

2 p.m.

Wednesday, November 6, 1991

[Chairman: Mr. Ady]

MR. CHAIRMAN: I'd like to call the meeting to order and to welcome the Hon. Nancy Betkowski, the Minister of Health, to our committee this afternoon.

Just prior to going on with the committee, perhaps with the permission of the committee the Chair would like to digress and advise the school group in the gallery that they're watching the proceedings of the annual meetings of the Alberta Heritage Savings Trust Fund select committee. As I mentioned earlier, we have before us this afternoon the Minister of Health, and she will be accepting questions from the committee to give a response to funding allocated to her department from the Alberta Heritage Savings Trust Fund. We'd like to welcome you here and hope you enjoy your day at the Legislature. Would you like to give them a welcome?

Hon. minister, just prior to moving on with the formal part of our committee meeting today, we would like to give the members an opportunity to read recommendations into the record. The hon. Member for Athabasca-Lac La Biche.

MR. CARDINAL: Thank you very much, Mr. Chairman. I have four recommendations today. The first recommendation is

that a continuation be sought to the municipal recreation/tourism areas grant program to extend the funding for two more years beginning April 1992, utilizing the existing guidelines and policies.

The second recommendation:

that funding be provided from the Alberta Heritage Savings Trust Fund to the Department of Forestry, Lands and Wildlife and the Department of Municipal Affairs for the development of a 10-year master plan for detailed land use of all Crown lands bordering our lakes, rivers, and primary and secondary roads in Alberta.

The third recommendation:

that funding be provided from the Alberta Heritage Savings Trust Fund to the Department of Recreation and Parks for the development of a park network for the north in order to further diversify the economy and allow a process of co-ordinated development with other users.

The fourth recommendation:

that funding be provided from the Alberta Heritage Savings Trust Fund to the northern development branch for a bursary program for northern Albertans with a target of a minimum of 30 percent native content in that program.

Thank you very much.

MR. CHAIRMAN: Thank you.

Are there any other recommendations?

Madam Minister, the committee would certainly welcome any preliminary remarks that you'd like to make to them prior to entertaining questions from them. We welcome you and your deputy here this afternoon.

MS BETKOWSKI: Thank you, Mr. Chairman. I have not much of a voice this afternoon, so I'll do my best to respond to your questions. If I can ask my deputy to finish off something that I start, I will do so.

I am glad to be before the committee and glad to be able to speak to the kind of cancer research we are doing in Alberta as a result of the benefits that we achieve from the Alberta Heritage Savings Trust Fund. The 1990-91 annual report describes some research projects funded in four major categories. About 37 percent of the \$2.8 million, or \$1.2 million, is in funding basic and clinical scientists with respect to areas of cancer prevention, diagnosis, and treatment, all of which go on at the cancer sites of

the Cross Cancer Institute here in Edmonton and the Tom Baker cancer centre in Calgary. Probably the most notable this year, other than, of course, new strategies for treating cancer in our province, is the establishment of the provincewide research data base for our breast cancer screening program, which was established by the government, but the evaluation is done under the heritage fund. Evaluation is obviously a very important part of research, and I am pleased that the theme-oriented part is actually doing an evaluation of our breast screening program.

The second major part of the expenditure of the \$2.8 million is 43 percent, which is in the area of multi-user and interdisciplinary facilities and programs. This is really facilities and infrastructure support and machinery for a wide range of scientists. Included in this category is the operation of laboratories, molecular genetics, and carcinogenesis programs, metastasis units: all of the clinical issues needing infrastructure and machinery support in terms of our study of cancer. There's also the institutional research program at the Tom Baker cancer centre and the Cross institute.

The third area is the clinical trials area, which is about 13 percent. These are projects that make it possible for oncologists to participate in clinical trials which study specific radiation, chemotherapy, and surgical prescriptions for the treatment of various types of cancer. This is part of multinational and multi-centre clinical trials. Part of the brain tumour research program is harboured in here, and the objectives include a greater understanding of the basis of brain tumours' resistance to radiation and chemotherapy, and understanding the effects of radiation on the central nervous system.

