Legislative Assembly of Alberta

Title: **Monday, November 20, 2000 8:00 p.m.**
Date: 00/11/20
[The Deputy Speaker in the chair]

THE DEPUTY SPEAKER: Please be seated.

[On motion the Assembly resolved itself into Committee of Supply]

head: Committee of Supply

[Mr. Tannas in the chair]

THE CHAIRMAN: I'd like to call the Committee of Supply to order.

head: Supplementary Estimates 2000-01
General Revenue Fund

Health and Wellness

THE CHAIRMAN: We call on the minister to make his opening comments with respect to the supplementary estimates.

MR. MAR: Thank you, Mr. Chairman. It's a pleasure for me to present the supplementary estimates for the Ministry of Alberta Health and Wellness and its associated provincial authorities for 2000-2001. I present these supplementary estimates on behalf of my colleague the Associate Minister of Health and Wellness and Member for Edmonton-Mill Creek and our colleagues the Member for St. Albert, who chairs the Alberta Health Facilities Review Committee; the Member for Clover Bar-Fort Saskatchewan, who is the chair of the Premier's Council on the Status of Persons with Disabilities; and the Member for Wetaskiwin-Camrose, who is the chair of the Alberta Alcohol and Drug Abuse Commission, also known as AADAC.

Now, it may seem a bit unusual to refer to introducing supplementary estimates as a pleasure, but for me, Mr. Chairman, it is because this additional funding will help us address Albertans' health priorities, such as improving access and reducing waiting lists, buying replacement or additional equipment, meeting the long-term care needs for our seniors, implementing new programs to protect Albertans' health, and providing fair compensation to our valued health care workers.

Meeting these priorities in this way does not imply a failure in our budget planning process. Rather, this additional investment is the direct result of this government's responsible approach to fiscal planning. We cannot and do not base our provincial or Health and Wellness budget on fluctuating prices of energy. That would be like an individual taking out a mortgage for a house on the basis of hoping to win a lottery. Instead, we can and do base our annual budget on a reasonable, sustainable, and conservative estimate of this province's projected revenues. That is responsible budgeting.

However, situations can arise that are not expected and therefore not planned for. New needs can emerge, and if we do realize unexpectedly higher revenues, then that is like winning the lottery, and we can look at addressing needs over and above our budget. But we do that after we know we have the money and not before.

I would also remind hon. members that every payment we make against our debt frees up funds that we no longer have to pay in interest. That provides ongoing funding that is available for program, operating, and other health costs. Again, we do not plan on this income before we have it, which is why it is not part of our original budget. So coming before you today with our supplementary estimates does not indicate a failure in our fiscal planning. Rather, it shows an unqualified success.

I would now like to present the amounts I'm requesting by priority, starting with Albertans' highest priority, waiting lists. Waiting lists are a reality of health care, and the types of procedures for which people are waiting speak volumes about the reality of our society. Waiting lists for heart surgeries, major joint replacements, and cancer treatments are all symptoms of an aging population.

The onetime commitment of $5 million for open-heart surgery and angioplasties and $7 million for hip and knee and joint replacements will help shorten the waiting lists for these procedures. Already we are seeing the results. At the end of June of 2000 waiting lists for open-heart surgery were down 14 percent from the same time in 1999.

We're just beginning to feel the impact of our aging population on cancer rates. The new head of the Cross Cancer Institute in Edmonton, Dr. Brent Zanke, has already warned us that cancer rates will continue to climb as the baby boomers reach the age of highest risk, and new drugs will further increase the cost.

The $9 million supplementary estimate for cancer treatment and drugs will pay for precious weeks saved in providing these life-sustaining treatments. Already our commitment to cancer treatments and drugs have brought waiting lists for chemotherapy down to one week and radiation treatment for breast and prostate cancer from 11 weeks to four weeks.

If waiting lists for joints, hearts, and cancer largely are a product of an aging population, then waiting lists for general surgeries are a symptom of our growing population, and so is the need for more physicians in acute care. People from across this country and around the world are coming to be part of the Alberta advantage. Statistics Canada numbers from the year ended June 30, 2000, show that our province welcomed almost 12,000 other Canadians to Alberta and almost 13,000 immigrants from other countries while only 7,000 Albertans left our province. Sadly, Mr. Chairman, 18,000 Albertans passed away in the past year, but almost 38,000 new babies were born here. In all, we had a net gain of 37,000 new Albertans last year alone.

The $15 million supplementary estimate for general surgery will help reduce waiting lists for these necessary procedures. This is an investment in Albertan's health and quality of life and is also the price we pay for economic success and our high quality of life. Another $6 million annually will help reduce waiting lists for equally important renal dialysis services for those with kidney disease.

The $8 million for acute care physicians is another symptom of our growing population and its health needs. Health authorities will use these funds to provide physicians, nurses, and other staff for expanded or new programs to address shortages for inpatient services in acute care hospitals.

I want to note here that our health authorities are doing a remarkable job in attracting physicians to this province, especially when we understand that a shortage of health professionals is an issue shared by every jurisdiction in North America. Over the last five years the number of physicians in our province has grown by 11 percent compared to only 3.6 percent nationally. However, as physician numbers go up so will the amounts that we must pay in physicians' fees.

The other major item under waiting lists is MRI scans and MRI equipment. These have been the subject of some debate in this session, and I do understand the concern. The demand for MRI services is rising exponentially, 33 percent between 1998 and 1999 and a 59 percent increase in just the first quarter of this year compared to the same period last year.

Since we announced our budget, higher revenues have permitted

us to allocate $14 million in onetime funding to buy six more MRI units for Alberta's public health system. That amount is part of these supplementary estimates. In addition, I congratulate the Calgary and Capital health authorities for finding the funds to buy an additional MRI each. These two units, added to the six that we are funding and the seven already in place, mean that next year we will have 15 MRI units operating in our public health system, and Alberta will have the highest per capita MRI capacity in the nation. In the meantime, until those additional machines come on-line, this government has authorized health authorities to reduce current waiting lists by contracting the needed MRIs.

I ask for $2.4 million in onetime funding to pay for these unexpected but necessary expenses and an additional $2 million to provide ongoing operating support for these new machines. Machines without operators serve no one.

8:10

To provide trained professionals to operate these machines, NAIT has recognized the need and is offering a new Alberta MRI training program with input from the regional health authorities. The first class began in October, and the 15 students will graduate in June of 2001, when the eight new MRIs have been installed.

MRIs are not the only equipment our provincial health authorities require. Aging equipment needs to be replaced, and the pressures of a growing and aging population require additional capacity. These estimates include $50 million for equipment like dialysis machines, ultrasound units, and echocardiogram equipment. Just like waiting lists these estimates for equipment amounts are symptoms of our changing society, specifically our technological advancement. As our society continues to advance its technology and that technology proves itself effective, the demand will continue to grow and so will the cost.

In total the supplementary estimates include $112.7 million for equipment: the $14 million for MRIs, $50 million from higher than expected provincial revenues, and $48.7 million from federal government transfer funds. Operations for equipment are an ongoing expense, but the initial purchase is well suited to onetime spending. When funding becomes available, we will take advantage of that to go beyond the base to meet additional equipment needs, and you will see that reflected in these estimates.

Waiting lists may be the top priority for Albertans, but they are certainly not the only priority. As we continued to assess Albertans' health needs, we took action where it was needed and as provincial revenues allowed. These estimates include $13 million for the Alberta Mental Health Board. Ten million dollars of that is to enhance community programs so people suffering from a mental illness can get the help that they need to stay in their homes, neighbourhoods, and workplaces.

I'm pleased to note that this government has almost doubled the funding for community health services over the last five years to keep pace with a doubling of the number of Albertans receiving services over the same period of time. Over that period of time, the number of institutional beds is down only slightly, so we can continue to provide for those who need facility-based care.

The other $3 million to the Alberta Mental Health Board is to implement a new eating disorders program. Bulimia and anorexia nervosa are particularly insidious because they affect so many young people, even children. This funding is an investment in their health, their life, and their future.

These estimates also include another $3.4 million for our children: $2 million for the children's mental health initiative and $1.4 for youth substance abuse programs being delivered through AADAC. These initiatives are part of my ministry's much bigger role in the Alberta children's initiative. That role includes action on fetal alcohol syndrome and the student health partnership initiative, which provides in-school support for students with special health needs.

Seniors are at the other end of the age spectrum, and their needs are growing along with their numbers. These estimates include $20 million for long-term care and home care to help our seniors age in place so that they can continue to enjoy the independence and comfort of living in their homes and communities.

Seniors are also the largest single group of prescription drug users. Eighty percent of all drug benefits we pay are for seniors. New, more effective drugs are a boon to the people who are helped by them, but they are also expensive for governments that have to pay for them. These estimates include $10 million to cover the increased cost of prescription drugs.

By constantly reviewing procedures and listening to Albertans, we are able to identify which procedures or medical goods are proven necessary and effective. We decided to cover the cost of medically necessary, high-cost dental treatments that are a prerequisite before surgery and can correct congenital deformities or address the impact of trauma, cancer, or other conditions.

We also decided to cover the cost of fibreglass casts. Given the proven quality of fibreglass casts, it is reasonable to cover them as a standard item. These supplementary estimates include $3 million to cover the cost of extending public insurance coverage to include these and other procedures.

Some life-saving procedures require more aggressive intervention in the form of transplant surgery. These estimates include $1 million for the early research stages of a new organ and tissue donation and transplantation initiative. The work is based on an advisory committee review that resulted in 99 recommendations. Many of those recommendations require public input before we can act. I expect a report on this fall's public consultation some time early next year.

The backbone of any health system is the skills of the dedicated people who deliver the services. These estimates include $39 million to cover the cost of recently negotiated salary settlements, $10 million for a nursing development initiative, and $15.2 million to adjust compensation levels for employees and community agencies that provide services to Albertans with special needs. Those agencies operate under the leadership of AADAC and the persons with developmental disabilities boards, or PDD boards. The adjusted compensation brings the salaries and benefits of these employees into line with other health care workers. That will help reduce turnover and bring greater stability to service delivery.

The largest portion of the amounts for compensation adjustments, over $14 million, is for the about 10,000 PDD workers who provide frontline support to clients. The Building Better Bridges report identified higher wages for PDD caregivers as a priority. This commitment recognizes and acts on that priority. For AADAC the $426,000 total increase in wages will affect up to 350 workers to provide direct support or management for addiction services. The full compensation is $26.5 million over two years. These amounts for next year will be included in our base budget.

The $10 million for the nursing development initiative will upgrade the skills of our nursing workforce, and the $39 million for negotiated settlements simply enables us to meet this new level of commitment to health care workers' higher salaries and benefits. These estimates include $8.9 million to eliminate operating deficits for voluntary organizations like the Bonnyville health centre, St. Joseph's general hospital, and the Caritas Health Group, that operate acute care facilities in the Capital and Lakeland regions. These organizations did not benefit when we provided funding to eliminate health authority deficits last year. This supplementary estimate corrects that situation.

To conclude, the onetime total of these supplementary estimates is $146 million, and the amount that will be annualized is another $147.6 million, for a total supplementary estimate for Alberta Health and Wellness of $293.59 million. I come before this Assembly and ask for funds that will reduce waiting lists, introduce new health programs, and buy new cancer drugs and new equipment like MRI machines. I ask for money that will provide comfort and care to seniors and pay our health care workers what they deserve. I ask for your support. I ask that you support the care, service, and programs that these estimates represent and that you provide your approval for meeting these pressing needs.

Thank you, Mr. Chairman.

THE CHAIRMAN: Before recognizing the Health and Wellness critic, I wonder if we might have unanimous consent to revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

THE CHAIRMAN: The hon. Provincial Treasurer.

DR. WEST: Thanks, Mr. Chairman. I'd like to take the opportunity tonight to introduce to you and through you to the rest of the Assembly an individual that has served this province with distinction for I believe it was 17 years, give or take, as the MLA for Medicine Hat. He also was Attorney General, minister of advanced education, minister of intergovernmental affairs, and also Deputy Premier. I was proud to serve with this individual, who has gone forth into the private sector and has made a way outside this Assembly, proving that when I leave here, there's a chance. I would appreciate it if we would extend a warm welcome to – and I say the honourable – Jim Horsman from Medicine Hat, who's in the Speaker's gallery. Please give it up for a member of this Assembly.

Health and Wellness *(continued)*

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

MS LEIBOVICI: Thank you, Mr. Chairman. You know, it was interesting listening to the minister of health run down the list of expenditures that have been outside of the regularly budgeted period of expenditures. The thought that came across my mind was that spending taxpayers' dollars and more of it doesn't necessarily mean that there is better management or accountability of our health care system or in fact that those are the areas that the extra dollars are required for.

It reminded me that since the health budget estimates, which were held on March 17 and March 20, 2000, on April 17 of this year I also submitted a list of questions to the Department of Health and Wellness asking for an accountability as to how our almost $5 billion health care budget is being spent. To this day, Mr. Chairman, I have not received a reply, and unless it is somewhere in the mail, I think it is rather astounding that in fact there has not been a reply from the Department of Health and Wellness with regards to the questions that were put forward by the Official Opposition.

When I look at the report, which was in fact a rather damning report, from the Auditor General's office on the Department of Health and Wellness, it too indicated that there are problems within that department in terms of accounting for the expenditure of a major portion of this province's funds. I'm sure that the Provincial Treasurer would be more than willing to look after that, because in fact it is a huge issue that this department has not been able to reply to some very specific questions about the expenditure of public funds.

8:20

There are a number of issues that are outstanding, that still remain, and keep cropping up with regards to issues in health care, and the minister actually touched on some of those issues but, again, seems to miss the boat in terms of how to address the vast problems that we have in health care. I'd like to go to the one issue that he did spend some time on, and that was the expenditure of health care dollars providing for new MRI equipment. The minister and, quite frankly, the Premier in his response to questions that we have put forward in the Legislative Assembly don't understand the issue.

The issue is very simple: an MRI which is medically required is no different than if you or anyone else in this Legislative Assembly, for instance, broke their foot and needed an ultrasound. You can have it done within a hospital environment, or you can have it done within a laboratory environment, a private laboratory that is contracted to a hospital. That has been the process for years and years and years, yet this government insists on saying that medically required MRIs that are had outside of a hospital environment in fact will not be covered by this government. It quite frankly boggles the mind to know how the rationale is made that differentiates whether I with a prescription in my hand need to wait eight months for an MRI . . .

THE CHAIRMAN: Hon. members, I wonder if we can contain the volume of our voices in discussing lively and important topics. You may not realize that in doing so, you're drowning out the hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: An individual who has a doctor's prescription can either wait for eight months for an MRI within a public hospital or go and pay out of pocket for an MRI outside of that facility. The reality is that all this government has to do is cover the prescribed MRIs under Alberta health care rather than hiding behind the investigation that's going on at the federal level, rather than hiding behind the fact that the Canada Health Act may or may not cover MRIs that are taken outside of a hospital setting. That's all this government has to do, include it under the Alberta health care insurance plan, and – you know what? – the controversy is over. It's as simple as that. So I provide you with that solution yet again, but for whatever reason the government is refusing to take that on.

Shortages. Again, the minister wrings his hands and bemoans the fact that this province has shortages with regards to doctors, with regards to nurses, with regards to other professionals in health. Yet when he looks at the fact that there are foreign doctors within this province right now who are able – they have passed the exams, and they would be able to practise within the province if in fact some internships were opened, if residencies were opened. The government has refused to provide those extra positions. I believe it was 26 positions that were provided for this year for foreign doctors, and when the foreign doctors phone the department to find out what the processes are, they are told: we don't know what it is. There is no clear answer as to how in fact foreign doctors who have the qualifications are able to obtain the positions in order to intern.

There's still the issue of nurses being offered part-time positions. The minister wrings his hands yet again and says: oh, we can't find any nurses to fill positions within this province. Well, if there were some kind of directive, perhaps, from the minister to say that positions should be full-time positions, then perhaps we would have a very different situation with regards to the ability to recruit nurses in this province.

When you look at other health care professionals – pharmacists, physios, some of the complementary health care professions – again the minister has dragged his heels. It's my understanding that the facility at the University of Alberta that trains pharmacists in this province and has a Canada-wide reputation for being number one – in North America, I believe, as well as one of the top facilities in this country – is antiquated: the labs are old; the ceiling is leaking. And this is where we are trying to recruit and train pharmacists, that are well needed across this whole province.

