

**LEGISLATIVE ASSEMBLY OF ALBERTA**

Title: **Wednesday, May 5, 1976 2:30 p.m.**

[The House met at 2:30 p.m.]

**PRAYERS**

(Mr. Speaker in the Chair)

**head: INTRODUCTION OF VISITORS**

MISS HUNLEY: Mr. Speaker, it's again my pleasure to introduce to you, and through you to members of the Assembly, more of the beautiful people from Rocky Mountain House and district. They are about 50 in number. They are no longer teenagers. They are in the members gallery. I would like them to stand and receive the recognition of the House.

MR. ADAIR: Mr. Speaker, it is my pleasure to introduce to you, and through to you to the Members of the Legislative Assembly, the members of the Swedish national junior badminton team who are on the Canadian leg of an international tour. They arrived in Canada today from Jamaica.

The welcome is really threefold, because we have with the Swedish team the members of the Canadian junior team, as well as Miss Wendy Clarkson of Edmonton; the Swedish national team and their coach, Jon Soderberg; and the Canadian junior national team with their coach, Roy Roberts. Of course, the players for the Canadian team come from across Canada, and particularly from the provinces of Ontario, Quebec, and Alberta. Also accompanying the group is Wendy Clarkson of Edmonton, the new Canadian ladies' singles badminton champion who earned her crown at the recent championships held in Moncton, New Brunswick, and Mrs. Pauline Ingall of the host Royal Glenora Club. It's certainly a pleasure to welcome them to Alberta. I would ask that they stand now and be recognized by this Assembly.

MR. HYNDMAN: Mr. Speaker, today it's a personal pleasure for me to introduce to you and members of the Assembly some 24 enthusiastic students from the senior elementary grade, Grade 6 at Glenora School in my constituency. They are accompanied by Mr. Strand, their teacher. They are in the public gallery. I would ask that they stand and be recognized by the Assembly at this time.

MRS. CHICHAK: Mr. Speaker, it gives me pleasure today to welcome to the House and to introduce to you and to members of the Assembly 31 Grade 7 students from the Parkdale School in my Norwood constituency. They are all bright, eager, and waiting for this introduction. We had some excitement about the photo we were taking this afternoon, and they are looking forward to their copies. They are accompanied by their teachers, Mr. Krull and Mr. Bowes. I

would like them to rise now and receive the welcome of the House.

MR. SPEAKER: In dealing with, or not dealing with, the topic of Reading and Receiving Petitions, I overlooked the honorable chairman of the Committee on Private Bills. Might we revert to that topic for the moving and putting of the motion of which notice has duly been given?

HON. MEMBERS: Agreed.

**head: READING AND  
RECEIVING PETITIONS  
(reversion)**

MR. HORSMAN: Mr. Speaker, I move that the following petitions be now received.

First, of Northwestern Utilities Limited for an act respecting a certain agreement between the City of Edmonton and Northern Alberta Natural Gas Development Company Limited, and dated the 16th day of November 1915;

Secondly, of the Mennonite Mutual Relief Insurance Company Limited for an act to amend The Mennonite Mutual Relief Insurance Company Act;

Thirdly, of the Certified General Accountants Association of Alberta for an act to incorporate the Certified General Accountants Association of Alberta;

Fourthly, of the Alberta Real Estate Association for an act to incorporate the Real Estate Association.

[Motion carried]

**head: TABLING RETURNS AND REPORTS**

MR. HARLE: Mr. Speaker, I'd like to table the answer to Motion for a Return No. 170 asked by the hon. Member for Drumheller.

MR. GETTY: Mr. Speaker, I'd like to table the reply to Motion for a Return No. 165 and, at the same time, file with the House a second copy of the Syncrude documents filed yesterday.

MR. ADAIR: Mr. Speaker, I'd like to table the answer to Motion for a Return No. 161 posed by the hon. Member for Drumheller.

**head: MINISTERIAL STATEMENTS**

**Department of  
Federal and Intergovernmental Affairs**

MR. HYNDMAN: Mr. Speaker, on March 11, 1976 the federal Minister of Justice announced that he had requested the Supreme Court of Canada to rule on the constitutionality of the federal Anti-Inflation Act.

I wish to announce today that the Government of Alberta will intervene before the Supreme Court of Canada and will take the position that those portions of the federal Anti-Inflation Act dealing with the

private sector are not within the federal power under the British North America Act.

Mr. Speaker, in certain situations the federal government under the peace, order, and good government power has sweeping authority and can legislate in areas which ordinarily would fall under provincial jurisdiction. This responsibility has been referred to as the federal government's emergency power. In the past, these vast powers have been exercised only in exceptional circumstances, such as in time of war. But the federal Anti-Inflation Act purports to deal with the economic problem of inflation. The federal government in its reference has not characterized the problem of inflation as an emergency, but rather as a matter of serious national concern. Should that act be found to be within the constitutional power of the federal government, Mr. Speaker, provincial constitutional powers could be seriously and permanently eroded. Therefore, Alberta has an important interest in the outcome of this court reference.

In questions of constitutional law, it is important that the provinces present and defend their constitutional rights. If this legislation is upheld, Mr. Speaker, then the Parliament of Canada may have a permanent right to decide when economic fluctuations are sufficiently serious to warrant federal encroachment on provincial jurisdiction. Any time there is a possible realignment of federal and provincial powers, provincial governments must express their concerns.

In discussions with federal officials last fall, Mr. Speaker, my department proposed that the federal act be altered to provide for agreements with the provinces on the private sector. That proposal was rejected by the federal government. Rather than challenge the legislation at that time, it was decided that if inflation were to be curtailed, then general support for the program was appropriate. Since then, the continuing uncertainty over the constitutionality of the legislation has been heightened by the federal government's recent move to request the reference.

Mr. Speaker, I'd underline that our challenge to the legislation in no way weakens our resolve to continue to fight inflationary psychology in Alberta and in Canada.

#### head: ORAL QUESTION PERIOD

##### Policy on Power

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Utilities and Telephones. It's regarding the resolution of the Lethbridge city council calling on the provincial government to set up a provincially owned power corporation.

Has the minister or the government received the resolution from the city council and, if so, are they giving it consideration?

DR. WARRACK: Mr. Speaker, I have not as yet. My memory is that that matter had been posed recently and turned down by the Lethbridge city council. From what the hon. member is saying, perhaps they have now reached a different conclusion. In any case, I have not seen the resolution, but now that it's brought to my attention I'll endeavor to have the benefit of reviewing it.

MR. R. SPEAKER: Mr. Speaker, a supplementary to the minister. To date has the minister or his department carried on, or is he planning to carry on, any studies in the area of the feasibility of setting up a provincially owned power corporation?

DR. WARRACK: Not at the present time, Mr. Speaker. I know this is a matter of continuing discussion that has occurred through the years. Certainly I'd be interested in the policy position of the official opposition.

MR. R. SPEAKER: Mr. Speaker, a supplementary to the minister to reply to the answer. Can the people of Alberta, and certainly the members of the opposition, be assured that the government will never extend the power, control, and jurisdiction of the Alberta government into the area of setting up a provincially owned power corporation?

DR. WARRACK: I would think we would not be in a position to make that kind of an undertaking at least for an indefinite future period of time. At the same time, this might be a policy assessment the member and his colleagues might want to undertake and give us their advice on.

MR. R. SPEAKER: Mr. Speaker, for clarification to the minister. Is the minister saying that, in the pragmatic Conservative government, the option is open possibly to take over the power company?

DR. WARRACK: A variety of options are open, Mr. Speaker. One is to proceed as we're proceeding presently. As was the case under the former government, the possibility of it being arranged differently, as apparently suggested by Lethbridge city council, although I would want to check the resolution to be sure I understand it properly, would be considered. Certainly, all of those are options.

MR. TAYLOR: A supplementary to the hon. minister. Does the hon. minister mean that in the future the blue eyes might turn red?

DR. WARRACK: Not mine, Mr. Speaker.

MR. R. SPEAKER: Mr. Speaker, my second question was to the Minister of Housing and Public Works. I understand he'll be back a little later.

##### Municipal Government Finances

DR. BUCK: Mr. Speaker, I'd like to address my question to the hon. Minister of Municipal Affairs. I'd like to know if the minister's department has been monitoring the debt status of Alberta towns, in view of a statement made by a director of the AUMA regarding the seriousness of some of the larger towns' financial situations.

MR. JOHNSTON: Mr. Speaker, I've not yet received the final financial statements for the year ended December 31, 1975, specifically relating to the towns, villages, and other urban areas. I have had a request to my department to provide [inaudible] that information as soon as it's available. At that point, I could report to the hon. member.

DR. BUCK: This is to do with policy, Mr. Speaker. Can the minister indicate to the Legislature what level of municipal debt the provincial government considers "dangerous"?

MR. SPEAKER: Order please. This would very much be a matter of opinion, concerning which the hon. member no doubt has his own opinion.

DR. BUCK: Mr. Speaker, a supplementary to the minister. From some of the preliminary studies the minister's department has been carrying out, can the minister indicate to the Legislature if he has any idea how many towns and villages in the province of Alberta are in a rather delicate financial situation?

MR. JOHNSTON: Mr. Speaker, of course that again would expect an opinion from me as to what is a delicate financial situation.

I can only comment on two points. First of all, I did table in the House the most up-to-date accumulation of statistics available to our department. That is filed. I'm sure the hon. member could interpret that himself.

Secondly, as I recall the statements of the hon. Leader of the Opposition, he has done some work himself as he made a comment with respect to the total debt in the province. Presumably, his opinion is as good as mine in this area.

DR. BUCK: A further supplementary, Mr. Speaker. In light of the fact that the minister seems to think he could run the municipalities and counties, I would like to know, Mr. Speaker, from the minister . . .

SOME HON. MEMBERS: Order.

DR. BUCK: Well, he said it. I didn't say it.

Mr. Speaker, in light of the fact that the minister said he thought his department would in some instances have to run the municipalities, I would like to know if the minister has looked seriously at having to administer from the Department of Municipal Affairs some of the debt-ridden towns and villages, as he has suggested in relation to the counties.

MR. JOHNSTON: Mr. Speaker, I'm only quoting The Department of Municipal Affairs Act passed by the previous government, which clearly states my responsibility should a municipal district become debt-ridden. Of course I have to follow the advice of this Assembly and, indeed, I will.

DR. BUCK: A last supplementary, Mr. Speaker. Is the minister aware that many small towns and villages in Alberta are getting into a serious debt situation?

MR. SPEAKER: You're still in the area of opinion. I would respectfully suggest to the hon. member that opinions belong in debate, and debate does not belong in the question period.

MR. NOTLEY: Mr. Speaker, a supplementary question to the minister. Can the minister then advise the House, from the statistics compiled from his department, whether it's true that many small towns and

villages in this province are encountering very serious debt situations?

MR. JOHNSTON: Mr. Speaker, as I already advised, when that information is available on a basis of 1975 statistics I will be pleased to make it available to any member who requests it.

#### Surface Rights Leases

MR. NOTLEY: Mr. Speaker, I'd like to direct this question to the hon. Minister of Agriculture. It concerns surface rights leases in the Redwater area vis-a-vis Imperial Oil and the farmers in the district.

Mr. Speaker, my question to the hon. minister is whether he can advise the House if he has met recently with farmers in the Redwater area who've been unable to reach agreement with Imperial Oil regarding the renewal of surface rights leases.

MR. MOORE: Yes, Mr. Speaker. I met with five individuals from that general area from 11:30 to 12:30 this morning.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. Has the minister had an opportunity to meet recently with officials of Imperial Oil on this question?

If the minister has had meetings, Mr. Speaker, is Imperial Oil now prepared to offer higher settlements?

MR. MOORE: Mr. Speaker, I have not had any recent meetings with officials of Imperial Oil. I have had some correspondence from them. Indeed, departmental staff have had correspondence from them relating to specific individual cases.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. In light of the minister's discussion this morning with farmers from the Redwater area, is it the intention of the government to meet with Imperial Oil to see whether some voluntary accommodation or agreement can be reached between the company and the farmers in the Redwater area who are concerned?

MR. MOORE: Mr. Speaker, I believe I indicated in the Legislature some time ago that it was my view that where surface leases were being voluntarily upgraded, upgrading should take place on some type of formula related to the productive loss, inconvenience, and severance that might be suffered by the individual who owned the surface of the land.

The indications I have in practically every case from those who were dissatisfied are that the increase was not high enough over and above what they were previously receiving. In other words, it was not doubled, tripled, or whatever.

