system where individuals will potentially be hired – and I hope this is not going to happen – at lower wages with no benefits. The reality is that the majority of these people are women and that there is an effect in terms of women within the whole health care sector.

A word of caution to the minister with regards to the reorganization in terms of laboratories. I know that that's an integral part of the minister's budget. What has been seen in the United States is that there are low bids with regards to laboratory services and that in order to provide the services which were initially put forward, certain horror stories occur. If I can just give an example of one that I've heard. One of the laboratories was not able to do tests on all of the pap smears that were brought forward, and in fact what happened was they took a ratio and said, "Well, if 50 percent of the pap smears are positive, then we'll only test 50 percent." These are horror stories that we must learn lessons from.

There are just a couple of other issues that perhaps we can see in the next budget, because it's not in this one, in terms of the details of the hospital budgets and expenses for the boards within the budgets.

I also would like to I guess have some kind of assurance from the minister with regards to individuals who are currently taking the initiative, as it were, to have services provided at home; for instance, intravenous. The first phone call I got when I was elected was from a lady whose daughter, who was eight years old, had an infection. She was brought into the emergency. She was put on intravenous. The hospital said to this individual, "Well, what you can do is you can go home, because otherwise you need to come into the hospital to have the bags changed." I think it was every six hours or whatever. She said, "Sure; no problem," ended up doing that, and found out that as a result she had to pay for the medication, which she could not afford, and then got into a fight with the hospital in terms of that. Individuals such as that are saving the hospital system dollars but then are being penalized, as it were, on the other end.

I had another call right after the Christmas holidays from a constituent of mine as well who indicated that her mother was dying. She was being taken care of at home, and what she had wanted was a bit of a break, some respite care, and thought perhaps the hospital would be able to take her mother overnight. She was refused. I asked her if she wanted to pursue the issue. She said no; I guess they decided not to. I think as we put more and more onus on individuals and families, we have to recognize that we're also putting increased stress on those individuals. Those are some of the potholes that really need to be fixed as quickly as possible if health care reform in this province is going to succeed.

I have concerns in terms of the speed that the health care system is undergoing. I have questions, as I think do the majority of Albertans. I don't know that the minister has a lot of time with which to say, "Trust me; it'll be okay." I think that as the cracks start to deepen and widen, people are going to say, "We've had enough." I think there has to be some kind of assurances from the minister that there are going to be controls, that there are going to be monitors, that when a regional health authority says to the minister, when health care workers say to the minister, "We've had enough," that it is indeed enough, and that there will be dollars available to put back into the system.

Thank you very much.

**THE DEPUTY CHAIRMAN:** The hon. Member for Edmonton-Manning.

**MR. SEKULIC:** Thank you, Mr. Chairman. I, too, rise to speak to the estimates of the Department of Health. I'm a little troubled with what's happening in health in Alberta. It reminds me of a program I recently saw on one of the American channels. It was on the Republican plan. What they did was they went out there and surveyed. They polled Americans to see what were the 10 most disliked conditions of government. What they did then was the Republicans used that to focus the public energy on a few groups, and those were groups like teachers, professionals, doctors, civil servants, the poor, the disenfranchised, the immigrants in the workforce. Then with that, they led their attack. They championed the cause to blame the current conditions on those groups, and to some extent that's what I'm seeing here.

I'm going to try to base most of my talk from a constituency focus, because we do have some health issues there. I'll speak to the estimates. Most of them will revolve around the area of vote 3. I guess I'll break it down into three criteria that I consider to be important. The first of my criteria that I think is critical – and I think the Minister of Health would agree – is the provision of required health care services. That's the first criteria.

**4:20**

The second criteria I've listed is the financial management. There's no question that we have a parameter there, that we have to live within a certain budget, but, Mr. Chairman, I'm not convinced that that process can occur as quickly as it's occurring right now without doing serious, perhaps some irreparable damage. I would suggest that the adjustment or the transition period and the planning should be a little more comprehensive, a little more broad based. We hear daily questions being raised about why wasn't this group consulted, why wasn't that group consulted. It becomes just an argument across the floor. When I speak to certain groups in health care, they feel they were left out. Now, that's what they're telling me. I won't get into debating whether it happened or not.

In the first area I'd like to say that there has been some positive forward movement, and that's in the area of the north Edmonton community health centre. In my constituency of Edmonton-Manning there has been a need for better access to health. The issue there and the one that I've pushed is access to health. It's not the building of a brand-new hospital that at some point down the road we'll be closing down; it's rather access to health services by the constituents of Edmonton-Manning and by the northeast when they need it and to the extent they need those services. It's particularly important, Mr. Chairman, to have that centre there as soon as possible – I know that steps are being taken to ensure this – because we do have a growing population in northeast Edmonton.

