

[Chairman: Mr. Oldring]

[2:01 p.m.]

MR. CHAIRMAN: If you'd like to take a seat, we'll call the meeting to order. I want to again welcome everyone this afternoon.

It wouldn't seem appropriate to start a heritage trust fund session out without at least a couple of changes. I did mention to you earlier that we weren't able to set up a Syncrude tour for the 17th, so we'll change that to a reading day. The 18th, the Auditor General will be here from 10 till noon. Thursday morning the Minister of Forestry, Lands and Wildlife is still on. Thursday afternoon is off, and Friday morning has now been changed. The Hon. Ken Rostad will not be appearing on Friday morning but will be appearing on January 5 from 2 to 4 p.m. instead.

MR. PIQUETTE: January 5?

MR. CHAIRMAN: January 5 is correct, 2 to 4. It is on the new sheets that we've just handed out today, so I just quickly draw those changes to your attention.

MR. PIQUETTE: So there's nothing on Friday and nothing on Thursday?

MR. CHAIRMAN: No. Thursday morning we have the Minister of Forestry, Lands and Wildlife.

MR. PIQUETTE: Okay, but on Friday, that's canceled?

MR. OLDRING: Friday is canceled.

MR. PIQUETTE: And reading day is tomorrow.

MR. CHAIRMAN: Correct. Okay, the changes are all noted on the schedule that you've just received. I just wanted to draw them to your attention.

I want to welcome the minister of hospitals, the Hon. Marvin Moore, here this afternoon. We appreciate your finding time out of a busy schedule to be with us, Mr. Minister.

I might just mention to you that the committee did have the pleasure of touring the Walter C. Mackenzie Health Sciences Centre last year. It was a very informative tour for us, and we certainly appreciated the facilities that are there.

It's been customary, Mr. Minister, to offer you an opportunity for some brief opening comments, if you wish, and from there we turn it over to questions from the members. On that note, again welcome, Mr. Minister.

MR. M. MOORE: Thanks very much, Mr. Chairman. Perhaps a few opening comments regarding the two votes that the committee has in front of them, the Walter C. Mackenzie Health Sciences Centre and the applied cancer research. The budget for the fiscal year in question for the Mackenzie Health Sciences Centre was \$33.5 million. The funds were expended on the basis of \$22.2 million for project expenditures and another \$9.8 million which was used to reimburse the General Revenue Fund because we had actually made better progress than expected the previous year in the construction project. So the total of that constitutes \$32 million. The balance, the \$1.5 million, actually wasn't expended during that particular year. It has lapsed, and of course the expenditures there will be added to another year.

Maybe I could just briefly give the committee an update on

that project. The University of Alberta hospital, Mackenzie Health Sciences Centre, expenditures to March 31, 1986, were \$356 million. Add to that the year that the committee is now studying, the fiscal year ended March 31, 1987, another \$32 million and it brings the total project cost to the end of the fiscal year in question to \$388 million. The forecast of actual expenditures at the present time for the current fiscal year is another \$2.3 million, with estimates for 1988-89 of about \$2.4 million, and that would complete the project.

There are a couple of exceptions to that comment, however. We have recently made a decision to transfer the responsibility for the construction of the medical research building from the Department of Hospitals and Medical Care to the Department of Advanced Education. We decided after some consideration and after being approached by both the University of Alberta board and the University hospital board that the development of that building would fit better with the university than with the hospital. So it is our intention at the end of this calendar year to make a transfer of that project to the Department of Advanced Education for funding purposes. Nothing else will change except it will be managed by the university instead of by the hospital, and that's consistent with the requests of both institutions. So there will in future years beyond 1989 be some expenditures to complete that project so that it will, if that decision is approved by the Legislature, fall under the Department of Advanced Education.

Just a brief comment on the status of where we're at now with the construction of the Mackenzie Health Sciences Centre. The only work outstanding aside from the medical research building is the demolition or otherwise of the 1950 and '57 wings of the old hospital, and no decision has been made yet whether or not they will be demolished; the east side landscaping, which has to be held in abeyance until we do decide what to do with the '50 and '57 wings; then some modifications to the walkways and handrails inside the building, which will likely be undertaken during the course of this year; and some continued renovation work on the clinical sciences building which was started last year, and it's hoped that would be completed in January 1988.

Then, Mr. Chairman, if I can go briefly to applied research of cancer. During the period in question, there were 16 new projects approved in applied cancer research and 59 approvals for continued research on existing programs. The grants were in each case limited to \$10,000 and provided technical support and additional technicians to researchers whose projects were approved. There was a total of \$4.8 million actually expended; the estimates were \$4.923 million. Of the amount expended, approximately 88.4 percent was spent on research projects, 2 percent on evaluation, 1.2 percent on research equipment, 4.9 percent on research scientists, and 3.5 percent on administration. The total investment in applied cancer research to the end of the fiscal year in question has been \$34 million, with \$2.8 million expended in that particular fiscal year.

Mr. Chairman, I think that's a brief overview of the two votes in question. I'd be prepared to try and answer any questions there might be on them.

MR. CHAIRMAN: Thanks very much, Mr. Minister. The Member for Edmonton-Kingsway, followed by the Member for Stony Plain.

MR. McEACHERN: Thank you, Mr. Chairman, and welcome to the committee, Mr. Minister.

During the election the Premier had promised that his government would build the Northern Alberta Children's hospital. Last year when we asked you about it you did say that you were looking at that, that it took three or four years to put plans in place to build something of that magnitude. This morning I heard something on the radio to the effect that you were contemplating a location, I believe considering some location near the Alex or the U of A hospital, the Walter C. Mackenzie hospital. My question is: is the cabinet intending to use heritage trust fund money to build it?

MR. M. MOORE: Would you repeat the question, please?

MR. McEACHERN: Is the cabinet intending to use heritage trust fund money to build the Northern Alberta Children's hospital?

MR. M. MOORE: That hasn't been a subject of discussion, no.

MR. McEACHERN: Not decided yet. Thank you.

My second question also relates back to some things that were discussed in the heritage trust fund hearings last year. You talked about the difficulty of co-ordinating the "medical needs," I suppose would be the right way to put it, of the populations in Edmonton and Calgary to get the most effective use out of our dollars in hospital building and hospital care. You said that each hospital sort of wants to do everything, and sometimes you have duplications that maybe aren't as efficient as they might be.

Now, given that we're moving into an era when some of the medical technologies are getting very, very sophisticated and very, very expensive, I'm wondering if the minister has given some thought to setting up a review panel, if you like, that could assess the cost/benefit effect of buying some of the more high powered technologies that are available in medicine in this day and age so that we don't end up with too much duplication or missing something that we should have had or buying some technology that is maybe already almost obsolete by the time you get it because somebody has invented something better -- in other words, a group of people that would know and review the overall purchases of Edmonton and Calgary, let's say, because that's where our most high powered technology in the medical field is concentrated.

So have you considered setting up such a panel that could review these expenditures and who's buying them and whether we have to have one in each hospital, whether we're buying the best technology, that sort of thing?

MR. M. MOORE: Mr. Chairman, I'm in the committee's hands, but I'm failing to detect any resemblance between the Heritage Savings Trust Fund capital projects division and the question at hand.

MR. McEACHERN: Well, I realize that the heritage trust fund funds now are sort of running out in this area. We could just talk only about the Walter C. Mackenzie Health Sciences Centre, I suppose, but surely the same question could be asked even of that institution. It is one of the leading ones in the country and, you know, your government keeps trying to say "in the world." So they have that problem by themselves. You did say in the hearings last time around, in looking at the whole of health care in the city rather than just focusing narrowly on one hospital, that there is some difficulty with all hospitals wanting

to provide all services, that we're not sure that's cost-efficient or effective in delivering health care services to Edmontonians, let's say.

MR. CHAIRMAN: The Chair has shown a lot of latitude and flexibility to date . . .

MR. McEACHERN: Well, you did show a lot of latitude last year.

MR. CHAIRMAN: . . . but it would be helpful if we can try to focus in on the report in front of us as much as possible.

MR. M. MOORE: Mr. Chairman, I don't mind trying to answer any other questions relating to my portfolio -- I may not be fully prepared to answer some of them -- so let me give it my best shot.

The matter in question, of course, is one of management of the system. We do have within the Department of Hospitals and Medical Care people who work for our department, that report to me, whose job it is to try to co-ordinate the programs that are developed in the hospital system throughout the province, to try to co-ordinate the purchase of equipment, and to try to ensure that there is not too much duplication.

One of the problems we got into in the late 1970s and early '80s, of course, is that we were planning for a much more rapid population growth than actually did occur, so there wasn't as much effort put into avoiding duplication as might have otherwise been the case. So the last couple of years we've been working a lot harder to try to reduce the amount of duplication in the programming and equipment that might exist. In Calgary we've had excellent co-operation from the Calgary District Hospital Group, who operate the Colonel Belcher, the Holy Cross, and the Rockyview, and also from the Calgary General hospital board, who will now be operating the Peter Lougheed in addition to the Calgary General, and with the Foothills board, who are the major Crown hospital in Calgary.

We had things like two programs approved for cardiac care, one at the Holy Cross, which is now operating, another at the Foothills, which wasn't in full operation. Those were approved some years ago when it was felt they would indeed be required. So we're working hard to try to rationalize those programs and make sure that if we do operate the one at the Foothills, it's done on the basis of making sure there isn't too much duplication of service.