The issue of chiropractors and the levels that chiropractors are provided, whether or not they're adequate for individuals to go and get chiropractic services, is a question that has not been answered by this minister as well and is one of those complementary health professions that may in fact save costs to the health care system in the long run.

There is a whole host of other issues with regards to prevention and early diagnosis that this minister has skirted around. There was a question in the Assembly this afternoon with regards to diabetes, yet the minister refused to answer whether or not the test strips to test the sugar levels for diabetics will in fact be paid for, will in fact be provided by the government. The minister stood in this Assembly and refused to answer that very simple question, even though it was a recommendation that came forward under the committee that had been set up. The question is: why? Where are the priorities, and how are those priorities decided? In actual fact there does not seem to be a coherent plan to say that this is where we are moving as a department and this is where we are going to put our priorities.

The whole issue of sleep apnea. I as well as other members of the Official Opposition and, I know, members of the government have received queries with regards to why in certain areas sleep apnea and the tests for sleep apnea are covered and why there are others that are again paid out of pocket. So again we have set up a two-tier system within this province. The waiting lists are incredibly high for testing for sleep apnea.

The Calgary lab is a disgrace. I know that those members who have actually taken the time to tour the Calgary lab, the regional lab, know that that is true as well. It is a fire hazard, and it is a disgrace that a province with this richness would have a lab that would be in the dismal state that it is physically in . I give full credit to the workers within the Calgary lab, who are working in conditions that are almost close to Third World with regards to the conditions and do not meet any standards that are set by any accreditation body in this country. That is an area that the minister has closed his eyes to and pretended does not exist.

The whole issue of environmental health and the impact of the environment on health. We have seen what happened in Walkerton with regards to water quality. We know that feedlots and the effluent from those feedlots is of huge concern to the surrounding communities, yet again it is questionable whether the minister of health has had any input into that process. And if that minister has had input, that input has obviously been so minimal that there has not been much seen on the impact of the environment on health. That, in effect, is a huge issue as well.

8:30

So what we see is that we have a department that knows how to spend money, that knows how to spend a lot of money but doesn't know whether it's spending its money wisely or not. The accountability is not there, the follow-through is not there, and the overall view is not there of what is important to ensure that some of the huge issues in health – the waiting lists, the waits in the emergency rooms, the fact that we have shortages of various health care professionals, the stresses and strains between administration and professional staff, as we saw in the Mistahia health region – are dealt with in a manner that is in fact coherent.

When we look at the issue of the regional health authorities and whether or not in fact those regional health authorities are working, it's my understanding that there is a study that has now been put forward to try and assess - this is seven years after the regional health authorities were developed - whether or not the regional health authority administrative structure is working.

The question that now the government has to face and this minister will have to face is what to do now that there are going to be elections. The minister has made a commitment that in October this year there will be elections. I believe the reason that we don't know what the rules are for those elections as yet is that the regional health authority boundaries will be changed. In order to make those rules, it's much easier to do that once these changes occur, and that change will not occur prior to a provincial election because of the disruption we will see within the regional health authorities. If it is not the case, as one of the former ministers of health seems to be indicating, then I would like to have this minister of health put on the record, once and for all, that the 17 regional health authorities and the Mental Health Board and the Cancer Board will remain as is, untouched. And you know what? I don't think that's going to happen. But if it does, so much the better.

The issues around funding and sustainable funding. You know, I, as we all are, have been watching the federal election, and what I found quite interesting is that the former Provincial Treasurer of this province has the unmitigated gall to stand up and say that the sixth principle of the Canada Health Act is going to be sustainable long-term health care funding. Yet when we ask this minister of health whether or not in fact we are going to see sustainable long-term health care funding for regional health authorities throughout this province, we get no reply. There had been no long-term sustainable health care funding when we had the former Provincial Treasurer, who could in fact have done that in one of his last budgets. He didn't do it. He's not going to do it on the federal scene. Neither has this government ever put forward long-term sustainable funding for health care. It is not happening.

What we see are these ad hoc bits and pieces that seem to rain down from on high to the regional health authorities, who of course are not going to say no to additional funds. But I think that if anyone here sat down one on one with those regional health authorities, had no mikes, no pieces of paper in hand, the reality is that they would say: "We'd prefer not to have targeted funding. We'd prefer to be able to have a budget that's long-term over three years, that actually covers our needs and requirements, and not have to guess as to what we're going to get money for, whether we're going to get money that's designated for an MRI or we're going to get money that's designated for angioplasty or we're going to get money that's designated for something else." The reality is that that's not the way to budget. If in fact the regional health authorities are set up as independent bodies, then they need to be given the ability to budget without Big Brother looking over their shoulder. So that is a huge, huge issue in what we've seen.

Mental health is another area where this government has failed dismally over the last number of years. We have had over and over and over again presentations from community mental health groups. There's now the alliance on mental health that is headed by a former Conservative cabinet minister, who very clearly has outlined what the issues are in mental health: the fact that the dollars are not being spent wisely, that we have people continually falling through the cracks when it comes to mental health. The impact on the general health system is that it affects the delivery of acute care and emergency health care systems when the mental health system does not match the needs of individuals within the population.

Again, it's a lack of understanding of how the different issues of health interrelate and what the necessary conditions are in order to really provide primary health care, in order to really provide community-based health care, in order to really provide preventative health care, in order to really understand what the issues are around knowing and dealing with the determinants of population health. These are all issues, quite frankly, that when I listen to the minister of health, either he doesn't understand or he doesn't want to understand. But the reality is that if we are to see movement in our health care system, if we are to see some of the drastic concerns of Albertans addressed, they cannot be addressed unless one looks at the totality of what health is and what the determinants of health are. That, unfortunately, is not occurring.

One of the other issues I'd like to bring up with mental health is the fact that the mental health ombudsman has very little teeth. I had written to the mental health ombudsman to ask him to investigate something that he had brought up in one of his reports – that would be a couple of years ago now, because he's usually a year behind – wherein he indicated that there was a shortage of facilities in the Calgary regional health authority and there was a lack of mental health beds. According to his mandate, it appeared to me that he would have not only the ability to investigate but also the ability to make some recommendations. When I brought that to his attention, the reply was that no, that is not within that mandate, and thank you very much. No one will probably do that.

The other area is the Health Facilities Review Committee. They've had an increase of $50,000 to their budget, yet when they are asked to review certain situations, their mandate is also limited. Again, the whole issue of accountability is a huge issue, and the question of "Are our public taxpayer dollars being used appropriately?" has yet to be answered by this minister and by this department.

I do look forward to some responses to the comments I have made this evening. As well, I would like to have the responses, unless they are in the mail, to the questions that were brought up at the designated supply subcommittee as well as those that I tabled on April 17. If the minister or his department doesn't have either of those, I'd be more than willing to provide those questions again to the minister. I look forward to the responses that will be brought forward.

Thank you very much.

THE CHAIRMAN: The hon. Member for Calgary-Buffalo.

8:40

MR. DICKSON: Mr. Chairman, thank you very much.

AN HON. MEMBER: What about ambulances?

MR. DICKSON: Well, there are a number of concerns with respect to ambulance services, and I know my colleague from Edmonton-Meadowlark is looking for some answers there.

Uncharacteristically, there are two things I wanted to focus on tonight. I know there are many of my colleagues with other questions and I may think of some others later, but there are two matters I wanted to deal with, firstly health information and rules to protect the privacy of patient information.

I want to inform all members, in case they didn't know, that the December 15 deadline for the proclamation of Bill 40, the Health Information Act, is going to come and go and we're not going to have a piece of legislation. On the one hand, that's not a bad thing, because Bill 40 was a badly flawed piece of legislation. But it's interesting, if you talk to people in the Calgary and Capital regional health authorities, that they have committed enormous resources, programming, in-service training, all those things keyed to what they had been told by Alberta Health and Wellness would be a December 15 implementation date. Now what's happening is that people in the regions are asking me what's going to happen. They're asking my colleagues: where are we going with this thing? So, Mr. Chairman, I say through you to the minister that we need some indication.

Now, I know that the Canadian Mental Health Association, Alberta branch, has made common cause with a B.C. freedom of information association and other groups. They have been pushing for change, but the change isn't going to be in the regulations. It would require a structural change, as I understand it, to the legislation.

So my question, Mr. Chairman, would be this. Is the Minister of Health and Wellness contemplating bringing Bill 40 back in so that we can address some of the problems that we tried to identify as an opposition last December? Maybe we'll have a chance to deal with the other 40-odd Liberal amendments that we had prepared last year and never had an opportunity to move because the government invoked closure.

Let's recognize what's happening with the indecision around Bill 40. We've got a great deal of what might be costs thrown away by the bigger regions trying to prepare to embrace this whole new regime in terms of health information, and what we've got is not very much certainty in terms of what's happening. What's the specific reason for the delay?

The government seemed to think they had all the answers when they invoked closure time after time after time. In December of 1999 they had the answers: we're not going to deal with those Liberal amendments. Well, if they had all the darn answers, why is it that the bill hasn't been proclaimed?

Now, as I say, my first preference is to bring it back in and let's speedily start fixing the flaws and the problems in that bill, but let's have some explanation in terms of what's happened to it. One of my questions would be: does it have anything to do with the fact that in the U.S. the White House is now preparing a whole set of new rules on medical data privacy? The scope of the U.S. federal legislation is going to go much further because it's going to limit the use of disclosure of data by insurance companies, not covered by Bill 40. It's going to cover nursing homes, medical laboratories, services that will not be covered for the most part under Bill 40. Is there some attempt to achieve some level of congruency with respect to the new U.S. rules?

Mr. Chairman, you will remember, of course, that in November of 1999, when President Clinton put forward his rules for public comment, there was a concern then that they didn't go far enough, and that was partly because of the limited jurisdiction of the U.S. federal government dealing with health information. They also have a federal system, and as a consequence they have some challenges around homogeneous compatible rules also.

So, in any event, I'm most anxious to find out what the status is. Let us remember, members, that in 1995 the FOIP Act came into force on October 1, and on October 1, 1997, it was to apply to a whole range of information statutes, in fact virtually all Alberta statutes. I think it was in September of 1997, about a week before the deadline, that the government exempted all the major health statutes from the scope of FOIP. So just a reminder that the Hospitals Act and I think the Nursing Homes Act have been carved out from FOIP. They have remained out here on an island, an island of information vulnerability, Mr. Chairman, because there are no rules on this island. This is the . . . What was that?

MR. WHITE: Jurassic Park.

MR. DICKSON: Jurassic Park. Thanks very much, Edmonton-Calder.

Just stretch your imaginations a little bit, members and Mr. Chairman, and imagine that we have this sort of Jurassic Park island, and we've taken our health information and sort of parked it over here on this Jurassic Park island. The rest of the mainland is all protected. We have rules that deal with health information and what information can be collected and what information can be shared, but in Jurassic Park it is truly the law of the jungle. There are no rules other than the paltry protection available under the Hospitals Act, the meager minimums that we might find through the professional association bylaws of the College of Physicians and Surgeons and the Alberta Association of Registered Nurses, but we don't have any comprehensive laws like we do for all other kinds of personal information held by other government departments.

In the Jurassic Park of health information it's Dodge City, to mix my metaphors. It's the law of the jungle, and I don't think that's good enough. Mr. Chairman, I think we're entitled to some certainty. This is your health information and my health information. I don't think you're satisfied to see it out there in limbo, unprotected as it were, but that's exactly where we're at right now. So that's a major concern.

Now, the other point I wanted to make, Mr. Chairman, would be this. We've talked today about a crisis in emergency wards in Calgary hospitals. You know, I'm going to suggest that we have an even bigger problem in the Calgary region, and it's access to mental health beds and access to mental health services. The delivery of mental health services continues to be in a woeful state of governance. We have major, major problems in terms of allowing people to be able to access psychiatrists and psychiatric beds in a timely way, and it just is not acceptable. We surely don't have to wait until people die or throw themselves out windows or take their own lives to know that in this big, wealthy, prosperous province we are doing a lamentable job in terms of delivering mental health care. I guess my question is: where in these estimates is the provision of resources and answers to fix some of these major problems?

Anyway, those are the points I wanted to raise, and I may have others later. I'd just challenge the minister, through you, Mr. Chairman, and all members: let's bring that health information off Jurassic Park island, let's bring that health information over to the mainland, where it can be protected, sheltered, and accessed when appropriate.

Thank you very much, Mr. Chairman.

8:50

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

MS CARLSON: Thank you, Mr. Chairman. I'm happy to have an opportunity to speak to these estimates tonight, not very happy, though, that we have to talk about the additional dollars that have been required and asked for this year in health. Regardless of how much money this government has asked for, this system is still broken when it comes to health care, and no matter how much money has been thrown back at all the Premier's pressure points, there still are a lot of unresolved issues within the health system.

The inefficiency that we see in the system is becoming increasingly frustrating for the people of the province when they have to access that system. I would like to talk about an experience I had with the health care system this summer that outlines some of those frustrations. At the end of this discussion, I will have a number of questions that I'm hoping the minister of health will answer for me with regard to the additional moneys that were asked for in health authorities. Perhaps even the overlap comes in eliminating the deficits in some of these capital regions as we see the dollars being allocated here in the budget.

Mr. Chairman, as often happens in my constituency when people find themselves in crisis at the hospital and feel like they are getting the runaround or are not getting timely service from the system or they don't understand the process, they'll give me a call and ask me to come down to the hospital and just check on the process of how things are going. Well, this summer it was my sister who gave me a call, because her husband had been taken to the hospital.

He was hurt in an accident in his business. A large piece of equipment was dropped on the baby finger of his left hand, and it was smashed quite badly, broken in a few places and quite badly twisted. Because their business is in Mill Woods, he went to the Grey Nuns hospital. He was in quite a bit of pain, and there was quite a bit of blood. What they did at that hospital was X ray it and find out that it was broken in a few places and that probably he would need the services of a plastic surgeon. So for several hours they hemmed and hawed there trying to decide what to do.

Well, the Grey Nuns no longer has access to plastic surgeons, Mr. Chairman, so what has to happen then is that he has to go to a hospital where those services are available. After seven hours – this happened around noon. About suppertime they decided they're going to ship him over to the U of A, tell my sister that it'll be about another three hours before the transport is ready to take him over there, and then he may or may not see a doctor that evening, and they'll see what's happened.

In the meantime, he can't drink anything, he can't eat anything, hasn't been given any painkillers even though his finger is quite badly damaged with the bones hanging out and things of that nature. She says: well, I'm just going to put him in the car and take him over there because that's going to be faster. So off they go to the university.

It's at that stage – that's now about 8 o'clock at night – that they give me a call and say: is this standard practice? Well, Mr. Chairman, you would think that in a country like Canada in a province like Alberta, where we have the kinds of surpluses and people like to brag about the health care system, that that wouldn't be the case, that that wouldn't be standard practice, but in fact it is. So that's the first on my list of questions that I hope the minister answers. How can it be more efficient to have to transport patients around from hospital to hospital as opposed to the way things were done in the past, when you had specialties in hospitals or else if the specialties were only in one hospital, this was well known? People who thought they were going to be requiring those kinds of services would go directly to the hospital that could serve them.

Of course, what happens when they get to the University hospital is that it's 8 o'clock at night and the plastic surgeon has gone home. So my brother-in-law and his wife are sitting in an examining room waiting for some kind of doctor to come and see them. In the meantime I get there, Mr. Chairman, and go to the reception desk only to find out that they can't find my brother-in-law.

They search all over the emergency ward. The security guard there tells me that he isn't at the hospital. I insist, and after a few more forays around he finds him, finds him not in the emergency ward but in the hall across from that in the plastic surgery ward. Well, he's there in an examining room down a long hallway where there are no lights, no doctors, no nurses, no support staff. There's just him and his family in this examining room with the bloody gauze all over and the blood dripping on the floor, and he's sitting in a chair. Now it's 9 o'clock at night, and he's had no water to drink since noon, nothing to eat and no painkillers.

