LEGISLATIVE ASSEMBLY OF ALBERTA

Title: **Wednesday, April 13, 1983 2:30 p.m.**

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

PRAYERS

[Mr. Speaker in the Chair]

head: INTRODUCTION OF BILLS

Bill 39
Local Authorities Election Act

MR. KOZIAK: Mr. Speaker, I beg leave to introduce Bill No. 39, the Local Authorities Election Act.

If passed by the Legislature, this Bill would consolidate the provisions of all local elections in one Act, with common procedures and qualifications for candidates and electors for the election of municipal councils, school boards, and hospital and nursing home boards. This year, Mr. Speaker, we anticipate municipal elections, and all members should be aware that the Bill specifies the third Monday in October as the day on which the elections will be held. That happens to be October 17 in 1983.

[Leave granted; Bill 39 read a first time]

Bill 236
An Act to Amend the Landlord and Tenant Act

MRS. EMBURY: Mr. Speaker, I beg leave to introduce Bill 236, An Act to Amend the Landlord and Tenant Act.

By deleting the specific rate of per cent under section 4, security deposits, this Bill permits the minister to set the interest rate by order, and further provides that the order should be published in the Gazette, in every daily newspaper, and in further ways that the minister deems necessary.

[Leave granted; Bill 236 read a first time]

Bill Pr. 6
Calgary Jewish Centre Act

DR. CARTER: Mr. Speaker, I request leave to introduce Bill Pr. 6, the Calgary Jewish Centre Act.

[Leave granted; Bill Pr. 6 read a first time]

Bill Pr. 12
Calgary Golf and Country Club Amendment Act, 1983

DR. CARTER: Mr. Speaker, I request leave to introduce Bill Pr. 12, the Calgary Golf and Country Club Amendment Act, 1983.

[Leave granted; Bill Pr. 12 read a first time]

head: TABLING RETURNS AND REPORTS

MR. M. MOORE: Mr. Speaker, in September 1982, a cabinet order in council was passed that would provide for the establishment of a task force to study and provide the government recommendations on the manner by which the shares of Pacific Western Airlines should be sold to the public. That task force, which was chaired by Mr. Tom Dobson of Calgary, with members Senator Ernest Manning, William S. McGregor, and Fred R. Wright, has now reported. I'd like to file copies of their report with the Legislative Assembly. Copies will also be available today for all members.

MR. BOGLE: Mr. Speaker, I wish to table with the Legislative Assembly the annual report of the Department of Utilities and Telephones for the fiscal year ended March 31, 1982.

MRS. LeMESSURIER: Mr. Speaker, I have the honor to table the 1982 annual report of the Alberta Historical Resources Foundation.

MR. TRYNCHY: Mr. Speaker, I wish to file the annual report of the Recreation, Parks and Wildlife Foundation for the year ended March 31, 1982. Copies will be available for all members.

MR. WEISS: Mr. Speaker, I have the honor to file with the Legislature five copies of Guidelines for Research in Northern Alberta, a report prepared by the Northern Alberta Development Council.

head: INTRODUCTION OF SPECIAL GUESTS

MR. COOK: Mr. Speaker, I'd like to introduce to you, and through you to other members of the Assembly, 18 students and two teachers from Lauderdale elementary school. They're in the members gallery, and I'd like them to rise and receive the warm welcome of the Assembly.

MR. SHRAKE: Mr. Speaker, I'm very privileged and pleased to present to you, and through you to the Assembly, 44 students from Ian Bazalgette junior high. They're accompanied by two fine teachers, Robert Kerr and Michael McCauley. They also have with them a parent who also happens to be the president of the Dover Community Association, which happens to be in the good constituency of Calgary Millican as well as in Calgary Forest Lawn. I hope you'll extend them the warm welcome of the Assembly. They're in the members gallery.

MR. R. MOORE: Mr. Speaker, I'm pleased to introduce to you, and through you to the members of this Assembly, 74 students from the James S. McCormick elementary school in Lacombe. They are accompanied by their group leader Marvin Pickering, teachers Mrs. Gish and Mrs. Maloney, bus drivers Mrs. Witherspoon and Mr. Lee, and parents Mrs. Snell and Mrs. Favel. They are seated in the public gallery, and I ask them to rise and receive the traditional welcome of this Assembly.

MR. LEE: Mr. Speaker, it is a special privilege to introduce to you, and through you to members of the Assembly, two executive representatives of His Highness Prince Karim Aga Khan, 49th Imam of the Shia Imami Ismaili

Muslims, or for short, the Aga Khan.

Mr. Speaker, it is with a sense of pride and excitement that I inform members of the Assembly that the purpose of their visit to the Legislature for these two days is to finalize protocol arrangements for an impending three-day visit to Alberta, April 22 to 24, of His Highness the Aga Khan, in honor of the silver jubilee of his *imamat* or accession to the spiritual leadership of the world Ismailis.

Mr. Speaker, seated in your gallery is the president of the prairie regional council, and accompanying him is the secretary of that council. While it may not be common knowledge that the correct word for "welcome" in the Ismaili language of Swahili is karibouni, I ask all members of this Assembly to join with me in a warm and welcome *karibouni* for our two special guests, Mr. Majid Nimji and Mr. Hyder Dhanani.

head: **ORAL QUESTION PERIOD**

Arsenic Levels — Pincher Creek Area

MR. NOTLEY: Mr. Speaker, I'd like to direct the first question to the hon. Minister of the Environment. Can the minister inform the House who discovered the arsenic contamination at the Shell Canada gas well near Pincher Creek and when the minister and the department were informed?

MR. BRADLEY: With regard to the question asked by the hon. Leader of the Opposition, Mr. Speaker, in terms of its ongoing monitoring of effluent from its effluent discharge pond, Shell Canada regularly monitors the effluent. In terms of finding levels of arsenic above levels provided for by the gas processing plant wastewater guidelines, we were advised in terms of their sampling on March 18 and 22 of the results of their earlier sampling. On that date of March 22, having received that information, they shut down one of their gas wells. I believe the department was advised by Shell on March 24 this year of the action they had taken.

In responding to this question, I think it should be useful for the House to have some further information with regard to our effluent standards and what levels were found. Basically, the gas processing effluent guidelines provide for up to .25 milligrams per litre of arsenic to be discharged from gas processing wastewater collection ponds. I should also like to advise the House that in the Canadian drinking-water quality standards, the maximum acceptable level is .05 milligrams per litre. The levels Shell found in terms of their discharge for the monitoring in the February and March samples were at .35 and .37 milligrams per litre.

I might also advise the House that on March 19, in conjunction with some follow-up to the report of Gulf Canada, the Department of the Environment took samples of water in the Drywood Creek area above the Shell Waterton gas plant, between the Shell Waterton gas plant and the Gulf Canada gas plant, and below the Gulf Canada gas plant. The levels found in Drywood Creek above Shell on March 19 were .0004 milligrams per litre. In the Drywood Creek between Shell and the Gulf plant, the levels were .0013 milligrams per litre. In Drywood Creek below the Gulf plant, the levels were .0012 milligrams per litre. I draw back to the attention of hon. members that the Canadian drinking-water quality guidelines have .05 milligrams per litre for a maximum acceptable level. The level of arsenic in Drywood Creek is far below the maximum acceptable level with regard to the Canadian drinking-water quality guidelines.

MR. NOTLEY: Mr. Speaker, a supplementary question with respect to the cumulative impact of these kinds of emissions. Could the minister outline for the Assembly how often the department has monitored Drywood Creek? How many surveys did the department in fact commission on Drywood Creek?

MR. BRADLEY: Mr. Speaker, I have advised the hon. member of the sampling which was done on March 19. As a further follow-up, sampling was done on April 5 and 6, the results of which have just been compiled and which I have just been made aware of, which also indicate that the levels of arsenic in Drywood Creek are far below the maximum acceptable .05 level of the Canading drinking-water quality guidelines.

In terms of the Canadian drinking-water quality guidelines, I might point out for the hon. member that:

> A maximum acceptable concentration for arsenic of *0.05 mg/L* has been established on the basis of toxicological considerations. A number of disorders have been associated with the intake of arsenic in drinking water; however, the lowest concentration at which symptoms develop has not been clearly established.

The next line is very important:

> There is no evidence of any specific illness associated with ingestion of water containing arsenic at the maximum acceptable concentration.

MR. NOTLEY: Mr. Speaker, a supplementary question. Is the minister telling the House that the only monitoring that occurred was on March 22, that that was further evaluated by the department several days later, and that there was no monitoring prior to March 22? Is that what the minister is saying? I want to be clear, because it relates to the question of the cumulative impact.

MR. BRADLEY: Mr. Speaker, there's been ongoing monitoring of Drywood Creek over a period of time. The department has been compiling that information with regard to my earlier request with regard to the Gulf Canada situation, and that information will be made public in the very near future.

MR. NOTLEY: Mr. Speaker, a supplementary question to the minister. What assessment has the government made of the interactive effect of arsenic? The minister indicated certain standards with respect to arsenic in drinking water. But the question I put to the minister is: what specific assessment has been made by the department of the interaction between arsenic and sulphur dioxide, in view of the concern of some authorities that that may in fact cause cancer?

MR. BRADLEY: Mr. Speaker, I would have to take the specific question under advisement.

MR. NOTLEY: Mr. Speaker, a supplementary question. Given the interaction of sulphur dioxide and arsenic, can the minister explain to the House why, after the receipt of this information on March 22, no action was taken by the department to notify downstream people on Drywood Creek, given the assurance of the minister's predecessor in this House on May 12, 1981, that

> if we saw a situation where it would be of danger to

the public in general, the first thing we would do is alert those downstream or wherever it may be.

Given the interrelation of arsenic and sulphur dioxide, why was this not done?

MR. BRADLEY: Mr. Speaker, I believe the hon. member is assuming an interrelationship between a gaseous substance and something which is contained in drinking water. I don't have before me any information which indicates that there is such an interrelationship. I come back to the fact that in terms of advising any of the public, we have to look at the Canadian drinking-water quality guidelines. If they were exceeded — if we knew of any instance anywhere in the province where the maximum acceptable concentrations for any substance were exceeded in terms of the Canadian drinking-water quality guidelines, we would certainly advise the public.

MR. NOTLEY: Mr. Speaker, a supplementary.

MR. SPEAKER: Might this be the last supplementary on this topic, followed by a supplementary by the hon. Member for Drumheller.

MR. NOTLEY: Given the position of some authorities, the question is simply this: is the minister telling the House that no study of the cumulative and interrelation effects of substances which have been emitted both into the atmosphere and through groundwater in the Pincher Creek area has been commissioned by the department as far as the minister is aware? I raise that very directly: has no study about the interrelationship been commissioned by this government?

MR. BRADLEY: Mr. Speaker, I again come back to what the hon. member is stating, in terms of assuming an interrelationship. I also indicated earlier that I'd take his question under advisement. I'm not aware of any study at this particular time.

I might note for the hon. member that I'm advised that in normal human blood samples, there are levels of arsenic between .2 and 1 milligram per litre and that the World Health Organization acceptability standard of .2 for drinking water is a level much higher than the Canadian drinking water quality guidelines.

Sour Gas Development

MR. CLARK: Mr. Speaker, a supplementary. Could the minister inform the Assembly if his department was involved in an inquiry held in Okotoks from March 28 to the first week in April on the placement of future sour gas plants in that area?

MR. BRADLEY: Mr. Speaker, could the hon. member repeat the question, please?

MR. CLARK: Mr. Speaker, I asked the minister if his department has been involved in an inquiry held in Okotoks from March 28 to the first week in April on future placement of sour gas plants in that area?

MR. BRADLEY: Mr. Speaker, I believe the hon. member is referring to an Energy Resources Conservation Board inquiry which was held in the specific area. Yes, there were department officials in attendance at the hearing. I think that answers the question.

MR. CLARK: Could the minister inform the Assembly when the findings of that inquiry will be made public?

MR. BRADLEY: Mr. Speaker, I believe the question should be directed to the hon. Minister of Energy and Natural Resources, who has the responsibility for the Energy Resources Conservation Board.

MR. NOTLEY: The answer is: I don't know.

Health Study — Pincher Creek Area

MR. NOTLEY: Mr. Speaker, I direct the second question to the hon. Minister of Social Services and Community Health. It too deals with the situation in Pincher Creek. On March 18 this year, the hon. minister said in the House that the government expected the Snider report on Pincher Creek health concerns by the end of March. Can the minister advise the Assembly why that report was not tabled at the end of March, as promised by the government?

DR. WEBBER: Mr. Speaker, the promise was not one of tabling. I indicated that I was expecting the report by the end of March. I have not as yet received that report.