Mr. Speaker, it is my position that the percentage increase is not nearly as important as what is fair value in 1976. This morning I asked the individuals I met with if they would sit down when they got back home and develop a formula which in their minds would result in fair compensation in 1976 values for loss of productive agricultural land and inconvenience suffered in that regard. After receiving that — and I hope I will — I will be in a position to compare it with

what a number of the industry people are doing in regard to coming up with fair value in '76. If there appear to be some discrepancies between individual companies in the compensation they're providing, I will talk to them about it.

MR. NOTLEY: Mr. Speaker, supplementary question to the minister. Has the minister, through the Surface Rights Board, obtained comparative statistics on what other oil companies are in fact paying for renewed leases? It's my understanding that the complaint of at least a number of the farmers is that Imperial Oil leases do not compare favorably with the upgraded leases of other companies in the area.

Mr. Speaker, my question to the minister is: has the government any comparative statistics at this stage?

MR. MOORE: Mr. Speaker, those statistics really would only be available with respect to board orders. With voluntary upgrading we simply don't have any board orders, because the individual who signed a lease prior to January 1, 1972 does not have an opportunity to ask the Surface Rights Board to intervene on a voluntary upgrading until after a period of five years. My understanding is that all voluntarily upgraded leases contain the clause that the lease will be reviewed in five years. At that time, if the individual is not satisfied with the offer of the oil company, or vice versa, the Surface Rights Board can be asked to have a hearing and make a ruling.

MR. SPEAKER: Might this be the last supplementary on this topic.

MR. NOTLEY: Mr. Speaker, supplementary for clarification to the hon. minister. In light of the fact that farmers in the region have been expressing concern about this matter for some time, has the government obtained from the other companies an assessment of the criteria they use for voluntary upgrading policies, for comparison with the settlements proposed by Imperial Oil?

MR. MOORE: Mr. Speaker, I've seen some of those, but it continues to be my position that the leases should not be upgraded with a percentage increase over and above what might have been paid some years ago, and that they should not be upgraded in relation to what some other company is paying. Rather, they should be upgraded with some type of formula that takes into consideration what is fair value today for the amount of land being taken, considering the loss of productive agricultural land, the inconvenience that is suffered by having to farm around a well site and a roadway, and any other factors, of which there are a number, that might enter into the situation. For example, close proximity of a well to a residence might be an inconvenience factor to the individuals [but] doesn't relate to crop loss or the extra costs of farming.

So I say once again, Mr. Speaker, that we don't consider the comparison between companies or the increase over and above what they previously were paid to be the method upon which compensation should be awarded in voluntary upgrading.

#### **Commission on Grain Handling and Transportation**

MR. TAYLOR: Mr. Speaker, my question is to the hon. Deputy Premier. Is the Government of Alberta planning to make submissions to the Hall commission at the regional hearings in Stettler, Edmonton, and Saskatoon?

DR. HORNER: Mr. Speaker, we will have representations at all those meetings, but our next major presentation to the Hall Commission will be at the regional meeting which will be held in Edmonton in the latter part of September. We would hope at that time to make a very major presentation relative to the proposition of one operating authority for all northern railways.

MR. TAYLOR: A supplementary to the hon. minister. Will Unifarm and the government be urging chambers of commerce, Unifarm locals, et cetera, to make further representations at the regional hearings?

DR. HORNER: Yes, Mr. Speaker. We would expect the major organizations such as Unifarm and perhaps the municipalities that are involved to be making additional recommendations to the Hall Commission at these regional meetings, having the benefit of the representations that have been made by themselves and others, including the railways, at the various local meetings that have been held throughout the province.

So we see the regional meetings as an opportunity, if you like, to advance and build upon the information we had previously. I'm sure that all the organizations involved will be carrying out that direction in these regional meetings.

#### **Capital City Recreation Park**

MR. KING: Mr. Speaker, my question is to the hon. Minister of the Environment. I wonder if the province has received any requests from the city of Edmonton that the boundaries of the Capital City Recreation Park be amended to include additional portions of the Riverdale community within the boundaries of the park.

MR. RUSSELL: No, Mr. Speaker. At the last meeting of the management committee, which includes representatives of both the city and the province, some internal adjustments were made with respect to the water conservation area and the restricted development area, but none that I can recall with respect to the boundaries of the park.

MR. KING: A supplementary, Mr. Speaker. If the . . .

DR. BUCK: Hypothetical.

MR. KING: Right. I appreciated that as soon as I got it out.

A supplementary question to the minister. I wonder if it is the position of the government that the concept of the park is strengthened by the existence of adjoining strong and dynamic communities.

DR. BUCK: That's opinion too.

MR. SPEAKER: The hon. member is asking again for a question of opinion. Perhaps he might seek that otherwise.

MR. KING: A supplementary, Mr. Speaker. With respect to the development of the concept of the park, could the minister advise as to the role of existing and adjacent communities?

MR. RUSSELL: Mr. Speaker, I think we indicated before that, insofar as the province is concerned, we're satisfied that a very small number of private properties might have to be acquired in order to initially complete the trails and hiking system within the park. We've reached agreement with the city whereby it would be the purchasing agent for the properties involved, and the province would reimburse it.

Now I should give the assurance that each and every purchase is given pretty close scrutiny, and we're very much aware of the point the hon. member is making.

MR. KING: A supplementary, Mr. Speaker. Other than with respect to the question of single pieces of property, would the minister be able to give an assurance or an undertaking at this time that the provincial government will not support or acquiesce in matters related to the development of the park which would have the effect of threatening the viability of the entire Riverdale community?

MR. RUSSELL: It's very easy to give that assurance, Mr. Speaker. The park planning is virtually finished now, and we're entering the construction stage by letting various requests for tenders this month. I can assure the hon. member that existing communities will be enhanced rather than deprived of their status in any way.

DR. PAPROSKI: I wonder if the minister would indicate to the House, Mr. Speaker, whether the time frame for completion of the park is on schedule. When is that schedule supposed to end?

MR. RUSSELL: So far it's on schedule, Mr. Speaker. The target date for completion of the park is July 1978, to coincide with the Commonwealth Games. It's possible that the [decision] on the final outcome of the Strathcona science centre portion of the park may not be finished that summer, but that's the only unresolved issue at the moment.

#### Coal Policy

MR. MANDEVILLE: Mr. Speaker, my question is to the hon. Minister of Energy and Natural Resources. Will the decision reached at the Medicine Hat conference to establish a joint coal policy with B.C. cause a delay in the announcement of the coal policy for Alberta?

MR. GETTY: I hope not, Mr. Speaker. In saying that, I want to point out to the hon. member that, as I understand the discussions in Medicine Hat, they were that each government would discuss various

components of a coal policy with the other government. We have been doing that in a way in a consultative process already. However, I wouldn't expect our coal policy, as we've been referring to it in the House, would be delayed or would depend on any of those discussions with British Columbia.

MR. MANDEVILLE: A supplementary question, Mr. Speaker. Will the Alberta coal policy be announced at this session of the Legislature?

MR. GETTY: Mr. Speaker, the progress of the House gives me every hope that it will be.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. I hope we can stay here long enough, but I'm not sure whether next December will be fast enough.

In any event, Mr. Speaker, I'd ask the hon. minister whether, in reviewing coal royalties, the Alberta government is looking at the proposition of a royalty structure similar to the province of British Columbia, so there would not be competition between provinces relating to royalty structure.

MR. GETTY: It's one of the factors we are considering, Mr. Speaker. British Columbia presently has a dollar-per-ton type of coal royalty. It doesn't appear to us to have the necessary flexibility to meet the various quality and other characteristics of coal development.

However, we understand their present coal royalty policies are under review. It may be that in discussion between the two provinces the royalty systems will be developed in a manner that will not make them too competitive. The responsibility for a provincial coal royalty is so completely within the jurisdiction of each province it is unlikely they would dovetail to any great extent.

MR. NOTLEY: Mr. Speaker, a further supplementary question to the hon. minister. Is the minister able to advise the House whether the government's view at this point is tending more toward a profit-sharing concept as opposed to a fixed royalty in the coal industry?

MR. GETTY: On the coal royalty, we presently tend to put together a combination of two or three factors: the cost of the development, the revenue the development produces, and some element of the investment involved in the development.

MR. MANDEVILLE: Mr. Speaker, one final supplementary question. What time line are we looking at to formulate a joint policy between B.C. and Alberta?

MR. GETTY: Mr. Speaker, again, I don't want to mislead the hon. member. There will be joint consultations with the province of British Columbia, but the coal policy as such won't be a joint policy between our two governments, although some parts may fit together. The policy statement we're talking about will not be a joint policy statement between the two provinces.

### Gaming Regulations

MR. MUSGREAVE: Mr. Speaker, I would like to address my question to the Attorney General. I would like to ask if the Attorney General could advise the Assembly, in view of the substantial increase in casino operations throughout the province and the close association of large criminal organization and profitable gambling, whether any concern has been raised with him by any church or groups of churches about the serious morality problem arising from profitable gambling.

MR. FOSTER: Mr. Speaker, the only comment I'm aware of was, I think, a position on bingos taken by the Edmonton Council of Churches when that was a matter of some public discussion last fall. I'm not sure of my facts here. It runs in my mind that the Edmonton Council of Churches passed a resolution — and I think sent me a copy — to the effect that they would seriously wish to consider the morality of churches involved in gambling activities. In this sense, I think it was their way of expressing concern about the considerable involvement of religious organizations in bingo activity.

From time to time, I may have received the odd letter from a church in the province expressing some concern about gambling activities involving religious organizations. But, generally speaking, it's been focused only on bingo activity. However, I don't recall having received any response from any religious organization on the matter of casino gambling.

MR. MUSGREAVE: A supplementary, Mr. Speaker. I would like to know if the Attorney General has considered restricting the size of prizes and the return to non-profit groups or their sponsors from gambling operations in the province.

MR. FOSTER: Mr. Speaker, with respect to the size of prizes, yes we have. We have not yet come forward with any specific guidelines with respect to bingos, but it's entirely possible that we will. In doing so, we will seriously address the question whether we should limit the size of prizes, because that would certainly have a very cooling effect on growth of gambling activity in the bingo sector.

With respect to casinos and the size of prizes, with the recent announcement on guidelines I think we have effectively reduced the opportunity of very substantial profit to organizations and have caused some organizations to consider seriously whether the economies of casino operations are as lucrative as they were a short while ago. I think that will have a similar effect of dampening the appetite for our growing casino or bingo activity in the province.

MR. TAYLOR: Mr. Speaker, a supplementary to the hon. minister. In small church groups and local organizations where the prizes are donated, would the hon. minister expect the guidelines to be based on price at that time?

MR. FOSTER: Mr. Speaker, so far as I'm aware there is absolutely no problem in either the bingo or casino sense with the small groups and organizations and particularly the small church groups who want to get involved. As far as I'm concerned, as long as it is

small they can carry on as they please within very broad limits. My focus of concern in that sense is not with the small organizations. It's with the larger organizations. If we got into the whole area of determining the size of prizes, it would only be because of the larger organizations and problems there.

### Wage and Price Controls

MR. R. SPEAKER: Mr. Speaker, my question is to the Government House Leader with regard to his announcement today. Will a private firm or government officials be making the presentation or putting together the intervention which will be presented to the Supreme Court?

MR. HYNDMAN: Mr. Speaker, I think the hon. Attorney General could probably better answer that, insofar as the carriage of the legal proceedings and the actual manner of the intervention to the Supreme Court of Canada will be carried forward within his department. Perhaps he'd wish to comment at this time.

MR. FOSTER: Mr. Speaker, the department has been preparing for the presentation to the Supreme Court of Canada announced today by my colleague. The Government of Alberta will be represented in the Supreme Court of Canada by the Deputy Attorney General, assisted by one or more members of the department. I may be present in Ottawa at the time of the hearing, but I would not expect to take any active part in the proceedings before the court.

MR. R. SPEAKER: Mr. Speaker, a supplementary to the Government House Leader. In drawing the conclusion that an intervention should be presented, the number one priority was the matter of infringement on provincial jurisdiction. The second priority was infringement upon the private sector in Alberta. Would that be a correct assessment of the announcement?

MR. HYNDMAN: I doubt if it really could be expressed that way, Mr. Speaker. I think both are matters of concern set forth in the announcement, as is the statement I made with regard to our continuing desire to assist in the fight against inflationary psychology. All three of those aspects are really bound up in the matter.

In terms of the Canadian and Alberta jurisdictional sense, the question of a potential serious encroachment upon provincial rights of Alberta and the other provinces is one we are facing in terms of principle with this reference.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. Minister of Federal and Intergovernmental Affairs dealing with the ministerial announcement today. The minister pointed out that the federal anti-inflation program as it applies to the private sector did not come under the emergency power, which is the peace, order, and good government clause of the constitution.

