

LEGISLATIVE ASSEMBLY OF ALBERTATitle: **Wednesday, October 19, 1977 2:30 p.m.**

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

PRAYERS

[Mr. Speaker in the Chair]

head: **TABLING RETURNS AND REPORTS**

MR. DOWLING: Mr. Speaker, I'd like to table the annual report of the Northern Alberta Development Council for 1976-77, as required by statute. Copies of that report will be made available to all members.

I would also like to file with the Legislature Library three reports: first, a study on the furniture industry, which examines the development potential of the furniture and fixture industry in Alberta; secondly, a study on Alberta steel fabricating, which reviews the status of Alberta's metal fabricating industry; and thirdly, a tabulation and analysis of solar radiation data in Alberta. This report was prepared by the Research Council and Alberta Environment, and copies of it will be made available to every member.

MISS HUNLEY: Mr. Speaker, I wish to file the report on the investigation of procedures at the board of review of the staff of Alberta Hospital, Edmonton, prepared by Dr. Earp. Two paragraphs have been deleted from this report because of current or anticipated legal proceedings. These two paragraphs do not detract from the quality or content of the report and will be made public when appropriate.

head: **INTRODUCTION OF SPECIAL GUESTS**

MR. PLANCHE: Mr. Speaker, it's my pleasure to introduce to you today, and through you to the members of the Assembly, 33 students from Henry Wise Wood school in Calgary Glenmore. They are seated in the public gallery with their teacher Mr. Tim Buchnar. They are prospective taxpayers, Mr. Speaker, and they're studying law in grade 11. I'd ask them to stand and be recognized by the House.

MR. GETTY: Mr. Speaker, I'd like to introduce some 40 grade 7 students from the D. S. MacKenzie School. They are accompanied by their teachers Heather Chorley and Mrs. Covew, and by a mother Mrs. Michaeljohn. I'd ask them to stand and be recognized by the House, please.

head: **MINISTERIAL STATEMENTS****Treasury**

MR. LEITCH: Mr. Speaker, soon after this government was elected the hon. Premier announced a policy of disclosure of assets and business interests by all

members of cabinet. In May 1975 the Premier reported to this House that the policy had been extended to deputy ministers and to certain other senior officials.

I am now pleased to file for the information of the House a proposed code of conduct and ethics applicable to all employees in the Alberta public service, and which extends to other areas such as political activity, outside employment, and the acceptance of gifts.

The preparation of such a code should not in any way be construed as indicating that either my colleagues or I do not have the highest regard for the integrity and impartiality of the employees in the Alberta public service. On the contrary, the code has been developed to assist and guide employees in maintaining their current high level of integrity and impartiality, and to advise new employees of the standards they will be expected to live up to.

I'm making public the proposed draft because I appreciate there are arguments of considerable weight to support in several areas different policies and standards from those proposed in the code. Before finalizing it, I would like to have the benefit of the views of persons who hold different opinions, whether they be members of this Assembly or not.

It is my present intention to make the code effective as of January 1, 1978. I would welcome receiving, in the immediate future, the views of the members of this Assembly and others on the proposed code.

head: **ORAL QUESTION PERIOD****AOC Loan**

MR. CLARK: Mr. Speaker, I'd like to direct the first question to the Minister of Business Development and Tourism. It flows from the recent acquisition by the Alberta Energy Company of Willowglen Company.

In light of the recent admission by the president of the Alberta Energy Company that AEC did not acquire any exclusive rights to West German technology when it took over Willowglen Company, is the minister now in a position to indicate to the Assembly whether the Alberta Opportunity Company was misled in believing such production rights were part of the justification for the AOC loan to Willowglen?

MR. DOWLING: Not at all, Mr. Speaker. That's absolute nonsense.

MR. CLARK: Mr. Speaker, supplementary question to the minister. Is the minister aware of the fact that on October 14, Willowglen's principal suppliers met and decided to stop further credit to Willowglen?

MR. DOWLING: I'm sorry, Mr. Speaker, I missed the last portion of that question.

MR. CLARK: Mr. Speaker, is the minister aware that on October 14 of this year the suppliers to the Willowglen Company met and decided to stop further credit to Willowglen, and is the minister now aware that the Alberta Opportunity Company loan to Willowglen is in danger of not being paid out?

MR. DOWLING: Mr. Speaker, I don't believe that's totally true. As I understand it, the offer to purchase

shares in the Willowglen operation came from the Energy Company. Predicated on that offer being acted upon by the Opportunity Company, in other words approval being granted, the Opportunity Company received a guarantee from the Willowglen organization that once this transaction took place their financing would be picked up by a private-sector bank. That, I would suggest, would be the limit of my knowledge in this regard. I don't know anything about any other details the hon. leader may have.

MR. CLARK: Mr. Speaker, a further supplementary question to the minister. Is the minister aware that when Willowglen was taken over by the Alberta Energy Company, it was approximately one year overdue on delivery of a substantive contract placed by North York Hydro?

AN HON. MEMBER: Order, order.

MR. CLARK: Order nothing! The minister's . . .

MR. DOWLING: I'm not sure if the member is a member of the board of directors of Willowglen, but surely that's information they would have and I would not be privy to.

DR. BUCK: The cabinet looks at loans over \$500,000. He should know.

MR. CLARK: Mr. Speaker, to the minister. Has the minister been in contact with the president of the Alberta Energy Company and the director, Mr. Clarke, of the Alberta Opportunity Company and apprized himself of all the details surrounding AEC's acquisition of Willowglen?

MR. DOWLING: Mr. Speaker, I'm sure the hon. Leader of the Opposition understands that it's not the duties and business of any Member of the Legislative Assembly to interfere in the private dealings of any private company. [interjections]

La Crete Ferry

DR. WALKER: Mr. Speaker, my question is to the Minister of Transportation. Could the minister please advise the House to what extent the government of Alberta has subsidized the research project involving the hovercraft at La Crete?

DR. HORNER: Mr. Speaker, the total funds that will be involved in the research and development of the ferry at La Crete are in the neighborhood of \$700,000. That includes the operating moneys required for a two-year period so that we can evaluate the performance of this new form of ferry.

I might also add, Mr. Speaker, that we are joined in a portion of that money by the National Research Council. In addition, some of the so-called oil tax money has gone into that research and development.

MR. GOGO: A supplementary, Mr. Speaker, to the minister. Could the minister confirm if that hovercraft in fact saves several hundred miles of driving for many Alberta motorists? [interjections]

DR. HORNER: It will save substantial mileage once the kinks are worked out. I think the important thing though, Mr. Speaker, is that the evaluation of the technology can have a major impact on transportation facilities, particularly in some of our isolated areas.

I would point out that the costs involved are perhaps half of the interest on the money that would be required to build a bridge at that particular site, and I think that formula applies to other sites as well. So I believe it has a major potential, and we hope we'll be able to give a positive report next spring after we've watched it for the winter.

Historic Property Demolition

DR. BUCK: Mr. Speaker, I'd like to address my question to the hon. Minister of Housing and Public Works. Under whose direction or advice was the Brackman-Ker Mill, the historic old oat mill on the south side of the river, torn down last weekend?

MR. YURKO: Mr. Speaker, the property belonged to the Alberta Housing Corporation, which made application to the city of Edmonton for a demolition permit. When it received that demolition permit it took the appropriate action in accordance with its responsibilities to knock down the mill. So it did.

DR. BUCK: Mr. Speaker, can the minister indicate what consultation there was between the Strathcona historical foundation and the minister or the Alberta Housing Corporation as to making this an historic site before the demolition people came in?

MR. YURKO: Mr. Speaker, I understand there was some consultation with the minister responsible for the area of historical resources, and some contact with the Alberta Housing Corporation. But as chairman of the board, I don't necessarily make myself a party in any way to those consultations.

I had consultation with Mr. Arthur Gregg on one occasion. He came to see me a week or so ago on the matter. That's the extent of my direct consultation on the matter, except that I do have discussions with my counterpart the Minister of Culture on frequent occasions.

DR. BUCK: Mr. Speaker, on that line, when the Minister of Housing and Public Works was consulting with the Minister of Culture, was there any promise to the Strathcona Foundation that the site would not be demolished until it had been resolved to make this an historic site or not? Was there consultation between the two ministers before the decision was made to go ahead with the demolition?

MR. YURKO: Mr. Speaker, I can't speak for the Minister of Culture. He will have to speak for himself on the matter. The Minister of Culture asked me if an engineering analysis had been done with respect to the engineering integrity of the structure. I indicated we had had such a report, and apprized him of the nature of it. Some of the conclusions were something like this: engineers have looked over the building and said it was structurally unsafe — the brick is being eaten away on the first three floors and no construction company will go on the roof to repair it because of the danger of it caving in.

So the engineering analysis or reports indicated the building to be in a pretty sad state of deterioration, in fact structurally unsafe.

DR. BUCK: Mr. Speaker, a supplementary. Quite obviously when it's 50 or 60 years old it may be in that kind of condition. But I think it probably could have been preserved. Can the minister indicate if architectural plans have been completed for the senior citizens' housing complex that is supposed to go in the area?

MR. YURKO: If memory doesn't fail me, Mr. Speaker, the project for that site was approved in the spring budget. I believe it calls for 48 units of senior citizen self-contained apartments. The site is ideally suited for senior citizens' self-contained apartments. Once this type of decision is made in the budgetary process — this was made last spring — the ongoing process then is one of engaging an architect, doing the architectural analysis, and proceeding with an eventual design and construction of the complex. At this moment in time I don't know at what stage that process is with respect to this project. However, I can say that the site may be large enough for an additional number, beyond the 48 senior citizens' self-contained apartment units now scheduled.

DR. BUCK: Mr. Speaker, a further supplementary. Is the minister aware that last week the executive director of the Alberta Historical Resources Foundation promised the Old Strathcona Foundation that the hon. Minister of Housing and Public Works would meet with them this week to discuss the reasons for keeping this an historic site?

MR. YURKO: Mr. Speaker, as I said, I had a meeting with Mr. Arthur Gregg on the matter and attempted to indicate to him that the structure was structurally unsound, that the Alberta Housing Corporation had applied for a demolition permit. And the city of Edmonton waited, I believe, for the full 40 days before they issued it. To my understanding there was no conversation at that meeting that he would in any way attempt to convince the Strathcona Foundation to withdraw its submission to the other minister. Subsequently, I believe my office got a note to that effect. But there was no direct conversation between me and Mr. Gregg on that matter.

MR. CLARK: Mr. Speaker, a supplementary question to the minister. Is the minister telling us that Mr. Gregg, the director of the Alberta Historical Resources Foundation, did not ask the minister if the Old Strathcona Foundation could sit down with the minister before the demolition went ahead?

DR. BUCK: It's a little late after it's down, you know, Yurko.

MR. YURKO: Yes, Mr. Speaker, that's exactly correct. I always manage to have my executive assistant in my office on most of my meetings. After reading that or some indication to that effect in a newspaper, I checked to see if he had any recollection of such a request. He didn't. But indeed he did phone my office subsequently . . .

MR. CLARK: Who's "he"?

MR. YURKO: Mr. Gregg phoned my office and left a note indicating that he was to meet with the Strathcona historic society to attempt to persuade them to withdraw their application. That was the notification I received: a phone call to my office. My secretary gave me a note to that effect.

AGT Repair Service

MR. LYSONS: Mr. Speaker, I'd like to direct my question to the Minister of Utilities and Telephones. In view of the substantial delay caused by AGT personnel referring service and repair work to Edmonton for instruction, has the minister considered relocating repair-decision terminals back to the rural areas?

DR. WARRACK: Mr. Speaker, I think there are two aspects to the question. One is the fact that with the application by Alberta Government Telephones to the Public Utilities Board for upward rate review, one of the things we felt should be done was a major effort on cost control features that we might be able to implement. In some instances service has been slowed down by those cost control matters, and in a specific instance that may very well have been the cause.

At the same time the question of where the decision-making and management would best come from as to what extent of consolidation or, alternatively, decentralization would make sense is something we have undertaken to review. We hope we're able to come out with a reasonable balance between the cost control effectiveness and the level of services that we can provide to Alberta citizens.

Alcan Pipeline Impact

MR. NOTLEY: Mr. Speaker I'd like to direct this question to the hon. Premier, and it flows from the Alcan agreement. A word of explanation is necessary. It's my understanding that under the terms of the agreement, the Yukon Territory is to receive \$30 million per year in property taxes related to the gross national product, so as the GNP rises so will this; plus \$135 million in special payments related to road construction and economic impact.

My question to the Premier, Mr. Speaker, is: has the government of Alberta assessed the cost to the province of fully maximizing Alberta's participation in the Alcan project?

MR. LOUGHEED: Mr. Speaker, I think the costs are so much less than the benefits that I'm not sure I'm capable of making that calculation.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. Minister of Municipal Affairs. In view of the \$30 million in property taxes that will be awarded annually, related as I mentioned to the gross national product, has the Department of Municipal Affairs conducted a study to assess, in light of that information, whether Alberta's share of the tax revenue is fair?