Moving on, then, to my second point, where I get into mixing the financial management area, living within a budget, and the area of employment, which was my third of the three points. As I speak to the many health care professionals – the medical staff and the nurses and the required staff – that operate a facility such as Alberta Hospital Edmonton . . .

**THE DEPUTY CHAIRMAN:** Order. I'm a very easygoing gentleman, but this is getting ridiculous. If you want to talk to somebody, talk, but you don't have to yell or stand up. [interjection] Hon. Member for Calgary-Fish Creek.

Hon. member.

**MR. SEKULIC:** Thank you.

. . . I look to a number of points where we're going to combine the area of employment and the area of finances and living within our means. I would suggest that we look at two criteria there: the need for that health service, meeting that need, and the delivery in an efficient and effective manner. That should determine the third point, employment, the level of employment we have. I'm not convinced that these criteria warrant some of the layoffs that I'm seeing. My constituency was particularly hard hit. The last round of cuts, when we had ALCB, my constituency was hard hit. When the Queen's Printer changed the way it delivered services, once again my constituency was hit. Now with health care once again my constituency is hit. You know, I believe there's far too much concentration here on a budget area and not enough on health services or the health delivery area, the health goals and the needs of the constituents.

Another thing is that I don't appreciate – as a matter of fact, I resent, and I hear the minister use this phrase many times, that she resents. Well, in this case I resent the way that professionals and health care professionals in this province are being treated and almost being blamed for the fiscal condition of this province, because it sure in the heck wasn't those people that brought this province to its knees financially. I would appreciate some recognition that these are top-quality health care professionals. In fact, in my constituency at Alberta Hospital Edmonton we have some of the world's best psychiatrists and some of the world's best programs for treatment of the mentally ill.

So having said that, Mr. Chairman, I just want to cover that there is a grave concern from the staff at Alberta Hospital Edmonton. They're very concerned about what they term as poor planning and in fact the absence of a consultation process that supposedly has gone on with the Provincial Mental Health Board. They have serious concerns about the credibility of the new management, given their particular lack of activity in the last eight months. With regard to acute psychiatric beds the numbers are at a critical level in Edmonton.

**MRS. ABDURAHMAN:** Mr. Chairman, I take great exception to the conduct that's going on in the Assembly. There's nothing more important to Albertans than health, and we can't even hear what our colleagues are saying.

#### **Chairman's Ruling Decorum**

**THE DEPUTY CHAIRMAN:** Order. I couldn't agree with the member more. This is ridiculous. I can't even hear the member from here. I have no quarrels with talking, but I hear massive laughing. I mean, there's a room out there. I don't want to be acting growly, but nobody can hear the hon. member. I don't

know how the Minister of Health's ever going to answer questions, because I can't hear them. So we're going to have to have order. Order.

MR. SEKULIC: Thank you, Mr. Chairman. When I was speaking to other estimates in other debates, I wouldn't have taken exception to that, but today I'm speaking to something that is critical to my constituency, and I would appreciate if the minister could hear my questions.

#### Debate Continued

MR. SEKULIC: Mr. Chairman, as I said, the level of acute psychiatric beds in Edmonton is at a critical level, and this is a real alarm. I'm seeing it in my constituency because some people who require mental health services are coming to their MLA, and I can assure you that that's not the place where these people should be going. It has been clearly stated that there should be no further bed reductions until the alternatives are in place. I can't be reassured with simple words. I need to be reassured so I can reassure my constituents and the staff of that hospital and, in fact, those who are suffering from mental illness. I need the reassurance of actions.

The Alberta Hospital Edmonton admits almost 1,000 severely ill patients per year and accounts for 25 percent of all the psychiatric admissions in Edmonton. The readmission rates are increasing steadily, and there has been a dramatic increase in levels of aggression in the last year. So I'm hearing more of this not just from people who need services but also from staff saying: "The tensions; it's changing. We can't deal with it the way it's going." There have been two deaths by suicide at the hospital and three serious attempts in the last three months.

