LEGISLATIVE ASSEMBLY OF ALBERTA

Thursday, March 16th, 1972

[The House met at 2:30 pm.]

PRAYERS

[Mr. Speaker in the Chair.]

INTRODUCTION OF VISITORS

MR. GRUENWALD:

Mr. Speaker, I would like to introduce to you and to the Assembly three students from Lethbridge from the downtown Rotary Club of Lethbridge. They are education students sponsored by the education committee of Lethbridge Rotary. They are Elsie Schmidt of Winston Churchill High School, Alexandra Cnystchuk from Winston Churchill High School, and Greg Rahovie from Catholic Central High School. Acccmpanying them is one of Lethbridge's most respected senior citizens, Mr. A.E. Palmer. We would like to congratulate the Rotary Club of Lethbridge and welcome them and the students for coming to watch the proceedings here. We ask them to stand and be recognized.

MRS. CHICHAK:

Mr. Speaker, I wish to introduce to you and through you to the Assembly the Grade V class frcm the Parkdale School which is situated in my constituency of Edmonton Norwood. The students are 32 in all and are accompanied by their teacher Mrs. Weber. I think that the teachers of the school and the principals have to be commended for seeing that the interest is instilled in these young people to become aware of our democratic procedure. I would like to welcome the class here tcday and I wculd ask that they rise and be recognized.

MR. DRAIN:

Mr. Speaker, it is my pleasure to introduce through you to the members of this Legislature, two fine young people from the Pincher Creek-Crowsnest constituency. As the hon. members are aware, this is a rare privilege for me because of the fact that very few of my people have the opportunity of coming up here and being recognized by the House. They have taken time out today from their heavy schedule and I am pleased to introduce to you, Mr. Speaker, and the hon. members, Miss Susan Dwyer of Lundbreck, Alberta, and Mr. Terry Harris of Blairmore.

MR. YURKO:

Mr. Speaker, I have the pleasure to introduce to you and through you to this Assembly 10 Grade IV students and their teacher Mr. Glen Orr, who took their time out to come and visit the Assembly and see this body in action. They are from the Gclden constituency of Edmonton Goldbar. Perhaps they could stand and be recognized.

MR. CRAWFORD:

Mr. Speaker, I likewise have pleasure in introducing to you, sir, and to the House, students of Grade V of McKernan School in the constituency of Edmonton Parkallen. I just thought I would congratulate them, as the other members have, for their interest in the democratic processes as carried on in this Assembly. I think that I've got everybody else outnumbered today, too. There are 50 students from McKernan Grade V. They are accompanied by their teachers, John Holdaway and Kathy McLean, and also with them a student teacher, Vicki Chilibeck. I'd ask them now to rise in the gallery and be recognized.

MR. HENDERSON:

Mr. Speaker, I too would like to rise to this occasion and present to you a group of 36 of the most intelligent and accomplished boys and girls in the province of Alberta. Naturally, they come from the famous constituency of Wetaskiwin-Leduc. They are from the Grade VI class of the Thorsby Elementary School. They are seated in the members' gallery. Accompanying them are their principal, Mr. Sehn, their teachers, Mrs. Chranawski and Mrs. Inglehart, and their chauffeurs, Mr. And Mrs. Pichonsky, Mrs. Zingel and Mr. Borys. I ask that they please rise and be recognized.

## FILING RETURNS AND TABLING REPORTS

MR. MINIELY:

I have three reports which I would like to table today, as required by statute; the first one being the required report under the Municipal Loans Revolving Fund, the second being the report required under the Self Liquidating Projects Act, and the third, the report under the authority of Section 17 of The Financial Administration Act with respect to temporary loans.

MR. RUSSELL:

Mr. Speaker, I would like to table the report of the Department of Municipal Affairs for the year 1971, and again the report is in two portions, the factual chronology of the activitites of the department for the year, and the attachment, the official statistics for the year 1970.

MR. YURKO:

Mr. Speaker, in accord with this government's policy of open government, I wish to lay on the table a copy of a report entitled 'Enviromental Impact of Surface Mining Operations in Alberta', by F. F. Slaney & Company Ltd., Vancouver, Canada. This study was done at the request of the Environment Conservation Authority, and a contract and letter was forwarded to the company in Vancouver on August 12, 1971.

Furthermore, Mr. Speaker, I wish at this time, as I'm on my feet, to table two interdepartmental reports on strip-mining authored by the Environment Conservation Authority. Mr. Speaker, these governmental interdepartmental reports are being tabled as the prerogative of government, and they're not being tabled at the request of the House.

MR. LEITCH:

Mr. Speaker, I have two reports I would like to table. The first is the report of the Alberta Liquor Control Board for the year ending March 31, 1971, and the second is the report of the Superintendent of Insurance for the year 1970.

ORAL QUESTION PERIOD

Grain Commission

MR. TAYLOR:

Mr. Speaker, I would like to direct a question to the hon. Minister of Agriculture. In connection with the Grain Commission, when will the terms of reference be ready, and will they be made available to the Legislature?

DR HORNER:

Yes, Mr. Speaker, I expect they could be tabled within the next week or two.

MR. TAYLOR:

Supplementary, Mr. Speaker. When will the Grain Commission start its work? Are the members on a full-time basis and what is the salary of each?

DR. HORNER:

I would expect the Grain Commission to go to work as soon as the chairman can get them together. The only full-time member of the commission will be the chairman, Mr. Channon.

MR. TAYLOR:

Will the other members be paid a subsistence or a salary?

DR. HORNER:

Those members on the commission who are either members of this Assembly or members of the civil service or employed otherwise by the government will not be paid. Other people outside that group will get a per diem allowance plus their subsistence.

Calgary Construction Projects

MR. LUDWIG:

Mr. Speaker, I'd like to direct a question to the hon. Minister of Public Works. I wish to draw his attention to the contract management agreement entered into by his department in the City of Calgary for the construction of the Magistrate's Court and Remand Centre. I'd like to ask the hon. minister if the city will, in fact, manage the contract itself or whether he knows if the city will engage a contractor or contract management firm to do the work.

DR. BACKUS:

Mr. Speaker, I can't give the hon. member an answer as to just what the city will do about this. They are going to be the project managers, the city itself, and I imagine they will engage a contractor to do the contract work. But in the agreement we haven't stipulated that they can't contract the work themselves. However, it is anticipated that they will engage contractors.

MR. LUDWIG:

Mr. Speaker, a supplementary question. Has any provision been made in view of the fact that the province is paying the whole cost, the $5 1/2 million, for the project? Has any provision been made for inspection services by the Department of Public Works on behalf of the people of the province to ensure that the building is constructed in keeping with the plans and specifications submitted to the city?

DR. BACKUS:

Mr. Speaker, yes, we have made those provisions and I think if he reads the contract carefully he will see that this is even mentioned in the contract.

MR. LUDWIG:

Mr. Speaker, I wonder if the hon. minister could refer me to the relevant section concerning inspection services in the agreement, if you would.

DR. BACKUS:

As I don't have the contract before me here, I would be happy to do this later when I have a chance to check it out with the contract.

MR. LUDWIG:

Mr. Speaker, I will put some questions on the Order Paper. I could not locate any clause to that effect, so I will just put it on the Order Paper.

## Theatre Calgary

MR. WILSON:

Mr. Speaker, I have a question of the hon. Minister of Industry. Are you a director of Theatre Calgary?

MR. PEACOCK:

Mr. Speaker, I am.

MR. WILSON:

Supplementary, Mr. Speaker, to the hon. Minister of Culture Youth and Recreation. Did Theatre Calgary receive a grant of $9,300 from the Government of Alberta? And if so, when?

MR. SCHMID:

Yes, Mr. Speaker, Theatre Calgary has received a grant of $9,300 and the reason being, Canada Council and the Province of Alberta have agreed to provide matching grants to Theatre Calgary to eliminate the deficit they have, and thereby get Theatre Calgary on the right footing for their future programs.

MR. WILSON:

Supplementary, Mr. Speaker. Would the hon. Minister of Culture Youth and Recreation advise the House if a letter of transmittal went with the cheque, and if so, would the minister be willing to table that letter in the legislature?

MR. SCHMID:

Mr. Speaker, I'll be very happy to table the letter if Theatre Calgary agrees to have this done.

MR. WILSON:

Excuse me, Mr. Speaker. I'd like to just follow that up. Is it customary that Theatre Calgary would have to agree to the release of this letter of transmittal that accompanied a provincial grant?

MR. SCHMID:

Yes, as it was correspondence between Theatre Calgary and my department, I thought it might be proper to ask Theatre Calgary first. But if the hon. member insists I am quite sure I can table it without their consent.

MR. WILSON:

A supplementary, Mr. Speaker. Is the minister aware of certain difficulties between Theatre Calgary and the staff of his department, and if so, would he be willing to investigate these difficulties and give a full report to this House at some later date?

MR. SCHMID:

Mr. Speaker, would the hon. member repeat the first sentence. Did he say "and staff of this department"? Which department did he mean, Theatre Calgary or the Department of Culture, Youth and Recreation?

MR. WILSON:

I'll try to make it more clear, sir. Is the hon. minister aware of certain difficulties between Theatre Calgary staff and the staff of the minister's department?

MR. SCHMID:

Mr. Speaker, this was a private debate between a person of the staff of the Department of Culture, Youth and Recreation. The person who was involved with Theatre Calgary has now apologized to the person in my department and therefore I think we should consider the matter closed.

## Oil Royalty Hearings

MR. NOTLEY:

Mr. Speaker, I'd like to direct this question to the hon. Government House Leader. Will the hon. Government House Leader give us an undertaking today as to when we might expect the legislative hearings on the oil royalty question to begin?

MR. HYNDMAN:

No, Mr. Speaker, if wouldn't be possible at this time to give an undertaking in that regard.

MR. NOTLEY:

A supplementary question, Mr. Speaker. Can we have some sort of an approximate time of this?

MR. HYNDMAN:

Mr. Speaker, I believe the hon. Premier has previously indicated that it would be during the last half of the spring session. This would encompass the time span in which that could be expected.

MR. NOTLEY:

Mr. Speaker, has the government given any consideration to the way in which these hearings will be conducted, that is, what groups will be notified, how they will be notified, whether individuals will be able tc make representations or not? Perhaps I could direct that to the hon. Premier.

MR. LOUGHEED:

Mr. Speaker, yes we have given consideration to that, and as soon as we feel we are in a position to establish some sort of timetable with the concurrence of the House we hope to give as much notice as practicable. One of the problems will obviously be that if the House decides it can suspend the business of the House for a period of days, (it will have to make an assessment as to how many days), then, of course, a determination will have to be made by the Standing Committee when it meets as to the way in which it hears submissions that may be presented. I think, though, that what the hon. member is asking for is as much advance notice as possible to the various groups that are interested. We recognize that and we are trying to meet that concern. It may be that we will have to adjust our thinking and establish the dates in advance of any position the government might take on the issue, so that there is a forewarning of timing to the maximum extent possible to the various groups in the province that are interested.

## Alberta Hospital

MR. DIXON:

Mr. Speaker, I'd like to direct a question to the hon. Minister of Health and Social Development. Is the minister aware of the concern of the staff and the patients and the town of Ponoka regarding the future of the Alberta Hospital at Ponoka? If he is, is he in a position today to make a statement to the House on the future of the Alberta Hospital at Ponoka?

MR. CRAWFORD:

Mr. Speaker, in regard to the future of the hospital at Ponoka, the Alberta Hospital, I have said to the House in the course of the Throne Speech debate that our policies were consistent with those recommendations of the Blair Report that related to it, and the hon. member will recall that those recommendations were to the effect that a continuation of the use of that facility was recommended. It is our intention to do that. But in regard to concerns that may be felt by staff and patients, I have met with some members of the staff and am well informed on the situation by the hon. member of the Legislature for Ponoka, Dr. McCrimmon.

MR. DIXON:

A supplementary question, Mr. Speaker, to the hon. minister. It is my understanding that Superintendent Byers will be retiring, and I wonder if the minister has found a replacement for the present?

MR. CRAWFORD:

Mr. Speaker, I am aware of the retirement of Dr. Byers, as has been recently reported also, and it is anticipated that there will be no difficulty in having a replacement for him.

MR. TAYLOR:

Supplementary, Mr. Speaker, to the hon. Minister of Health and Social Development. Will there be a substantial reduction in the staff at the Ponoka hospital, and at the Alberta Hospital, Oliver?

MR. CRAWFORD:

Mr. Speaker, I think the question could only be answered if we relate it to a period of time. Adjustments in staff of all institutions is something that does take place over a period of time. There are no immediate prospects in the short term that would cause any concern to anyone who is employed there.

## Calgary Public Housing

MR. GHITTER:

A question, Mr. Speaker, to the hon. Minister of Municipal Affairs. Is the hon. minister aware of the plight of the citizens in the Eau Claire district in downtown Calgary with respect to their concern over the approval of an approximate 70-unit housing development for families in downtown Calgary? And if so, is there anything that the provincial government can do with respect to their concern over the nature of this development?

MR. RUSSELL:

Mr. Speaker, I am well aware of the concern with respect to that particular project. It's a development of a public housing project submitted by the City of Calgary. It recently went before the board of directors of the Alberta Housing Corporation and received the necessary approval there because of the position put forth by the applicant, the City of Calgary. Since that time I have written, talked on the telephone and met in person with a spokesman for the groups that are opposing the development as well as having discussed the matter with the member of the Legislature for the constituency, Mr. Ghitter. So far as I can determine, up to today, the city and the development appeal board have acted correctly in all the procedures that have to be carried out with respect to the project.