The fourth area is the one of industry oncology fellowship, and it's really the matter of looking at how we can combine research laboratories, both the institutional and the private, commercial laboratories, to get a better look at cancer. Certainly one of these has been with the Biomira company, to share laboratory space and laboratory findings.

The fifth is just to note that the research initiatives program on page 23 of the annual report shows that the program was started in '86-87, and 22 projects described were completed up to the 1990-91 fiscal year. These projects, I think, have contributed significantly to the improved treatment and comfort of cancer patients.

One of the things we are doing better, I think, in Alberta now is the whole issue of regionalizing our treatment of cancer. It used to be that an Albertan would probably have to come to the Cross or the Tom Baker cancer centre for any kind of drug therapy. We are now expanding our capability to give those therapies out in certainly the regional hospitals and beyond the regional hospitals throughout Alberta, which means better access for patients for chemotherapy and other treatments via the Cross.

That's a very quick overview of the issues. I'd be happy to try and answer questions on the Cancer Board's research program.

MR. CHAIRMAN: Thank you. Just prior to asking questions of the minister, perhaps we should clarify that the projects that received funding in this year that we're considering before the committee were the Alberta cancer research board; those that are completed projects that fall under the minister's responsibility are the W.C. Mackenzie Health Sciences Centre, applied heart disease research, the Tom Baker cancer centre and special services facility, and the Alberta Children's provincial general hospital. It should be kept in mind that the W.C. Mackenzie Health Sciences Centre is funded through Public Works, Supply and Services, and the applied heart disease research, although it was set up by the Alberta Heritage Savings Trust Fund, is now funded by the General Revenue Fund of the province. So questions should be of

a general nature on those. Hopefully, the committee will keep them within the bounds that would be appropriate.

The Member for West Yellowhead, followed by Calgary-Foothills.

MR. DOYLE: Thank you, Mr. Chairman. I want to welcome the minister and her assistant this afternoon. There are not very many grilling questions, I feel, because nothing is much more important to the people of Alberta or Canada than health. Indeed, the Walter C. Mackenzie hospital and the Tom Baker clinic are great facilities. Unfortunately, I had the opportunity to spend many hours there in the last year because my constituency assistant in Hinton is being treated for cancer, both chemotherapy treatment and a bone marrow transplant, one at the Walter C. Mackenzie sciences centre and one in Calgary at the Tom Baker clinic. I've had the opportunity to visit both. I wonder if the minister could tell us if she feels that in the next year there will be other necessary funding coming from the heritage trust fund to continue with further development and more space in those particular hospitals?

2:10

MS BETKOWSKI: In the Baker and the Cross?

MR. DOYLE: In the Walter C. Mackenzie, the University hospital.

MS BETKOWSKI: No, there's no expenditure that I'm aware of that we would plan for the Walter C. Mackenzie out of the heritage fund. The expenditure that's the largest one this year for the Walter C. Mackenzie is a new clinical MRI machine, and that is out of our Capital Fund of the General Revenue Fund as opposed to the heritage fund.

MR. DOYLE: Thank you, Mr. Chairman.

The other thing I wanted to know about was the mobile vans that recently visited rural Alberta with regards to checking for breast cancer. In fact, there was one in Grande Cache a couple of weeks ago. It was a great opportunity for rural women to have that facility available to them. It is unfortunate that in years past they had to travel so far, and it's going to, I hope, cut back on that particular type of cancer. I wonder if the minister could tell me how many of those mobile vans there are in the province. Do they visit these communities yearly, or will it be a periodic visit to rural places all over Alberta?

MS BETKOWSKI: We have two such vans, and they're part of the breast cancer screening program that was announced two years ago in the budget: one for northern Alberta, one for southern. They will circulate throughout the area. We're targeting women in the plus-50 group, which is where mammography is most effective. Interestingly, though, a lot of rural women still wish to come in to Edmonton and Calgary. With the scheduling for those women coming in, we've asked them to phone ahead, and then if they've got a day planned in Edmonton, we'll schedule their screening around that day. I think it's actually working out quite well. So we're broadening our access to rural Alberta not just with the vans but through a better scheduling program at the two major institutes as well.