Well, I go and round up the resident, who hadn't seen them yet. They had been there for over an hour. They had been placed

originally in this particular room by a nurse. The resident comes in and says that he's not quite sure what he is supposed to do with him because the plastic surgeon has gone home. So we have a bit of a discussion about that, and he goes back to speak to the plastic surgeon again, trying to decide what to do. Well, it's another hour and a half, Mr. Chairman, before he comes back. He says that he has talked to the plastic surgeon. This is a Tuesday night, and they're not going to do any more surgeries until Friday. So what he's going to do is temporarily try and splint his finger and sew the skin up, because it is split open on both sides, and send him home.

Now we're talking 10:30 at night. He leaves again. He leaves the room. When he comes back in, he's pushing a hospital bed into this examining room, where apparently he's going to be doing this surgery. He can't get it in the door, Mr. Chairman. This examining room is really not built for an operating bed to come into. So I help him bring that in and set it up in the middle of the room. Now his kids are there too, and the family is sitting around watching this happen.

The doctor, who is a resident, brings in a kit of the supplies he's going to need to do this little bit of sewing up and splinting before he sends my brother-in-law home. The fact is, Mr. Chairman, that there is no one assisting him. This higher priced doctor is doing all this work in terms of bringing in the bed and setting up the supplies. He says to me: "I can't do this surgery alone. Can you assist me with it?" I go: "Well, sure. Like, I don't what I'm doing, but I'm quite happy to help if that gets us out of here any faster." I said, "Where are the nurses?" He goes: "Well, there are no nurses; we're understaffed in the hospital." I said, "Isn't there another doctor who can help you, an intern or another resident or something like that?" So he says: "Well, I put in a call. There is another resident around, and maybe he'll show up."

So he opens up the pack and tells me what he's going to do and what he needs me to assist in doing, Mr. Chairman. He puts on the sterile gloves and promptly drops the first needle. Well, he hadn't brought a spare. Now he has his gloves on, and he needs to go and get more equipment, so he takes me with him through the hallway with all these sick people, into the other emergency ward to the dispensary and gets the nurse in the dispensary to hand me the needle, and back we go. I open up the package. He takes it with his gloved hands and starts the process of freezing my brother-in-law's fingers. It was like a circus. It was unbelievable what had to happen there, the tearing open of all these sterile packs, disinfecting all the stuff that he was using.

In the meantime another resident comes in, a resident who is an even younger doctor than the one who is working on my brother-in-law, and says that he is there to help. So the resident who is doing this sewing up tells him to pick up a specific piece of equipment. He goes: I don't know what that is. He looks at me and he says: do you know what it is? I pick it up and hand it to him. He says to the other doctor: well, you can leave because she's helping me. So there I am. Now it's midnight. I am assisting this doctor. I don't have any medical training. The other resident that they sent in knew even less than I did, Mr. Chairman. Now, how can that be? This is a guy who is supposed to have gone through medical practice.

There are still no nurses in sight. There are still not even any lights on in the common room just outside the examining room. This doctor doesn't have enough of some of the gauze and stuff he needs, so he sends me out to one of the trolleys to pick it up and bring it back in. He makes a huge mess all over the floor with all this stuff. There was nobody there to clean it up. He tries to splint the finger. It's not working. It's wobbling all over the place, so he gets me to put on gloves and hold the bone while he splints it and then hold it again while he sews it up. He runs out of sutures. So back I go again through to the other emergency while he's standing there sewing up my brother-in-law's finger. I go back by myself and say: I need another package of sutures for this doctor. The nurse just gives it to me. I go back through emergency and open up the pack, and he takes it, and he finishes sewing up my brother-in-law's finger.

9:00

Now it's 1:30 in the morning, Mr. Chairman, in this crazy zoolike instance that we're in. He's bandaged up. He writes us out a prescription and says, "Okay; you can go home now." I said: "Well, what about the prescription? He still hasn't had any painkillers. When the freezing comes out of this finger, it's going to hurt a lot." The doctor says, "Well, there's a 24-hour pharmacy around the block on the corner. Just go in there and pick it up." I said: "No way. That isn't happening. This guy has been here since noon today. You haven't given him a single painkiller for the whole time he's been here. Now you're telling us to go and spend another hour in the pharmacy to pick up a prescription before anybody can go to bed. Everybody has to go to work in the morning. This guy is going to be in pain. You have to give him at least enough medication to get him home until someone can get up in the morning and go to the pharmacy and get the painkillers." So with a great deal of reluctance, because that isn't hospital policy, he gives him enough drugs to get through to lunch the next day. However, it seems like hospital policy at the University of Alberta these days is having anybody who happens to be in the room assist in medical procedures. I wonder when this happened and how this changed.

I completely understand people's frustrations with this system. They're not understanding how it can be that with all the money going back into health care, we could have a system where somebody off the street has to assist the doctors in their procedures because there isn't enough staff. How did that happen, Mr. Chairman? How is it that we do not have enough qualified staff in the hospitals, be they doctors, be they support staff, be they nurses, be they aides, whatever? There is not enough staff in that hospital, and that's an absolute joke in terms of process and how that was managed.

He wasn't the only person in that situation. There were lots of people, when we left there after 1 o'clock in the morning, who had been sitting there when I came in. From the first instance, when they lost him as a patient in that hospital, when they sent him over there when they knew darn well that there would not be plastic surgeons who could attend to him at that time, to not having qualified staff looking at him, to not having qualified support staff to aid in their procedures, to the policy of sending people home without any pain medication who've sat there for over 12 hours with no food or water and no pain medication – the process is an absolute joke. However much money they're spending, it isn't being spent properly.

I would request that the minister of health take a look at that process, have some sort of an audit process. Perhaps this is something the Auditor General can take a look at, a review of how the hospitals are being managed at this time, where the real needs are. I think the real needs are in understaffing and in their being able to efficiently organize services. There are no efficiencies in transporting people back and forth like that and having long lag times in the transportation end and in the time that they're being seen by doctors. How can long waits be cost-effective, even for the medical staff, when you have trained medical staff who have to come back and constantly reassess these people?

There is never an instance in any kind of a business where a long wait is more cost-productive than getting the services to the people or to the need as soon as possible. So I want the minister of health to tell us how, with all of this money being put back into the system,

those long waits are more efficient than what we had before and how they can be managing staff in that regard, because it's wasted time when you have to come back and re-evaluate the same person three or four times.

You run the risk, Mr. Chairman, the very risk that we heard about in question period today, where someone had gone to emergency, had been not properly assessed or had too long of a time period between their assessments, and ultimately died of a heart attack right there in emergency. We're going to see this happening more and more often. How can we be anything but judged as a Third World country when we see those kinds of processes happening?

How efficient can it be to temporarily bandage people up and then bring them back a few days later for their surgery? There's a cost involved in that, Mr. Chairman, and it isn't just the cost of the hospital supplies and services and staff. There is a cost to that individual who is the patient and to their families. There's the stress and the strain for the patients and their families during that time period, and there's the downtime for the patient.

You don't talk about the pain that that person is in, and in this case my brother-in-law was in quite a bit of pain for three days before he got into surgery. What about the downtime for work? Who's supposed to run his business in the meantime? We're not even talking recovery time now, after he has the surgery. We're talking about the lead-up time to when the accident occurred, a disruption in the business, to the point in time when he has the surgery, to the point in time when he can come back to work. That is downtime for people that is a real economic multiplier in terms of lost production in this province, and I think that's something that this government should be taking a serious look at. This economic multiplier effect we are seeing by not having an efficient health care system costs us in many other ways than just in health care.

Mr. Chairman, I think the minister of health should be taking some responsibility for taking a look at that and understanding the total costs. If he isn't, then I would charge the Auditor General to take a look at that in his assessments. When you have people who are out of work for long periods of time, when they are waiting for assessment or they're waiting for surgery, then there is an economic cost to that for employers, for business owners, and for everyone associated with that person.

Clearly his wife couldn't work at capacity during that time period because she had to take care of him and had to make arrangements and had to take him back to the hospital. The stress on the family – the kids suffered during that time period.

It is an abysmal kind of situation we see occurring in our hospitals, and it is not by any stretch of the imagination an efficient way to run hospitals. This transporting the patients back and forth, Mr. Chairman, has been going on for a long time, and it is a completely irresponsible way to manage a system, even in terms of the plastic surgeons that are operating out of the U of A. He was not back there until Friday, not because he took Wednesday and Thursday off. He was not back at the U of A until Friday because those other two days he was scheduled at the Misericordia.

Now, how can this be? When doctors are not given any kind of consistency in terms of where it is they can practise – two days here, two days there, two days back there – there's no stability in that for them. They don't have time to establish relationships with the other working staff in the hospital. I don't think it's the best kind of situation that we can present for those doctors to be working in and is a contributing factor to why we're losing very good medical staff in this province.

You know, soon after this occurred, I had the occasion to talk to a young doctor who had done his training partially in the States and partially in India and whose parents own a hospital in India. He couldn't believe this was an Edmonton, Alberta, Canada, hospital that I was talking about. In fact, I took him, then, to see this hospital where he could see what looks like a state-of-the-art facility, Mr. Chairman, and see for himself what it looks like, because he stated to me that in all of the Third World countries he's been in – he's been in a few of them and certainly definitely in India – you would not get this kind of inferior service.

So when we take a look at these supplementary estimates where we see the minister of health asking for approval for all these dollars going to health authorities and to reduce waiting times for major diagnoses and treatments, I tell you, it's a joke, because it hasn't improved one iota in this province. It's gotten worse. Year after year we hear more and more of these kinds of stories. These are not horror stories, Mr. Chairman. These are the realities that people are facing day in and day out in what should be a state-of-the-art facility not just in appearance but in service delivery, and we don't have that.

You know, the resident that was doing the sewing up was very frustrated with the system. He's a local Alberta boy, grew up in Camrose, trained at the U of A, is hoping to spend his whole life practising here in Alberta but is completely frustrated by the conditions that he's working in. He was literally run off his feet that night, Mr. Chairman, and absolutely no support or assistance.

Now, you tell me that it's cost-effective to have a doctor pushing beds around in a hospital. It isn't. You tell me that it's cost-efficient to have these doctors running around putting together their packs and finding boards. He had to find a board from somewhere that he could prop under the mattress on this bed so that my brother-in-law could lay his arm on it so that he could operate on his finger. It was triage medicine at its worst in a state-of-the-art facility.

How can the dollars that we see being asked for here have been effectively spent when this is the kind of medicine that people are having to put up with on a day-in and day-out basis? How can we expect that young doctor to spend the next 30 or 40 years practising in this province in those kinds of conditions? I think it's an unrealistic expectation, Mr. Chairman. There are many, many facilities that he can go to throughout the world that will provide the kind of support to him and to patients so that he doesn't have people wildly upset with him. This is an appalling situation we have in this province.

9:10

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

MR. SAPERS: Mr. Chairman, thank you. I'm going to be supporting the Minister of Health and Wellness in his request for this additional close to $300 million worth of funding. It makes me reflect to a time in this Legislature after the '93 election when I was the health critic for the Official Opposition, and the hon. Member for Drumheller-Chinook was the minister of health. I was thinking to myself: boy, you know, what we could have done with an extra $300 million back there in '93 and '94 and '95. It would have changed our relationship in a very fundamental way, I think, between myself and that hon. member. Because, you know, in those days what we were doing, of course, is that we were warning of the consequences of the cuts.

We were talking about how it would be safe to cut three-quarters of a billion dollars almost, more than $700 million, out of the health care system so quickly. We were talking about how the system would have to contract so quickly that the ripple effects would be felt for years and years and years and that we would be faced with having to rebuild at additional cost.

[Mr. Shariff in the chair]

We were told at the time – and, you know, I'm sure the minister of the day was given the advice of her officials, and I know that there was a political will to reduce expenditures – that this was thought out, that we were simply causing panic, and that we were simply misunderstanding what the government's intent was, that the system would be intact, that it would be safe, that this was all part of a grand plan. It's not worked out quite that way.

You know, there have been some changes in the health care system that have worked out, and I think it would be irresponsible for anybody to say that everything that's happened in Alberta health care as a result of government initiative has been a failure. But not even car manufacturers accept the degree of recalls that we've seen in our health care system in Alberta. It's not a matter of making an absolute statement that it's all been good or it's all been bad, but on balance a lot of those dire warnings that came from the Official Opposition, from the medical staffs, from the professional associations, from the nurses, from the academics, from the other observers have proven to be bang on.

There is no clear evidence of that in this supplemental estimate request that we see before us today. If you go through the list repairing some of the damage that has been done to our acute care system, repairing some of the damage that was done to our mental health system, putting more money into preventative programs finally, respecting reports that have been commissioned by the government in terms of dealing with children at risk, it's a shopping list, really, that represents so many of those predictions which unfortunately have been proven to be so accurate.

Mr. Chairman, there was one thing that caught my eye when the Minister of Health and Wellness was talking about I think it was a $3 million allocation for an eating disorder program. I support that. I've seen some of the work that's been done, particularly in the Capital health authority, on eating disorders primarily amongst youth and particularly amongst young women. I can tell you that as the father of a 15-year-old daughter, the pressure and the images and the messages that young women receive these days about what's fashionable and what isn't, you know, are sometimes so hard to cope with, and I'm happy to see this money going in there.

But when the minister was talking about bulimia and anorexia nervosa, it made be think that is exactly the kind of disorder that the whole health care system has, and it's been forced into this kind of sickness because of provincial funding patterns. You know, it's either feast or famine. It's cut, cut, cut, cut, cut, cut, cut, and then all of a sudden it's binge, binge, binge, binge, binge, binge eat.

This is a significantly disordered system not because of the men and the women that work in it, who are trying to keep it stable and on balance and keep its weight at an even keel, but because of government policy. It's squeeze it and squeeze it and squeeze it and take all of the money out of it that you can, force people to make silly, drastic cuts and bad management decisions because they're given no choice: balance the budget; get rid of the costs; eliminate staff; close down programs. Then when it suits the government, they unlock the freezer, turn on the oven, and they throw in the feast and serve the funding buffet once again to the health care system. Then they wonder why it is that the system is sick. Well, you know, it's because of this eating disorder. It is not a good way to run a system; it's not a balanced way or a healthy way to run a system.

I can't even begin to imagine the person-hours that have been spent in the last seven years planning and replanning, budgeting and rebudgeting, forecasting and reforecasting because of the change in government funding. Since 1998 I believe we have seen something like two dozen onetime spending announcements. In the last couple of years we've seen I believe the number is 24 or 25 – I stand to be corrected – new announcements outside of the budget process for health care. So that would be the equivalent of about one a month. Can you imagine being the administrator of one of the regional health authorities and being told, "Okay; well, you have to meet this deadline. Get your budget in to the minister so it can be approved." You have to ask yourself: "Well, why should I bother? It's not going to be my budget. By the time I finish working on it, there's going to be another budget announcement."

It's no wonder that the Auditor General reveals that in fact there is no consistency in the health regions as to whose budgets have been submitted, submitted and approved, approved by the minister, or just simply received by the department. It's no wonder that there's no consistency, because the health authorities, quite frankly, have learned that whatever the state of affairs is today may not necessarily be the state of affairs tomorrow because this government isn't planning. It's simply reacting.

So you see all these onetime spending announcements based on a reaction. Sometimes the reaction is right on and it's necessary, and sometimes it's simply a political reaction to sort of make the bad headlines go away. Of course, they're not going away, Mr. Chairman. Unfortunately we've got the tragedy of the patient in the emergency room in the Rockyview in Calgary. We've got headline stories in major daily newspapers right across this province talking about shortages of equipment, of physicians, of nurses, of technicians. These aren't just the story of the day, but these are stories that have shown up from time to time over the seven years that this government has been experimenting with Alberta's health care system. So it's very disconcerting.

As I said, I will support this request because I believe this $293.6 million will be well spent. As I look through the list, I don't see one expenditure which is necessarily wrong-minded, but I see within the context of this a total abdication of responsibility for planning and managing the system in a competent way that makes this system predictable and stable and accessible to people when they need it and for the reasons that they need it.

Mr. Chairman, the mental health care system is a great example of this. We've got a system that has been self-described by people within the system as a system ranging from one that's in flux to a system that's in chaos. Most recently at a meeting it was described as being a system in shambles. These are the people that work in the system and that manage the system that are using these words to describe it. Now we see that the government is putting some more money into the mental health system. The Alberta Mental Health Board is going to receive an additional $13 million. Now, I'm certain that that money will be well spent, but the difficulty is that it has to be done as an article of faith that that money will be well spent.