We do that with every program there is. For example, we've just recently announced the agreement with the heritage medical research council and the University of Alberta and the University hospital to use the MRI scanner at the University of Alberta for clinical purposes to do about a thousand tests a year. That's the first scanner available in Alberta. The timing I'm not sure of, but it's our intention to put an MRI scanner into the Foothills hospital in Calgary and then another full-time one in Edmonton. So the first two full-time scanners will be one in Edmonton and one in Calgary. As technology moves on there'll no doubt be scanners of that nature in other centres. We do the same thing with ultrasound. We look at the size of the hospital, the distance to other facilities, and see if we can justify proceeding with a program on a particular hospital.

So there is a very, very definitive plan with regard to what can be done in terms of providing equipment and funding programs in various hospitals that tries its very best to avoid duplication, recognizing that sometimes duplication is

necessary, particularly to avoid distances people have to travel to get to medical services. We intend to continue trying to provide all the services we possibly can in the smaller communities outside of Edmonton and Calgary.

MR. McEACHERN: My third question is that the cancer research dollars were to run out this year, as planned in the past. Last year you had not decided whether you would be continuing that cancer research out of the heritage trust fund dollars or not. Has that decision been made, and will you be funding more research in the cancer area from heritage trust fund money?

MR. M. MOORE: One of the real problems in the area of research of course is to make sure that the people who are involved in the research area have some continuity in terms of what they're doing. So we have made a commitment to continue the funding of the program at some level. The only thing that hasn't been decided and won't be until we get to that point in time is whether or not the funding would come from the Heritage Savings Trust Fund or from the General Revenue Fund, through the Department of Hospitals and Medical Care. But we did make a commitment to extend the fund for another three years. The decision as to whether it will come from the capital projects division or the General Revenue Fund will be made on an annual basis.

MR. CHAIRMAN: The Member for Stony Plain, followed by the Member for Calgary-Buffalo.

MR. HERON: Thank you, Mr. Chairman. I'm glad you could allow the line of questioning of the Member for Edmonton-Kingsway because I too would like to focus on not the historical accounting of the heritage fund but perhaps we could look at some of the alternate uses. In looking at the Heritage Savings Trust Fund, there's definitely an emphasis or a focus of investments in the urban areas. I would like to just for a moment examine the possibility of investments being made in the rural areas.

I acknowledge that this is somewhat selfish, but I would like to draw to your attention, and get a response from the minister, that the Stony Plain constituency is an area of well over 2,000 square miles in a service area serviced by a very old 22-bed hospital. The town of Stony Plain has a very pioneer community and not a single auxiliary bed is there. It is a concern, and it has been evidenced by a very large petition circulated, that our seniors married 50 and 60 years are split up and they're sent to Edmonton to auxiliary facilities and that. To me it would be welcome news if we could hear from the minister that there's a possibility of some investment from the heritage fund in some of the rural areas where such severe problems can be demonstrated. I would like a reaction to that.

MR. CHAIRMAN: The Chair is really stretching it this time, to entertain some of the questions that we have. Perhaps I'll allow this one to go through, but I would appreciate it if we could come back to the report in front on us. I know it can be stretched to entertain the kind of question that was brought forward, but I would hope we're not going to have to start to deal with each constituency's concerns specifically as we go through these hearings. Mr. Minister.

MR. M. MOORE: Well, Mr. Chairman, as long as the questions are couched in the language of "are we considering using the

heritage trust fund," I guess we can deal with any community from Vulcan to High Level.

The short answer to the question is that I don't think we will be considering using the heritage fund for projects like that, nor do I think we should. The heritage fund capital projects division is, in my view, more designed to finance projects that are of significant benefit to the entire province or a region of the province and provides for an opportunity to do things that we mightn't otherwise do. Normal budgets during normal times would not have built the Mackenzie Health Sciences Centre. Normal budgets would not have put \$33 million into cancer research. Those are extras.

But to get back to the question of Stony Plain, there's no question that that community is deserving of and in line for a capital project involving active-treatment beds and auxiliary beds. But in my view, that should be accommodated outside of the capital projects division from the regular budget of the Department of Hospitals and Medical Care — well, from the capital fund, actually, from Treasury that we've been using the last two years.

MR. CHAIRMAN: Any further questions? The Member for Calgary-Buffalo, followed by the Member for Calgary-Mountain View.

MR. CHUMIR: Thank you, Mr. Chairman. I have a line of questioning that requires similar indulgence. It relates to the Colonel Belcher hospital in Calgary, and it certainly is crafted in the sense of use of heritage fund money in a general sense.

As the minister is all too well aware, the board of the Colonel Belcher has recently made a decision to eliminate active-treatment and medical beds and convert the Colonel Belcher into a total geriatric centre in the future. This is in distinction to its current use as a facility for veterans and a full active-treatment hospital. The geriatric direction is a very sensible one in terms of the long-term needs of this province, and in a general sense I have been pressing the government in the Legislature to pay more attention to the needs of the aging population, with particular emphasis on geriatric specialties. I'd like to commend the Calgary district hospital board for their hard work and for what is a decision which makes a great deal of sense from the limited perspective they have in attempting to rationalize the use of three hospitals.

But there still is great deal of concern amongst the veterans' groups, which the board has tried to address and allay. My concern is to ensure that if the plan does go ahead, there is the maximum number of guarantees for the rights of veterans, and it's in that context that perhaps there might be the need for additional expenditures from the heritage fund or otherwise on behalf of the government in order to satisfy some of the valid needs and concerns of the veterans.

In a global perspective, what concerns me about the process that is taking place is that the minister of hospitals is transferring the responsibility for making the decision with respect to that hospital from his government and the federal government out of the Calgary district hospital board. The veterans have special rights and have claimed the special consideration from two perspectives. One is their status as veterans, arising from the debt that we owe to them for their service, but the second perspective is a specific contractual one, because in 1979 the hospital was transferred from the federal government to the provincial government and there were specific guarantees there to the effect that there would be a minimum of 155 long-term beds and

30 active-treatment beds made available specifically for the use of veterans. There is provision in that agreement for the federal government and the provincial government to agree specifically to provide for some alternate facilities. So the concern I have is that this decision is being made by the hospital board in very good faith and with some apparent common sense to long-term rationalization but without any evidence of the minister having made the specific change in that contractual arrangement with the federal government.

So I would ask, I guess, first off, whether or not the minister has entered into any agreement or arrangement with the federal government with respect to that change in the contractual arrangement of 1979, including any arrangements for special funding to take care of some of the special guarantees and concerns with respect to rights of veterans.

MR. CHAIRMAN: Members of the committee — just before you, Mr. Minister, answer that — I recognize the timeliness of this particular question and that it is a current matter before the government, I suppose. I also recognize the scale that members are applying to tie these things into the heritage trust fund. But I think that perhaps we're just starting to stretch it a little too far when we're discussing federal contractual arrangements. I really don't see the pertinence to the trust fund. I will allow the minister to perhaps give a short response to the questions that have been posed, but again I would ask the members to please focus back on the Heritage Savings Trust Fund and the '86-87 annual report.

MR. M. MOORE: Mr. Chairman, it's rather interesting. Last year the hon. member and others were accusing me of interfering with local autonomy, and now when we let the local hospital board make the decision, they're suggesting I'm not meeting my responsibilities.

The facts of the matter are that the Calgary District Hospital Group did have extensive discussions with myself over their proposals to outline a new role for the three hospitals they have under their jurisdiction, and they've done an excellent job of moving programs from one hospital to another and phasing out some that are duplicated so as to effect some real cost savings.

During the course of those discussions the subject of geriatric care and the subject of a possible duplication of the world-class geriatric care facility that's here in Edmonton at the Youville was discussed, and the Calgary District Hospital Group expressed an interest in trying to develop something in one of their hospitals. Quite naturally the Colonel Belcher appeared to them to be an ideal location for that. So it was totally within the board's jurisdiction to go ahead and develop some programming in that area. I've been made fully aware of what they've been doing throughout, and quite frankly I'm very supportive of the direction they're going in terms of developing the geriatric care facility, which will be of immense value not only to veterans but to all the other people in the Calgary region that may need the services that will be provided there. So I think it's an excellent initiative by the board. They've assured me that all the surgical and medical programs that are now going on at the Colonel Belcher will be transferred to the Holy Cross hospital and that their needs will be met at that hospital in that area.

I can't say any more than that except that in these times of difficult budget decisions I think it's very responsible of the board to try to improve their medical care and do so within the same kind of dollars they were previously expending. That's exactly what they've done so far with the decisions they're mak-

ing in the use of those three hospitals.

MR. CHUMIR: Thank you, Mr. Minister. I, too, agree that the board is acting responsibly. The concern I have here is that this is a very special situation because there is a contractual agreement, which I have here. I'm sure the minister is aware of it; I can provide him with a copy if he likes. But it specifically provides guarantees with respect to the nature of the number of beds and the nature of care to the veterans and provides that if there is to be a change, Canada and the provinces may agree to substitute for the . . .

MR. CHAIRMAN: The Chair is going to intercede here, Member for Calgary-Buffalo. Again I'm having a difficult time relating a federal agreement to the Heritage Savings Trust Fund meetings. I'm sorry, I'm just not prepared to entertain any further questions on that matter.