MR. GHITTER:

Another supplementary question, Mr. Speaker, to the hon. Minister of Municipal Affairs. Does the hon. minister not agree that a development in this area would be more suitable for the senior citizens, rather than for families? And if so, does his department intend to look into the matter from the point of view of future developments in that area?

MR. RUSSELL:

Well, Mr. Speaker, the point which I think the hon. member is referring to is a suitability of the downtown core for family accommodation. We haven't yet seen detailed plans for the developments so we don't know whether or not all or part of it will be devoted exclusively to childless families or perhaps to senior citizens. The City of Calgary has at the same time made application to construct a second senior citizens' highrise on the site of 9th Avenue and 5th Street East, so presumably that decision has been made at the local level.

## Alberta Hospital (cont.)

MR. TAYLOR:

A supplementary question to the hon. Minister of Health and Social Development. Since the government has carefully worked out the matter of mental hospitals and so on, could the hon. minister tell us the percentage of reduction in the occupancy at Ponoka and Oliver that is expected?

MR. CRAWFORD:

Mr. Speaker, once again that has to do with the utilization of the overall resources of the province in the mental health field and the use of each as part of the whole. The reduction which had been taking place under the leadership of the hon. Member for Wetaskwin-Leduc in which eased the situation at both of those institutions has continued, and since last fall a reduction of approximately five per cent has occurred at each institution.

MR. TAYLOR:

A supplementary, would there not then be a five per cent reduction of staff as well?

MR. CRAWFORD:

Not necessarily, Mr. Speaker. The staff on previous occasions was very heavily overtaxed with work.

Decentralization of Government Offices

MR. DIXON:

Mr. Speaker, I would like to direct a question to the hon. Premier. Is it the government's plan to decentralize offices in Alberta, and if consideration is being given to decentralization I wonder if the government is giving any thought to moving the Mines and Minerals Department to the City of Calgary?

MR. LOUGHEED:

Mr. Speaker, I can understand the hon. member's interest in the matter. We have a task force which is involved in assessing the whole matter of decentralization of government operations under the chairmanship of the hon. Member for St. Paul. They have just got underway and I anticipate it will be some months even before interim reports are received because it's a very complicated matter. The intention of the government is not in terms of any basic adjustment of the existing operations of departments, but merely in terms of any new steps that are taken by the administration to try to avoid a situation, such as has been mentioned on many occasions in the House already this year, regarding the location of the fish hatchery in Calgary and similar steps of that nature, so that we can reflect a broader phased government operation throughout all of Alberta. It's the objective of the task force to look into it and I look forward to their important recommendations.

MR. DIXON:

Another supplementary question, Mr. Speaker, to the hon. Minister of Federal and Intergovernmental Affairs. Is he aware of the fact that the federal government is carrying out plans for decentralization of government departments in Canada? And as Alberta is the energy province of Canada, I was wondering if the minister is making any effort to approach the federal government to have the National Energy Board offices moved to Alberta?

MR. LOUGHEED:

Mr. Speaker, I'm going tc answer that question. I spoke to the Federal Minister of Energy, Mr. MacDonald, when he was here, in company with our Minister of Mines and Minerals, and we raised that specific matter that the hon. minister, Mr. Getty, had previously dealt with when in Ottawa. We felt that what we could look for and what might be a reasonable possibility -- rather than a situation where the National Energy Board moved its total operations to Calgary, for example, even though that might be highly desirable -- was to try, perhaps as an initial step, to convince them that when they were dealing with hearings, to a very large degree, or even to a 75 per cent or 80 per cent degree which involved the oil and gas industry, that those hearings, or at least a portion of them might be held in the Province of Alberta. That idea was not at all rejected by the minister who said he would take it under advisement. I think we're all acquainted with the difficulties that provinces face with requests of that nature today.

MR. SPEAKER:

The hon. Member for Stony Plain, followed by the hon. Member for Spirit River-Fairview.

## Weed Clearing of Lakes

MR. PURDY:

Mr. Speaker, I have a question for the hon. Minister of Environment, Mr. Yurko. Is the provincial government going to expand its weed-cutting operation, other than on Lake Wabamun, for other lakes in the area, namely, Lake Isle, Lac St. Anne, or Lac La Nonne? To clarify this, we have intensive weed growth on these other three lakes that I have mentioned.

MR. YURKO:

Mr. Speaker, I think everyone is aware that additional effort will be underway this year in controlling the weeds in Lake Wabamun. However, at this time, my department is not undertaking any additional work on any other lakes by virtue of weed harvesting. But this matter may have been given additional consideration by the hon. Minister of Lands and Forests, and if he has he will obviously reply.

## Albertan Employees for Grande Prairie Plant

MR. NOTLEY:

Mr. Speaker, I would like to direct this question to the hon. Minister of Manpower and Labour. Can the hon. minister advise the Assembly what steps have been taken or are in the process of being taken, to ensure that Canadian professional people, engineers, etc., will be given preferential treatment in employment opportunities created by the Procter and Gamble Pulp Mill in Grande Prairie, both in the construction stage through Canadian Bechtel, and also once that plant is in operation?

DR. HOHOL:

Yes, Mr. Speaker, I am happy to give information on this subject. We've had extensive discussions with the management, indeed the president for that company. A group of ministers, including myself, visited the plant at Grande Prairie on site and held extensive discussions with the management there. Other ministers who are closely associated with the enterprise at Grande Prairie also have had extensive meetings. I'm familiar, by about three weeks, with the labour content of Canadians and Albertans and people at this particular plant in Grande Prairie. Should the hon. member wish detailed information to a written question I would be very happy to table information.

MR. NOTLEY:

I will, sir, ask a written question on that asking more details. But as a supplementary, does the hon. minister envisage an "Alberta first" set of conditions for Procter and Gamble, similar to the conditions outlined for Syncrude?

DR. HOHOL:

This is part of an agreement, Mr. Speaker, in this particular plant.

MR. SPEAKER:

The hon. Member for Wetaskiwin-Leduc.

MR. HENDERSON:

I would like to direct a question to the hon. Minister of Telephones. I wonder if the hon. minister could outline to the members of the House the reasons as to why automotive dealers outside of the cities of Grande Prairie, Edmonton, Red Deer, Calgary and Lethbridge are not allowed to tender on automotive purchases made by AGT?

MR. WERRY:

Mr. Speaker, I am not aware of that being a general policy of AGT and I would be prepared to look into it and report back to the hon. member at a later date.

MR. SPEAKER:

Supplementary?

DR. HOHOL:

On a point of clarification in answer to the hon. Member for Spirit River-Fairview, just to make sure, in speaking about contracts, if you are referring to the contract of Syncrude, the labour content there for Canadians was very, very specific. In the case of the one in the Procter agreement it isn't that specific. The specificity and degree of Canadian content is different in the two agreements. I want to be clear on this.

MR. SPEAKER:

The hon. Member for Edmonton Calder, followed by the hon. Member Calgary Mountain View.

## Strip-Mining

MR. CHAMBERS:

Has the government established a policy regarding strip mining on Mount Rundle in the Canmore corridor?

MR. YURKO:

Mr. Speaker, the government released information on this matter on October 22nd, 1971 in the form of a news release. I am not going to take the time of the House, Mr. Speaker, to read this news release, but I have several copies with me and I will gladly table them so that those members on the other side who are interested might read it, and particularly the hon. Member for Wetaskiwin-Leduc so that perhaps he might get some rest.

## Legislative Cafeteria

MR. LUDWIG:

Mr. Speaker, I'd like to direct a question to the hon. Premier. Is there any truth that the muffled sounds emanating from behind the veil on the third floor mean that the government is contemplating the provision of service of liquor on the fifth floor in the cafeteria?

MR. SPEAKER:

Will the hon. Member for Pincher Creek-Crowsnest yield to the supplementary please.

Strip-Mining (cont.)

MR. HENDERSON:

Thank you. I would like to ask the hon. Minister of the Environment, in relation to all his mention of press releases, if he has done anything about the question of coal mining in the Canmore corridor.

MR. TAYLOR:

Supplementary question to the hon. Minister of the Environment. He was moving his head, we can't hear any rattling, we would prefer him to speak, if he would, so we get the answer. But my question. Is there a geological explanation for the tremendous improvement at Canmore as from August 15th to September 15th?

I can't tell whether he's shaking it up or down -- or sideways.

Garbage Disposal

MR. DRAIN:

Mr. Speaker, this seems to be the day for the hon. Minister of the Environment, and I was wondering whether his department had in mind any pilot programs which could be correlated with the sanitary land-fill in the cities, and thereby solve the problem that is created by the tremendous amount of garbage produced.

MR. YURKO:

Mr. Speaker, jurisdiction for sanitary land-fill sites and that area of responsibility rests with the hon. Minister of Health and Social Development.

MR. DRAIN:

Mr. Speaker, I will address my question to the hon. Minister of Health and Social Development then.

MR. CRAWFORD:

Mr. Speaker, I'm going to be very frank with the hon. member, and say that since he addressed his last question to the Minister of the Environment, I was thinking about something else.

MR. DRAIN:

My question, Mr. Speaker, was, is there any pilot program in mind which could be correlated with the program of sanitary land fill, so that it could be utilized as a method of solving this aggravating problem?

MR. CRAWFORD:

Mr. Speaker, I would like to answer that, if I'd heard the hon. gentleman state what the aggravating problem was.

MR. DRAIN:

Mr. Speaker, supplementary. The aggravating problem is that in the long term, it is not the proper method of using our resources and it is not a good housekeeping method. I am not making a statement, Mr. Speaker, I am asking a question. And my question is, has there been any thought of a program which could utilize this refuse?

MR. CRAWFORD:

The utilization of refuse? Now I don't want to get into it quite in the way it's going to sound to the hon. member, but I think that is a question for the hon. Minister of the Environment.

MR. DRAIN:

Supplementary Mr. Speaker. I am wondering whether the hon. Minister of the Environment and the hon. Minister of Health and Social Development will consider getting together and talking this out and advising the Legislature.

MR. YURKO:

Well, now that the question has been clarified somewhat, Mr. Speaker, I think perhaps I might be able to supply the hon. gentleman with some information. My department has instigated a fairly major study in connection with a multiple disposable facility for the Edmonton area and one for the Calgary area, particularly in association with disposing of what we call exotic wastes. Nevertheless, the study will look into much greater aspects than just the disposal of exotic wastes in the two urban areas. I would also like to suggest that the major thrust of the department in the whole area of litter is associated with solids disposal, solid garbage disposal. We have as our intent, basically, the control of litter, the segregation of solid garbage, and the recycling of resources. We are just beginning a thrust in this area; however, we expect to intensify our work in this area.

## Manitou Stone

MR. SORENSON:

Mr. Speaker, I would like to direct my question to the hon. Minister of Culture, Youth, and Recreation. I think it is a question that is of interest to all Albertans. The third largest meteorite ever recovered on this earth was found in my constituency and immediately shipped off to Ontario. I am just wondering, sir, if you would be interested in trying to obtain it back for us and to put it in our own provincial museum, and do you feel that the Manitou Stone, which it is called, would be worthy of an historical site or marker?

MR. SCHMID:

Mr. Speaker, I was made aware of these facts by the hon. member yesterday and immediately I tried to find out what we could do about either retreiving it or at least getting a chunk of the Manitou Stone back to Alberta. Since we are very keen on identifying certain sites, places of history or heritage in Alberta, this is, of course, very worthy of consideration.

## Grain Movement

MR. WYSE:

Mr. Speaker, I would like to direct a question to the hon. Minister of Agriculture. This week the hon. minister seemed to indicate to the House his approval of free movement of agricultural products. Is the provincial government in favour of the free interprovincial movement of grains?

DR. HOBNER:

Subject to consideration, Mr. Speaker, of the ramifications involved in the removal of any restriction on provincial boundaries, we are in favour of the free movement of agricultural goods within Canada.

## Hog Plant

MR. WYSE:

A supplementary question, Mr. Speaker. According to reports today, the proposed hog plant for southern Alberta may be in fact built in the United States. Was the possibility mentioned to the hon. minister when negotiating with the company?

DR. HORNER:

Mr. Speaker, again I wasn't negotiating with the company in any sense. I was putting forward the position of the government to the company in relation to the position of the farmers of Alberta. If the hon. gentleman wants to know whether or not they used this as a lever with the government, I can say to him, no.

MR. WYSE:

Just one more supplementary question, Mr. Speaker. If the company cannot qualify for a grant under DREE, would the provincial government consider giving any financial assistance to the company?

DR. HORNER:

Mr. Speaker, I think that any company can make an application to the Department of Industry for assistance for such industrial development as might be required in the Province of Alberta. I don't think that we should be starting to discriminate against any particular industry until all the facts are known.

## Mortgage Bank

MR. HO LEM:

Mr. Speaker, a question to the hon. Minister of Municipal Affairs please. Has the government been in touch with the hon. minister, Mr. Basford, regarding his recently announced program wherein a publicly owned mortgage bank will be established, so as to provide a wide range of assistance to improve the quality of urban development?

MR. RUSSELL:

Mr. Speaker, as the hon. member may be aware, that statement was part of a speech given by the hon. minister to the House. I understand that the specific policy regulations are still before the Federal Cabinet. I have had a discussion about the matter with the hon. Minister of Federal and Intergovernmental Affairs, and his office is trying to get more information for the Government of Alberta. But as such, none is available at this time.

MR. SPEAKER:

Is the hon. minister wishing to answer that question further?

## Theatre Calgary (cont.)

MR. SCHMID:

On a point of order, Mr. Speaker. I would like now to table the letter from myself to Mr. R.C. Trahearne, Theatre Calgary, and pass a copy on to the hon. member from Calgary.