My question to the Government House Leader is: what [would be] the position of the Government of Alberta on federal powers had Ottawa proceeded

under the peace, order, and good government clause? I raise this because it's my understanding the Government of Saskatchewan has intervened on the basis that had Ottawa chosen to take this route, it should have followed the emergency powers section of the BNA Act.

MR. SPEAKER: With respect to the hon. member, he is asking about an eventuality that has not yet happened. I would suggest the question is clearly hypothetical. It may, if it gets down to another form where it isn't hypothetical, amount to asking for a legal opinion.

MR. NOTLEY: Mr. Speaker, perhaps I could rephrase the question by asking the hon. Minister of Federal and Intergovernmental Affairs whether the province of Alberta agrees with the general assessment of the province of Saskatchewan relating to the emergency powers section of the BNA Act as it pertains to the federal anti-inflation program.

MR. HYNDMAN: Mr. Speaker, I haven't seen in a definitive way the position — or, particularly, the legal factums — which will set forth the arguments of the province of Saskatchewan. I read a press release issued by their government.

Rather than try to interpret the position of other provinces, which would be necessary in order to give an answer as to whether Alberta agrees with it, I think I would simply stand on the statement made and ask hon. members to assess whether the Alberta position is the same as that of other provinces. Certainly the province of Saskatchewan has taken an approach roughly similar to Alberta's in a number of ways. Those two provinces may not be alone.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. Is the minister in a position to tell the House how many other provinces at this stage are intervening on this matter?

MR. HYNDMAN: Mr. Speaker, at the moment it would appear that Alberta and Saskatchewan are the only provinces which have done that to date. However, there is certainly time which would allow others to take a position. It may be that others will do so.

MR. SPEAKER: Might this be the final supplementary on this topic.

MR. NOTLEY: Mr. Speaker, can the Minister of Federal and Intergovernmental Affairs advise the House whether it's the Premier's intention to raise the constitutionality of the federal anti-inflation policy at the first ministers' conference?

MR. HYNDMAN: I don't know, Mr. Speaker. Three items are already on the agenda for what would appear to be a rather lengthy luncheon: the matter of energy, which is of course of crucial concern to the province; the matter of constitutional reform; and revenue guarantees. This item could come up over the last cup of coffee, but I would not think it's one of the items on the agenda for this forthcoming lunch.

AN HON. MEMBER: Dessert.

MR. HYNDMAN: It may be an item at the June meeting, although by that time it may have proceeded through the Supreme Court of Canada to the extent that public discussion wouldn't be forthcoming.

### Heart Surgery

MR. NOTLEY: Mr. Speaker, I'd like to direct this question to the hon. Minister of Hospitals and Medical Care and ask the minister whether he's received a letter from any Alberta heart surgeon concerning the cardiovascular surgery waiting list.

MR. MINIELY: Mr. Speaker, may I again ask the leave of the House to report further on the matter, which I indicated yesterday I consider very important to Albertans.

HON. MEMBERS: Agreed.

MR. MINIELY: Yes, I did receive today two letters on the subject I indicated to the House yesterday of cardiovascular surgery and the programs of cardiovascular surgery in the University Hospital in Edmonton and the Holy Cross Hospital in Calgary.

Mr. Speaker, I have received a letter from Dr. John Read, the vice-president for medical matters of the University Hospital. In that position, Mr. Speaker, he is responsible for the overall balance of care in the hospital between a variety of medical programs and, in addition, for the balanced care between surgical and medical attention to cardiac patients.

Mr. Speaker, since it is a very important matter, I would like to quote certain parts of Dr. Read's letter to me.

In response to your request, this is to indicate that the University of Alberta Hospital has not cut back on cardiovascular surgery due to Government budget cuts. It particularly has not cut back on open heart surgery. The University of Alberta Hospital has, for more than five to six years, established a limit on the amount of cardiovascular surgery, particularly open heart surgery.

I should clarify that the hospital having established a limit for the reasons given further on has still considered cardiovascular surgery to be a very high priority amongst its many patient care activities.

Mr. Speaker, an attached table indicates the number of formally approved cases per week in the University Hospital for the last three years is as follows: in 1974 the number of cases per week formally approved for surgery was five, in 1975 it increased to six, and in the current budget year it is anticipated to be eight.

On that basis, the potential annual volume of cardiovascular surgery in the University Hospital in 1974 was 250 cases; in 1975, 300; and during the current year they expect they will be able to perform 400, Mr. Speaker, or better than a 25 per cent increase over 1975.

He goes on to say:

It has been noted that open heart surgery obviously has its own problems and its own burdens for the patient. These have to be weighed carefully against the condition of the patient, his age, and the efficacy of other forms

of treatment, other than surgery. As with most advances in Medicine the approach has been somewhat conservative to date, and in many cases where medical treatment is reasonably effective, and where the patient is older, decisions have to be made not to carry out cardiovascular surgery . . .

It should also be noted that approval has been received from [the] Government [of Alberta] to proceed with renovations for the expansion of cardiovascular surgery. The approval for these renovations include the ward areas, the post operative critical care areas, the operating room itself, and the cardiac catheterization labs. The renovations in the cardiac catheterization labs have already been planned for and will be implemented shortly . . .

However, it can be categorically stated that the University Hospital recognizes the high priority of cardiovascular surgery, and has not reduced the amount of open heart surgery due to budget restrictions on the part of Government.

Mr. Speaker, that's the letter which I would like to table from the vice-president for medical matters of the University Hospital.

In addition, Mr. Speaker, I have received a letter from the director of the division of thoracic and cardiovascular surgery, clinical professor of the department of surgery, Dr. Callaghan. Dr. Callaghan expresses his personal view as a surgeon and as [the director of] the division of thoracic and cardiovascular surgery of the University Hospital that the program requires further expansion.

I want to thank Dr. Callahan for sending me a letter expressing his views. I want to encourage others, not just surgeons, to express their views as well; for example, cardiologists in Alberta, who I KNOW FEEL that it's a difficult decision at times to determine whether a cardiac patient should receive surgery or should, in fact, be receiving forms of preventive and rehabilitative care. Again I thank Dr. Callahan for writing me and expressing his personal views as a cardiovascular surgeon, and I table that for the information of the members of the Assembly.

MR. NOTLEY: Mr. Speaker, a supplementary to the hon. minister. Is the minister prepared at this time to give an undertaking to the Assembly that he would be ready to meet with open-heart surgeons if, in fact, they wish to meet with him?

MR. MINIELY: Mr. Speaker, I think that perhaps the hon. Member for Spirit River-Fairview missed the import of my remarks. There is not agreement amongst different members of the medical profession as to whether to subject cardiac patients to surgery, or whether a better alternative for patients should be rehabilitation and medical treatment. Mr. Speaker, I want to assure all members of the Legislature that I have a very strong interest as the Minister of Hospitals and Medical Care in assessing this question.

I believe that over a period of time, and I will put a high priority on it, I will have to assess both sides of the question not just with surgeons but with cardiologists, the College of Physicians and Surgeons, the Alberta Medical Association, and others, in order to arrive at a program of care balanced between the

medical side and the subjection of the patient to surgery, and in the best interests of total cardiac care for citizens of Alberta.

#### Telephone Service

MR. ZANDER: Mr. Speaker, my question is addressed to the Minister of Utilities and Telephones. I wonder if the minister could inform the Assembly of the cause of the telephone disruptions in 13 communities west and northwest of the city of Edmonton from 3:30 yesterday afternoon until 12:15 this afternoon.

DR. WARRACK: Mr. Speaker, I have a preliminary report on that matter. I understand the installation of a road sign cut the cable carrying the long distance capacity. This matter has been urgently undertaken by Alberta Government Telephones, with crews working throughout the night and, as I understand it, getting service restored in a number of those communities by mid-morning. It is anticipated that, in the communities of Drayton Valley and Lodgepole in the hon. member's constituency, this was done by early afternoon.

MR. ZANDER: Supplementary, Mr. Speaker. This is directed to the Minister of Transportation. Would the minister use his good offices to instruct employees who are operating, digging holes, grading, or whatever they do, not to cut cables and disrupt the communications between the communities that need telephone service every day?

DR. WARRACK: Supplementary answer, Mr. Speaker. I'm not sure it was the Department of Transportation installing road signs, although with the effective work of the member and the tremendous amount of highway construction in his constituency, I suppose that's probable.

#### Oil Pricing

MR. TAYLOR: My question, Mr. Speaker, is to the hon. Minister of Energy. Has the hon. minister studied the effect that the blended price Ontario is advocating would have on exploration in Alberta, if it should be adopted?

MR. GETTY: Mr. Speaker, I suppose we would only be speculating on the effect, but we certainly have assessed the proposal by the Government of Ontario and feel that it would not be in the best interests of either Canada or Alberta.

#### Shock Therapy

MISS HUNLEY: Mr. Speaker, could I answer a couple of outstanding questions?

One was from the hon. Member for Drumheller, who asked me yesterday about electro-convulsive therapy. I have here the report in a letter from the College of Physicians and Surgeons. The instructions they have been issued are as follows:

"A proper consultation shall always take place prior to the administration of Electro Convulsive Therapy.

Two physicians will always be present, one



approved for the administration of general anaesthesia and the other suitably trained in the administration of Electro Convulsive Therapy.

"Informed Consent" shall always be obtained either from the patient and if the patient is unable to do so, informed consent shall be obtained from the patient's legal representative.

In an emergency (life saving), Electro Convulsive Therapy may be administered as any other emergency procedure which is carried out in the patients' best interests.

### Adoptions

MISS HUNLEY: I have an unanswered question from the hon. Member for Clover Bar, who is not present at the moment. Perhaps someone would convey that I have answered it. He asked about adoptions. Adoption applications for infants are restricted to those families who have less than two children naturally or through adoption.

### ORDERS OF THE DAY

[Mr. Speaker left the Chair]

#### head: **GOVERNMENT MOTIONS** (Committee of Supply)

[Dr. McCrimmon in the Chair]

MR. CHAIRMAN: The Committee of Supply will come to order.

#### **Department of Hospitals and Medical Care**

MR. CHAIRMAN: Are there any further questions to the minister?

MR. NOTLEY: In the more informal atmosphere of the committee, perhaps we could just pursue again the question of where we stand on the open-heart and cardiovascular program at our two major universities. In his last answer to the question posed today, the minister indicated he's going to try to develop a balanced approach. I certainly have very little knowledge of what is the proper approach in dealing with cardiac problems.

However, I would ask the minister to be a little more specific on how this policy will be developed. For example, I understand there is a very limited number of open-heart surgeons in the province. There are only six or seven, if I'm not mistaken. It would seem to me that if you're going to develop a balanced approach, one of the first steps you would take is to discuss this matter at some early opportunity with the people who are specialists in the area. Obviously you would balance that against the views of the administrators, the medical association and what have you. But it seems to me the place to start would be with the specialists.

MR. MINIELY: Mr. Chairman, the matter is not a simple one. The matter is a very complex one. As I indicated during the question period, there is not agreement or anything near unanimity amongst different segments of the medical profession as to what the direction should be.

I should indicate, Mr. Chairman, this is not something that all of a sudden I am saying I am assessing. In fact, I have been looking at the question of cardiac disease because evidence indicates it certainly has to receive a high priority in the longer term. It's the number one cause of deaths in Canada. It's the number one cause in the province of Alberta as well. It has a growing incidence factor and must receive high priority attention.

But, Mr. Chairman, for some months I have been looking at the role of surgery in the treatment of cardiac patients, and the role of cardiac prevention or medical treatment in rehabilitation. I am not yet able to answer the questions.

When we travelled to Europe to look at general hospital matters, we took an opportunity to look at some excellent facilities they have which are geared towards the medical side or the prevention and rehabilitation of cardiac patients to avoid recurrence of attack, which many indicate to me is an alternative to, and some feel is preferable to, subjecting the patient to surgery, depending on the condition of the patient.

I only want to assure all hon. members, because it is the number one cause of deaths and because it tends to strike our most productive citizens at a very productive time in their lives, that it's my intention, working with my colleague the hon. Minister of Social Services and Community Health, to place a high priority on trying to determine the best balanced program for cardiac patients in Alberta. But it's something I have been reviewing and trying to garner information on from a variety of sources — the medical profession, the World Health Organization, other programs that exist in the world — in trying to arrive at a valid conclusion as to where we should move in the future in terms of what will be of most value to potential or existing cardiac patients.