Well, Mr. Chairman, I used to work at that hospital when I was a young fellow. I used to travel with my parents along that highway back in the late '60s. I didn't know what that hospital was, and at some point down the road I was going to work at it. In fact, I did, and I've come to appreciate that that hospital is not an institution. By removing patients from there and putting them into the community, you're not deinstitutionalizing, because that hospital has come to be part of the community. It's been accepted by the staff there, it's been accepted by the patients, and it's been accepted by the community at large as a community facility. You'd be surprised, if you visited, that in fact what I'm saying is a hundred percent true.

So if we're going to move to a new model, the community model, I'd say that we're already experiencing it in that part of town there, and to wonderful outcomes I may add. I just want to emphasize that in the last year we've seen two deaths and three serious attempts, yet the year before, in 1993-94, there weren't any. So there is a transition. There's some change happening, and I say that it's a negative change in that area.

Now, in spite of this and without consultation – or at least that's the impression the staff out there have – the provincial board has already cut the Alberta Hospital Edmonton's 1995-96 budget by \$2.8 million, equivalent to almost three psychiatric units. Furthermore, they were recently advised of proposed further reductions in psychiatric beds at the Grey Nuns hospital. This is really compounding a problem. We are not dealing with that reality out there, because we can say that we have less money to deal with this, we can allocate less money to it, but the fact remains that that population in need of service is increasing, and the severity of their condition is increasing. So I'm not making a plea to start spending or for free spending of some nature; I'm

asking to address the real needs that exist out there and that are increasing.

4:30

Now, Mr. Chairman, as their elected representative I am really quite appalled by the process of cutting beds in budgets before a plan is released and furthermore, more importantly, before such a plan is implemented. I have been informed that the savings that are going to accrue as a result of cutting back in this fiscal year are to be used to establish offices and an administration for the new board. I thought we were trying to make the system better. Well, I daresay that dollars going to the front line is the way to make the system better, not by hanging it up in administration.

MR. DINNING: It was for you, Pete.

MR. SEKULIC: I know that the Treasurer agrees with me on this, and he'll do everything he can to ensure that this is exactly what happens.

Now, the other thing. I'm curious. The medical staff have asked why their requests for involvement and discussion with the board have been ignored. It's one thing to say that there's a board out there, that there's a regional health authority out there, but ultimately, Madam Minister, the responsibility – and it's a fairly broad one; in fact, I'd say it's greater than that of the Treasurer – falls upon your shoulders. That's why they put you there, because perhaps the Treasurer wouldn't be able to sustain the weight of that responsibility.

There are serious concerns that the provincial board is pursuing the past – and it's in quotation marks – foolishness of the U.S.A. We have to put a red flag to that, Madam Minister, because I think the U.S. model is the last one we'd want to look to unless we want to find a way to increase our costs and decrease services, because that's what I believe the U.S. model represents. Now, I think the results of something like that, pursuing that model, is that we'd have the severely mentally ill in Alberta ending up in overcrowded jails or wandering our streets and shopping malls. In fact, Mr. Chairman, this is a complaint that I am getting in my constituency office. I have residents coming in and saying that there are people wandering the streets. Certainly I wouldn't blame the individuals that are wandering the streets, but it appears they're falling through the cracks. Those cracks are growing. [interjection] I won't repeat that.

The current community alternatives are unregulated, and they lack any agreed upon standards, professionally agreed upon standards. Accountability for the expenditure of public money and resources is virtually nonexistent, and that really does trouble me. In fact, I recently spoke with one of the psychiatrists, who informed me that he had practised in Britain, in Ireland, in Australia, and then he came here. He's seen the mistakes that the other jurisdictions have made, and he says: "We're not too far. We're on that journey." He says, "Now's the time." Maybe, Madam Minister, you don't see it the same way, but I'd plead with you to put the brakes on and make sure that these concerns, if you claim they aren't true – well, just reassure us by slowing it down and making sure they aren't true and ensuring those health professionals that in fact they're not true.

To date all I've seen in terms of response has been more like it's a political smoke. There's a haze over there, and it seems like we've got two parties, and not political parties. I'm referring to those that deliver the services and the political process. In fact, I think many of the patients or clients of these services are being caught in between, and I think certainly there's an increasing

number of clients that are starting to question the quality of services being offered and the conditions under which the professionals have to deliver them.

Mr. Chairman, psychiatrists literally make life-and-death decisions about admissions of severely ill patients on a daily basis, and in the absence of beds or appropriate alternatives they must turn people away. I'm not sure how to state that or how to be angry enough to say: if a professional has to turn a patient away yet feel they need service, then certainly no bureaucrat and no financial manager should be saying that that's all right. We should ensure that first and foremost the health needs of Albertans are being met. This is equivalent to placing a patient who has had a heart attack on a waiting list for an intensive care unit. It just simply can't be accepted.