Medicare

MR. NOTLEY:

Mr. Speaker, I would like to direct this question to the hon. Minister without Portfolio in charge of the Medicare program in Alberta. In answer to the written question I asked the other day, the hon. minister pointed out that 140 people had judgments filed against them in district court for nonpayment of Medicare premiums. My question is, do these 140 people represent all the people who are presently in arrears, but yet have the ability to pay?

MISS HUNLEY:

Mr. Speaker, the information that the hon. member requested was provided by the Alberta Health Care Insurance Commission itself. I did not question them, but I would be inclined to say, no, this is not likely. However, I would be prepared to follow it up further if he cares to have me do so.

MR. NOTLEY:

A supplementary question to the hon. minister. I wonder if she could inform the Legislature then, in that case, why judgments have been filed against some people who are in arrears and have the ability to pay, and yet not against others? What would be the criteria in this specific case?

MISS HUNLEY:

Once again Mr. Speaker, I do not instigate the action, since the Alberta Health Care Insurance Commission more or less manage their own affairs and I report back to the government and this House on their behalf. As a result, I'll have to check it with them and follow up the information if they feel it is so desired.

MR. TAYLOR:

A supplementary, Mr. Speaker. Is the commission not responsible to the hcn. minister?

MISS HUNLEY:

They're responsible to the hon. minister, the same as they are responsible to the government of the Province of Alberta, Mr. Speaker. Though as a commission we have more or less felt that they were established to manage the affairs of the Alberta Health Care Insurance Commission under the direction and legislation as provided by the government. As such, I have been working with them for a very short time, getting familiar with what they are doing, and I do feel that they are responsible to us and the legislation was prepared by the government. They are following it out and I feel that they are following it out in the best interests of the province of Alberta. However, I am prepared to find out more information if the hon. minister from Spirit River-Fairview would care to table the question and ask for a written report.

MR. TAYLOR:

Supplementary to the hon. minister. Is it the policy of the government that all the boards are going to be law unto themselves or that all are going to be responsible tc the government?

MR. LOUGHEED:

Mr. Speaker, I think the answer to that is pretty self-evident to all members. What obviously is the policy of the government, with respect to various major commissions and boards that have been

established by the previous administration, is that, to the extent that it is practical to do so, we at this stage are leaving the basic administrative management of these boards and commissions to the people involved and we're dealing on a broad policy basis within the legislation. We are, however, doing a reassessment of that, as with many other of the situations that we inherited from the previous administration. I think, though, that the hon. minister has responded to the question by agreeing to provide the information.

MR. TAYLOR:

Mr. Speaker, a supplementary to the hon. Premier, then. Tell us why the current prosecutions were not approved by the government, or were they approved by the government, and what criteria are asked by the hon. member?

MR. LOUGHEED:

Well, Mr. Speaker, I think the answer to that question is self-evident. We will have the hon. minister look into the matter and provide the criteria she said she would.

## Blue Cross

MR. DIXON:

A supplementary question to the minister, Mr. Speaker. I was wondering, owing to the high cost of administration, if the department was giving any consideration to doing away with the deductible clause for those people over 65, under the Alberta Blue Cross Plan covering drugs?

MISS HUNLEY:

I'd have to think about that for a minute. We have not, at this point, considered making that many alterations in the present structure, except for the one that you are well aware of.

## Drivers' Licences

MR. BENOIT:

Mr. Speaker, I'd like to address my question to the hon. Minister of Highways. I raised the question a couple of weeks ago, and he, I believe, was able to ferret out the answer since. Why are some of the applicants for automobile operators' licences who have received a five-year licence and who have paid a $10 fee, been refunded half of that $10 fee?

MR. COPITHORNE:

Mr. Speaker, the reason for this refund was that all applications that were made up to January 31st were on the $1 a year fee, so that would make it $5 for a five-year license, and after January 31st all applicants were then assessed the $2 a year fee.

MR. BENOIT:

Supplementary question. But some who applied after February 1st, and who received their licences after February 1st, were refunded $5.

MR. COPITHORNE:

Well Mr. Speaker, again, to answer the hon. member. I have pursued this in my department and I really haven't got an explanation for it, other than it was an administrative problem within the department.

## CPR Passenger Service

MR. CLARK:

A supplementary question to the Minister of Industry and Commerce. Has the minister made representation to the Canadian Pacific Railroad or the Canadian Transportation Commission regarding the passenger service to Calgary and Edmonton; namely the trains not being prepared to stop at all centres?

MR. PEACOCK:

Mr. Speaker, I am not aware, but I will inform myself and the hon. member from Didsbury.

MR. CLARK:

Could I just have some clarification? Did the minister say he was or was not aware of representation that he'd made on this?

MR. PEACOCK:

I am not aware.

MR. NOTLEY:

A supplementary question to the hon. minister. Several days ago in answer to a question with respect to the application to discontinue service from Dawson Creek, British Columbia to Edmonton, the minister said he would look into the question. Now in view of the brief prepared by the town of McLennan, has the government given any consideration as yet as to whether it's going to take a stand on this matter? And secondly, whether or not they would be willing to make representation to the Transport Commission that the hearings be held in the Peace River country to facilitate those who would like to make representation but can't come all the way to Edmonton.

MR. PEACOCK:

Mr. Speaker, in answer to the first question, we are taking that under advisement. And the answer to the second question, certainly, if we are in agreement with a hearing, it should be held in the Peace River territory.

## Wheat Prices

MR. WYSE:

I would like to direct a question to the hon. Minister of Agriculture. Did the provincial government make any representation to the federal government regarding the two-price system for wheat, and recommendations how it should be paid out to producers?

DR. HORNER:

Absolutely, Mr. Speaker. We've had numerous discussions with federal ministers involved in relation to the two-price system on wheat. The hon. member may recall that it was part of our joint submission of the three prairie provinces in relation to the Grain Stabilization Bill. We also had discussions with the hon. Mr. Laing in Regina some six weeks ago in relation to our representations as to how it should be paid.

MR. WYSE:

A supplementary question. I wonder if the minister could table the correspondence you were speaking of.

DR. HORNER:

Well, Mr. Speaker, if the hon. member wants to put a motion for return on the Order Paper, I think that would be the appropriate way to do it. On the other hand, he must appreciate that a number of these discussions were verbal ones and at the same time, I would have to get the concurrence of the federal government in tabling any correspondence.

## Medicare (cont.)

MR. DIXON:

Mr. Speaker, I'm wondering if I could direct a further question regarding Alberta health care to the hon. minister Miss Hunley. Is the government's intention to retain the chiropractors the chiropodists and the osteopaths under the basic health plan?

MISS HUNLEY:

We don't anticipate any change in the policy at this time.

## ORDERS OF THE DAY

### QUESTIONS

130. Mr. French asked the Government the following question:

The total number of employees employed by the Alberta Health Care Insurance Commission, as at
(a) November 39th 1971;
(b) December 31st, 1971;
(c) January 31st, 1972; and
(d) February 29th, 1972.

MISS HUNLEY:

The total number of employees employed by the Alberta Health Care Insurance Commission at
(a) November 30th, 1971 -- 708 persons
(b) December 31st, 1971 -- 704 persons
(c) January 31st, 1972 -- 707 persons
(d) February 29th, 1972 -- 707 persons

Of the above totals of employees, 20 per cent were engaged in a temporary capacity and are subject to reduction as work volume decreases.

131. Mr. Buckwell asked the Government the following questions:

(1) The number of loans approved by Census Divisions, (I.D.'s and countries, where applicable) under the Alberta Livestock Loan Guarantee during 1971 and up to March 1st, 1972.

(2) The total amount of loans by Census Divisions (I.D.'s and countries, where applicable.)

DR. HORNER:

Mr. Speaker, I'd like to move that this Question be made an Order for a Return. I would also ask the hon. Member in whose name it stands if he would agree to a somewhat different type of reporting. We will give him all the information that is necessary, but I hope he will appreciate that we changed the regulations so that in fact it isn't by census division any longer, and therefore we can get him the information fairly quickly on the basis of an area base

rather than census division. It should be made an Order for a Return and we will file it as quickly as possible.

MR. SPEAKER:

Does the hon. member agree to the question being amended in that fashion? And does the House agree to the motion that the question be made an Order for a Return?

HON. MEMBERS:

Agreed.

132. Mr. Dixon asked the Government the follcwing questions:

(1) The number of horses slaughtered in Alberta at government inspection plants during the past twelve months.

(2) The number of horses consigned to processing plants from Alberta owners or agents.

(3) The number of horses consigned to Alberta processing plants from the Northwest Territories, Yukon and the provinces of British Columbia and Saskatchewan.

(4) The number of horses consigned to Alberta processing plants from the United States of America.

DR. HORNER:

Mr. Speaker, I'd like to table the answer to Question No. 132, being all of the information that is available in the Department.

## MOTIONS FOR A RETURN

129. Mr. Taylor proposed the following motion to this Assembly, seconded by Mr. Benoit:

That an Order of the Assembly do issue for a Return showing:

(1) What is the insurance rate of the Canadian Underwriters Association in the four Territories of Alberta for the year 1972 for a 1971 Chrysler cwned and driven by a driver over the age of twenty-five with no accidents or convictions during the last three years for

(a) Third party liability (minimum limits);

(b) The accident insurance benefits to minimum limits as set out in the 1971 amendements ot The Alberta Insurance Act; and

(c) Collision, $50 deductible?

(2) What are the rates for the same vehicle for a driver under twenty-five, with no accidents or convictions during the last three years?

(3) What are the Alberta rates of Federated Insurance for the same vehicle and driver noted in part (1) and Part (2)?

MR. TAYLOR:

Mr. Speaker, I move Motion for a Return No. 129 standing in my name on the Order Paper.

MR. SPEAKER:

Taking the motion as read, does the House agree?

MR. LEITCH:

Mr. Speaker, firstly I'm not all sure that the motion isn't out of order, because I think the information requested may well be available to the hon. member. However, I am perfectly happy to provide the information but wonder if the hon. member would agree to it standing over. On seeing this on the Order Paper I asked my department whether the information requested in that form is available, and while I believe it is I haven't yet got an answer, and for that reason would like it to stand over until Tuesday next.

MR. SPEAKER:

Perhaps we could take that as not having been voted on. The expression of agreement and the minister rising to his feet were simultaneous, and if the House agrees, could we allow it to stand over as suggested by the hon. minister?

HON. MEMBERS:

Agreed.

133. Mr. Henderson proposed the following motion to this Assembly, seconded by Mr. Drain.

That an Order of the Assembly do issue for a Return showing:

A copy of the report of the Environment Conservation Authority on the use of pesticides and herbicides within the province.

MR. HENDERSON:

Mr. Speaker, I move Motion No. 133 standing on the Order Paper in my name.

MR. YURKO:

Mr. Speaker, the motion as submitted is unacceptable. The motion doesn't distinguish or differentiate between inter-departmental reports and reports that might be prepared for the Environmental Conservation Authority which is an agency of government for internal uses. As a result, because it isn't the custom nor is it the intent of the government to table inter-departmental documents, I would suggest that before the motion can be accepted it would have to be clarified and be specific to a particular report that might have been prepared by someone else for the Authority or a report associated with public hearings of the Authority.

I would like to suggest again at this time that according to the Act -- and I might read the pertinent section --

"When a report by the Authority under subsection (1)(j) is received by the Lieutenant Governor in Council, the president of the Executive Council shall lay a copy of it before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the first session in the next ensuing year."

So that the report of the Authority will have in fact all the recommendations that it makes to government and will be tabled according to the Act.

However, I do want to say at this time that in connection with pesticides and herbicides, the Authority hasn't established or compiled any reports on this matter as yet at all. The Authority has, of course, with the government's approval, scheduled hearings on

pesticides and herbicides in the early part of 1973, and it has just begun to accumulate some data in this area. However, irrespective of that, irrespective of the fact that there is no report by the Authority, they haven't had hearings as yet and will be holding hearings in the future. I want to reiterate that the motion is unacceptable in the way it is written.

MR. HENDERSON:

Speaking to the motion, Mr. Speaker, and as a matter of clarification, I think the hon. minister knows that at one time prior to the change in government, the hon. gentleman on this side, our leader in his capacity as head of the Executive Council, wrote to the Environment Conservation Authority and asked him to examine two things; one was the question of coal mining reclamation and the other was the question of pesticides in the province.

Now I appreciate, Mr. Speaker, that when I asked for the copy of the report on land mining reclamation from the authority the minister refused to return but stood up in the House today and filed it on his own prerogative. I accept in this particular instance the fact that there is no report and the minister therefore cannot table it.

MR. SPEAKER:

Does the seconder, the hon. Member for Pincher Creek-Crowsnest, agree to the withdrawal of the motion? Does the House agree to the withdrawal of the motion?

HON. MEMBERS:

Agreed.

MR. SPEAKER:

The motion is withdrawn.

INTRODUCTION OF VISITORS

MR. SPEAKER:

I should mention to the House at this stage that Bill No. 200 which was to come up for discussion this afternoon under the new rule which was adopted recently, has not yet been printed and rather than interrupt the debate or the proceedings of the House at half past four I thought I should apprise the House of this now because perhaps it might be the wish of the House to continue with its other business through half past four.

INTRODUCTION OF VISITORS

MR. DIXON:

A point of order, I wonder if the House would allow me to go back to Orders of the Day in order that I might introduce a former outstanding member of this Assembly?

Mr. Speaker, I would like to draw the attention of the hon. members a man who has served his country well and served for many years in this Legislature, first coming in as an armed forces representative and later as a Social Credit member for many years, and in the Cabinet for many years, the former hon. minister Mr. Fred Colborne.

