

LEGISLATIVE ASSEMBLY OF ALBERTA

Title: **Wednesday, October 31, 1984 2:30 p.m.**

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

PRAYERS

[Mr. Speaker in the Chair]

MR. SPEAKER: Hon. members might wish to remain standing for a period of silence out of respect for the Rt. Hon. Indira Gandhi, the Prime Minister of the largest democracy in the Commonwealth and in the world.

[Members observed a moment of silence]

MR. SPEAKER: Please be seated.

head: INTRODUCTION OF VISITORS

MR. McPHERSON: Mr. Speaker, seated in your gallery today are two distinguished visitors from the city of Red Deer. I would like to take this opportunity to introduce to you, and through you to hon. Members of the Legislative Assembly, the mayor of the city of Red Deer, His Worship Mayor Robert McGhee, who is accompanied today by the city commissioner of Red Deer, Michael Day. I ask that these gentlemen please rise in your gallery and be recognized by the House.

MR. LEE: Mr. Speaker, also seated in your gallery is a concerned citizen, community leader, and distinguished alderman of the city of Calgary for more years than I would risk saying in this House. This individual has become literally a legend in the city as chairman of the community services committee of Calgary city council for well over a decade. More recently she played a vital role as a member of the Calgary board of health and, in particular, an extremely important role in the Holy Cross decision as a director of Calgary hospital district No. 93. Mr. Speaker, I introduce her to you, and through you to members of the House. I ask a warm welcome for my former seatmate on Calgary city council, a constituent in Calgary Buffalo, my good friend Alderman Barbara Scott.

**head: PRESENTING REPORTS BY
STANDING AND SPECIAL COMMITTEES**

MR. STILES: Mr. Speaker, the Private Bills Committee has had under consideration the request of Thomas Payne, Melvin P. Leinweber, and Ralph Garrett that Standing Order 89(2) be waived to permit a petition for a Bill to incorporate the Central Western Railway Corporation and authorize it to operate a railway, to be presented to the Assembly at these fall sittings. The committee recommends that this request be granted. I request the concurrence of the Assembly in this recommendation.

[Motion carried]

MR. STILES: Mr. Speaker, I request leave of the Assembly to revert to Presenting Petitions.

MR. SPEAKER: Is there leave?

HON. MEMBERS: Agreed.

MR. SPEAKER: Anyone contrary? It is so agreed.

head: PRESENTING PETITIONS

MR. STILES: I beg leave to present the following petition which has been received for a private Bill: the petition of Thomas Payne, Melvin P. Leinweber, and Ralph Garrett for the Central Western Railway Corporation Act.

head: INTRODUCTION OF BILLS**Bill 73****Labour Relations Amendment Act, 1983
Repeal Act**

MR. YOUNG: Mr. Speaker, I request leave to introduce a Bill, being the Labour Relations Amendment Act, 1983, Repeal Act.

This Bill is consequential upon the decision announced January 31, 1984, not to proclaim the Bill passed last fall in this Assembly. This clears the way for a total review of labour relations by all parties in that industry, as requested by the Advisory Committee on the Construction Industry.

[Leave granted; Bill 73 read a first time]

Bill 77**Public Service Pension Plan Act (No. 2)**

MR. HYNDMAN: Mr. Speaker, I request leave to introduce Bill No. 77, the Public Service Pension Plan Act (No. 2). This being a money Bill, His Honour the Honourable the Lieutenant Governor, having been informed of the contents of the Bill, recommends the same to the Assembly.

Bill 77 contains all the basic elements of Bill 57, which was introduced in the Assembly on May 31 this year and has since been on the Order Paper. Since that time there has been consultation with all the interested parties. The result is some dozens of detailed changes in Bill No. 77. Bill No. 77 continues to maintain all existing benefits for pensioners. It generally updates, streamlines, and clarifies the existing Act. The existing Public Service Pension Board will continue. Rights of appeal are clarified.