MR. CHUMIR: Perhaps I could shift gears a little with respect to getting right into the heart of funding and just ask whether the minister is prepared to seek out or commit heritage trust fund funds in order to provide extra services with respect to doctors and ambulances in order to allay concerns of veterans in light of the very special situation we're dealing with here.

MR. M. MOORE: Well, first of all, my understanding from the Calgary District Hospital Group is that they have every intention of meeting whatever agreements presently exist or might be made with respect to the federal government and the province as well and the veterans groups. The question is not one of withdrawing services; they're actually proposing to enhance very substantially the services that are provided for veterans in the Calgary area and indeed for other senior citizens. So there won't be a requirement for any substantial additional funds under the proposal that has been made by the Calgary District Hospital Group. They can all be accommodated within the General Revenue Fund of the province in the dollars that are allocated to the Calgary District Hospital Group.

MR. CHUMIR: The funding concern I have — and this appears in the statement of the board, discussing the difficulties they have with the three hospitals — is that the funding base is providing the push that requires the rationalization. It's in that context that we're dealing with the special hospital. I was wondering whether or not there is any consideration for special funding to enable the board to perhaps go a little bit further than they might be able to go on the basis of standard funding policies because of the special situation here.

MR. M. MOORE: The hon. member knows full well that the Calgary District Hospital Group could have easily met the spirit and the intent of the agreement and at the same time reduced services from the Colonel Belcher hospital dramatically. What the board has decided to do instead is to reallocate funds from other hospitals and to develop a world-class geriatric care facility. I find that to be a very good initiative on the board's behalf, and it's not one that requires additional funding. It's within the global budget of the hospital at the present time.

MR. CHAIRMAN: Member for Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman. I'd like to welcome the minister as well, and ask him some questions

about his department's responsibility for the Alberta Children's Provincial General hospital, which is found on page 17 of the 1986-87 annual report.

MR. CHAIRMAN: The Chair was encouraged to see the annual report in the member's hands before he posed the question.

MR. HAWKESWORTH: In his opening comments the minister mentioned the Mackenzie Health Sciences Centre and the Cancer Centre and Specialty Services Facility. I guess maybe because some questions were directed to him a year ago about the children's hospital, he might take a few minutes, if he wishes, in answering these questions of mine to talk about the future of that hospital.

I'm particularly interested, Mr. Minister, in the future role of the Gordon Townsend school, which, as you know, is an educational institution attached to the hospital. It provides services for multiply handicapped and medically fragile children. For that reason, it's attached to a hospital, and the Alberta children's hospital is the most appropriate and the most obvious one. There appears to be some sort of push to close that facility for possible expansion of the children's hospital, and I'd like to ask the minister if that's his understanding or if he could tell us specifically what he sees as being the future of the Gordon Townsend school at the children's hospital. Will they continue to be providing educational services to children there? Will that be something the minister anticipates going on for some years into the future?

MR. M. MOORE: Mr. Chairman, I don't really know what the long-term future of that school will be. The only thing I can say: in the current budgetary planning we have made provisions in the global budget for the hospital to maintain the school. There is also a report that's been completed by the Calgary district hospital advisory council and presented to me, outlining what they believe should be the future role of the Calgary children's hospital.

I have sent copies of that report to the other Calgary hospitals and asked them for their concurrence in terms of that role, because it does involve the phasing out of pediatric beds in other hospitals and a consolidation of the pediatric services for children in Calgary at the children's hospital, with some beds still at two community hospitals, the Rockyview and the Peter Lougheed, as well as some expertise, of course, at the Foothills hospital. All of the hospitals have concurred with the new proposed plan, and we're now in the process of looking at how that can be developed at the Calgary children's hospital. Once we get a more definitive plan in terms of requirement for capital expenditures, expansion of beds, and so on at the children's hospital, it's my intention to seek approval of our cabinet finance committee to finance the cost of it. In the meantime the school continues to operate, and under the new plan nothing is suggested that would suggest the closure of the school.

The only thing I can add for the hon. member's benefit is that enrollment in the school in recent years has been declining, and it's been declining because our objective is to try to keep students of that nature, with those kinds of illnesses, as close to home as possible. As the member would know, there are a lot of communities developing specialized educational services now that allow their students that might otherwise have been in the Gordon Townsend school to stay in their own home communities. So it is naturally declining in enrollment for that reason. At what point it will decline to the extent that a decision

is made to close it and move the children to other facilities — I don't know when that will occur or if it will ever occur. In the meantime my understanding is that in the hospital there is sufficient space for some considerable expansion of the number of beds there for acute care of children by using some of the space that was formerly occupied by the school, but that wouldn't in any way interfere with the existing operations of the school because of the number of students that are there.

MR. CHAIRMAN: Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman. As the minister has indicated, a number of these children with medical difficulties and handicap disabilities are being schooled in other programs throughout the city of Calgary, but what the board of education has done this last year, given the cutbacks in grants which they have received from the provincial government, is look at programs they offer, particularly the expensive ones and particularly ones that aren't sort of traditional educational services. They've cut those. Now, some of their services have been provided through special education funding which they receive from the provincial government of about \$167 per child per year, and that special education funding was not cut this last year. But given the global cuts, they have taken a close look at their budget and have said, "You know, we're providing medical services to these children."

I'd like to ask the minister, given that there are cutbacks in education, there have been cuts at the Alberta Children's hospital, and the fact that these parents are quite concerned about the future of the services being provided to their kids: is he monitoring the effect of the cutbacks on the Alberta children's hospital and the effect it is having on the overall level of service to these children? And in doing that monitoring, is any consideration being given to the cuts in all the services provided to medically fragile children in the city of Calgary through programs such as those offered by the boards of education? That is, is there any co-ordination going on, and is there any monitoring to understand what the full impact of the cutbacks has been on services to handicapped children?

MR. M. MOORE: Mr. Chairman, the latitude's getting broader and broader. We've now expanded not only from the Heritage Savings Trust Fund but to the budget of the department of hospitals and now to the budget of the Department of Education. Maybe I should call the Minister of Education in and get her to help me, because quite frankly I don't have the answer to what the Calgary board of education is doing with respect to their mandate to provide educational services to handicapped children. I don't have that answer. I do know what has occurred at the children's hospital, and the hon. member, if he would look at the budget from last year, will recognize that there was no budget cut at the children's hospital. In fact, there was an increase last year. We maintained the programs that support the children in the Gordon Townsend school at the children's hospital in Calgary. More recently we've even provided some additional funding. That may not be something that was advertised widely, but we provided additional funding to ensure that there wouldn't be any closure of beds at the children's hospital in order to meet their budget. So everything that was previously being done there with respect to the education of children that were in their care is still being done, and the budget had absolutely no effect on it.

MR. CHAIRMAN: Member for Calgary-Mountain View, perhaps with your final supplementary. Although you started with your trust fund report in hand — you can come back to the trust fund report and the minister in front of us.

MR. HAWKESWORTH: Well, thank you, Mr. Chairman. The Heritage Savings Trust Fund report includes a reference to a school which provides a full range of educational services for children at the Alberta children's hospital. Given the concern a lot of the parents of these children have for the future of that school and the role it plays in the education of their children, along with all the other services provided at the hospital, I'm wanting to find out from the minister if he can allay some of the concerns these parents have.

The Alberta children's hospital board agreed, apparently this last year, to keep the Gordon Townsend school open for one more year, and I don't know whether that reprieve is going to be extended into the future, which is what I . . . And given the overall cutback that's taken place in the services to these children throughout the system, this is of grave concern to the parents who have children there. They'd like to know whether the services being provided at the Gordon Townsend school are going to be cut in the near future. If the minister could take the opportunity to alleviate those concerns the parents have, that come the next year or perhaps two years from now that Alberta children's hospital board is going to cut out the Gordon Townsend school and the services provided there — if he can alleviate those concerns and tell the parents that's not going to happen, I think they would be very, very appreciative to hear the minister state that.

So given these general decreases in the levels of service these children are getting throughout this system, educational and otherwise, could the minister tell me what he sees the future beyond this coming year for that school to be? Is he up in the air about it? Is he not sure what the long-term role is? Is it still open for discussion, or could he give some indication that beyond this year or the next it will be in operation?

MR. M. MOORE: Mr. Chairman, that was the member's first question and I answered it fully, but I'll do so again. [interjection] Perhaps we can get the transcript, but that's exactly the question that was asked in the first instance. It was: "What about the future of the Gordon Townsend school?" What I said was that the policy of this government is to try to provide educational opportunities for handicapped children in their home setting, in their home school, and that's been happening. As a result of that, there's been a very natural evolution of the Gordon Townsend school which has resulted in a decline in enrollment there because parents from Vulcan and Lethbridge and lots of other communities around Calgary, not to mention the city of Calgary itself, would rather have their children going to a school nearby that provides services for handicapped children as opposed to moving to the Gordon Townsend school at the Alberta children's hospital.

So that decline in enrollment has been occurring, and at what stage the board of the children's hospital says finally that enrollment is too small here to actually operate this school and transfers the children to other facilities, I don't know. I don't have a crystal ball. There has been no discussion of closing the school at any time with me, with the board of directors; that's never been a consideration that I know of. They may have considered it in their board meetings, but they certainly never made any proposals to my office with regard to closing the school. I

would expect that it will be open at least next year. Beyond that, I don't know, because I don't know what the future is going to hold for the education of those children. Obviously they will be accommodated somewhere, hopefully closer to the communities in which they live.