9:20

Based on the experiences that I've had as an MLA and as the health critic and as the Treasury critic, my opportunities to travel around the province and to meet health care workers in mental health from one part of this province to another, I know of the need. I've been impressed by the statements of need, so I would like to thank the government for also recognizing the need and for making the funds available. But, you know, there's another part of me that takes a look at the sort of hard, cold facts as they're presented in the Auditor General's report, which tells us that there is a lack of accountability throughout the health care system, that there aren't outcomes tied to funding decisions, that we don't see a good audit trail on all the dollars that are spent, particularly those dollars that are contracted to private agencies. Then I just have to wonder whether Albertans are getting the best value for every one of the health care dollars being spent.

Mr. Chairman, the Alberta health care system has been fragile for

some time, and I think that it is the responsibility of the men and women in this Legislature to try to do something about that fragility. If this supplementary estimate is a step towards doing the right thing, then we should get on with it, but we should also make sure that we get on with so many of the other necessary steps that have to follow: putting in the accountability structures, making sure that the funding is stable and predictable, ensuring that Albertans get access when they need it, admitting when mistakes have been made, not just rejecting out of hand the appropriate and legitimate concerns that are brought forward not just by members of the Official Opposition but also by the professionals in the system, not painting those who question government initiative as enemies or nuts or whatever other name they're being called but, instead, listening carefully to what's being said and analyzing it and then making a careful and judicious decision as to whether or not the information being provided is information that has legitimacy and currency.

The government has been far too defensive about its health care plans. It has been far too quick to point fingers of blame at others. This latest finger-pointing at the federal government is a great example. I mean, you have a provincial government that after winning a mandate in '93 set about changing health care funding and its original plans to the tune of about a billion dollars. The health care funding went down; the health care premiums were increased. We were told that it was okay to slash this program. I remember the Treasurer of the day, Jim Dinning, when he was asked, "Why is it okay to take this much money out of health care?" responded: it's because what I've learned is that you've got to hunt where the ducks are. I guess what he was saying is that because we know we spend a lot of money on health care, it must be okay that we can take a lot of money out of health care. There was really no greater analysis than that.

Then for the same government to turn around and say, "Oh well, you know, our system is really in trouble" – you know, it depends on what day of the week. On some days everything's fine, but when a real problem does emerge and you can't hide it from public view, then of course the government doesn't want to take responsibility for it. They blame it on the feds because the federal government, of course, was under fiscal pressure and cut transfer payments. So all of a sudden the fact that the provincial government cut $700 million and caused thousands and thousands of health care professionals to lose their jobs and the system had to shrink so quickly – all of that is conveniently forgotten, and it simply becomes the federal government's responsibility. Well, of course, that's just poppycock. I think the provincial government knows that. I'm sure the Premier was aware of that when he was writing his poison-pen letters to the Prime Minister. It just doesn't serve Albertans very well.

What would serve Albertans well is to own up to the mistakes that were made, to realize that damage has been done, and then to work diligently to correct it and not do it with this binge and purge kind of spending and to get away from this earmarked or enveloped onetime only. I am encouraged that some of this money in today's supplementary estimate will be annualized, that it will become part of the base budget, particularly the money that's being spent to top up the employee compensation for contracted agencies.

I know that this isn't specific to the Department of Health and Wellness, but maybe those other cabinet ministers that are with us today could reflect on this. I just wonder whether or not this commitment will be made governmentwide. You know, there are contracted agencies in Human Resources and contracted agencies in Justice and contracted agencies in Learning that are all, I think, fighting the same battle, the battle being that the so-called voluntary sector agencies are really underpaying their staff right across the board. This has been a longtime problem, and it's really quite damaging to these agencies, especially in a tight employment market, as we find ourselves now. It's very difficult to recruit and retain competent staff, and it's good to see that some acknowledgment of that has been made when it comes to working with persons with developmental disabilities and some of the people in the treatment centres in the voluntary sector, but it would be nice to see this commitment being made governmentwide.

[Mr. Tannas in the chair]

In any case, Mr. Chairman, I guess this would make spending announcement 25 or 26. The saga continues. I'm certain it will continue until we have a general election, and perhaps at that point the Minister of Health and Wellness will have an opportunity to see what life is like from the other side of the coin. Of course, I know that when my colleague from Edmonton-Meadowlark is occupying the office of the Minister of Health and Wellness, she would look forward to your insightful queries and criticisms, because of course as members of the Official Opposition, once we're on the government side, we will be respectful of the input that you can provide and we'll recognize that at least we can learn from the mistakes that have been made in the past.

I want to thank the minister for his opening comments. I hope he'll take an opportunity to respond to some of the questions that have been raised, and I look forward to the continuing debate.

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

MR. WHITE: Thank you, Mr. Chairman. I will try to be brief in that tonight's moving awfully quickly and there are a number of other departments that need to be heard from.

My queries and questions and concerns centre around mostly the lack of planning in this department and the unbudgeted expenditures, not the planning for the supplementary estimates unto themselves but the overall planning. Quite frankly, in this day and age when information systems are such as they are, one would think that some reasonable expenditure planning would be set out such that the government would decide the level of service that they want to attain for the citizenry, estimate the number of persons that are in the province currently from count and estimate the growth, I gather at some 37,000 annually, and plan on that. But quite frankly it doesn't seem to be the case. It seems to be catch as catch can. It just seems to be an ad hockery at every stage. To spend another $300 million through the course of a year simply because you have it seems to be less than reasonably good planning.

Quite frankly, I'd think you would want to start off with the right budget. I know the citizens that I represent, all they want to know is that all the funds are being expended as best as they possibly can be, and you certainly don't do that, as the previous speaker said, by binge and tight, squeaky budgeting. You just can't do that and attain any kind of efficiencies at all. I think you'd want the right budget. You'd want to establish what in fact is actually needed. The citizens of Edmonton-Calder, although not the most affluent of any in the province, would certainly say that whatever it takes, spend it and spend it wisely, but start out with a plan. Don't start just throwing money at it and deciding after the fact whether you have enough or not. I mean, any fool can build a house at any cost, but it takes a good planner to make those adjustments and those decisions early on in the game so as to have the plumber follow the carpenter and not have them falling over each other. That appears to be what is happening in this budget.

9:30

Another area that concerns me a great deal is the lack of planning

in long-term care. I represent a great number of seniors and those that are getting to the state where they need higher levels of care than that which home care can give them. A number of years ago there were a number of models developed in maintaining the highest state of wellness of a senior. That is to say that any senior's wellness wanes and comes back. A senior might be 85 and living in their own accommodations either in their home or in a self-contained living unit, a senior's apartment or such, and have a fall and break a hip and have to be moved out of that accommodation for a good deal of time because she simply can't manage. She can't afford to have both that place and another place, so she's in a much higher level of care.

Well, the wellness model dwells on getting that person back to the highest state of wellness, where she could in fact be back into a self-contained living unit. But the present system does not allow that. So now she has this broken hip and she's off to active treatment care, and from active treatment care she's bumped down to hopefully long-term care where there is a severe shortage, so what happens is that she gets caught in a longer stay in active treatment than she actually should and then goes from there to a nursing accommodation. Well before she should be back on her own, she goes from a nursing accommodation back to her own accommodation. It simply is not a good model. It's dysfunctional all the way down the line. We simply don't have any slack in the system at all to be able to put these people in and bring them back out. Maintaining that senior at the highest level of wellness throughout the entire process would be the best model. Of course, that would be perfection and you would need a great deal of capital expenditures, but we don't hear enough about heading towards that at all.

Another area that concerns me a great deal is the state of the mental health facilities and the deliverance of mental health care. It's been thrown to the wind. After renovation in Ponoka there are fewer beds now than there were in the '50s, '60s, '70s, and '80s. Alberta Hospital has fewer beds in it now. There are fewer beds in all of the active treatment hospitals in the city of Edmonton and I suspect in Calgary also. Quite frankly, we've taken those people that are on the margin, on the edge as it were, and said to them: "You are on your own. You're out there." There are very few support systems. Quite frankly, if you go down to the east end of our city now and go into the places that accommodate the quasi homeless, that's where you'll find a great deal of these people that were at one time being at least partly cared for in these institutions and were working towards moving out as opposed to just being pushed off the edge and dumped.

The final area of concern is this government's insistence on laying the blame anywhere at all other than at their own doorstep. I can't recall, quite frankly, admission of an error ever by this government. Whoever one is and whatever the endeavour, there are errors and they do occur, and the way to deal with them is to admit them and move on. But to say that the state of the health care system today is because of the federal government cuts is absolutely ludicrous. The cuts that occurred in '93-94 and '94-95 in the provincial realm were followed by the cuts in '96 and '97 by the federal government. It's totally unimaginable that one can now look back and say that that's why the system is such as it is today.

We're pretty well agreed, at least in the public – not in this Chamber they wouldn't be – that the cuts that were made in those years were too fast and too far without any planning at all. It caused bumping in the ranks of those salaried union employees, notably nurses and all those that were in the nursing field from RNs to LPNs and to other registered practitioners, such that all of their lives were disjointed. Many of them just threw up their hands and quit. Many left. Today we're left with a horrible shortage of staff and people that are in positions that they're really quite frankly not very happy with and a myriad of strange working conditions: three days a week here and another two days over somewhere else. Quite frankly, it's not the way to run any kind of an outfit, and this member is not overly pleased with it.

Mr. Chairman, I've taken longer than I expected given that we have to get on with some other areas of expenditure and we have to do so before 11:30 tonight, so I'll cede the floor to others. Thank you, sir.

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

MR. WICKMAN: Thank you, Mr. Chairman. Health care is an extremely interesting program, Health and Wellness. When we look here at the supplementary estimates, we see a figure of $293,593,000. It's so much it's hard to comprehend, and that's just supplementary. What I find so amazing about the whole procedure is that we're spending considerably more now in terms of actual expenditures in health care than we were some time back before we had all these significant changes, yet the complaints that we get, the evidence that is clearly pointed out in terms of shortcomings in the health care system continue to build. It seems that the system isn't getting better; it just continues to get worse, with more problems that keep being added: shortages of doctors, shortages of professional health caregivers like nurses and so on and so forth. What the solutions are I don't know. If I had the solutions, I would certainly give them. I'm sure the minister of health doesn't have them at his fingertips, but there has to be a way that the whole area of health care can be explored.

One of the problems, I believe, Mr. Chairman, is going back a few years ago, when basically the health authorities were set up and basically they were cut by something like 17 percent. A lot of the boards had no expertise in terms of health care. They were good, community-minded people, but they didn't have that health care background. They didn't have that experience. They were given a short period of time to draft new budgets and deal with cuts of something like 17 percent, if I recall correctly. It was a very difficult task. It was an impossible task. We saw the health care system dismantled. We saw facilities close. We saw facilities blown up. It was a terrible, terrible state that the health authorities were put into. It was because they were told to do a task, a task that government had done before, but the health care authorities were going to do it with a lot less money.

9:40

I guess it's comparable – and some of you may already know this. If you were to take a $20,000 car, strip her down and throw away the parts, and rebuild that car part for part, rebuild the entire car by buying each part at a time, that $20,000 car would end up costing you $180,000. I think that's what's happened with the health care system. It was dismantled. Equipment ended up who knows where. We saw the operating room at the Grey Nuns close down. We saw what happened at the Misericordia: floors were converted for normal office space. Then when the government started to pour money in, they had to come up with new equipment to replace the equipment they had previously. They were starting to rebuild the health care system bit by bit.

But we've dwelled on that many, many times in the past. I just want to dwell on a couple of specific areas of concern, the most recent areas of concern that I seem to have been flooded with for some reason in my constituency office – maybe it's because people know that I'm retiring, and they figure they can get that one last big hurrah out of me – is the victims of brain injury. I've tabled questionnaires. I've tabled letters. The Member for Edmonton-Meadowlark has done the same. We have clearly pointed out that

there is a deep problem in this area that has not been addressed, and we can't see any attempts to properly address it.

We see a disparity between the home care capping under that particular program as compared to the PDD program. On the one hand people are able to access under home care self-management up to $3,000 a month. Then we see these other areas where the need may be just as great, but they're restricted to $1,800 a month. Obviously that creates a real hardship. Between the Minister and the Associate Minister of Health and Wellness the two of them do have enough information. Now, if they want to act on it, they do have a starting point. There are many associations that deal with victims of brain injury, and they are eager to work with government in this province. They will work, and they will try and find solutions as long as the government takes the initiative and says, "Yes, we want to make your life better."

Another area that I've gotten flooded with letters on in the last while is chiropractic services, where they have to pay a surcharge on top of what's paid, and the limitations in the whole system when people go to see their chiropractor. To a lot of people that's the logical alternative. To a lot of people that's the program, that's the medical service that keeps them out of the hospitals. Some people regard it as a quick fix. Sometimes it may be a quick fix, but that quick fix does the trick, and it does probably eliminate the need for a lot of surgery. There are a lot of people who don't like the idea of going under the knife. Some of us have done it several times and we're accustomed to it, but there are a lot of people that don't. So that has to be looked at. The limitations on it right now discourage people from going to their chiropractor.

Another area that I think is equally important – and I'm sure the minister is aware of this – is physiotherapy. Now, physiotherapy is interesting because it doesn't involve institutions. It doesn't involve hospital stays. It involves going to a clinic, going to an office, or whatever. You get physiotherapy, which can prevent some very, very serious consequences. At the same time they can teach you exercises that are necessary to eliminate problems that may occur, but there are limitations on that.

Now, I'm going to give you an example, and that was me this summer with some arthritis in my arm, rotator cuff problems and all that, a lot of problems up here. My doctor sent me to a physiotherapist: nine visits under Alberta health care. In my case nine visits did the trick along with the exercises I do twice daily on a regular basis, and I guess I'll do that for the rest of my life to prevent the problem from getting worse. But a lot of people may need 20 visits to correct the problem, and after nine the funding is cut off. If people don't have the income to pay out of their own pocket, they have to throw in the towel. The condition deteriorates, and eventually they'll end up in the hospital undergoing expensive surgery, undergoing expensive hospital stays. So when we talk in terms of a portfolio that talks about health and wellness, wellness to me is sort of defined as preventing bad health; in other words, we take steps when people are well. In fact, some provinces actually reward people for being well. But the emphasis should be on the wellness, not just necessarily on health.

When we start making life difficult for people to live in the community, to avoid the institutions, the health care facilities, we're working against a whole system. We're working against the whole concept of the betterment of health care. When we restrict home care, for example, to the degree that the person isn't being properly attended to, again the resource there is hospitalization. We all know what the cost of hospitalization is. We all know the problems that go with hospitalization.

Mr. Chairman, there are a number of departments we have to deal with tonight, and I'm looking eagerly forward to talking a bit about the Department of Municipal Affairs, under the retiring minister. I'm sure there are many others that have similar backgrounds; the Member for West-Yellowhead, for example – I know that he has a municipal background – and the Member for Edmonton-Calder. There are lots. Even the Premier has a background in municipal politics. So I'm going to conclude on that note because I want to make sure we can get into municipal government.

Thank you.

THE CHAIRMAN: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Chairman. Just a couple of comments that I want to raise on the supplementary estimates for health care. This is the kind of program we see that has raised a number of issues that both address some of the critical needs in the health care system and also in some ways that raise questions in terms of the funding and the funding process.

As I've traveled a lot of rural Alberta and I listen to concerns from individuals that are involved directly or as employees or as deliverers or as administrators or sometimes also as patients, we end up kind of talking about what can be done to improve the health care system and what is needed in order to provide the kind of solutions to the issues that get raised in our discussions. A lot of them are saying, "Well, yes, we do need more funding," but they're also talking about the kinds of structural changes in administration and direction that they would like to see in terms of the relationship between the local community and Alberta Health at the central level.

In terms of the funding that has been given out in the appropriate subsections in terms of the dollars that we are dealing with here in our appropriation, we see dollars that are targeted towards reducing waiting lists and towards capital improvements, towards long-term care, capacity alleviation. These get kind of distributed out, and the question that always comes up in terms of some of these regions is that they want to know why it is that certain formulas, if you want to call it that, are used in distributing some of these funds where in other cases they don't seem to see any rational reason to it. Also, a lot of times these dollars are distributed effectively with strings attached in terms of what they can use it for and how they can actually build it into their service delivery.