MR. DOYLE: Thank you, Mr. Chairman.

I should make it clear that I, too, have got that cold. I didn't get it from her, and I can assure you that she didn't get it from

me. I just returned from that very climate-soaked Ontario, where I got mine.

MR. CHERRY: Why didn't you stay there?

MR. DOYLE: Mr. Chairman, I was sent back after meeting with the Energy minister, to answer the hon. member's question.

The minister had stated that chemotherapy and some of those particular treatments can now go out to those rural hospitals. My staff person, in fact, came in. It was their choice and, with the wife pregnant, easier for them. Will those people still be able to come in to the cities if they feel it's more economical or more useful because they have vans to take them back and forth and all those necessary things?

MS BETKOWSKI: Yes, and it very much depends on the appropriateness of having the treatment delivered in an area other than the Cross. Not all cancers will lend themselves to being treated outside. Where they can, they're trying to facilitate that treatment to meet the needs of the patient, but certainly there are going to be patients only coming in to the two central areas to have the treatment.

MR. CHAIRMAN: Thank you.

The Member for Calgary-Foothills, followed by Edmonton-Meadowlark.

MRS. BLACK: Thank you, Mr. Chairman. I'd also like to welcome the minister and her deputy to our committee. Again a very important area in this province is our health care and our wellness concepts that have been portrayed, particularly by this minister, to the community.

We in Calgary are very fortunate that we do have the Alberta Children's hospital in our city, and many of us, I'm sure, have been in the facility from time to time at different phases with our children. One of the past projects that was funded through the heritage trust fund was the mobile unit to go out with a therapist to children within the community who needed particular assistance as an outreach program. Last year we were informed, not by the minister but actually by parents within the community, that the mobile unit had been suspended by the hospital, and I'm wondering if the minister is aware if that mobile has been put back in place.

MS BETKOWSKI: Not to my knowledge has it been put back in place.

MRS. BLACK: Well, Mr. Chairman, in lieu of that, I'm wondering if the mobile should be recovered and maybe utilized by one of the other facilities if it's not going to be used by the Children's hospital.

MS BETKOWSKI: I could certainly look into that, what sort of has become of the mobile unit. I think the bigger question is that we entrust to the Alberta Children's hospital and every other hospital board in this province the request that they deliver programs in the most efficient and effective way. That board made a decision that they could better deliver the programs more cost effectively, perhaps a little less conveniently but more cost effectively, by not going out to the community to the degree they had. I expect hospital boards to make those kinds of decisions, difficult as they are to make. What they've done with the van as a result of that decision, I don't know, and I'd be more than happy to check with the board and find out. We do have surplus medical

equipment pooling through the public works department, where we try to share equipment around the province if one facility needs something and another doesn't, but I will check on this specific example.

MRS. BLACK: As a final supplementary, Mr. Chairman, if I may. Many of the MLAs from Calgary have had reason to meet with both the parents and the people from the Children's hospital with regard to this, and we were all very disappointed in the board's decision to stop the outreach program that appeared to be very effective. I was wondering if there was another facility available that could take over this outreach program. It has been deemed to be most effective within the community, and I'd hate to see that mobile unit sitting idle when it could in fact be used in some form of an outreach program for these children.

MS BETKOWSKI: I can't answer whether or not there's another agency that could take over the outreach program. I believe the services are still being delivered by the Alberta Children's hospital, albeit not as conveniently as many of us would perhaps like, but I also respect the right of the board to make that decision.

MR. CHAIRMAN: Thank you.

The Member for Edmonton-Meadowlark, followed by Lloydminster.

MR. MITCHELL: Mr. Chairman, I wonder if I could just ask the Chair for clarification on whether the program announced and reannounced, promised for some time now, concerning a drug abuse foundation falls under the auspices of this minister in the heritage trust fund.

MR. CHAIRMAN: No, it doesn't. It falls under the minister for seniors in conjunction with AADAC.