MR. NOTLEY: Mr. Speaker, a supplementary question. Is the minister in a position to explain to the Assembly why, when I believe Dr. Snider was commissioned in April, funding was not made available until December, so it was not possible for him to begin the process of investigating this important matter as originally scheduled?

DR. WEBBER: I'd have to get information on anything dealing with the background of that particular contract or provision of funding, Mr. Speaker. We know that Dr. Snider is having medical experts review the results of his study, and that's why there is the delay.

MR. NOTLEY: Mr. Speaker, a supplementary question. As I said, the minister indicated that he expected the report by the end of March. At that time, did the minister discuss with Dr. Snider what the reasons would be? Why was that not reported to the Legislature at the time? When did this information that there would be what I gather is now a fairly significant delay — perhaps until May or later; perhaps even when the House is adjourned — come to the minister? Why didn't the minister bring this information forward?

DR. WEBBER: Mr. Speaker, close to the end of March, I was informed of the fact that the report would not be available until somewhat later. I'm happy to relay the information to the House right now.

MR. NOTLEY: Mr. Speaker, a supplementary question to the minister. In view of the interrelationship of these different types of problems — or at least the view of many experts that there is an interrelationship — has the government now given any consideration to commissioning the kind of health study recommended by the Canadian Public Health Association a year ago so that we could in fact ascertain what the implications are, not of one substance, substance by substance, but the impact of all of them working together?

DR. WEBBER: Not at this time, Mr. Speaker.

MR. NOTLEY: Mr. Speaker, a supplementary question.

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

MR. NOTLEY: Why?

DR. WEBBER: Mr. Speaker, in terms of the study the hon. member is referring to, again I would have to look at the reasons why the study was not proceeded with. But the Provincial Board of Health is awaiting the results of the study I referred to earlier and, at that time, we would look at any possibility of further studies.

Auditor General's Report — Social Services

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Social Services and Community Health as well. It's with regard to the Auditor General's report and social allowance repayments and overpayments that occurred to the tune of $4.1 million to the end of 1982. Could the minister indicate whether those overpayments are still continuing? What type of administrative procedure has the minister put in place to prevent that type of maladministration?

DR. WEBBER: Mr. Speaker, the total amount of money involved was $15.8 million; that is the accumulated, built up over the period from 1962 to 1982. Of that amount, $8.2 million is for repayments, which reflects such things as damage deposits being paid to recipients who would be repaid. However, the balance of $7.6 million is the overpayment portion.

A number of steps have been taken by the department to try to improve the system, one of which is the process of implementing a computerized system to help with the social allowance system. That system should be fully implemented by June 1984. There's also been a change in the form social workers have been filling out in terms of speeding up the time to process, in view of the load they have. This form is also an improvement to address the particular problem the member raised. In addition, I've asked the department to look at improving the investigation process and expect a report from them soon.

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the hon. minister. The Auditor General's report indicates that the computer will not solve these deficiencies, and the Auditor General recommends that it must be "the vigilance and conscientiousness of social workers". Could the minister indicate what type of discussions have taken place with the administrative staff and the social workers across the province to bring about better vigilance over the expenditure of public funds?

DR. WEBBER: Mr. Speaker, I know the department has been in contact with the social workers across the province. I don't have the details of that correspondence.

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the minister. Is the minister saying that he is not directly involved in dealing with this particular question of abuse of public funds?

DR. WEBBER: Mr. Speaker, I didn't say that at all.

MR. R. SPEAKER: In light of the answer, Mr. Speaker, could the minister indicate that he is prepared to make this a top priority matter on his agenda, deal with it, and come back to this House indicating that the problem is in hand? Will the minister take personal control of the matter and not leave it to someone else?

DR. WEBBER: Mr. Speaker, I did indicate that I have been in contact with the departmental people, the deputy ministers. We certainly consider this a concern and a priority and are working on it.

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the minister. The Auditor General also comments with regard to the deficiency of the procedure in processing social allowance payments. I wonder what action the minister has taken to ensure that client files are kept up to date so that cheques are not issued by the central office to those individuals who are no longer eligible for benefits? What action has the minister taken with regard to that matter?

DR. WEBBER: Mr. Speaker, that particular area is an area that I understand can be improved upon by the computer systems to be brought into place.

MR. R. SPEAKER: Mr. Speaker, a supplementary question.

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

MR. R. SPEAKER: The hon. minister indicated that that action won't take place until June of 1984. What has happened in the past year with regard to this matter? The government has had notice for just about a year. What will take place in the current fiscal year to deal with the matter? Is the minister on top of it or not?

DR. WEBBER: Mr. Speaker, the system will be fully implemented in 1984; however, between now and then the system will be brought into place and hopefully will address some of the concerns. I can provide the hon. member with more detailed information if he wishes. A number of steps have been taken.

MR. SPEAKER: The hon. Member for Vegreville followed by the hon. Attorney General, who would like to supplement some information previously requested.

Senior Citizens' Heating Subsidy

MR. BATIUK: Mr. Speaker, my question is directed to the Minister of Utilities and Telecommunications. It is a follow-up to my question yesterday about the subsidy for senior citizens' heating allowance. These pamphlets came just after the question period. There is provision for eligibility for widows between 55 and 64. Does the minister consider widowers of a lower class, that they are not included?

MR. NOTLEY: Take it to the Human Rights Commission.

MR. BOGLE: No, Mr. Speaker.

MR. BATIUK: A supplementary, Mr. Speaker. It says, for the qualifications of those who qualify under Alberta Widows' Pension Act. Since the Act has not been passed by this Legislature and there could be a delay in assessing

the qualification of these widows, can the minister advise whether there is a deadline for applications?

MR. BOGLE: Mr. Speaker, my understanding is that the benefits, which would accrue to a widow or widower between the ages of 55 and 64 and are going to be covered under the Widows' Pension Act, cannot be provided until the Act is passed and proclaimed. That will not preclude benefits in other departments flowing to widows or widowers in that category. My colleague the Minister of Housing may wish to supplement, but I believe that would be the case in the pioneer home repair program. It's certainly the case of the home heating program for senior citizens under the Department of Utilities and Telecommunications. In short, Mr. Speaker, those individuals who are widows or widowers between those age categories qualify for the program now.

Court Decision

MR. CRAWFORD: Mr. Speaker, on April 6, the hon. Leader of the Opposition asked me a number of questions about the Neustaedter case, being a case in which certain allegations were made about whether or not the Royal Canadian Mounted Police responded properly to a complaint about the handling of a situation involving that family.

I've obtained information to this effect. A written complaint was presented at the Calgary subdivision by Mr. Neustaedter on September 22, 1980. A response was given on October 20, 1980, following an inquiry into the proceedings. Mr. Speaker, I'm sure it is obvious that there is always room for different interpretations of a situation by people involved in it, particularly a controversial or confrontational type of situation. I would like to provide for the Leader of the Opposition, and to file for the Assembly, copies of a report in the form of a letter from the assistant commissioner of the RCMP, commanding K Division.

In order to have it in the *Hansard* record, I would just very summarily refer to a few of the matters mentioned. The allegations in the complaint were that members of the police force permitted the other persons involved in the incident with the Neustaedters to carry out criminal acts. Mr. Speaker, this is where there may be one of the differences of opinion as to what occurred. The investigation did not show that a telephone call was made by Mr. Neustaedter's daughter. I know that the allegation is that that call was made, but rather than showing that it did not occur, the investigation does not show that it did occur. I think that's the proper way of stating what the letter says.

The records do show that the first telephone call alerting the RCMP to these difficulties was at 1:40 in the afternoon on September 20 and that this call was made by Mr. Hyland, one of the people whose activities were being complained about. Then at 2:15, another call was made. I'm presuming, not from the report but from the Neustaedter letter, that this was a call made by Mr. Neustaedter. The police, having been informed that firearms were involved in the incident, took some precautionary measures before arriving on the scene but were there by 3:05. I believe the police involved had to come from the Gleichen detachment. In summary, Mr. Speaker, the members of the force became aware of the problems requiring their attendance and responded in approximately 50 minutes.

More important, perhaps, is that the investigation did show that once at the scene, the member of the RCMP in charge examined the documents that Mr. Hyland was depending upon, being an order for possession, as to whether or not they were valid, and at that point asked the Hyland group to leave. At that point, the investigation reports that his group did leave the scene. There was still a relatively volatile situation involved. I just point out that perhaps one or two other things did happen while the police were there, but their duty is to keep the peace and prevent the commission of an offence. While they were present on the property, it is our view that they were successful in that.

Aids to Daily Living Program

MR. MARTIN: Mr. Speaker, I'd like to direct my question to the Minister of Social Services and Community Health. It is about cars and wheel chair's. In reviewing departmental policy in the aids to daily living program, could the minister outline what his department considers a Cadillac wheel chair and a Chevrolet wheel chair?

DR. WEBBER: Mr. Speaker, I see the hon. Member for Edmonton Norwood reads the newspapers as well, in terms of getting his information.

MR. JOHNSTON: That's how he does his research.

DR. WEBBER: Mr. Speaker, the comments were made at a speech I gave in Edmonton some time ago and related to comments about adjustments to improved efficiencies in different areas. I indicated that the area of providing this kind of equipment was under some review.

MR. MARTIN: A supplementary question. I would still like to know what a Chevrolet wheel chair or a Cadillac wheel chair is, because you were using that as part of the policy.

MR. SPEAKER: Possibly the hon. member could get these specifications in a document.

MR. MARTIN: I am trying to find out the policy on it, because it was used with regard to the aids to daily living program, Mr. Speaker. But I will ask him . . .

MR. SPEAKER: If we're going to go into wheelbase, horsepower, and all that sort of thing, I suggest . . .

MR. MARTIN: Then can the minister inform the Assembly of the current status of his proposal to charge user fees for wheel chairs?

DR. WEBBER: There is no change in the current status, Mr. Speaker.

MR. MARTIN: A supplementary question. Is it the intention of the government to charge user fees for any of the other benefits provided under the aids to daily living program? Specifically, might we get another announcement? One of the other things the minister was talking about did come about. Will there be an announcement about this?

DR. WEBBER: If there are any changes in the future, Mr. Speaker, there will be an announcement. But I am not anticipating any announcement at this time.

MR. MARTIN: Then I take it we might have an announcement on wheel chairs. We'll tax them too.

Has the minister commissioned any studies which document abuse of the aids to daily living program, which he must be concerned about, and will he table any such studies in the Assembly? If he was talking about it, he must be worried that there is abuse.

DR. WEBBER: I don't recall any studies going on in that regard, Mr. Speaker. Any work that is being done is done within the department and within the agencies that are involved in providing those services.

MR. MARTIN: A supplementary question, Mr. Speaker. Then why was the minister musing about this particular topic as if there was abuse? Was it just off the top of his head?

MR. NOTLEY: Just thinking out loud.

MR. SPEAKER: Order please. The hon. Member for Calgary Mountain View, followed by the hon. Member for Edmonton Kingsway.

MR. MARTIN: I'd like the answer to that.

MR. R. SPEAKER: Mr. Speaker, a supplementary.

MR. SPEAKER: Surely we're not going to spend the question period going into the musings of ministers.

MR. R. SPEAKER: Mr. Speaker, on a point of order. I am not sure where that remark was directed, but my question was going to be very sincere and straightforward. The question is with regard to the type of wheel chairs provided to handicapped people in this province. My question was going to be whether the government was considering not providing motorized wheel chairs; in other words, changing the policy to the hand-operated type of wheel chair. That was my question. So it certainly wasn't in the vein . . .

MR. SPEAKER: I hadn't seen that the hon. leader of the Independents was on his feet when I suggested that we go to another member.

MR. NOTLEY: Let's have the answer, Neil.

DR. WEBBER: I'd like to have the question repeated, please.

MR. R. SPEAKER: To the hon. member, repeating my question with regard to the classes of wheel chairs. In light of the statement made by the minister, I wonder if the government is considering not providing motorized wheel chairs to those handicapped people who need that kind of service.

DR. WEBBER: Mr. Speaker, there is no intention of making any changes in types of wheel chairs for those people who need those kinds of wheel chairs, no intention of a change in policy in that regard at all.

MR. MARTIN: A supplementary question.

MR. SPEAKER: Order please. If there's time, we can come back to this. We are running out of time, and there are three members who have not yet asked their first question.

Federal Home-Ownership Grant

MR. ZIP: Mr. Speaker, I would like to direct my question to the Minister of Housing. In view of the April 30 deadline for receiving the $3,000 federal home-owner grant and the bad weather currently being experienced in Calgary, making it difficult to excavate and put footings in, is it possible for the minister and this government to make representation to the federal housing minister to extend the April 30 deadline for this grant to at least June 1?