MR. NOTLEY: I can appreciate that, Mr. Chairman, but it seems to me that one of the obvious places to start — and this is the question I'd like specifically answered — would be a meeting with the open-heart surgeons. While there may be other expert medical advice that would vary from theirs, it would seem to me that is an obvious place for the minister to begin. After analysing that carefully, one would no doubt want to check out all the other options. I think it's a very difficult thing to do. Frankly, this is the sort of area where you can't make a political decision on what essentially is not only a medical matter, but a matter that involves a specialty.

The point I want to have clarified is: is it your intention, in the course of this assessment, to meet with the surgeons who are in fact now doing open-heart surgery at the two institutions in this province?

MR. MINIELY: I tried to indicate to the hon. member that I do not see an individual surgeon or a group of surgeons who represent one particular side of medicine as necessarily representing a balanced view of

the directions we should go and of what the total care should be in the future. I am certainly interested in the views of the surgeons. Yesterday in the Legislature I asked them to write to me, and I repeat that and encourage them to do so. However, I think we have groups who take overall and broad responsibility for the balance of health care programs on a professional basis, such as the medical profession generally, to try to ascertain — and it's my intention to do so.

I want to hear from the surgeons, but I also want to hear the views of the cardiologists, who are not surgeons. I want to hear the views of the Alberta Medical Association and the College of Physicians and Surgeons. I have been obtaining the assessments and the reports on the whole area of the World Health Organization, and am assessing those. Certainly I will have to garner input from a lot of different areas in order to arrive at it. But a specific meeting with one particular group — I think I'd like to hear their views, but at this point I don't see meeting with one segment because they originally made comments which were anonymously reported as the right approach to attacking the problem.

MR. NOTLEY: I suppose what I'm really trying to get at is the process the minister is going to develop to make a decision. If the minister is not going to have meetings as such, it's obvious that someone is going to have to do that. Will that be done by people in the Hospital Services Commission, or will the minister formally be asking the College of Physicians and Surgeons to render an assessment on this? What I'm getting at is, what is the process by which an untrained mind — if I can use this expression without slighting you, because except for two or three people in the House we're all in that category — can come to a decision on what is really a medical matter.

MR. MINIELY: Very true, Mr. Chairman. I have some broad and specific research being done by the Medical Services Research Foundation, which I believe I indicated in my general speech to the budget debate. I will be soliciting their views in this particular area. Some months ago I indicated to the College of Physicians and Surgeons and the Alberta Medical Association my interest in determining what directions we should go in the balanced treatment of the cardiac patient in Alberta.

There are the cardiovascular surgeons; the Edmonton Cardiac Institute, which was started in 1967 and I believe is one of the pioneering ventures in terms of cardiac prevention and rehabilitation, not just in Alberta but in North America; and, of course, the World Health Organization. I hope to put all these together as quickly as possible, recognizing again, Mr. Chairman, that it's not a simple area. It is a complex area. But when we are able to have all these views assessed, I hope to be able to propose something and have the information laid before the members of the Assembly for their assessment.

MR. NOTLEY: Mr. Chairman, during the minister's initial response to the question I put to him, he indicated the number of cases that can be handled at the University Hospital has increased, I believe, from 300 to 400. Then, yesterday, the question was raised about the waiting lists, and the minister said — I think the term, if I recall it, was there was no

dramatic increase in waiting lists. I wonder if he's in a position to advise the committee whether he has more specific data than that with respect to waiting lists. From the information released today and yesterday, I would assume there are still rather serious waiting lists. How do they compare with past years?

MR. MINIELY: Mr. Chairman, I'm sorry I didn't refer to the paragraph of the letter from Dr. Read, the vice-president for medical matters at the University Hospital. But I'll try to express — and the hon. member can read the letter — what Dr. Read said about so-called waiting lists, because it's not the normal situation of a waiting list, according to Dr. Read.

Dr. Read indicates that the waiting lists referred to are those simply maintained by the cardiovascular surgeon in his office. In other words, they are not a hospital waiting list *per se*. Dr. Read also indicates that many of the people on the waiting list can be judged by the cardiologist on the medical side, who assesses the cardiac patient's condition, age, and surgical risk. With respect to cardiovascular surgery, he said that the waiting lists are very misunderstood, and at any particular time are not necessarily composed of people who should be subjected to surgery.

More than that I can't say, but that's a reflection of Dr. Read's expression, which the hon. member can confirm by reading the letter.

MR. NOTLEY: Mr. Chairman, I just have one further question on this matter. My research staff contacted one of the surgeons in Calgary. Now, I gather there's a new machine the minister was party to opening several months ago in Calgary. I gather it's a catharsis approach. I'm told that once a test is taken on this machine, and the test shows that an operation should take place, the physician has to decide at that point whether it is sufficiently urgent that it should take place, and it does, or whether it can wait. But that . . . Pardon?

MR. MINIELY: Plus assessment.

MR. NOTLEY: That's right, plus the assessment. But I'm also told that in parts of the United States, where this same process is done, once the machine indicates that an operation should take place and the assessment of the patient is that the operation can take place, the operation proceeds, and the physicians are not put in the position of having to decide whether it is so urgent that it goes ahead this week, or whether it waits until June 15 or July 25, or whatever the case may be. I wonder if the minister is in a position to respond to that.

MR. MINIELY: Well, Mr. Chairman, it's not my understanding that the machine is that black and white, that no further assessment is required by a cardiologist relative to the patient's condition, as the hon. member seems to indicate. But I'll certainly examine that. It's my understanding that that's just one part of the assessment as to whether or not the patient diagnostic should receive surgery, that further assessment beyond what the hon. member referred to as a machine assessment is required before that final decision is made that the patient should be

subjected to surgery.

Of course the other thing, Mr. Chairman, which I haven't said, but which Dr. Read indicates in his letter, is the fact that there's no indication necessarily that because a cardiac patient is submitted to surgery, that's going to solve the problem. There still is question around the morbidity-mortality factors in cardiovascular surgery which remain attempts to be proven. That's why I stress that the area is not simple. It is complex. But I reiterate my strong interest in assessing it as quickly as we can, in trying to arrive at conclusions.

MR. TAYLOR: Mr. Chairman, I just have two items I would like to discuss with the hon. minister. I believe that will be all in these estimates of Hospitals and Medical Care — all I know of at this time, at least.

The first item I'd like to have the minister further elaborate on is the matter of closing active beds. There appears to be widespread belief that the department is advising hospital boards to close active beds. From my understanding of what the hon. minister has said, this is not so, but I would like him to elaborate further on that. It seems to me that when there's additional money this year over last year, it's odd that almost all our hospitals are now closing active beds. Is this due to increase in wages or in utilities beyond 11 per cent? Were these hospitals operating at a deficit last year? Just what is the reason? When people understood that the guidelines were a cut of 11 per cent, this was understandable. But there is no cut. There's an increase of \$50 million for hospitalization in this province. I'm wondering why all the hospitals are now suddenly closing active beds.

Here's a resolution I just received this morning, passed unanimously by the Handhills constituency conference of the Women's Institute which met in Delia on April 30. I'll read this for the record:

Whereas it has been announced that there will be closure of more than one-quarter of our beds in the Drumheller General Hospital due to Alberta government's cutback in spending; whereas there is definite need for all active treatment beds; therefore be it resolved The Alberta Women's Institute respectfully petition government to reverse their decision for closure.

This is signed by the office of the Verdant Valley WI, the Munson WI, the Majestic-Farrell Lake WI, and the Horseshoe Canyon WI. At least half of those WIs are in the Drumheller constituency. The other half are in the Handhills constituency. But that is immaterial.

I would appreciate the minister elaborating a little more on this as it's confusing to many, many people why active beds are now suddenly being closed even though there's an increase of more than \$50 million in money provided by the provincial government.

The other point I would like to raise is one I would like to see the hon. minister and the hospital commission take a very careful look at. People get very concerned when people lose jobs, and rightly so. But I see duplication — and I'm going to mention one in my own constituency — that could probably save, I'd say, conservatively, from \$25,000 to \$50,000 a year and maybe more; that is, having two hospital boards running the hospitals, all of which are in one complex.

We have a hospital board of seven or eight

members operating the general hospital. They're making all the decisions for the general hospital. We have a director of nursing in the general hospital and her regular staff all the way down the line. We also have a hospital board running the auxiliary hospital and the nursing home; again, a full-time director of nursing, and the staff all the way down, with, I believe, five members on that board. So we have two boards making decisions in regard to people in that complex, which, as I say, is all in one area. It seems to me that one hospital board could do the job adequately. At one time it was one hospital board. I certainly had no complaints.

If we wait for local autonomy to say, we'll cut out one hospital board, in my view it will never be done. There's a jealousy about holding these positions. We've got two boards; let's keep two boards. In my view, a better job could be done. I'm not criticizing either board. They're made up of conscientious men. But in my view, the liaison that would result from one board operating the nursing home, the auxiliary hospital, and the general hospital, with one director of nursing — or matron, as we used to call her — could do a splendid job of operating that hospital complex. In the process, we would save, I'm saying conservatively, from \$25,000 to \$50,000 a year.

I'm asking the hon. minister and the hospital commission to take a pretty careful look at that this coming year. When we're cutting staff positions from our hospitals; when we're closing active beds which, rightly or wrongly, many people still feel should be left open; surely we can't do that and not take a look at this duplication of service which I believe would be welcomed by the ratepayers of that entire district if it was replaced.

I want to mention one problem in order to be fair. That is, there aren't completely coterminous boundaries between the general hospital and the auxiliary hospital and the nursing home. But in my view, that's a trivial detail that could be straightened out with a stroke of the pen without any opposition from people concerned.

So I am asking the hon. minister if he would take a pretty careful look at that duplication in the Drumheller area and possibly in other parts of the province, in order that we can get better value for every health dollar expended.

MR. MINIELY: Mr. Chairman, I wonder if there are any other general questions before we move on to the specific votes. I'd just keep notes of them and respond to all the general questions. Then we could proceed in the votes.

MR. JAMISON: Mr. Chairman, I'd like to make a short comment, a couple of suggestions, and then ask a couple of questions. We're dealing with a department right now that has a budget of \$550 million, which is between one-fifth and one-sixth of the total budget of the provincial government. It's kind of disturbing that as we go through the estimates from department to department — and we haven't done them all, by any stretch of the imagination. It seems to me in a year of restraint, in a year when we have high inflation, I'd like to see the opposition finding out how we could cut some money instead of spending more money.

Mr. Chairman, having said that, I'd like to say that

the constituency I represent, St. Albert, has the Sturgeon General Hospital located in it. This year the hospital board decided to cut back 25 to 30 beds for the months of June, July, and August. There will be no layoffs. I say, no layoffs, with a supplementary. There are a lot of married nurses and married nursing aides who have families. They wanted a leave of absence. An abundance of those working in hospitals today would like to have a leave of absence. They will be taking a leave of absence during the months of June, July, and August, so that when their kids are out of school they'll be able to look after them. Mr. Chairman, I might say this closing of 25 to 30 beds will save the Sturgeon General Hospital about \$48,000 to \$50,000 with very little if any inconvenience to the public.

Last year Sturgeon General Hospital had a \$78,000 deficit. You might wonder why they had a deficit. They had beds, and these 25 to 30 beds were open. I think we can put some of the blame, not all of it, on the doctors who admit their patients to the hospital. They stay for two or three days longer than they really need to. Sometimes this is because they need to be checked out by the doctor. Maybe the doctor gets tied up. Maybe he's even gone away for the weekend and left the patient in the hospital. If you add these up over the whole province, there's no doubt there are many, many hours, or many days. When you consider that an active treatment bed in the hospital I'm talking about is about \$100 a day — some of them in the city of Edmonton are more — a tremendous saving could be had throughout the province.

Following what the Member for Drumheller had to say, I think that two, three, or maybe even four, if the hospitals aren't too far apart, could certainly get together on many of the services they're doing at the present time. I know the hospital board in my constituency and the adjoining constituencies met even last night to look at other savings. They're looking at the possibility of three or four of them jointly doing all the accounting in one spot, maybe doing the food services from one spot, the laundry, the pharmacy, the lab work, the physiotherapy work, and many others. If you were to go to the little hospitals throughout the province, they all have an X-ray machine, out-patient or otherwise. That X-ray technician works maybe one hour a day. That's all the patients he has.

So, Mr. Chairman, I would like to ask the minister just how much it is costing the people of Alberta or the province, from the Alberta Hospital Association. This is made up of the administrators of the hospitals. You know, like any other organization or anything else, if you have this you form a sort of club, and there's no way one administrator is going to say he's better than the other administrator and cut him out of a job. As a result, I realize, it's a tough job.

I was wondering what the feeling of your hospital commission was as to ways and means of cutting down the cost of this tremendous \$550 million bill we have; as I mentioned, one-fifth to one-sixth of our total budget.