MR. MITCHELL: Seniors? Is that minister coming before us?

MR. CHAIRMAN: No, because the funding flowed through after this report's purview. He could come before us next year.

MR. MITCHELL: Okay. I was interested in the minister's reference to collaboration with Biomira, and I believe that she indicated it was the sharing of laboratory facilities. Has there been any investment support for Biomira from the heritage trust fund or from elsewhere for that matter?

MS BETKOWSKI: Not directly. Just a sharing of the laboratories at this point.

MR. MITCHELL: There has been a great deal of support for Chembiomed. How would the decision be made to support the one and not the other?

MS BETKOWSKI: I don't think it's ruling out Chembiomed. The research labs were compatible. Biomira was dealing with monoclonal antibodies, which is a project that the Cancer Board has also deemed one of their important research projects. It was only the link with respect to the research, I think, that compelled the use of the labs, as opposed to shutting out Chembiomed.

MR. MITCHELL: Mr. Chairman, that's interesting, but my question, I think, was the reverse of that. A great deal of money has been given to Chembiomed over the years. How is it that the

decision was made to give money to Chembiomed but not to Biomira?

2:20

MS BETKOWSKI: That's probably outside of my purview as the Minister of Health. I assume that Mr. Stewart, the research and technology minister, could answer as to the history of the establishment of Chembiomed's support far better than I could.

MR. MITCHELL: The question of deemed assets, one of which is the Walter C. Mackenzie hospital: could the minister please comment on how appropriate she feels that is given that all the other hospitals that are under her jurisdiction simply aren't considered to be deemed assets? How is it determined that that one hospital would rank as a special asset or as a designated asset and on the other hand all the other hospitals aren't? Which accounting approach is correct?

MS BETKOWSKI: In fact, you'll find that any hospital built by the heritage fund will be declared part of the deemed assets. So the Children's hospital in Calgary would fall in the same category of deemed assets. I think you'll find it's acceptable to generally acceptable accounting principles, Mr. Mitchell. [interjections]

MR. CHAIRMAN: Thank you, hon. member.

The Member for Lloydminster, followed by Calgary-Mountain View.

MR. CHERRY: Thanks, Mr. Chairman. Good afternoon, Madam Minister and staff. I'm looking through last year's meetings and notice that the minister and I had quite a dialogue. Seeing as how her voice isn't in very good shape this year, I'm going to cut my questions right down to basically yes or no answers. The question I would like to ask the minister is: does the money that comes from the heritage trust fund and goes into the health care field and that have any reflection on the transfer payments that the feds give us? I guess what I'm trying to ask is: is that separate altogether and doesn't have anything to do with it?

MS BETKOWSKI: It doesn't have anything to do with the transfer from the heritage fund. It has something to do with dollars for health from the federal government.

MR. CHERRY: Oh, it does. I wonder how we could change that, then, so we can get more coming in from the feds. Is there any way, do you think?

MS BETKOWSKI: It's not really a question under the heritage fund, but established programs financing negotiations are now going on for the start-up of 1992-93 and on. The federal government basically broke a promise in terms of the rate of growth that they would support for health projects in Alberta. This year between Advanced Education and Health we have \$80 million less than we had anticipated from the formula that had been agreed to. I think one of the key elements in the established programs financing negotiations is to ensure a predictable source of revenue from the federal government, and there is certainly a very keen interest in those discussions by both health ministers and finance ministers to ensure that we can have a predictable source of revenue from the federal government.

MR. CHERRY: Thank you, Mr. Chairman. That's all I have.

MR. CHAIRMAN: Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman, and welcome to our Minister of Health, and I hope you'll quickly recover yours.

The minister mentioned the breast screening program. I know, for example, that the Grace hospital in Calgary has initiated some programs of their own, funded, I think, through the board and general donations, to assist in meeting the costs of that program. I'm just wondering why they haven't received funding from the Cancer Board, which is what we're looking at today, and if there is a role out there for agencies such as theirs that are meeting some unmet needs that the Cancer Board has not been meeting and what we can do to help them out.