MR. SHABEN: Mr. Speaker, in February I had the occasion to meet the federal minister in Vancouver, and there was some discussion about the possibility of extending the $3,000 federal grant for new home construction. At that time, the minister said it would be further considered by the federal government. I will take the member's suggestion under consideration and discuss it with my colleagues to find out whether the Provincial Treasurer or the Minister of Federal and Intergovernmental Affairs have heard any further word on that matter.

Child Welfare

MR. PAPROSKI: Mr. Speaker, I would like to address my question to the Minister of Social Services and Community Health. It involves those children in the province who have been found to be in need of protection due to abuse or neglect and have been made temporary wards of the Crown. It is my understanding that Alberta has no time limit on temporary wardship. Is my understanding correct? Could the minister advise this House approximately how many temporary wards there are in this province?

DR. WEBBER: MR. Speaker, I don't recall the numbers of temporary wardships in the province of Alberta. I can provide them for the hon. member. There is no time line in current legislation or regulations with respect to temporary wardship. This is a very important area that is under review at the present time, in looking at possible changes to the Child Welfare Act. I expect certainly we will get some comments with respect to that from the Cavanagh Board of Review. There's been a mixed history of a time limit in this province, and there are pros and cons to establishing time limits. But it's under review.

MR. PAPROSKI: A supplementary, Mr. Speaker. It is my further understanding, Mr. Minister, that some of these temporary wardships extend into five, six, seven, and eight years, with the result that there is an undue hardship in placing some of these children in permanent positions. I am pleased to hear that the Cavanagh commission is looking into this. I wonder if the minister could advise the House as to when the Cavanagh commission might be reporting.

DR. WEBBER: Mr. Speaker, the information I gave the House some time ago was that we would be expecting it before the beginning of the fall session, but not before the end of the spring session.

Regional Planning Commissions

DR. ELLIOTT: Mr. Speaker, my question to the Minister of Municipal Affairs has to do with the Peace River Regional Planning Commission. In view of the fact that this commission lost three staff positions with the splitting of the commission to form the Mackenzie commission, can the minister give assurance that there will be no further staff cuts?

MR. KOZIAK: Mr. Speaker, I can't give that assurance. The budgetary decisions with respect to the regional planning commissions are made by the Alberta Planning Board, and they reflect the realistic situation that exists. In terms of the Peace River planning commission, that no longer exists. It has been replaced by the South Peace planning commission and the Mackenzie planning commission. In that split, more than half the territory went to the Mackenzie planning commission. As a result, one would expect that there would be a reduction in the number of positions and in the manpower required to handle a substantially reduced area of the province, in terms of a regional planning commission.

Further, there are matters of the degree and quantity of work that planning commissions must address. With the downturn in the economy, such matters as subdivision applications are reduced. Accordingly, there would be less demand for services. So I can't give any assurance as to the quantity of manpower that would be approved by the Alberta Planning Board relative to the South Peace planning commission or any planning commission.

Sour Gas Plant — Pincher Creek Area

MR. NOTLEY: Mr. Speaker, I would like to direct this question to the hon. Minister of the Environment. Have the terms of reference for the independent evaluation of the Gulf Pincher Creek gas plant have been completed as yet.

MR. BRADLEY: Mr. Speaker, they are in the process of being finalized.

MR. NOTLEY: Mr. Speaker, a supplementary question. Will the minister provide the Pincher Creek Industrial Pollution Committee an opportunity to participate directly in helping to define the terms of reference for the evaluation?

MR. BRADLEY: Mr. Speaker, I met with the Pincher Creek Industrial Pollution Committee on March 26.

MR. NOTLEY: Mr. Speaker, a supplementary question. Will the minister allow the committee to assist in determining the terms of reference? I gather a meeting did take place. But the question that I put to the minister is beyond meeting with the committee. In determining the terms of reference for the evaluation — whoever is striking the terms of reference — will the government allow representation from the industrial pollution committee?

MR. BRADLEY: Mr. Speaker, the process by which the independent study is going to be undertaken is being finalized. The question of input from the Pincher Creek Industrial Pollution Committee will be addressed.

MR. NOTLEY: Mr. Speaker, a supplementary question to the minister. For the benefit of the Assembly, will the minister outline just exactly what that process of setting the terms of reference is? Who in fact has been instructed by the minister to frame the terms of reference? And what participants are being sought to assist in the process of framing the terms of reference? Can the minister give that information to the Assembly?

MR. SPEAKER: The question is somewhat lengthy. I would have to leave it to the minister whether the answer is lengthy. We are in the second round of questions. If possible, I would like to recognize the hon. leader of the Independents before we run out of time.

MR. BRADLEY: As I stated, Mr. Speaker, the process by which the independent study is going to be conducted is being finalized. In the very near future, I'll be in a position to make a much fuller statement with regard to the process.

MR. NOTLEY: Mr. Speaker, a final supplementary question. Will the minister then be prepared to outline to the Assembly, in the form of a ministerial announcement, both the process of determining the terms of reference and when in fact the evaluation will begin?

MR. BRADLEY: Mr. Speaker, as I've already indicated, in the not too distant future I should be in a position to make a statement or announcement with regard to the matter. At that time, the hon. member will have an opportunity to ask any further specifics he wishes.

MR. SPEAKER: The hon. leader of the Independents, if we can have a short question and a short answer.

Auditor General's Report — Social Services
(continued)

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Social Services and Community Health. It's also with regard to the auditor's report and the misappropriation of funds from the fiscal years '81-82 and '82-83. Could the minister indicate what steps have been taken to prevent that type of situation from happening? Has the minister met with the respective senior authorities in the department to assure himself that it won't happen under his management?

DR. WEBBER: Mr. Speaker, I have been in touch with officials in the department, and appropriate action has been taken to my satisfaction that such a procedure won't happen again.

ORDERS OF THE DAY

MR. SPEAKER: May the hon. Member for Cypress revert to Introduction of Special Guests?

HON. MEMBERS: Agreed.

head: **INTRODUCTION OF SPECIAL GUESTS**
(reversion)

MR. HYLAND: Mr. Speaker, it's my pleasure today to introduce some people from the constituency of Cypress who are in Edmonton for a meeting: Mr. Oliver Hodge,

publisher of the *Forty Mile Commentator;* Vern Arnold, field man for the county of Forty Mile; and David Boote, from the Southeast Alberta Regional Planning Commission. I ask the House to welcome them warmly.

head: COMMITTEE OF SUPPLY

[Mr. Appleby in the Chair]

MR. CHAIRMAN: Will the Committee of Supply please come to order?

Department of Hospitals and Medical Care

MR. NOTLEY: Mr. Chairman, [inaudible] consideration of the estimates, I had just risen to make a few observations. Without getting into a long review of the debate the other day, just to summarize for the members of the committee, I indicate that we consider that the introduction of user fees is completely inconsistent with the basic principles of health care and a very serious violation of the spirit of the federal/provincial agreement.

Mr. Chairman, one of the matters I think this committee has to take some time and evaluate is the issue of that federal/provincial agreement and what will happen to Albertans should the federal government decide that we are in breach of the agreement. On Monday, the minister indicated that in a number of ways, the federal government has done things in a unilateral way. I don't justify that; I don't defend that, Mr. Chairman. As a matter of fact, I agree with the opposition of those provincial representatives who say that a deal is a deal and that federal restrictions should be opposed. But having said that about any federal move which I think violates the spirit of the agreement — federal caps on expenditures — I think we have to ask ourselves what we are doing provincially. Are the actions that we are undertaking provincially a violation of the spirit of that particular agreement?

I ended my comments on Monday by referring to the telex sent to the hon. provincial minister by Madam Bégin and making reference to the particular observation in that telex: not preclude but impede access. I think that's a very important distinction, Mr. Chairman. No one is suggesting that user fees are going to preclude access to the hospital system. It's still going to be possible for people to go to the hospital system. With the exemptions for some people, it's still going to be possible to not have to pay. That's true. But the question is not whether it will preclude; it is whether user fees will impede.

Mr. Chairman, some can argue that it won't. I just suggest that the calls we've received in our office from senior citizens — the Council on Aging, for example, has just come out against user fees. Why, Mr. Chairman? I think of a lot of older people, senior citizens, people who went through the 1930s during the great depression. I can tell you, Mr. Chairman, that while we may not think that a $10 admission fee for an emergency ward is a significant matter, for many senior citizens who are just above the ceiling the minister has set — people who all their lives have scrimped and saved and become immensely aware of the value of a dollar, almost to the point where they are overaware of it — that pain in the chest may be the kind of thing of which the person will say, well, maybe it will go away; maybe I won't go to the emergency ward.

That's the sort of thing we have to ask ourselves, because that's what user fees will do. They won't preclude that person going but, especially for many of our older generation, they will impede. If we impede access to the system, we're in violation of the agreement. If we're in violation of the agreement and the federal government cuts off a large sum of money, not only are we going to find ourselves trying to dig up more money at a time when we have a very serious deficit — who knows what that deficit will be if oil prices flatten out and natural gas prices continue to drop.

We have the Minister of Energy and Natural Resources suggesting a new incentive price of barely two-thirds of the current price for natural gas sold to the United States. This is all going to have an enormous revenue impact on this government. If we play the dangerous game of a form of political chicken, if you like, with Ottawa over whether or not we can get away with user fees in Alberta — I say to this government that that would be irresponsible if you had a surplus of $4 billion or $5 billion. But for a provincial government which is now looking at a significant deficit, that just doesn't make sense to me.

So I think we have to have the assurance. As I noticed in the question period as we raised these matters, the minister was very circumspect in some of his answers. What will the impact be if Ottawa says this is a total violation of the agreement; not a dime goes to Alberta? What will the impact be if Albertans are unfortunate enough to get sick in another province and Alberta has been tossed out of the agreement? I think we want to know what it will mean, Mr. Chairman, because Albertans travel around this country a lot.

Are they going to be paying $20 a day if they are sick in Saskatchewan or P.E.I.? Will they pay whatever the rate is in another province? If so, how fair is that to taxpayers in other provinces who don't have user fees? Or if we are turfed out of the agreement in total, will they have to pay the entire per bed cost? Will we be treated in the same way in other parts of the country, because of the portability provision, as would an American who is sick in Canada? I don't know. Mr. Chairman, I haven't heard anything other than the minister, in question period a few days ago, saying that that's a remote possibility. But I haven't heard any assurance given that that in fact will be the case.

I put to the minister: we have people who work in other parts of the country. I have people from my own constituency who can't find work in the oil fields in Alberta and go to Newfoundland. If we're turfed out of this federal agreement, what happens to some of my constituents if they happen to be unfortunate enough to get sick in Newfoundland? Can the minister assure us that they will not have to pay a cent more than whatever the maximum user fee is in the province of Alberta? Or if Madam Bégin says no, Mr. Russell, you're off base; you're wrong; not a dime do you get — then what happens to Albertans who are sick in other parts of the country?

You see, the basic philosophy behind health care — and I don't want to spend a lot of time repeating this, but I think it is important to make this point — is not only the accessibility to the system but the portability. That's the whole purpose, so we don't have a patchwork health care system; so that when people go from one country to the other, the benefits are approximately equal if not totally equal. That's the kind of thing that I think members of this committee have to assess before we vote for this particular Bill.

Mr. Chairman, I think there are some areas where we can cut down on the utilization of our hospitals. As responsible members of this committee, we have to ex-

plore those avenues where we might have a reduction in costs. I referred last time to the Hospital Utilization Committee report. The minister indicated that there has been some action, but frankly he was quite vague about the specifics of that action. We still see that on a number of important matters — although I simply advise members of the committee that I've notified the Government House Leader that I will designate the seat belt resolution proposed by the hon. Member for Stony Plain as the opposition motion for next Thursday.

But I hope the Government House Leader would also agree and that the government would give unanimous consent that when we get to 4:30, we would move beyond the non-government public Bills that are on the Order Paper and agree to carry on that debate during the afternoon session, and then have a free vote on the issue of seat belts. Let's take that opportunity, using an opposition day in the House, and have a free vote. Some members scoff at that. Well, they shouldn't. It would be an excellent idea to have a free vote.

This is one way in which we can deal — not totally with the cost of hospitals, but I agree with the minister when he says that the injuries caused by automobile accidents and seat belt legislation are not going to change every element of the financial picture of hospitals. But as the utilization committee points out, a very significant saving could be made because automobile injuries tend to be much more costly to remedy. The net result is that compulsory seat belt legislation probably could save some considerable sum of money as far as the operating costs of Alberta hospitals are concerned.