Now, I would ask: why would it be acceptable to the minister or the Department of Health to put the mentally ill on these types of waiting lists, yet when it comes to something like heart surgery or those who suffer a heart attack, they are addressed quickly? I think we should address all of these situations equally quickly. In fact, from what I've seen, the Alberta Hospital Edmonton has been a leader in community care since the early '60s, as I earlier stated, when it established the first community nursing program, sheltered workshop, day centre, and approved housing program in Edmonton. All of these programs, incidentally, continue today.

Another thing I'd like to say is that as we go into the community, what I'm seeing is that when individuals are at the Alberta Hospital, they continue on with day programming. There are activities that are beneficial to them. We don't just park individuals somewhere. We deal with them as human beings. I know that's the way the minister wants to go as well, and I want assurance that in fact those day programs will be available, that there will be transportation for these people to go to these day programs, that there won't be an increased number of hoops, a greater amount of bureaucracy for the mentally ill to be put through.

The current process of change is, however, quite unacceptable. I'm saying as a politician representing that area that it's terribly unacceptable to me, and it's unacceptable for those professionals who deal with the patients on a daily basis. I do want to see a decreasing number of people suffering from mental illness coming to my office and asking what resources are available to them.

Now, I'll just go through a few questions and comment on a few more areas. The hon. minister must be aware that the process of reducing inpatient numbers in psychiatric hospitals has been happening for about the last three decades, leading, unfortunately, to a growing number of mentally ill people becoming criminalized. This is something that we see in northeast Edmonton. The percentage of mentally ill people in jails and penitentiaries is rapidly increasing. This has happened in other countries, and we should have taken note. We should learn by example, particularly if the example is bad. We should take that and ensure that we don't follow. What I would like is some assurance from the minister that the increasingly rapid move to community care will not merely result in the transfer of people to a much less suitable and more expensive facility. I think if we do pursue that direction, it would be the wrong direction. It would be the result of a lack of a consultative and comprehensive process and plan. Now, is the minister aware that the number of mentally ill people being found unfit for trial or not criminally responsible on account of mental disorder within the province of Alberta is increasing at an unprecedented rate? I think if she speaks with the Minister of

Justice and has his staff research this, she'll find this to be in fact very, very much true.

I think there should be reason for concern, and I would hope the minister would be concerned that the rapid closing of hospital beds prior to suitable community systems being in place may place a further strain on the existing system, which is already stressed to the limits. As the demand is increasing, it appears that access to service is decreasing, and standards are not even being discussed yet at this early stage. Total numbers have more than doubled in the last 10 years: approximately 20 new, not criminally responsible cases just recently. Is the minister aware that for many years the provincial jail system has had to develop and service psychiatric treatment services? The percentage of seriously ill in conflict with the law is increasing in number and at an increasing rate. It's a health and not a criminal issue here. I think we're starting to put people into criminal institutions when in fact they're suffering from health needs.

I hope to get back up to speak some more at a later point.

THE DEPUTY CHAIRMAN: The hon. Member for Clover Bar-Fort Saskatchewan.

4:40

MRS. ABDURAHMAN: Thank you, Mr. Chairman. I'm pleased to be able to rise today to speak to Health. Certainly I don't think there's anyone who would disagree, Mr. Chairman, that the restructuring of the health care system was long overdue. But I do have some concerns – and they're ongoing concerns – on the manner in which we're restructuring it and tying it to the business plan and good planning. The area of the Edmonton region and the regional health authority that governs the city of Fort Saskatchewan and Sherwood Park: when you actually look at the marketing patterns and where people receive their health care services, they certainly don't reflect the regional health authority boundaries, which indeed complicates the whole issue of how you fund health care in an Edmonton metro region or the city of Edmonton and how that relates to the Lakeland health authority. If we were trying to do it from a commonsense point of view and the best utilization for your dollar, I firmly believe that should have been looked at much more closely. In fact, some significant changes need to be made in that area.

The other area when you look at your business plan – and to some extent we've addressed it – is who does drive the health care system. Of course, it always comes back to the gatekeeper, the physician. That's only one component, Mr. Chairman. I firmly believe that the direction the health care system is going in the province of Alberta is no different than happened in Britain, than happened in New Zealand, than happened in Ireland, and that is that it's business driven. When I say business driven, it's a self-interest group of people that indeed are seeing an opportunity, and a growing opportunity. I'm talking about high tech and I'm talking about the pharmaceutical companies. Indeed, their marketing technique is consuming our health care industry, and it's taking us down the path where you end up with that two-tiered health care system and very much the privatization that we've seen in Britain, which certainly is not desirable by any stretch of the imagination. Now, without those being addressed up front about who drives the health care system, I don't hold much hope that we won't end exactly where this government wants this health care system going to.