I might mention that with the introduction of this Bill, Bill 57 will die on the Order Paper. This Bill includes but does not further increase the pension contribution increases announced on May 2, 1984, and passed by this Assembly in Bill 39 in the spring.

[Leave granted; Bill 77 read a first time]

Bill 87**Public Service Management
Pension Plan Act**

MR. HYNDMAN: Mr. Speaker, I also request leave to introduce Bill No. 87, the Public Service Management Pension Plan Act. This being a money Bill, His Honour the Honourable the Lieutenant Governor, having been informed of the contents of this Bill, recommends the same to the Assembly.

The provisions of this Bill parallel the basic principles of Bill 57 and of Bill 77, just introduced, with appropriate mod-

ifications to reflect the history and uniqueness of the Public Service Management Pension Plan. Bill No. 87 maintains the existing pension benefits, continues the Public Service Management Pension Board, clarifies appeal rights, and continues the government guarantee of pensions. The phased-in increases in contribution rates passed in Bill 39 by the Assembly are incorporated in this Bill.

[Leave granted; Bill 87 read a first time]

Bill 85
Natural Gas Pricing Agreement
Amendment Act, 1984

MR. ZAOZIRNY: Mr. Speaker, I request leave to introduce Bill No. 85, the Natural Gas Pricing Agreement Amendment Act, 1984. This being a money Bill, His Honour the Honourable the Lieutenant Governor, having been informed of the contents of this Bill, recommends the same to the Assembly.

The purpose of this Bill is to facilitate the operation of the domestic gas incentive plan agreed to by the federal and Alberta governments earlier this year, by providing a statutory mechanism necessary for certain aspects of the operation of the plan.

[Leave granted; Bill 85 read a first time]

Bill 78
Electric Energy Marketing
Amendment Act, 1984

MR. BOGLE: Mr. Speaker, I request leave to introduce a Bill, being the Electric Energy Marketing Amendment Act, 1984.

The purpose of this Bill is to provide that in addition to establishing the total upstream cost of generation and transmission, the Public Utilities Board will further separate those costs into components associated with the electric energy destined to specific customer groups at the wholesale level. This will enable the agency to establish average costs of the generation and transmission down to the 25 kv or distribution level. As well, Mr. Speaker, this Bill will ensure that in dealing with the operators of the Electric Energy Marketing Agency, the Public Utilities Board will adopt the wholesale prices charged by the agency to the utilities as a basis for setting wholesale rates for each customer group provincially. Finally, for direct farm customers who are regulated, the Public Utilities Board will set the final customer rates, which will include the Electric Energy Marketing Agency charges set for each customer group, with the addition of the local distribution cost for each group as determined by the board.

[Leave granted; Bill 78 read a first time]

Bill 79
Public Utilities Board
Amendment Act, 1984

MR. BOGLE: Mr. Speaker, I request leave to introduce a second Bill, the Public Utilities Board Amendment Act, 1984.

The purpose of this Bill is to establish clearly that all electric energy produced from firm sale in the province shall be purchased by the agency and that the transactions of the agency constitute a full purchase and resale of electric energy by the agency from and to the utility companies.

MR. SPEAKER: Do the members agree with the motion?

SOME HON. MEMBERS: Aye.

SOME HON. MEMBERS: No.

[Leave granted; Bill 79 read a first time]

head: **TABLING RETURNS AND REPORTS**

MR. ADAIR: Mr. Speaker, I beg leave to file four copies of an assessment of the rural business projects program, funded under the Department of Tourism and Small Business and the Department of Municipal Affairs.

MR. RUSSELL: Mr. Speaker, I beg leave to table the 1983 annual report of the Alberta Health Facilities Review Committee.