What they want to see is the flexibility allowed for them to make the decisions in terms of where those dollars are directed. Even when we start talking about allocations for long-term care, when they want to get into the issue of needing more capital versus operating dollars or more kind of specific services or support services or how they balance long-term care with home care, that kind of flexibility is best determined by the local health authorities rather than by a distant administrative unit when they allocate these dollars.

So I guess what I would like to see in terms of responding to some of these issues on behalf of these constituents and administrators that have raised these questions is a little more leeway, a little more flexibility provided as the dollars go out, you know, even the trade-off between capital and operating dollars. Sometimes some of the regions need to have that kind of flexibility to best address their particular need in the structure that they want to approach.

9:50

Mr. Chairman, the issue of dealing with internal provision of service versus contract provision of service – that kind of decision-making should be done at the local level rather than through the way the dollars are provided by, you know, the central Alberta Health allocation of those dollars. Some of these communities have the structure within their public administration system to handle additional capacity, additional service provision. Others don't, and if they want to provide it, they have an option to go out into a

contract situation. So they're asking for that flexibility and that trade-off. As they talk about it with other administrators across the province, this is one of the things that they're giving back to me as a major concern of a lot of these administrators and health care providers that are out there.

We also have to look at how they handle the dual administrative charges when there's a contract-out provision in the sense of how they deal with this in the context of getting that critical mass that allows them to have a specialist, allows them to have a specialized service provision under the public umbrella. If they have to start dealing with a number of different agencies in their contract situations, they don't have that ability to provide central expertise. Then sometimes those contract agents don't have it either because of the fact that they're dealing with small units of delivery.

The option there has to be provided so that the major provider in the context of the health region can develop that critical mass in terms of service delivery to provide the efficiencies that are there associated with some degree of scale economies so that they can have, say, a specialist out there that does provide one service, one focus that they can use dealing with all of the individuals in need of that service in their region as opposed as to trying to deal with it on a contract basis when each one of these contracts, then, has to provide a specific type of geographic service.

This is especially critical when we deal with the rural communities, where geography and access and timeliness of access become a much greater issue than what we're talking about, say, when we're dealing with the Capital or the Calgary health authorities. What we've got there is a geographical area where a critical mass is part of the definition of those regions, you know, in the sense that Edmonton has a population that's large enough, Calgary has a population that's large enough to deal with a number of specialists. But if we're starting to talk about some of the smaller regional health authorities, for them to bring in, say, a specialist in geriatric services and they have to do it through three or four different contracts with subagents or providers of those services, none of them have the capacity to fund properly that geriatric specialist. So what we need to do, then, is provide provisions within this contract and delivery system where the health authority can have a broad-based delivery of those systems but also the specialist that's necessary to provide the very specific needs to the individuals across the whole region.

This comes out especially when we're starting to deal with some of the specialized needs of seniors. We move them into the transition to a nursing home through assisted living models or through some kind of home care/lodge system, and if we don't have that specialist there to deal with them at every one of those levels, what we have to do, then, is look for outside agents that cover the delivery of health care at all of those different levels of treatment or levels of need. In many cases that's not what we see. We have some outside agents that want to focus on the idea of a nursing home concept where, you know, RN/medical needs are a major part of it. Others want to deal with the concepts at a partial need basis where medical needs are not as critical to the client or the patient as are the personal care needs. So we end up with that kind of a mix, and we have to have these specialists that are able to deal with the patients at all those different levels.

This is, I guess, the flexibility that a number of individuals that I've had a chance to discuss health funding with are looking for, that flexibility being provided to them rather than the rigidity we see, that when the extra dollars come down they're specifically defined to be used in a certain way and in the context of a certain type of delivery system. So what I would like to see, I guess, is those kinds of issues addressed where we can provide that flexibility so that the regional health authorities can use their administrative expertise and put together kind of out-of-the-box delivery mechanisms where the design of that delivery of service is specific to the needs of the community rather than directed from above in the context of the label or the envelope that those dollars are provided in.

So with those few comments, Mr. Chairman, I think that's kind of the way I'd like to see some of the future adjustments made here, but in the context of providing these additional dollars, I think the health care system unquestionably needs that support. It needs the commitment that the funding will be there to deal with the needs at all levels in the care spectrum and that we'll also be able to work closely with the deliverers of lodging and the deliverers of personal care in the context of joint funding programs so that we can have an effort provided to support these individuals so that they can live in a degree of dignity as they age.

The other issue is funding for waiting list reductions. This is the kind of thing where we need to have better estimates developed of the demand changes, the demographic implications on those demand changes, and I think it would be appropriate to have that kind of information provided with the funding so that we can better understand where the targets are and what are acceptable levels of priority setting and the mechanisms for that priority setting as well.

With those few comments, Mr. Chairman, I think it's appropriate that we're going to be increasing the money, especially for the health care area, and we'll wait until later to debate some of the others. Thank you.

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

MS LEIBOVICI: Thank you. I have a couple more issues that I didn't have a chance to address in my original remarks. I started off my comments at the beginning of this debate indicating that basically just because we're spending more doesn't mean we're spending more effectively. A Canada West Foundation document, Primary Care Reform in Canada: An Overview, substantiates that statement as well. What it states is that

> organizational reforms alone are not sufficient to improve health outcomes, cost for care, and other dimensions of health services. Other critical factors are a high level of commitment to values inherent in the reformed service delivery and funding models and changes in attitudes and behaviour among physicians, other providers, and patients. This change is cultural, measured by quality assurance and evaluation, and is critical to successful outcomes and attainment of objectives.

It also indicates that reform of the health care system "should promote one or more of efficiency, effectiveness, equity and quality of service" and outlines some of the important criteria for measuring whether the reform has been successful.

10:00

Now, for seven years we have heard in this Legislative Assembly that the health care system has in fact been reformed. We know there have been some drastic changes in health care over the last seven years, but whether that has been a process that has bettered the health care system, has made it more efficient, has made it more effective, has made it more able to meet the needs of a changing and growing population I think is more than debatable. When we see stories on a daily basis that indicate that individuals have died waiting for services, that individuals have not been provided with the service they deserve and they need in a timely manner, then we know that in fact there have been and are still severe problems within the delivery of our health care service.

Some of the issues that still need to be addressed and are long-standing are in regards to ambulance services, perhaps more so in the rural areas than in the urban areas. In fact, yet again we see

where this government had set up a committee, which this government likes to do, and there were recommendations that were put forward by the Judy Gordon committee on ambulance services within this province that have yet to be addressed. In fact, what we see are articles such as the one in an October 30 Red Deer newspaper, which I believe is where this one is from, where it says, "Province passing ambulance buck?" Darren Sandbeck, who is chairman of the Alberta Ambulance Operators Association, which gathered in Red Deer, said that the government didn't consult operators before it established its billing structure, which shortchanges municipalities. He said that if it takes more than one trip to move a crew and a patient, then that is what the government should pay. Ted Hickey, deputy chief with the Red Deer Emergency Services, indicated that the government's refusal to discuss fair compensation is risky.

This is a long-standing issue that has continued over a number of years with regards to the provision of ambulance services throughout this province. Ambulance services are an essential service, yet we see the government refusing to acknowledge that fact. As a result, we also have the situation in Calgary with the paramedics there and the disputes inquiry board that had to be employed to ensure that those services would not be interrupted.

There's another issue that is growing in its importance in this province that I believe needs to be discussed, and that's the role of fund-raising within the health care system. More and more we are finding that well-intentioned groups are fund-raising for essential hospital services, for essential hospital equipment. That, in fact, I do not believe should be the role of not-for-profit groups. To engage in fund-raising for essential services is part and parcel of what the government should be providing. We start to tread a very fine line between what can be provided for and what can be expected by a regional health authority in terms of the budget and what the regional health authority has to add into their budget as a component based on fund-raising or the charity of the citizens who live within that health authority region.

The ethics of that particular method of budgeting and that particular method of providing dollars to regional health authorities is one that needs to be discussed more broadly. It needs to be discussed in public, and it needs to be addressed as part of a larger issue of what is the role of government, especially in the delivery of public health care services. So that is an issue that I don't think the government can hide from anymore as it becomes more and more obvious that we have now gone back to a system of lotteries for funding essential health care services, and that, quite frankly, is wrong.

Another issue that has been brought to my attention that I would like more information on is the whole area of vaccinations. We have recently seen in the Edmonton area where a whole group of children between the ages of two and 18 have been vaccinated for meningitis. It is my understanding that there is now some research and evidence that is beginning to crop up that in fact vaccinations and wholesale vaccinations may have a detrimental effect on the resistence individuals have to certain diseases. I am not by any long shot a medical professional, and that is why I am asking for some information from the minister with regards to what long-term studies have been done on population groups that have been vaccinated, what the effects have been, what dangers are inherent in vaccinations being provided.

Also, what kind of up-front information is provided through the public health boards to parents so that they can make their decisions as to whether or not they wish to have their children vaccinated, and what are the potential effects, both positive and negative, of vaccinations on children? Again, so the parents can make informed decisions, is that information that is provided up front? It has been a long time since I have taken my son for a vaccination, so I'd like to know what the procedures are that are currently in place.

With regards to any research that is being done, what are the departmental guidelines with regards to potential conflicts of interest between the professionals who are conducting the research and the results and the impact of that research? I would appreciate any information the department can provide on that as well, as that particular issue seems to be gaining some momentum.

There is one other area that I would be interested in other, of course, than those other unanswered questions. Again, if the questions have been answered and they are somewhere in my in-basket, then I will indicate that I will look forward to reading them and would like to see the answers. If not, I look forward to receiving the answers.

The issue of enhanced medical services as a Pandora's box that this government has now opened under Bill 11. Hopefully with a MacBeth government Bill 11 will be repealed, but until such time, the whole issue of enhanced medical services is now something that needs to be addressed. We saw a recent example where an ophthalmologist was put in the position of not being able to provide a service, and obviously it appears that the rules are very unclear as to how the approval process is provided for charging for an enhanced medical service. I see no reason that the policies and procedures for that should not be made public so that everyone is made aware of how a service is deemed to be enhanced, how the costings are provided for that enhanced service, and what are the criteria for the provision of the enhanced services. As I indicated, this is a Pandora's box that I do not believe the government will be able to close.

The whole issue of contracting and Bill 11 is an issue that has not been satisfied to any degree. The reality is, unless the department can provide some answers to the questions I asked, that I do not believe they have the information available in order to be able to approve the contracts that they have and that the minister has approved in the last month, month and a half. If, in fact, the information is available as to the potential benefits of providing private contracts, the cost-effectiveness of those contracts, the conditions under section 8 that are required to be met, then I believe it behooves the minister to make all that information available.

10:10

In addition, I would like to have answered the question as to how a contract could be approved under the Capital health region with a provider of ophthalmology services when in fact there was no ophthalmologist on staff and that particular centre did not provide ophthalmology services in the Edmonton area. I would like to know on what basis the minister signed that particular contract that indicated that it was effective to have a new player in the provision of ophthalmology services in the Edmonton area and how, in fact, it was determined that that would be of benefit to the Edmonton region, especially given the fact that the regional eye centre at the Royal Alexandra hospital is not working at anywhere close to full capacity and could do all the current cataract procedures that are now being done in the private clinics quite comfortably within the public setting. So my question, very directly to the minister, is: how could he have then signed any of those contracts when in fact the criteria as outlined under section 8 of Bill 11 were not met?

I believe that is a very serious issue that the minister needs to respond to, and to respond in generalities, as we have seen in the past with consultants' reports, quite frankly doesn't cut it. What we need to know are the actual specifics on which those contracts have been signed. Unless the minister can provide that information up front, I believe that accountability is an issue that needs to be addressed in the delivery of our health care services.

So those are some of the additional remarks that I have to make.

I would like to close by saying that on a continual basis, on a daily basis I still in my office, as the official health care critic, receive letters, telephone calls, faxes, e-mails from individuals across this province in many different regional health authorities who are not receiving the services they need. These are individuals who are in pain. These are either individuals who have gone through the health care system and have found it lacking and are still in pain or individuals who cannot get their needs met and are looking for some kind of resolution. They are caught, quite frankly, in a system that does not work and that does not address what their requirements are. Given the state of this province's budget, of its ability to address some of those needs but its inability to actually want to address those needs, it is quite distressing for all, especially those who are in need and who have a real requirement to have their needs met.

I would hope that the government looks very sincerely at some of the issues that have been brought up within these discussions and attempts to address them and to address the real underlying issues. They may not make headlines. To address the real underlying issues of the environment, to address the issues of poverty, to address the impact of a lack of education, which have health impacts later down the road, don't make the kinds of headlines that providing two MRIs for the Edmonton region do, but those are where the real reforms have to occur and can occur if there's a commitment on behalf of this government. Unfortunately, that commitment is not there, and as a result we are all suffering from that lack of commitment.

So I look forward to the minister's reply, and thank you very much.

THE CHAIRMAN: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you very much, Mr. Chairman. Actually, in listening to my colleague from Edmonton-Meadowlark, it put me in mind of some other questions that I hadn't heard answers to yet this evening. You know, I know that the Minister of Health and Wellness has been dutifully recording all of these, and I'm looking forward to a blockbuster presentation from the minister before we vote on his estimates. I know he won't disappoint us.

Just a couple of things I might start off with. As somebody that from time to time attends CRHA meetings, a number of questions come up, and since the meetings in the Calgary region really don't provide any opportunity for people like me or any interested Calgarians to pose questions, how refreshing if we had a bit of a question period at the outset or maybe at the conclusion of every CRHA board meeting. It doesn't exist, so I have to take advantage of the opportunities when I get them here.

My understanding is that Dr. Jivraj reported to the Calgary region board that $9.6 million of the $38.9 million allocated to the CRHA would be directed to wait lists and diagnostic issues, but I was a bit surprised to find that wait lists would be reduced by between 10 and 12 percent. That's Dr. Jivraj's estimate of the impact on wait lists with the additional funding. I'm saying to myself that 10 or 12 percent is better than zero percent, but when you look at the disparity between what the AMA has published in terms of optimum or ideal wait times for various procedures and then what the actual experience is in the Calgary region, I don't think a 10 to 12 percent reduction in wait lists is sufficient, Mr. Chairman. I don't think it's good enough, and I suspect there are 800,000 Calgarians that want to find out why this government is prepared, presumably, to accept a 10 or 12 percent reduction in wait lists.

Cardiac surgeons had requested a dedicated theatre at the Foothills medical centre. Is that going to happen, and if so, when?

The wait for an MRI in Calgary, according to Dr. Jivraj, used to be 190 days, and the plan is that with increased capacity it's been reduced to 110 days. So my question is: would the Minister of Health and Wellness tell us what he believes to be an optimal time? I mean, does he view 110 days as an acceptable wait, Mr. Chairman, for an MRI?

My other comment. You know, one of the worst-kept secrets in the province is the Calgary regional health authority budget. It was approved on September 19, 2000, by the Calgary regional board and sent off. In fact, this is what the minutes say: "As requested, the document has been sent to Alberta Health, in draft form, for their approval." Now, every time I see this, I ask myself: what is the point of having a regional health authority if they don't have the power to decide on the budget to meet the needs for their region?

Just think about this for a minute: the budget as requested. Well, who requested it? Presumably Calgarians would like to see the budget. Calgarians would like to measure to determine if this budget reflects their priorities in terms of wait lists, in terms of access to a psychiatric bed or a psychiatrist or any of those things. But no, it's not Albertans who requested the delay. It presumably is the Minister of Health and Wellness. I'm still looking for some explanation in terms of why we gussy this up and describe it as decentralized decision-making power when right here on page 3 of the agenda of the September 19 minutes from the CRHA what's abundantly – abundantly – clear is that this is a mechanism with no power and presumably not much influence.

10:20

The other thing I'd ask. We have continuing problems with mental health services in the Calgary region, and you know, it seems to me that as long as I've been in this Legislative Assembly, we've been identifying issues and problems on mental health services. The initial Provincial Mental Health Advisory Board, when my colleague from Edmonton-Glenora and the former Leader of the Opposition were involved with the health critic area, was a major issue. Then we went to the Provincial Mental Health Board, and what we saw was more money being spent in terms of sort of macromanagement alignment, reorganization, but what psychiatrists will tell you and what nurses and physicians will tell you is that there is no significant enhancement improvement in access to mental health services. How can that be? It just can't continue in that fashion.