MR. TAYLOR:

Mr. Speaker, on the point of order that you so kindly raised, we agree that we should not discuss Bill No. 200 until we have had an opportunity for all members to have a copy of the bill, and I take it that it is your intention to continue with the resolution this afternoon?

MR. SPEAKER:

That will be the intention subject to the wish of the House, and I take it then that Bill No. 200 might come up next Thursday. Is the House in agreement?

HON. MEMBERS:

Agreed.

## MOTIONS OTHER THAN GOVERNMENT MOTIONS

DR. PAPROSKI:

Mr. Speaker, I beg leave to introduce Motion No. 1 standing in my name, and seconded by Mr. Roy Farran, MLA for Calgary North Hill.

Be it resolved that the Legislative Assembly direct the Government of Alberta to give careful consideration:

A. To the feasibility of implementing the concept of Community Health and Social Development Centres which is described as a comprehensive program to deliver from a single physical facility, a wide variety of health and social programs, integrated and co-ordinated at the community level to achieve maximum benefit for the client and patient; and that,

B. The feasibility of decentralization and regionalzation also be considered; and that,

C. Information be secured as expediently as possible regarding the establishment of Alberta's Community Health and Social Development Centres in terms of cost, benefit, program and administration.

Mr. Speaker, I waited so long for this concept to come to the Floor of this Assembly I feel part of it, and am molded right into it. Furthermore, let me say this, that I ran on the theme of total health, physical, mental and social well-being and communication co-operation and co-ordination between the individual and family, community and government in Edmonton Kingsway, and based on this theme and the results of that election I ask the members to draw their own conclusions.

Mr. Speaker, for emphasis, the individual and family are unequivocally the basic and most important units of our society. We have an opportunity here and now to act on their behalf. All activity and total health service in societies are for the individual and family. Local economy carried out by members at community level may be considered fundamental for decentralization. It is considered fundamental in principle that the provincial government of Alberta, within its jurisdiction, respond to meet the needs, physical health, mental, and social, of the individual and family on an ongoing opitmal basis. It is considered essential that response to health and social needs can be carried out only if health and social needs are known on an ongoing basis, in other words, have a health and social accounting on an ongoing basis. And co-ordinated response for health and social needs of the individual and family can only be carried out if a definite mechanism -- and this mechanism is here in this concept -- is set up to respond to these needs.

It is essential that these health and social needs be met on an ongoing basis with optimal value received for the individual and family per dollar cost, and bureaucracy must be minimized in order that response to individual and family needs be met at optimal cost.

To this end, Mr. Speaker, and members of the Assembly, I would like to elaborate on the Community Health and Social Development concept referred to in the resolution for further clarification. It is a physical facility with personnel, of course, to provide services. There will be a physical health section, a mental health section and a social service section. This will provide service at a community level determined on the basis of need, and not on the basis of want. For if we talk about want, the limit is indefinable, but is on a basis of need co-ordinated at the community level.

It will be located in the community, and when we talk about community, what do we mean? I think that it is very fundamental and important that we differentiate this from other concepts. It is where people share, share their daily activities. The core concept in community is decentralization. It is where the individual and family are living; it is at the human level and the individual and family understand this. Regionalization, in contrast, the core concept is administration, and this is more layers of bureaucracy or administration if you wish, and it is administratively-orientated and not necessarily need-orientated.

It is a method. This concept implies a method of delivery from a single facility of wide range of health and social services, with its personnel, of course. But it's also implying that the service from that centre serving the community is not the only method of delivery. The medical doctor is also recognized and he will continue to practise where he is now, but it is for co-ordination of all the health and social services in the community with the medical doctor.

It will require re-organization and, in fact, this is a new method of delivery in this province. This re-organization should minimally bring about the various health and social services into a co-ordinated system at the community level, without change of the present existing services such as auxiliary hospitals, active hospitals, nursing homes, senior citizen's homes, special care institutions, and so forth. But it will co-ordinate and focus around a centre with a medical doctor, and a medical doctor, I emphasize, will stay and practise where he is practising now without entering the centre unless he so chooses, or unless the community and the medical profession at large so desire. Therefore we have flexibility with no threat to the existing system. Is it a method of delivery or what? Primary comprehensive, continuing personal care, with prevention, diagnosis, treatment, rehabilitation and teaching. This is not government interference, it's in reverse, it's giving the community the ability to carry out their activities, for they know their needs better than anyone else, much better than any bureauocrat, or anyone of us sitting here, or in any administration building.

It will provide total health -- total health as defined by the World Health Organization -- physical, mental and social well-being. I submit that these elements of total health cannot be separated, they are interwoven, as I have already stated. If they are separated we are breaking down the fabric of total health and well-being. Many examples have been given to this Assembly where this breakdown occurs, and certainly those people who have practised medicine or are in the health profession know very well what happens if this breakdown occurs. We can cite many examples of a child with recurrent problems, a failing student, a child with recurrent chronic physical illness, and yet when you investigate the whole item you find other factors playing a role. What I'm saying here, in other words, is that disease -- ill health, or total health and well-being is multi-factorial.

These centres would focus on the multi-factorial approach. With the medical doctor, I emphasize again, the medical doctor will stay where he is now presently practising because he is doing an excellent job. The centres and their personnel intercept various social unrest within the community, and deal with the breakdown between the individual and family in the community and government -- well here can be one of the areas, one of the fulcrums where communication regarding total needs can be established and fed back directly to government. These centres will provide primary comprehensive continuing personal care. What does this mean? Primary care is first contact care. It means emergency care; it means early diagnosis, and therefore, if you have early diagnosis, you have preventive care, and this is an area to be emphasized. An example of this in these centres that could provide this service is for handicapped children. All handicapped children in this province should be screened prior to entering school or even at the time they're going to school. Picking up this problem early in their life, ladies and gentlemen of this Assembly, I think you realize that if you lose one year, and you don't pick up a handicap problem whether it is a learning disability or other disability, you may lose three years. If you don't pick it up after two years, you lose six, if you pick it up after the third year, you may lose that child for ever. And yet we know very well that of most of the handicapped childrens' problems, with respect to learning disabilities especially, 80 per cent can be rehabilitated.

So, it will provide primary care with the medical doctor wherever he is practising. It will provide comprehensive care. What does this mean? It will utilize all the resources in the community to optimal advantage to the individual family and community. It will look at the person as a total person, and not just at the physical aspect and mental aspect or social aspect. It will deal with the environmental implications that surround that person, but it will also go into the community, therefore, to provide this comprehensive care in an institution, out of an institution, in the home, in the school, in the centre, in the doctor's office, because the doctor will be able to use these facilities, this health and social development centre as a back-up facility, and vice-versa, the centre will use the medical doctor and the other institutions as back-up facilities. In other words, it will streamline movement of patients from the home to the institutions, back home, into the centre, medical doctor and so forth. This is one of the major items, I think, that we have to confront in our modern society, and that is some way of reducing costs, and this is one of the major items. As a matter of fact, may I quote from one recent article, The National Advisory Commission on Health and Manpower -- this is in the United States which concludes that the lack of co-ordinated health care delivery system is the single most important problem facing health care fields today, and I agree with this completely.

So it will provide primary comprehensive care. It will provide continuing care, care for all ages, from birth to death, in and out of the institution, on a continuous basis. It will deal with family in health, as well as with disease. It will deal with the effect of various social-economic factors that play on health and disease and well-being, and it will appreciate the various factors that play a role in health and disease. It will pick up and intercept these problems, because the centre is at the community level and people will know where to go and to whom to refer in addition to the doctor. It will provide personal care, and in this dehumanizing society, I think this is a very vital area, something that cannot be disbanded very quickly. It should be individual-oriented, and not merely disease-oriented. And if you can visualize these centres as various ethnic groups, the various ethnic areas across the province, one would expect that the facility would have voluntary groups that would make this centre much more acceptable because the receptionist could be somebody from the community that they know, that they feel they understand.

This care, this total health care, physical, mental and social well-being will always be provided by the health and social centre with a medical doctor -- let that be clear. And I would emphasize some of these points over and over again as I go on, merely to make it known clearly that these are very vital items. These centres will coordinate all of the resources of the community at the community level. A person will not have to search and be shifted from one centre to another. He will know where to go if the doctor does not provide the service. It will indicate true team approach.

When I'm talking about team approach, I'm not only talking about the medical profession, or the health profession, per se, but also the voluntary groups, and the economic use of time to improve the capacity and quality of care, keeping in mind the multi-factorial approach would increase quality, in fact, and may very well reduce costs. But if it doesn't reduce costs I don't think we should be distressed, because the needs will, in fact, be met. If needs are met and the people are receiving optimum service per dollar cost, I don't think that anybody can quarrel with that. It will use allied health professionals, and here we are talking about the health professionals in addition to the doctors, social workers, nurses, nutritionists, psychologists, and what have you. The whole energy and workload of these allied health professionals is completely dissipated and they cannot work as a team, because geographically they are separated. The allied health professionals and the medical doctors, for that matter, will see what true team work means. They want this. They will know their patients and receive increasing professional satisfaction, and because they are working at the community level they will be in tune with the people in the community. I suggest to you, what else can any professional ask?

The indigenous group or the voluntary groups will be recognized even more than they are recognized now. They will increase liaison. increase acceptability and they will work very closely with those professionals in the centre. Their good work will be recognized once and for all on a co-ordinated basis. The backup services that we have now -- as I mentioned before, specialized institutions -- will still be there, and they will be part and parcel of the total health picture.

What are some of the services that will be provided? Under the physical health section, I have only indicated a few here and here they are: education regarding physical health, and who can quarrel regarding that? It is about time that the children in our society are, in fact, educated regarding physical health and not merely told about it after the problem arises. There will be immunization clinics, baby clinics, maternity classes, nutritional classes, handicapped children classes, and so forth. These things are largely provided now by various health units, I agree, but some of them are not provided, and others may be added as necessary. Mental health again -- education regarding mental health and emotional health. It will deal with mental and emotional needs and I am glad that our hon. Minister of Health and Social Development, Neil Crawford, has mentioned that we want to bring back the mental health care to the community level, where people will understand. They will be educated about it and be able to understand what the problems are and deal with it at the community level. It will deal with drugs, alcohol, related social problems, and other factors in mental health as required.

In the area of social development again, education, family planning, there may be legal aid, there may be financial advice, educational opportunities, employment opportunities. When the hon. Minister of Labour says I don't know how many people are employed in various categories because no mechanism is set up, this is true of the federal government too, despite the fact that they have an unemployment office. Somehow they can't pinpoint what the unemployment pockets are. I suggest to the hon. minister that here,

at the community level, you will know how many people are unemployed in various departments, whether they are handicapped and are seeking employment, how many require re-employment and so forth, or re-education for employment.

There will be day and night care centres and these day and night care centres may be in the centre or outside of the centre but co-ordinated from the centre with a medical doctor. When I say day and night care centres, I mean exactly that. It is not only for children, they are also for senior citizens. I am sure that a lot of our youth groups in this province would be very willing to babysit children or sit with senior citizens so that various people in the community, or sons and daughters who are caring for their senior citizens at home, can go out once in awhile. These centres will have, in addition, social assistance and preventive social services.

As I mention all these items, it is to be understood that this is a suggested group of services that could be put into a community health and social development centre. It need not be only these, it may be others in addition. But who will determine this? It will be the community that determines it because they know their problems better than anyone here.

To recapitulate and re-emphasize some of the objectives, the general and broad and main objectives are as follows: to raise the total health of the individual and family in the community to an optimal level, irrespective of their location or the socio-economic group and of the geography. And I want to make it clear here and now that this is not just for poor people or impoverished areas. This is for all people. There is emphasis here on the rural and the smaller community where a lot of these services are lacking, or in some areas of the urban setting. These centres would lower or maintain costs, or at least provide these optimal services per dollar cost, and we'll know it and the community will know it. In other words, optimal value for dollar cost. It will do away with fragmentation. It'll do away with overlapping. It will minimize bureauocracy, it will point out the gaps in the services, because the community will not sit still. They'll tell us very clearly the gaps where no one cares and no one provides the services. It will emphasize prevention and rehabilitation, and emphasize ambulatory care, out of hospital care, out of institution care. Again, I am pleased that the hon. Minister of Health and Social Development mentioned this, that his emphasis is on ambulatory care and out of hospital care.

And at this time, in this city, for mental health, if I may just make this notation, there is a community project where most of the care for mental patients is being held by one psychiatrist and two or three social workers, and they're keeping most of their clientele out of hospitals, and doing an excellent job. I just talked to them yesterday. As a matter of fact, 99 per cent of their patients are staying at home and not even being hospitalized. Now I ask, how many other psychiatrists are there doing such a good job? It's simply because he is community orientated and he has a service at a community level.

What are the other specific objectives? Again, I'm recapitulating. It will emphasize the individual and family. It will be a point of entry to service with the medical doctor. It will be a referral source to the various services in the community with the medical doctor. It will serve as an alternate to institutional care, and we don't have that now. Therefore, what does a doctor do? He places the patient in an institution at $40 or $50 a day, because he has no choice. It will be utilized in a true team approach by all the professionals, and at this juncture, I want to make it quite clear that the health professionals have to be viewed in modern society as operating in a similar sphere, an equal sphere with the medical doctor, not inferior, not superior, either to the medical doctor, or the health professional. He or she, in a specific area,

is as good, as a matter of fact, mayte better, than the medical doctor. In cther words, they have a body of knowledge and expertise that must be recognized and not be placed in an inferior position.