MS BETKOWSKI: First of all, the women's program at the Grace hospital is one that is funded in a general way by the province, but they went into areas, including screening, without the province's dollars. They used their own dollars to do that. We certainly let them know that we were working towards a breast screening program for the entire province. Discussions, as I understand it, are still continuing between the Cancer Board and the Grace as a site for a screening program, but they haven't concluded. The program is set up right now not in a hospital environment but in a community building environment. I can't tell you where it is in Calgary, but I've been there; it's sort of in the west end of downtown. One of the things we thought was important in these initial screening sites was to pick a nonhospital environment to do it because it was far more conducive to encouraging women to come in to be screened. Nonetheless, discussions are continuing, my deputy informs me, between the Cancer Board and the Grace with respect to future parts of that program.

MR. HAWKESWORTH: I guess it raises a question, Mr. Chairman, with funding coming from the board itself and from the General Revenue Fund through the department. There are different health services being provided, and in this case a board has identified what they feel is an unmet need in the community. So it seems to me that despite funding from two sources, there are still cracks somewhere in the system that aren't being met by these two sources of funds. I'm just wondering what co-ordination goes on between the board and the department to ensure that, say, a hospital isn't left to endlessly or protractedly go from one to the other seeking funds and approvals.

MS BETKOWSKI: It certainly speaks to the role of the Department of Health, and as a Department of Health we have to look at making the best value out of the resources we have in health. That doesn't mean we can say to hospital boards, "No, you may not use your funds for such and such a program," and if they go ahead and use them for such and such a program, that they do so at their own risk in a sense. Because what we are trying to do is look not just at the community of Calgary in terms of the needs of in this case women and breast cancer but at the whole province and how we can get the best value out of those resources. So it's a matter of ensuring that we're using the health dollars where they are needed most and trying to find a balance in that.

It also raises the question of whether hospital boards of themselves should be the ones who trigger public policy-making. I would argue that given that our health system is the most expensive one per capita in the OECD countries, we have to be very clear that we are spending that block of funding in the most effective way, which is why I would argue for a Department of Health role in that decision-making process. But if they want to go off on their own, as did the Grace, and fund some programs with their own funds, there's very little we can do to stop them.

MR. HAWKESWORTH: Mr. Chairman, while we're dealing in an area here that doesn't really allow for a lot of delay – that is, when people are ill, particularly with cancer, we have to react or respond, and I suppose people see a need; they want to do what needs to be done to help – we've also got a situation where people looking for treatment of various kinds of cancers need to go through a sort of review process if they're looking for a treatment that's not available in this province or the country. Some of these programs being offered in the United States hold a lot of promise but are sometimes judged to be too experimental, and people are not funded to go and receive the treatment. I'm wondering if the minister could outline for us what the process is for various treatments outside the province being approved for people to go and receive treatments at those locations.

2:30

MS BETKOWSKI: First of all, certainly in Alberta there's virtually no problem with queuing and access to cancer treatment in Alberta. Certainly we haven't got the difficulty in terms of access that Ontario is experiencing, and I think that's a credit to the role the Alberta Cancer Board has played in our province.

With respect to the process for approving procedures, it's very similar to medical procedures which the college approves. If it's deemed to be experimental, then it is not generally available, obviously, nor is it funded by the Alberta health plan if someone chooses to go for that experimental program. That's the same with medical as well as cancer therapies. With respect to actual cancer therapies, perhaps my deputy can supplement my answer as to the additional process they have to go through.

MR. LeBLANC: The general approach is to use services that are available in the province. If they're not available in the province, it's highly dependent on the referral pattern of the physician. I would emphasize that I hope he would use Canadian. As a third level, if it is not available in Canada, it would normally be in the United States, or it could be, and we've had instances where it's Europe. That's the general approach that's used.

MS BETKOWSKI: But certainly if an approved treatment is not available in Alberta, then that procedure would be fully covered in another part of Canada or in the United States by the health care plan.

MR. HAWKESWORTH: Approved by Alberta?

MS BETKOWSKI: By the insurance plan through a panel of physicians.