MR. CHAIRMAN: Member for Athabasca-Lac La Biche, followed by the Member for Little Bow.

MR. PIQUETTE: That you very much, Mr. Chairman. Welcome to the minister. These are questions related to the Walter C. Mackenzie Health Sciences Centre. When the hospital was built, there was no helicopter landing pad built as part of the hospital. Patients arriving must be dropped off at Corbett Hall, from what I'm told, where an ambulance meets them and takes them to the hospital. Now, the Toronto Hospital for Sick Children has had helicopter access for the past 20 years. In this new money which will be given out this year or spent through the Alberta heritage trust fund this year, are there currently plans to build a helicopter landing pad at the hospital, or is that being looked at at all?

MR. M. MOORE: The capital estimates of the Heritage Savings Trust Fund capital projects division do not include any funds for a helicopter landing pad.

MR. PIQUETTE: Can the minister elaborate why not?

MR. M. MOORE: Well, first of all, we've not had a request from the hospital that funds for that purpose be included in the capital projects division, and I would think probably they would not be. If we did have a request and agreed to accede to it, it would likely be something that would come out of the General Revenue Fund.

The problem there is not the cost of the helicopter landing pad insofar as the University hospital is concerned. I think there would have been one there by now. The problem is largely one of where to put it. It's a debate that's been going on for some length of time at the hospital board level and in the community, as the hon. member might know. It's not easy to find a place to locate a helicopter landing pad for a hospital as large as the University hospital, with the possibility of rotary-winged aircraft coming and going at all hours of the night. As the member will no doubt know, we did have several complaints from people living in the area about the existing site, and a discussion is still under way, as far as I know, about where they might finally locate a permanent helicopter landing pad. So until that's decided, it's rather difficult to figure out how it's going to be funded.

MR. PIQUETTE: I take it we're going to be looking at a whole provincial ambulance service. You know, part of our priority would be to make sure that, especially when it treats people that are extremely ill, we should be looking at a helicopter landing pad to make sure patients are able to arrive as quickly as possible at the emergency wing of the hospital.

Now, I'd like to ask some questions relating to the administration of the hospital. Would you have any figures about the average occupancy rate of the centre — in other words, what proportion of the hospital beds are vacant any given time — and how this compares with the occupancy rates of other major hospitals in Edmonton and Calgary?

MR. M. MOORE: I'm sorry, Mr. Chairman, I don't have the occupancy rate figures of the hospital in front of me. My recollection is that they ran about 88 percent last year, but that can vary month by month as well. I should add that occupancy figures are sometimes misleading, too, depending on the kind of hospital you have, because you may have one section of it utilized for a specific purpose that has a very low occupancy rate while the rest of the hospital is 95 percent occupied. But the University hospital, my recollection is, is just under 90 percent occupancy, which is very high.

MR. PIQUETTE: I guess the last question I have is relating to applied health/disease research. From 1976 to '82 we funded cardiac research \$29 million in total. These programs implemented as a result of research are now funded through the general revenue. Is cardiac research no longer a priority for medical research in Alberta, or who is currently funding cardiac research in Alberta? Is it the department of hospitals and medicare, the Alberta Heritage Foundation for Medical Research, or is it a combination of some of these?

MR. M. MOORE: The cardiac research that is presently going on in Alberta would be funded from a variety of sources. First of all, there are considerable amounts of money coming from volunteer donations that come through the Heart Foundation and organizations that collect funds for that purpose. Then there are in both of our universities, the University of Calgary and the University of Alberta, funds that come from the public purse that are being utilized in cardiac research. Both of the two major hospitals, the Foothills hospital in Calgary and the University hospital in Edmonton, have funding coming from their global budgets that's used in cardiac research. And then finally, of course, the heritage medical research funds are, from my understanding, used quite extensively in cardiac research. They, of course, are now the responsibility of the Minister of Technology, Research and Telecommunications. But there are at least those four sources — the privately donated funds, funds coming from the government through the university, funds coming from the government through the hospitals, and the Heritage Foundation for Medical Research — that do fund cardiac research.

MR. R. SPEAKER: Mr. Chairman, my questions would be under the general topic of new projects and would specifically apply to the category of applied cancer research. As introduction, I've always seen the Heritage Savings Trust Fund as the opportunity to focus in on some of our higher need areas in terms of pure and applied research in the medical field, and the minister just commented on the process that heart disease research has gone through, where we funded it by the Heritage Savings Trust Fund and then the ongoing was through the General Revenue Fund and it took its priority with other programs. I note under the Alberta Heritage Foundation for Medical Research that there is a variety of programs being supported, and the number of research people and scientists coming into Alberta that will have diverse capabilities to certainly supplement better health care in our province.

I'd be interested, first of all, as just general information from the minister in terms of the 16 new projects he referred to, if he could give an idea of whether there are some new directions we're taking with those new projects. Is it research on problems that have been here for some period of time? Is there something new happening in cancer, like new strains, new varieties, new findings that require advanced research, that is starting to take

us in a new direction? What's actually happening?

Then I'd like to ask the minister a kind of related question, Mr. Chairman, about whether he or his department or government is considering another priority.

MR. M. MOORE: Mr. Chairman, the hon. member asks some interesting questions which I'm not really qualified to comment upon: much of the detail of the type of research that's going on. But I do have a copy of the annual report for the period ended March 31, 1987, of the Heritage Savings Trust Fund applied research projects from the Alberta Cancer Board. I believe this was made public, but if the hon. member or any other hon. member would like a copy, just call my office and we can get you a copy of it. It gives you a lot of detail.

But just let me say these things. The following describes the nature of some of the research projects for the period 1986-87. There were three grants valued at \$206,000 that partially supported research projects using the nuclear magnetic imaging facility. You will recall that the heritage medical foundation purchased an MR scanner about a year and a half or two years ago. I can't recall the exact capital cost of that, but it would be somewhere in the order of \$2 million set up. So grants from the applied cancer research went to research which was using that machine to do certain kinds of research projects.

There are two major projects using special techniques called radioimmunoimaging to detect certain types of cancer in the breast or colon by using antibodies called monoclonal antibodies. Now, that doesn't make me much wiser than it makes the hon. Member for Little Bow, but anyway, those are the kinds of things we're dealing with: new techniques to try to identify ways in which cancer can be treated.

Several projects dealt with radiation techniques to improve the time exposures and doses of radiation used to treat cancer. We can all understand that. A large number of projects involved complex biochemistry studies on cell structure, et cetera. So those are the kinds of things that are being done. They're very highly technical in nature, but this book, Mr. Chairman, would be helpful to those who want to get a little better idea of what actually is being done with the dollars. I suggest that you really have to be a student of medicine to sort of pass judgment on these, and that's why I don't try to; we have a committee that considers the grants that are applied for. I sign the bottom line as minister of hospitals approving grants for various projects, but thus far have avoided trying to pass judgment on which ones should be funded and which ones are not, because we have a committee of medical experts to do that.

MR. R. SPEAKER: Mr. Chairman, maybe I could ask my related question. Since the implementation of these programs, both the heart disease and the cancer research in the Heritage Foundation for Medical Research, the innocents in our province, the innocent people in terms of the AIDS disease, are being affected. In the minister's mind, are we at a point in time where heritage funds should be directed to research in that area to accelerate the hopes of finding some cure or some abatement for the spread of that particular disease? Because, as I say, the innocents — I'm talking about those through blood transfusions, those in terms of unknowingly attracting the disease. I use that word "innocents" to try to define the persons that my concern is aimed at.

MR. M. MOORE: Mr. Chairman, I didn't quite catch what the hon. member's opening comments were, referring to . . .

MR. R. SPEAKER: I was just saying that through the Heritage Savings Trust Fund, and it relates to my first comments, what we as legislators did was to focus dollars and concern with regards to a disease area such as cancer or heart disease, and we've put more funds into those areas to try and accelerate the research and accelerate the road to the cure. And then, as you have done with applied heart disease research, we transferred that into general revenue funding to have an ongoing focus on the problem. I'm just saying that since we did that, this disease of AIDS has raised its head considerably. It has moved from not only one community of our society to the broad community, whom I call the innocents, and I think it's time . . . I'm asking the question to the minister: in light of that, have considerations been made — are we at a point in time where heritage funds should be focused upon that particular disease in our communities around the world? We're talking about in the millions of people at this point.

MR. M. MOORE: Well, first of all, I think it would be wrong to detract from the research that's going on with respect to heart disease or cancer or some of the other areas that we've been working in and focus that money on research into a cure for AIDS. Our general approach with regard to the AIDS disease has been to put some funding and efforts into informing the public of ways in which contact with that disease can be avoided, and that's under the Minister of Community and Occupational Health, the Hon. Jim Dinning. He just announced three weeks ago a major program in the area of education.

Now, I have no doubt that some research funds will find their way into the hands of researchers from the heritage medical research foundation, who provide grants for a variety of things, and they may well be helpful. On the other hand, the hon. member knows that around the world, research is going on in this area. And while we shouldn't always be depending on somebody else, I believe there is a lot going on, and it seems to me that any focus of research dollars would probably be well to come at a national level and a world level, and probably is. But I think it would be wrong to take money from our existing research programs for things like heart disease and cancer, which in many respects are not nearly as preventable as is the spread of AIDS. There are certain life-styles attached to all diseases, I guess, but the fact is that things like Alzheimer's disease, which almost no research has ever been done into, are there and need to have some research dollars too, and are something that as far as we know are completely nonpreventable, and would be ones that would suffer if we tried to direct our money in a specific area.