MR. JOHNSTON: Mr. Speaker, we have done some review of the impact of the proposed pipeline on

property assessment and property taxation in the province of Alberta. We think that under our existing assessment procedures it will indeed be fair.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. Minister of Municipal Affairs. Has the Department of Municipal Affairs evaluated the rather substantial disparity between the \$30 million contained in the agreement and the \$2.5 million to \$3 million mentioned by the minister? In that light, is it the government's view that we are getting a fair and reasonable arrangement?

MR. SPEAKER: Possibly the latter part of that question could be rephrased. Undoubtedly if the government's view were put forward with sufficient vigor during the question period, the hon. Member for Spirit River-Fairview would ask for equal time.

MR. NOTLEY: Let me just pose the question, then, specifically in terms of whether any assessment or specific review of that difference has been made.

MR. JOHNSTON: Mr. Speaker, we are of course aware of the differential that is present between the two jurisdictions, but that differential is accounted for in different ways. First of all, the kinds of negotiations which have flowed between the two jurisdictions — in this case the Yukon is a federal jurisdiction and has different implications. I'm sure the Minister of Federal and Intergovernmental Affairs can comment on those.

In our jurisdiction we have reviewed the process of pipeline assessment, both with the existing level of assessment procedures and with the proposed changes which are now under way in our department, as announced in March 1977 in my budget address. We think that generally the impact, the advantages, and the very strong economic incentives to this area and to this province that will flow from the pipeline will indeed be beneficial to all Albertans and certainly to the municipalities which are directly affected.

MR. NOTLEY: Supplementary question to the hon. Deputy Premier and Minister of Transportation. In view of the \$135 million allocated to the Yukon for roads and economic impact, has the government of Alberta considered making a joint representation with British Columbia to Ottawa relating to the transportation costs that both provinces will have to put out in order to maximize participation in the pipeline?

DR. HORNER: Mr. Speaker, we've had some preliminary discussions with British Columbia relative to transportation costs in that particular area. I would point out that insofar as the province of Alberta is concerned, it's a matter of rearranging priorities to do road work which would ordinarily have been done in any case — to change those priorities to deal with the situation.

MR. NOTLEY: Mr. Speaker, a further supplementary question to the hon. minister. Has the government of Alberta given any consideration to making a submission to Ottawa with respect to the paving of the Alaska Highway? I underscore the importance of that in view of the Watson Lake-Stewart cutoff which

threatens the potential participation of this province in a large part of the Alcan proposal.

DR. HORNER: Mr. Speaker, it would appear to me that while the Stewart-Watson Lake cutoff may in fact develop, it may take some time to develop. Secondly, certainly the supplies of pipe and so on that are coming from east of us will in fact be going through Alberta. We're in the midst of assessing with the Foothills people the exact transportation requirements they feel are going to be required. Once we've got that done, I think we can better assess the situation relative to federal participation. I think the question of paving the Alaska Highway through the Yukon is one that the federal government should take under advisement.

MR. NOTLEY: Mr. Speaker, a final supplementary question to the hon. Minister of Agriculture concerning the Alcan route. Is it the government's intention to ask the Farmers' Advocate to set out the general terms and perimeters of fair right-of-way compensation for landowners along the projected route in Alberta?

MR. MOORE: No, Mr. Speaker, it's not my intention to ask the Farmers' Advocate to do that, but rather to involve, as he already has been, the Farmers' Advocate and others within the Department of Agriculture in working with Foothills Pipe Lines and all those people involved in that organization in the matter of taking land for right of way to ensure that our farmers receive fair compensation.

My understanding is that presently it could be expected that compensation would be provided under the Railway Act of Canada, with some involvement of the National Energy Board Act, and that the situation would be somewhat different from that which occurs with pipelines which are constructed wholly within this province and come under our Surface Rights Board, and the taking of land would involve expropriation under federal legislation. It may be, Mr. Speaker, that we would be making some representations to the government of Canada in that regard, but at this point in time I am not able to assess what in fact is the fairest piece of legislation that farmers might receive compensation under.

MR. TAYLOR: Supplementary to the hon. minister. Will the farmers have some avenue of appeal in regard to the route of the pipeline through their land? If the pipeline can serve the same purpose by following the fence line rather than severing a quarter, to whom would the farmer appeal?

MR. MOORE: Mr. Speaker, the Minister of Federal and Intergovernmental Affairs may have something to add, but the only thing I can say is that the exact route of the pipeline has not yet been finally determined in that area where they will be seeking a new right of way. Generally speaking, a good portion of the pipeline is proposed to follow existing rights of way, so the problem there will be minimized. In those areas which are generally north of what we refer to as the Gold Creek Connection, which is just southeast of Grande Prairie a little way, and in certain parts of southern Alberta where a new right of way will be required, my understanding is that the com-

pany is presently involved in assessing the exact course of the right of way so that it would be in fact a right of way that would place the least burden on individual landowners as it crosses their property.

Insofar as fence lines are concerned, I think one only has to appreciate that generally speaking a pipeline that large must follow a direct course. [Since] a certain amount of the pipeline runs on an angle across our province, there's no doubt that its ability to follow fence lines, quarter-section lines, and so on would be somewhat limited.

MR. TAYLOR: Supplementary. Will it be permissible for the pipeline to be installed in road ditches?

MR. MOORE: I'm sorry, Mr. Speaker, I can't answer that question.

Anti-Inflation Program

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Federal and Intergovernmental Affairs. It's with regard to the federal throne speech yesterday, indicating that wage and price controls would probably be lifted on April 1 next year. I wonder if that affects the participation of the province at the present time. Or has the province made any other decisions relative to that announcement?

MR. HYNDMAN: Mr. Speaker, the reference in the throne speech yesterday with regard to anti-inflation was very brief. I understand Mr. Chretien will be making remarks in the House of Commons tomorrow. We would want to assess those, and I would anticipate making a statement in this House sometime next week giving the position of the government of Alberta vis-a-vis anti-inflation and decontrol.

Impaired Driving

MR. BATIUK: Mr. Speaker, I'd like to direct my question to the hon. Solicitor General. During the discussion in the spring session about roadside breathalyzer testing, I asked the minister whether a person would be charged with impaired driving if he was caught driving a horse while being under the influence of alcohol. The minister replied, definitely not, unless the horse was impaired. In the report the minister tabled yesterday, on page 2 it says:

The Commission was the first in Canada to use the relatively new . . . breath-tester to guard against the improper use of alcohol by harness race drivers. . . . Drivers are checked at every race . . . during the harness racing season.

I was just wondering whether our policy has changed?

DR. WARRACK: Just the horses.

MR. FARRAN: Mr. Speaker, the use of the ALERT breathalyzer by the Alberta Racing Commission in respect to harness racing drivers of course has nothing to do with the Criminal Code. To be drunk and in charge of a harness racing rig is an offence under the regulations of the Racing Commission. The disciplinary penalties are in terms of suspensions of privileges on the track, and are not directly analogous to the Criminal Code.

MR. BATIUK: A supplementary, Mr. Speaker. Could the minister advise whether anybody has been charged with impaired driving while they're driving a horse, even on a primary or secondary highway?

MR. FARRAN: Not as far as I know, Mr. Speaker.

Crown Leases

MR. MANDEVILLE: Mr. Speaker, my question is to the hon. Associate Minister of Energy and Natural Resources. Could the minister indicate when the review undertaken by the department on Crown leases will be completed?

MR. SCHMIDT: Yes, Mr. Speaker. The Crown leases are part and parcel of the total review of the public lands division. We had promised that the review would be complete by the end of this calendar year. We will meet that deadline.

MR. MANDEVILLE: A supplementary question, Mr. Speaker. When it is completed by the review committee, will the report be made public?

MR. SCHMIDT: Mr. Speaker, it's rather hard to accept it as policy for public lands without making it public.

MR. MANDEVILLE: What efforts are being made by the review committee to obtain the views of ranchers on the lease system, specifically as to the ideal length of a grazing lease?

MR. SCHMIDT: Mr. Speaker, since the close of the spring session some 11 public meetings have been held across the province; 80 requests for reply to a series of questions which covered the total aspect of the public lands discussion for changes and review of policy. Out of the 80 requests, 72 were returned. So we feel we've had excellent input by individuals, groups of individuals, local governments, ADC boards, and commissions. I was very pleased with the returns.

MR. MANDEVILLE: Mr. Speaker, one final supplementary question. Has ranch reaction been in favor or against a 10-year lease on our Crown grazing leases?

MR. SCHMIDT: Mr. Speaker, I suppose the end result will be the new direction for policy. But in general terms the grazing lessees across the province seem to be in reasonable favor of the direction we have taken so far this year.

Northern Student Bursaries

MR. TAYLOR: Mr. Speaker, my question is to the hon. Minister of Business Development and Tourism. How successful is the northern student bursary program?

MR. SPEAKER: We're again getting into the question of outright opinion. Possibly if there's going to be a discussion of opinions it should take place when the House has provided for debate under its *Standing Orders*.

MR. TAYLOR: I'm sorry, Mr. Speaker. Could I rephrase the question? Have many northern youths taken advantage of the northern student bursary program?

MR. DOWLING: Yes, Mr. Speaker. The bursary program is not limited, however, just to northern Albertans. It is open to any student who has been a resident of any part of Alberta for at least three years. In applying they must sign an agreement with the bursary committee indicating that they will serve in an isolated community of northern Alberta year for year: one year bursary, one year of service in the north.

As of last year something very close to \$300,000 was passed to the hands of students on bursaries. There were 127 in first year, about 45 second-year students, and about 17 in third year. They can receive up to \$2,500 if they are single students, and up to \$4,000 if they are married.

MR. TAYLOR: A supplementary. Has any percentage of the students refused to serve that contract, to go into an isolated area?

MR. DOWLING: Yes, Mr. Speaker, there have been some. But I should say that that percentage is extremely small. In any case, once they've made that commitment they commit either to serve in that isolated community or to pay back the total amount they received.

Tax Deferrals for Ranchers

MR. HYLAND: Mr. Speaker, my question is to the Minister of Agriculture. In view of the consequences to southern Alberta ranchers as a result of the drought — shortage of feed and critical water levels — has the minister made representation to the federal government for an income tax deferral for those ranchers who have disposed or will have to dispose of substantial numbers of their breeding herds to maintain the remaining numbers of their cattle through the winter?

MR. MOORE: Mr. Speaker, in July, I had the pleasure of discussing the matter with other western ministers of agriculture in Victoria, and made verbal representations at that time to the federal Minister of Agriculture with regard to the federal government considering some income tax deferral for those who had to dispose of herds. Insofar as any official written representations are concerned, no.

La Crete Ferry (continued)

MR. ZANDER: Mr. Speaker, my question is directed to the Minister of Transportation. This is in connection with a question posed a few moments ago. After one year's operation of the mobile ferry up north, would the minister undertake to make available to all hon. members the complete costs including wages and everything else so that we can compare the costs in other parts of the province?

DR. HORNER: Yes, Mr. Speaker.

Commonwealth Games — Royal Visit

DR. PAPROSKI: Mr. Speaker, a question to the hon. Premier. I wonder if the Premier would indicate to the House whether he has information whether Her Majesty the Queen will be attending the British Commonwealth Games opening ceremony?

MR. LOUGHEED: Mr. Speaker, yesterday Her Majesty publicly confirmed the discussions over the weekend with regard to her confirmation — about which we're delighted; I'm sure all Albertans are delighted — that she has undertaken to come to Edmonton to open the Commonwealth Games. Hopefully we can convince her to stay a few days in this part of Canada. I did have an opportunity when I was in Ottawa on the weekend to discuss the matter with her personal secretarial staff, and to start arrangements through both the government of the province of Alberta and the Commonwealth Games Foundation. We're all very pleased she made that decision. [applause]

Restricted Development Area

MR. KIDD: A question to the hon. Minister of the Environment. Has the location of the transportation and utility corridor within the RDA around Calgary now been firmly established?

MR. RUSSELL: Yes, I believe it has, Mr. Speaker. It's undergone some pretty intensive review by the different municipalities that have an interest in it. Some adjustments have been made, and I suspect further fine tuning will be made with respect to any possible interchange designs and those kinds of things. But generally, the half-mile wide corridor that's being protected for future utilities and transportation facilities is now in place.

MR. KIDD: Supplementary to the minister, Mr. Speaker. Will the acquisition by the province of lands within the corridor now commence?

MR. RUSSELL: Mr. Speaker, when the RDA was announced, we said it was not the intention to embark on a land acquisition program.

DR. BUCK: Just freeze it.

MR. RUSSELL: The land is designated so that people having an interest in the land, or contemplating subdivision, know the requirements that are there. Each case will have to be treated individually, as we've done in the case of Edmonton. In some cases we do acquire the whole parcel, and in some cases the development can be accommodated with little or no acquisition. I suspect we'll go forward on the same basis in Calgary.