MR. CHAIRMAN: Thank you.

Calgary-Fish Creek, followed by Athabasca-Lac La Biche.

MR. PAYNE: Mr. Chairman, I don't know how appropriate it is – and I won't ask you to judge whether it is – to comment on a personal experience with the Tom Baker cancer centre. The purpose I have in making this personal reference is that I have learned something through the exercise. As a typical MLA, I read lots of documents. I try to get my mind around all the data, but it isn't until you have a first-person experience with these things that all the numbers and all the data take on an added dimension of meaningfulness. That's been my experience.

My mother unfortunately has contracted what's called a squamous carcinoma in the corner of her eye. Ironically, our family dentist suggested we have it looked at. It took only a matter of a very few days to have an assessment done in the Tom

Baker cancer centre, and my mother will be undertaking radiation treatments there as of November 18. So I'd like to thank the minister for the speed with which that diagnosis was done and the speed with which those treatments will be undertaken.

I also want to comment on the professional staff there. If I had to come up with a two-word phrase to describe them, it would be their "pleasant professionalism." They're highly professional, but it's not an officious kind of professionalism like we encounter in so many of our institutions; it's a very pleasant, humane kind of professionalism. I want to comment also on the obviously high calibre of the facility's equipment and facilities, and perhaps most of all I want to double-underline the great contributions being made by the volunteers there. I don't know where those people get their motivation from, but God bless them for it. It certainly adds to the pleasantness of the place at a time when people desperately need some source of pleasantness, because for those who are prospective or active patients, it's obviously a trying time. I appreciate your forbearance in allowing me to get that on the record, Mr. Chairman.

Now I could refer the minister to page 26 of the heritage fund annual report, particularly that section that deals with applied cancer research, which of course is a subject area now that's of some intense interest. Reference is made in the applied cancer research section to 30 projects funded in the year that the committee is examining today. The investment in those 30 projects appears to be \$3 million, as noted at the bottom of the page, although the number is \$2.8 million in another schedule. For ease of arithmetic let's stay with the \$3 million. It would appear that these projects on average involve about \$100,000. My first question to the minister is: is she aware of the criteria used to pick and choose out of what must be hundreds of competing cancer research ideas or proposals these 30 that received on average \$100,000 last year?

MS BETKOWSKI: There's a scientific panel which screens the research project applications. An international membership is on that panel to make sure we're not doing something in Alberta which is being done elsewhere; in other words, we're spreading the resources for cancer research as widely as we can. Then the picking of the projects is really a judgment which is made by that scientific panel.

MR. PAYNE: Mr. Chairman, I really had no other question except perhaps to just seek clarification on language, and that is: is the Alberta Cancer Board the same body as the cancer research board? Are those interchangeable terms?

MS BETKOWSKI: No. The Alberta Cancer Board is the board which runs the Cross and the Tom Baker and is affiliated with the University of Alberta and University of Calgary. The cancer research board is the scientific panel, if you like, that will make the decisions with respect to the research projects, and it also has membership on it of the Alberta foundation for medical research.

MR. PAYNE: Are those projects to which the minister has just referred the same as or different from those cancer research projects that I saw in another document under the heading of cancer research initiative program? Was that it? Yeah; the research initiative program. I hate to take up the time of the minister and the committee on labels, but it's been hard for me to get through some of this information because I was confusing the cancer research board and the Alberta Cancer Board and now this research initiative program. Is that a different program, or is that

the same program under the applied research section here in our report?

MS BETKOWSKI: I don't know the term, except that it may have been a generic term used in heritage fund investments, research initiatives supported. The cancer research is the only health research under the heritage fund that's been done. So if it was research initiatives, there may have been others that the heritage fund did, but in health it's the cancer research we have referred to. I'll check the reference that you've made to make sure, but it's only heritage fund that has funded the cancer research we're talking about here.

Could I just thank you for your comments about the staff and volunteers who deal with Albertans and help them deal with this disease and tell you that I will pass your *Hansard* remarks on to the board and hope they'll pass them on to the staff and volunteers?