Mr. Chairman, another area that I didn't have a chance to discuss last time is the issue of home births. I know that that may be controversial in some quarters. But I look at the information from the estimates and the various government reports and find that the average stay in an Alberta hospital for a mother is 5.1 days, for the newborn, 5.9 days. If one takes the average cost in the hospital and the 40,000 births in Alberta in 1983, the total cost is about $120 million. I don't pretend to be an expert on the question of home births but, as members of this committee are probably well aware, we have a number of people who argue that case very strongly. In Holland, for example, 76 per cent of all births are in homes with midwives present. According to the figures we've been given, the cost is approximately one-half the cost of a hospital birth.

Mr. Chairman, it seems to me that that is one of the things we have to look at — not dismiss it out of hand but look at it. Some people say you couldn't even consider that because it's far too dangerous. The mortality rate in 1982 among newborns was 7.6 per 1,000 for heavier babies, 11.6 for low-weight babies. For homes births, planned and attended, the figures are 3 per 1,000; that's from a study over a three-year period published in the journal of the Alberta Medical Association, December 1981.

Mr. Chairman, the point I'm making is that those of us who oppose user fees are not coming to this committee and saying, there are no alternatives; we're just going to raid the public treasury, as the minister tried to imply the other day — you know, something for nothing. We're looking at alternatives, including the alternatives that this government asked the Hospital Utilization Committee to review in some depth, looking at other alternatives that may have political implications.

Some of the backbenchers might get agitated because of the flak they'll get at home. We all know what's going to happen in many of our ridings if we have to vote on seat belts; no question about that. But sometimes, Mr. Chairman, as government ministers are quick to say, you have to make tough decisions. They're always saying: it's easy for the opposition to say this; we have to make these decisions. Well, one of the advantages of a free vote is that we have to make the decision collectively and take whatever flak there is at home. Perhaps we may get a little support, but certainly on a question like seat belt legislation, there'll be a lot of flak. Before we start jeopardizing the principle of health care in this country with user fees, then I think we have a moral obligation to look at some of these options, even if there is a good deal of political flak that attends them.

Mr. Chairman, in question period today I raised questions with respect to Dr. Snider, who this government must think a great deal of, because they have assigned him to undertake one of the major responsibilities of the government of Alberta, namely looking into the health effects in Pincher Creek. But the same Dr. Snider has done other reports. I have no doubt that the hon. minister, having received this information, would have shared it with the backbenchers, so I won't table it. I would if they don't have it. But presumably this is an open government, so I assume they all have it.

Mr. Chairman, I'd like to take a moment and just reflect on some of the observations in the report by Herbert C. Northcott and Earle L. Snider, Department of Sociology, University of Alberta. The title of the report is Deterring Physician Utilization: Medical Care User Fees in Canada. It seems to me that we have to take a look at this particular report and some of the conclusions in it. The report is examining the public perception not only of extra billing but of user fees. I'd just like to quote from the first page, the abstract.

> This survey shows that extra-billing is widely opposed by the general public and that the practice is perceived, especially by the poor, sick, and elderly, as a deterrent to needed care.

This is important, Mr. Chairman.

> User fees in the form of direct charges to the patient limit accessibility to medical services and therefore violate the principle of universal and equal access to care which is one of the guiding principles of the health care insurance program in Canada.

That's from Dr. Snider in concert with Herbert Northcott, the same Dr. Snider that this government has considerable confidence in — I would conclude — because, as I said a moment ago, they're asking him to do a major study.

So, Mr. Chairman, we begin to put some of these things together. We have, on one hand, the comments of Madam Bégin expressing concern. We could dismiss her and say she's just a federal Liberal politician, so we won't bother with her. We have the comments of Mr. Justice Emmett Hall, the father of modern medicare in this country, who says that user fees act as a barrier. But we can dismiss him because he comes from Saskatchewan; therefore we don't like him. We could look at the comments of the vice-president of the Alberta Hospital Association, who expressed concerns about user fees. But we can say, we don't bother with them because hospitals are always complaining. We could take the comments of Dr. Snider and say, well, we won't bother with him either because he's just a university professor.

But you add all the people, Mr. Chairman, and all the groups in this country that are expressing outrage at the concept of user fees, and you find a pretty impressive list.

Forget about the tiny opposition here — all the other groups in the country. On one hand, you have the Justice Halls, federal governments, other provincial ministers, people in the field who are deeply concerned about it; on the other, you have the minister and the Tory caucus.

As members of this committee, Mr. Chairman, I think we have to have much better answers than have been produced to date as to why no other option was available to the government of Alberta than bringing in fees which are going to be, no matter how one looks at it, a tax on the sick. I say — and I don't mind repeating myself because it's important — if we need more money to run the system, Mr. Minister, there is nothing wrong with going the route of personal income tax, which is the same route that Mr. Stanfield followed in 1967 and '68 before he went to Ottawa, when he was still premier of the province of Nova Scotia. There is nothing wrong with that. That is consistent with what should be the principle that we pay in relationship to our ability to pay.

If we need more money, if all these savings that I think could be implemented that would bring down the cost don't work, or at least — the minister said the other day, all these proposals are add-ons. Well, perhaps. But perhaps we can, through the add-ons and the proposals that have been made by the minister's own committee, at least restrain the growth in the increase of expenditures.

But having said that, even if these proposals, however well thought out, don't work and we need additional funds, then I have no hesitation in standing in my place and saying, we go to the people who have the money. We go to people who can pay a larger share through the taxation system. That is the fair and equitable way, and it's also the most efficient way.

The more we fiddle around with cumbersome, difficult-to-administer systems of premiums or chasing people down to pay their user fees — I just think we are setting our hospital administrations up for one awful time, trying to collect these user fees, not only in the province but elsewhere in the country. We already have the example. The minister says he's going to get tough with all Albertans who aren't paying their medicare premiums. We have the administrative capacity in the province of Alberta, and we still have tens of millions of dollars in uncollected medicare premiums.

What in heaven's name is the little Berwyn general hospital going to do? What administrative capacity has it got to track down somebody's user fee who lives in some other part of the country? Really, Mr. Chairman, we are setting ourselves up for an administrative procedure which is going to be very, very costly; make-work programs that are just expensive and unnecessary.

So I say to the government, wait a while. It's the first of October that you've announced you're going to bring in this program, but there's no real rush. This is the kind of change that has far-reaching impact. I personally would oppose user fees at any given time, but at least let's not do it in this particular fiscal year. We're going to have new municipal officials elected. Surely this is the kind of thing that we should undertake the broadest possible discussion on among Albertans before we embark upon user fees.

[Mr. Purdy in the Chair]

The minister totally rejected requisition as an option, but that might be one of the things that could well be discussed with new municipal officials after the municipal election in October of this year, if the government seems to think that's the only option. I think there are many others that are better. But the point that I'm making is that I keeping asking myself over and over again: why is it that we are locking ourselves into this ridiculous, regressive policy of taxing the sick? As my colleague pointed out, the only reason we can come up with is that there's some sort of blind ideological commitment.

Just because there are 75 members in this government, they think they can do whatever. And I would say that some of the correspondence I receive — I got a letter today from one of the more prominent former members of the Conservative party that really shocked me. The minister talked about this little lady that told him what a great job he was doing. I have a letter, and perhaps at a later meeting of the committee — because I have a sneaking suspicion this committee will go on for some time. I'll check with this particular Tory and see if I can release his letter. After all the fuss about motions for returns and getting consent, I wouldn't want to release this letter without getting consent. It was such a prominent Tory who wrote and said: I'm quitting the Conservative party; I'm not only quitting in terms of activity, but I'm not going to give any more money. That's really shocking. I can't imagine what the bag people in the Tory party are going to be saying to the minister if there are too many people like that who are not only stopping their active work but not giving any money because of user fees.

What we have, Mr. Chairman, is the Amway philosophers taking over the Lougheed government. That's basically what has happened. I think we're going to have to go and ask Maureen McTeer and Joe Clark to come and talk a little sense to some of these Tories who are attempting to repeal the 20th century.

AN HON. MEMBER: That's a little Liberalism.

MR. NOTLEY: If not a little Liberalism, we'd settle for blue Toryism, as opposed to the extreme right-wing mentality that seems to be coming through from otherwise quite reasonable people. For some strange inexplicable reason, since this legislature opened we have, in total contrast to the rosy picture they presented last fall, a government that moves so far to the right it would make Ronald Reagan look like some some kind of socialist radical by comparison.

Mr. Chairman, I just simply say — that may be overstating the case, I never would want to overstate the case. Let's get back to the principle at hand. The principle at hand is that this committee is studying the estimates of a department which is playing a dangerous game in terms of our hospital system. I for one think that the minister has got to deal specifically with many of the issues that have been raised in a much clearer way than we've heard to date, before I as a member am prepared to vote yea for the estimates of the Department of Hospitals and Medical Care.

MR. KOWALSKI: Today we're dealing with Vote 1 of Hospitals and Medical Care, departmental support services, and I specifically want to raise several questions with respect to Vote 1, in particular questions with respect to 1.0.6, health care insurance plan administration. In recent days, I've been amazed by the number of responses I've received from my constituents with respect to the Alberta health care insurance plan administration. The concerns that have been raised are not so much with respect to the fact that there is going to be an upward adjustment in the

Alberta Health Care Insurance Commission premiums, effective July 1, 1983, increases that will see an individual in Alberta expected to provide $168 per year to the plan and a family, $336 per year to the plan. I think a number of my constituents appreciate that in other provinces those fees, where they do exist, are considerably higher. I just might point out Ontario, where an individual will be paying $324 per year and a family, $648 per year.

But the concerns that were raised to me were with respect to this whole question of so-called arrears or bad debts that might be difficult now for the administrators in the health care insurance plan to collect. My constituents are rather concerned that there are a number of individual Albertans who have not provided the fee that it was expected they would provide. I wonder if the minister could outline the exact magnitude of the problem, if in fact the problem is of the type that has been in some reports of the media; and, secondly, what direction he is taking to resolve that problem and in fact to collect those arrears and bad debts.

I think the basic theme and message that has been given to me is that my constituents are not at all opposed to paying such fees. But they feel that it's rather unfair that there are other individuals in the community and in society who, for whatever reason, are not paying those fees.

Secondly, I wonder if the minister might just clarify whether an individual has the ability to pay the fee once a year rather than on a quarterly basis. I have been informed by a number of constituents that they want to pay their fees yearly, and they've been told that they must pay them quarterly. The question then resolves itself to an administrative mechanism. Surely it must be cheaper to pay the fee once a year than four times a year. Perhaps the minister might be able to help me out with those questions.

MR. ALEXANDER: Mr. Chairman, I'd like to make just a few remarks on the matter of hospital user fees. As a preliminary, after listening to so much distortion in this discussion, one feels that one might indeed like to offer a motion to repeal some aspects of the 20th century, if that were possible. I won't go into itemizing them. As to the extreme right-wing mentality that is taking over the party, let me assure some of the opposition members that as a traditional Conservative I am doing everything I can to contain these radicals and will continue to do so. While I also have nothing whatever to do with Amway, I have gone through the last four or five business cycles and thus have a bit of grounding in the real world where people out there pay these bills rather than just spending the money.

In terms of user fees, I see no option but to support everything the minister has said, and I'd like to say why there are several grounds. First of all, the cost of these programs as an absolute amount — that is, in excess of $2 billion — is simply getting too big to manage. I might also add that as a relative number of the budget — that is, a percentage — it is also getting too big to manage. If we continue on this path, we can see the horizon in which the government can no longer be economically viable. We may well find ourselves in a similar position to that faced by the government of Canada, which at this point in time finds itself with a welfare and general health budget in the range of 25 per cent, which it has been borrowing money to maintain, among other things, over the years. It now finds itself with a debt service of an additional 22 per cent, which, when you combine the two, adds up to about 45 per cent of the money taken in. That is simply more than the economy, regardless of the individuals and their needs, can bear.

I think it's interesting to look at the budget and the whole framework. If one looks at page 38, where the budgetary revenues and expenditures are contained, one sees that in these kinds of general categories in which we allocate funds to support people in various ways, we are to spend $2.4 billion on health, $2 billion on education, and $1.1 billion on social services. Before we get past those first three items, which are the kinds of things that support people in these kinds of things, we've already spent $5.5 billion.

Mr. Chairman, we're coming to a point where the province can't spend $5.5 billion any longer without having a very hard look at it. We don't want to get in the position the government of Canada has gotten itself in. I would resist that idea as have other members of this caucus. You may call that right wing if you wish. I personally think it's traditional Conservative common sense.

In this discussion we have heard many bright suggestions and insights — some of them *ad nauseam,* I might add — for example, such insights as, we don't choose to be sick. Really, there are days in here when I find that that might even be a preferable option. However, we don't make that choice; there's no question. As a matter of fact, I don't even think we choose to be born. Fate inflicts these things on us, except of course when we don't use seat belts or drink too much, smoke too much, or whatever.