Cancer Centre — Calgary

MR. CLARK: Mr. Speaker, I'd like to direct my question to the Minister of Hospitals and Medical Care. The question flows from remarks the minister made outside the House yesterday when he indicated that \$900,000 had been spent on the southern Alberta cancer centre up to March 31, 1977. My question to

the minister is: could the minister indicate to the House for what purpose a further \$1 million has been spent to the end of June 1977 on the southern Alberta cancer centre project?

MR. MINIELY: Mr. Speaker, as a member of the heritage savings trust fund review committee, the hon. leader is aware that substantial documentation was tabled by me and officials during the last meeting of the heritage savings trust fund. I'm sure the volume of this information is such that the hon. leader or his staff have not been able to go through all the documents. But I would prefer to deal with that matter in the context of the heritage savings trust fund review committee or, Mr. Speaker, in the context of examination through Committee of the Whole of the votes for the heritage savings trust fund coming up in the current sitting of the Legislature.

MR. CLARK: Mr. Speaker, I can appreciate why the minister wouldn't want to answer the question now. But my question deals with money spent from April 1 this year until the end of June this year, which is really beyond the purview of the committee. According to the quarterly statement the Provincial Treasurer just made available to us, an additional \$1 million has been spent on this southern Alberta cancer centre. So my question today to the minister is: in general terms, Mr. Minister, what has this \$1 million been spent on as it relates to the southern Alberta cancer centre?

MR. MINIELY: Mr. Speaker, as I said in the examination committee, it is a larger project, and a large concept. I would have to check, but I believe the \$1 million is related to the utility tunnel construction that's going on, which would provide services for the southern Alberta cancer centre component and the other components tied into the total cancer centre development.

MR. CLARK: Mr. Speaker, a supplementary question to the Provincial Treasurer. Where in the first annual report of the Alberta heritage savings trust fund do we find reference to the financing of auxiliary hospital beds under the capital portion of the trust fund?

MR. LEITCH: Well, Mr. Speaker, I think the report speaks for itself, and . . .

DR. BUCK: Not good enough.

MR. CLARK: Waffle, waffle.

MR. LEITCH: The hon. Leader of the Opposition can read the report, and I am sure he has. If he has some questions about the funding, the item he is referring to is funding that went through this Assembly on estimates in the same way as the normal budgetary procedure. I can tell the hon. Leader of the Opposition . . .

DR. BUCK: Waffle, waffle.

MR. LEITCH: . . . and the remaining members of the House that an appropriation bill will be introduced shortly dealing with that very item, in the same way as the appropriation bill in the budget. All those

questions will be dealt with appropriately, and I am sure at length, when that bill is in Committee of the Whole.

DR. BUCK: Like Bert Hohol.

MR. CLARK: Only it doesn't take as long.

Mr. Speaker, a supplementary question to the Provincial Treasurer. The question is: where in the report do we find reference to the 200 auxiliary hospital beds that are now supposedly part of the southern Alberta cancer centre. The minister couldn't find it in the report yesterday; perhaps you can find it for us today.

DR. BUCK: Just 200 beds, Merv.

MR. LEITCH: Mr. Speaker, surely the hon. Leader of the Opposition can read the report.

MR. CLARK: There was nothing in it.

MR. LEITCH: Why ask the question then?

DR. BUCK: What kind of report is that? Where's the money gone?

AN HON. MEMBER: Oh, oh.

MR. NOTLEY: Shame.

DR. BUCK: What's a million?

MR. SPEAKER: Order please. Order please.

International Agricultural Exchange

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Advanced Education and Manpower, and I ask the question with a little hesitation, recognizing the last answer.

MR. NOTLEY: What answer?

MR. R. SPEAKER: But I'd like to ask, Mr. Speaker, what steps has the minister taken with regard to the International Agricultural Exchange Association's request for help from his department?

DR. HOHOL: No specific steps other than to be in touch with the association president and other members, Mr. Speaker, and people in the Department of Advanced Education and Manpower who would have some direct and peripheral responsibilities in this particular enterprise.

MR. R. SPEAKER: Mr. Speaker, a supplementary to the minister. Could the minister indicate whether he has responded to the delegation by letter and, if not, does he plan to do so fairly shortly?

DR. HOHOL: I'll accept the representation, Mr. Speaker. I met the delegation late, late on Friday, and have reviewed the file today. I will be responding in due course.

Municipal Assessment

MR. TAYLOR: Mr. Speaker, my question is to the hon. Minister of Municipal Affairs. When a provincial assessor goes into a hamlet in a municipality to carry out the assessment for the municipality, to whom is that assessor responsible?

MR. JOHNSTON: Mr. Speaker, I would have to check that and advise the hon. member, but it would be my quick opinion he should be responsible to the municipality itself.

MR. TAYLOR: Mr. Speaker, one further question. Is there a set rule in the assessment guide that indicates an assessor must assess all properties on the basis of new development? Perhaps a short explanation would do. In a hamlet where a number of people are on fixed incomes, old-age pensioners, and two houses were built and sold at a modern rate, a very high sum, these old-age pensioners had their assessment jump something like 700 or 800 per cent. They just don't have the money to handle it. My question is: is there some set rule whereby there has to be some percentage of increase before it applies to all people in that hamlet?

MR. SPEAKER: If, as I suspect, the assessment guide is a public document, I would doubt whether a question asking as to its contents would fit within the parameters of the question period.

MR. TAYLOR: On a point of order, Mr. Speaker, I don't believe the manual for assessors is a public guide. I haven't tried to get it, but I was told it was personal to the assessor.

MR. JOHNSTON: Mr. Speaker, I believe the assessment manual is a public guide, but I perhaps could very quickly outline the information with respect to the assessment process on land. The hon. member does make a good point that land assessment in the province is based on a percentage of market value, and market value is generally determined by recent sales analysis in the area.

Presumably in the case of the hamlet you were referring to, there has been an increase over the past few years because of inflation of land, and that is likely reflected in the assessment value. I should point out, however, that the municipality has the right to waive any taxation if it feels the taxation is unusually high or confiscatory — it can waive part of that tax. In the case of senior citizens it has been done in the province of Alberta in some municipalities.

Public Service Personnel

MR. LEITCH: Mr. Speaker, I wonder if I may respond to a question asked of me on October 17, which was whether the personnel planning and career development unit, announced in the spring, had as yet acquired its full complement of staff.

The answer to that is that the staff contemplated is four. Two positions were filled sometime after the announcement in the spring. The third I anticipate being filled in the near future. At a later date the fourth position will be filled, as we complete our assessment of the scope and duties of that position.

ORDERS OF THE DAY

MR. HYNDMAN: Mr. Speaker, we will now proceed to second readings of government bills, beginning with Bill 66, The Department of Hospitals and Medical Care Act.

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

Bill 66
The Department of Hospitals
and Medical Care Act

MR. MINIELY: Mr. Speaker, I move second reading of Bill 66.

I would initially suggest to the members of this Assembly that the issues to which this bill is addressed have become universal ones in the delivery of hospital and medical services. Despite all the attention being given this area in most countries throughout the world, and problems repeatedly identified in varying local context, there has been no identification of a known sequential or simple and straightforward solution, and there is not likely to be. The purposes contained in this bill do, however, attempt to overcome a common and repetitive identified shortcoming; namely, the attempt to resolve the problem by piecemeal reform, based on intuition or trend rather than assembled fact.

Certainly no one will take issue with the need for corrective measures and new directions. Within this context, Mr. Speaker, the issues in beginning corrective steps presented in this bill are politically non-partisan in nature. The essential problem to be solved is how to develop a structure and organization that will maintain best-known standards, provide for technical quality that encourages balanced, graded innovation, maintain an environment of personal care between patient and practitioner, and yet provide these essential requirements in a reasonably controlled, cost-efficient way.

Mr. Speaker, the former government's attempt to answer these questions was through what the Leader of the Opposition cited this spring as a commission form of government. Upon assuming office the present government had little alternative but to continue to provide service under the existing or recommended structure. The official opposition's so-called commission form of government has been given a trial period and found to be wanting — beginning with initial questions posed by my predecessor the Hon. Neil Crawford.

In the spring session the hon. Member for Drumheller, Mr. Gordon Taylor, rather succinctly stated the major shortcomings, and I quote from *Hansard*:

It [the Hospital Commission] was done with the ulterior purpose in mind of getting the people off the shoulders of the minister and getting the hospital done at arm's length.

The hon. Member for Drumheller, a cabinet minister at the time, then argued:

... the minister has to be responsible ... the Commission ... it's understood outside is making the decisions and yet is not directly before the Legislature or directly before the people.

The hon. Member for Drumheller went on to stress that it was an important democratic principle to bring the commission more directly under the minister, who must answer in the House.

Mr. Speaker, an essential tenet of this bill is that in a democratic form of government there should be no barriers or buffers, by whatever name, between the electorate — in this instance hospital associations, medical and health personnel, patients, and community — and their elected minister of government . . .

DR. BUCK: Tell that to Getty about the Alberta Energy Company, Mr. Minister.

MR. MINIELY: . . . further, that in a service portfolio area representing such a large percentage of provincial expenditure, accountability should be directly to the House through the minister responsible. If one recalls the premature questions by innuendo and false rhetoric employed by the Leader of the Opposition this spring in support of his belief in buffers in the commission form of government, it readily becomes apparent that he places limited value on the principle of accountability to elected representatives for expenditure of public funds.

Mr. Speaker, this bill reasserts and re-establishes that basic democratic axiom: departmentalizing means accountability to elected representatives and to this House. The bill, contrary to a stance that would remove the responsibility from the shoulders of elected officials, is the result of over two years of assessment, review, research, and study directed by and involving myself as minister, and several MLAs. The initial review, begun in 1975, started with an attempted analysis of the historical division of responsibility in health care areas. My inability to secure validated information provoked further study of the experience in other provinces and parts of North America. Other than the earlier-stated buffer intent, I could find no other basis for the purpose of the commission legislation and, therefore, no way in which to assess or determine the goals and objectives intended.

I reviewed those areas as presented by officials and looked at the existing rationale of the commission's structure and organization. I reported earlier my concerns about the absence of a relationship and accountability to government policy, and that in turn to any overall plan indivisible from financing. Personal attention to budget preparation and reporting raised further question, but the basic impression was consistent with the former government's mandate of strong individualized and centralized decision-making and control, with a lack of balanced input to this process. This initial activity undertaken by my special advisor in conjoint endeavor with myself thus raised, in addition to the questions of accountability and input sources to decision-making process, further concerns related to management controls, fiscal and information-reporting systems, and the processes between the existing administrative unit and the external community boards, hospitals, et cetera.

In retrospect, the research and material examined, and work undertaken by the special advisor and myself, pinpointed problem areas identified by nearly all other studies, namely: cost-control/cost-efficient measures would take several years to implement and show effect, and could only do so through a sound

structure and organization that involved doctors [and] hospital board officials in direct association with elected government; that effective policy developed by government had to involve a broad input base and could only be effective by sound organizational structure, providing a balanced role of elected representatives and officials who would be in consistent communication with concerned parties.

I appointed a senior financial consultant with extensive corporate experience in administration and financial matters to study the questions posed on internal management and mechanisms, and a private research firm to oversee the work of a national accounting firm to examine the interaction between the government service, the boards and hospital community, et cetera.

As a result of these combined consultant activities to the internal process, interim actions were taken to improve budget preparation and reporting to the House. But more permanent and immediate action had to be taken to strengthen the fiscal operation and commence redesign. This was begun with the appointment of Mr. George Beck to the position of controller and the selection of a consulting accounting firm to review and present a proposal for assessing and recommending improvements to information-reporting systems. Mr. Speaker, this marks the embryonic beginnings of a structure which will strengthen internal and external financial and information-reporting systems.

The report of the private research and international accounting firm stated:

1. The present hospital budgeting and funding systems lack the flexibility necessary to promote local initiative.
2. The budget monitoring system of the commission is not fulfilling the government's needs or the needs of the local hospital boards.
3. The co-ordination of the various divisions of the commission which delivers service to hospital boards and hospital administrations is inadequate and poorly organized.
4. The control of standards of care and the hospital delivery system is gradually being taken over by the Alberta Hospital Association and the College of Physicians and Surgeons. This enhances the difficulty of achieving effective and efficient cost control.
5. A new formula is necessary for capital expenditure, to enhance and better recognize the expansion of outpatient treatment.
6. Many local hospital boards lack confidence in the ability of the commission to perform in an acceptable manner.
7. Regionalization will encounter heavy resistance in most areas. A gradual process of conversion will need careful planning.
8. The commission board does not seem to have effective control over the administration of the commission.
9. The present budget-monitoring techniques are not conducive to the current restraint of programs. More comprehensive computer programming analysis is needed, so more timely information is available.
10. The organizational structure of the Hospital Services Commission is not efficient or effective to the extent desirable in carrying out the needs of

the total system.