Having said cut back, I do believe that the part of the hospital where there could be savings — maybe not necessarily right in the hospital, but savings throughout the province — is the out-patient care. I feel we could save many, many thousands of dollars, Mr. Minister, if we were to really look at whether the

out-patient care the hospitals are doing at the present time is adequate or whether an awful lot of that is being done in the medical clinics.

A subject which is coming out at about every meeting I go to, and which every organization throughout my constituency is hot to trot on, is ambulance service. I was wondering if the minister might be able to tell the Assembly if — and I put the word "if" — the province were to get into ambulance service, if he has a ballpark figure of what it might cost, or if he might have a ballpark figure if it was split 50-50 between the municipalities, or whether it's even feasible.

I'll leave it at that at the present time, Mr. Chairman, and thank you, Mr. Minister.

MR. YOUNG: Mr. Chairman, I have two comments, the first one arising out of some of the flogging of the heart care issue today by the hon. Member for Spirit River-Fairview. I just want to ask the minister whether my evaluation of this situation is correct. That is, in no facility in the province has cardiovascular surgery been reduced, and in some facilities it's been increased by 33 per cent this year over last year. If that is the case, I'm at a loss to understand how we have an increasing waiting list, if in fact we do have an increasing waiting list.

I'm wondering whether we may not have by the tail the problem which has been identified to me as physician-generated services. I'm wondering whether in fact what we have here is really an effort by some persons to promote a particular interest. I'm not suggesting that — it may be well intentioned. I'm simply suggesting that it may not be very well balanced in the total perspective of opportunities that could be available to persons with heart disease.

Surely, Mr. Chairman, heart disease problems have not increased by 30 per cent in one year. To me it just doesn't follow that with our population that should be the case. I find the furor we've been involved in the last two or three days confusing and I suspect it's very misleading.

The second point, Mr. Chairman, is by way of comment. Doing a little division here, I note that the government, this particular department, is spending some \$1,200 this year on behalf of my family, assuming that I'm an average Albertan. That's just ballpark round numbers. In the case of the hon. Member for Edmonton Whitemud, the hon. minister, I think it would be closer to \$1,800 or \$1,500.

Mr. Chairman, my first question to the minister is whether it is possible to provide to the person in the household who receives a statement from the Health Care Insurance Commission an expression of what the total cost to the province has been. I think everyone receives a statement one or twice a year about the charges that have occurred. What kind of funds are being spent in this area? Relate it to the individual Albertan, so the individual knows or has a better handle on what he or she is foregoing by way of income that they have no discretion in spending. In other words, Mr. Chairman, can we do something to inform the public a bit more effectively about what is being spent on health care?

In that same vein, I'd like to advance for the minister's contemplation the idea that in future we might reconsider or consider — perhaps consider would be a better expression — the possibility of

introducing a local levy on some marginal basis, so that the taxpayers of the province would be able to relate more directly to incremental health costs or hospital boards and might thereby gain some better insight into the true costs of the hospital in their area.

I realize this would be a difficult and controversial concept, but it's surely worthy of consideration, in view of the rates of increases in health costs that we've experienced and the need to put some kind of handle on them.

In that same respect, I'd like to advance the suggestion that when we're looking at the structure of hospital boards and the governance of the hospital system in the province, we might also look to the possibility of some form of local election and move away from the appointment system which generally is prevalent today.

MR. R. SPEAKER: Mr. Chairman, I just have two questions to the minister. One is with regard to the Stony Plain report. What has the minister done with that, and what does he intend to do?

AN HON. MEMBER: What report?

MR. R. SPEAKER: The Stony Plain report. What does the minister intend to do with that report? What observations has he made at this point in time?

We talked last day about the quality of care in the hospitals, and one of the techniques that the minister — I wanted to say established, but it has been in effect for some time — is the hospital visitors program. I was wondering what type of report this Visitors Committee gives to the minister. How often does he meet with the Visitors Committee? What type of directives does he give to the Visitors Committee? Just what does he expect from them?

MR. GOGO: Mr. Chairman, I have some general comments about the hospital, and I'd also like to make a comment or two about Vote 6, if the minister wouldn't mind entertaining questions on that, because I have to attend a meeting.

It's already been mentioned by many people here, Mr. Chairman, that about 40 per cent of the Alberta budget now goes between health delivery and education. I don't think any of us are really mindful of the fact that an additional \$50 million is being put into the hospitals this year. The one concern I have is that hospitals, in effect, have become referral centres, like a catch basin of a community. I'm not aware of the proportion of the budgeting of the \$50 million, but it goes without saying that where you have a hospital centre that has a series of specialists, obviously many patients are going to be arriving there from the surrounding area. In fact, it's acting as a catch basin. It seems to me the strain on those particular hospitals is somewhat greater than on the rural hospital. I would hope that consideration is borne in mind in apportioning the \$50 million. Needs don't necessarily remain constant year after year, but there could be quite a rapid change.

I would like to pose a question regarding policy to the minister. Based on the latest hospitals report, it seems we have really two basic hospital systems in Alberta, the public hospital and the private, voluntary, or religious hospital. I see where the religious hospital is providing about 2,300 beds, or one-quarter

of the 12,000 total of the province. I'd like to hear the minister's comment with regard to government policy on the role of the private hospital. As we know, they have appointed boards as opposed to elected boards.

While I'm on the subject of boards, I think that those appointed and elected to hospital boards should be commended, because they are the ones really taking the heat regarding the cutback in hospital services. Many of these people don't choose to run for office, but decide that their way of playing a role in the community is to accept that responsibility. I would like to see that they are commended, particularly in this year of restraint, for obviously putting up with a lot of heat. I think they deserve commendation.

As has been mentioned many times, we in Alberta are certainly fortunate in that we have almost nine active treatment beds per 1,000, compared to the rest of Canada. The cutback, if indeed it's a cutback, has been a decision by the local hospital boards, not the Government of Alberta. I think we can commiserate them, but we must also be cognizant of the fact that it's a necessity.

As mentioned by the Member for St. Albert, I would question the role of doctors in putting people in the hospital for what could be a two-day stay which turns out to be a five-day stay. This must make it very difficult for certain hospitals. I don't know how hospital privileges are allocated. At the University Hospital, if you are allocated 30 beds along with your privileges, perhaps you've got to keep 30 beds full, or six months from now you'll find you're cut down to 20.

However, I am aware that the supplies going into the hospitals have, in many cases, risen 100 per cent. That's kind of difficult to reconcile when you look at the budgetary increases allowed in the hospitals, from the supply point of view. I think we can very easily keep a handle on wages and salaries, indeed even laundries. We can go without sheets sometimes, but it's very difficult to have an OR go without equipment that has escalated tremendously in cost.

The Member for Edmonton Jasper Place mentioned what I think is on the minds of most of us, the concept of the last-dollar financing. Since that was adopted in 1972, costs seem to have soared out of sight. My concern is that the average Albertan is not aware of what it costs to run the hospital system. I would like to see either some form of utilization introduced for people who utilize these privileges, or at least have the ratepayer in various communities pick up some of the tab which had been so normal prior to 1972.

One very encouraging thing is that the minister, in his wisdom, has allowed an appeal process by hospital boards. In other words, they are given the opportunity to present their case dealing with budgetary restraints and have the opportunity to sit down with the hospitals commission and the minister to have their budgets reviewed.

An area which I think deserves special consideration — this perhaps will come in the estimates of the Department of Social Services and Community Health — is the general health of Albertans. If anything Participaction has proved — and I happen to think in the allocation of resources it's quite a failure. I would think if we were that concerned about the health of people we should see people in our institutions, like

prisons, working instead of sitting around, and perhaps ban smoking in certain public places. Obviously the long-term effects would be beneficial.

Health care is an area we hear a lot about, but most of us don't tend to do very much about it. In the annual report on health care, Mr. Chairman, which I have somewhat more than a passing interest in, I see that every week last year 230,000 claims for payment arrived at the Alberta Health Care Insurance Commission. That's the population of the city like Calgary having seen a doctor every second week. I don't think we should mention the cost. It might sound embarrassing. That's bearing in mind that the use of chiropractic services is limited. If the lid were lifted off those, the 230,000 claims, which is 46,000 per working day — that's an increase of 120 or 130 per cent in five years — heaven only knows what they'd be.

Mr. Chairman, I suggest that we're going to have to look at ways and means of getting a handle on that cost. As a suggestion, perhaps in Alberta we should look at the utilization fee. That is, people should maybe shell out \$1, \$2, \$3, or \$5 to see a doctor. I think we would get a handle on those people who feel just a little bit out of sorts. Instead of going to the doctor daily — I don't think they have any option. I'm referring to the doctor. If you show up in the doctor's office, he pretty well has to see you.

Obviously there are other areas. One wouldn't dream of having a three-ton truck parked outside one's home to carry away grass clippings. Similarly, I don't see why everybody who goes to a doctor's office must necessarily see that doctor. Surely, the health people can come up with a module whereby — and I'm no medical person — paramedics or doctors' assistants or nurses can give certain elementary tests to determine whether or not you should see the doctor, because the costs are just soaring out of sight.

A suggestion I've heard is that, notwithstanding the computer age, people who receive services from a physician should put their signatures on a card indicating that if the doctor spent two minutes with them and charged \$22, they are aware how much that fee was at that time. They don't wait a year or six months to be advised by the Alberta Health Insurance Commission. I think we must make the public aware of what medical care is costing. I don't think they are aware at this point.

Finally, Mr. Chairman, I'd like to commend the minister in having the foresight, the wisdom, and the empathy with the public of Alberta to suggest that three lay people be appointed to the Health Care Insurance Commission. I think that's a very positive move, because it's time we had some input from the lay people of Alberta into the health delivery service. I would commend the minister for that.

Thanks very much.

MR. KIDD: Mr. Chairman, I have heard a great deal on this matter of costs for health care, but there's one thing that hasn't been said, and in my political naivete I may as well be the one to say it.

The estimates of the upcoming budget for Canada suggest that we'll be looking at about \$20 billion for so-called transfer payments — \$20 billion. Something like \$2 billion of that is for family allowances. I don't know the exact figure for health care, but it's massive. The real question is, how much can this

nation afford for health care? How much can we afford? The hon. Member for Drumheller cited the case where the man down in Florida — and we all know the United States does not have the programs; therefore, they pay a great deal more out of their pockets for health care. But what he did not say was that income tax in the United States is substantially less than in Canada. The real point is that if we as a nation or as a province wish to have health care *par excellence*, we're going to pay for it.

It really doesn't matter whether we have a cost-sharing program with the federal government; the citizen pays for it through taxes. And when he does that, he takes out of circulation money that would go into investing in the development of this country. As I see it, that's the real problem we're facing in Canada right now. At some point these costs have to be stopped, and we have to have the dollars used to develop our country.

No one wishes not to have health care. I think we should have excellent health care, but we've got to face the realities of the situation of Canada. As I see it right now, Canada is not in very good shape, and our massive transfer of payments, including health, are a reason and they just must be trimmed.

Therefore, the hon. Member for Drumheller suggested that we should make representation to the government to continue the cost-sharing program. Frankly, I think the moves by the federal government in medicare are maybe one of the few courageous acts they have taken in the past.

Mr. Chairman, I just thought I'd add my viewpoint in that regard. Thank you.

MR. ZANDER: I thought I'd just throw a few curves too.

I think we as people of the province, and the MLAs and cabinet ministers in this House, surely must be cognizant of the fact that the total delivery of health services in this province is nearing \$1 billion. This frightens me. When I look back at 1971 and look at the increases that have come about from year to year — it should frighten every one of us. I think the hon. Member for St. Albert has touched on that.

Mr. Chairman, this brought me to think [of when] I was in what was then the Misericordia Hospital; now it is government-owned, I suppose. It's a hospital with some 570 beds. What was brought home to me, when I was able to get around, was that in this hospital there were 112 patients who should have been in an auxiliary hospital rather than in an active treatment hospital.

I understand the cost per bed in that hospital is \$128 per day. In particular, I was amazed at one person who was 96 years old. I was told that he was in that institution for over one year. Now, Mr. Chairman, if you stop and think, \$120 a day times 365 is a massive amount of money for one patient who should have been in an auxiliary hospital.

I don't know where the answer is, Mr. Chairman. In my own constituency we have a 47-bed active treatment hospital, plus another hospital, that serve about 27,000 people. Every one of those beds is an active treatment bed. In that hospital — and I think if all hon. members in the rural areas want to be honest with themselves, and I visit these hospitals from time to time — we find that at least one-third or more [of the patients] are auxiliary hospital patients

and are in active treatment beds. I have tried to convey to my hospital board that we try to take about 20 beds out of that complex and put them on an auxiliary hospital basis so that we could treat these patients as auxiliary hospital patients and not in active treatment hospital beds.