It will provde true local autonomy and total health care. It'll involve the people at the community level and will have a point of reference where total health care is being provided in conjunction with everything that is existing now. It'll provide a social and health accounting on an ongoing basis. And when you have this, what are you, in fact, doing? You are minimizing research, the service research that we have been talking about, and there has been too much of this -- providing statistical information, taking six months, two years, and then it's outdated. By having a total health and social accounting, on an ongoing basis, the government will be able to respond on an ongoing basis, and since, in fact, research is for change, and since we will be changing on an ongoing basis, a lot of this research will be minimized and done away with, except for the highly specialized research that is necessary.

It will allow for the education of indigenous people, voluntary groups that are living in the community, at the community level, in the community level, but also, very, very important, it will allow for student help professionals to be able to see how the action is going on right at the community level, as an intern does in a hospital. It will maximize and co-ordinate the contribution of the various voluntary groups. It will minimize bureaucracy, as I mentioned before.

To have responsive government, on an ongoing basis, due to ongoing information is extremely vital. I feel that there are other valid reasons why this concept, this resolution, should be accepted.

There has been interest displayed in federal government circles regarding community health centres, as we have heard. I had the privilege, in March 1971, to go to Ottawa, and present a concept for community health centres. A national commitee was set up regarding community health and social centres and I was to be one of the investigators. The election came along; we won on this side as you know, and I felt my first obligation was to the province of Alberta. So I have no hesitation in saying this. But the important issue here is that they have set up a national committee for community health centres, which is a top priority item at this juncture.

I attended the Federal-Provincial conference, the Ministers of Health conference in Ottawa at the request of the hon. Minister of Health and Social Development, with him. At that juncture, as you remember, and it was well publicized, not only a new federal-provincial formula was set out but $640 million in a special thrust fund was offered. I recognize this hasn't been accepted yet. But this thrust fund would mean $50 million for the province of Alberta in capital grants, operating grants, and what is this thrust fund for -- for extended health services and specifically for community health and social centres.

Members of this Assembly, Mr. Speaker, this represents a lot of money, and I don't think that we should be behind Ottawa when in fact we did set the pace. And we can continue to set the pace for total health care co-ordinated at the community level. This is not to criticize the opposition, because I think they have made good attempts to coordinate health and social services. If they had had a little more time, perhaps they would have succeeded, but they didn't have it. But the point is, we cannot wait for the federal government to offer this and then we have to hustle to try and raise a program. We should be ready for them. And this is why I think this resolution is valid at this juncture so we can be prepared to capture this federal cost-sharing formula when it comes about.

There are other valid reasons why we should accept this resolution in concept. Others countries such as Scotland, Sweden, East Germany, and so on, have this type of centres, and they are operating well. And I know they are operating well because I sent my colleague at my expense, to these centres, just recently in the past two months. I had a recent report on this, and I am pleased to say they are operating well and that we are really not behind them in thinking. And our ingredients, as a matter of fact, are even better than theirs.

Here is another reason why I think we should support this concept and resolution. The Alberta Medical Association, representing some 2,200 doctors, recently filed a report. This was made public. And their comments were quite definitely supporting these centres. But I must quickly dispel some of their concerns, and their concerns are not that great. They indicated that they wanted no compulsion -- well, there is no compulsion in these centres. An individual or family can either go to this centre or to an institution or to a doctor and have his choice, just as before. They wanted an experiment. Well, I reject an experiment because I feel this should not be an experiment, it should be demonstrative, innovative. Because why would you want to experiment with team approach, in fact, when we know very well two or more brains are better than one. This will increase the economic use of time, and shared responsibility is always better. So I suggest it is a demonstrative project.

Some of their other comments were that they wanted flexibility. Well, I agree. This is flexibility. They were concerned, can you imagine, about centralization, especially with reference to rural areas and smaller communities. Well, of course, I don't blame them. This is, in fact, decentralization, not government interference, and it is placing the services at the community level almost at the smallest unit. The admitted deficiency in rural areas, and I agree with that, admitted that costs are going up. We are spending three times more than other countries in the world yet we do not provide any better service actually than they do. In Westmount 10 we have an example of this co-ordinated service. This is good. This is an attempt, but it is not provincial-wide. And all the services are not included.

There's another reason why we should support this concept. If any one of us think that we're really ahead, we're not really ahead, we're just at the time when we should be acting on this. We were ahead a few months ago.

Bill 65 from the Quebec Legislature -- they are introducing a bill on community health centres, incorporating the concepts that are here very well. The recent Federal-Provincial conference on Patient Classification indicated quite clearly that the classification system that the federal government is following, or intending to follow, will be to classify a patient according to his physical, mental and social needs; not only the medical doctor should classify him but community, health and social development centres should classify him. So here again it has come up.

May I make reference to the Celdic report, and for those people who do not know what the Celdic report is, it is a three and a half year national study on learning disabilities, learning disorders, and emotional disorders in children. They say, if I may quote briefly, Mr. Speaker,

> "Why are they," referring to the government, "completely ignoring this major Canadian document which spells out in most detailed terms how local health, educational and social services can be delivered in a more effective, economical and result-producing way."

Then they go on to say:

"The bureaucracy resulting from a highly centralized approach inevitably leads to control by one person, who would be all the less likely to respond either inappropriately or not quickly enough. This in turn would lead to individual and community breakdown with increased costs."

If I may just make a few more quotations here. 'The Albertan'. regarding community health services, indicated: "The common denominator should be decentralization control of costs."

It also indicated, if I may read this, that: "It is encouraging that some thinking and talking is being done. Let the process continue, with two consideration -- community based health and social services, which is more efficient." I won't read the whole article, because it is a little long.

I have gone around this province and talked about this to various people, and if I may beg leave from the hon. Speaker to merely read extracts from letters, and not table them, because I haven't got permission to table them, and not mention any names, I would like to do this.

HON. MEMBERS:

Agreed.

DR. PAPROSKI:

From Lloydminister, here is a comment: "Just exactly what we need for Lloydminister, and it certainly is timely."

From Vermilion River Auxiliary Hospital and Nursing Home District: "There is no reason why this should not fit into the plan," and I'm not going to mention my name, because it's in there.

From new Grande Cache, Alberta: "Grande Cache could be the working example of your proposal. The time to act is now." And I didn't request these letters, either, ladies and gentlemen.

Stony Plain Lac Ste. Anne Unit: "I agree with the underlying philosophy that these centres should be established where the individual and family can either receive care or otherwise use such centres as a point of entry to help our social services."

Ponoka Health Unit: "If your government is definitely and strongly considering to implement such centres, possibly Wetaskiwin is one of the places where the beginning can be made."

Red Deer: "The possibility of amalgamation of various social services has been discussed in the past, as we felt it would lead to more effecient operation and improved communication."

Drumheller: "After many years of experience in the field of municipal government and public health I am firmly in agreement with your thoughts as expressed in a recent newspaper article."

Mark View Health Unit: "I am in agreement."

Lloydminster again, with a telegram indicating "we are supporting this," and this is from -- I can't mention the name. And so forth and so forth. I haven't got all the articles here.

Members of the Assembly and Mr. Speaker, the feasibility information would explore and search out -- I want to make it quite clear I don't intend this to be a study or just mere thoughts or a research project. It's not an experiment. It is to search out the

information now, the feasibility information that is necessary for a plan for service.

We will gather ideas, if this resolution is passed, for the establishment of these centres and a rapport across the province, further rapport necessary for the actual development of such centres. There will be consideration given for the possibility of preliminary redrawing of the many health and social development boundaries. Especially for the new members and maybe the more senior members who are not aware of this, the various boundaries we have do not meet; they are not co-terminus and are in an absolute mess. Do you realize that we have active hospital boundaries, auxiliary and nursing home boundaries, social service boundaries, preventive social service boundaries, health boundaries, school district boundaries, municipal boundaries, and so on and so on, with boards -- and none of them are co-terminus, so that when any one of the ministers are speaking of an area they are, in fact, not necessarily speaking of the same area.

This is one of the things that will be in the feasibility study. What are the implications of this? Will it establish or select a few sites for urban, rural and native communities? The establishment, at least, on a demonstrative basis initially will gather the financial information that is necessary for capital and operating cost. At the same time let me submit to you now, that I can't see how this could possibly cost more than it is costing now, with lack of coordination, unless we provide more services. All I'm saying here is let's co-ordinate the services and by simply co-ordinating the services we have the public health nurses, some 200 to 300 in the province; surely this is enough to man these centres, and unless we add more needs the cost should not go up except for the capital operating costs and the capital building if this is necessary.

The benefits will be explored, I think it's rather obvious. The program and how it should be administered is a contentious point but I think this could be resolved very well by open hearings. We'll have to gather information regarding physical characteristics of these buildings, space, construction and so forth and we'll have to gather information regarding manpower, and other information that may be required to satisfactorily establish such centres. But remember this, that information will not deal with existing services only but will deal quite clearly with disparity of health and social services needs.

Mr. Speaker, members of this Assembly, this is people before party as the hon. the Premier has stated, and it is the platform of this government, local economy, response of government to people, responding to needs, decentralization at the community level. If I may make a comment to some of the members opposite, the hon. Member for Spirit River-Fairview, Grant Notley, this is a way and a means. It is a way and the mechanism is the means by this concept to meet individual needs of the family and the individual.

The hon. Member for Cardston mentioned reorganization, revitalization, redirection -- well, here it is. The intent of this whole concept is for revitalization, reorganization and direction for people. The Minister of Health and Social Development already has indicated quite definitely that he is interested in community services and ambulatory care. I'm pleased that he mentioned that he is interested in studying this concept.

The Deputy Premier mentioned that he is not interested in restrictive measures regarding marketing, and I agree. This also applies here. I'm not interested in restrictive measures regarding health and social services. It should be flexible and I think the flexibility is here very well.

The hon. Member for Drumheller, Mr. Gordon Taylor, mentioned that we need a direction, a concept -- well here it is -- this is the

direction. The hon. Member for Clover Bar mentioned he wanted something now -- well here is something now, even for the dentists in the community.

Mr. Speaker, responding to the total health needs of our citizens on an ongoing basis, coordinated at the community level, is above politics. I'm sure that this Assembly will act as one united body behind a concept of meeting needs, total health needs, with prevention, diagnosis, treatment, rehabilitation, teching, primary, comprehensive continuing personal care.

I would like consideration, as the debate goes on today, to have possible closure of debate and get action for peoples' needs. Thank you very much.

MR. FAFRAN:

Mr. Speaker, the concept proposed in this motion has many merits. I believe the health and welfare delivery system has been moving in this direction for several years. The amalgamation of the health and social development departments under a single minister was an acknowledgement that these human resource problems are interrelated. I don't know if the province will be able at an early date to accomplish the whole range of the suggestions of the hon. Member for Edmonton Kingsway. My own feeling is that the total rationalization he speaks of will take many years to consummate. Even the consolidation of health and welfare in a single department, consolidation at the top, will not be digested fully for several years I imagine. But that is not to say that I don't think that we should not be moving in this direction in a careful and calculated manner.

Rationalization of the health delivery program is long overdue in itself. There are many overlapping areas, many areas of duplication, and a considerable waste of money in this field. I regard the proposals of the hon. member from Edmonton Kingsway as rationalization as well as decentralization of community services.

Some areas should be consolidated, which I suppose in a sense means centralization, but at a local level. Some areas should be regionalized, which is a measure of decentralization.

I believe an immediate start could and should be made on this concept in the City of Calgary. And I think that since care must be taken in the attainment of the hon. member's final objective that it's proper to have a demonstration area, such as one of the major cities, I believe that by and large the concept is more easily digested in the major urban areas than in the more sparsely populated and widely scattered rural districts.

So the start I envisage for Calgary begins with a rationalization of the availability of hospital beds in every category. I believe there would be considerable cost savings to start with in the following simple plan which goes some way towards the overall concept of the motion.

I suggest that we attach an auxiliary hospital and a string of, say, six or seven nursing homes, to each of the active hospitals. There are four active hospitals in Calgary, the Calgary General Hospital, the Holy Cross Hospital, the Rocky View Hospital and the Foothills Hospital. These clusters of health facilities should come under the aegis of each of the present active hospital boards. A further regional board should be created for this whole metropolitan area which would include the contributing rural district and it should consist of two members from each of these hospital boards with enlarged responsibilities, together with such other members as the Alberta Hospital Commission or the minister may appoint.

There are some arguments in favour of elected hospital boards, but this isn't germane really to the main concept, the main idea. The immediate advantages are obvious. Auxiliary or chronic hospitals were built to relieve the strain on active hospital beds by taking care of long-term invalids. It was a part to reaction to the long waiting list a few years ago at the General Hospital. The concept has worked but not as well or as completely as expected. Active beds in the General Hospital are still occupied by chronic patients who should properly be in auxiliary hospitals. And auxiliary hospital beds are occupied by patients who shcuid properly be in nursing homes.

The delivery system is like a chain, it should be under a single control if you're going to get the maximum use of hospital beds.

A few years ago there was a proposal to attach the Cross Bow Auxiliary Hospital to the Calgary General Hospital. And it was abandoned when there was a big public outcry. And the outcry came because it was suggested that the existing Cross Bow patients would be moved to the George Boyak Nursing Home and the George Boyak Nursing Home patients would go God knows where. Nobody has any idea, they thought they would be scattered amongst nursing homes in the rest of the City of Calgary.

Now if the whole chain from active hospitals, through auxiliary hospitals, through nursing homes, had been under single control that controversy might never have happened. If beds of all categories are to be properly utilized, then there must be a maximum turnover of beds, and this sort of rationalization must take place. The Blair Report is being accepted by this government. It lays great emphasis on the treatment of mental patients, at least the short-term mental patients in active hospitals. And to overcome the problem of available bed space being sort of hogged by the urgent phychiatric patients, where they're advanced as emergencies to the top of the waiting list to the detriment of active treatment patients, a facility is being built. But the new facilities are being built as part of the active hospital complex. So this in itself is another step toward the concept of my hon. friend and colleague from Edmonton Kingsway.