Mr. Speaker, in my view this pointed to the high priority that had to be placed to broaden the base of input from citizen and professional groups, and the need to develop a structure more responsive to citizen and community needs.

I determined to assess these personally, both for self-knowledge in assessment in self-education purposes. Mr. Speaker, I chose this course because it is the view of my ministry and our government that any measures attempting restraint would be barren and bound to defeat, without taking into account personal investments of the groups responsible for programs and care.

It has oft been said that health care is an integral part of human development. Attempts to change or modify health and medical care delivery systems generate strong emotional responses from vested interest groups whose opinions, though often diametrically opposed, are sincere when viewed from their specific point of investment or interest.

I directed the special adviser to analyse and compile the questions, recommendations, contradictions, et cetera, presented to me through the various areas examined. I then carried these consciously and directly to community-concerned groups to determine their views on policy questions, their analysis of cost and other problems, and their recommendations relative to issues related to health care.

I did so in the following ways and degrees: approximately 130 visits and meetings with hospital boards, nursing and auxiliary home boards in their local communities; approximately 100 meetings with chairmen and/or hospital nursing auxiliary home boards in offices in both Calgary and Edmonton; approximately 95 meetings with presidents and/or boards of professional associations with a primary focus on organized medicine — this excludes approximately 100 additional meetings with individual medical practitioners from general and speciality practice from urban and rural locations; approximately 90 meetings with presidents and/or boards of hospital associations and health organizations; approximately 30 meetings with officials of organizations or individuals on issues related to labor. Mr. Speaker, a total of some 445 meetings, and these do not include meetings with elected representatives, officials, and equivalent groups that took place out of province for cross-check comparative purpose.

MR. CLARK: How many meetings in High River?

MR. MINIELY: The significant and consistent impression was that the information gathered from these visits was known to the minister through the former structure. This was not in fact the case. It was not the personnel but the structure that rendered this impossible. Mr. Speaker, the concerns and recommendations derived from these visits are represented in this bill.

Based on the material gathered, data from consultant reports, and information drawn from reports by officials, the special adviser was directed to design seminars for further input to policy positions. These seminars involved senior officials and lay commissioners from the Alberta Hospital Services Commission; senior officials and directors from the Alberta Health Care Insurance Commission; intermediate

level officials, directors from the Alberta Hospital Services Commission; the president of the Alberta Medical Association; the president of the College of Physicians and Surgeons; the president and vice-president of the Alberta Hospital Association; chairmen of the metropolitan hospitals in Calgary and Edmonton; rural and urban MLAs; hospital administrators from large hospitals — Lethbridge, Grande Prairie, Medicine Hat, Red Deer, Calgary, Edmonton; correspondence and questionnaires to all other hospitals in Alberta; correspondence and questionnaires to 34 professional and occupational groups involved in health care, only 24 responded.

The findings from these seminars were summarized by ministerial staff and reviewed at a special seminar involving one rural and one urban MLA, a hospital administrator, an Alberta Hospital Association representative, medical representatives, a board chairman, a representative from an international accounting firm, a medical educator, senior officials from the Alberta Hospital Services Commission and Alberta Health Care Insurance Commission, special financial policy adviser, and special adviser. The seminar was chaired by me, as minister.

The evaluation and recommendations from all these groups supported the advisory committee structure and principles incorporated in this bill to ensure a broadened and balanced input and a structure more responsive to community needs. Here again, Mr. Speaker, I should mention that our supported findings and evolving positions were cross-checked by the experience in other provinces and through extensive library research.

Mr. Speaker, as I mentioned at the outset, the change in mandate with the creation of the hospitals and medical care portfolio required an examination leading to the alternatives I have already mentioned. In addition, the altered basis for decision-making, broadened input source, accountability to elected representatives, necessitated the re-examination and the establishment of a new balance between elected officials and senior civil servants in the decision-making process. I trust it is evident that I feel not only the problems but the challenges in the health care field require at various times a team concept made up of mixtures of the different responsible groups.

The role of the provincial government, about which I shall say more later, should be related to the establishment of guidelines and standards, and co-ordination of planning activities based on elected government policy. To achieve this I believe that the team approach is as applicable internal to a government department as it is to the concerned community involved in health care and medical services. To that end we have attempted to utilize a team process that allows direct inputs to a minister from other than senior levels. For example, a primary internal team is obviously made up of the senior deputies and financial and planning people; with a given problem area such as construction, it is advantageous to gain input from team members from the director and planning levels. I believe this team principle will also be required so that the medical organizations and doctors will be allowed direct team contact with . . . [interjections]

MR. SPEAKER: Order please, the hon. Member for Little Bow wishes to bring up a point of order.

MR. R. SPEAKER: I appreciate very much the speech that's being read and prepared, by what high cost. I wonder if the minister could say it more from the heart than from the paper.

MR. MINIELY: Mr. Speaker, that's the weakest defence I've ever heard in this House in six and a half years from a member of the opposition. [interjections]

MR. SPEAKER: There is of course some indication that the speech is being read, and I would just suggest that the hon. minister might have regard to the acceptable practice in that respect.

SOME HON. MEMBERS: Agreed.

MR. MINIELY: I believe this team principle, Mr. Speaker, will also be required so that the medical organizations and doctors will be allowed direct team contact with ministers to examine problems related to de-escalating costs in the health care field and like challenges and situations.

The selection of the new person to head the department will obviously require the calibre of person ready to commit to the principles cited thus far. Mr. Speaker, the search for and selection of a deputy minister level person of this calibre, geared to a team approach, is also the purpose intended in this bill and is being given high priority.

Mr. Speaker, the team principle in government, structured to minimize and humanize the vastness of the organizational aspects, was a matter studied in detail by my advisors and me. The recommendation: to broaden this team to ministers, Members of the Legislative Assembly, and officials accessible to community information through citizen and professional input. Only in this way, Mr. Speaker, can we develop a structure more responsive to citizen and community needs. In addition, sound government policy can only develop and remain updated through a structure sensitive to these changing hospital and medical care community positions. This purpose is contained in this bill.

The federal task force reports, the MacKenzie, and other Canadian and U.S. reports note that only 10 per cent of factors relating to ill health are within the province of medical and hospital care. The reports attribute the other 90 per cent to other environmental and life factors. Similarly, in reviewing health problems these studies emphasize that 70 per cent or better of health problems are created through internal or external pressure affecting patients' emotional life.

Two additional purposes have been built into this legislation to ensure flexibility. As mentioned earlier in the House, joint planning between related portfolios, ministers, and officials has been expanded, best exemplified by the joint endeavor with our colleague the Hon. Helen Hunley in examining home care and mental health policy and services. But it is also occurring in matters related to health research and in the re-examination of education for the health professions and related standards.

To establish an organizational framework which recognizes the indivisibility of financing and planning is a further purpose of this bill. I will be reporting to members the officials' recommendations on hospital construction, as I have accepted them, which serve as

an excellent example of these principles. These recommendations are the result of cumulative endeavor of all the groups I have referred to. But in addition it links the departmental planning and financing with Treasury. The policy implication is a factor about which I shall say more later.

It is becoming increasingly evident, Mr. Speaker, that the provincial government's role in the health and medical care delivery systems will be in the direction of acting as the central co-ordinating source in planning and financing, and fulfilling this role through the establishment of guidelines and standards by way of the purposes and mechanisms set forth in this bill. Mr. Speaker, I believe that this legislation and its stated purposes, rather than diminishing local board and voluntary groups, will encourage and enhance the work of same.

The bill implies an emphasis on local incentives and initiatives that will be accountable to provincial guidelines and standards. But like all that has been said before, the complex ingredients that have to be examined to implement this intent suggest caution and care in relation to the new department structure's ability to ensure the required accountability.

[Many] study and action modes have already begun in that direction. The economics of the health and medical care industries are now under examination, and it is intended in this bill, as stated earlier, that the medical organizations will represent an ongoing voice. Financial aspects, particularly of the large urban hospitals, are a major concern. Senior officials have repeatedly expressed concern about controls on unauthorized spending and for an accountable base and balance to shifts in program or service emphasis deemed necessary at the local level.

At present, a review of some of these features is under way by a national accounting firm — a co-operative endeavor, Mr. Speaker, between the ministry and major hospitals. There are multiple mundane but complex areas to be examined: a balancing and linking of all rural and urban hospitals and medical care services, of the ongoing educational requirements of health care practitioners, and many more that have been identified in the concerns contributed to the development of this bill. Needed management controls in fiscal systems, budgeting procedures and reporting systems, must first be in place. This work is being done, some of it held at stages awaiting the appointment of a new deputy minister.

Mr. Speaker, I will conclude by simply repeating that the purposes of this bill provide a balance between elected representatives, officials, citizens, and professionals that allows for effective involvement and actions geared to patient care. A system, given time both to put in place and show effects, will function within a principle of cost constraint by maximizing human and technical resources in the maintenance of quality care. This bill, Mr. Speaker, provides both a rational and systematic approach, and thus warrants, I believe, the unanimous support of the members of the Assembly.

MR. R. SPEAKER: Mr. Speaker, I'd like to make some remarks on second reading of this bill. I'd like to refer first of all to the last statement made by the minister. We heard a statement of platitudes, generalizations, no content; a dream, but nothing that is meaningful to the legislation, to the people of Alberta. To me, Mr.

Speaker, that is something we don't need at this time.

We need something practical. We need something for the local hospitals. With the local hospital boards in this province, we need to do something at the local level so people can receive medical care. The platitudes we heard in the last statement, and a number of others, do not indicate any kind of direction or grasp of the problem in the local community, Mr. Speaker.

A few years ago I recall a minister sitting in that position and in that desk while I sat as a backbencher. He used a term I didn't really understand at that time. Today, after a number of years, I understand the meaning of the term. The term was gobbledygook. That's just what we had: gobbledygook and nothing else, Mr. Speaker.

It upsets me very much to think we as taxpayers have spent thousands of dollars for consultants, that we have had delay. We have had no guidance. We have had hospital boards plan and have to replan. We wait, and get nothing. There was nothing in those remarks today that we're going to relieve the pressures on the decision-making of local hospital boards. The only thing that was happening was a bigger bureaucratic system being built in Edmonton, more power by the minister being incorporated into legislation, but nothing for the local people who really have the responsibility. That, Mr. Speaker, is a sad, sad situation.

I have no case for the commission. I don't care whether there is or isn't one. We thought we would try it. I'm not prepared even to assess the arguments for or against it. But at this point the legislation before us establishes a department of government — something old, traditional, full of cobwebs; something that isn't any different from before. The minister is not giving any kind of leadership with the new department. We can't call it new. It's just a health department with more power at a central level. Mr. Speaker, that's not what we need.

If it was new, if it had courage, if it was able to respond to the real needs of local, grass-roots Albertans, this act would have built into it a feeling of trust, a trust of local people, and say to them: we are willing to share the responsibility with you. We're willing to give you more power. We're willing to trust in your hands provincial funds that come through taxation so you can make decisions and deal with the local people. Because, Mr. Speaker, they are the ones who have to stand on the front line — the people in High River. The member from High River and I worked so hard. He did a good job of getting a meeting with the minister that didn't amount to anything. Fortunately we had a tour in southern Alberta where the Premier was able to assess the situation and deal with it.

But there are other hospitals the very same way, that have problems and have to meet them. This bureaucratic, abstract thing that was described to us today will not deal with those problems. It's going to cost us more money, have more red tape, we still won't know who to talk to. The minister will never be available; that's been proven in the past. He tried to elaborate and justify his past actions by saying, I've had 400 and some meetings. Four hundred and some meetings mean nothing if you don't know how to make decisions and don't know how to let the local government do some things when they need to.

When things are going bad, we want to pass the

responsibility to local government. But this act has nothing in it which says it is going to change the position at the present time. The act incorporates centralization of power, centralization of authority. It gives to the minister to duck out of any problems when the local hospital board is in trouble; to say, let them do it. The Premier went down to High River and said, we're going to change the program; this new policy is going to build hospitals only to a certain level, then the local government or local people pick up the rest. There's nothing new about that. Not one thing that's new about that kind of thing. It's just giving them responsibility when they're in trouble and don't know how to make the decisions.

Mr. Speaker, an amateur could have written this act, and it was written by an amateur. No question about that.

DR. BUCK: A very expensive amateur.

MR. R. SPEAKER: For \$100,000. There isn't a thing in this act that's new, that really puts fibre in it, that says local people in this province really know how to make decisions. Not one thing. But it does say how the minister is going to control us from now on and how we as local people will have nothing to say.

Mr. Speaker, when we talk about new plans for health care in this province, I have enunciated the criterion that is so important. It's the criterion of showing trust in local people, reducing the centralized staff. I can't even remember the platitudes about what it was going to do to deliver that health care system, but it sure didn't mean anything to me. And I know local hospital boards are going to interpret it with a lot less meaning.

Mr. Speaker, there's no way I could support the bill, even if a department is the right thing. I cannot support the thrust behind it. Because the thrust is unreal, unresponsive to public need. If the present minister is going to administer it that way, the funds that are going to be wasted, the time of local boards that is going to be wasted, will be unbelievable. There's no way we can accept that.