Now, the other thing that is sadly missing in the whole planning of health care. If you go to A Better Way II and you look in Health at environmental issues on page 5, talking about emphasis,

what you're dealing with here is getting fully informed about the health status of your community. Without the health status of your community you really cannot in any commonsense or logical way plan your health care needs. When we look at the fact that we have epidemiologists within this province that have this capability – and I'm thinking particularly of one epidemiologist, Dr. Steven Gabos, who is there. Indeed, I had the privilege of meeting this gentleman and some other staff when they were doing the asthma study for the city of Fort Saskatchewan and Sherwood Park. It clearly shows you that you have a health related problem within a given geographic area.

Now, 10 years ago, 15 years ago, there were indicators that there were possibly some problems related to health in these communities. Rather than come in and do those kinds of health related studies, it was never addressed until recently. Now the city of Fort Saskatchewan council is asking this government to come in and do further studies, and they're specifically addressing asthma. I stood in this House and stated that you really shouldn't be looking at the health status of your community in the narrow focus. What you should be doing is actually collecting the data in a broad context to see what the status of health is in people in Strathcona county, the city of Fort Saskatchewan, Spruce Grove, Barrhead so that indeed you have meaningful planning. Now we know that particularly in the geographic area where I live, there appears to be a high incidence of autoimmune diseases. We know that across Alberta and Saskatchewan there's a band that shows multiple sclerosis. When you look at the costs of these illnesses in the life span of that individual, it's certainly very costly to the health care system. So without us knowing what that pattern is within a community, we cannot effectively plan a health care system and make an effective use of dollars.

It goes beyond that, Mr. Chairman. You look at the environmental issues on page 4 of Health, and it says, "Desire on the part of Albertans to be fully involved in decisions about their health and their health care." Well, why do we ignore it when people come and say, "Let's find out what the status of health is in our community"? It moves on: "High public expectations and demand for a safe environment." Now, I could further point out the environmental issues, but I'll leave it at those two and jump to page 5, where it's talking about

more emphasis on:

- health promotion and disease prevention.

Then we move down to

- researching and evaluating services, technologies and drugs, and basing decisions in these areas on research evidence.

Now, if the business plan is saying this, why do we not then follow through to find out that kind of information? It then goes on to say:

Increased hazards affecting air, water, soil and food chains with direct impacts on human health as well as increased public concern.

Mr. Chairman, when you take that statement and you look at what's happening with genetic alterations in the food chain, we really need to address and ensure that consumers are fully informed, to make sure they have the full information and they're fully aware of what they're consuming. Now, without that level of information, when you take A Better Way II – and this is the business plan that guides the bureaucrats in developing the budget – how indeed can you make sense of the numbers in the Health budget? I'm saying that without that health status documentation for all health regions in the province, your planning is not meaningful.

What we need to do is ensure that the epidemiologists and the statisticians have a share of that health care budget to do that meaningful research so that over the next decade we know how

many people are going to need dialysis. Because let's face the reality that without that kind of information, you will not be able to ensure that you have the professional teams in place to give that level of service. You may indeed not have the dollars when it comes to transplants, because we know that autoimmune diseases result in kidney failure in many instances and can often result in transplants, a huge cost to Alberta health care. That is what Alberta health care should be looking at in the future. It's no different than back when I was a child. It was scarlet fever, diphtheria; then moving on, it was polio, tuberculosis. We're into a new age, and we've got to waken up and realize that.

I'd just like to also point out through the Chair to the minister – and I hope this will be addressed – that it's my understanding there are four specialists that deal with dialysis who have got their green cards for going south of the border. This would be devastating, if we lose these physicians in Edmonton. My understanding as of today is that there's every possibility that these four key people in the dialysis program will be gone. What do we do for dialysis then? Do we go to Vancouver? Is that what's going to happen? That's a scary thought. So I think we have to address these issues immediately.