MR. R. SPEAKER: Mr. Chairman, just as a closing comment, I didn't have the intent of taking away from either cancer research or heart research, or other priorities as established by the medical research endowment fund. I just wanted to know whether there was any priority in terms of the government's thinking at this time, and I think the minister has answered that question.

Thank you.

MR. M. MOORE: Well, that's an important question from this point of view. We set up the Heritage Foundation for Medical Research, which now is the responsibility of my colleague the hon. Mr. Young. We set it up on the basis of its having a board of directors that governs the fund, with some overseeing from an outside committee and with a real hands-off approach from government. So we don't direct in any way, shape, or form

where those funds from the heritage research fund go, and I think that's appropriate. You remember that the reason was originally that researchers said that it's difficult to get people to come here and establish in our province and do research work if their budget is subject to the decisions of the government on an annual basis. They wanted a fund that could be removed from the government, so we put an endowment of \$300 million in there and set it up so that we don't direct where the funds go. That doesn't stop any member of the Legislature or myself from time to time from submitting to the committee a suggestion as to some specific project they might embark upon, and indeed that is done.

MR. CHAIRMAN: The Member for Pincher Creek-Crowsnest, followed by the Member for Lloydminster.

MR. BRADLEY: Thank you, Mr. Chairman. Given the admonishment of the Chair, I'm going to have to limit my questions to not asking the minister about the need for nursing home beds in Pincher Creek.

But what I did want to ask him: as a committee and as a government, as members of the Legislature, with the capital projects division at 20 percent of the fund and no new funds going into the Heritage Savings Trust Fund and the fact that we are getting close to that 20 percent of the Heritage Savings Trust Fund invested in the capital projects division of the fund — there are a number of investments we have made in the health care related and research related areas — given the limitation on funds we've had and the fact that we're slowing down investments in other capital projects, are there any areas the minister foresees we will be requiring additional funds or additional investments in, in the current projects or any other projects in the health field? I'm asking it also in the context of realizing the restrictions he has on the funds he has available from the General Revenue Fund. Are there any special needs or cases that he feels there is a need for additional funds from the trust fund to be invested in the health care area?

MR. M. MOORE: The one that comes to my mind quite often — we've got the ongoing costs of building nursing home beds in Pincher Creek and auxiliary hospital beds in Vulcan and in Stony Plain, all of which can come out of the General Revenue Fund, and I think should.

The one area that interests me a great deal in terms of what we need to do to improve the situation is the whole area of ambulance services. As you know, we have a committee chaired by Stan Schumacher, MLA for Drumheller, that has been holding public hearings across the province. It's completed that portion of their work and is now busy trying to write a report making recommendations for major changes in the ambulance system. I think that will be their recommendation. There may well be, on a one-time-only basis, some opportunity to suggest an injection of funds from the capital projects division to upgrade the ambulance system. I can't offhand think of any other areas that are provincewide and sort of the nature of being a help to everybody.

MR. BRADLEY: Are we looking at any further investments for the Walter C. Mackenzie Health Sciences Centre? Is that investment now completed?

MR. M. MOORE: The expectation is that in 1987-88 there would be \$2.3 million expended and then probably about the

same the following fiscal year. That's with the transferring of the medical research building to Advanced Education. That project is about \$17.6 million, none of which has been completed yet.

The only other areas that need to be considered in future years are the demolition of the '50 and '57 wings or, if they are not demolished, then the upgrading of them -- I presume one or the other will occur -- and the landscaping that should occur in that area. So there's not really very much left to fund. It's almost totally completed.

I would expect that in another fiscal year after this one we could complete the project insofar as the capital projects division is concerned, and if there is any ongoing work it would be done with the General Revenue Fund. This year, for example, there's a proposal there that we would fund some improvements to the guardrails and so on inside the hospital. That could just as well be done with the General Revenue Fund, but it was part of the original project. I think that another year after this year and we can probably say it's wound down except for the medical research building, which will be in Advanced Education come next year.

MR. BRADLEY: One final supplementary. It has to do with the Alberta Heritage Foundation for Medical Research, recognizing that's in the minister of technology's domain. We've discussed some of this applied research in cancer and cardiac research, and I was appreciative of the minister's overview, how the different areas interrelate in terms of funding with universities and private foundations, but my understanding is that the Alberta Heritage Foundation for Medical Research basically looks at basic research; they aren't into a lot of applied research. Is that an emphasis, that we should be asking the Heritage Foundation for Medical Research group to be looking more at applied research rather than basic?

MR. M. MOORE: I don't know the answer to that question. I think there is a considerable amount of applied research now that goes on, utilizing funding that goes through the universities and through the two Crown hospitals: the Foothills in Calgary and the University in Edmonton. So it's a matter of balancing that, and I suspect that if the balance seems to be that there's a real shortage of funds for applied research, the Heritage Foundation for Medical Research would look at it. I would hope they would.

MR. CHAIRMAN: The Member for Lloydminster, followed by the Member for Edmonton-Kingsway.

MR. CHERRY: Thanks, Mr. Chairman. Mr. Minister, you indicated last year that you had dropped the original plan which called for the demolition of the old sections of the University hospital following the construction of the Mackenzie. You said that you requested a short study to outline the capital costs of refurbishing those wings for use as auxiliary hospital care. I was just wondering if you could update us on that. What actions or decisions have been taken up to now on that?

MR. M. MOORE: Mr. Chairman, we asked the University hospital board to do a feasibility study of upgrading the '50 and '57 wings so that we might utilize those wings for extended care beds. They did that and came back with a figure for upgrading that was close to the cost of new construction. I wasn't very pleased with that result because it seemed to me that a hospital

that had just been in use a few short months ago and was not that old could have accommodated auxiliary beds without so much cost. The trouble is that it's hard to hire a consultant that doesn't want to reinvent the wheel or rebuild the hospital when all you need is a paint job and, unfortunately, we weren't able to get a cost estimate that would allow us to proceed. What we did was say to the University hospital: just maintain the buildings as they are for a period of time.

We want to complete the long-term care committee report that's now being done by Dianne Mirosh and her committee and then try to assess where we're going to go in long-term care. Once we've completed our policy discussions there, we'd be in a position to know how many additional auxiliary or nursing home beds are going to be required in Edmonton over the next 10 or 15 years. I hope to be at that position within a year, and then we can say we do or do not require those two wings at the University hospital. At that time we'll make a decision as to whether to retain them and upgrade them or demolish them. I suspect, Mr. Chairman, that that decision is about a year away.

MR. CHAIRMAN: Any questions? No? Member for Edmonton-Kingsway, followed by the Member for Calgary-Buffalo.

MR. McEACHERN: Thank you, Mr. Chairman. I wanted to say before I get into my questions that I just read through the [Hansard] from last year's committee, and we did range fairly far and wide and had a very excellent discussion on a lot of points. I would be a little perturbed if we end up getting too narrow and too picky about who's sort of in order and who isn't. I think it's a good chance for the minister to put some of his thoughts before the people of Alberta. I think it's a good chance for us to ask some questions and for information on a lot of different aspects of what's going on, and it is not easy always to find somebody else to ask the question of on this committee.

I'll take my fellow member, the Member for Calgary-Mountain View, as an example. His questions about the education of those children in the Gordon Townsend school are not appropriate to ask either of Mr. Russell -- it might be appropriate to ask Nancy Betkowski, but she is not going to be before this committee. And that school was built by this heritage trust fund. So I think that one could just have the discussion and take it as far as one can go. If there's not a total amount of information available, then one takes it as far as one can go, stops there, and says, "Well, we'll have to look elsewhere." But I don't see that he should have been considered out of order in any way.

MR. M. MOORE: Mr. Chairman, I don't recall that anybody was declared out of order. I simply said that I'm not prepared to answer the questions with regard to the education of handicapped students outside of the Gordon Townsend school. I told you what I know about the continuation of it.

MR. McEACHERN: In the final analysis, in fact, Mr. Minister, you've been very good at giving as full an answer as you could, and I appreciate that. I guess I was complaining about the running of interference in saying we've got to somehow narrow down the discussion.

MR. CHAIRMAN: If I may, I might say that the Chair has shown a lot of flexibility and relaxation today. I've tried to be as accommodating as possible, but I also recognize that on many occasions the two hours that we have with ministers aren't

enough time to ask the questions that we'd like to ask.

MR. McEACHERN: All right. Anyway, I wanted to make a couple of comments about the Walter C. Mackenzie hospital and ask a question about it.

The Walter C. Mackenzie hospital was built on a very extravagant scale. It is maybe not the most efficient place to heat, for example. It's maybe not the most efficient place to go from one ward to another or to move around in, given the distances from one ward to another, and I'm sure that an expert in medical technology could tell us some other inefficiencies of the Taj Mahal kind of structure that we've built there. I know that it was conceived in a time when we had a lot of money, and I know there were a lot of problems in the initial stages: cost overruns and that sort of thing. Most of those got sorted out, and in the end we've got a very excellent building. I suppose my concern is that we've built it and now we are somewhat reluctant to fully fund the running of it. I think of our 3 percent cuts in health care in the last budget. For instance, some 54 beds have been closed and are still not open in that hospital as a result.