There's a certain kind of mentality contained in this elevation of the sick to the status of a new class. One of the opposition members said that health is a right. Well, I guess it's a right, as long as it's also a responsibility. But the bottom line is that regardless of rights, choices, or fates, we still have to have an ability to pay. The suggestion in that regard has been, let us tax the rich more heavily. Let someone else pay is a fairly common philosophy these days. Unfortunately we've reached the breaking point. Perhaps unbeknownst to the opposition members who have spoken, the good, solid, healthy, productive, tax-paying citizens out there are reaching the limits of their ability to pay.

It may come as a surprise to some members that Canadian citizens these days are now paying half their incomes in taxation in one form or another. Tax from all sources is taking away half of what you and I earn. That's progressive tax. That's how the rich do, in fact, pay more. The question is, how much more can they actually pay? Well, there are two million people in Alberta; 950,000 people filed taxable income returns last year; 400,000 people filed but didn't have any tax to pay.

Let's assume that 10 per cent of those 950,000 are the wealthy, if you like, that we're talking about here. If those 95,000 wealthy Albertans were to divide up this year's proposed budget deficit, that would mean we could charge them $8,800 each and go away with a balanced budget. I don't know how many years we could continue that before the out-migration would soon reduce that number, but taxing the wealthy to pay these kinds of costs has simply gone about as far as it can go. Having charged the wealthy, if you like, such an absurd amount, that would still leave us spending $2 billion on health care. Thus the problem doesn't go away; it just drains away the wealth.

I referred earlier in this discussion to a problem I see that I'd like to draw to the attention of members; that is,

the tendency in the discussion so far, particularly in the media, to create a class of people called the sick. It is as though you and I, our friends, constituents, and families are not in fact people who occasionally get ill and pass through the medical system and back out the other side. We hear these melodramatic interpretations of how we are taxing the sick. We're taxing people who occasionally get ill and pass through the medical system; that's quite true.

People who have spoken to me about this don't appear to object to passing through the medical system and paying a little more of the cost as they do. They understand that the system is so expensive it cannot continue the way it is. Of course, those who are unfortunate enough to stick in the system longer than others, are fully taken care of in the system, as everyone well knows. Thus hospital users, as far as I'm concerned, are adequately taken care of and will be under the suggestions made by the minister and emphasized by him repeatedly.

In terms of this endemic classification of the sick, it is also interesting to add perspective. An interesting perspective was passed along to me by one of my constituents who is in fact in the medical business. He said, why don't you say in this discussion of hospital user fees that it's rather surprising that the level of resistance is so high in a community which — I'm not sure whether it's a reputation — is in fact the location where the highest pari-mutuel betting handled per capita in North America exists, which has one of the busiest and most profitable casino centres outside of Las Vegas, where we live in the bingo capital of the world, where we have close to the highest booze gallonage in the country? Then ask, what is the value system of people who complain about the possibility of ten bucks a day to pay a tiny fraction of their own hospital costs while they're willing to spend money that way? I don't have a very good answer. I suggest it for whatever it's worth.

One concludes that this situation of hospital user fees has been blown somewhat out of proportion by agitation by opposition members and, I might add, their friends, and a disgraceful distortion by some of the media. Is there a sensible approach? I think the minister's approach is sensible when added to all those things that have already been suggested. And here I must give credit where it's due: a couple of the opposition members have even made sensible suggestions. It is as though they have stumbled over a truth. The difficulty is that they then pick themselves up and carry on as though nothing had happened. My apologies to the hon. House leader for utilizing his story.

I think the suggestions made are good ones, Mr. Chairman, but I suggest that they're going to need to be done cumulatively to reduce the problem. They're going to be needed altogether. Yes, we are going to have to reduce administrative inefficiencies where they exist. We are going to have to do something to see that physicians stop abusing the system where they are abusing it. We are going to have to do something to stop overuse of facilities. We may indeed have to use more seat belts voluntarily. Maybe we should think in terms of prohibition so we could decrease alcohol-related illnesses and uses of the system. Maybe we need an even higher tax on tobacco, which doesn't do our health much good either.

Yes, we have to focus more on healthiness, more on prevention, in other words, and we have to add all that to user fees. Maybe we need more private insurance. Maybe we need a lot of other new added ideas that are going to combine in the cumulative to bring down the drag of the total health care package on the budget. If we can do these things altogether, it's possible we may bring health care into a manageable range. It must be reduced as a total amount and as a percentage of the total budget. In my view, the minister's user fee proposal is just one sensible step along the road to achieving that; therefore I urge its support.

MR. MARTIN: Mr. Chairman, I'd like to continue the discussion and take a little different attack on it. Talk about finances and being responsible. I would suggest to the hon. members that we've tried to show many times in this House that there are ways and means of paying the health bill. We've talked about the $2 billion to big oil that hasn't caused any increase in exploration. We've talked about the fact that there's no job creation and the fact that we're losing perhaps as much as $7.5 billion out of the economy. We've talked about the waste in Kananaskis. We've talked about building hospitals we don't need, good examples being from Berwyn to Grimshaw, and the Banff hospital. We've talked about the waste in Walter Mackenzie. The Auditor General just talked about the waste of some millions of dollars there.

So there are ways that we can save money. Again, we do not have to do it in terms of a tax — and I will come back — on the sick. Even the hon. members here can get sick from time to time; it's not a special class. As far as gambling and drinking are concerned, I'm not sure about the hon. member's statistics, but I can probably give him one reason people are drinking and gambling so much. It has to do with Conservative economic philosophy.

The point I am trying to make, and we talk about this clearly, is that it is a raise in taxes. It still comes out of people's pockets. Whether we talk about medicare premiums, user fees, or double billing, it is a tax. The only point we're trying to make is that it's a regressive tax. It's still money coming out of people's pockets surely but, if I can use that again, it is affecting the person making $10,000 a lot more than the person making $100,000. But it is still a tax.

I believe that the whole health care system — and I've talked about this to the minister — is being seriously eroded. I came to the conclusion, although the minister denied it, that there must be an ideological reason for him to destroy the health care system. We can go back to talk about why we haven't done something about double billing, why we have increased the medicare premiums to $336, why we are bringing in user fees. But there is another weakness — in fairness to the minister, we have never had this so we can't lose it — and that has to do with an Alberta provincial ambulance service. I believe the minister has said that we can't afford it. By his own figures, it's $17 million. I believe the Auditor General just showed him where he could get the money rather quickly.

Let's take a look at this whole issue, Mr. Chairman. I believe it is a serious one. Since 1973 the Alberta Medical Association has, at least to our knowledge, called five times for the government of Alberta to establish a provincially planned, co-ordinated, and funded ambulance service, and to set minimum standards for vehicles, equipment, attendant training, and licensing of ambulance personnel. That's five that we know about; there may be more. Other provincial organizations that have formally petitioned the government on the subject of a provincial ambulance service have included the Alberta Hospital Association, the College of Physicians and Surgeons of Alberta, the Alberta Ambulance Operators Association, registered emergency paramedics association of

Alberta, Alberta Urban Municipalities Association, various municipal governments and, of course, scores and scores of private citizens.

[Mr. Appleby in the Chair]

In spite of this history of representations — and I have a list of them that goes back to 1972 — the present Minister of Hospitals and Medical Care was able to say to Mayor Purves of Edmonton, in a letter dated March 24, 1981:

> Frankly, there have not been many representations from the public for provincial involvement in funding ambulance services.

I don't know how many more representations would have to be made before he would call it many. Certainly every major group that has to do with health has called for a provincial ambulance.

In a position paper dated September 16, 1981, Mr. Chairman, calling on the government to act, the Alberta Medical Association states among other things: "The consequences of inaction are too awesome". They go on:

> The AMA believes that many people are dying needlessly because of inadequate emergency medical services, and that ambulance services represent one of the weakest links . . .

We're getting more weak links, I might add:

> . . . in the delivery of emergency health care in this province.
>
> . . . within the existing health care system, the provincial government has not accepted its social responsibility to put a properly trained medical team where it is needed most urgently — directly at the site of sudden injury or illness.
>
> . . . the need for government action in this regard is not just urgent — it is a crisis which must be addressed immediately.

That's what the Alberta Medical Association states about a provincial ambulance scheme.

I would like them to be consistent because when Mr. Lougheed brought in Bill 11, when we sent the nurses back to work in early 1982, he relied on a single letter from the College of Physicians and Surgeons to prove the necessity of his actions. He had the following to say at the time:

> I find it astounding and very disturbing that in a province such as ours we cannot accept at face value a duly and carefully considered letter [from the College of Physicians and Surgeons]. Surely that is more than adequate and the best possible evidence of the urgency of the situation.

He went on to say, and I quote *Hansard,* March 10, 1982:

> I don't know how we can abdicate our responsibility to thousands and thousands of Alberta's citizens on the matter of taking unnecessary risk.

To put the nurses back, the Premier used the reason that he had one letter from one doctor. We have representations, as I've already mentioned, from all the health professionals in the province calling for a provincial ambulance scheme because we are dying on the roads unnecessarily. What's the answer? We can't afford $17 million. The fact remains that Alberta has amongst the lowest ambulance standards in the country and Albertans are dying needlessly because of government [inaction].

Let me go on though in case the minister isn't aware of this. Dr. T. Sosnowski, medical director, emergency medicine section, AMA, makes clear:

> . . . the major justification for the government entering the traditionally private practice of medicine a decade ago was the noble vision that equal access to health care is a human right in a just society and should not be influenced by socioeconomic factors. For reasons beyond my comprehension they (the government) will not acknowledge the fact that at no time are the issues of "health care as right" so sharply focussed as at the time of sudden onset of the acute illness or injury. There is no more critical need for access to the health care system than the need of the critically ill or injured patient. Therefore, the persistent failure by the Alberta government to provide adequate resources and funding for ground ambulance services must rank as the ultimate barrier to access.

He also points out that in the end, the absence of proper provincial . . .

MR. CHAIRMAN: Order please. It's really not in order in the committee, as it is in the Assembly, to read at length from documents into a speech. If the hon. member wishes to summarize and make comments — but a short excerpt from something that is already written and that can be read by other members is not necessary to be read in this House. I wish the hon. member would summarize what he wishes to say in that manner.

MR. MARTIN: Mr. Chairman, I was trying to indicate that it wasn't the New Democratic Party that was saying this; it was medical experts. Surely, if we are talking about giving millions of dollars to this department that is doing all the other things, it's relevant that we know what the experts are saying. That's the point. I think I'll put it in, and they'll know what I'm saying. The view that is corroborated by such findings, I think . . .

MR. CHAIRMAN: Order please. I think the member misunderstood. If the member wishes to refer to a document, he may do so, but it is certainly not in order to read at length from a document as part of representations being made in the committee.

MR. MARTIN: On a point of order, Mr. Chairman. I was not reading. I quoted the one point by Dr. Sosnowski. That's what I was going into. I will refer from that second part of it then.

Corroborating that, CPR — and just to bring the point of how we can save lives here, we're talking about that being administered within four minutes — in cardiopulmonary arrest can result in a 28 per cent survival rate if it is done in four minutes, while advanced life support systems with a proper ambulance service combined with CPR and applied within eight minutes can result in a 40 per cent survival rate. What we're saying there, Mr. Chairman, is that if these things are not done — and they're not being done in Alberta — people are dying needlessly because of it.

What would we suggest? I think it's clear. I brought in a private members Bill. But just to give you a quick idea, at a minimum, this could be done — and I believe I'm using the minister's figures. I think he said it would cost $17 million; it may go as high as $21 million. But we think it's a small sum to pay for decent ambulance care.

We should immediately create a provincially planned, organized, and co-ordinated ambulance service with a regionalized structure. The minister always says it's a municipal responsibility. It can be administered by the Department of Hospitals and Medical Care. We accept

provincial responsibility for funding because we all know that the municipal governments are facing a cash squeeze. We set out minimum standards equivalent to those stipulated by the American College of Surgeons and the U.S. Department of Transportation. We define training requirements for ambulance attendants.

There are cases where people who do not even have the St. John's certificate are driving ambulances around in this province. We are suggesting that we have two very good paramedic schools in SAIT and NAIT, and those should be the standards. So we set out the requirements for licensing personal ambulance service and deal with the communication aspects that we talked about before.

What I am suggesting to this House, as seriously as I can, is that there is no legitimate excuse for further stalling when lives depend on it. Mr. Chairman, I point out that it's not just all rhetoric. I think the minister is aware of this. There have been cases documented by doctors and nurses of people who have been seriously maimed or crippled or who have died because we have not had proper ambulance care. There are a number of cases, and I am sure the minister is aware of them. We say to the minister that Alberta is the only province in Canada which does not fund ground ambulance service at the provincial level. Even in Newfoundland they can afford to do that, but we can't afford it.