Now, following up on my colleague from Edmonton-Manning's comments about the mental health system. Yes, it's long overdue to have co-ordination, but unfortunately through the budget what I see is not co-ordination and an improvement. In fact, we could be seeing the demise of something. I believe up until a year ago we had worked effectively in starting to deinstitutionalize people, Alberta Hospital Ponoka being part of a community, a continuum of care. What we're seeing is the much needed dollars being moved out of the institution system at a greater rate than is acceptable. My colleague from Edmonton-Manning addressed that, this most recent removal of over \$2 million.

4:50

What I find appalling is that some of it, if not all of it, is for administration. It's for housing the Provincial Mental Health Board. Now, what I'd want to know in this budget: how much money has been put into housing the regional health authorities? We've got hospital boardrooms sitting free now. What's wrong with the boardroom at Alberta Hospital? Why couldn't the Provincial Mental Health Board be housed there? My understanding is that they've gone, picked up a lease that they're going to have to extend. They've bought new furniture. We're looking for money for the patient in the hospital and in public health, and they're out spending money on more furniture and extending leases? This is appalling. It's abuse of public funds.

Now, if indeed we're going to have an effective mental health delivery system, as this most recent document is suggesting, if I could find it – but I'm not confident that this document on building a better future is actually going to do the job, because I think we've gone too far in the spectrum. Yes, mental health is essential, prevention is essential, and for every one of us our mental health should be looked after. But let's not lose sight that mental health is not mental illness. People suffer from schizophrenia. They suffer from manic depression. These people need a different level of care. It's not prevention that makes your mental health feel good. "I'm feeling down today" or "I'm feeling blue because I've got the flu" or "Things haven't gone well in this Assembly": that isn't mental illness. So I would ask, please, when we're looking at the distribution of dollars within this document on building a better future, that you're not doing the gravest disservice to the people who suffer from schizophrenia and manic depression.

The other area that I've got a very grave concern for is the elderly who suffer from a psychogeriatric illness. Just because you become elderly doesn't mean you don't suffer from schizophrenia or manic depression. The question that has to be asked through the Chair to the minister is: what's going to happen to a psychogeriatric when there are no longer places like Alberta Hospital Edmonton that have the expertise to look after these people? It's been suggested they go into a long-term care facility.

Well, I want to use an example of a long-term care facility in my community. We've had to call in the Health Facilities Review Committee to actually do an investigation because of concerns of family, concerns of residents, and concerns of the nursing and other staff in that facility. My understanding from the chairman is that that review's been done. I'm looking to the findings being released publicly, and my understanding is that there are some strong recommendations to the administration. Now, the point I want to make here is that since that investigation has been under way, six nurses have been let go, and they're being replaced by RPNs and others to give medications. The concern that the staff was telling me is that because of the reduction in the number of staff, the pressures are not bearable. What results from that is inappropriate behaviour at times, which often can result in elder abuse. That's the tragedy of this. Now, if you don't have quality staff to look after your psychogeriatric patients, what often results and has resulted historically is abuse. I know from personal experience in Alberta Hospital Edmonton that we had built up the kinds of teams which gave that professional care that was so needed, and families acknowledged that. What I see in the document on building a better future, a community approach to mental health, is some of the good programs being weakened if not being completely removed.

The other area that I want to bring to the attention of the minister – and I'd hope the minister would address it in future budgets – is: what's going to happen to the world-renowned research that has been done at Alberta Hospital Edmonton? Dr. Flor-Henry is world renowned. What we're seeing is a hospital being dismantled, and we're going to lose some of the best research, research that is world renowned, that we in Alberta are known for, and that has benefited the psychiatrically ill. What's going to happen to that level of research? Who's going to look after it? I haven't even heard it addressed. Now, if that level of research is gone – we know we're short of pediatric psychiatrists. It has not been addressed anywhere that I can see, how we're going to fill that need in the province of Alberta. If we lose our adult psychiatric research, what's going to happen to our pediatric research?

These are the things that need to be addressed. That's what good planning is. That's how you utilize dollars to their true value, and that's how you maintain a public health care system, not the two-tiered health care system that this government's hell bent on. You've learnt nothing from New Zealand. You've learnt nothing from Britain. You've learnt nothing from Ireland. You read in the British press, and you know we heard the question from the hon. member today about . . .

THE DEPUTY CHAIRMAN: Excuse me, hon. member.

MR. GERMAIN: A point of order, Mr. Chairman.

#### **Point of Order Decorum**

MR. GERMAIN: I can't hear anymore in the Assembly; the noise has gotten so loud.