I guess that when you consider that it's also meant to be on the leading edge of technologies — the questions I was asking earlier about the high cost of technologies is something that is of concern, because you could consider new major expenditures on medical technology as either capital expenditures or as part of an ongoing operating budget; either way. So it could either come under further heritage trust fund money into that hospital or come out of general revenues. But I guess what I'm really asking is: is the government prepared to fund the operations of that hospital adequately so that we don't have wasted space and not use it to the full capacity that it could be used?

MR. M. MOORE: Mr. Chairman, I think the short answer to that is yes, but it's been very difficult for us to actually determine exactly what funding should be provided to the Mackenzie Health Sciences Centre, and it's difficult for us — that includes ourselves, the administration, and the board of the University hospital — because it's a brand new facility with all kinds of different programs we never ran before. So two years ago — and this goes back a bit before my time as minister — they brought in some consultants and said, "Study the programs, the nature of the new hospital, and give us an opinion as to what actually should be the funding level." That was done. After that there was debate between my department staff and the staff at the University hospital relative to that consultants' report, and a certain amount of funds were flowed to the hospital for the operation of the new facility.

All I can say is that that whole process of knowing what it really costs to run that place efficiently has not yet been finalized, but it's coming along fairly well. We're committed to the entire place being opened and fully funded. But one of the criticisms we often get from the other 126 hospitals in Alberta is: you fund the University hospital at the highest level of any; you know, there's too much money going into it compared to ours — that sort of thing. That's a valid complaint sometimes, although the University hospital is doing some very high-tech things. It's a teaching hospital. It's got a lot of costs built in that don't exist at other hospitals, but the Foothills hospital in Calgary is comparable, and it operates at a much lower level of costs. So I think we've got to be, if I can put it this way, pretty tough on the management and the staff at the University hospital to make sure they're spending dollars wisely. But on the other hand,

we're committed to making sure it all gets opened and that it does the job it was originally intended to do.

One of the difficulties with it is that you tend to have a very high-tech hospital with high operating costs sometimes doing things that could just as well be done at a hospital that operates for much less cost. But bear in mind that the University hospital is a teaching hospital too, and you can't pull everything out of there just because it's not high tech and send it somewhere else and still maintain the proper teaching component. So there are a lot of things to consider in trying to fund that hospital, but our commitment is to try and get it all open and fund it adequately.

MR. McEACHERN: Thank you for that answer. Actually, it puts me in mind that I was just talking to Mr. Portlock the other day. He said he had just been to the Middle East because some of the people there were interested in the extraordinary teaching program they have there. I guess he was over informing them about the programs here. So I guess it is rather unique for a hospital to be into that kind of area.

MR. M. MOORE: I didn't know he was over there. I hope the Middle East paid his way.

MR. McEACHERN: I don't know. He didn't say, and I didn't ask.

Anyway, as a sort of follow-up question, when that hospital was conceived — and you alluded to this problem earlier — Edmonton was expanding very rapidly, and it was assumed that we would need more acute care hospitals. In fact, you planned two others at the same time, one of which has been canceled and another which you considered not opening but have now decided to do so.

I guess hindsight is a great thing, and I'm just wondering what chance the government perhaps had of having the foresight to see that the real need was for auxiliary care and not for acute care. Consider that in district 24 alone — this was as of September 1, actually — there are some 300 people in acute care beds waiting to get back into auxiliary beds and some 600 people waiting on the other end, either in nursing homes, lodges, or their own private homes. Obviously, the need has been for auxiliary care, and I must say that that auxiliary care need goes back at least 16 or 17 years to when this government first came to power. I'm wondering, did that not show up at the time you decided to build an acute care hospital?

MR. M. MOORE: First of all, remember that the decision to build the two urban hospitals in Edmonton — and two in Calgary, for that matter — was made about 1978 or '79, and then the planning started. When the economic downturn came, all four were canceled. We said, "There'll be no urban hospital." Then my predecessor, Mr. Russell, came back a couple of years later and said: "There is a need for hospital services in the Mill Woods area and where the Peter Lougheed is built in Calgary, and we could build those two new urban hospitals, provided we did one other thing; that is, turn the downtown core hospital into an extended care facility, because that's where the elderly people are. They're downtown and need the extended care facilities, and the younger families are out in the suburbs and need the new, modern acute care hospital." So that was the decision that was made.

In the case of Edmonton we then had a very strong lobby from downtown Edmonton citizens that resulted in a decision to retain the Edmonton General as an acute care hospital. Then

when I became responsible as Minister of Hospitals and Medical Care, we had even further declines in our economy and even greater needs, in my view, for extended care beds. So we went back to the drawing board, went through long, long meetings with the hospital board and others in the community, and got back to the first decision of turning the Edmonton General into all auxiliary beds along with the Youville operation that's there. So that was a good decision which a year from next April will get us 350 more auxiliary beds in Edmonton and theoretically be able to empty all the auxiliary patients from the acute care beds they're now occupying.

A similar thing occurred in Calgary with the Holy Cross, the difference there being that the Holy Cross has agreed to reduce the number of active-treatment beds in their hospital in the redevelopment plan, and also, as we've just been discussing today, to turn the Colonel Belcher into a geriatric care centre. If that occurs, the reduction in the Calgary General beds and the opening of the Loughheed all balance out, so that in Calgary we actually have no more active-treatment beds with the opening of the Loughheed than we had before.

At the same time, we're working on trying to get additional auxiliary beds in Calgary. The district 7 Carewest people have offered to expand the rebuilding of the Cross Bow Auxiliary from 100 to 150 beds. We're also looking at a special pilot project involving 100 to 125 beds with the Beverly nursing home for the care of patients with advanced stages of Alzheimer's disease; it will be somewhere between the level of care of a nursing home and an auxiliary hospital.

So we have a lot of things happening today to improve the level of care for extended care patients both in nursing homes and auxiliary hospitals. Unfortunately, it takes time to build, and it's going to be a couple of years before a lot of those beds are actually being occupied. But as far as I'm concerned, we're on the right track now, at least.

MR. McEACHERN: Thank you. I guess I want to give my colleague from Stony Plain a little bit of help here on this next question, and it is related in a general sort of way. I was talking to some people from out that way, and they were raising the same problem that Jim just raised a short time ago. Putting it in the context of acute care beds, auxiliary beds, nursing beds — that sort of context in general — and this being just one example where there's a problem that needs to be dealt with, the feeling I've got from talking to a number of people is that we move people in their senior years a number of times. Most of us start out in our own homes or maybe an apartment, and then when we get to a point where we can't look after ourselves too well, from there we move into a lodge, where we get a certain amount of being looked after but maybe still have a little kitchen facility of our own if we choose to look after ourselves in that way. Then when you can no longer do that, you move to a nursing home, which I believe allows for something like 1.6 hours of nursing care a day, or up to that. Then when that gets to be not enough, supposedly you move to an auxiliary care which requires more nursing hours per day.

Now, all during that process, at any one of those stages, you can go into an active care hospital and back out again. I think that when it comes to building new facilities you have to stop and consider whether — if, say, we need more auxiliary beds, whether you're going to build it next to an acute care hospital or next to a nursing home or next to a lodge or how you're going to combine them. The feeling I got from talking to a number of people was that it's the lodge to nursing home to auxiliary care

that is the key, to have those together and in one area. If you take people who are already a bit confused from a nursing home and send them off to Edmonton for auxiliary care, you actually help to kill them. You slow them down, you disorient them, and they have a hard time adjusting. They have to leave behind, in many cases, a lot of friends and family that would come to visit them on a fairly regular basis who can now maybe only come to visit them once in a while.

So if you decide to build an auxiliary facility, the question that might arise, in the specific case of Stony Plain, for example, and I'm sure it's the same in other places, is: should you build that auxiliary facility along with an acute care hospital or should you build it along with the nursing home, which already has a number of people in it who require auxiliary care, but in fact they can't move them yet because there's a backlog? And so they end up getting jammed up with auxiliary-bed patients, who require more care than they're actually funded for anyway, so they have difficulty looking after them and feel the jam-up on that end of it. The auxiliary beds should surely be right in the same facility, if at all possible, rather than say, "Okay, let's move them somewhere else to an auxiliary facility." In other words, it's more important for the auxiliary facility to be with the nursing care facility than with an active care facility. In fact, an active care facility in Stony Plain, if it's trying to compete with the Royal Alex and the University, probably doesn't make a great deal of sense in comparison to making sure they have good auxiliary facilities. How does that fit with your thinking, or is that correct, or how do you see it?

MR. M. MOORE: Mr. Chairman, the hon. member's perception of the problems that exist and the solutions is so good that if he were in a different political party, he might have my job. That's a long way of saying I agree wholeheartedly with the comment that we've got to find better ways to keep from moving people in their later years from one level of care to another. That's upsetting to them, and if you have to go through that whole self-contained unit lodge, nursing home, auxiliary hospital system every two or three years, it is indeed difficult for seniors. I guess in another light, though, we're fortunate in Alberta that we have those facilities they can move to. In many countries of the world and even in some other provinces they wind up having to be cared for at home or wind up living on their own without any assistance.

There are two things I'd like to say, though. First of all, we have been moving very aggressively in the direction of combining nursing home and auxiliary hospital facilities. The new MacKenzie Place long-term care centre of 200 beds just built, attached to the Grande Prairie hospital, allows you to move from nursing home care to auxiliary care without moving from the room you're in. It is one and the same; the level of nursing care is simply increased, but you don't have to move. I think that's a coming concept, particularly in smaller communities outside of Edmonton and Calgary, because I don't think we can afford any longer to build a 50-bed nursing home and a 50-bed auxiliary hospital separate and apart, because of the economies of scale. They all should be built together.