At that same September 19 CRHA board meeting, we had Mr. Waldner indicating that they're looking at augmented staffing in emergency. Well, perhaps the minister can tell us what that augmented staff looks like in emergency at the three adult sites right now at the end of November 2000.

There was to be provision of a temporary unit in place in the Peter Lougheed centre by February 2001. Is that the earliest we can do it? I mean, we've been waiting. The Mental Health Consumers Network in Calgary has identified a critical shortage going back for at least the last two years, and we still talk about having to wait until February to see some action. Not good enough. Completion of a permanent unit which will be available in the fall of 2001: you know, this is thin gruel to people with serious mental health challenges that are looking for help and can't access it.

Dr. Jivraj reported in September that we have a net gain of 58 physicians, which is a 3 percent increase. Well, we've had a bigger than 3 percent increase in Calgary's population, so I want to know what the minister's plans are. Where in this supplementary supply request are there the resources to significantly impact that problem of new people in the city of Calgary that can't access a family physician?

Now, just quickly moving on, a June survey was done of nurses in the Calgary regional health authority. More than 500 nurses took the time and effort to fill out a nursing survey. I'd like to know if

the minister will tell us, as we evaluate his estimates here: what did those nurses identify? It was interesting that there was a 46 percent response rate, which is unusually high for these kinds of surveys. I'm most curious in terms of what the nurses told the Calgary regional health authority was required. Will the minister share with us that kind of information, tell us what kind of responses were provided in what you euphemistically described as the nursing workplace satisfaction survey steering committee, the NWSSSC? Would the minister share with us what the results were of that survey, because the last nursing workforce satisfaction survey conducted in November of 1997 provided, I think, some really good benchmarks.

Every time I look over my shoulder, I'm reminded of one of those excellent nurses in the Calgary health region who has moved on to another career. How many other nurses are going to aspire to run as candidates in the next election? Goodness knows, it may be a more satisfying career to be here in the Legislative Assembly on a Monday evening than to be working those late night shifts at the Foothills hospital. So our friend from Calgary-Cross in fact may have started a bit of a trend where we have the politicization of nurses who have seen these ongoing shortages and frustrations and decided they're going to raise their voices. We know that nobody works harder than nurses do, a very formidable force in the Assembly if they were to mobilize.

One of the problems – and I ask specifically the minister of health. When they fiddled with the priority list to move the Alberta Children's Hospital up – you remember that it was about fourth or fifth on the list, and then they created a parallel list to be able to move it up. What's happening is we have a Calgary laboratory facility that can't meet accreditation standards. In fact, you might be interested, Mr. Chairman, because I expect that from time to time you may have some lab results that are going to be processed not in beautiful downtown Okotoks but perhaps in the Calgary region, in downtown Calgary.

You know, one of the things that was said by the Alberta College of Physicians and Surgeons – and I commend this injunction specially to the Minister of Health and Wellness: the greatest concern of inspectors on the committee is the inadequacy of physical facilities at both the main laboratory and Foothills medical centre sites; workplaces are generally cramped and noisy; cramped quarters and a lack of proper storage space create an unsafe work environment for laboratory personnel. These are pretty strong words from the accrediting body.

I had a chance to tour the Calgary region facility with, I think, Elisabeth Ballermann of the Health Sciences Association maybe a couple of years ago. At that time it was identified as a major, major problem. You know, if you think about it, we have this network of couriers that are running health samples from laboratories down to a facility, part of which is two trailers parked behind this little building on 10th Avenue in Calgary. They're not well heated. They're not well lit. I sometimes think when we watch the Olympics and see the enormous concern around the environment in which the drug testing goes on – well, this isn't for a few elite Olympic athletes. We're talking about the place where our family's tissue samples go for testing and blood goes to be tested. Decisions are made on the basis of those laboratory tests to operate or not to operate and how long to wait, and the doctor's diagnosis is dependent on work being done.

When you think about it, the laboratory in so many respects in modern medicine is the very heart of your medical system. It doesn't matter how many people you've got in hospital beds. If you can't readily access the laboratory tests, it doesn't matter. So we have a very, very significant problem, and I don't know what's being done to fix it.

You know, we've had a critical shortage of pathologists, a major, major problem coming. We don't have enough pathologists, and what's happening is you're now seeing advertising by the big health centres in Toronto and American places for pathologists. We don't have enough pathologists. We don't have a competent, adequate, safe laboratory facility for the 800,000 people in the Calgary region, and I don't see that addressed anywhere in these estimates. Minister of Health and Wellness, please point out to me where it is on page 46 or page 47 that we're going to see some changes to that laboratory facility. That's a concern.

I have a constituent that assaulted somebody, and this may be of interest to the Minister of Justice. He assaulted somebody because it's the only way he could get a bed in a psychiatric facility in the city of Calgary. He had been to my office, has made numerous trips looking for help. This fellow needed assistance. We sent him to the west-side clinic and the east-side clinic, and we made whatever sort of recommendations we could to diagnostic services, but what he needed was a hospital bed. He's got that now, but he committed an assault, knowing that that was what would happen, that the police would pick him up and he would at least get a psychiatric bed. Is that what we've come to in Calgary in 2000? The most prosperous place in Canada, and we've got people who have to commit a criminal assault to be able to get a psychiatric bed, because they know you cannot get one for love or money right now in the city of Calgary. Not good enough, Mr. Chairman, not good enough at all.

10:30

There were supposed to be 20 crisis stabilization beds established at the Holy Cross hospital; now that initiative has been stalled. Why has it been stalled? When are those 20 crisis stabilization beds going to be available to people who desperately need them, Mr. Minister? When is that going to happen? Those are some of the concerns that I wanted addressed while we're dealing with this.

The other matter that gives me some real concern has to do with standards in terms of nursing homes and the whole issue of long-term care centre standards. I may have been out of the room briefly filling my water glass when my colleague the Health and Wellness critic was into that area, but maybe I could just supplement and indicate that we have seen other provinces move so far ahead of us. What they have done in the province of Ontario is understand that our seniors that require long-term care don't deserve second-class care. That too often is what we're having.

We don't have enough facilities in this province to be able to deal with people with serious forms of dementia and Alzheimer's. I know what the challenges are in Calgary. I can only imagine what happens in Drumheller where you have a smaller number of people, I would assume, with dementia, so it's tougher to have a dedicated wing or a unit in a facility for people with dementia issues. I can only imagine what kinds of problems we're having there.

My question is, Mr. Chairman, specifically to you and through you to that Minister of Health and Wellness. Where do I see reflected on pages 46 and 47 of this Supplementary Estimates: General Revenue Fund booklet an allocation that's going to significantly improve the quality – the unsatisfactory quality, I might add – of nursing homes and long-term care facilities right now in Alberta?

Is there anybody who thinks that we can't do any better? Is there anybody who thinks that right now we're doing just as good a job as we're capable of in this province in terms of long-term care? I invite you to put your hands up. I mean, is there anybody in this Assembly tonight that thinks we're doing an adequate job in terms of long-term

care needs? Mr. Chairman, I hope *Hansard* reflects through my comment that I saw not a single hand raised except for the Member for Lethbridge-West. I suspect that he may have been sending a friendly greeting to me rather than registering a vote in the poll we're doing this evening. I hope *Hansard* is going to note that not a single hand was raised when I put that question on whether people were satisfied.

So we are in agreement then – Calgary-Fort, I see, nods in agreement – that we're not doing an adequate job in terms of long-term care. Let us all, then, ask the Minister of Health and Wellness perhaps with a single, strong, united voice: where's the funding here that's going to make a difference in long-term care? Where is that? Where is that funding? I don't see it here. I need to help the members because I know they also will be concerned, and they also will want some answers to that. It may be that those government members are asking the same questions in quiet voices, in hallways, in private meeting rooms, and so on. I'd like to think that's what's happening. There's clearly a role for that, Mr. Chairman, but there's also a role when we are here in the year 2000 and we still see some of the same problems.

You know, when I see the hardworking Member for Calgary-Bow over there – one of the biggest losses this Chamber is going to have is that she's not going to be back after the next election. Why that's a loss to this Legislature is that she has done a lot of work around the homeless situation in Calgary, and she's been to those meetings where people have identified the large number of homeless people who need to access a mental health bed and mental health services. She knows that I think it's something like 38 percent of the people in Calgary who are part of that identified homeless population have a mental health issue. We must do much better, and I don't see that reflected in this supplementary supply estimate.

Thank you very much.

THE CHAIRMAN: After considering the supplementary estimates for the Department of Health and Wellness for the year 2000-2001, are you ready for the vote?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

Agreed to:

Operating Expense and Capital Investment	$293,593,000

THE CHAIRMAN: Shall the vote be reported? Are you agreed?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

Municipal Affairs

THE CHAIRMAN: We could begin our deliberations on this with comments by the hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Chairman. Municipal Affairs is requesting a supplementary estimate of $21,773,000 to be used in the following ways: $10 million is required to automate the collection of property tax assessment and building permit data. A new automated system will standardize the information collected and improve stakeholder access to provincial assessment and building permit data. The new system will also make the assessment equalization and education tax requisition process more efficient by using current information instead of information that's a year old. This will result in a system that municipalities, the province, and the taxpaying public will find simpler and easier to understand.

As well, the new system will address the need municipalities have for greater access to assessment information when reviewing their own equalized assessment for accuracy, fairness, and quality control. It will make it easier and cheaper for municipalities to access sales and assessment data from neighbouring municipalities so they can compare results.

The building permit component of the new system will address the need for greater uniformity in administering the Safety Codes Act through the province. Standardized, timely data will make it easier to monitor compliance and safety code inspections and share information.

The new system will also give municipalities an important tool for improving the effectiveness of their permitting and inspection services, and permitting data in the new system will improve our ability to monitor assessment growth and predict changes in assessment bases. This will result in more timely information to support provincial and municipal decision-making. The new automated system for assessment and building permit data will be implemented partly through partnership grants with the cities of Edmonton and Calgary, the Alberta Urban Municipalities Association, and the Alberta Association of Municipal Districts and Counties.

Moving on: $400,000 is required for a grant to the Alberta Fire Training School to improve fire and emergency training. This grant will enable the Alberta Fire Training School, which is affiliated with Lakeland College in Vermilion, to provide better access to fire and emergency response training. Currently training for some fire and emergency procedures is not available in Alberta. This grant will facilitate a made-in-Alberta solution to meet our current and future training needs.

Still on the topic of serving Albertans in emergencies, $1.85 million is required to expand Alberta's emergency public warning system. A provincewide emergency warning system will enhance public safety by quickly delivering emergency warning messages through the broadcast media. Systems are currently in place in the Edmonton and Calgary areas that allow municipalities as well as provincial and federal government departments to warn Albertans of impending emergencies, such as tornadoes. The enhancements will include technological improvements to the existing systems and extend the coverage to about 95 percent of the Alberta population. Timely warnings through a provincewide system are expected to reduce personal injury and property loss following these provincial emergencies.

As we are aware, Pine Lake experienced a devastating tornado this past spring, and $9.5 million is required to provide assistance following this tornado disaster. Approximately $2.8 million of this amount, pending an audit, will be recovered from the federal government under the provincial/federal cost-sharing agreement.

10:40

As I said, the total cost of all of these initiatives is $21,773,000. Overall these funds will help Albertans in a very significant way. They'll provide for better property tax assessment and building permitting. They will lead to improved training for fire and emergency personnel. They'll provide more Albertans with warnings when disasters threaten, and they'll provide assistance to those who suffered losses during the terrible Pine Lake tornado.

I urge that you support these requests for supplementary funding, and we will attempt to respond to all of the questions that may be raised regarding the supplementary requirements for Municipal Affairs.

Thank you.

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

MR. SAPERS: Thank you, Mr. Chairman, and thanks to the minister for the summary to support his request for supplementary supply. I do have some questions, and I'll go through them really as quickly as I can.

I note that there is almost $22 million in total being requested, and it has been somewhat broken down in the estimates book. I made note of your comments just now, but I have some questions particularly around the $10 million amount that's being asked for in terms of capital equipment and financial support to local authorities. Mr. Minister, this is in relation to your comments about building a better assessment process and building permit data collection process. I'm wondering if you can tell me what capital assets were purchased or are contemplated being purchased for the $2 million, and who will own them? Are these provincial assets or are these municipal assets? Which local authorities are there that received the $8 million worth of support, and was there a priority list? I mean, was it at $8 million and that was the total amount of money that was needed, or was there some picking and choosing that went on? [interjection] Okay. I think you anticipated my next question, so *Hansard* should note that the minister, through the Chairman of course, is indicating that it was a provincewide program, so it wasn't a matter of picking some local authorities over others.

I also have some questions about the Alberta Fire Training School. I must say that I have been very impressed that the Fire Training School has been making considerable efforts to inform members of the Legislature about their activities and their operations, and I for one have appreciated finding out more about the FTS. But I'm a little confused right now because the Fire Training School used to be part of Alberta labour, as I understand it, and now it's operating more as a subsidiary of Lakeland College. Again, well, through the chair . . . [interjection] Yeah. The Fire Training School, I thought, was operating as a corporation that was a subsidiary of the college, so if I'm wrong in that understanding, then perhaps the minister could supplement that. In any case, part of the supplementary request is for a $400,000 grant to assist in its development strategy. Was this primarily for marketing its services so they can sell its training services, or is this growth for the school? I wouldn't mind just a little bit more detail about that.

There is nearly $2 million being requested for the expansion of the Alberta emergency public warning system. About 1 and a half million dollars is capital investment, and about $300,000 is for operating expenses. This would just be for my own benefit, Mr. Chairman, my own education. I'm not sure what areas in the province are now covered by the public warning system, so when I see a request saying, "Well, we want to expand," I don't know what the expansion covers. I would just be interested in knowing: does this give us 10 percent more coverage, 20 percent more coverage? Does it pick up new population areas? Does it pick up new hazards, or again is there a priority list in terms of expanding the system and this hits some of those priorities?

I would also like to know about the type of equipment and when it was installed and by whom. Were these tendered contracts? Are these assets that have now become Crown assets? Are there multiple vendors out there that were involved in this work? Just some information about I guess how the 1 and half million dollars was spent particularly and whether or not there are ongoing costs now. Are there increased maintenance costs, or were maintenance and contracts part of the tendering initially?

The Pine Lake disaster recovery program request is also of interest to me, because I haven't seen a report, Mr. Minister, on the number of claims that have been processed. Were there claims that were denied? How much has actually been paid out both in terms of the dollar volume but also the number of claims that were paid? Are there some that are in dispute or appeal? It seemed to me that there was some confusion, which is understandable. I mean, the relief program was announced just on the heels of the disaster itself, and I'm not sure that there was a lot of time to work out all the details, so it is understandable if there would be some confusion.

Time has now passed, so I'm just wondering if we had a situation where the coverage now that we've had the benefit of hindsight was seen as being too broad or too narrow? What lessons have we learned should we ever have to face this kind of a natural disaster again? What lessons have we learned that we could apply to providing appropriate relief in a timely manner? I'm wondering if there was a separate pool of money that was therefore made available after the individual claims were settled to local authorities, to municipalities, what number of claims came in and what their dollar value was.

Finally, Mr. Minister, my question, not specific to the Pine Lake disaster recovery program but to disaster recovery initiatives more in general. It seems that we have in this Assembly for several years in a row now come back with supplementary requests based on tornadoes, floods, fires. Of course, these things aren't predictable. I mean, we don't know what natural disaster is going to happen where next. But I think we have a pretty clear sense that given the nature of this province and the geography and its location and the weather patterns, et cetera, we are unfortunately going to be facing these kinds of natural events. So have you thought more – we've talked about this in the past – about building a pool of funds for disaster relief on a more ongoing basis that would be more adequate so that we're not always coming back and looking in terms of supplemental supply?

As I ask you that question, you know, the thought is going through my mind: how would I feel as an opposition member knowing that you as the minister had this pool of money out there that you could use at your discretion without bringing it back to the Legislature for approval? I'm not sure that that would be the best process either. In terms of ensuring that there's adequate protection and ensuring that the province has the ability to respond rapidly to these natural disasters, I'm just wondering what efforts you've made through your department to put this kind of expense more into your plan and build the appropriate constraints around it so that we know there's a good accountability trail.

Those are my queries, Mr. Minister, through you, Mr. Chairman. I appreciate you listening so carefully. Thank you.