MR. CHAIRMAN: Westlock-Sturgeon, followed by Athabasca-Lac La Biche.

MR. TAYLOR: Thank you very much, Mr. Chairman. It's my turn to welcome the minister and also deputy Mr. LeBlanc. I will also tell the minister she adorns the opposition benches very well; maybe she should think of staying there.

MR. PAYNE: Unfortunately, a reciprocal comment can't be made.

MR. TAYLOR: That's why I made it.

I've had a few complaints from my rural people coming in for cancer tests at the cancer clinic that there's no bed available because of the tightness in the bed allocation now. So a rural person has to put up for one night in town in a hotel or something like that, whereas the people that live in the cities of Edmonton and Calgary who access the cancer clinics don't have that extra cost. The question I have: has the minister looked at possibly funding a reasonable one-night hotel stay for those rural people that come in for overnight cancer tests?

MS BETKOWSKI: There's no real request for it. We've tried to work it the other way. Where we can deliver cancer treatment and assessment outside the two major centres, we're trying to do that, but I haven't looked at using health dollars for the specific purpose you've identified. There are agencies that will put people up, as you may know, in Edmonton or in Calgary when they're looking after a child or something, like Ronald McDonald House, but I haven't done one for the rural people coming in.

2:40

MR. TAYLOR: I think they'd appreciate it if the minister looked into it a bit more, because particularly for a number of seniors traveling in, an overnight stay is almost a must. If you come in for cancer checks every 30 or 40 days, it amounts to a fair amount of money with the Edmonton or Calgary hotel system. But I was glad to hear the minister say about doing more tests out in the rural areas, Mr. Chairman, and maybe towards that line the minister would be able to lift the veil of secrecy and let me know whether the long-awaited facility in Westlock will be able to handle some of these cancer tests.

MR. CHAIRMAN: Hon. member, I'm not sure that's pertinent to the heritage fund.

MS BETKOWSKI: I can't give you or anybody else on the waiting list where you sit, although I think it's an important question in perhaps another environment.

One of the things I should mention, too, is the expansion of the Cross Cancer Institute which is going on right now as a capital project, and it is for virtually all outpatient expansion so that we can serve more people coming in and out without having to admit them on an inpatient basis to the Cancer Board. I think that will make the flow-through and particularly serve people in rural Alberta even better than we do now. But I would reiterate that our wait for cancer treatment and assessment is a very short wait in this province certainly relative to other provinces.

MR. TAYLOR: No, I don't think they felt they had to wait. It was just a case that they had a long trip in, and it may be late in the afternoon before you get the test, and maybe you're supposed to be back. It just almost necessitated an overnight, and to make equality of treatment to everybody, it seemed logical to help them with their overnight stay.

That leads to another thing, Mr. Chairman. Actually, maybe it should be a whole new question, but I'll start off and maybe finish a little later. The minister's department, I notice, is now funding people who go to addiction clinics in the U.S. Seeing that addictions are tied very closely to cancer as they get older, has the minister's research ever thought, besides just treating the end result, of going back further into the whole field of alcohol and drug addiction as part of the total cancer research package?

MS BETKOWSKI: Actually, I think sort of looking at predisposition to substance abuse, which will be one of the roles of the Alberta foundation for substance abuse, may well get into precisely that. I'm not aware of any specific projects the Cancer Board has sponsored under this research that have been substance linked other than smoking: the link with smoking and cancer.

MR. CHAIRMAN: Thank you.

The Member for Athabasca-Lac La Biche.

MR. CARDINAL: Thank you, Mr. Chairman. I just have a couple of brief questions on the delivery of home care. Are heritage fund resources utilized in the delivery of home care and outreach services to Albertans?

MS BETKOWSKI: I'm sorry; I don't . . .

MR. CARDINAL: Are heritage fund resources utilized in the delivery of home care presently?

MS BETKOWSKI: No.

MR. CARDINAL: They're not. Okay. If not, how are the home care needs being met by Albertans?

MS BETKOWSKI: Through the boards of health, public health agencies, which are the agency to manage home care dollars. There's not home care per se in cancer treatment in terms of this research fund.