Before I'll ever support the idea of a department or anything with regard to that, the government has to come out with a philosophy saying, we are going to trust the local boards, the local, elected officials who are being elected today with pride. They're giving freely of themselves. Most of them don't receive very much remuneration for the kicking, beating, and abuse they take from the department because they can never get answers.

MR. CLARK: The very day they're being elected.

MR. R. SPEAKER: The very day they're being elected. I think, Mr. Speaker, that's a sad situation.

I stand in my place today, Mr. Speaker; making these remarks because I believe them; not because I want to take the minister to task, but because I'm concerned about the way millions of dollars are going to be administered by some kind of abstract dream, in the minister's mind and in the mind of this special consultant, that will not work. We need more practical things to deliver services in this province. That's the only time I'll ever support this minister or the government in the kind of thing that is being said today.

MR. NOTLEY: Mr. Speaker, in participating in Bill 66, I listened with interest to the minister as he outlined his reasons for the change. It's obvious we are here to attend a lynching; if we lynch the commissions, somehow that's going to solve all problems. Virtually every conceivable difficulty was laid at the door of the commissions. Quite frankly I think that's a trifle unfair, to put it mildly, as I sat back and listened to the minister laying one matter after another at the doorstep of the structure of this particular operation. In my view that is oversimplifying the matter, to put it mildly.

In listening to the speaker, I was also intrigued with some of the things he said about the team approach that's going to feed information to the minister. I quite frankly suspect, Mr. Speaker, if the minister sets up the new department on the basis of Bill 66, we're going to have to have a computer as a minister of hospitals and medical care. Because for one individual to have this kind of authority and this kind of information, that person will be deluged with information, deluged with decisions to make, deluged with a responsibility for making too many decisions. Consequently I don't think we'll see a great many things done as quickly or as efficiently as we should. As the Member for Little Bow said, we're going to see centralized in Edmonton decisions that should properly be made at the local level. And we're going to see too many decisions, in terms of the administration itself, that will have to wait for the minister's approval. We may find that the pile on the minister's desk will be getting higher and higher and higher. Meanwhile the solutions that are needed at the local level will have to await action by the minister.

Mr. Speaker, as far as the commission structure itself is concerned, there are really two conflicting principles. First of all, we have the question of accountability. On that score, Mr. Minister, I would say that I find some sympathy for the arguments presented both inside and outside the House. But I would say to the members of the government that their argument in this case would be a great deal stronger if we didn't have all sorts of other interesting buffers, like the Alberta Energy Company, that very effectively set the government's total industrial strategy away from accountability to this Legislature. If we had other mechanisms which made the industrial strategy of Alberta accountable on a day-by-day basis in the Legislature, then I would find what the minister said today — on the development of a health policy for Alberta being accountable in the Legislature and it's necessary to do away with the buffer — a much more appealing, a sounder argument . . .

MR. CLARK: More sincere.

MR. NOTLEY: . . . and more sincere than the one that comes from the mouth of a member of the front bench who is part of a government that is going in precisely the opposite way in most other areas of government.

The other aspect of course, the plus for the concept of the commission — the minister pointed out too — is the concept of a buffer. Mr. Speaker, I say one should not dispense with that argument quite as cavalierly as the minister did today. In making his remarks he said his assessment was that the only plus for the commission concept was that it was

somehow a buffer. Then he dismissed that.

In discussions I've had with hospital authorities throughout the province — and I've met with a large number of them — I have found there is at least some respect, some considerable respect I might add, for the process undertaken by the Hospital Services Commission.

Not too many days before the Legislature convened, I discussed with a board of a community where a new hospital is being constructed how they saw the contrast between commission structure and the former system. Several members of the board were present when we had the former system. The argument presented was that to a large extent it really depends on the kind of people you have. You can make a ministry work effectively, you can make a commission work effectively; it's going to be in a large measure dependent upon the kind of people you have in positions of responsibility. But — and the "but" was this — in their experience they found dealing with the commission easier. It was possible to make arguments on the basis of merit quite apart from some of the considerations that have crept in from time to time in the location of hospitals, not just in Alberta but across this country. When we look at the picture of hospital construction in any province in Canada we all know that we have a great many political hospitals; not based on any sort of rational judgment, but plopped in a particular community because of the partisan political considerations of a government at a given time. The argument of these people was that they felt the commission system at least made it possible to focus a discussion on more objective grounds than had been the case with the previous system.

Mr. Speaker, I say to the members of the Assembly that probably the basic question we have to decide, in determining whether or not to support Bill 66, is whether the structural changes outlined in this legislation are necessary to do the job, and whether the minister made the case for them being necessary to do the job. With great respect to Jackson Willis, the fact that that well-paid consultant prepared a report for the minister does not lead me to the conclusion that all the evidence is in, particularly when I have local hospital authorities, people at the firing line, telling me something different. As I listened to the minister today, I would say that he has not made the case for the change.

Now, while we can talk about moving to a departmental form, I don't believe we should delude ourselves into thinking this will solve the problem of cost control. In my judgment, Mr. Speaker, the root of the problem is that there has been no consistent health care policy in the province. I don't believe the government has a clear idea of where it's going. Frequently the inconsistencies in government policy have led to cost overruns.

We saw an inconsistency demonstrated quite clearly the other day in the heritage fund committee. We were told that \$7.5 million was to be allocated to the southern Alberta cancer clinic. Apparently it was part of a \$35 million proposal of Foothills Hospital. But during the same period of time that Foothills was looking at a \$35 million expansion, the minister had said, of course there's going to be a moratorium on hospital construction throughout the province. People have been working for a long time in communities

all over Alberta — the city of Grande Prairie, for example — to get hospitals to the place where you can start calling tenders and get the work done. They find a moratorium slapped on for hospital construction. But it would appear that the \$7.5 million from the heritage fund was just part of a \$35 million program at Foothills. Then yesterday we find that it's not \$35 million, it's \$75 million. We find, Mr. Speaker, that we have that kind of wild escalation.

Now the minister can say, that's all the fault of the commission; this just shows that the commission won't work. With great respect, Mr. Speaker, that's a very easy answer for the minister to place before the members of this Assembly, an attempt to convince the people of Alberta that that's a plausible argument. But he has been the minister for two and half years. The Tories have now been in office for six years. This kind of overrun, which now includes a 200-bed auxiliary hospital, apparently part of the proposition that wasn't reported in the annual report of the heritage trust fund, is but another indication of how seriously the front bench takes this Legislative Assembly.

In any event, I just don't believe the government has made the case that these problems are the result of a structure of government, as much as they are the problem of the competence of the Conservative government. Mr. Speaker, I think that point has to be nailed home.

There is a whole series of other issues. The minister didn't at all relate to Bill 66 the kind of issues that hospital authorities bring to me as I travel the province. For example, what are we going to be doing about home care? We all know, Mr. Speaker, that home care is a much less costly way of providing a form of care. Yet we find home care caught in the restraint program, stuck in the hon. Miss Hunley's department.

The whole question of ambulance care — new regulations are coming out for ambulance care. While it may be rather unusual for a socialist member to defend the private sector, these new regulations on ambulance care are going to make it impossible for private operators in most of rural Alberta to carry on their ambulance service. The net result is that we're going to see many community hospitals without ambulances. There's no money made available by the province for ambulance service. That's the kind of question I get from hospital boards. They're more interested in the delivery of some of these programs than in the hypothetical question of who answers to whom and how, what kind of consultant the minister has in his department, and whether we have a commission, or what have you. They are interested in the delivery of services.

In my view the failure of this government is that they haven't got their act together in terms of a total health package. We have a situation in this province where we're overdoctored in the urban areas. But that's not true in the rural areas. Some people try to make the point that we've got too many hospitals in the rural areas. But if you look at the ratio of doctors to people in the rural areas, we are not overdoctored. In many parts of rural Alberta we have very serious problems attracting medical practitioners to communities. I don't know of many rural MLAs who can stand in the Legislature and say that during their period as public representatives they haven't, at one time or another, had submissions from doctors in

their communities about the desperate shortage of doctors in rural communities. It may change from year to year. Two or three doctors come into a community and that community may be all right for a year. But then another community has problems, and you have a continual rotation. Every year without exception, in the six years I have been a member of the Legislature, I have had delegations come to me and raise the problem of getting doctors in rural communities. So the question of the allocation of medical practitioners is an important one.

The whole issue of community clinics and preventive medicine — I remember the resolution the hon. Member for Edmonton Kingsway submitted to this Legislature in 1972. Where does that sit at the moment? We have community clinics all over the province of Saskatchewan, but we have just a faltering start in this province. No denticare program, no efforts on pharmacare.

What I am saying is that in the bill today we have a bureaucrat's approach to health service. Mr. Speaker, I believe the people of Alberta are asking for more than that. I am going to vote against this bill. The information I have received from local people leads me to the conclusion that in order to represent the hospital boards in my own constituency, I think I have to vote against this bill. The minister has not convinced me that the change in structure is necessary and justified.

Let me just close by saying that whether or not this bill is passed, what is needed in Alberta at this stage is a massive probe into the whole question of health care. In the 1960s we had the Hall commission on health, which became the basis for the development of medicare right across the country. It was an important royal commission report, one of historic significance to Canada. I submit, Mr. Speaker, that if we are going to grapple with health delivery, hospital care, and the whole range of services in a modern society, we have to have a similar kind of review now. If we're going to grapple with those problems in the 1980s, now is the time.

I would say to the members of the government, quite sincerely, whether or not this bill is passed — and with 69 of 75, we all know the answer to that — you're not going to solve the problems of health care delivery in Alberta with Bill 66. I would suggest a royal commission, a probe similar to the Hall report, is now needed if Alberta is really to lay out the options, to consider the routes that should be taken, so we can discuss where we go, in the framework of clearly outlined alternatives. Mr. Speaker, I would suggest moving in that direction would be far more sensible than simply passing Bill 66, giving the minister the authority he wants, and then sitting back and hoping that simply by changing the structure we are going to solve the problem. We are not. We are not going to solve the problem until we tackle the real issue of the delivery of services.

MR. TAYLOR: Mr. Speaker, I would also like to say a few words on the bill. As I read it, the bill is not dealing with the principles of delivery of service; it's really dealing with the mechanism of hospital care and medicare in the province of Alberta. I would like to examine just for a minute or so the principles involved in the commission form of administration and in the ministerial form of administration. I'm not

going to discuss it from the personalities on the hospital or the medical care commission, or the present minister. I think the matter has to go further than that. It has to go right into the depths of the two methods of administering these very important items.

We have had a commission type of care for medicare and hospital care for a number of years. At present, I find in the people among whom I move a great deal of dissatisfaction, not so much with medicare as with hospital care. I can hardly go into a home where people are not concerned about hospital care. If the commission form of government has been completely successful, I'm wondering how we have this massive dissatisfaction at the present time. We still have the hospital commission operating.

When people speak to me, they want to know why the minister isn't doing this and isn't doing that. When I point out we have a commission form of government and the commission is at arm's length from the minister, people get just a little frustrated and angry.

For many years I have been strongly in favor of ministerial responsibility. It seems to me that when we remove something as important as health, medicare, and hospital care to a point at arm's length from the minister, we are trying to protect the minister from something. There is some purpose in having it at arm's length. Will it give better administration? I realize there are proper places for a commission type of government, but generally speaking I think you have to go by the results. Is it giving satisfaction?

I don't think any hon. members will say people are now generally happy with hospital care. I still want to pay a tribute to hundreds of people in our hospitals and medicare who are doing a splendid job, working hard, and overtime, and so on. But there is dissatisfaction at the grass roots. I think there is a responsibility to try to ascertain why there is so much dissatisfaction after many years under the direction of the Alberta Hospital Services Commission.

The other method is what the bill is doing, transferring direct authority to the minister. The hospital commission and medical care group will come directly under the department, under a deputy minister, and there will be no way the minister can escape responsibility. It won't be at arm's length. It's right there. The Premier, the Legislature, and the people of the province will know exactly where to point their finger if they're unhappy with the administration of hospitals or medicare.

Isn't that democracy? Isn't that the way it's supposed to be? In my study of the development of democracy, our ancestors fought for years to get to the point where a minister would be held responsible. If things went wrong that minister's head fell, or he was able to justify his actions. In my view that is democracy.

One of the things I do not like and have not liked about the hospital commission — and I have a high regard for many of the people there — is that there was little input from the public. The hospital commission didn't go out and meet people in Peace River, in Ranfurly, in Cardston, in Rosebud, in Rockyford, in Carstairs. More and more, people want to be consulted. They want to have some input before decisions are made. They don't want you to go for years and years without making decisions. They want decisions, but they want to have something to say about it

too. The decisions in a democracy generally should reflect the thinking of the people who are going to bear the result of those decisions.