THE CHAIRMAN: The hon. Member for Lethbridge-East.

10:50

DR. NICOL: Thank you, Mr. Chairman. Just a couple of questions that I'd like to raise. The minister spoke about the additional allocation to kind of improve and standardize the provincial assessment type work that's going on. I guess in that context I would like to relay a concern that was raised to me the other day and ask the minister if this kind of situation is going to be addressed in this provincial standardization it gets into in terms of assessments and how they're handled.

Basically, about a week or 10 days ago now I was called by an individual from north central Alberta who's living in a small community. I don't want to put his name on the public record because I don't have that permission. He bought a home that had previously been assessed at a $9,000 level. It was a kind of small community. What happened was that when he paid for the home, he paid $23,000. The end result was that his taxes went way up in excess of what the two neighbouring houses were taxed.

When he appealed it, he was told: "Well, yours have gone up

because we're on market value assessment. You paid that for the house, so now we multiply the mill rate times the new value." He said: "Well, what about the neighbours? They've got bigger houses, bigger lots, more services in their houses. Those houses should be worth at least what mine was." The response back from the local assessment appeal officer was: well, those houses haven't sold yet, so we don't know what they're worth.

The end result was that he lost his appeal, and he's now paying much higher taxes on his house than either of the neighbours who have both bigger lots and bigger homes and potentially within the market structure of that community have a higher potential market value even though they haven't been realized because the houses have not actually transferred title.

This is even further complicated because he went back to his real estate agent and said: "Well, why didn't you warn me that my taxes were going to go up by a factor of almost three times? When we talked about my ability to afford this house, we talked about the tax payable based on the historic assessment." What this individual is asking is that part of the promotion or the adoption of this new market value assessment for small rural municipalities, not municipal districts and counties but urban municipalities in the small areas – the real estate agents need to be brought up to speed in the context that when the market value is determined by a sale, what they do is that market value that now becomes the assessment gets multiplied times the mill rate to give the new tax base.

So what in essence he was talking about was that there was a lack of information there for him to make a proper decision, and when he started asking questions about it, even through his real estate agents, they didn't know the answer. Obviously, the assessment appeal officer for that small town didn't have the appropriate answers either, because he was telling him that these other properties would not have a new assessed value until they actually were sold. Well, I think the general process at least in a lot of them is that any sale in a particular community could potentially affect the assessed market value of almost any home or dwelling within that adjacent area with similar characteristics.

These are the kinds of issues that I hope the minister is talking about when he is talking about trying to get some more information out there and funding this better provincial assessment process as people become aware of it. I also do intend on behalf of this individual to write a letter to the real estate board in the province and ask them to check and make sure that their individuals are providing appropriate information to potential buyers when they look at the cost of living in their home as they move into a new purchase.

Those are a couple of the issues that kind of got raised in terms of the minister's reference to the new assessment improvements that he's increased money for. I hope it will address some of these issues that were raised. If not, we'll pursue it some other way with the minister.

Thank you very much, Mr. Chairman.

MR. DICKSON: Actually one question for the minister, something that puzzles me a little bit in terms of the additional money for "collection of assessment and building permit data." The Inner City Coalition in Calgary is made up of probably about 13 communities in the heart of the city, and there has been an exceedingly high level of frustration over difficulty accessing assessment information in the city of Calgary.

I understand that we have a municipal government that's primarily responsible for property taxation, but given the fact that the city is a creature of the province, that they have no plenary jurisdiction – the only jurisdiction the city of Calgary has is what the provincial legislation permits it. I'd ask the minister if he has used his office to raise with the city of Calgary the concerns that a number of inner-city communities have had with respect to being able to access in a timely way a lot of the assessment information. It seems to me that there's not a lot of what the city does that is more basic than their property tax system, and the assessment information, it seems to me, ought to be not a closely held secret but something that ratepayers should be able to get without the kind of difficulty that these groups have experienced in Calgary.

I expect, Mr. Minister, that you meet with mayors and chief commissioners for certainly the larger centres, and you might want to put this on the list. We often get a bit of a whipsaw effect here, with people arguing that they're bound, their hands are tied because of some provincial directive, and then the province goes back and says: "Well, no. It's a city policy decision how accessible this information's going to be." I haven't made an exhaustive study of the issue, but I'm sharing with you the feedback I get from a lot of concerned Albertans that think they should not have such a difficult time getting key assessment information so that they're able to challenge their assessment in a meaningful way, in an intelligent way.

At the end of the day, Mr. Chairman, it saves time. To have citizens and groups and community associations like Sunalta having to spend – I see the Member from Calgary-Fort. Maybe he has some perspective to share with the Assembly on this. Certainly the communities the Member for Calgary-Fort represents and Calgary-Buffalo and Calgary-Currie, maybe even Calgary-Bow – those people have a lot of issues around this thing. I haven't heard it raised yet, but it's something that you might want to look into, Mr. Minister.

Thanks very much, Mr. Chairman.

THE CHAIRMAN: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Well, thank you for the questions. They were all good questions and all very genuine, and I'll try and respond to them. If there's something lacking, please get back to me, and we'll fill in more details.

The $10 million is basically to try and capture the requisitioning the same year as the live assessment. At the present time we're requisitioned on the basis of last year's information, and rather than do it on the one year, which we're not able to do because we don't have the information in time, we requisition on the basis of last year's assessment and actually aren't able to capture the information in time.

So what this will do is bring the two together. We'll be able to capture the growth in the same year and actually requisition on the basis of current growth rather than being a year behind. That's really what it's about. We're working through AUMA. In conjunction with AUMA we'll be a central clearing agency as well as within our own department. Most of this is going to go into the software programs throughout the province so that it can all be fed into one central agency. We're going to be able to be more current with the information.

11:00

MR. SAPERS: One software company?

MR. PASZKOWSKI: No, it probably won't be one software company, but we're going to try and make it as limiting as we possibly can so that the information is as concise as possible. We're in the process of developing this, so it's not that it's been done.

Fire training. The purpose of the fire training is primarily to develop an industrial fire training, which we don't have at present in

the province. At the present time for the large industrial operations, for their fire training they're sending their people to Houston, Texas, and Denver, and we'd like to be able to do that here in Alberta. The fire training school works in conjunction with Lakeland College; they're not part of Lakeland College. It's simply to better utilize and be more efficient in the operation, so what we've got are two groups that really utilize one set of equipment. It's far more efficient to do it that way, through that type of process.

The number of claims. I don't have the number of claims that have been paid on the tornado at Pine Lake. I can get that for you, and we will get that for you. We'll also get the ones that have been denied and the ones that are still being negotiated.

Expanding the early warning system. We want to cover southern Alberta, which we're not able to do at the present time. We're wanting to cover the northern part of the province, which we're not able to do. At the present time we're really covering the broad Edmonton and broad Calgary areas, and this new expansion will cover 95 percent of the province. So I think that's significant, and I think it's fair that all Albertans should have access to the early warning system, which is what this is about, to warn you that there is indeed some potential danger out there as far as weather is concerned.

Pine Lake was actually a textbook case of dealing with emergencies. I was there at 11:30 the same night of that tornado, and by that time everything was firmly in place. The whole process was operating and functioning. To my mind, to have had the process in its entirety functioning and going full out within such a short period of time: the roadways were cleared; they were able to access all the devastation; the halls were all functioning and operating; the power plants were all operating and running – it was the middle of the night by that time. It was truly, truly an impressive sight from that aspect. It was a terrible devastation, a terrible unforeseen development.

Indeed, I think under the circumstances I really, really have to compliment the county of Red Deer for their organization, for their preparedness. The whole community came together very, very willingly, and certainly if we were ever going to do a textbook on dealing with a tornado, that would be as good an example as we could ever get. So I compliment the people that were involved because they did an exceptional job of coming together very, very rapidly and dealing with a terrible, terrible emergency.

Preparing for emergencies budgeting. Last year we didn't have any; this year we had three disasters. I have absolutely no way of knowing what you could prepare for. I have no way of anticipating and I don't think anyone would really want to be able to anticipate just what the emergencies would be. I don't know how we could possibly budget. The key is to be able to be there when it's necessary. We've always made that commitment, and we have always fulfilled that commitment. I think that's all that Albertans really want and Albertans really should be confident in receiving. When there is a disaster, we will be there. That's what Albertans are asking for, and that's our objective to fulfill.

Market value assessment. Market value really works on comparables, and I don't know the community. I don't know the size of the community. I don't know the details. If you were willing to share more of the details with me, I'd be quite prepared to look into it. If it's a very small community, perhaps there haven't been any sales there for a while either. Without the details I'm not in a position to make any comments.

As far as Calgary, we are working with the city of Edmonton and the city of Calgary because they are the most advanced in this program. Indeed, the idea is to be able to access information more readily so that it can be available, so that it can be useful, so that it can be of benefit to everyone. That's the intent of this: so that we can have actual information at our fingertips when it's needed, when it can be useful. Certainly that's something that we found we really need with the education tax, for example. We're always a year behind, and we're not able to capture that live assessment on the growth. That's really why we're trying to move towards.

So I hope I've been able to answer your questions. If there are others . . .

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

MR. SAPERS: Thank you very much, Mr. Chairman, and thank you, Mr. Minister. First I should just clarify. The confusion that I referred to was in terms of applying for the cash compensation or benefit, not about the response on-site immediately following the tornado, in the couple of days following. It was quite remarkable. I do a lot of camping in the Gull Lake, Pine Lake, Bentley areas, and it really was remarkable. Those folks are to be congratulated. So I just wanted to make that clear. That was the confusion I was talking about; it was not what the emergency response was on-site.

You may not be able to provide me with the answers right now. It would be all right if you could undertake to get back to me later. I'm just a little intrigued about the discussion about the software development for the assessment process. I'm assuming that that's not an in-house project, that it's in fact something that's being developed by one or more vendors external to government. I guess I would like to know: who actually owns the intellectual property that's being developed? Will it be the government of Alberta? Will it be the individual municipalities, municipal authorities? Will it be something that will become in effect a project of the AUMA, or are the software developer/providers going to maintain the ownership and license it back to either the government of Alberta or the municipal authorities? Or is it a combination of all the above? So those details, when they're available, would be interesting.

MR. PASZKOWSKI: For example, Edmonton and Calgary have different systems, but they're well into it, so why reinvent the wheel when there's information out there. They operate on slightly different systems, but nevertheless we're going to be able to utilize the systems that both Edmonton and Calgary have. So rather than try and put a lot more resources to get one common system, we're going to utilize what's out there and also impact with new in areas that don't have that type. Really, Edmonton and Calgary are the most advanced as far as providing that type of information.

Who's going to have this information? It's going to be AUMA; it's going to be the government; it's going to be the municipalities. It's going to be accessible to everyone really. That's the intent.

Now, as far as Pine Lake is concerned, we actually had a record of all the people that were involved in the tornado. I should point out that in identifying the path of the tornado, Environment Canada really is the one that identified where the tornado was actually located, and we used Environment Canada's information to identify which part was inside the tornado belt and which part was outside the tornado belt. Once they have drawn the lines, we don't have any flexibility because we don't have the capability to determine weather, which Environment Canada does. That's their responsibility. That's part of the agreement, and in some cases that's been part of the issue, where people have taken issue: are they in or outside the tornado? We don't get involved in that as a province. That is determined by Environment Canada.

11:10

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

MR. SAPERS: Thanks. I must be having some difficulty in being precise with my question. Access to the data or the product of this assessment software was one issue, but it's the actual intellectual property, the ownership of the actual software itself that I was interested in. Again, is it going to be licensed? The systems that are in place in the cities of Calgary and Edmonton: are they large-scale, integrated systems, you know, SAP-type systems, or are they being developed specifically for this real time assessment project? If so, is that going to multiple vendors, like that's going to be developed outside the department? If that information isn't at your fingertips, I would just appreciate maybe some correspondence later on about the ownership, the intellectual property issues involved.

Thank you.

THE CHAIRMAN: After considering the supplementary estimates for the Department of Municipal Affairs, are you ready for the vote?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Okay. Carried.

Agreed to:

Operating Expenses and Capital Investment	$21,773,000

THE CHAIRMAN: Shall the vote be reported? Are you agreed?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

Justice

THE CHAIRMAN: The hon. Minister of Justice to make his comments.

MR. HANCOCK: Thank you, Mr. Chairman. The Department of Justice is asking for supplementary supply in the amount of $1,450,000. It's really a very straightforward request. One million dollars in additional funding will be used to enhance mental health services for young offenders in custody under supervision in the community. The money will be used to enhance the department's ability to safely house young people with mental health problems. This will reduce the risk of harm to staff and to the offenders themselves. The initiative will allow custody facilities the ability to more effectively manage young offenders with mental health problems. It's extremely important, Mr. Chairman, that we deal with some of the mental health issues that we have, particularly with a focus on young offenders.

The funding will also enable us to put in place programs that respond to unique and special mental health needs of female young offenders and aboriginal young offenders. The department will be partnering with the Alberta Mental Health Board to design appropriate mental health programs for young offenders in custody or on community supervision. We'll provide increased assessment and counseling support at the young offender centres in Calgary and Edmonton and for young offenders on probation in group homes and in camp programs. Funding will also allow us to provide more culturally sensitive responses to aboriginal offenders.

So the bottom line is that the million dollars is part of our children-at-risk program and part of Justice's response to issues of children at risk, focusing on one of the main areas of concern, one of my main areas of concern, particularly, in the Justice system, where we have to deal more with root causes of crime, in particular, if we want youth – if we want any offender – to go back into the community more able to handle the pressures and the causes that got them into trouble. In the first place, we need to deal with mental health issues.

I'm pleased that we've been able to ask for and hopefully receive approval from this Legislature for an additional million dollars, which will assist us in this year in that program and will help us to continue dealing in the long term with some of the root causes of youth in crime. There are certainly other root causes such as drug and alcohol addictions, but the mental health issues are very important, and we want to be able to address those.

The other $450,000, Mr. Chairman, will answer the concerns raised by Edmonton-Glenora when he earlier commented on the need for wages for contracted-out services to be dealt with on a broader basis than just health and PDD boards. Of course, in Justice we have contracted out services, and we have people who are supplying those services, staff employed by service agencies, who need to be brought up in terms of their pay. The $450,000 that's being requested for the Justice budget will assist us in improving the pay packet for contracted out services of that nature.

MR. DICKSON: Mr. Chairman, I can't help reflecting about how refreshing it is to hear a Minister of Justice in this province talk about making safer communities by making an investment in terms of social development and an investment in terms of children. It's a perspective that many of us on this side have accepted and subscribed to for a very long time, but it's been a little lonely in this Assembly, I might say, as we've dealt with Justice budgets for the last number of years, because my colleagues didn't hear very much resonance on the other side around some of those really basic needs and trying to match resources to them. So it's encouraging to hear that tonight.

Two things. Firstly, having recently become Justice critic again, I probably missed this, but is there a detailed list of the specific recommendations in the Children's Forum that are going to benefit as a result of the $1 billion in additional funding? One million dollars. It's a good thing I'm not the Treasury critic, hon. Minister of Justice, through the chair. It seems to me that there were a host of recommendations that came out of the Children's Forum and the Children at Risk Task Force report. Our job, my job is to try and assess what progress we're making on them. It would be a whole lot easier if the minister could tell us: these are the recommendations that are going to be funded by this supplementary grant. Perhaps he could just confirm that nothing like that has been tabled to date.

So we have $1 million that is being spent with two lines on page 60. That's not to say that it's not appropriate that we spend on children's services, but I just say that a million dollars is a million dollars. I expect that when people come asking for money, we'd apply the same rigorous standard to supplementary supply that we do at budget time, which is that we find out exactly where those dollars are going, so that when those members who are lucky enough to come back in February deal with the next budget, there'll be some tough questions around to find out if those dollars have made any significant improvement.

There are a couple of areas where I can suggest the minister may want to pay some particular attention. Just today, November 20, a UN agency report came out on the sexual commercialization of children. This is a worldwide analysis of what's been done by various nations that had agreed to participate in a program to try and deal in an aggressive fashion with the sexual exploitation of children. It came out of the Stockholm declaration, August 31, 1996, entitled the Stockholm declaration and agenda for action against the commercial and sexual exploitation of children. Canada

is a signatory. I note when I go through this a couple of things that are significant, and I'm sure the Minister of Justice probably has not had time to go through all 171 pages of this report. When he looks at it, one of the things he might be drawn to would be the note on page 47 that "there are . . . accounts of Chinese children being trafficked into Western Canada" for purposes of prostitution. He might advise us if in fact that's been an identified issue in the province of Alberta.