MR. CARDINAL: Thank you very much, Mr. Chairman. That's all I had.

MR. CHAIRMAN: The Member for Edmonton-Beverly.

MR. EWASIUK: Thank you, Mr. Chairman. I want to also ask some questions on the applied cancer research. I note that the objective of this funding is the establishment of new and expanded treatment programs. Obviously I think they're doing a good job and doing the right things. However, it seems to me that we are sort of doing research and treatment after the fact. I was wondering: are there plans on the government's part, the minister's part, to think of doing some preventative things? I'm thinking of perhaps research in the workplace, for example, trying to determine the kind of workplace hazards workers are exposed to that eventually may lead to cancer. Are you thinking of anything along those lines?

MS BETKOWSKI: Our major initiatives in the whole prevention mode have been in focusing on young people and smoking. There are some research funds in occupational health and therapy, which I believe come under the heritage fund, which I think would be more focused on the worksite for research. I don't have a very complete answer for you. These funds have not done workplace. They've been more on the basic clinical research and treatment linkage.

MR. EWASIUK: Of course that's true, and they're doing a good job. I'm just wondering whether we'd want to expand this type of research into something more than just immediate dealing with the cancer already. How about something before it happens sort of thing?

MS BETKOWSKI: Smoking has been the primary site for our department, but I know occupational health and therapy - I don't know whether the minister has been before the committee yet, but I think he could answer some of those questions with respect to his research funds.

MR. EWASIUK: Thank you. Also just another question in that area. I note that the funds - there are provisions "beyond laboratory and clinical trials," but it says: "direct improvements to patient care". What exactly is it that you are talking about there?

MS BETKOWSKI: The key to our cancer treatment is that often some of the treatments that are being used are being clinically researched at the same time. There's like a trial going on with respect to using this particular treatment on this particular cancer, so you're actually doing research and treatment at the same time. There's some concern about that, obviously, from an ethical point of view, but it's certainly something that is explained clearly to the patient and the family when the decision is made to do it. So that's really the link, because cancer is continuing, unfortunately, to grow in terms of its rate of affecting our population. The acceleration, if you like, of doing the research at the time of treatment is, within medical practice protocols, being done to try and accelerate that research.

MR. CHAIRMAN: Thank you.

The Member for West Yellowhead.

MR. DOYLE: Thank you, Mr. Chairman. The heritage trust fund appears to just apply mainly to the cancer end of it and to hospital ends. I wonder if the minister would feel it's fair that the extended care beds like those that are promised in Edson and Hinton and around the province should perhaps come out of the heritage trust fund so that we can catch up on the needs of the growing seniors population.

MS BETKOWSKI: We have several projects, as the member well knows, that have had to be slowed down because to not do so would have meant we would have jeopardized some of the operation of our programs around Alberta. Whether or not the heritage fund should be used beyond what it has already used in terms of support for general revenue, where you have about \$1.3 billion coming into general revenues, some of which I would argue is going to build those capital projects – but if you wish to argue for a greater amount of that to come into general revenues, then presumably there'll be a motion as part of this committee's deliberations.

MR. DOYLE: Thank you, Mr. Chairman. That would end my questions.

MR. CHAIRMAN: Thank you.

Thank you, Madam Minister. That concludes the list of speakers the Chair has. We appreciate you appearing before the committee with your deputy and the forthright responses you've given to the questions.

I would remind the committee that we will adjourn until 10 a.m. tomorrow morning when the Alberta Heritage Foundation for Medical Research will appear before the committee, and in the afternoon the Hon. LeRoy Fjordbotten, Minister of Forestry, Lands and Wildlife. The meeting will convene tomorrow morning at 10 o'clock in room 312. Then we'll move into this after a short presentation there.

The Chair would accept . . . The Member for Calgary-Fish Creek.

MR. PAYNE: I move that we adjourn the committee.

MR. CHAIRMAN: Thank you. All in favour? We stand adjourned. Thank you.

[The committee adjourned at 2:50 p.m.]