Mr. Chairman, when you look at the picture of patient costs in an auxiliary hospital — and I can only draw a conclusion from my own family. My mother is in the Grandview Auxiliary Hospital in the city of Edmonton. She pays approximately \$140 a month for auxiliary hospital treatment. Just stop a moment there — \$140. I don't know the patient cost per day. But if I look at the \$128 per day cost in the Misericordia Hospital, it makes a lot of sense to put these patients in an auxiliary hospital.

Surely we should be able to devise ways and means whereby we could take one floor — in the Misericordia the seventh or the eighth could be made into an auxiliary hospital wing. The tremendous saving would run into the millions. When I look at the estimates, in the major hospital centres in this province we pay out a tremendous amount of money. If I recall the figures correctly, I think it's \$36 million to the Royal Alexandra Hospital and \$18 million to the Misericordia Hospital.

I think we must come to grips with the health delivery system in our province, and I think the only way we can do it is to try to make some of the active treatment beds into auxiliary hospital wings, if you want to do that. If not, we're going to run into some staggering figures from year to year. It's \$550 million this year. It could easily be \$600 million next year. And before this 18th Legislature is over, we could be sitting at something like \$700 or \$800 million.

I would urge all hon. members to look at this: that we try to eliminate active treatment beds to a minimum. I talked to one doctor who said he can see the advantages where a patient who comes out of an operating room and is there about a week can be transferred into an auxiliary wing where the costs are not as high. I wonder if the minister has taken a survey — I would certainly like to see it taken throughout the province — of the need that exists today for auxiliary hospital beds or nursing homes.

I think the nursing homes are coming along. I see there is a waiting list in some of them as high as 40 and 50. I think the Good Samaritan has somewhere around 100 on the waiting list. But we have to provide hospital service other than active treatment service. Unless we turn about, it's going to drive this government into the ground, no matter how much money it has.

I think the mistake was made some years ago when we built smaller hospitals in areas. I can truthfully say that if you take a look around, you can find one hospital 6 miles from another one or 30 miles from another one. In this day and age of fast transportation, it should not be too hard to take a patient to a hospital, say, 50 miles down the road. A lot of capital expenditure has occurred, and we're still paying for some of it. But I think we must turn the picture right around. I think we have too many active treatment beds, not enough auxiliary beds, and not enough nursing homes.

MR. NOTLEY: Mr. Chairman, I'd like to comment on a number of points that have been raised. First of all,

with respect to the comparison between active treatment beds and auxiliary and nursing home beds, I certainly tend to agree that there has been a concentration on active treatment beds.

This is really not too major an area of dispute because, as I understand the government's policy, one of the reasons for attempting to change cost sharing with tax points is so that the province would have more flexibility in Alberta to determine the mix. Certainly there is no question that any government, regardless of its political complexion, has to go on seriously reviewing what the most efficient utilization of the system happens to be. I don't think there's any argument on my part, or on the part of any other member for that matter, that it's a little silly to have someone taking up an active treatment bed when either an auxiliary or a nursing home situation would be preferable.

However, it seems to me the point has to be made that notwithstanding the ongoing attempts to make our system efficient, we would be fooling ourselves if we assumed we're going to be able to cut back the percentage of funds allocated to health and hospitalization in this country. As medicine progresses, it seems we are going to find increasingly new areas where lives can be saved or extended, but areas that are, quite frankly, very, very expensive. I think the letter of Dr. Callaghan to the minister, which I've just had an opportunity to read, makes some very good points. We are pushing back the frontiers of research, but in doing so we are also opening up very substantial additional costs.

It seems to me we would be deceiving ourselves if we assumed that, five or 10 years from now, we will have a smaller percentage of the gross national product directed to health. That doesn't say we shouldn't consider cost control. No sensible government would say no to that. We have to do it. But at the same time it seems to me that as we push forward, find better methods to deliver health services, and new options are found as medical research expands, their costs are going to be there. It will continue to be a very, very important part of our gross national and provincial product.

I'm just a little concerned about the comments of the Member for Banff because, as I understand the government's argument for obtaining tax points as opposed to cost sharing, it would be to provide flexibility in the delivery system in the province. To that extent, I can agree with that approach. But I would not want to see us gain tax points so that we could restrict the quality of service and shift our commitments to other areas. When one looks at the realities of the situation today, it seems to me that hospitals and health are going to continue to be, along with education, the primary areas of expenditure of any provincial government.

The second point I'd like to make is with respect to this issue of last-dollar financing. Members will recall, I believe it was in 1973, when the government decided to embark on global budgeting and last-dollar financing, some of us on this side of the House had some concerns about the impact of last-dollar financing on local autonomy. Certainly, it seems to me that one of the crucial elements of real autonomy for any body of government — real as opposed to theoretical autonomy — is some access to the taxpayer. It seems the problem you get into with last-dollar financing by

the provincial government is that you take away that one crucial element of autonomy.

Therefore I tend to sympathize with the argument, in this case put by the member for Lethbridge, that perhaps there is a role for hospital requisition at the local level. I say that having talked to people on both sides of this issue in Alberta. I've talked to hospital board people who have made a pretty strong case for access to the local taxpayers. I've also talked to other hospital board members who said, no, we don't particularly think we've found the millennium with last-dollar financing but neither, on the other hand, do we want to find ourselves in the political hassle of trying to justify a requisition to the ratepayers and argue with the M.D.s, the towns, or what have you. At this stage of the game, I think the issue of where the government stands on access to requisition for hospital boards would be worth examining. I'd ask the minister to comment on that.

The final point I'd like to raise deals with the letter from Dr. Callaghan to the minister. He makes three points to which I would ask the minister to specifically respond. The first point he makes is: "Is there a wait list in Northern Alberta for patients undergoing open heart surgery?" And he says, "The answer by all three of us" — the three surgeons in question — was in the affirmative". He indicates that there's a list of 49 patients, representing 245 hours of surgery. "Added to this group are three emergency cases per week."

The second question is:

Do patients have to be removed from the list if an emergency arises and the total number of permitted operative days are full . . . ?

In answering that question, Dr. Callaghan says, yes, that happens as well.

I should make one point in fairness to the government, because a lot of publicity was generated about the presumed death of one person because they weren't able to get into the hospital in time. In Dr. Callaghan's letter [is] the question: "Have any patients died on the waiting list?" Dr. Callaghan says:

This, of course, is a difficult question to answer and as you know, in no way can we successfully predict who will or will not die, whether on or off the wait list, but the factual aspect is that we have three documented cases in the last slightly over a year who have died awaiting open heart surgery.

Then he goes on to say, and I think I have to say this in fairness to the government:

In no way would we attach blame to either individuals such as hospital administrators or Government agencies in this. This is a fact of life and is probably an expression of the seriousness of the disease for which we are subjecting these people to open heart surgery.

The other point I'd like to draw to the minister's attention and ask him to comment specifically on seems to indicate a difference between Dr. Callaghan's statistics here and the statistics indicated by the minister. The minister indicated there would be a 25 per cent increase in the number of operations. I note in the last paragraph on page 2 of Dr. Callaghan's letter that he's suggesting there will be a 13 per cent increase, which is somewhat less.

The final point on this particular matter I'd like to put to the minister relates to a question I raised

yesterday in the House concerning the government's future plans for a western Canadian heart centre. The minister indicated that the government is seriously looking at that and hinted, if I recall his comments correctly, that this is an area of possible investment by the Alberta heritage trust fund, once the legislation is passed. I'm sure most members would agree with that kind of designation, but I wonder if the minister would perhaps be a little more specific as to what plans the government has. I say that because of the last paragraph on page 2 of Dr. Callaghan's letter. He says:

We have been encouraged in the past by a great deal of planning for an expansion in cardiovascular surgery at the University of Alberta Hospital. As far as we can tell from our Administration there is no guarantee that the funds will indeed be available for these plans which we all have been engaged in for quite some time and we have been informed that we will probably fit into the guidelines and that no direct relief will be in sight in the near future.

Now that seems to be slightly at variance with the position I gleaned from the minister's comments yesterday. So perhaps to set this issue at rest once and for all, it seems to me it would be useful if the minister would give us a more definitive position of the plans for expansion in this important area.

The only other comment I would make, Mr. Chairman, is that we can get into a semantic argument on the issue of restraints versus cutbacks. I don't really believe that many members of this House or of the public as a whole felt there was going to be a reduction in the amount of money voted.

The real issue is: will there be cutbacks in service as a result of the restraint policy? Will the service deteriorate as a result of the \$50 million being appropriated? I suppose that really becomes subject to political debate. Certainly more money is being made available, but the question is: will that money, in light of certain costs that are going up, be sufficient to provide not only the present high standards, but to make allowance for improvement?

I would just close by saying that we would be rather foolish indeed to deceive ourselves that we think we can retreat in terms of the percentage of our gross provincial or national product that must be directed to health and hospitalization. That doesn't mean we shouldn't strive for efficiency. We must always do that, but I can think of no more important objective of government than maintaining the right of people to health, regardless of their income. So that issue is one which, to me, is sufficiently important that I wanted to comment on it.

MR. KUSHNER: Mr. Chairman, I'd like to direct this question to the minister. It's a question, Mr. Minister, that I can't answer very well. I've been asked from time to time — for instance, I'll give you an example. In the Foothills Hospital now, it is foreseen that at least five units will be closed, and these are surgical beds. I skip around it and I just haven't got the right answer. I'm sure you probably have.

Another point the hon. Member for Spirit River-Fairview brought up the other day — again, it's going back to the employees, the nursing aides and the nurses who are going to be graduating. What will they be doing? Will they actually be frying hambur-



gers or whatever? It would be a shame.

I wonder if the minister would be in a position to answer these two questions for me, particularly concerning the reduction of hospital beds. The reason I'm asking that, Mr. Minister — what was the situation last year? Was it somewhat similar? If so, it certainly would assist me in coping with that problem.

I wonder if the minister is going to answer it now or later?

MR. MINIELY: Later.

MR. KUSHNER: Okay.

DR. WALKER: Mr. Chairman, I would like to add a little to this debate at the moment. You know, as we go along and medical science improves, it's like the great bridge of Midas. We close all the holes at the lower end and we have now improved infant mortality to where a child — the infant mortality rate in Alberta is somewhere around six or seven per 1,000. As we close these holes up, when you get to the other end there are a lot more holes for people to fall into. So as we go along, we are going to need more and more heart operations, geriatric beds, and everything else at that end of the scale.

As far as cardiology units in Alberta are concerned, the general world opinion is that there should be one cardiology unit to every 2 million people. We in Alberta have two cardiology units to 1.75 million, so we're better off than most.

As regards the utilization fee mentioned by one of the hon. members, I believe it was attempted about 1972 and proved singularly unsuccessful. I would agree with the hon. Member for Spirit River-Fairview that all it did was stop people who needed care from getting it. I presume they got it anyway. I haven't heard any bothers that way.

One way we might be able to reduce the medical aspects of it a little is possibly to make referral to specialists only by their family physicians. This stops people walking in off the street and getting the wrong specialist in the merry-go-round. But I would like to point out that the medical fees paid by the province amount to, I believe, somewhere around 7 per cent of the total health care bill.

Another aspect of bed utilization, certainly in the rural areas, is not that we're hospitalizing diseases. We're often hospitalizing social conditions. The native child who comes into a rural hospital with bronchitis will be hospitalized because care at home is well-nigh nil. But the minister's child who comes in with bronchial pneumonia will not be hospitalized because he or she will be looked after reasonably well at home. So if we can cure some of the social ills of our society, we might be able to cut down a lot on our hospital beds.

The other factor, of course, is that in rural hospitals compared to city hospitals, the cost in a rural hospital is generally less than \$50 a day compared to \$150 and \$180 a day in the city. I'm not saying this is wrong. This is because there are a lot more specialist procedures involved in the city. But there are, I believe, five hospitals in this province that use 80 per cent of all the money available to hospitals in the province of Alberta.

We have a system in the province known as PAS,

which controls to some extent the length of stay in hospitals throughout the province. Now this has been criticized, in that some say it brings everybody down to an equal mediocrity. Others say we try to beat it by getting people out too soon. As the hon. Member for Drumheller said, we end up taking the stitches out in the office three or four days after they leave hospital. I don't think this is really a bad thing.

Another thing brought up many years ago by the College of Physicians and Surgeons was that there should be a 50-bed hospital in a radius of roughly 50 miles, in that with present road conditions and so on one can fairly easily drive 50 miles in an hour. There are many places in the city of Edmonton where it's impossible to get from the outskirts into a hospital in an hour.