Mr. Chairman, I would like to conclude by saying, what an indictment of a health care system in the richest province in this country. We are allowing double billing to go on, which hampers access to universal health care. Then we raise medicare premiums by 47 per cent to where it can cost a family $336. Then we bring in user fees. I know the minister said it only cost that woman 41 cents a day. I guess the only thing it shows is that the longer you stay in, the better deal you get; so you might as well stay in the hospital a long time. But the point is, that's the tip of the iceberg. There is nothing to say that as we face further financial problems — as we inevitably will if the price of oil goes down in this province — we won't add more to the user fee.

Finally, Mr. Chairman, I think it is absolutely scandalous that for a cost of between $17 million and $21 million, we are prepared to let people die needlessly on the highways in the province right now. I think it's a shocking indictment, and I hope the minister will recognize this. As he well knows, it's not just the New Democratic Party; every organized group is saying we need a provincial ambulance scheme. If he won't listen to us on this issue, surely he will listen to the AMA. The premier was willing to listen to one doctor to bring in a Bill. Surely the minister can listen to the organized groups across the health professions and bring in an ambulance scheme immediately, before people die on the highways who do not need to die.

Thank you, Mr. Chairman.

MR. GOGO: Mr. Chairman, I have found the debate very interesting, and I would like to add something to it, if I may. First of all, they say that behind every successful man is a very helpful woman. I think that behind every successful minister is a dedicated staff. I would like to offer some degree of thanks to people in the department. I think of the deputy, Dr. Grisdale; I think of Ken Moore, ADM, hospital planning; I think of Mr. Beck, the controller; and I think of Mike Ozerkevich, health care system. I would like to comment publicly that I have had many occasions in the past several years to deal with the department as well as the Alberta health care insurance plan. I have found those people extremely helpful. I wanted that said. I am sure the minister will probably make some comments relative to that.

Secondly, I think we are served in this province by many dedicated hospital boards, whether they are elected or appointed. They are trying to make the best of a difficult situation. I would hope and ask for their cooperation in what the government is attempting to do.

Thirdly, I think it should be pointed out — the Member for Edmonton Whitemud has already mentioned it in great detail — that as a percentage of the gross national product that goes into the health delivery system, we find, for example, in the U.S. it's fully 10 per cent; here in Canada it's just over 7 per cent; in Great Britain, for some reason or another, it's just over 5 per cent; and in Japan it's 5 per cent. Although it's very easy for members to look at other parts of the world and say, why can't we be the same, I think the first thing we have to do is have an understanding of the way of life and the responsibility that people in other parts of the world assume for their own health. So just looking at the lower percentage, I would say that that should probably indicate to us the emphasis that not only other governments but other people have put on their health.

Mr. Chairman, I have an interesting example here, where it cost a person $3,442 to die. It was a woman aged 74. Her son simply asked physicians in the hospital to make his mother comfortable and free of pain. It cost some $181 an hour for her to pass away, because she lived for 19 hours. It's interesting to look at what the bill was comprised of: $1,237 for medication, $588 for laboratory tests, $561 for respiratory therapy, $375 for one day in intensive care, $337 for X rays, $227 for medical supplies, $82 for an electrocardiogram, and $35 for the emergency charge. Mr. Chairman, I think that's what this is all about. We don't want that happening in Canada or Alberta. That situation happened to a Canadian citizen in a Florida hospital.

The point is that it is extremely expensive to maintain the system. Who is going to pay? If we look at the estimates the minister has before us, we find that here in the province of Alberta in 1981-82, which is really not very far back, it was $1.4 billion. The next year it went up $.5 billion to $1.9 billion. Here we are this year being asked to approve estimates of some $2.2 billion.

The inference appears to be going around this committee, Mr. Chairman, that it doesn't cost much, or people aren't paying much. I think the minister indicated the other day that the cost was some $1,117 or $1,137 for every man, woman, and child in the province. For those who don't believe people are paying, that's what's being paid. Somebody is paying now; whether you pay directly or indirectly is academic.

The Alberta health plan system is some $650 million; that's what it's costing. If you want to talk about who's paying, you can identify a contribution by Ottawa which doesn't cover chiropractors, podiatrists, optometrists, or any others. It only covers the medical portion. I think Albertans should be aware that it's the people of Alberta who are paying for those extra services here in the province.

I find it encouraging, Mr. Chairman, that we have seen a 2.9 per cent decrease in the use of hospital beds in the past year and a half, to some 3 million patient-days. Why is that happening? I think it would be interesting to find out. God forbid our people are getting healthy or someone is practising preventive medicine. But there's obviously a reason. I suppose one would make the argument that

it's the outflow of people from Alberta.

Mr. Chairman, I'd like to give some reasons why I think this is happening in Alberta, and offer some ideas to be considered for either holding the line or reducing the cost. First of all, one has to look at technology and the impact it's had on medicine. Not only are people living longer, but they're living longer in institutions. We have the CAT scanners, for example, where there are demands and line-ups for some six months. Some people who have the ability to read in-depth, and suddenly have a headache, want the CAT scanner. We're talking about technology that didn't exist 20 years ago, that costs some millions of dollars not only for the equipment but annually to operate. Sure it saves a lot of lives, I suppose, but it costs an arm and a leg to do it.

We have our aging population. Through a variety of programs, Albertans are living longer. It's interesting, when you look at statistics, that the major users of the system are of course the elderly. If they're going to live longer, if they're going to stay in hospitals longer, and if they're going to utilize the hospital system twice as long as anybody else, obviously it's got to cost. So that would explain that.

It's interesting to note that in the U.S. some 25 per cent of medicare, which is the largest single component of their medical bill, is spent in the last 12 months of a person's life. Twenty-five per cent of the budget on the last 12 months of a person's life. Surely someone's got to make the decision: how important is the last 12 months of someone's life? That's a relative decision. But if we're going to continue doing that in this nation, we're going to have to make the decision openly that the last 12 months of a terminal patient's life are indeed entitled to 25 per cent of the total expenditure, and heaven help our young people, heaven help the newborn.

Sometimes it's like a death in the family. The last thing you should do, if you're one of the grieving persons, is go to the funeral home, because you end up in room three. Room three is $1,200 to $1,800 for the casket. Only relatives are shown rooms one and two. When it comes to medical things when you deal with the aging, it becomes so emotional that you're really afraid, in my view, to spell out not only the facts but the alternatives. Sometimes they're very difficult decisions.

We've also seen dramatic increases in technology regarding the heart. I think it was 25 years [ago] that Dr. Callaghan started open-heart surgery in Alberta. It's made a horrendous difference in terms of cost, but been dramatic in terms of life expectancy. Who for one moment could ever think that that's not worth it or, secondly, that it's not expensive.

Then, Mr. Chairman, we look at the utilization study that's quoted so often by my colleague the Leader of the Opposition. We look at the number of admissions, the length of stay. I would just like to quote, if I may, from the same study. Page 33 points out:

> Factors which may well encourage widespread overuse, even to the occasional extent of profiteering.

I'm now talking about a document where only physicians are mentioned.

> An open-ended system of professional fees that offer rewards to doctors for the application of test procedures and technological services.

Surely you can't have it both ways. You can't say, I want and demand the best, without being prepared to pay for it.

Secondly, Mr. Chairman, there's reference in the utilization study with regard to the amount of surgery in the province of Alberta. The minister has already indicated that's been looked at by the College of Physicians and Surgeons, and a report would be forthcoming as to why the rate of surgery is so much higher in this province as opposed to other provinces, and indeed perhaps in the home city that I represent, Lethbridge, as opposed to other parts of Alberta.

It's interesting, Mr. Chairman, when I hear the debate going on with regard to the so-called user fee that's proposed. I think Alberta has had not only wise but good management for many years. When one looks at appendix D of the utilization study, albeit the 1980 figures now are a little out of date, we see that the average per day hospital cost in Alberta is $192, and it's the lowest of all the provinces in Canada. I submit to the committee that that indicates some degree of responsibility by the department over the years. The figures today, quoted by the minister, are approaching $300. That indicates, as I mentioned earlier, the dramatic increase in costs. The Member for Edmonton Whitemud pointed out that it would only be a matter of predictable time when there'd be nothing left in the budget for education, nothing left for other things. Surely one doesn't have to be naive to recognize that unless you introduce some system of management, the problem becomes academic in the future because there's nothing left to manage.

For example, Mr. Chairman, I wonder about hospitals purchasing goods and drugs. I read a study here that shows — and I don't like to continually quote the United States, but it seems that's about the only information I have access to. In the Chicago area — where history was made last night, for those who are interested in that sort of thing — 113 hospitals got together just to purchase drugs and saved some $30 million. Is that an option Alberta hospitals have? Do Alberta hospitals purchase drugs individually from [inaudible] drug companies? I don't know. I certainly hope that in the Calgary and Edmonton area, hospital groups and boards would get together and purchase abundant supplies. I don't know whether that happens. I have enough faith in the hospital boards to assume it does happen.

Mr. Chairman, I'd like to make some comments with regard to Alberta health care. It's an area I feel kind of strongly about. It's interesting to note that Albertans, for all their health, make some 430,000 claims a week against the system. That's some 80,000 claims a day, which comes out to an impressive figure of nine claims per person per year. I suppose it wouldn't be a bad idea if a claim were defined. Obviously it's not a visit to a physician. But I point out to the committee that some 2.4 million Albertans are registered, but last year only 2 million made a claim. So some 400,000 Albertans did not make a claim against the system. It would be kind of interesting to find out why they didn't. Maybe they have the secret to good health. That might be an area Alberta health care could look into.

Reference has been made to the premium we pay. I think we keep confusing the premium with health care and the hospital system. Last year the cost for every registration in the province was some $365. The premium increase announced by the minister a short while ago is less than that for the coming year, and that's only for the health side or the doctor portion. I think it was pointed out earlier that the premium only covers about one-third of the expenditure. Even that's being gracious. In my view, adding up the figures in the estimates book, the expenditure is some $650 million in Alberta health care to some 2,900 doctors, including the sick, lame, and lazy. I

think there are 1,600 or 1,700 who earn over $40,000 a year. So I would submit that when you look at the figures in the book — an average of $113,000 to a physician — you have to be careful how you judge it.

Secondly, one should also remember — and I'm on record as long opposing extra billing. You're a professional; you set your own fee. But don't you come to me and ask me to collect it. If you want to practise under medicare, you accept that payment or get out. My views have long been known, but I would simply point out that on page 22 of the report, we have it very clearly that this is only from Alberta health care. In addition to that, there's some $35 million paid out to physicians. I won't say the physicians are doing well or poorly. I don't know. I've never met a poor one. But I do submit that we have a very dedicated group of physicians in the province of Alberta who, in my view, have given long and dedicated service to getting people well.

Mr. Chairman, it would be very short-sighted not to mention — and I don't think it was mentioned earlier — that in the annual report of Alberta health care, special provision is made for those who have the inability to pay, not those who are exempt from premiums. There are some 400,000 Albertans who don't pay premiums of any kind. This is called the emergency financial assistance program. Last year some $400,000 was provided to Albertans who, for a variety of reasons, faced bills, generally from outside Canada, that they would have found difficulty in meeting. I've heard no one mention that yet. I think that's a major contribution by this government that says, we recognize that Albertans have access to one of the finest systems in the country and, secondly, we will ensure through low or no premiums, and by special financial assistance, help to those who cannot afford it or to whom it would be an undue hardship.

Mr. Chairman, I want to spend a moment on what can be done to reduce costs. We all have our views. Certainly once we get elected, suddenly we all think we're experts. But I have some thoughts, and I'd like to put them forward. First of all, there's no question that 100 years from now, when people look back and see that some $2.2 billion was being spent on essentially the curative process, they will wonder why we tolerated in this day and age the sort of life styles referred to by the Member for Whitemud. For example, when we read Dr. Gilbert of the Royal Alex hospital on self-induced illnesses, the price tag that he says we as citizens incur on other people by a self-induced illness — whether it's drinking, smoking, obesity, or what have you — surely one would have to concede that if you had to put some money up front for those kinds of things, you would have a different point of view.