11:20

As a former minister of intergovernmental affairs, he will understand the opportunity that provinces have to prod the national government and fellow ministers of Justice in other provinces. He might want to address page 50, where it talks about the failure of Canada to adopt a national plan of action. In fact, I quote from page 50.

> The failure of Canada to develop a National Plan is disconcerting, however in contrast to the USA, at least a follow up strategy to the Stockholm World Congress has been developed.

There is some indication that some things are being done, but I'd like to know what the Minister of Justice is doing in terms of lobbying his counterparts across Canada to come up with that national strategy that Canada had undertaken in Stockholm in terms of dealing with the commercial and sexual exploitation of children. I don't know what role the province has had, and maybe the minister can tell us. One project is called Out From the Shadows and Into the Light and the other one is called Stolen Innocence. These are projects set up by Save the Children-Canada dealing with prevention, rehabilitation, and recovery. It seems to me that in a province that prides itself on being attentive to the issue of teen prostitution, child sexual abuse through prostitution – and tomorrow we're going to be dealing with a Bill 29, which is going to be dealing specifically with some changes – I'd be interested in the minister's comments with respect to this UN instrument and where we're going to go with that.

The other thing I take the minister to is a report that was tabled by my colleague for Edmonton-Riverview. The report is entitled Lost Promise and Potential: Alberta's Statistics on Youth Suicides Programs and Challenges. When the government talks about children at risk, there are no children more at risk than those who have been in care and then the subject of a fatality inquiry. These are children who have died by suicide or by circumstances of some suspicious nature.

You know, I'm indebted to my colleague for Edmonton-Riverview, who has gone through and done an analysis of these different fatality inquiry files. Do you know what you find, Mr. Chairman, when you read through? Some repetitive recommendations. I think those of us responsible – everybody in this Assembly in a form is a kind of guardian for the children of this province; aren't we? We all have a responsibility to the children of this province. One can reasonably ask: why is it that we haven't done more in terms of acting on the recommendations in these fatality inquiries?

In fact, if we go through the reports, you know, we have a nine-year-old male whose name I can't mention because of a publication ban in Hobbema who died; a 15 year old, Donald Robert LeClaire, in 1994; John Ross McKinnon in 1995; Cynthia May Elliot in 1995; Jackie Beauregard in 1995; Olivia Rae Calfrobe on November 5, 1995; Isaac Gerard Mercer in January 1997; Sherman Laron Labelle on May 21, 1998. We look at each one of these fatality inquiry reports. What we see are thoughtful recommendations that I think require government action. Who else would we look to for leadership in this? You might say the Ministry of Children's Services. You might say some other ministries. I would like to think that some of the leadership in fact would be coming from this Minister of Justice. I think one of the proposals would be that the Justice department should be co-ordinating statistics on child and youth suicide on an annual basis.

I think it's hugely important that recommendations from fatality inquiry reports be assessed, perhaps as recommended by my colleague for Edmonton-Riverview, by a joint committee of Children's Services, health, education, and Justice, the youth sector, on a quarterly basis.

So my question to the Minister of Justice: in the absence of a detailed breakdown of which recommendations from the children's summit are going to be funded and which recommendations from the Children at Risk Task Force report are going to be funded, would he go through and address the specific recommendations which appear on page 30 of that report tabled today by my colleague called Lost Promise and Potential and tell us what his position is with respect to each one of those? There is no more important business in this province than looking after children in care, and every child that takes his or her life while in care I think warrants the most serious attention, not by a single ministry but by a number of ministries. So here's a good concrete proposal from Edmonton-Riverview. I want to know from the Minister of Justice whether he will do that.

Should he choose not to follow these recommendations, will he tell us in precise details what his alternate proposal is to get a handle on what I think is an unacceptable number of suicides of children in care? These aren't children living with their parents. These are children in care of the province of Alberta. The parens patriae jurisdiction we've got imposes a very high jurisdiction indeed.

The only other comment I'd make with respect to the estimates is that, you know, we heard some comments earlier today about the role of agencies like the John Howard Society, and my colleague for Edmonton-Glenora takes some ribbing from a former solicitor general about that, but the reality is that one of the strengths in this province is that we have had, I think, some marvelous leadership provided by a range of community agencies. I don't mean just John Howard, because I'm proud to have been associated with that too, but Elizabeth Fry and Native Counseling. There are a range of organizations in this province. I look at PLENA, the Public Legal Education Network, and the leadership provided by the Alberta Law Foundation. I mean, some of the best things to do with Justice in this province have happened really almost in spite of the provincial government, sometimes on a contracted basis but quite independent of government.

So this is a time where I might make common cause with the Minister of Innovation and Science. Here's an area where in fact it's not the government that's being the real innovator. In many respects it's been these nonprofit, community-based agencies. I'm sorry if I mischaracterized the Minister of Innovation and Science. If he prefers the way government does it by blunder and trial and error, that's fine, but I quite appreciate the leadership we found from those nonprofit agencies, and I think it's a good thing that we're providing some additional employee compensation. I might say that this is the sort of thing I think could have been dealt with in the budget last March, and I'm disappointed it wasn't. But I'm certainly happy to see some funding adjustment there because that's a vital part of the matrix, the network of services that help make our community stronger and safer.

Anyway, those are the comments I wanted to make at this stage, and I know I have some colleagues that wish to speak as well. Thank you, Mr. Chairman.

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

MR. SAPERS: Thank you, Mr. Chairman. Through you to the minister, I appreciate his opening comments. He said his one and a half million dollar request was very straightforward, and we've got some questions. It is relatively straightforward. I'd like to start on the additional funding being requested for employee compensation of agencies under contract. This is a long time coming.

I recall a report written for this provincial government – oh, this must be now going back close to 20 years, 15 at least – the Goldstein report, which looked at social agencies under contract with the government. At that time it was identified that there was an average of about a 20 or 22 percent difference in the salary that was being paid to employees of contracted agencies and those employees of government doing similar work at similar classifications. I know that when the lobby effort was launched by those involved in providing services to those with developmental and other disabilities, they were talking once again about this 20 percent differential.

11:30

I'm just wondering how this $450,000 is going to be allocated and how much it addresses that perhaps 20 percent or more differential or shortfall in the salary structure of these contracted agencies? Is the department going to be telling the agencies that they can give fixed percent raises, or is there a classification system that has been developed that'll determine how this money is going to be allocated? Is this onetime funding in terms of adjustment, or is it going to become part of the base contracts for future-year negotiations between the minister and these agencies?

My advice to the minister would be that he make it multiyear, that he build it into the base, and that he give these agencies some stability. Many of these organizations have been partners with the provincial government for decades and decades and decades, yet they have to go through the administrative trouble of every year renewing their contracts and starting from zero, which just eats up a lot of time in terms of the agencies, their volunteers, and of course the minister's own departmental staff. So I would hope that could be made clear in terms of how this money is going to be allocated and whether it's multiyear and whether it gets built into the base and how much control the agencies will have on how it is ultimately spent.

The million dollars for housing and custody of young offenders, particularly those with mental health services, is welcome indeed. I'm wondering, though, because it says that this is partial year funding, whether I can safely make the assumption that we will see in the departmental estimates in the next annualized budget for the minister that this is now part of the base, that there's new program development, and that it's going to be annualized. Mr. Chairman, I think it's important for the *Hansard* record to show that the minister is nodding in agreement, that yeah, that will in fact be the case.

Will this money be spent in terms of providing additional staff resources in existing custody environments, or in fact are we looking at the creation of new open-custody houses, a potential for more actual bed space in different facilities? If so, where would those be located? If it's more staff, are we doing anything to address capacity? I know that the minister made reference in particular to female and aboriginal youth. Maybe the minister could let me know whether female young offenders sentenced to open custody will now have truly open-custody resources to serve their sentence in or if they will still be using a cell at, in the case of northern Alberta, the Edmonton Young Offender Centre, which of course, as the minister knows, is built as a high-security, closed-custody facility. It's always been a bone of contention between myself and the department that young women sentenced to open custody because of a lack of resources find themselves doing time in a secure-custody facility. I believe that's inappropriate, and I'd like to know whether or not this funding will address that.

So, Mr. Chairman, my queries are relatively few. I'd just ask, of course, for some clarification from the minister. I must say that it is refreshing indeed to hear a minister talk about investment in youth in terms of prevention of criminal activity or the prevention of recidivism and the understanding that these interventions if done properly can have tremendous and dramatic results. It's always nice to have an opportunity in the Assembly to reflect on the good work done by the voluntary and the nongovernment sector in the provision of criminal and social justice services.

There's a proud history and a tradition in this province of involving groups, ranging from the Salvation Army to the Elizabeth Fry Society to the John Howard Society to St. Leonard's Seven Steps Society, Mennonite Central, just a whole host of first-class agencies that have worked to achieve justice in this province for a very long time. It always puzzles me when I hear either the Provincial Treasurer or some of his other colleagues speak disparagingly of these community-based, volunteer-driven, not-for-profit organizations as though the work that they do is somehow not deserving of public support. It's nice to see that they in fact do get public support and that in fact some of that public support is going to be increased as a result of tonight's discussions.

Thank you.

THE CHAIRMAN: After considering the supplementary estimates for the Department of Justice, are you ready for the vote?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

Agreed to:

Operating Expense and Capital Investment	$1,450,000

THE CHAIRMAN: Shall the vote be reported? Are you agreed?

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

Hon. Government House Leader.

Government Services

MR. HANCOCK: Thank you, Mr. Chairman. On behalf of the Minister of Government Services I'm pleased to present the supplementary estimates for Government Services in the amount of $1,500,000. As set out in the estimates, $280,000 is being requested for compensation to the Alberta Motor Vehicle Industry Council, $700,000 for information systems enhancement, $520,000 for landlord and tenant advisory services in Calgary.

With respect to the $700,000 in information systems enhancements, suffice it to say that the system is being overtaxed by an expanding economy, an expanding number of people utilizing the services in this province. The overtaxed information systems need to be sustained. They need to build immediate system capacity and enhance their infrastructure in order to maintain response times. There's a need to stabilize systems by expanding computing capacity, specifically upgrading Calgary and Edmonton local area networks as well as the servers used by external clients to access the systems.

Government Services is moving to new technology to meet governmentwide standards. Infrastructure investments will help support the one-window gateway initiative, which will be a cross-ministry administrative priority. The funding will also be used to respond to client requests for e-commerce relating to land titles services. Specifically, it will add services to the SPIN program, which allows clients to search and order survey plans over the Internet. In the past the digital survey plans were only available in paper form. The SPIN service has been referenced in recent newspaper articles about the best-in-class Canadian information productivity award. Government Services also received the innovative service delivery award at a major technology conference in Hull, Quebec. In addition to the increased convenience that this initiative has meant to customers, Government Services has also been able to secure aging land title documents that were in danger of serious deterioration and possible loss.

The $280,000 in support of AMVIC is in support of a policy change for a delegated regulatory organization that licenses businesses to sell and repair motor vehicles. The organization is called the Alberta Motor Vehicle Industry Council. Regulations stipulated that all existing licences would expire early in order to facilitate and fund the formation of the council. The motor vehicle industry, which is spread throughout rural as well as urban Alberta, was opposed to the early expiry, and Government Services agreed that the policy change was unfair and would cause undue financial hardship to the industry. It therefore amended the regulations to allow licences to terminate on their original expiry date, thus the loss of revenue on the renewal fees.

11:40

The third amount, the $520,000, is to provide continued landlord and tenant advisory services to the residents of Calgary. The city of Calgary currently provides the services, but they're under no legislative requirement to do so. They recently advised Government Services that they would be terminating the services as of December 31 of 2000, which was unanticipated, so an additional funding of $520,000 to provide the services through our consumer information centre and to handle the additional 70,000 inquiries per year is necessary. The services include communicating with landlords and tenants on their rights and helping to resolve landlord and tenant issues. It's disappointing that Calgary will not continue the service from Calgary, because trying to do the same through the Edmonton offices will not be as effective as a council that had formerly operated in Calgary, where they knew the marketplace. However, it's necessary that those services be provided, and if the city of Calgary is no longer going to provide them, it's incumbent on Government Services to do so.

THE CHAIRMAN: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thanks very much, Mr. Chairman. Just a couple of questions, firstly on the $700,000 for information systems enhancements. There was a peculiar kind of timing in that we saw the Minister of Government Services this last spring, in estimates on the main budget, going on about the call centre that her department was organizing, and also her excitement at the fact that we were going to take personal information about individual Albertans from eight different government departments and start networking that information. At the very same time, Jane Stewart was being pilloried daily in question period in the House of Commons, and some of us said: Mr. Chairman, how is it that this is happening in Alberta with so little attention?

We've asked some questions and I've got some FOIP applications outstanding, but I want to register a concern on behalf of the opposition that the plan that had been developed by the Minister of Government Services seems not to have been adequately tested. I suspect that most Albertans would be astonished to find out that their own government plans to take their information in one of eight different government departments and start mixing and matching it for purposes the individual Albertan won't know, all without, as best I know, any consent required from the individual Albertan.

This is all about internal planning, so I want to register that very strong concern with respect to the $700,000 and say that we want a lot more information in terms of those issues that had been expressed at the time we were doing the main budget. I'm not sure why this couldn't have been foreseen. What's new now that we didn't know in March and April of this year? I've listened carefully – and I know that the Justice minister is doing his best filling in for his colleague – but I didn't hear an explanation.

Now, on the landlord and tenant advisory services in Calgary, it's interesting that this has been in effect a freebie that's been provided by the city of Calgary. It seems to me that if this were a little bigger priority – and you're listening to an MLA where over 70 percent of my constituents live in rented accommodations, so probably nowhere else in Alberta is this kind of a service more important. I guess I'm a bit surprised that there isn't some more formal arrangement between the city and the province so that the city can't just sort of casually say, "Well, we're not going to cover this anymore," and the province is going to pick it up.

That brings me to the question, then, of wondering, just before the time runs out on me, Mr. Chairman, that at one point the Municipal Affairs department . . .

Vote on Supplementary Estimates

THE CHAIRMAN: I hesitate to interrupt the hon. Member for Calgary-Buffalo, but pursuant to Standing Order 59(3) and Government Motion 24 agreed to November 14 in the year 2000, I must now put the following question. Those members in favour of each of the resolutions not yet voted upon relating to the 2000-2001 supplementary supply estimates for the general revenue fund, please say aye.

HON. MEMBERS: Aye.

THE CHAIRMAN: Those opposed, please say no. Carried.

The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Chairman. At this time I would move that we rise and report progress.

[Motion carried]

[The Deputy Speaker in the chair]

MR. SHARIFF: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions and reports as follows.

All resolutions relating to the 2000-2001 supplementary supply estimates for the general revenue fund have been approved. Mr. Speaker, I wish to table a list of those resolutions voted upon by the Committee of Supply pursuant to Standing Orders.

Supplementary supply estimates, 2000-2001, for the general revenue fund for the year ending March 31, 2001: Government Services, operating expense and capital investment, $1,500,000; Justice, operating expense and capital investment, $1,450,000;

Municipal Affairs, operating expense and capital investment, $21,773,000; Health and Wellness, operating expense and capital investment, $293,593,000.

THE DEPUTY SPEAKER: Does the Assembly concur in the report?
HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.
The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. I would request unanimous consent of the Assembly to revert to Introduction of Bills to allow for the first reading of Bill 28, Appropriation (Supplementary Supply) Act, 2000 (No. 2).

[Unanimous consent granted]

head: Introduction of Bills

Bill 28
Appropriation (Supplementary Supply) Act, 2000 (No. 2)

DR. WEST: Mr. Speaker, I beg leave to introduce Bill 28, the Appropriation (Supplementary Supply) Act, 2000 (No. 2). This being a money bill, Her Honour the Honourable the Lieutenant Governor, having been informed of the contents of this bill, recommends the same to the Assembly.

[Motion carried; Bill 28 read a first time]

[At 11:49 p.m. the Assembly adjourned to Tuesday at 1:30 p.m.]