The other thing that's occurring right now: Dianne Mirosh's committee on long-term care is going to report shortly, and some of their recommendations, I believe, will be along the lines of trying to put more of this under one roof. Home nursing care for seniors, auxiliary care, nursing homes, day hospitals: the whole thing needs to be better co-ordinated so that we deliver services from one agency.

In addition to that, I've got a pilot study going on right now that involves funding of long-term care patients on the basis of the nursing hours required, and we've categorized long-term care patients into seven different categories. Right now we fund nursing homes at about \$52 a day, with the \$14 a patient pays, and auxiliary hospitals at about double that. But we've got a lot of auxiliary patients in nursing homes; we've got some nursing home patients in auxiliary hospitals, but this arbitrary level of funding isn't flexible enough to meet the needs. What we're aiming for, and what I'd like to see, is a level of funding on seven different classes of patient that goes from the low care requirements to the high care requirements, so that we'll have the funding flow on the basis of the actual nursing hours required. There'll be a fixed amount for everybody for room and board, sort of, and then beyond that you'll move from half a nursing hour per day perhaps up to three, depending on the level of care that the patient requires, and we'll fund the hospital or the nursing home on that basis.

Frankly, I envision us being in a position before too long where we don't talk about nursing homes and auxiliary hospitals any longer; we talk about extended care facilities or long-term care facilities, and we amalgamate the two. That will avoid the move that people have to make to get from one facility to the other, resolve a lot of the funding problems that the hospitals and nursing homes have now, and allow us to go into communities like Stony Plain -- of that size -- and not just say that we're going to build auxiliary beds. We're going to build long-term care beds, and you may fill them with what we know today: half auxiliary patients and half nursing home patients. And as the nursing home patients do have to move -- they don't all move that way, but if they do have to move -- to a heavier nursing care, it'll be available right in that institution.

So, Mr. Chairman, the direction we're going is entirely consistent with what the member is suggesting.

MR. CHAIRMAN: The Member for Calgary-Buffalo.

MR. CHUMIR: Thank you, Mr. Chairman. My questions are not on this particular subject, but I can't resist commenting that the minister's statements with respect to the problems of moving patients is really what is at the heart of the concern of the veterans with respect to the Colonel Belcher: the having to move from the long-term care to the active care situation.

What I was wondering about is whether the minister could comment on the status of a proposal by the Kerby Centre in Calgary to provide a day program for seniors. This is an application that was made some time ago. I understand it's apparently falling between two departments. It's bouncing back and forth, and there's been no answer with respect to the proposal. It seems to make a tremendous amount of sense, and it's by a group that has a chosen track record in terms of caring for seniors. I was wondering whether or not the minister might comment on that, and particularly whether or not there's any plan to provide funding, whether through the heritage fund or otherwise.

MR. M. MOORE: We have a number of requests before us for day care, day hospital programs, and they are really awaiting some policy direction from Mr. Dinning and myself as to what way we're going to go before we can finalize them. In that regard we've asked the long-term care committee to make some recommendations about who operates day hospitals, day care programs, and how they're operated. The committee will be

reporting shortly. In fact, Dianne Mirosh, the MLA who is chairman of that committee, I hope will be in a position to outline to the meeting of the Alberta Hospital Association next week some of the thoughts of the committee. Certainly I hope to have their report at least by the end of the year, after which time we will circulate that report for public input over the course of the early part of 1988. And then I'm hopeful we can finalize a position by April or May of next year that will allow us to say that this is where we're going to have day hospitals or day care programs and this is how we're going to fund them, if we are, and just sort of generally develop a policy that will allow us to proceed with that.

There are a multitude of projects on my desk now for day hospitals and day care, far more than we can or should fund, and we have to decide, first of all, who's going to run them, what nature they're going to take, and how much funding we're going to provide. So the member is right: that project has sort of slid between two departments at the moment, but it isn't that it's forgotten about; it's being held in abeyance until we can make some firm decisions on new policy directions. And I think we need to do that, because we can't just sort of be funding things without a policy that tells us where we're going.

MR. CHUMIR: Well, in that comment you have hit upon a matter that has concerned me a great deal, and that is the issue of co-ordination of our policies with respect to hospitals and long-term care facilities for seniors. The minister's comments last year I think very clearly indicated that to a very large extent over the last 10 or 15 years we've been traveling in a rather unco-ordinated and haphazard approach to hospitals. For example, that's why we ended up with a children's hospital in Calgary at a location which is inappropriate and talk about changing it years later.

The minister referred to the long-term care committee. The question of co-ordination and planning is also another concern I have with respect to what is otherwise a very well directed and well-thought-out plan of the Colonel Belcher with respect to geriatric care, and that is that in many ways it seems to stand on its own. I've been searching for a plan or a framework into which it fits. So I wonder whether the minister could talk a bit about the long term, the co-ordination process that the government has in motion, if any, with respect to hospitals in general and care for seniors in particular.

MR. M. MOORE: Well, I made some of those comments earlier with regard to the acute care system when the hon. member was out, but I can say this about the long-term care system. There has always been a good deal of co-ordination and thought go into how we provide services for our seniors in long-term care. But remember, we're getting more and more seniors; we're moving into areas we never would have thought we'd be in before. It was only a few short years ago that we started funding in any major way home nursing care programs or home care programs. It's only in recent years that people have talked about day hospitals and day treatment programs, so we're in a position today where we've got to figure out how we co-ordinate new services that didn't used to exist. That's what the long-term care committee's job is, and their report will be the subject of wide public debate for a while. It will allow us then to finalize their report into government policy and know where we're going. And that will ultimately result, in my view, in some co-ordination of programs that doesn't exist now, and they're largely new programs that have been developed in recent

years.

I think we can meet that challenge, but I want to have an opportunity to do it on the basis of discussing it with all of the interest groups, the care givers, and the senior citizens.

MR. CHUMIR: Does the minister envisage a similar decision-making process down the line, in which a great deal of the decision-making authority is that of the local hospital boards involved, or is there any plan for a more hands-on, overall, co-ordinated approach from the provincial level?

MR. M. MOORE: In what area?

MR. CHUMIR: Oh, in respect of hospitals and the extended care facilities. I see it as -- or at least I hope that I would envisage the system as being one in which the planning with respect to both hospitals and senior facilities is co-ordinated, particularly in light of the large numbers of seniors that do occupy beds in hospitals.

MR. M. MOORE: Mr. Chairman, I commented earlier on our planning and co-ordination of acute care active-treatment hospital facilities and programs, and that's quite different. It presents quite a different challenge than the matter of providing services to seniors both through home care and day hospital and auxiliary and nursing home care. I commented as well on what we're trying to do in that second area of senior citizens. We're relying on the report of Dianne Mirosh's committee and the public debate that occurs then before we finalize our policy. In the area of acute care active-treatment hospitals, we've already made a great number of decisions. And I have people within my department who work on a daily basis ensuring there's not a duplication of programs and services and providing advice as to what we can approve.

I myself have been very extensively involved in both Edmonton and Calgary co-ordinating services. The whole debate and discussion about the Alberta children's hospital in Calgary has been a good one. It's allowed us to develop a plan to further consolidate pediatric services in Calgary in the Calgary children's hospital. And by the way, there's absolutely nothing wrong with the location of it and never was. That's a consultant's dream, that it ought to exist right next door to the Foothills hospital. It can exist quite nicely where it's at and provide an excellent service to the community.

So we don't have a major problem in terms of the co-ordinating of active-treatment facilities. We've done a lot in the last couple of years and will continue to do the co-ordinating there, on the basis of my responsibilities as minister of hospitals working with the various active-treatment hospital boards.

MR. CHAIRMAN: Member for Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman. I'd like to return to some of the questions raised earlier and ask the minister if he could clarify a couple of points that he made earlier.

I took from his earlier answers that there were no cuts in the operating budget to the Alberta children's hospital this year. Yet parents have told me that they've experienced a reduced level of service to their children. Positions for people such as speech therapists, social workers, occupational therapists, physiotherapists, and so on, have been eliminated. People have been let go, and the staff people that are left have expressed some frustration about the increased demands they are having to

bear. So I would just like to ask the minister: why is that happening at the Alberta children's hospital if the children's hospital has not had any reduction in the funds they receive? What's happening there?

MR. M. MOORE: First of all, Mr. Chairman, the children's hospital's programs, as the hon. member would know if he's familiar with it, over the course of the last year or two have been expanding quite rapidly. Yes, there were some reductions in administrative staff that in my view were necessary and did not mitigate against the health care of children who present themselves at that hospital. There were also some cuts in staff that were serving the community as a whole -- in fact, southern Alberta as a whole -- in terms of speech therapy and things like that, where they're going outside the hospital into the school system or elsewhere.

I was referring to the active-treatment hospital itself and the outpatient facilities there. We've been able to maintain the service levels there at a pace that's at least equal to 1986 -- in fact, in many cases, or in some cases, a substantial improvement over previous years.