Both members of the opposition talk about seat belts. I agree with seat belts. I have no trouble with seat belts. But I didn't get here on one vote. I got here running in a constituency on a platform that asked for the people's support. I go back to them several times a year with a questionnaire and ask for their views. If I can't represent their views, I submit that I shouldn't be here. I sent out a questionnaire on seat belts — and I have it in front of me. This was a year and a half ago. I pointed out that it would save us some $15 million in health care costs if we [had] seat belts. As a matter of fact, I'm pretty proud of the questionnaire. It points out Saskatchewan, Ontario, B.C., and all the facts. Then on the back is a questionnaire. It asks some questions. Do you wear seat belts in the city or on the highway? Should the use of seat belts be made compulsory by law? Surely that's the question referred to by the hon. Leader of the Opposition. Two out of three people in my constituency who answered — a 16 per cent return. That's better than direct mail, which is about 3 per cent. Two out of three people said to me, no. Am I to come here and say yes? They say no. To hear the Member for Spirit River-Fairview talk, don't listen to them.

MR. NOTLEY: You're still only talking about 16 per cent, John.

MR. GOGO: Then, of course, there's a comment there. The comment says:

> We live in a free country; a democracy where we are supposed to be free to make our own decisions. If we choose not to wear seatbelts, then it should not be legislated that we have to. We would not wear them anyway, preferring to pay a fine.

I don't happen to agree with their views, but I don't have the freedom of whether I agree or disagree. When I represent them in this Assembly, I make up my mind that I should support the majority. So I have no trouble.

I suggest that the former Minister of Transportation, the Member for Chinook, spelled out what we've got to do very clearly several years ago. If each of us could talk to groups of people and point out the results of not wearing seat belts — never mind the statistics on health care costs. Think of the 18-year-old girl who's got her face in the back of her head because of the dashboard. The plastic surgeon spends 27 hours trying to fix it. That's what will sell people on seat belts, not mandatory legislation. Because it's got to come from the heart.

I think the B.C. experience tells us something. At it's peak, 70 per cent were wearing them. Today it's 50 per cent. Have we got a right to pass a law in this province that we know people won't respect? The last thing we need is another law.

Mr. Chairman, in the area of surgery, the utilization study points out some horrifying facts. In my view, a lot of people are knife happy. They really want to cut into you. They've seen so much of "M*A*S*H" that they want to practise it. Is that true? I don't know. But I know this: people who pay their bills in America are now insisting on not only second but third opinions before they'll pay for surgery. Has that been tried in Alberta? What does the A M A think of that? Better yet, what does the College of Physicians and Surgeons think of that? Is that not a wise move, to get a second or third opinion? Is it done, is it practised? I don't know. I'd like them on record, though, to find out.

We've heard about the craze in the past few years — the minister may comment on this — the number of hysterectomies done. That's a medical decision. That's not my decision. But I have great difficulty understanding what makes us unique if other provinces don't have the same problem, unless it's keeping up with the Joneses. Is that why it's done? I don't know.

Thirdly, and something I feel very strongly about, is the question of out-patient or day surgery, as opposed to in-patient surgery. I certainly pointed out to some colleagues that several years ago I sent out a document to several hundred doctors. It said: dear doctor, in your area of speciality, which of the following surgical procedures could you do on a day-surgery basis — i.e., in at eight, out at four — and which would take two days or longer? Well 10 per cent of them wrote to me and told me to mind my own business — practising medicine without a licence. They wanted me to authorize the payment of it,

but not question it. But fully 75 per cent said, all those procedures, two days or longer in terms of hospital admission. Yet every one of those procedures is done in the province of Ontario on a day-surgery basis. Isn't that some grounds for looking at it?

Emerson said so long ago: as I am, so I'll be; the way I'm taught is the way I will be. I don't want to criticize the medical school, but surely we can't be blaming physicians for practising things a certain way if that's the way they were taught. I think that's an area that should be looked at, Mr. Chairman.

I'm kind of pleased when I hear that in Edmonton they have about seven or eight clinics open till nine and ten o'clock at night. I think that's a dramatic effort by the medical profession to reduce the incidence of emergency use in our hospitals, which are intended to be there for emergencies. I've got concerns. I see government members upstairs — we have three single parents. They leave here about five and get home at ten to six. They're youngster in day care or school has a problem; they've got to see a doctor. Where are they going to go if the medical clinic is not open? They're going to go to emergency. So perhaps there's much more that could be done in terms of medical clinics in doctors' offices. I don't think anyone would argue with that.

Besides, every time you get near emergency, you know what happens. The defensive medicine antennae goes up and, instead of a blood test, there are 27 tests, because computers can do that. If you come out of 27 tests with nothing wrong with you, you're unusual anyway, which means you then go to a $99 specialist for referral, and on and on. So I think, Mr. Chairman, that a lot could be done with regard to medical clinics. Maybe they need additional compensation. I don't know.

In my view, the Member for Sprit River-Fairview made an excellent point with regard to home births. I have a little trouble with this. When we get some 42,000 births a year in this province, I don't think our infant mortality rate is anything to write home about. I think we're 15th in the world, under the finest conditions. Maybe that tells us something about diet and life styles, as opposed to facilities.

I have long been of the view that — who should make that choice? Should it not be the mother? Should it be the family? But remember, here we've had an edict that says that any physician in this province who practises a home birth or goes to a home is not going to be practising medicine any more. Yet as the Member for Spirit River-Fairview pointed out, we're looking at — his figure was $120 million a year. If it's five days — and he quoted 5.2 — at $200, $300, $400 a day, 42,000 births, indeed it's 100-odd million dollars. Is that not an area we could look at, Mr. Chairman? I recognize that the other side will say, hey, stay out; that's a medical decision. Sure, tens of thousands, tens of millions of people — I watched *Gandhi* the other night. They didn't have many hospitals, and they had a pretty good survival rate. So maybe that's an area.

Mr. Chairman, I notice that the Member for Sherwood Park has Motion 213 on the Order Paper, dealing with hospices. I commented earlier that fully one-quarter of the medicare budget in America is spent on the last 12 months of people's lives, virtually terminal patients. The Member for Sherwood Park has a motion dealing with hospices, where people can die in dignity. They don't have to go into hospitals, particularly high-cost teaching hospitals. I think that's an excellent suggestion and one we should look at very carefully, because the cost could not only be reduced substantially but we could involve volunteers.

Mention has been made of user fees, Mr. Chairman. I didn't really want to talk about that, other than, is it really that unique? British Columbia, $7.50 a day; emergency in British Columbia is $4 a day. It's long been established. I don't see them pulling out of medicare. I don't see them pulling out of the universality. Newfoundland was quoted. Sure, 65 per cent of their revenue comes from other parts of Canada; they don't generate it. But they have a user fee of $5 a day. Maybe in Newfoundland $5 a day is a lot of money. As a matter of fact, it might buy two or three gallons of gas nowadays.

[Mr. Purdy in the Chair]

Mr. Chairman, I have some closing remarks that I feel particularly strongly about. One is that although I don't know the cost, I know we're spending some $818 million in our universities and colleges this year. Within there, we have two medical schools. I don't know what the cost is. I would 'guesstimate' that $300,000 to $400,000 of public funds goes into the training of a physician. Yet my information is that Fort Chipewyan, and maybe Spirit River, certainly parts of rural Alberta, don't have adequate medical care in terms of physicians. I think there are grounds, Mr. Chairman, that if the public of Alberta is going to support physicians' education to that degree, then the public has some right in some degree to expect that they will practise in rural parts of Alberta. I don't know how big a problem it is, but I submit it's a major problem. Because if there aren't physicians in rural Alberta, then we have air ambulance, the Royal Alex, and the University hospital in Edmonton bearing that cost.

When we look at a system of 3,000 physicians in Alberta, we have 1,700 who are in general practice and fully 1,300 who are specialists. Now if they were specialists in preventive medicine, I would strongly endorse it. But they're not. The fourth largest category of specialists in this province is shrinks, psychiatrists. We continue to hear that we're dramatically short of psychiatrists. I have some difficulty understanding a society where we have to have the fourth highest number of specialists in our province being psychiatrists and, at the same time, I hear that rural Alberta can't get adequate general practice care.

Mr. Chairman, I don't know why we allow those who go through medical school to specialize without practising for two or three years in a community. I do know that we could offer them incentives. We could send them a statement for $300,000 or $400,000 and forgive it at the rate of $100,000 a year if they practised in rural Alberta. I think that's the responsibility of the college, not this Legislature. But this Legislature appropriates the money and, if it's like most business, he who controls the purse strings has some say.

Finally, Mr. Chairman, I think we have a remarkable health care system, not only in Canada but in Alberta. I think we must take some steps, or we're not going to have it much longer. I hear the arguments about the $10 bill or the $20 bill. As I think the minister accurately put it, 10 per cent of a particular hospital day's budget is the amount allowed to be charged. It's not a high amount to have to pay. He's also said that nobody would be prohibited from health care if he didn't pay it.

We hear all kinds of arguments about the cost of paperwork. I don't argue that. I know it's going to be a hardship on certain hospitals. I do think, though, that

unless we take the action we're taking, unless we continue to spend the time directing our efforts toward preventative medicine, much of what we're doing is not going to bear huge dividends. I strongly endorse the principle of what the minister is trying to do, to see that the future of health care in Alberta remains healthy.

Thank you.

MRS. FYFE: I'd like to make a few comments related to the question of hospital user fees. I spoke on this topic a few weeks ago in the House, and I don't want to duplicate comments I made earlier. But I do want to highlight a few points that I think are important in discussing this issue throughout our province. Firstly, the decision to initiate hospital user fees came after extensive consideration of alternatives to our present system. There's no doubt there was consideration of a variety of taxes and requisitions that take place in other provinces. But in my opinion the decision was made primarily because it allowed greater autonomy for hospital boards. I think one of the most important elements in the decision to move to hospital user fees is the discretionary aspect of this new proposal.

I served as a hospital board member, albeit for a brief period of time, and I understand the complexity of hospital financing. It is an extremely complex system but also one that many boards do not become very involved with, partly because there are line by line decisions made between the administration and administration within the department. But in my opinion it's essential that boards become more aware of the budgetary process within their hospital units, and they can do this only by having some discretionary power. This new fee — while no one is going to say, we want more taxes, we want higher fees — is designed to protect the system we have in Alberta, one of the finest health care systems anywhere in the world.

Last night I had the pleasure of meeting a very distinguished visitor at the Symposium on International Affairs at the University of Alberta. I briefly mentioned the question of hospital user fees and the budget that the Department of Hospitals and Medical Care has. For a little more than 2 million people, we have $2.2 billion for a one-year budget. To a person residing in Asia or many other parts of the world, this figure was absolutely astounding. It was absolutely astounding that our hospital costs and health care system within one province would have reached such enormous amounts of money compared to dollars spent elsewhere in the world.

I think it's important in this debate to consider what's happening in other Canadian provinces. Media reports and comments from across the House would indicate that Alberta is the only province charging a fee. We hear very negative comments about taxes on the sick or fees for the sick. Well what's happening in other provinces? I would like to provide a little information. Some of it has been touched on by other members. The Member for Lethbridge West, who spoke previously, provided a great deal of information and did mention premiums and fees, as did the Member for Barrhead. But I would like to go through some of the other provinces and the decisions those provinces have made to come to grips with a very expensive health care system.

The Member for Barrhead mentioned that Ontario levies a health care premium. This premium in Ontario is designed to cover both medical care and hospital costs. As has been mentioned a number of times in the House, it is often very confusing for residents within our province to distinguish between the two aspects of health coverage. But most jurisdictions have some type of requisitioning, some type of fees.

Alberta is one of five provinces that allow a local requisition. However, Alberta's requisition is for a very limited expenditure, and that is for site acquisition and improvements of the site. If you consider the costs of hospital care — the operating costs and capital costs — the acquisition of a site is a very tiny percentage of that total cost.

In the province of British Columbia, local requisitioning is allowed to pay for 40 per cent of the cost of capital construction. As I said, Alberta limits that requisition to only the acquisition and improvement of the site. In the province of Saskatchewan, hospital districts can requisition municipalities to pay for deficits, to establish new services, or for capital costs. The province of Manitoba is requisitioning for smaller, municipal-based hospitals only. In Ontario there's local requisitioning if municipalities agree to fund part of the cost of capital projects. Those are the five provinces that allow local requisitioning. As the members will note from that information, Alberta has a very small amount of dollars that can be applied to local requisitioning.

However, the Leader of the Opposition suggested that we discuss this question with the municipalities after the municipal elections in the fall. I could advise him right now what the comments from the municipalities are going to be: that this is not a route that is desired by any of the municipalities, and if user fees are not a progressive tax, requisitioning is certainly not a progressive tax either.

What about user charges? A number of provinces do have a user fee. The province of British Columbia charges $7.50 per in-patient day, plus $4 for an emergency visit, $7 for a day care or surgery visit, and $11.50 per day for extended care facilities. The province of Saskatchewan charges a $417 per month extended care hospital charge, also charged to patients in acute care hospitals in designated extended care beds; $45 per day after 90 days in acute care beds for patients designated as nursing home care; and $75 per day to acute care patients designated as extended care. So even the province of Saskatchewan, the cradle of medicare within the country, has a system which provides fees for patients.