Now, let me tell you the hospital situation in Calgary, it's the only one that I have absolutely direct knowledge of, and the situation as I see it. Every member of this House must be aware of escalating health costs. The costs for health care are growing almost as fast as that other money-eating monster, education. The last administration moved through several phases. When I first entered local government scme years ago, before my hair got grey, hospital costs were a great burden to the municipalities. And a foundation plan for hospitalization was set up where each of the municipalities would contribute four mills. Then with a supplement of grants from the senior government, almcst all of the hospital costs were absorbed and they ceased to be a heavy burden on the municipalities. Then the foundation plan was abandoned and the municipalities no longer had tc contribute the four mills to the foundation plan, so the four mills were relieved. It was not really four mills of total relief because the foundation plan for education was increased by another two mills so they only had a net relief of two mills.

The government then adopted an attitude of local accountability as a brake on escalating costs. The bed day patient grants were based on the actual performance of particular hospitals in 1969, so as a consequence, those who ran a tight ship, who ran like a lean greyhound in 1969, were perpetually hitched to that degree of efficiency, and perhaps were hampered in their overall operation, whereas those who ran an extravagant operation in 1969, the base year, they could go on having fat budgets, underwritten under the formula, for years to come. Now beyond this ceiling, extra costs

were passed on to the municipal government as a form of discipline and restraint by way of supplementary requisition, and the bills for the extras above the provincial grant have been becoming an increasing burden again on our municipalities. Now they're getting almost as worried about supplementary requisitions from the hospitals as they were about supplementary requisitions from education. And this is just adding an increasing burden on yet another one on the already overburdened property owner.

Unfortunately, by adopting this route, and I understand the motivation that made the previous administration go this way, we denied ourselves our legitimate share of federal matching grants, some of which would have been collectible had the province paid more of the operating costs directly out of provincial funds. My own feeling is that the supplementary requisition should only comprise that portion not recoverable from the federal government under their formula. That's not to say that I don't agree with the hon. Minister of Federal and Intergovernmental Affairs that Alberta should get its rightful percentage of federal budgets for hospitalization and so on to spend as it sees fit, and that it shouldn't have to buy each dollar to which it's entitled from the federal government with an Alberta dollar and be hitched to federal guidelines. How they budget on a federal level I just don't know, when they never know whether we can put up the bucks to get our fair share.

We desperately need comprehensive guidelines for both hospitals and school boards. Now this is particularly true in the area of wages. This was mentioned in passing by the hon. Leader of the Opposition in his reply to the Speech from the Throne. There is no doubt about the seriousness of this problem. Both health and education are labour intensive industries, and wages can comprise as much as 70 per cent of their budgets. I am afraid, like all public servants on a local government level, the picture is so fragmented by competing civic unions including nursing associations and teachers associations -- which I regard as unions in another form -- that the wage awards have been far in excess of the advance in wages in the private sector of the economy. This is the main cause of the cost price inflationary push in the fields of health and education.

It is not so easy to produce comprehensive guidelines for either health or education. Often the high costs are built into the facility by the architect in the first place. Your nurse-to-bed ratios are just as significant in the field of health as teacher-pupil ratios are in education. If the architect builds a 25-bed nursing station when he should have built a 50-bed nursing station, the administration is stuck with that. So you can't have an overall uniform rate that applies to all hospitals. If you have a manual of guidelines, it has pretty well got to have a chapter on each specific hospital. I think this possibly applies to schools in some degree too, for some of the costs are built in by the architect in the building in the beginning. When we come to the motion on the top of the Order Paper of our next session on private members motions, that is certainly going to be one of the considerations for standardization. You can't have uniform guide rules if you don't have some control over the architect.

But that is not to say that the task is hopeless. It can be done with the variations of the different types and different units. There are many great areas of saving money and better utilization of hospitals that can be achieved as a first concept in the motion of the hon. Member for Edmonton Kingsway -- clusters of active and auxiliary hospitals and nursing homes, each nominating representatives to a central area board.

The first and most obvious advantage is the rationalization of the waiting list. This can only be done by a central bed bureau; there is no other way. The concept is resisted by doctors who subscribe to the practice of closed hospitals. As the hon. Minister

of Municipal Affairs will remember when we were together on a hospital board years ago, I fought very bitterly against the proposal of closed hospitals. I notice that it is now a very serious problem in other jurisdictions -- Winnipeg, British Columbia, a board in Ontario the other day. At that time the hospital on which we sat as trustees took a halfway measure called controlled open policy. It didn't go for a fully closed hospital. It said that any doctor who was qualified and agreed to confine his practice to a single hospital would have admittance privileges. The other hospitals in Calgary went the whole way, and closed hospitals where they put an arbitrary limit on the number of doctors who would have these so-called staff privileges. They were not really on staff, all it means is that they had the right to admit a patient. Under a closed hospital, the "ins" remain in and the "outs" go to the General which is the one that had the controlled open because they were still acceptable there. So as a result, the General has a much longer waiting list than the other hospitals in relation to the number of available beds.

I suppose, in view of the opposition of the medical profession, we will never be able to achieve the openness which exists under law in the United States. Where a hospital is publicly supported, they can't refuse a patient of any doctor in the United States. They can in Canada. But at least a central board would stop a medical clique from closing a hospital supported by public funds to any staff expansion, so that some of the new doctors coming into the field will at least have a workshop, and it would stop a really unfair corner on the market which can be done under the present sytem.

The second advantage is to avoid the costly duplication of facilities, and it happens if every hospital is running as a separate little empire. If one gets a beautiful, modern eye lab, all the rest of them want to have it. The one that gets it also wants to stop the others from getting similar facilities.

You wouldn't believe that this sort of thing goes on in hospitals, but it does. Only the other day a private donor wanted to give the Calgary General Hospital a pump for open heart surgery. Well, there was an immediate outcry from the Holy Cross Hospital, which was the only hospital in Calgary capable of doing open heart surgery. They said, "Well, you can't afford to have two teams to do this sort of surgery in the same city," and the argument will go back to, "Look, if more of us know how to do it, then it will become just as common as an operation for an appendix." Well now that's not so. You've got to practise on dogs, and you've got to really know this thing. For years this sort of argument has been very common in the hospital field. In the end, the General sold its heart pump and didn't go ahead with open heart surgery, so it's all being done in the one hospital, rightly or wrongly. But a central board should have made that decision.

You get diagnostic services, which is the most uncontrolled area of rising costs in hospitals. In the last few years, as younger doctors have entered the profession there have been fewer and fewer diagnoses made on the basis of their education and their judgment. All the diagnoses nowadays by the young doctors are being made on the basis of a computer, and of tests. Now you can go into our hospitals and have $65 worth of exploratory tests done on you, unrelated to the complaint for which you are admitted. You go in with a hanging toenail, and they'll regard you as a gold mine to go over from top to bottom and see if they can find something else the matter with you, all at the expense of the state. This is regardless of your income. Every year, the number of diagnostic units and explorations that are done increases in gecmetrical progression. It's twice as much each year, and the next step will be that they want to put all the information they derive in this manner in a vast computer complex for research. It will be extremely costly. I'm not saying that they don't sometimes identify, at an early stage, a heart patient or something who would not otherwise have been identified. But whether

the state can really afford these explorations or not, I don't know. I rather doubt it.

The other savings that could be made are by centralization of purchasing, especially of drugs, common ambulance services, instead of every one to their separate contracts and separate companies, a central laundry -- I know that the hon. Member for Calgary McCall would have some expert advice on this, but I believe a central laundry would be a way of saving money for all these hospitals, auxiliary hospitals and nursing homes.

I think that they could set standards on patient days, on the amount of time it's fair for a patient to occupy a bed after certain treatments, and also set some standards on nurse-bed ratios -- taking into account the fixed consideration an architect may have built into the building. On operating teams and such there must be a standard of how many nurses they have to have around, and in post-operative care and intensive units, and so on.

The cost savings from running a single administration are obvious. You don't have six administrators, you have one. You don't have a large number of office staff, you have one. They may have to keep three separate books. You might have to keep a set of books for the active hospital and a set of books for the auxiliary hospital and a set of books for the nursing home -- master books, master control for the subsidy under private contract. I believe, as a businessman, that there would be tremendous savings in their overhead. In outpatient services there would be much better co-ordination. Calgary General is now partly a teaching hospital, allied to the University of Calgary, and is running a faculty of family practice. If you're training people to be real GP's, not the sort that just prescribe on a telephone or always get all the patients to come to the office, if you're a GP in the old sense, and if you're prepared to go out into the field and visit the people in their homes, then there's no better way to start than with this concept of the community health centres. At the moment nursing training is in a state of flux. I don't know if the government has finally decided whether nurses will be trained in the junior colleges and whether schools of nursing in the hospitals will be phased out, or whether it's going to be a little bit of both. But I do know that if you're training nurses, you've got to make some estimate of the demand from the hospitals that are going to employ them. Maybe you should train 25 per cent more than the Alberta hospitals figure they can use, and you hope they will get jobs in California or somewhere else, but there should be a limit to the number you actually train, so it's got to be planned. Since they go through a two or three year program, depending whether they're going to be trained in the junior colleges or in the hospitals, you've got to know what the input is, what the output is, and what the likely dropout rate is, either from marriage or pregnancy.

The local health service under the medical office of health in the City of Calgary is spending a huge amount of money on an expanding health department. This is the city's equivalent to the rural health unit. And these fellows are empire builders, too. They want to build separate little clinics in each corner of the city that go far beyond the original concept of the medical officer of health who went around and sniffed the drains and tested for typhoid and saw whether the kitchens were clean in the restaurants. Nowadays, they've gotten into the whole broad field of social welfare as well as direct health treatment. They not only give free innoculations to the Albertans who are going on trips to Mexico, free Salk vaccine and shots to babies, but they've gone into the area of counselling on babies, post-natal and prenatal counselling, counselling on family planning -- that's an area that is completely distasteful to me but it's being done and probably should be done in these community health centres -- and regarding abortions. The hospitals already have to scratch their heads over whether they're going to allow an abortion

or not, and you've got to recognize that operating theatres are being filled up by these sorts of operations now. One begins to wonder if they're going to be given priority over people who are really sick.

There are all sorts of functions that these health units perform, most of them in the Spirit River-Fairview philosophy of taking care of someone from the cradle to the grave. But they should be under control, and I believe they should be at least located in one facility. I believe that Dr. Paproski is right in the general concept. If you concentrate all these things at the active hospitals, including perhaps an information service to tell them where they can get welfare or workmen's compensation or something, I don't think you can fetch all those departments into the complex in the beginning, but you could have an information service. Where would you accommodate them? Well, if the schools of nursing are going to be phased out, there are going to be a lot of empty buildings of nurses' residences attached to the hospitals. This is where there can be a start in Calgary. My thought is that this is about as far as should be gone in the beginning with a demonstration project in Calgary, with the phasing out of the Calgary Auxiliary Hospital and District Board, and the attaching of the facilities that are presently under that board to each of the active hospitals.

MR. HENDERSON:

Mr. Speaker, I'd like to take this opportunity to make a few general comments on this particular resolution, which I can say I personally support in principle. I'd like to point out to the members of the House, of course, that it was somewhat along this general line of thinking that prompted in part the action of the government last year to bring in legislation to set up a combined Department of Health and Social Development. The main impetus for the introduction of the legislation for the new department, however, basically came from the Blair Report. One of the fundamental recommendations in the Blair Report was that the social services and health services be combined into an integrated service at the community level. Certainly this seemed essential if one is to decentralize mental health services in the province, because once this is done -- I'd like to know where mental health fits in, whether it's a social problem or a health problem. When it was removed from the local level, you could conveniently try to separate some of these matters into, say, one's a social problem, the other's a health problem. But once mental health is injected into services at the community level there is no magic distinction or magic boundary line on my part. At least this is the way it seemed to myself, Mr. Speaker.

This caused us to look at the rationalization that would have to take place in government policies and government administration -- administrative structures would be a better word -- in order to accomplish this, because if one is going to develop integrated community health centres, accepting the word in some broad general definition, one of the first things that had to be done, of course, was to bring the social services and health services at the community level to a common administrative plane. I think it is a matter of record that in a comparative sense health services in the province are generally decentralized and under local authorities. Whereas in recent years at an accelerating rate, social services have become increasingly centralized. Municipalities increasingly wanted to get out of the field of social services, and we now, I think, have a proposition emanating from the City of Edmonton where they want to get out of everything except that to do with preventative social services, and see the provincial government directly take over all other social services.

Well obviously, Mr. Speaker, if one is going to integrate these services within the community and make some meaningful step towards a reduction in the tremendous proliferation of the number of local

authorities that are involved in the health services, the first step had to be to bring them to a common administrative plane. This meant either centralizing some health services or decentralizing some welfare services. We felt, Mr. Speaker, as a matter of policy, there was only one way it should go; it should be basically a question of decentralization of social services to place a greater responsibility back at the local level.

We felt that the obvious start had to be a combination of departments at the provincial level, as a first major stepping stone towards the development of a greater degree of integration of community health and social services. We felt that without this integration it was going to make the job of dealing with the problems at the community level increasingly more difficult.

I think it is also simply recognized, Mr. Speaker, from the standpoint of costs, that there are going to have to be changes made in the delivery system in one form or another. It's a matter of record, and the hon. gentlemen seated opposite are I am sure all aware that once one starts trying to tinker with a system that is of such vital interest to every individual citizen in the province there is a lot of heat generated over some rather nominal issues. I well remember the Cross Bow incident in Calgary, and of course, we had planned in that case to expand the nursing home program. But certainly it got bogged down in the local politics -- and I don't use the word politics in any derogatory manner -- but simply the interests of people were upset and they weren't too sure, I guess, what was going to happen, and the thing ran into difficulties.