I was in Calgary last Thursday morning and helped to open the new CT scanner at the children's hospital, a machine that's the most advanced CT scanner that money can buy, especially manufactured by Toshiba for that hospital. That's resulted in the opportunity there to do a lot more scans than might have otherwise been done utilizing other hospital facilities and to do them much more timely. That's a major new initiative that went into this year's budget: the capital cost of the machine and the operating cost. So if anything, the actual medical care in the hospital itself, both for inpatients and outpatients, has improved this year and not declined.

MR. HAWKESWORTH: Thank you, Mr. Chairman. I was glad to get that clarification from the minister about his earlier comment.

So I take it there have been come cuts in the outpatient services provided through the hospital, and I guess my question is, if those -- we've already had some questions earlier from members about the co-ordination of services as they affect geriatric care and other kinds of medical care in the community. As far as the outpatient services are concerned in the report -- the annual report of the trust fund makes reference to those -- I was wondering: who are those services being co-ordinated with? That is, who does the Alberta children's hospital co-ordinate the provision of these services with so that where there is duplication, that perhaps can be eliminated and money saved, but if there are gaps where care is not being provided to children, that those gaps can be filled? Where is the overall co-ordination? Is it with the Education department, with the school boards? Is it occupational health or community health, Social Services? Who does the hospital co-ordinate the provision of those services with, particularly given that there have been these cuts in the last year?

MR. M. MOORE: Well, we need to be clear about the term "outpatient services." Outpatient services are defined as those services provided in the hospital to patients who come in on a daily basis and don't occupy a bed overnight; they're called outpatients. There's been no reduction in services to outpatients at the Calgary children's hospital.

There has, however, been some reduction in the services provided by the hospital to other institutions, mainly school boards,

in that the Calgary children's hospital did have a number of professional people like speech pathologists who used to go out to the community on call to assist with speech therapy in a school setting. Nowhere else in Alberta that I'm aware of were those kinds of services provided by a hospital. Those have traditionally been services provided either by the school authority by itself or in consultation and co-operation with the local health unit or, in this case, the Calgary board of health. So any reduction in services there is something that would have been discussed with the school board and with the Calgary board of health. The hospital would have simply said: "We can no longer provide these services without cost to the school board or to the health unit. You'll have to provide them from your own resources, as they do everywhere else in Alberta."

MR. HAWKESWORTH: Mr. Chairman, to the minister. There is certainly no other children's hospital in Alberta of the model that we have represented by the Alberta children's hospital in Calgary, so that model's unique to start with.

But I'd just like to follow up, given that the provision of services to other institutions was the way the minister defined the services that had been cut. The Calgary board of education, as an example, is on record that they feel they're paying for medical services by providing these kinds of services to children that attend their system and have apparently stated publicly that they should be compensated for them outside of the property tax or the present system of funding which they receive. I'm just wondering if the minister has received a request from the Calgary board of education requesting money from his department to provide these kinds of services to these kinds of children, who either have medical problems or disabilities and handicaps.

MR. M. MOORE: Mr. Chairman, I've received requests from a number of school boards to provide assistance with funding what they call medical services in the school system, and we're just not able from my budget, particularly this year, to provide additional funds to school boards for medical services. I guess in my view it's a bit debatable whether or not we should have more than one department funding those kinds of services in the school system. I think they need to be funded on the basis of discussions between the Department of Education and the school boards, discussion as to whether they're funded from local budgets coming from Education or from property tax dollars or a combination of both. But I wouldn't want to see the Department of Hospitals and Medical Care, I don't think, get involved in providing grants to school authorities throughout the province for what they term medical services, because I think it would be stretching our mandate a little further than it should be stretched.

MR. CHAIRMAN: In light of the time I'll recognize the Member for Athabasca-Lac La Biche for some very succinct questions.

MR. PIQUETTE: Okay. A couple of questions here. One is relating to, as the Member for Edmonton-Kingsway raised, the gap in our system relating to extended care. I'd like to point out, for example, the situation in my constituency, where we have one nursing home serving a population of around 35,000. It's located in Athabasca. Now, Boyle and Lac La Biche, for example, have lodges or the senior citizen apartments and the auxiliary care hospital, but no nursing home. Speaking with

some of the hospital administrators, a lot of the people in the auxiliary hospital, for example, really belong in a nursing home. I would just like to question the minister: in terms of reviewing the needs right across the province, is your department conducting studies into rural and urban needs relating to nursing homes or the gaps that exist presently in the system? Or does that have to come from the local levels, organizations like health units, which would point out to the minister about these gaps that do presently exist in the nursing home situation?

MR. M. MOORE: Well, first of all, I'm relying upon the long-term care committee report to provide us with more guidance in how we care for our senior citizens. For instance, I think we need to firmly adopt policies with regard to how these services are provided, whether they be all from one institution or, as the present situation, from two or three. For instance, presently the Alberta Housing and Mortgage Corporation operates lodges and self-contained units. The health units, through the Department of Community and Occupational Health, provide funding for home nursing care. The Department of Hospitals and Medical Care provides the funding for nursing homes and auxiliary hospitals.

I want to know what direction we're going to go in terms of who provides funding and what kind of programs we're going to have. Are we going to increase our home nursing care programs — I emphasize "nursing care" — so that we allow people to stay in their homes longer, as opposed to going into nursing homes or auxiliary hospitals? If we are, I think we need to put some dollars into funding in that direction and slow down with constructing new nursing homes and auxiliary hospitals. We need to know that. Then, hopefully, we can develop — my ambition is to try to develop a plan that will take us through to about the year 2000 by saying, "In this region or this area, given these policies, we need so many long-term care beds." And I'll call them long term, not nursing home or auxiliary hospital, because earlier I said that we were discussing that they should be put together. Then we can look at Athabasca or any other community and say: "Yes, in that community there's going to be so many seniors over a period of time that need services. We think 30 percent of them can be provided with home nursing care and 20 percent need to be in lodges, with a little better nursing care. The rest, those who need help, need to be in nursing homes or auxiliary hospitals." Then we'll be able to say what is needed in those communities. I hope to be much better equipped a year from now to be able to do that.

In the meantime, what we've been doing is taking applications from auxiliary hospital and nursing home boards. They apply for a project, and we look at it on the basis of the demographics of that community, in terms of the age of the seniors and how many are actually in nursing homes or auxiliary hospitals now, and then decide whether or not to approve a project. That's served us fairly well, but I think we need to be a little sharper in terms of how we assess those projects than we have been in the past.

MR. PIQUETTE: Well, I'm glad to hear that because I think there are real communication problems that are developing in how these various facilities and needs are addressed.

The last question is relating to the education of handicapped children, which very often have been deinstitutionalized. I'd like to basically emphasize again that there are — you know, whether the Department of Education fully funds these students that are now being put into our schools or whether your depart-

ment does, what is really coming out very loud and clear from the various school boards is that there is inadequate funding at the present time to take care of these handicapped children that are being deinstitutionalized. There appears to be some passing of the buck, where the school boards are really having difficulty in terms of getting the funding which is required to make sure those students are not creating a penalty for other kids in their school programs. Now, what kind of co-ordination is there between your department relating to these students that are now being put in the care of the school boards to make sure there is adequate funding for these students needing medical attention?

MR. M. MOORE: Well, first of all, as I said earlier, our policy is to try, where we possibly can, to make sure that children who have special handicaps and need specialized education are provided with that in the local community. None of our smaller hospitals outside of Edmonton and Calgary have ever been equipped to deal with the educational needs of handicapped students, whether they be physically or mentally handicapped, other than Alberta Hospital Ponoka and Alberta Hospital Edmonton.

Nancy Betkowski, in her extensive comments with regard to the new School Act and in her recent major address to the Alberta School Trustees' Association, I think outlined quite well what our government's policy is with regard to the education of handicapped students. It is and will continue to be a responsibility of local school boards, as I understand her remarks, to provide those educational needs. She has also outlined very distinctly some proposals with respect to alternate methods and improved methods of providing an equitable amount of financing to school boards to achieve the desired goals there. So it's very clearly, in terms of handicapped students, a major responsibility of the education system firstly. Our Minister of Education is working hard to try to develop ways in which that can be accommodated within the existing system, and I think it's fair to say that school boards throughout the province are meeting that challenge and excited about meeting it.

MR. CHAIRMAN: Good. In light of the hour, Mr. Minister, I want to again thank you for appearing before the committee this afternoon. We witnessed a lot of creative questioning to tie in some of the issues with the trust fund in front of us, and I would hope we're going to see as much creativity when the recommendations come forward at the end of the hearings. We appreciate, Mr. Minister, that you were able to respond to a pretty broad range of questioning. I think it provided for some very helpful and fruitful discussion, so we appreciate it.

MR. HAWKESWORTH: Mr. Chairman, I just can't help observing that for the first time in my life, I attended a committee meeting where at one point the members of the opposition outnumbered the members of the government present. So it was a good thing you didn't put it to a vote.

MR. CHAIRMAN: A motion to adjourn would be in order.

AN HON. MEMBER: I so move.

MR. CHAIRMAN: There's no meeting Friday, no meeting Thursday afternoon. One comment, members, before you do leave. Tomorrow is a reading day. Wednesday the Auditor General will be here at 9:30 and not 10.

MR. PIQUETTE: At 9:30?

MR. CHAIRMAN: At 9:30. There was a request to have him a little earlier so that some of you could make it over to the MD and C.

MR. PIQUETTE: Thursday is 10 to 12, right?

MR. CHAIRMAN: Right; 9:30 on Wednesday.

[The committee adjourned at 4:02 p.m.]