In my view the commission type of government is too far from the people. It's not responsible to the people; it's responsible to someone who appointed them. The head of the commission doesn't sit in this Legislature. He can be called before Public Accounts, but he doesn't sit in this Legislature, open to daily questioning, as the minister has to.

I think this bill has to analyse the difference — what type of system do we want? I'm not for one minute going to say that all the unhappiness at the grass roots today is a result of the commission form of government. I don't think I'd be fair if I said that. Some of it is. But there is certainly a lot of unhappiness.

When it comes to delivery of service, that is not the principle of the bill but will be one of the items upon which people will decide whether or not they are happy with the administration. I don't think most people care too much about the mechanism of administration. They go by the kind of treatment they get when in hospital. They go by how quickly their loved ones can get into a hospital when they think, and their doctor tells them, they need it. They go by what kind of care they get when they go to a practitioner or have an operation. These are the things they're vitally concerned with, and that is the test of the type of government. If it's unsatisfactory, an elected official can be dealt with, at least at every provincial election.

That's the way it should be. That's the way it has been. That's democracy, and that's why we have representative government. Mr. Speaker, I favor the principle of ministerial responsibility. I think there is a very big wall you have to jump if you're going to say the minister will be accountable for the actions of a group that is not directly under his authority.

When I was in Highways, we had representations to have a commission from a number of some very worth-while groups. They pointed out the states in the United States had a commission that decided where the highways would be built. They said, "You get it out of the political field; the commission decides where the main highways will be built". I said to them, "Who is going to be responsible if the commission decides that the highway is going to be built from A to B instead of from X to Y?" And they said, "Well, of course, the minister will have to take the responsibility". I said, "Well, I don't want to be in that position. If I have to take the responsibility for where a road is going, I want some say about where that road is to go. I want to go to the people concerned, find out what they think about it, make up my mind on what is the fair thing in the public interest, then stand or fall on that as a minister of the Crown". But the idea of having an outside group making the decisions and somebody else taking the responsibility is not sound. And I emphasize that. In my view it is not a sound practice. And it's even less sound when you come to items like health and hospital, which are very, very close to all our people.

Now I want to deal with one or two other items; not that they're involved here, but I do know that a lot of people are concerned about hospital beds and active beds. I know the hon. minister has given the statistics where we have more active beds per 1,000 in Alberta than in other parts of Canada. But I wonder

how many hon. members have tried to quote those statistics to someone who just recently was told by the doctor, I'd like to put you in the hospital but I can't. You know, you can talk statistics until you're black and blue in the face, but it won't convince that person that that loved one shouldn't be in the hospital. I think there's a lot of truth, Mr. Speaker, in what the hon. Member for Spirit River-Fairview just said: we may have a high number of active beds in the province, but have we enough beds in some of our rural areas? That is really the crunch of the matter.

When it comes to hospital commissions, I know of a minister who made a definite promise that a hospital would be built in one of the towns of this province. But the hospital commission disagreed, and the hospital still isn't built. Now if that minister was here today, he would be held responsible. But he is not here. He made a public statement that a hospital would be built. He was satisfied a hospital was needed. But the commission thought otherwise, so no hospital has yet been built. Now that is one of the results of a commission type of government, where you have commissions making the final decisions and the minister taking the responsibility.

I think there's a great need, a great number of things to be done. If this bill passes, I would like to see the new department take a pretty careful look at home care. I think we can save money if we can keep people in their homes, and even pay part of the wages we'd have to pay in a hospital to keep them there. I think that makes good sense as economics, and the people many times are happier. Home care is an important item. Ambulances are becoming more and more important, and I think the department should get in very close consultation with those who are doing the work.

You know, I admire the volunteers of this province who go on call for our ambulance services, for little or nothing, because they're interested in humanity. I think our ambulance care and our volunteer ambulances should be encouraged to the greatest possible degree. With regard to the delivery of other services — medicare, dental care, and so on — I think these are important. I would urge the department not only to check with the people and find out how many people want it and what the thinking of the people is, but also to work out a program that can be delivered year after year within the economics of the province. I think you have to do that. If you simply say, we'll start this thing and have no regard for the escalation of costs in the next few years, we're not being fair to the next generation; we're not being fair to the people of today. I think these things can be done, with careful consultation and careful planning, to satisfy the needs of our people today and have a good base to build on and to expand tomorrow.

The major concern of most people — I think of almost everybody, and I would say of every member of the House — is that when we are sick, we have access to a hospital and to a doctor. The important thing is that we have good hospital and medical care, and that is the final test. They say the eating of the pudding is the test, and the kind of medical and hospital care you get is going to be the test of whether the people will be happier with the ministerial responsibility or with the commission type. But principle-wise, I would say that if this thing were put to a referendum in this province, most people would

want ministerial responsibility. That's certainly what the people of my constituency want. They want the minister to be responsible, and when they have a complaint, they want to be able to come to the minister. They want the minister to be responsible and to set the overall guides and the department carry them out, so we can have the best possible quality of medical and hospital care in this province.

Yes, accountability goes with authority. They go together. And accountability of the minister to the people has to be based on the fact that he has the authority to make decisions. How he handles the final making of the decision in his department is the prerogative of every minister. But if he does it with careful weight to the representations, the input, of the people of the province, a minister will seldom go very far wrong. He'll take the responsibility if he makes a bad judgment, and he'll take the responsibility if he carries out good administration. Ministerial responsibility is fundamental to democracy, and I support the principle involved in this bill.

DR. BACKUS: Mr. Speaker, I wish to speak on second reading of this bill, because I think it is a very significant bill. At the risk of repeating what has already been said, I would like to repeat the fact that this bill is changing the previous government's concept of government by commission to government by elected member. The previous government believed in providing authorities, boards, and commissions, which were given decision-making powers, and these boards and commissions placed a barrier or buffer between the minister and his department, and the public. This government has said consistently that the elected member, not the appointed board, shall be accountable to the public and to this House. It is therefore surprising that the members of the opposition have so regularly opposed ministers accepting this accountability.

DR. BUCK: Bring the Alberta Energy Company to the floor, Winston.

DR. BACKUS: I was just about to. Actually I'm not surprised that we have this reaction from the opposition, because anybody who can't see the difference between the Alberta Energy Company and a commission is likely to say all sorts of weird things. I would like to congratulate the previous government on establishing the Alberta Gas Trunk Line Company. Because of their foresight in establishing this company, which enabled Albertans to invest in at least some aspect of energy development in the province, we had a company that was able to spearhead the trunk line that we are now going to have coming from Alaska. I don't think any members of this side of the House would say that the Alberta Gas Trunk Line Company was practically the same thing as HRDA.

I think all these commissions and authorities were not brought directly under the minister and his department, at the same time that HRDA was disbanded, probably only because there was so much catching up to do that some jobs had to wait. Now, Mr. Speaker, this is not in any way a criticism of the people who formed these boards and authorities. They were all sincere and strove to do their appointed tasks with the greatest efficiency. But today there is a difference in philosophy.

DR. BUCK: Centralization of power.

DR. BACKUS: For whatever reason, the cost of health care delivery has increased at a rate that is out of proportion to other increases.

Mr. Speaker, when a truck starts going faster and faster down a long hill, the person who is responsible for that truck doesn't sit in the passenger's seat and try to tell somebody else how to control the truck. He usually gets behind the wheel himself and tries to get it under control. Mr. Speaker, the people of this province have elected the driver of this truck.

To continue with this analogy, if the driver can pull the truck onto the shoulder, and stop it for a while — at least until he engages another gear, or chooses a route that doesn't have such a steep hill — I don't think we would criticize him too much. And I think that change of gear or route, Mr. Speaker, is going to be a very exciting part of the future of health care delivery in this province.

We've heard a great deal of talk about the grass roots, about the concerns of hospital boards. I was very interested in the Member for Spirit River-Fairview. He seems to go to different boards than I do, or maybe when he does attend the boards his political views are recognized. I'm just a doctor, and not too many of the boards I go to think of me as a politician. Perhaps for that reason I've got a very different point of view than the hon. Member for Spirit River-Fairview, and have consistently heard strong commendation for the minister and the effort he is trying to make in organizing and stabilizing health care delivery in this province.

When we're talking about hospitals and the need for hospital care, I think we should remember that 90 per cent of the patients who seek health care do not go to university health care facilities or large magnificent hospitals. They get their treatment from the doctor in the doctor's office. Yet 80 per cent of the health care delivery costs go to the hospitals.

Mr. Speaker, if we could develop this primary health care it could well reduce the amount and cost of secondary care. It is possible too that the doctor could become more involved in preventive medicine, and thus reduce still further overall health care costs.

A reorganization of input by the government into health care delivery, and especially an overall planning of health care delivery at all levels, with special emphasis on rural areas, could bring some order to the present situation.

The desire of the hon. Member for Little Bow to react to the grass roots, without initially having a plan so the reaction can have a co-ordinated response, seems to show he lacks a real understanding of the needs here. He would have us react to every board that says it wants a hospital. He would have us react to every hospital board that wants to increase the facilities within that hospital. And I think we can see this as being the response in the past, by virtue of the fact that throughout this province we have strings of small hospitals within 12 miles of each other, yet in other areas people have to go hundreds of miles before they can get [to] a hospital. Indeed in some cases, like Fort Chipewyan, they even have to fly out in order to see a doctor, because they have only a nursing station.

Mr. Speaker, we do need to reorganize health care delivery in this province, but I don't expect to see

legislation detailing this reorganization. I certainly expect to see the legislation that we have before us which establishes the framework by which these new policies and directions can be developed. I might say that to my knowledge, within this framework, the minister is trying to develop and bring some order into the total health care delivery within the province. Hopefully this could also effect some very significant economies, because we can't go on increasing the budget for health care indefinitely.

The hon. Member for Spirit River-Fairview talked about the Hall commission report. He didn't talk about the Beveridge Report, but it is a very similar one. In the Hall commission report one very definite statement was that under his proposed method of health care delivery there would be no significant increase in cost. Those who knew told the government that this would not be the case, [and] that when you brought in this type of universal health care there would be an inordinate increase in cost.

This has proved to be the case. However, for political reasons the government felt it had to bring in universal, insured health care, and our federal colleagues forced this onto the provinces, regardless of whether they felt that their own private enterprise program like MSI was in fact doing a satisfactory job. I think there's no question that following the advice of many of these commissions has resulted not in a more efficient service, [but] if anything a little less efficient service, in fact a more expensive service. I hope the route the minister is going here in Alberta of the overall planning — not the overall power, but the overall planning — being in the hands of the government and the local government, the local people, and in fact the local doctor being given the opportunity to implement health care delivery within that overall plan, I hope this will in fact provide a more economic service, but at the same time provide a better level of care to the rural patients in our province.

MR. GOGO: Mr. Speaker, I too would like to speak in second reading of Bill 66 and perhaps in some small way add to the merits of the government's position in encouraging members of the House to support the bill which in principle is really creating a department of hospitals and medical care to take over those duties and responsibilities currently handled by the Hospitals Commission and the Alberta Health Care Insurance Commission.

Before I proceed to details of the bill, I would like to make a few comments about the health care situation in Canada generally, before we bring into that perspective the situation here in our own province. I'm sure most members would agree few things are nearly as important to Canadians as their personal health, with the possible exception of not having a job — that may be more important than your health. To quote the former Minister of National Health and Welfare, the Hon. Marc Lalonde: "Good health is the bedrock on which social progress is built." If you don't have good health — I'm sure most members would agree on this point — nothing else really matters.

Surely the situation in Canada today, when we look at Ontario which closed many hospitals a year ago, when they have closed 1,200 to 1,400 hospital beds, when perhaps at every local community meeting health care was on people's minds — it was certainly a topic on the cocktail circuits — I think it should go

on record that Alberta is not immune. Indeed Alberta, with its hot economy, has been attracting people at an ever-increasing rate and yet not one hospital in Alberta has been closed during this so-called crisis. I think that is significant, Mr. Speaker, and should be recognized by those who speak in opposition to Bill 66.

When you view the health of Canadians and the world scene, I think Canadians compare rather favorably. In a recent study of 21 western nations, Canada ranked eighth. It's fair enough to say that although we spend three times as much as England we're only just a short way ahead in terms of their health. Perhaps they have other persevering powers that we in Canada don't have. But I think when you look at Canada occupying the position of eighth and the United States, the greatest nation in the free world, being eighteenth out of 21, it should make us as Canadians feel quite proud of the system we have.

In terms of lifespan, I think it's interesting to note that Canada is seventh out of the 21 nations. That is, for all Canadians who achieve the birth of one year, if they're male they'll live to be 69.9 years, and if they're female they'll live to be 76.9 years, which may give hon. members some insight into why matrimonial property is a very topical issue around this province, because there are going to be many people around looking forward to spending those dollars.

We're second only to Sweden in the western world, in terms of life expectancy. I think those who have watched either the keep-fit commercials or the Volvo commercials can understand why the Swedish people stay so healthy. It's obviously the way they run around in the snow.