DR. REID: Mr. Speaker, I beg leave to table the 60th annual report of the Alberta Liquor Control Board, for the period ended December 31, 1983.

head: **INTRODUCTION OF SPECIAL GUESTS**

MR. KOWALSKI: Mr. Speaker, it's my pleasure today to introduce the largest number of young people I've ever had an opportunity to introduce at one time in the Legislative Assembly. Today 128 students in the various grade 6 classes in Barrhead elementary school are in both galleries of the Assembly. Not only are they the largest number of young people I've had the privilege of introducing at one time, I think in many ways they're also the most astute and well prepared young people I've ever met with. A little earlier today I had an opportunity to visit with them, and they raised such a staccato of questions to me that for a while I thought I was in this Assembly rather than in the Carillon Room with them. I think all members can empathize when I illustrate to the Assembly the types of questions they raised: "Do you like your job? What do cabinet ministers do? Do you fantasize about the future? Is the Sergeant-at-Arms a biggie?"

Mr. Speaker, the 128 students are accompanied by some very dedicated professionals, their teachers. I'd like to introduce Mr. Marvin Sheets, Mr. Don Roblin, Mrs. Maureen Tansowny, Mrs. Florence Wallace, Miss Carolyn Spratt, Mrs. Barbara Voder, and bus driver Mr. Bill Brinton. I ask all our young people and the adults with them to rise and receive the warm welcome of my colleagues.

MRS. CRIPPS: Mr. Speaker, it's my pleasure to introduce to the Assembly this afternoon Dr. Alf McGhan and 17 members of the Union of REAs negotiating committee. They were here for the introduction of Bill 78, the Electrical Energy Marketing Amendment Act, 1984, and Bill 79, the Public Utilities Board Amendment Act, 1984. Both these Bills affect electric energy users in the province. I also believe that Mr. Ken McCready of TransAlta and Keith Provost, representing Alberta Power, are in the gallery. Would these members please rise and receive the warm welcome of the Assembly?

head: **MINISTERIAL STATEMENTS**

Department of Transportation

MR. M. MOORE: Mr. Speaker, it is my pleasure to announce the details of a new \$55 million winter works program designed to create greater employment opportunities for Albertans through projects relating to highway right-of-way brush clearing, road construction, gravel crushing, hauling, and stockpiling. This Alberta Transportation program will provide work opportunities for more than 5,600 people, comprising some

3,200 truck operators, 1,000 heavy equipment operators, and 1,400 other workers.

Mr. Speaker, the difficult construction weather in the northern half of the province since September 1 has resulted in a significant number of construction projects not being completed this year. Funds which are available because of these uncompleted projects will be utilized for this winter works program.

The details of this program include the clearing of right-of-way highway projects along local improvement district roads and intersections. Several thousand acres will have to be cleared in many locations. Clearing of brush from rights-of-way and intersections will facilitate planned future construction as well as enhance the safety of residents travelling the district roads in improvement districts.

Winter construction of roads will be undertaken in areas where summer construction would be uneconomical due to difficult terrain conditions. Approximately 40 kilometres of road will be constructed in such areas.

Finally, the crushing and stockpiling of gravel during the winter will help Alberta Transportation prepare for the 1985 construction season. Gravel inventories will be developed in areas that are not normally accessible during the summer period, and gravel haul during the winter will minimize road damage. Six million cubic metres of gravel will be crushed and stockpiled, resulting in employment of a work force involved in operating 35 crushers, 3,200 gravel trucks, and the supporting heavy construction equipment.

Mr. Speaker, the registration of gravel trucks from throughout the province for this program will begin at 8 a.m. on November 8 at all district transportation engineers' offices. Registration can be made in person or by telephone, with work opportunities limited to one truck per owner. The owner must have proof of ownership of the truck prior to November 1, 1984. A quota will be established for all trucks throughout the province, with a maximum earning of \$7,500 for those working south of the 17th baseline, which runs through the Athabasca area, and \$10,000 for those working north of this line.

Owners of equipment other than trucks that might be utilized in road construction, gravel stockpiling, or brush clearing should register with the local district engineer's office, with the first priority being given to local equipment owners who have not worked for the Department of Transportation since April 1, 1984.

Full details of these programs will be available at the regional and district offices of the department throughout the province.

Mr. Speaker, this \$55 million winter works program will bring about a positive impact on Alberta's construction labour force while at the same time upgrading the transportation system in our province.