The other thing that I feel can help enormously would be to combine hospital boards, nursing home boards, and auxiliary boards into one unit, so that these could be run on a back-and-forth basis. When a patient was able to go to an auxiliary hospital or a nursing home, he could be transferred and moved back and forth with a lot less red tape than we have at the moment. I think we could certainly cut down on the amount of administration costs in this area. It is very difficult to get boards and nursing homes to give up their autonomy for this, but I would suggest it as an excellent way to go.

The other thing I might mention is that we have one of the best systems. I would quote to you from the Premier's speech to the Conservative party in Calgary in April:

I propose the following goals and objectives for the Government of Alberta and for Albertans:

1. To continue to provide the highest quality education, health care, and overall public service in Canada, with the emphasis on quality not quantity . . .

If we are to have the highest quality of health care there can be only one standard: the highest. Now if we're going to have the highest standard, it also costs, as the hon. Member for Banff has already advised us.

We have about one doctor to every 550 patients, which is higher than the world average of about one to 900. Specialists in certain areas — for instance, we recommend one psychiatrist to 80,000 people: in our area, we have five. One orthopedic surgeon to 100,000 people: I believe we have five of those and we have less than 100,000 people. These are things the minister might look at as possible means of reducing costs. It's a difficult thing. Everybody says we have the money, let's do it the best we can, but restrictions have to be put on somewhere.

Thank you.

DR. PAPROSKI: Mr. Chairman, this is following on the comments of the hon. Member for Macleod. I would just like to offer a number of points to the committee again which the minister might consider, and hopefully will bring about in the next few years.

Mr. Chairman, the central point in this discussion is obviously optimal health and optimal dollar value; in other words, cost. The only way to obtain that is to provide a total, co-ordinated program. It's been tried across Canada and in other parts of the world, and it really hasn't been totally achieved either, except in some localities, in some regions, in some cities. It's a

balance, of course, which has not really been obtained, although we have the ingredients around us here in Alberta as in other parts of the country.

What I'm saying, Mr. Chairman, is sure, we have active hospitals, auxiliary hospitals, nursing homes, and other institutional beds. We've overshot the balance in that direction. I for one will stand here until doomsday and say that we have overshot in that area, because obviously, compared to other provinces, our record is a lot higher. There are those, of course, who will argue the opposite. What we're really weak on is the co-ordination in the community, to have a strong, effective community approach to health. Mr. Chairman, that means VONs, nutritionists, dentists, day care centres, and counselling services, be provided for the community in order that these people will have adequate and effective prevention, diagnosis, treatment, rehabilitation, teaching for health care, and a follow-through of their health care problems for primary comprehensive continuing care in and out of the institutions.

Mr. Chairman, that co-ordinated team approach, the key to that optimal health level, is the deficiency we have at this juncture. That's the only thing that will give us that optimal health level with an optimal dollar value. In order to have that system, Mr. Chairman, I suggest that we have to address our energies to that area as quickly, as efficiently as possible, and not be concerned that this will provide an additional service. Because frankly, I don't believe that. That additional service is already there. It's there. It's not co-ordinated. It's duplicated. It's overlapping. Because of that, the people are still not receiving optimal health care for optimal dollar value. All we have to do is co-ordinate and streamline it to work in conjunction with the institutional system.

Mr. Chairman, I complete my remarks by asking the minister to respond to two questions. One, so that it's on record, is that the capital cost plus the dollar cost for non-medical health is the greatest cost of health care in institutions. I would like the minister to acknowledge that for the record. Because as I read the budget, medicare is \$53 million. The total budget for that area is \$550. So it's only a fraction of it. The greatest cost is the capital cost and non-medical health costs in the institutions.

The other question I'd like to ask again, Mr. Chairman — and I hope the minister has that information now; it's been alluded to by some of the members, especially the Member for Drumheller — is that there are chronic patients in our active bed institutions, and they should be accommodated in lower cost facilities. We know that. What percentage are chronic patients? What is the intent of the minister to resolve this important issue, because it's eating up a lot of the tax dollars? But even more important than that, those active beds are not available for truly active patients.

The last question is: is the minister really considering the possibility of offering dollar benefits to families, relatives, and foster parents to help care for nursing home patients at home and subsidize them there, rather than putting them in high capital cost institutions, even nursing homes? You won't have to build as many if, in fact, you're providing dollar assistance to people to care for their relatives at home.

MR. MINIELY: Mr. Chairman, I wonder if the members would like the votes called. At the conclusion I'll try to answer all the specific questions that were raised.

Agreed to:

Ref. No. 1.0.1 \$166,910

Ref. No. 2.0.1

MR. MANDEVILLE: Mr. Chairman, under this particular vote, I would like the minister to indicate what the present status is of the proposed 75-bed complex in Brooks.

AN HON. MEMBER: The Brooks hospital?

MR. MANDEVILLE: The Brooks hospital, yes, Mr. Minister — what is its status?

Also, could he indicate what arrangements the hospitals commission has with the authority of the allied services as to arranging for room in a complex such as the one anticipated in Brooks? I'd like the minister to tell us when the tenders will be let on this, and when the final approval will be given on the hospital in the Brooks area.

While I'm on my feet, Mr. Chairman, I would also just like the minister to comment on the policy of the commission regarding picking up the debt debentures on nursing homes. In the past, the commission has been picking up the debentures. But I understand that now they're not picking up the debt capital debentures in some of the nursing homes.

Agreed to:

Ref. No. 2.0.1 \$832,626

Ref. No. 2.0.2 \$247,595

Ref. No. 2.0.3 \$385,178

Ref. No. 2.0.4 \$122,604

Ref. No. 2.0.5 \$133,522

Ref. No. 2.0.6 \$107,295

Ref. No. 2.0.7 \$526,313

Ref. No. 2.0.8 \$148,813

Vote 2 Total Program \$2,503,946

Ref. No. 3.1 \$98,348,166

Ref. No. 3.2 \$69,307,505

Ref. No. 3.3 \$118,922,094

Ref. No. 3.4 \$24,159,389

Ref. No. 3.5 \$25,808,703

Ref. No. 3.6 \$76,238,924

Vote 3 Total Program \$412,784,781

Ref. No. 4.1 \$2,809,766

Ref. No. 4.2 \$34,790,966

Ref. No. 4.3 \$11,297,573

Vote 4 Total Program \$48,898,305

Ref. No. 5.1 \$22,877,600

Ref. No. 5.2 \$10,045,600

Vote 5 Total Program \$32,923,200

Ref. No. 6.0.1 \$11,836,053

Ref. No. 6.0.2 \$14,709,195

Ref. No. 6.0.3 \$16,280,752

Ref. No. 6.0.4 \$10,572,000

Vote 6 Total Program \$53,398,000

MR. MINIELY: Mr. Chairman, I indicated that I would respond to the general comments that members

made before the final vote on the total vote.

Mr. Chairman, first of all I want to thank the hon. members who participated in the general questioning before you commenced calling the votes. Many of the comments made are valid and important questions. Rather than responding to them specifically, I would refer hon. members to the broad challenges I indicated in my address to the Legislature in the budget debate on March 22, 1976, and my indication that this is the year in which I hope to spend the priority on longer term policy development in answering some of these basic broad challenges that many of the hon. members referred to in their comments.

So I don't want to respond specifically to that. I've indicated in the House before that I am going to be spending a lot of time in this area. I have certain research projects under way. It's also a year in which I'm planning to sit down with officials of both commissions to examine some of those issues and to try to come up with the right directions for Alberta in the future.

I would like to respond specifically to those questions relating to the current budget as opposed to longer term policy questions, which I agree are valid and must be assessed. After this longer term policy development phase, which I hope to have completed during this period, I hope to be proposing in due course to hon. members broad policy or organizational changes that might result in more effective utilization of funds, and answering the questions that hon. members have raised.

Mr. Chairman, relevant to the current budget, a couple of people simply raised the question, why bed cuts? I can only repeat that in my view, relative to the quality of health care, all wisdom is not with the provincial government. We have many capable people working in hospitals, at both the working and supervisory levels and at the board level.

I have met many of them, and they have indicated to me that if they are closing beds they are closing down lower priority beds, that they have judged that that is in fact a lower priority than other programs in the hospital, and that it is not going to be to the jeopardy of patient care or of access generally for a patient who needs immediate access to a hospital.

I do not think we can sit in the Legislature and make judgments on those kinds of questions, except where a specific is raised with us. In the final analysis, we have to rely on the quality of people whom we have, not just in our hospital system but employed in health care delivery in Alberta generally, in order to assess those priorities and make decisions in the best interests of health care for Albertans.

Is it correct that no facilities have decreased cardiovascular surgery, in fact one increased? I want to refer again to both the hon. Member for Jasper Place and the hon. Member for Spirit River-Fairview, to restate what I said today, the letters I referred to, and comments I made today when I tabled the letters by Dr. John Read which puts those questions in the context of what they feel they are. After all, they have responsibility for the balance of care for the cardiac patient in the University Hospital and respectively the Holy Cross Hospital.

Specific question on intentions with the Stony Plain report: I feel bound to the specific recommendations of the commissioner, relative to not reinstating the doctor's privileges. Those are the commissioner's

recommendations. I intend to pursue the specific recommendation relative to the board acting in an advisory capacity for two years and a chief of medical staff being appointed from out of Stony Plain.

I've had a preliminary conversation with Dr. John Read of the University Hospital, and he indicated to me that he is willing to consider acting as chief of staff for the Stony Plain Hospital for a further two years, until the longer term problem and reinstatement of the board can be settled.

Mr. Chairman, I think the general recommendations of the Stony Plain report will fit very well into this year of longer term policy formulation and development. It's my intention to consider the general policy recommendations of the Stony Plain inquiry report together with other input during this period in arriving at decisions on longer term policy for hospital care and medical care in Alberta.

I just wanted hon. members to know that with regard to referral centres the percentage increases in the book are not always indicative, because the annualization factor varies between different hospitals and between different categories of hospitals.

As an example, for some hospitals the impact of annualization of salaries, depending on when — the salary negotiation settled in 1975 was for more months or for a greater period than it was for other hospitals. So the relative equity, if you like, between different categories was maintained or is maintained, considering the variance of the annualization factor in each hospital.

I think the hon. Member for Spirit River-Fairview raised a question as to the comparison between Dr. Callaghan's statistics on increase in cardiovascular surgery and the letter of Dr. John Read. If I recall both letters, I believe that Dr. Callaghan is talking about actual to date compared to . . .

MR. NOTLEY: [inaudible] projected.

MR. MINIELY: They're two different periods. Dr. Read's letter is referring, in the 400 or 33 per cent increase, to the capacity they now have for the rest of the year. So I think they are not comparing the same thing, apples and oranges. But we can check that. In any event, substantial increase.

Because this is a topical and current issue, I also want to say I'm not sure that a western Canadian heart centre *per se* is something we should necessarily be accepting as the right direction at this time. I indicated my strong interest in assessing the overall care for cardiac patients in Alberta in the future. A western Canadian heart centre oriented totally to surgery — I'm just raising the question — may not be the right approach. But I believe hon. members are aware that we are in the process of assessing and haven't made a final decision yet on the concept of a health science centre and the renovation of the University Hospital.

Unit closures, the hon. Member for Calgary Mountain View: again I have to say that they judge this is the lowest priority area of the hospital. It's a manageable situation. Basically it will not jeopardize the overall level of patient care in the hospital.

The hon. Member for Edmonton Kingsway refers, and I think this is the third time, to the fact that the highest proportion of costs is non-medical rather than medical. I think the hon. member is forgetting we

pay \$200 million through medicare. The fact that we levy a premium doesn't mean that citizens don't have to pay for it. So, I think we have to put that in context.

The specific status of Brooks hospital — my colleague the hon. Minister of Social Services and Community Health and I are hoping to meet shortly with respect to the Brooks hospital and the allied health space and how that will tie in, and to make a decision on that in the near future.

You asked about commission responsibility relative to allied health space when it's incorporated in hospital board design. That's a matter which has to be co-ordinated between the Minister of Social Services and Community Health, her officials, and my officials in order to determine how many hospital beds should be built, the hospital services in the plan, and how much allied health space should be built in the plan in relationship to it, if at all. We hope to make a decision on that shortly. The commission's responsibility relative to allied health is to co-ordinate with Social Services and Community Health on allied health space.

The hon. member referred to the policy of the commission. I just wanted to make sure that the commission policy — I'm sure the hon. member would be aware — is subject to government policy and the directions we determine in the future relative to hospital and medical care and health delivery generally.