THE DEPUTY CHAIRMAN: Well, hon. member, I found it extremely quiet the last hour, and I'm very happy. I'm not suggesting you're having a hearing problem, but it's been really good the last hour, since the hon. member brought that to my attention. We will keep the level down, but I thought this afternoon it's been extremely good.

#### **Debate Continued**

MRS. ABDURAHMAN: Well, I'm just going to close with this comment. We heard the question asked today about the child who suffers from Down's syndrome having difficulty getting surgery. In the British press recently a decision was made on a child suffering from leukemia who would no longer get treatment because the prognosis was not positive. They didn't think this child would live. The public system did not come through for that child. Some private person donated the money to take care of that child. As I stand here today in this Assembly, Mr. Chairman, I predict that in two to three years we'll be seeing some of the same things happening here in the province of Alberta, and I hope that it isn't one of our family members that we have to find the money to be able to get that level of treatment for.

Mr. Chairman, I see the minister shaking her head, but when I hear that the four dialysis physicians have got green cards to go south of the border out of Edmonton, I would like to put it to the minister: when we start to see these professionals leaving, how are we going to get that level of health care? Do we go to Vancouver to get that level of treatment? Will Alberta Health pay for it? These are the kinds of things that we are going to have to address. I don't believe, by burying our heads in the sand and saying that these things aren't going to happen, that we should believe that for one minute, because they're going to happen.

THE DEPUTY CHAIRMAN: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you, Mr. Chairman. I just have a few short comments to make. I am very concerned, as I'm sure everyone in this province is, about what is happening to health care. I'm also concerned about the morale of hospitals, the job losses, the quality of care, and what's going to happen as an effect of bumping. People are still reeling from that adjustment.

I think, too, something we have to remember in the health care professions: those people feel called to those jobs. They've been called to do a service, and I think they're being robbed of that opportunity. I also want to point out that workforce adjustment is not in place enough. There's already a two-month waiting list in Calgary for that service.

What I want to speak specifically about is my riding. My riding would be part of three different health care authorities, and what happened last night in the Capital health care authority worries me. I personally live just outside of that boundary, though my riding has part of it in it. I've had several calls already, last night, saying: "Colleen, what are we going to do about this? Is this really going to happen?" One nurse phoned me and said: you know, we're already on yellow alert on weekends at the U of A intensive care. With community health care coming in, what's going to happen at the U of A when we're not given any more people, any more staff, any more funds to increase the ICU there?

#### **5:00**

Now, I'm also very concerned that obstetrics and gynecology is leaving the U of A. I think it's a travesty that women will virtually have to have their health care needs met at another

hospital when the U of A is the top in Alberta in research. If a woman has an abdominal pain, she can't go to the U of A because there won't be any services there to check whether it's her appendix or an ovary that's giving her problems. So I point that out. I would urge the minister to look at that situation about obstetrics and gynecology leaving the U of A hospital. I'm very worried about it. I think it's a very bad decision on the board's part, and I would encourage her to address that.

The second thing that I want to talk about is the WestView health care authority, which is also in my riding. If we say that health care transcends politics, I want to point this one out very strongly to the minister. The city of Spruce Grove, which has the biggest population base in that entire riding, has no representative on that board. I know it says here that Barry Hawkins and Diane Latham are from Spruce Grove. They're not. They live in the county of Parkland. Even the political boards that they sit on are for Parkland and not the city of Spruce Grove. In fact, it was even written in the paper that because Spruce Grove voted Liberal, they didn't get a representative on the health board. Well, I would like you to assure people in Spruce Grove that that's not the case. Furthermore, the mayor of Spruce Grove and the mayor of Stony Plain have even asked to have different meetings with that health authority board, and there has even been trouble getting a meeting with them. So I point that out as a very strong concern on behalf of the city of Spruce Grove. They do not feel represented on that board. Since there is a slot for one more person, it could be a 15-member board, if the minister would consider appointing someone from Spruce Grove. I see the Member for Stony Plain shaking his head. Of course, he'd shake his head. His brother is on the board. So if it's not political, excuse me, but how about somebody from Spruce Grove?

MR. GERMAIN: Maybe he knows about health.

MRS. SOETAERT: Maybe he knows about health. It's doubtful.

I would also like to point out that the other area that I represent is the Aspen health care authority . . .

MR. WOLOSHYN: Mr. Chairman . . .

MRS. SOETAERT: You're not at your desk; you can't do it. Too late, Mr. Whip.

THE DEPUTY CHAIRMAN: Would the Whip please sit down. You can't run there and jump up. You can do it later if you want to.

The hon. member.