Mr. Speaker, I think an area that we can't be particularly proud of is infant mortality. In the western world, we in Canada are tenth out of the 21 nations. Not a particularly proud record. However, I would suggest that with the ever-increasing attention being paid through pediatrics to those newborn infants perhaps that will change.

In Canada we have about 40,000 physicians who generate a cost — and I think it's generally understood that physicians account for about 90 per cent of the total impact of health care cost — that's now reached \$10 billion a year. I think it's very significant. But the real cost in terms of health delivery is the 350,000-odd health care workers we have in the system, accompanied by the 1,400 hospitals. So, although I want to talk in more detail about the financial side, I don't for one minute mean to infer that it's the physicians in the nation who are the primary cause of the high cost.

Canada is very fortunate in terms of the supply of physicians — we're fourth in the world in number of physicians per capita. We're even better than that in regard to nurses — we're second in the world.

I mention all this to indicate I believe we in Canada are extremely fortunate in terms of the health care system we have. It's been quoted by many people that we are, if not the highest, certainly among the highest in the world in terms of availability of health care systems. Indeed Dr. Robert Taylor, the president of the Canadian Cancer Society says Canada ranks first in terms of cancer treatment.

I mentioned earlier that really the primary cause for Bill 66 is perhaps financial. We in Canada not only have adequate and very high calibre health service

but we have perhaps, certainly in the western world, the greatest access to those services in terms of financial reserves. Fully 99 per cent of Canadians have access or can afford our services, compared to America where they have about 10 million people who not only do not have private or public health care, but [where] indeed there are 50,000 personal bankruptcies each year for want of adequate health care resources.

As I mentioned in terms of financing — and I'm sure that's really what's been precipitated in the last several years, I'm sure that's what caused Ottawa to come to what they term a happy conclusion in terms of cost sharing, where they shared on a fifty-fifty basis with the provinces — in the last two years prior to that we've seen escalating costs in Canada go from 25 per cent in 1975 and an increase of 20 per cent in 1966, a very substantial increase in health delivery costs when you talk in terms of \$10 billion.

It's no wonder the federal government wanted out. It seems of late the solution to many of the federal government problems of the nation is to hand them over to the provinces. Indeed this is one program I think Albertans and certainly this government has welcomed. Because finally this government is in a position to adopt those health delivery programs it believes are in the best interest of Albertans. No longer is the fifty-fifty sharing in existence only for acute hospital treatment beds, but is to be utilized for health delivery to its citizens as this government sees fit.

One record perhaps we shouldn't be particularly proud of, because when we talk about health costs we talk primarily about hospitals. I suppose we in Alberta spend the highest number of dollars per capita in Canada, but we also have pretty well the highest hospital admissions in Canada per 100,000 people. We're now over the 200 mark per 100,000. As I've said, that's really where the impact of the costs are: with the hospital admissions. But surely, Mr. Speaker, we can't be pointing fingers and saying, well, that's the fault of the physicians. Because I'm sure the physician is doing what he feels is right. If he is unsure he admits a patient to hospital to carry out any number of tests.

The latest statistics available to me show that in 1973, of all the money spent in Canada, 96 per cent of the health delivery dollar was spent on physicians' treatments and hospital care, and only 3.9 per cent on prevention. I suppose there's a very important lesson there, and this has been mentioned today by several members of the Assembly: we should be spending more dollars in terms of prevention. Two years ago the government of Canada spent \$650,000 in a mass advertising program called Dialogue on Drinking, to convince people of the harmful effects of drinking. The same year, the industry — that's the brewers and distillers — spent \$37 million. I don't care who you are as a government, there is no way you can compete, with \$600,000 against \$37 million and expect people . . . We've learned that it's television that sells soap; it certainly sells whisky, and all the attendant health costs . . . That is not the route to follow, if we're only going to spend pennies in trying to combat a problem.

I think it's interesting to note as well, Mr. Speaker, that as little as 20 years ago, of all the physicians in Canada, 68 per cent were general practitioners or

perhaps family doctors. This year that's shrunk to 47 per cent. We're in an age of specialization. The very inference of the name means higher cost. Who has ever heard of a specialist not making more than anybody else? Perhaps to justify higher cost you sometimes don't treat them in a little office, you have to put them into an institution. Again, that's where the impact of costs is. It's an interesting phenomenon, Mr. Speaker, that because of specialization we seem to have gone from approximately two-thirds of the general practitioners to only about half.

I sense that's changing. I had a meeting this morning with a doctor from the city of Edmonton who talked to me about family medicine. The government is interested in hearing new ideas and new thoughts. This particular physician turned me on with his ideas about family medicine, because surely it goes without saying that what you can prevent in terms of health treatment through prevention programs, you'll certainly save in terms of costs.

Mr. Speaker, I'd like to mention that, as always, when the Member for Drumheller speaks he knows a great deal about what he's talking. He spoke primarily about the responsibility and accountability of elected representatives. I don't think I've detected in this Assembly today one word of criticism about the people serving on the Hospital Services Commission or the Health Care Commission. Indeed, I've been a commissioner of Health Care for the past two years, and I don't believe I've ever met a more dedicated group of people than in the Health Care Commission. But that is not the point. I'm sure we could say the same for the Hospital Services Commission. I haven't been a member of that so I'll say almost the same for the Hospital Services Commission.

By passing this act and in effect abolishing the commissions, we're not suddenly saying that the people employed by those commissions have been disastrous for the health services and the health care of Albertans. That's not the point. Indeed, to my knowledge all the people serving on both those commissions are going to be an integral and functional part of the Department of Hospitals and Medical Care. So I don't know where the members of the opposition have got the idea that this government has tried something for a few years, they've failed, and now they're trying to make a scapegoat out of somebody. I don't accept that, Mr. Speaker, and I hope other members of the Assembly don't either.

The Member for Drumheller has pointed out, I think, so many interesting observations, not only on the history of the system but that commission form of a government which acts as a buffer between the people it serves and the elected representatives is just not suitable in terms of health delivery. I endorse his comments.

I think the minister has worked extremely hard in the past year and a half in attending over 400 meetings, looking for the solutions to the problem. Surely, as the opposition member knows, when you have a toothache you don't go to a service station, you go to a dentist. You go to somebody who can solve the problem. To me, the minister has taken the proper course of action in going to the hospital boards of the people of Alberta, going to the people who are involved with the treating of people: namely, the professionals.

He has now put together a consensus of all those opinions. I haven't heard him say today, members of the Assembly, I have the answer: the answer to all our delivery needs lies in Bill 66. He hasn't said that. He simply said, we've finally recognized and understood the problem; part of that problem lies in the commission form of administration of health delivery, and I'm recommending to the Assembly, in the form of Bill 66, a commencement on the solution to our problems. That's what I've interpreted. He's read a 10-point item from a research group and an international accounting firm with some extremely adequate reasons.

I would simply like to close by re-emphasizing No. 10 in the minister's presentation: the organizational structure of the Hospital Services Commission is not efficient or effective to the extent desirable in carrying out the needs of the total system. It's that simple. He is saying, look, I've gone to all Albertans I could possibly go to who I think have the answer. I've asked them for their advice. They've given me their advice. I've talked to elected representatives: namely, MLAs within this House. I've talked to the professional, that primary source of medical care, the man who treats the patient. What else can I do? I've gathered all the information. I'm accepting their advice. And their advice is contained in Bill 66. What more could he do?

Mr. Speaker, I think he has worked extremely hard in putting this together. As members of the Assembly I think we have no real option, if we accept the principles of democratic government, other than to support Bill 66.

Thank you, Mr. Speaker.

MR. KROEGER: Mr. Speaker, what I find so often in this House is that people take themselves so seriously they get carried away. They misread circumstances. They do things for the wrong reasons, and I see it happening again today.

I've been a member for the Alberta Hospital Services Commission for two years. I've been a member of this House for about two and a half years, and I've been a member of the driving public of Alberta for about 35 years. I see something happening. And what's being identified isn't what's happening at all. There's a diabolical plot here that I think ought to be exposed.

Quite a long time ago, in fact the same spring I arrived here, the leader of the House must have sensed something. I think he was in collusion with the Solicitor General, and now I see the Minister of Hospitals and Medical Care getting into the act. That spring I first arrived here the leader of the House came in with a bill that said there will be no more constituency in Sedgewick-Coronation. We've been fooling around with that for quite a while and it finally happened. The members of this Assembly looked around and I had no more constituency, but I was still here. Obviously that wasn't quite enough, so the Solicitor General gets into the act. For the simple reason of driving 5 miles an hour too fast once too often, he picks up my licence. He says, I want it. And he gets it, for 30 days.

DR. BUCK: Good thing you've got that airplane, Henry.

MR. KROEGER: That was very handy. But that didn't do it. I used the aircraft in the non-existent constituency, and I'm still here. There's one last kick at the cat. There's still a commission. I'm a member of it. And now the Minister of Hospitals gets into the act.

DR. BUCK: Are they trying to tell you something?

MR. KROEGER: Yes, I'm trying to tell you something now, that you're misreading what is going on here. You're taking it too seriously. The Minister of Hospitals whom I trusted and worked for has now, he thinks, dealt me the final blow, and he's doing away with the only thing I had left, which was the commission. But I'm going to fool him. I'm going to be around here a little longer.

AN HON. MEMBER: Hear, hear.

MR. KROEGER: In any event, on a more serious vein, I have . . .

AN HON. MEMBER: A wife and three kids.

MR. KROEGER: Yes, and yesterday was her birthday, and I'm taking her out to dinner tonight as soon as we finish with this.

In any event, Mr. Speaker, I have had a little over two years as a member of the commission. I don't read this as an indictment of the people I worked with. I don't read it as an indictment of the kinds of things that were being attempted. But in the early stages of my duties there, I had some difficulty reading what we were supposed to be doing as a commission. Later on, as I became more familiar with it, the minister did assign some work to me which involved developing a short-term funding program for the nursing home section. This department encompasses many levels of responsibility for health care: the active treatment, of course, the auxiliary, the nursing home situation — the senior citizen thing moves into another area, but it's related — and finally we get to the home care factor. Keeping in mind that the government is funding almost totally what is being done in the health care field, the associated costs that go with all of this has made some interesting lines on the graphs we look at.

Now the part I was associated with, that I think I am qualified to speak about for a few minutes — and it's only going to be a few minutes — is the study we have been attempting to do on the cost factors in the nursing home field. For whatever reasons — and I'm sure there are many of them, there isn't any one reason — going back to the early years of the nursing home system being developed back about 1963, a patient-day was about \$6. We're now looking at patient-days running as high as \$40. This hits you between the eyes. I'm not suggesting for a moment that that is the fault of the commission. I am suggesting, though, that that's a good reason for the minister to call a halt and say, let's take a look at this thing. Now if it's his preference to departmentalize, there's nothing too new or startling about that because all of the other areas in government, as far as I know, are run by departments, so I see nothing insidious about what is being attempted here. I think the minister should be supported in his efforts to get control. It seems he is a long way down the road to developing a

program.

With that, Mr. Speaker, I wish him well, and thank you very much.

MR. TRYNCHY: Mr. Speaker, I'd just like to add a few comments to this bill and speak on the principle of it. I've listened to the opposition members opposing Bill 66 and I don't know why, because my way of looking at this and listening to the other members is that the bill will not provide services. It's to provide the change from commission government to government under the minister. That's what the bill will provide. They can go around, make these speeches, and fool the people. I'd just like to challenge them to stand up and be counted when the minister closes debate.

Firstly, I'd like to state that I think there's a great number of good people on the commission, a lot of good people, and I'm not going to condemn them in any way. But I for one do not accept a commission form of government. Never have and never will. When the people elect you to this House or to any part of government, I believe you should be responsible and not pass it off to somebody else.

DR. BUCK: Tell Mitchell that.

MR. TRYNCHY: Under the old government they needed a buffer, which shows me, Mr. Speaker, that a weak government or a weak leader needs a buffer, and that's what we had with the commission, because the blame did not funnel down to the minister. Or they would say, look, I'm just the minister; I can't help you. You'll have to talk to the commission. I don't accept that, and neither do my people.

Mr. Speaker, as mentioned by the hon. Member for Drumheller, the commissions don't really have to listen to the people. They don't really go out. There is no need for them to do this. They really don't have to answer to anyone, possibly the minister. This is wrong. I believe there should at all times be a dialogue between the elected people and the people in the constituencies, wherever they are. As members we must take time to listen. We must assess the situations and we, the elected people, must make the final decision. Leaders, ministers, and MLAs are responsible and they can be changed. But in some cases the commissions can go on for ever.

As I've mentioned, Mr. Speaker, the act provides for a change from commission government to a government under a minister. We've heard so many things the last 10, 12 years that hospital costs were out of range and the high costs were going on and on and nobody put the brakes on. Even the hon. Member for Clover Bar — I'd like to read from *Hansard* what he had to say about the commission.

AN HON. MEMBER: It won't be much.