So we brought the new act in anyhow, Mr. Speaker, as a basic step towards trying to rationalize the administrative structure in the field of health and social services, as a preliminary step to see if we could decentralize many of the social services and place them back at the community level and then move in and set up a procedure whereby integration could then take place. Because, of course, it is foolish, in my opinion, to talk about trying to meaningfully integrate the services without creating the proper framework within which this change can take place.

So the act anticipated a degree of integration at the community level, by providing -- by mutual agreement -- within the local jurisdictions for the integration of a number of boards into one local authority. I would add that my views coincide with those outlined by the Seconder of the resolution, that one of the obvious things that should be done is to place active auxiliary hospitals, nursing homes and preferably lodge care under a single jursidiction at the local level. The only distinction I'm aware of that decides whether an individual should be in a lodge or a nursing home, an auxiliary hospital or auxiliary active, is in the mind of some bureaucrat. There's no question that having full authority certainly detracts from efficient utilization of these particular facilities.

And it stands as a matter of record, Mr. Speaker, that when it comes to supply of physical facilities when all the nonsense is sluffed off on this particular question, the citizens of Alberta do enjoy the best supply of hospital facilities in Canada in a physical sense. While I think we can all take some pride that we have them, when we run into a financial bind we've also got a bigger than usual problem in trying to figure out where the money is going to come from to operate them.

It seems to us, Mr. Speaker, that emphasis had to be placed in the direction of trying to figure out how to get more efficient utilization from what we have had and turn our attention in that direction, as compared to an unending expansion of bed facilities. Of course, this leads into the development of home care programs. It all becomes part of the whole question of health and social services within the community level.

I would hope, Mr. Speaker, that although the 'now' government, while in opposition last year, opposed the legislation, they are going to give the matter serious second thought before they break up the new Department of Health and Social Development because I really don't see in the final analysis how we are going to really effectively rationalize the problems of fragmentation, competition, etc. at the community level, see these services integrated when the local authority involved will be reporting to a multiplicity of provincial authorities. It can be done but I certainly think it's going to make the task much more difficult and the probability of success will be reduced.

I can appreciate Mr. Speaker, with the new integrated department -- and having some personal knowledge of what the health department is about and having had fairly close communication with my colleague, Mr. Ray Speaker, while he was the minister of social development -- that putting the departments together does create a tremendous size department and it is a real strain on one minister to run it. I can only voice my own personal feelings on the subject, Mr. Speaker, when I say that before the government makes a decision on whether to take this department apart again, turning the clock toward a continuation of a greater degree of fragmentation than is necessary, that rather than separate the department and set up two ministers, for goodness sake look at bringing in legislation and have something like a minister of state for health and social development services. Having two elected people running one department would be preferable to having it split into two separate departments, with two separate deputies, and all the competitions which go on within government departments for their share of the dollar, and so on. But I can sympathize with the statement of the Premier, even though I haven't heard the Minister of Health and Social Development himself make any public statements on this particular problem, that it is a big job for one man.

I quite clearly say, Mr. Speaker, and in keeping with the general scheme of this resolution, keeping the Department of Health and Social Development as a single operating entity, is certainly in the best interests of the people of Alberta at this particular time, and hopefully we can find some way at the political level of dealing with the realities of that situation.

I think, Mr. Speaker, that beyond that I can only say that we had hoped, while we were the government, to see some demonstration projects set up. We were looking at two or three places in the province in which to try it. I have been trying to promote the integration of the hospital boards in my own constituency. I think it's going to be a rather heated issue if it does come up, but I think I have responsibility to try to help the government in carrying out these objectives. But I do think, Mr. Speaker, that one cannot get overly optimistic about rushing into this too quickly. It is going to take, as the seconder of the motion said, a good number of years. I don't think he is being unrealistic. It is not unrealistic to talk in terms of a decade, because it is going to be a tremendous job. There are a tremendous number of authorities, professionally and locally, in the issue. Quite frankly, it was because of the growing fragmentation within the field of the professions and health services that prompted me last year to initiate the Committee on Professions and Occupations as a legislative committee. I am sure the new minister -- at least I will be surprised, anyway, if he hasn't had a lot of representation already to set up additional numbers of new professional groups and to bring in new professional acts and recognize the groups as a separate professional entity within the total health care system. In so doing, it might be a good thing from the standpoint of the individual people involved, but it certainly is going to add to a greater of fragmentation than already exists.

I'm pleased to see that the government has decided to continue with the legislative committee's actions in that field next year. It is already a serious problem within the field of health care. Unless we can get some pretty explicit ground rules to define who should be recognized by this Legislature as a professional body and who shouldn't and so forth, it's going to make the situation even more difficult and create more fragmentation within the health care system.

[Deputy Speaker in the Chair.]

In conclusion, Mr. Speaker, I can once again say I certainly endorse the basic intent of the resolution but I certainly think it would be unwise as a matter of government policy to try to force feed this particular type of integration at the local level. In my mind it simply won't work. It has to be a question of leadership and getting a few demonstration projects going. I like to think, Mr. Speaker, if one has a good product it will sell itself. If we can get one or two or three successful integrated systems functioning in this province, and hopefully demonstrate the superiority of it in terms of health care to the people of the province, we would have the rest of the local authority jurisdictions throughout the province lining up to get in on this better deal. It is a major educating job that has to be done, and I would certainly hope, as a consequence, even if the government accepts the principle and leaves the Department of Health and Social Development as is, they don't rush into any major restructuring of the system over a period of a year or two. In my mind it would be a catastrophe and, quite frankly, I read the words of the Minister of Health and Social Development as having somewhat the same reservations. Thank you.

MR. LEE:

Before beginning my remarks I want to commend the hon. Member for Edmonton Kingsway, Dr. Paproski, for the great amount of dedicated work he has put into this particular proposal over the last few months and over a number of years, culminating in the debate today. And at the outset I want to recognize some of the contributions of the speakers that have come before me -- Dr. Paproski in presenting a general base and a description as to how these centres will work, emphasis on the regionalization as brought out by the Member for Calgary North Hill, and more emphasis on the Department of Health and Social Development itself by the Member for Wetaskiwin-Leduc. In my remarks I want to return to the community level -- to go back to the concept as originally phrased by the Member for Edmonton Kingsway, as to how these activities will function at the community level.

At the outset, I have an argument with the actual title that we might give to this kind of proposal. I would prefer that we would term this something like a Community Services Centre, as they do in Quebec, reflecting more an emphasis on all of the services that we are offering, even though initially they may be health based, but will probably expand to a much wider offering of services at the community level.

In my seconding of the address to the Throne Speech, I commented that in my particular area of Calgary McKnight this is a critical need. I would suggest that if all of the members examined their own home constituencies, the needs would also be there that reequire initiatives in this sphere. But we have the need for a facility in our community serving perhaps 10,000 to 30,000 people, probably near a senior highschool or educational reserve, offering a single convenient reference point or a locus for a wide variety of health and social development services.

I want to reiterate the nature of these services. I see these activities at the community level as being of an ambulatory nature to

start with. By ambulatory, I simply mean a service which does not require institutionization or a hospital bed. I see it secondly as having the capacity to serve the majority of the people in a particular community, and although at the outset they may not wish to use the services of the community services centre, at some point the centre itself must have a capacity to serve the entire community, if they wish to approach it. Thirdly, I see a community services centre as a reference point for more intensive types of activities, activities in the health field which would require, for instance, hospitalization, institutions such as nursing homes or rehabilitative facilities. Also, I see it as a reference point for referral for specialist care. We can't expect specialist care to function as a rule for a population of 20 to 30,000 people. Consequently referrals to people like pediatricians, psychiatrists, and so on could be facilitated through the centre. And I see also community involvement. Community involvement in these services which is really not provided now. The person in the community relating to looking at health and social development at this point is basically a consumer, and with the development of these centres I see much more input developing the citizen at large.

Let's look at just some of the components, a kind of a review of the things that Dr. Paproski has mentioned that might occur in these service centres. Initially they are going to be health based, and that's probably how the whole thing is going to get off the ground if we emphasize the health aspect. So basically there will be probably a family physician or family practitioner in this area, a nurse, an administrator, a public health nurse. These are basic to the service centre. In some areas, varying by districts, there may be dentists, pharmacists and a pediatrician.

In the social development areas secondly you will probably have one or more social workers, a counselling psychologist, a family counsellor, and perhaps if needs require, a psychiatrist. But I see some other components at some point building into these service centres.

We've spoken quite a bit about the development of the Manpower and Labour Department. If this truly becomes a developmental activity within government, at some point in these service centres we may supplement with such professionals as vocational counsellers, people who can assist individuals in the areas of employment and the choice of career. We may have community facilitators placed in these service centres, people who can really put together things like the dual use of schools, adult education, recreation, social activities and other community action programs emanating from this basic service centre, and at some point perhaps legal aid activities. But at the outset, it's going to be a health based activity.

Mainly today though, I want to comment on some of the anticipated difficulties that will face these centres. They've run into them already, and I want to mention these difficulties because I think they can be dealt with, not because they are road blocks, but because they are things that we can tackle as a government, as communities, and can be resolved. Then we can get on with the job at hand.

One of the first complaints and difficulties that you're going to run into with ccmmunity health cetnres are reservations regarding the financial aspect of the whole concept. The hon. Member for Calgary North Hill has mentioned the difficulties that hospitals have run into with financing, funding costs and so on. Well, these are some of the reservations that people will have initially about the establishment of ccmmunity service centres. People will ask, well how much will they cost? The doctors will say, what happens to the fee for service? Am I going to be put on salary? What about the funding of the facility? Despite the fact that the federal government is talking now about putting money into health incentives,

we still must decide whether the province will, in fact, go into a cost-sharing agreement and negotiate in this area. So the scope of the financial aspect is a major problem.

There is a second concern with the establishment of these service centres. This is the acceptance that we must have by the professional groups that are going to, in fact, man these facilities. Although we have had some initial endorsation by the Alberta Medical Association, this is certainly not widespread at this point. Many of the doctors are in private practice, most are on a fee for service. Other people in the social development field are in the public service, either at the local or provincial level. Many of them are in private practice acting on a professional fee for service basis. These are the people that we have got to get together. We have got to collaborate with them -- we have got to overcome some of the fears they do have with this particular project.

Thirdly -- and probably extending from the second difficulty -- are those reservations that people will have about the professional relationships that must occur in this integration. At this point we have an awful lot of people doing counselling. We have doctors doing it, we have social workers, we have counselling psychologists. And to a great extent they are in competition with each other. But when we are talking about establishing a community services centre, the implication here is that these people are going to work together, they are going to appreciate what the other can do and will refer clients within their area of competency.

Let us use an example. Let us take the doctor who has a patient who has approached him with an emotionally based illness. Let us say that it is one of chronic fatigue and depression and perhaps highlighted by an emotional breakdown. What is the doctor going to do when he recognizes this emotionally based illness? The first thing he can do is deny its existence and he can say, well it isn't an emotional problem, it is basically medical and can be treated with drugs or whatever procedures he may use to deal with a physical illness. Secondly, he may realize and accept the fact that it is an emotionally based illness and he may try to treat it. Due to the limitations of his own time, the number of patients that he has, perhaps due to lack of training in a counselling sense, perhaps preference not to even get involved in this type of psychotherapy, he may not really deal with it. So this type of treatment may, or may not be indulged. Thirdly, he might seek a referral, and with referral we run into the questions here of confidence. If I am a doctor and am going to refer to a psychologist, I would be darned sure to establish what the competencies are, and whether the person can really do the job. The doctor would also have to have knowledge of the counselling resources that are available to him. The fourth thing that he might do in treating an emotionally based illness is to go into group practice, colleagueship referral and treatment with other professionals in the social development area. In doing this he will recognize and accept their limitations and competencies. This is what we are talking about with a community service centre. These ese people will be in basically the same facility, they will accept this colleagueship, and referral will occur in a group sense. There will be a fluid movement from one professional area to another within the physical to the mental health dimension.

I want to stress right now that I am not going to be discussing ıl health because I see mental health as either a distinctly physical health or a social development concern which would be treated in an ambulatory sense in a particular services centre.

These are the anticipated problems. How are we going to get community service centres off the ground? I want to state now that I do support this whole concept, and I endorse what our hon. Minister er of Health and Social Development has stated in his earlier speech, when he said that we should be optimistic about this kind of

development, but we have also got to be cautious at the outset in developing government encouragement because in order for this concept to go it has to be initiated at the provincial level. It may start in a clinical sense within the local jurisdiction, but it probably won't spread as such until the provincial government provides an initial impetus.

So here are some of the things we might do to get community services going. Basic studies have already been constructed. I agree with the hon. member, Dr. Paproski, when he says that this whole area really has been sufficiently researched. We have studies from the federal government, and from the Ontario Department of Health, excellent studies which offer a basic conceptual base. I think that we can allow for the orderly development of the integration of the Health and Social Development Department. But some activities that we might become involved in right now are as follows. First, I will discuss some of the prior activities, some of the groundwork that must be laid before we even go into an innovative project.

At the outset, we must work with the professionals. We have to collaborate with the Alberta Medical Association. We've got to collaborate with the psychologists' association, with social workers' associations and so on, and get some type of dialogue and perhaps some consensus of how these services centres will function.

Secondly, we've got to iron out the strategies regarding funding. We've got a number of people who are on fee for services, others are being paid by the government. We must resolve this problem. How are we going to pay the personnel that are going to go into these centres? How are we going to fund the facility?