MRS. SOETAERT: Thank you. I want to talk now about the Aspen health authority. Just a short brief note about the new Westlock hospital. You know what? Dare I say that I love the hospital? I have relatives in Westlock who are most grateful that hospital is there. But what I want to point out is that one nurse came home one night, gave me a call, and she said: "Colleen, I've never felt this way. I have always felt that I have done my job well as a nurse, but we were so understaffed on those wards." There was something like - I can't remember the numbers but not enough nurses for the wards. She hadn't felt that she had done her job well enough. So I urge the minister to encourage her health authorities to take a look at what's happening and how short . . .

MRS. McCLELLAN: They were busy there?

MRS. SOETAERT: That's what she said: she had three wards to cover. She had three wards to cover as the only RN there. She had three wards to cover. One RN. I urge you to check into that one.

My final point is that people are reeling from the cuts.

MR. GERMAIN: The Member for Barrhead-Westlock forgot about the staffing.

MRS. SOETAERT: Yes. The Member for Barrhead-Westlock got the hospital but forgot to get the staff for it. Sorry; I don't mean to pick on the Member for Barrhead-Westlock. It just happens naturally.

People are reeling from these cuts. I cannot handle the expression "a few people will fall through the cracks." If it was your parent or your child - I can't accept that people will fall through the cracks. I find that totally unacceptable. I would urge the minister to take the time to make sure that people don't fall through the cracks.

Thank you very much, Mr. Chairman.

THE DEPUTY CHAIRMAN: The hon. Member for Calgary-Currie.

MRS. BURGNER: Thank you, Mr. Chairman. I have appreciated listening to a number of the concerns with respect to the new planning in our Health department, as I did last night in Education. While the same issues are affecting my community, the interpretation is somewhat different.

Mr. Chairman, I would like to bring to your attention that prior to the current Health plan and budget for this year, the reformation in Health had been going on at a planning stage by a number of health care professionals. I can cite several examples in Calgary with geriatric programs, with rationalization, with downsizing, with contracting out, with privatization options. I'd like to bring to the attention of this Assembly that this was initiated not through the Minister of Health and not by this Legislative Assembly but by the professionals themselves and the local boards because of the clear understanding that health care costs were out of whack.

It's been often noted that the expense in health care has increased close to 200 percent over the last few years while the population has had none of that major increase, and income has been relatively flat. So, Mr. Chairman, it's important that this Assembly understand that while there is a fear that these cuts are too fast and that they've gone too deep, quite frankly they were on the table a long time ago. I am quite pleased in my community to see some of the communication that's going on in the areas of pediatrics, rationalization of services, sharing of resources. These factors are going to contribute to health care. The ability to have one board, as opposed to many, making appropriate decisions in a more efficient way is something that should not be sneezed at, and I feel that it's important that this Assembly understand that that option is available and that the community is willing to embrace it.

In Calgary we have a couple of options with our community health councils. The regional health authority has assigned those councils specific task forces; in other words, they've targeted areas that in the implementation of health care reform require thorough, quick analysis, appropriate planning, and quick decision-making. So they're using their community health councils, with another thrust to them, and I think that's an

interesting planning option. I would encourage those members from Edmonton, who are very concerned about their own health authority, to consider that option.

As you know, the Seniors Advisory Council is meeting with every regional health authority to discuss the concerns for seniors as they move into health reform and working with the College of Family Physicians and a number of other health care professionals to bring their attention to the seniors in their community, to some of their needs and some of the impacts. Quite frankly, I don't think that seniors would have had a voice in health care planning without these reformations, but there's a very genuine understanding that these reforms are significant and over the long term will provide support for our seniors community.

Mr. Chairman, we can look at the dark side of things, or we can look at the bright side of things. We will be able to afford a health care system in the future. I think we have to embrace it as a challenge. I don't think it's as negative as has been painted. I feel that it is my responsibility as a legislator to be out in my community and to advocate and work effectively with this change rather than drag it back to the 19th century, because we can't afford it.

With those comments, Mr. Chairman, I will conclude and ask that the committee rise and report.

[Motion carried]

**5:10**

[Mr. Clegg in the Chair]

MR. SEVERTSON: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions of the Department of Health, reports progress thereon, and requests leave to sit again.

THE ACTING SPEAKER: All those in favour of the report.

HON. MEMBERS: Aye.

THE ACTING SPEAKER: Opposed, if any? Carried.

[At 5:12 p.m. the Assembly adjourned to Monday at 1:30 p.m.]