MR. TRYNCHY: He said:

I don't know where the commission . . . [was] when they were handing out [all this] money . . . I know of one too, . . . where — and my eyes are getting a little weak — I can hardly see from the front door to the centre of the nursing station.

DR. BUCK: Right.

MR. TRYNCHY:

You could have a square dance for about 40 people in [that area].

Well, Mr. Speaker, we just hear . . .

DR. BUCK: Where was the minister? He's getting 45 grand a year.

MR. TRYNCHY: . . . the colleague from Little Bow make a speech condemning everything about this act. He didn't really care if we had more waiting rooms where you could have dances. He didn't care to bring these under control. I think that's what this act is doing.

MR. R. SPEAKER: Blame it on your local government.

MR. TRYNCHY: The high cost of hospitals in the province have cost . . .

DR. BUCK: Where was Miniely?

MR. TRYNCHY: . . . many other MLAs . . .

AN HON. MEMBER: At home.

MR. TRYNCHY: . . . addition to their hospitals. I know it's set me back in my constituency in getting additions, and sometimes difficulty in getting services in isolated areas. This I think is what the minister is trying to stop, and to provide these services in outlying areas. I say to you, and I say to all members, that the minister, the board, and the MLA have got to make that decision, because if they don't they won't be here long. That's a good example of what happened a few years ago.

To me, the commission should only recommend, and only to the minister. I think with this new act — and I'd like to leave some time for the hon. minister to close debate — the hospital boards, the minister, and the MLA can now sit down face to face, eyeball to eyeball, and see where it's necessary to make additions and changes. I fully support this act, and I hope all other members do too.

MR. NOTLEY: Now we're smoking 'em out.

MR. HORSMAN: Mr. Speaker, I am going to be very brief in my participation today. I just wanted to say that I was terribly disappointed this afternoon in the Assembly at the speech by the hon. Member for Little Bow. Because prior to the opening of this session I heard word — I am sure it came to all of the people of Alberta — that in the field of hospitals and medical care, there's where the opposition was really going to zero in. Well, he zeroed out. His criticism of this legislation today was the puniest example of criticism that I have heard in this Assembly. [interjections] The hon. member said that he had nothing to say in support of the commission system, nothing at all, and yet he was opposed to a ministerial responsibility on principle.

SOME HON. MEMBERS: Oh.

MR. HORSMAN: Interesting indeed, Mr. Speaker.

I am sure the hon. members were as amazed as me. The only thing I think he really had to say was

. . . and I asked for *Beauchesne* to look it up to see if "gobbledygook" was an unparliamentary word. It did not appear in there, so I assume that it is a parliamentary word. Perhaps it came into usage during Social Credit days, in discussing Social Credit monetary policy.

AN HON. MEMBER: What monetary policy?

MR. HORSMAN: He used the word "gobbledygook" and then proceeded to demonstrate it . . .

AN HON. MEMBER: Exactly.

MR. HORSMAN: . . . because nothing the hon. member in the official opposition said today even deserves the name of criticism of this legislation in principle.

MR. CLARK: Then why are you up talking?

MR. HORSMAN: The hon. Member for Clover Bar as is his wont has sat in the Assembly and chattered away during the course of people's remarks today . . .

DR. BUCK: I'm waiting for the garbage to be expounded first.

MR. HORSMAN: . . . and he talked about the Alberta Energy Company. Well, Mr. Speaker, I'm not aware that the Alberta Energy Company is a department of the government of this province.

DR. BUCK: It's responsible to it for our \$75 million.

MR. HORSMAN: It is responsible to the shareholders.

DR. BUCK: How about our \$75 million?

MR. HORSMAN: Mr. Speaker, would the hon. member like to check on the investment today? Is it worth \$75 million?

DR. BUCK: We're responsible for the \$75 million [inaudible].

MR. HORSMAN: If we sold those shares on the market today they would have almost doubled in value.

AN HON. MEMBER: Tripled.

AN HON. MEMBER: Hooray.

MR. CLARK: And why shouldn't they?

DR. BUCK: They've got all the winners.

MR. HORSMAN: Well, nothing succeeds like success.

AN HON. MEMBER: Why didn't you get some more shares, Walter?

MR. HORSMAN: Nothing succeeds like success, Mr. Speaker, and those Albertans who bought the other \$75 million worth of shares in that company and held onto them are proud of this government for having

given them the opportunity to invest in the future of this province.

AN HON. MEMBER: Walter sold his too soon.

AN HON. MEMBER: Just because you sold your shares too soon.

MR. HORSMAN: The hon. member . . .

MR. SPEAKER: Order please.

MR. HORSMAN: . . . then went on to say something that just amazed me, that the minister has been inaccessible to the people of Alberta, and the fact that he held 440 meetings meant nothing at all.

DR. BUCK: With himself [inaudible].

MR. HORSMAN: What ridiculous statements, Mr. Speaker. They hardly qualify as debate.

And so the official opposition has taken the position that they cannot support responsible ministerial accountability to this Assembly. The record will show it forever in *Hansard* that that is what they have said today, and it is to their shame.

SOME HON. MEMBERS: Shame, shame.

MR. CLARK: You're so concerned about us.

MR. HORSMAN: Mr. Speaker, then the hon. Member for Spirit River-Fairview stood in his place to give us the socialist view, and even referred to himself today as a socialist member.

AN HON. MEMBER: Agreed.

MR. HORSMAN: Heavens, I thought they had abandoned that, and now called themselves social democrats. But today . . .

DR. BUCK: It's the same as state capitalism.

MR. HORSMAN: On the record . . . [interjections]

MR. SPEAKER: Order please.

DR. BUCK: Tell us about that.

MR. HORSMAN: On the record he referred to himself as a socialist member. I'm glad to hear it. He then went on to say he could not support the principle of ministerial accountability to this Assembly through the department proposed in this legislation, but really preferred a commission form of government because it's non-political. So much for the argument of the socialists.

Mr. Speaker, I support this legislation. I support it on the basic principle the minister outlined in his speech today, and other members on the government side and the hon. Member for Drumheller: that we are responsible to the people directly and we will assume that responsibility and no longer hide behind the smoke screen of the commission form of government introduced by the late and unlamented Social Credit administration.

DR. BUCK: Mr. Speaker [interjections] there doesn't seem to be much time even for the preamble. But I would like to say that my hon. friend from the southeastern part of the province, the hon. Mr. Horsman, wouldn't win an award for acting. He might not even get to be a cabinet minister . . .

MR. NOTLEY: Aw, too bad.

DR. BUCK: . . . but there is a better chance of him becoming a cabinet minister, possibly in the department we are talking about, than there is to win an MC. But, Mr. Speaker, basically when the government runs into a problem, to try to solve a problem that they created — and let's not blame the commission, because right here on the seating plan of the Alberta Legislative Assembly, February 24, 1977, sitting right between the Minister of Federal and Intergovernmental Affairs and the Provincial Treasurer, we have the Hon. G. T. W. Miniely, Minister of Hospitals and Medical Care.

MR. R. SPEAKER: Who never took any responsibility.

DR. BUCK: I thought that's what the hon. minister was responsible for. You know? It's fine . . .

MR. CLARK: He misled the Assembly.

MR. NOTLEY: The minister of passing the buck.

DR. BUCK: I guess he did mislead the Assembly, because he said, these problems weren't mine. [interjections] The commission did all this, the commission. Don't blame the poor old Minister of Hospitals and Medical Care. Don't blame me. I'm just the minister. I would like to know what the hon. minister was getting \$40,000-plus a year for. Because if he wasn't responsible for the commission, if he wasn't responsible for hospitals, in the name of what's good and holy, what was he responsible for, Mr. Speaker?

SOME HON. MEMBERS: Hear, hear.

DR. BUCK: What was he responsible for?

MR. NOTLEY: Agreed.

DR. BUCK: You know, I just get sick and tired of this "now" government that has now been in for six years. They keep on blaming a commission. They keep on blaming the former government for the fact that they don't really have a policy on how they're going to look after the health care of the people of this province. And that minister, Mr. Speaker, should have been fired or have the intestinal fortitude to resign. I say that and I am upset.

AN HON. MEMBER: You sound it.

DR. BUCK: When we come into this Legislature, bringing a bill to buy time because we haven't been able to do the job, that's an insult to the members of this Legislature. That's what it is.

Basically what the government is trying to do is buy time. They're buying time by saying: now we've just brought this in under a minister; you people out in the hospital areas who have problems have got to give us

some time because we've just [not recorded] this new department. That's one way of buying time: bring a new bill in. The second way is put a freeze on, saying, now we've got a freeze on because we have to sit down and find out what has happened. Well, what was the minister doing for two and a half years? You don't mean to say that the decision is made just by the hospital commission . . .

MR. NOTLEY: He thinks slowly.

MR. CLARK: He thinks?

DR. BUCK: . . . that the hospital commission decided there will be a hospital here, there, and everywhere. The hon. Member for Drumheller said it's a ministerial responsibility. Certainly it is, but the minister is responsible for what is going on in the medicare commission and in the hospital commission. Because if he isn't, who is? What is he doing? If he wasn't doing anything then he'd better give the people of this province all his cheques back, because that was his responsibility and is the responsibility of the government. They can't get out of that responsibility.

It's just not good enough to come back into this Legislature two and a half years after the minister has been head of this department and say, we've suddenly discovered some problems. That's not good enough.

Mr. Speaker, the reason we are debating the principle of this bill is not really that we're arguing is the commission better or is ministerial accountability better. I think the two things go hand in hand. It doesn't matter how you do it as long as you do it. That's what we're really arguing about. What we are objecting to in this bill, Mr. Speaker, is that we are not just making the minister responsible, because he has that responsibility already. What we are doing is bringing more and more power into the hands of the minister, and more and more power into the hands of the cabinet. If that is the "now" government's idea of decentralization of power, who needs it? Who needs it? That is not decentralization of power.

Mr. Speaker, I couldn't believe my ears when I heard the hon. Member for Grande Prairie say this government is against the small rural hospital. That's what he said. I couldn't believe it! Is this the Conservative method of decentralization? Is this how we're going to entice people into our rural areas, by not building hospitals out there?

MR. NOTLEY: Close down the hospitals. Close down the schools.

DR. BUCK: I would like to know, Mr. Speaker, is this just the former minister's idea of how you get people out into the rural area, or is this government policy? Is this what is going to happen when the minister takes over? Not "takes over", he's been in charge.

As I understood it, the purpose of a commission was not to act as a buffer, because the government takes the responsibility ultimately. When you have a hospital, or you don't have a hospital, do they blame the commission? Let's not be so naive. They blame the government, that's who people blame.

MR. NOTLEY: True.

DR. BUCK: They can't understand the argument: is it the commission or is it the minister? The minister knows who they blame. They come banging on his door. They blame the minister. They blame or they compliment the government. But this government has a record. They like the platitudes, they like the claps on the back, but they don't like any of the barbs. They don't like getting the shots, because that's uncomfortable.

MR. CLARK: They like to snip the ribbons.

DR. BUCK: Oh, they like to cut the ribbons.

MR. NOTLEY: Ribbon cutters. They're a great bunch.

DR. BUCK: Sure, we have all the local newspapers out. We have the Kodaks out. We really had them out before the last election when the hon. Minister of Culture was handing out his little grants. But that's another point. You know, we had a lot of pictures.

Mr. Speaker, government cannot escape the responsibility of a commission, a board that is under the department responsible for that. There is no way of escaping that responsibility. As I see it, a commission is set up so the decision made to put a facility in an area is a non-political decision. But knowing the way this government operates, Mr. Speaker, you know, it's nice to drop a little hospital here, a little park there, a provincial government here. And that's policy? I say that is not policy, that is political expediency.

MR. NOTLEY: I think you're right about that.

DR. BUCK: At least under the commission system the people in the areas that are affected can say to the commission, yes, we buy that.

The hon. Member for Drumheller would put a highway in an area because that's where the traffic count was. And you can look anybody in the eye and say, that's where the road went because that's where the traffic count was highest. This is why a commission is set up, so that they can make an independent, unbiased, objective decision. Let's not be so naive as to say politicians make objective decisions. Let's be more honest and say politicians make decisions that will do them the most good.

DR. HOHOL: You're talking about yourself.

DR. BUCK: Ah, there's the hon. star of *The Tar Sands* telling me I'm talking about myself. [laughter]

MR. CLARK: Next line, Bert.

DR. HOHOL: Jealousy will get you nowhere. [laughter]

MR. NOTLEY: Have you got the cab, Bert?

DR. BUCK: Mr. Speaker, I am not here to defend the commission system. But the commission system is an effort to remove it from the area of politics.

Mr. Speaker, because I have just got through the preamble, I beg leave to adjourn the debate.

MR. SPEAKER: May the hon. member adjourn the debate?

HON. MEMBERS: Agreed.

MR. SPEAKER: With the usual instinct for the progress of the clock, the Assembly stands adjourned until tomorrow afternoon at 2:30.

[The House adjourned at 5:30 p.m.]