Thirdly, we've got to investigate the manpower situation. Being the chairman of this task force, I recognize to a certain extent that we do need innovations in this area. For instance, we are probably short, at this particular time, of the basic staff that we need to go into a full province-wide program of community services centres. We don't have enough family practice physicians, enough people who can give this family practice service. We don't have enough physician's assistants. In fact, we don't have any of them, because we haven't accepted this concept. We don't have enough public health nurses at this point in time. We don't have enough medical record librarians to work in these centres. We don't have enough counselling psychologists, social workers, or medical receptionists. So it would be folly to believe that we could initiate centres all across the province, but it's something that we can lay the spadework for at this point in time, begin looking at the training programs for the manpower that will be required somewhere down the road. I don't see it occurring much before this.

Fourthly, though, after we've done this groundwork we can do innovative projects, by selecting particular jurisdictions throughout the province, identifying areas of need, undertaking inventories of existing resources, boundaries, and the needs of particular areas, establishing evaluative procedures before we even get going, and by involving particular communities in the province. Then we can start some pilot innovative projects. As was mentioned before, once we establish these, I am convinced that they're going to show the real need for this type of development throughout the province.

But it's only after the resolution of these difficulties through successful implementation, modification, and demonstration of innovative projects that our government can really go ahead in a full scale way with this type of project. And I urge our government to take now the fledgling steps by supporting this particular resolution. I'm confident that these pilot activities would prove successful and within this frame of reference, I would urge the

support of this Assembly for the concept as stated in this resolution.

MR. DRAIN:

Mr. Speaker, I appreciate very much the hon. Member for Edmonton Kingsway bringing this very meaningful and worthwhile resolution before this Assembly. I also appreciate the contributions that have been made thus far in this debate. Although I have little to add in this particular area which requires a vast amount of knowledge, nevertheless we are making what I could probably call initial steps in the direction toward centralization of health and community care in the Crowsnest Pass. This is a pilot project, and one in which I have been personally involved for a considerable length of time.

Possibly there would be some advantage in bringing the background of this particular operation to the hon. members in order that they can possibly assess the implications of it and maybe bring to mind some of the specific problems that you encounter in this sort of an operation. Initially we were faced with an overcrowded condition in our hospital, and this was, of course, brought to my attention by our hospital board, and on going into the mechanics of why this particular situation existed, it was found that there were a considerable number of people who could be classed in the chronic capacity as hospital patients, and also quite a number of nursing home patients and, additionally, people who properly belonged in senior citizens' homes but who are loathe to leave their particular area. So having this in mind, I did approach the hon. Minister of Social Development, and also the hon. Minister of Health. There were several procedures that had to be initiated before a program such as this could be gotten off the ground. One was, of course, the making of the area involved co-terminus in boundaries with the hospital district. The second procedure was sanctifying the marriage of the nursing home boards and the hospital boards. These were accomplished.

Another major problem was, of course, in relation to the Senior Citizens' Board, to which we then had already committed ourselves to a specific district which was not co-terminus with the particular area that we were living in. This required a tremendous amount of local involvement and communication. I could only relate it in the problems that I was faced with in dealing with five different towns and five different governing bodies, in bringing this situation about were rather surprising. The only thing I could relate it to in my mind was the same process that the farmer or rancher is faced with when he's got one side out of his corral, and he's trying to herd all the cattle into the corral. You get one in and lock the gate, and they walk out the back end. So really, this process of integration of these services required a lot of beating over the head of various people, with great sincerity I may add, and ultimately we were successful in getting together the idea of an integrated complex which now comprises a nursing home, a senior citizens' home, and a clinic. It's a beautiful complex.

There are so many things -- public acceptance, indignation. You're taking our senior citizens and you're putting them near a hospital where there are people dying. Our senior citizens will see this and they'll all drop dead. So much of this has been brought about. But anyway, I think what sold it to the general public was the savings that we could present. These have been touched on, but they're basic -- a centralized laundry facility, a cafeteria under one roof, no necessity to have an RN for your nursing home section because you already have that in your active treatment hospital, total health care facilities because a doctor is nearly always available, a level of care that would encompass problems that many older citizens have such as where either the husband or wife could be a nursing home patient and the other could probably be a senior citizen.

So we have now put this all together in a package in the Crowsnest Pass. We're looking forward to furthering the development of this. We hopefully expect that we will be in the process of building this somewhere along the line in the next two or three months, and possibly towards the early part of the winter this will become a functional entity, and the information that is accumulated from this operation can certainly be fed back in a meaningful way for the hon. members.

The philosophy behind the resolution is one that can be concurred in. It is certainly an old philosophy and one that the hon. Member for Calgary McCall would be familiar with, probably having read the history of his forefathers. The Chinese paid their doctor to keep them well, and when they got sick this was another situation. Whether the doctor then paid the patient, I do not know.

This is, of course, not a new first -- the idea of integration of the basic facilities of social development, health, welfare and all the inter-related services. Considerable progress has been made by the Government of Ontario, and some steps have been taken by the Government of Manitoba, and possibly as the hon. Member for Edmonton Kingsway mentioned, in the long term the savings that would accrue from keeping people healthy by total care, on a cradle to the grave basis, would certainly reduce the cost instead of adding to it. But I can say that in relation to our programmed and projected costs in the particular area we are developing, we can look to a saving of some 15 per cent to 18 per cent in administration costs alone.

I think everyone has read the report of the Economic Council of Canada and when you look at the picture that is projected in the case of health and education, where the Economic Council of Canada says that by the year 1980 the entire production of goods and services are going to be eaten up by health and education costs, there must be a considerable amount of soul searching and a looking at areas where savings can be made. In medical care there could be several standards set up, possibly in particular areas where a doctor would not necessarily be the person that would be required to treat minor complaints and injuries. Possibly this can be done on a more economical basis by relating this to someone who has not necessarily had that amount of education and understanding of the subject.

Possibly there could be a centralized computer bureau set up where symptoms could be carded, probably at outlying districts and rural areas, and fed into a central area. This I would think is very feasible, or should be feasible in the future. By doing this you could probably get a feedback and a patient could be directed to any specific area that requires particular attention.

These are only a few words on this subject, Mr. Speaker. I realize that it is certainly one that requires a tremendous amount of technical understanding, but I am prepared to support the resolution.

MR. ZANDER:

Mr. Speaker, at this time may I also add my approval of the resolution. I believe that I could not put it more beautifully than our hon. Member for Calgary McKnight has done just previously.

I believe, Mr. Speaker, that few people, except those of us in the rural urban areas outside of the greater metropolitan areas, are aware of the sericusness of the social services that are now lacking within our boundaries. In my constituency I can only say that we are far removed from our centres of social services, and I may say -- I see the hon. Member for Wetaskiwin-Leduc is not in his seat -- but in the area that I represent our social services are brought in from three areas, sometimes 25 to 150 miles removed from the services, and communities such as the town of Drayton Valley have only a nursing staff from the health unit which is operated out of the office

headquarters in Edson, and you can certainly see the costly administration costs that are in this area.

Now I have been a member of the Health Unit Board for many years, chairman for over 15 years, and I also have been a member of the hospital boards, and certainly I can see a tremendous saving in the services that now are handled in various departments. We have hospital boards, health unit boards, senior citizens' boards, nursing home boards and certainly I think there is room for improvement.

When we look at an area as far flung as some of our rural constituencies, I certainly hope that the members of this House will appreciate that we are certainly not receiving any great share of the social services that are so badly needed in these areas. When we look at the health unit services that are now in our area, which run something like $6 per capita, various sub-offices have been located within the area and the expense of the travelling expenses of doctors and nurses which have to serve this area is almost inconceivable. Most times they are only makeshift offices that the health unit sub-offices have to contend with. You will appreciate that a town the size of Drayton Valley, with over 4,000 people, has only a sub-office. They have no nursing home and for their nursing service they either must go to Wetaskiwin or they must go to Leduc, or Stony Plain, or Mayerthorpe. Now surely, I think, when we have people in my constituency with 900 to 1,000 people in the age group that require nursing services, that we must, at all times, recognize that they are not going to travel from 50 to 100 miles or 150 miles to receive their nursing services.

So I would only add my voice to the fact that now we have come a long way in preparing the health unit services within these areas, I think that we deserve just a little more. I think when we look at mental health, the situation in these outlying areas is very, very desperate and I would certainly hope that you people will support this resolution. Maybe we can get a few pilot projects started. I know there are going to be difficulties as there are difficulties in all areas. But certainly, we can take one small step into the future and perhaps we can iron out some of the wrinkles that we are now talking about. But I would certainly hope that we would try to establish some pilot projects within a rural urban community. I know there are problems in the large urban centres but certainly not as great, over many miles of rough roads that our citizens have to travel in order to get help in the field of social help, and also in mental help.

I would suggest at this time, Mr. Speaker, that we put this question, right now, because I am certainly concerned about the welfare, not only of our senior citizens, but in all areas of mental and physical handicaps. In the rural areas there is a great need, and I certainly hope that you hon. gentlemen on either side will put party politics aside and go for this.

I would certainly ask, Mr. Speaker, that you put the question before the House right now.

MR. SPEAKER:

I regret that I believe I have no authority to put the question until the debate is finished.

MR. HINMAN:

Mr. Speaker, I think actually the motion calls for consideration, and the mover and seconder, I think, said almost all that needed to be said so I'm not going to say very much.

I'm going to say two or three things, however. When you talk about centralization and decentralization there are limits.

Sometimes we overcentralize, sometimes we undercentralize and we have to see, in exploring this, how large an area it takes to justify the kind of service we want to give. On the other hand, perhaps the consolidation can go a lot farther than just the health services. I was never able to conceive why we need five governments in a little area -- one for hospital and one for senior citizens' homes, and libraries, and everything else, and we only need one government in the province.

In the war years when there were not enough doctors, we had probably the nearest you'll ever come to the kind of service you are suggesting, often under a very well qualified health nurse, and she did almost everything, and strange to say, we haven't changed very much the mortality rate among babies or mothers and the amount of sickness since we got such good service.

Now the object, of course, is to give maximum service subject to the least abuse and with the greatest efficiency, and particularly at the lowest costs. This implies that if we are able to organize the kind of thing we are discussing, we have to look at the dual roles which some people can serve, otherwise, you cannot decentralize to the point that you wish. These health nurses that I speak about, and I know many of them, seem to be psychologists and doctors and psychiatrists and just family people, and certainly we have to look at that aspect of it.

The other thing in which perhaps the hon. member who spoke will be fortunate, is that in a new area he doesn't have to battle a lot of inefficiencies that have developed. One of the towns I represent just built a nursing home and we were foolish enough to build it a long way from the hospital which also has an auxiliary unit. We built it too far from the senior citizens' home. Now these mistakes would be very costly to correct and so I hope one of the first things we do in this consideration is to analyse quickly where these exist and not let them be repeated until we're ready to take some action on this particular matter.

There are many abuses and there always will be. Just recently I talked with a doctor from California who told me he had to pay $7,000 a year for malpractice insurance, and that he didn't dare to take only two pictures of a broken wrist. He had to take five, because if it were established that he missed something by not taking the oblique shot, for instance, then he would be sued. Many of these abuses require something more than we are talking about here, but many can be corrected. The hon. member, Mr. Farran, gave us a pretty good run down of some of these things.

I only want to say one or two things. If we're going to go into this, let's follow what the hon. Minister of Federal and Intergovernmental Affairs said, let's get Ottawa to heck out of it. If they're going to give us $50 million let's get it -- untrammelled -- not let them tell us what we're going to do with this particular thing.

I would suggest a sort of a minimum of collecting of revenue by the province. The greatest inefficiencies will disappear from our health service when you begin to make the fellow that gets the service pay some of the bill. Now, if he can't pay it, our welfare program can very well supplement him so that he can.

As I see this, it has some merit if we do those things and particularly if you put the revenue raising right on the responsible body, be it a consolidation of your health services, boards, or a consolidation of all municipal services. I think we have to have the permissive approach and in doing it we have to consider how we might implement into it voluntary services. There are many people in today's society who want to give some service, and we ought to try to get that in this study.

I think having said that, I'll just summarize the important things. If you're going to decentralize you have to be careful how far you decentralize to be sure that the unit does justify the service. If you're going to do it well we don't want Ottawa telling us what to do and consequently we shouldn't let them bribe us, if you will. We'd like their money but we'd like to run our own affairs.

And thirdly, in developing it we take very careful consideration as to how far we can consolidate the administration of all these units and particularly that we do not encourage any more things such as those that happened in my town, where you make this almost impractical by having gone too far with foolish developments. Thank you, Mr. Speaker.

MR. SPEAKER:

The hon. Member for Spirit River-Fairview.

MR. NOTLEY:

Mr. Speaker, in view of the time, I beg leave to adjourn the debate.

MR. SPEAKER:

Has the hon. member leave to adjourn the debate?

HON. MEMBERS:

Agreed.

## BUSINESS OF THE HOUSE

MR. HYNDMAN:

Mr. Speaker, as to tomorrow's business. We'll continue with the Speech from the Throne and then at five o'clock pursue Rule 29. The question will be put followed by those considerations of government motions on the Order Paper, and then the Budget Speech at 8 o'clock tomorrow night.

MR. LOUGHEED:

Mr. Speaker, I move that the House do now stand adjourned until tomorrow afternoon at 2:30 o'clock.

MR. SPEAKER:

The hon. Premier has moved that the House stand adjourned until tomorrow afternoon at 2:30 o'clock. Do you all agree?

HON. MEMBERS:

Agreed.

MR. SPEAKER:

The House stands adjourned until tomorrow afternoon at 2:30 o'clock.

[The House rose at 5:27 pm.]