In the province of Manitoba, there's $11.35 per day to individuals awaiting placement in personal care homes. In Ontario there's $14.72 per day — and I don't know where they get the nice round figure of 72 cents — for patients receiving chronic rehabilitative convalescent care in hospitals and designated nursing homes. In Quebec there's a $12.33 per day long-term care fee; in New Brunswick, $11.42 per day for acute care patients waiting for placements; and in Newfoundland, as mentioned by the member from Lethbridge, $5 per patient-day to a maximum of 15 days.

The responsibility for capital costs in British Columbia — local responsibility for 40 per cent of the capital costs of hospitals. Within Saskatchewan, a local responsibility for non-Crown owned hospitals at the rate of 40 per cent; for regional hospitals, requisitioning to 50 per cent; for community hospitals, 60 per cent. Within Manitoba, local responsibility for providing fully serviced land; in Ontario, local responsibility for requisitioning one-third of the capital cost of the facility; in Quebec, hospital funds through bond markets. The government guarantees those bonds.

In addition, two other provinces have other ways of raising funds for hospital services. Both Manitoba and

Quebec have initiated a payroll levy on the amount of salary earned by wage earners within those provinces. In Manitoba it's a 1.5 per cent payroll levy for health and postsecondary education. Quebec has established a 3 per cent payroll levy for health services.

I think this information gives a bit of an idea of what's happening within other provinces. The financing from the federal government, in all likelihood, will be cut back as the federal government comes to grips with growing expenditures and certainly a growing deficit. It's not just Alberta that is faced with trying to curb a system that is growing faster than the revenues coming into this province.

How do we protect one of the finest health care systems in the world? Do we want our system to go as the national health care system has in the United Kingdom, where it became so difficult a burden to carry and the line-ups to get hospital services became so great that a private system has grown in parallel — but only for those that can afford to pay. Is that the kind of national health care system we want to support? Obviously not.

At the other end of the scale is an American system, from which many horror stories have come to the ears of Canadians — families that have met with financial disaster because a member of the family faced health care costs or hospitalization within that country. Those are the two ends of the scale.

I say for a third time that within Alberta we have one of the finest systems in the world. But for the individual who is facing increased costs, obviously there is going to be some period of adjustment. One of the most critical aspects to any being is your health. How important is your health? To me and to members of my family, it is extremely important. I have said in this House before, and I say again, that I've had occasion to take a member of my immediate family to the United States to get a second opinion on a very critical health issue. It was not completely covered by the health care system within the province. The trip was not covered at all.

The hospital coverage was covered to a certain per cent, and the clinic fees were covered about a third under the plan and two-thirds our responsibility. But we required an opinion from a clinic, a referral centre, that had the opportunity to see unusual cases. To me it didn't matter about the cost or whether I had to pay for years in the future. The fact was that the system was available and we were able to receive the services. We're looking at a small amount of dollars, compared to our $2.2 billion system. Is $300, the maximum that a family would pay, really going to deter individuals, families, from seeking necessary medical attention? And if it is a factor, if it is a problem, the minister said that that service will be available.

The clinic we visited in the United States was the Mayo Clinic in Rochester, Minnesota. That clinic has a system whereby they bill individuals for as long as it takes the patients to pay the clinic, at no interest. Some families may take 20 years to pay the bill. Some families or individuals do not pay. It is an honor system. But on the whole, the majority of people appreciate that system. They appreciate that the clinic is there. And I'm sure that the hospitals within Alberta, if the boards make the decision to implement fees, will be lenient to insure that they are not standing at the door pushing patients away if they don't have $10 in their hand to be admitted.

I think the system is reasonable. It will protect one of the finest systems we have and not allow it to deteriorate to either end of the scale. I am sure other provinces are going to have to make some tough decisions to protect their systems too. I think the decision that was brought forward requires an awful lot of understanding on the part of the people of this province. So far, the information that has been given through a number of public sources has distorted what really is intended.

I appreciate the comments and I support the minister in reviewing the minimum level of exemption, because I have had concerns that there may be families on the lower end of the scale, who face unemployment or other factors, that would find that the fees could be a problem. I think it is important that we review that level. But with that caveat, I think it's imperative that we find a way to inject autonomy into the system so the boards have the tools to meet the financial problems within each unit, and that we support the health care system we have and keep it one of the healthiest in the world, if you'll excuse the pun.

Thank you, Mr. Chairman.

MR. LYSONS: Mr. Chairman, it's certainly an honor to get up this afternoon and address the committee on this very important budget matter of hospitals. When I was first elected, there were two very major things I promised my constituents: health care and education. I would work very, very hard to see that those two goals were met.

We had three old hospitals in our constituency, and we've had those replaced. In replacing those hospitals, the costs of operating them have increased dramatically. But we knew when we built them that the cost of operating a new hospital would be a lot higher than an old hospital. In the constituency of Vermilion-Viking, we now have three of the finest hospitals that money can build.

We have an ambulance service that I don't really think is lacking. It could always be better. But the hon. Member for Edmonton Norwood feels that if we throw more money into an ambulance system, we're going to save a lot more lives.

I really appreciated my colleague from Lethbridge when he raised the issue of why people are in hospitals. I believe his figures — I didn't hear him say it today — were that something like 40 per cent of the patients in hospitals were there because of drinking and smoking. We could go out and spend millions and millions until we have billions — and we've got that now: $2.2 billion. As long as we have smokers like the hon. Member for Lethbridge West and myself, we're going to jam up those hospitals. I really appreciate what he has done as an individual, Mr. Chairman, in his work with AADAC. At least maybe we don't have as many drunkards coming into the hospitals through his efforts.

Mr. Chairman, part of the problem in the costs of hospitals is the attitude we have toward medical care. When I was in the hospital a few years ago, I was told in no uncertain terms that if I'd had a heart attack in the country I would have died. I'm not so sure that was true, because they treated me for gallstones for quite a while before they realized I'd had a heart attack. I was in the emergency unit. I survived that, and it wasn't that difficult.

Quite a few years ago, I think about 15 years ago, if I remember, my daughter had a heart condition. She had open-heart surgery. At that time, people said we would be charged extra for this operation. We had MSI and Blue Cross. Well it really didn't matter whether we would be or not. So when we took her to the doctor, we had in mind that we would be paying a little for the operation. We did not have to pay a dime. I remembered that when

I had my surgery. When the doctor said we would appreciate having $500, or some figure like that, to do your operation, I said, well, I guess the interview's over; I don't believe in extra billing. He said, no, sit down. He said, I'll do it; you government guys are all alike. And I saved myself $500.

We constantly hear people in this House saying that the government or the minister is doing this wrong and that wrong and so many other things wrong. What I'm getting at is that our population out there has some responsibility. If we didn't have a man as strong and capable as we have in Hospitals and Medical Care directing this budget, instead of looking at $2.2 billion, I can't imagine what we'd be looking at.

Mr. Chairman, being from a rural area, I don't expect that I will ever see an ambulance get to my door for at least 10 or 15 minutes if I'm living in town, and that would be in the very best of conditions. The hon. Member for Edmonton Norwood is talking about 4 minutes. The cost of having an ambulance or a paramedic available in 4 minutes for some two million citizens is absolutely — well, I can't use the words I'd like to use. There are so many things we can do, and there are so many things we can't do.

I think the Minister of Hospitals and Medical Care is doing those things we can do. When he brought in the concept of user fees, he left the option that hospitals didn't have to do it. But if they thought they needed the money or couldn't cut corners here and there, and so on, they could do it — permissive legislation. I think he's certainly on the right track. I believe that even though we have responsible people on our hospital boards and as administrators, as long as we have people that are encouraging our population to demand more and more and more, these people are no different from us. We have to listen to our constituents, as the hon. Member for Lethbridge West pointed out. He has to listen to his constituents regarding seat belts. Hospital boards and administrators have to listen to their patients.

I would like to just say that 20 years from now, when this province is a little older and a little more mature, I think we'll be looking back at our Minister of Hospitals and Medical Care in the '80s and saying, hey, he was one fellow in that time of gimmee who stood up and said, whoa, we can't go on spending and asking and demanding. I think the Member for Spirit River-Fairview would appreciate the problems and logistics he would have, to try to have an ambulance to rescue his constituents in 4 minutes, as his colleague is asking for.

MR. NOTLEY: He didn't say that, Tom.

MR. LYSONS: Perhaps that isn't directly what he said, but that's what he implied. [interjections] Somebody has to pay the bills around this place. By and large, in Alberta we have paid the bills from our resources.

MRS. CRIPPS: Cradle to grave.

MR. LYSONS: There's a better term we could use than "cradle to grave"

Somewhere the bills have to be paid. Right now the resource revenue is down, and we are going to have to face reality. I would again like to congratulate the minister on being able to face reality.

Thank you very much, Mr. Chairman.

MR. NELSON: Mr. Chairman, I just have a couple of very brief comments and possibly a couple of questions to the minister, if I can get the minister's attention. First, I would like to ask if the minister could give some indication to this House as to what time frame he might consider for the development of the northeast hospital in Calgary.

Further to that, Mr. Chairman, there have been many thoughts and comments relevant to health care in the province. It seems to me that some people like to criticize others who are making an effort to ensure that the public of this province is being looked after. They criticize the doctors for extra billing, and in many cases the amount of the extra billing is minimal. My doctor extra bills me every time I go there. I certainly don't complain, because my health is worth five bucks to me. Some people might not think their health is worth anything. Of course my doctor doesn't necessarily charge those who are unable to pay. There are also other areas that extra bill, such as diagnostic clinics when you go for X rays. My time is worth $20, rather than sitting in the waiting room of an emergency clinic at the hospital where I wouldn't have to pay.

It's amazing how we talk about the private sector. Doctors are part of that private sector. They go through many years educating themselves to gain the skills to assist those of us who become ill from time to time. Being part of the private sector, they should be offered the opportunity to earn a living or have an income that they deem is necessary to operate their offices and to continue a standard of life they have. At least they're not in here fighting, like some, to determine who gets an additional $35,000 to be leader, of a party of two, at that, plus all the perks. I don't see you people going out and telling your constituents that you're now getting all these perks to lead the opposition in the House. Maybe we should all share some of the wealth.

The opposition leader suggests that members of the government side haven't got the gumption to stand up and vote on seat belt legislation. Well I ask the opposition leader: does he have the gumption to stand up and suggest alternative areas to add revenues to the government's coffers? [interjection] I haven't heard too many areas that may create some controversy that would offer the government revenues to enable us to continue operating in a manner that is not overly expensive and would not create additional deficits. In fact if we were to add all the areas of complaints and crying that go on in here, by the time we were finished I'm sure the additional revenues that would be required to balance the budget would be substantially higher than they are now.

Mr. Chairman, I don't have a heck of a lot of difficulty with most of the hospital care that's being offered in the province. Having spent a couple of years on the hospital board at the General in Calgary, I think we have to commend both the hospitals department and the minister. We have to commend those people on the hospital boards who are volunteering much of their time in the hospitals, but also many of the volunteers who assist hospitals in the effort to give health care and comfort to many people who are sick. We should also give credit to the many doctors, nurses, and nursing assistants, who are very, very dedicated people, ensuring that those who are ill are comforted in a proper manner.

There are certainly different views on the methods by which we should ensure that hospitals keep operating in difficult times. But I think that we should commend the minister and the government, past, present, and future —

suggesting of course that the Conservative government will remain for many years to continue the great programs we have developed — for the manner in which the minister has offered programs for the continued development of hospitals and the continued high level of hospital care in this province. Hopefully we can express these views to the public in Alberta, and at the same time maybe the opposition might also give due credit to some of the programs that have been offered in their own constituencies.

MR. KING: Mr. Chairman, I move that the committee rise, report progress, and beg leave to sit again.

[Motion carried]

[Mr. Speaker in the Chair]

MR. PURDY: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions, reports progress thereon, and requests leave to sit again.

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

HON. MEMBERS: Agreed.

MR. KING: Mr. Speaker, I would like to advise that tomorrow evening the House will meet in Committee of Supply for consideration of the estimates of the Department of Consumer and Corporate Affairs and the Department of Culture. In the unlikely event that we complete those considerations quickly, they will be followed by consideration of the estimates of the Department of Education.

On Friday morning, it is the intention of the government to consider at second reading Bill No. 26, the Widows' Pension Act, followed by second reading of other bills if there is time.

[At 5:30 p.m., pursuant to Standing Order 5, the House adjourned to Thursday at 2:30 p.m.]