With respect to the question of nursing home financing and particularly debt capital, we are assessing nursing home financing policy specifically and in relationship to the broad policy considerations we're going to be looking at in depth during the current year.

MR. NOTLEY: Mr. Chairman, just before we approve this final appropriation, I have two short questions, one of which I rather hesitate to direct to the minister because it's at least in part a medical question. The other question comes right in his field, because it deals with finances, so I think he'd probably be more comfortable with the second question than the first.

My understanding, according to Dr. Callaghan's position, is that this muscular therapy mentioned by the minister should only be done in conjunction with coronary artery surgery and not as a replacement. In other words, rather than one versus the other, the two in fact complement one another. I wonder if the minister has any response to that.

Secondly, a question that perhaps he might be able to answer. It's my understanding that a Dr. Talibi is in the process of setting up an institute here which is largely aimed at researching the whole role of the therapy approach, and that some funds have been allocated by Hospital Services or the Government of Alberta to assist in that. I wonder if perhaps the minister would respond by bringing us up to date on just how much money is involved, what the process is, and so on.

MR. MINIELY: Mr. Chairman, to the first part of the question, the very thing I've indicated earlier, the expressed views of Dr. Callaghan have to be put in the context of the facts. Certainly, programs are complementary and must relate. But I think the way the hon. Member for Spirit River-Fairview expressed

it was that it is not an alternative but complementary. I think a cardiologist would say the same thing the other way around, that surgery should not be done that's not complementary to the preventive or potential rehabilitative side of the medical and therapeutic treatment of the patient. Basically, I think it has to be put in that context.

We are spending money to support research on cardiovascular surgery through the University Hospital, through the Holy Cross Hospital and, of course, in tandem with the Faculty of Medicine at the University of Alberta. We are giving a certain amount of money to the Edmonton Cardiac Institute — which is not new, but pioneered in 1967 — to research the rehabilitative or preventive aspect of cardiology or medical treatment of the cardiac patient. We're doing both and trying to arrive, as I indicated, at the right directions in the future.

MR. MANDEVILLE: Mr. Chairman, the minister had indicated they're looking at the policy of debenture debts in nursing homes. Until the policy is clarified, how will they take care of these debenture debts that are due at the present time?

MR. MINIELY: I believe, Mr. Chairman, the hon. member is aware that our nursing home finance plan at the current time is not a total budget provision. It's a per patient day rate paid by the province, which I believe has been \$14 since January 1 of this year. A \$4 co-insurance charge may be levied on the patient. That's the money per patient day in a nursing home where the nursing home operators, either private or district, have to pay their operating expenses and liquidate their debt. We are reviewing that policy, but it's financed differently than the hospital system generally, although it's currently under review.

MR. MANDEVILLE: Supplementary question. In some of the nursing homes in the past, has the commission been picking up the debenture debt in some areas? I understand in the Newell Nursing Home they've been picking up the debenture debts in the past, but they're not going to this year. That was the understanding I got from the administrator.

MR. MINIELY: We have in the past picked up deficits of nursing homes, but the deficits have been related to the total deficit, not to a specific expenditure, not to debt *per se*.

MR. R. SPEAKER: Mr. Chairman, very quickly to the minister, has the location of senior citizen residences or contained units been determined at this time? Specifically, has one been set aside for Picture Butte this coming year?

MR. MINIELY: I believe you should ask that question of the hon. Minister of Housing and Public Works when his estimates come up. There is some co-ordination between his department and mine, relative to location of senior citizen accommodation within nursing homes. Sometimes that's desirable, and that's a policy we are jointly taking a look at, [with] of course the Minister of Social Services and Community Health in her responsibilities for senior citizen policy generally. But I think that question is more appropriately asked in Housing and Public Works.

MR. R. SPEAKER: My understanding was that the hospitals commission made the decision as to location, and then Housing built it.

MR. MINIELY: Not on senior citizen housing units. There would be co-ordination if there were senior citizen housing units planned in relation to a nursing home or auxiliary beds, but not specifically.

DR. PAPROSKI: Mr. Chairman, on a point of order, may I just make a correction for *Hansard*. During the discussion of the high cost of operation of hospitals, I meant to say "non-medical help" or "non-medical workers", rather than "non-medical health". Some of my colleagues are telling me I indicated that, so I'd like to make that correction with the permission of the committee.

MR. MINIELY: Mr. Chairman, this is the third time, and at this point I have to say I fully appreciate that, but to respond as the Minister of Hospitals and Medical Care to that specific without taking into context total health costs in Alberta is not really relevant. I think we have to include medicare as well when we're looking at that question.

DR. PAPROSKI: Mr. Chairman, I'm not referring to the minister at all. I'm merely making a correction in *Hansard*. The word I meant to use is "non-medical help" or "non-medical workers" regarding the high cost of operation of hospitals, rather than "non-medical health".

Agreed to:  
Department Total \$550,675,142

DR. HORNER: Mr. Chairman, I move the committee rise, report progress, and ask leave to sit again.

[Motion carried]

[Dr. McCrimmon left the Chair]

[Mr. Speaker in the Chair]

DR. MCCRIMMON: Mr. Speaker, the Committee of Supply has had under consideration the following resolution, begs to report same, and asks leave to sit again.

Resolved that for the fiscal year ending March 31, 1977, amounts not exceeding the following sums be granted to Her Majesty for the Department of Hospitals and Medical Care: \$166,910 for the minister's office; \$2,503,946 for AHSC administration; \$412,784,781 for financial assistance for active care; \$48,898,305 for financial assistance for long-term chronic care; \$32,923,200 for financial assistance for supervised personal care; \$53,398,000 for medicare.

MR. SPEAKER: Having heard the report and the request for leave to sit again, do you all agree?

HON. MEMBERS: Agreed.

## head: **GOVERNMENT BILLS AND ORDERS** (Second Reading)

### **Bill 25** **The Energy Resources Conservation** **Amendment Act, 1976**

MR. GETTY: Mr. Speaker, I beg leave to move second reading of Bill No. 25, The Energy Resources Conservation Amendment Act, 1976.

Mr. Speaker, the bill is essentially an administrative bill, containing administrative amendments, carrying a change in definitions, providing for a more effective keeping of photocopying of records, and providing that the board have recourse to the courts in order to stop unauthorized operations.

[Motion carried; Bill 25 read a second time]

### **Bill 42** **The Oil and Gas Conservation** **Amendment Act, 1976**

MR. GETTY: Mr. Speaker, I beg leave to move second reading of Bill No. 42, The Oil and Gas Conservation Amendment Act, 1976.

Mr. Speaker, although again in this bill there is the odd administrative change and a definition change, essentially the principle contained in it is to extend the industrial development permit system in effect in the province to include crude oil and crude oil derivatives as well as natural gas and coal.

[Motion carried; Bill 42 read a second time]

### **Bill 44** **The Alberta Energy** **Company Amendment Act, 1976**

MR. GETTY: Mr. Speaker, I beg leave to move second reading of Bill 44, The Alberta Energy Company Amendment Act, 1976.

Mr. Speaker, within this bill there are also some changes in definitions which we are advised will allow the most efficient operation of the company. Perhaps the essential principle contained in the act is to provide for the government to extend the present authority it has to make loans to the Alberta Energy Company or to guarantee debt of the Alberta Energy Company to an affiliate of the company.

MR. NOTLEY: Mr. Speaker, I would ask the hon. minister when he closes the debate to perhaps use this opportunity to bring the Legislature up to date on what the specific proposal is with respect to both the utility plant and the pipelines. My understanding of the reason for Bill 44 is that it's the government's intention to set up both the utility plant and the pipeline as subsidiary companies of the Alberta Energy Company. Therefore, in order to be able to back the loan of both, this amendment is required.

At the same time, Mr. Speaker, I would also ask the minister if he could advise the House where matters stand on the debt-equity ratio in the utility plant at Mildred Lake. This matter was raised in the question period a few weeks ago. At that time, my understanding was that the matter was still being negotiated. However, I gather that the matter has

been concluded, and it's a 90:10 ratio. If that is not true, I would be interested in learning that. I hope we could persuade the other partners in the consortium to accept as high an equity portion, especially because of the higher return rate, which, as I understand it, is calculated on the equity portion in the plant.

The point that has to be kept in mind, Mr. Speaker — and this is not intended to thresh ground we've gone over many times in this House — is that under the terms of this act as I understand it, if the Syncrude plant is abandoned, and I hope this doesn't happen, it's at this point that we would be called upon to honor our guarantee in both the utility plant, which I believe is 90 per cent or whatever the capital arrangement is, and 80 per cent of the pipeline. In fact, what we are doing is extending our guarantee from the Alberta Energy Company to subsidiary companies in the Syncrude venture.

When he concludes debate, I'd also be interested in having the minister advise us of any other projected subsidiary companies at this point, so we are in a position to know what we are doing by passing this kind of legislation, what powers we are giving to the Alberta Energy Company in moving into other fields through subsidiary companies.

Obviously, the minister isn't going to be able to give us a run-down of what will happen four, five, or 10 years down the road. We could be in the coal business. We could do anything, I suppose. But they obviously would be in a position to advise us at this stage what the company's position is and whether any specific moves are being made in areas other than Syncrude to set up subsidiary companies which would qualify for guarantees from the Alberta government.

Finally, Mr. Speaker, I would ask the minister to advise us just where things stand on the accounting manual, when it will be completed and tabled.

MR. SPEAKER: May the hon. minister conclude the debate?

HON. MEMBERS: Agreed.

MR. GETTY: Mr. Speaker, I appreciate that the hon. member has not had an opportunity — I'm sure none of the members of the House has — to go through the rather detailed documents tabled in the House yesterday, and a second copy today, having to do with the Syncrude agreement. I would point out, however, that many of the questions just raised are contained in those documents. As a matter of fact, the accounting manual, just to deal with that, is a part of the document. It is completed, signed, and agreed to, and is now a public document.

Mr. Speaker, as for the utility plant and the pipeline, they should be treated differently in members' minds. The utility plant is going to be developed under a subsidiary of the Alberta Energy Company. The government intends to guarantee the debt of that subsidiary company which will provide the utilities. It is a one-event type of guarantee, because all other occurrences, except abandonment of the main plant, are guaranteed by the participants. In other words, while we might be part of that as a 10 per cent equity participant, the 90 per cent of all other circumstances are in fact guaranteed by the other participants.

But in the one event of abandonment of the project itself, the government's guarantee would stand up. I should point out that in order to allow abandonment there must be 100 per cent agreement. Therefore the government, in a way, controls that possibility.

The pipeline is completely different. It is going to be, and the decision is AEC's, a subsidiary of the Alberta Energy Company. The government is not involved in any guarantee of the pipeline. That is being backed up by a full pipeline deficiency agreement by Syncrude itself. So as of now the utility plant is the only subsidiary in which I see the government guaranteeing the debt.

As for the debt equity which has been discussed, while the documents have been signed, the Alberta Energy Company agreement with the participants, with Syncrude, is that the Energy Company will use its best efforts to get as close as possible to a 90:10 debt-equity position. Their best efforts will be what they can commercially strike.

There are two points of view as to whether you should have a greater amount of equity. It is true that if you have lots of money and no other places to invest it, then here is a spot. You can put more and more equity into an operation like this. But if you have other places to invest your money, there are good arguments to have as little equity participation and as much leverage as possible by borrowing the majority of the project's costs.

I think it's fair to say that the Alberta Energy Company has a tremendous variety of opportunities for investment, and that it is not difficult at all for the Energy Company to be in a debt-equity situation of 90:10.

Mr. Speaker, in discussing other subsidiaries, right now I'm not sure of the company's decisions with regard to additional subsidiaries. I do know that they are considering all types of energy investments within the province, and they would include coal and petrochemicals.

But I'd point out that this is a permissive clause. While it permits the government to guarantee — in the case of the utility plant, where we negotiated that ourselves as a government — I don't see at this time any other guarantees on the horizon. Nor is the government actively considering any. I don't want to shut off the possibility that something might come up that the government might want to consider. However, as I said, no proposals are actively being considered.

So, Mr. Speaker, this amendment, this principle, allows the government to expand what can be a narrow interpretation of the existing Alberta Energy Company Act, which says that the government may guarantee the debt of the Alberta Energy Company or make a loan to the Alberta Energy Company. A narrow interpretation of that means that you cannot do it for a subsidiary. This amendment allows us to do that. It is the only present guarantee that I see before the government. I ask the hon. members to support the bill.

[Motion carried; Bill 44 read a second time]

MR. SPEAKER: The Assembly stands adjourned until tomorrow afternoon at half past 2.

[The House rose at 5:27 p.m.]