MR. MARTIN: Mr. Speaker, I'd like to respond to the ministerial announcement. Let me say first of all that this is a small step in the right direction. Members are well aware that over the last two years, as we went into a recession, we in the Official Opposition have been saying that it is time to get on with useful public works as this would have an effect on unemployment.

Whenever the government does anything for the unemployed, I'm the first one to rise and say, hooray, a little has been done. But I remind the government that there are over 150,000 unemployed in this province and that there is up to 80 percent unemployment in some industries in the construction industry. So we have to put this in perspective, if we think this is going to have a significant impact on unemployment in the construction industry, as in the discussion we had yesterday: this is really a drop in the bucket. But again, I would say that I support it. It is better than nothing.

Thank you, Mr. Speaker.

head: ORAL QUESTION PERIOD

Shut-in Oil Production

MR. MARTIN: Mr. Speaker, I'd like to direct the first set of questions to the Minister of Energy and Natural Resources. Today our office was in touch with the National Energy Board. Officials there indicated that we are on the verge of a possible 5,000 cubic metre a day shut-in of heavy oil or a 27,000 cubic metre shut-in of light crude. This is due to insufficient capacity in pipelines going east. My question to the minister is, has the government done any assessment of the effect this will have on Alberta producers?

MR. ZAOZIRNY: Mr. Speaker, for as long as I can remember during the term I've served as minister in this portfolio, one of our ongoing concerns has been the shut-in oil situation that looms periodically. I think the views of this government with respect to that matter are very well known: fundamentally the importance of having a market system operating in this country with respect to crude oil whereby we will have full access to the United States market and have notice well in advance of any limitations on the Canadian side of the border, to ensure that those contract arrangements can be put in place in the United States in order to avoid any shut-in situation.

With respect to the particular matter the hon. member has raised, there has been comment from a number of quarters about the prospects and possibility of a problem re-emerging in the near term. We have already had some discussions with federal officials on this matter. Shut-in oil production is one of the items in our nomination system that I have raised with the new federal Minister of Energy, Mines and Resources on almost every occasion that I've spoken with her, certainly on the occasions of our meetings since she became the minister. In addition to that, I've been in touch with senior officials of the Energy Resources Conservation Board, who are well familiar with the technical aspect of these matters and are ensuring that we are doing everything we can to avoid just such a problem. It simply underlines the continuing need to move to a market pricing system.

MR. MARTIN: A supplementary question, Mr. Speaker, because we seem to be in this emergency. What is the position of this government going to be to the National Energy Board if it comes to a choice between light or heavy oil?

MR. SPEAKER: Perhaps we could deal with that question in some unhypothetical way.

MR. MARTIN: On a point of order. In talking to the National Energy Board, it seems to me this is a decision they've proceeded already to the federal government, and I think the Alberta government would want to have some say in that matter.

MR. ZAOZIRNY: Mr. Speaker, I don't know that I can say more than I already have on the subject. We're working with them very closely, and any judgments of that nature will be arrived at in the normal course of events. We're endeavouring to see whether or not there isn't a way the problem can be averted.

MR. MARTIN: A supplementary question to the minister. In view of the fact that the National Energy Board told us they've

already been in touch with the federal government, does the government have a preference if it comes to that undesirable situation where they have to make that choice between heavy or light oil?

MR. ZAOZIRNY: Mr. Speaker, I think that question is very little different from the earlier ones in being somewhat hypothetical. As I said, we will respond in the appropriate fashion.

MR. MARTIN: A supplementary question, Mr. Speaker. Has the minister asked officials of his department to do any study of the impact of an extended heavy oil shut-in on our established eastern export markets?

MR. ZAOZIRNY: Mr. Speaker, I think I endeavoured to respond to that in my broader response to the first question. It's not a matter of doing some new study. We have been constantly aware of the difficulties posed to all aspects of the crude oil system by a shut-in situation. We are most cognizant of those circumstances and are working constantly to avert them.

MR. MARTIN: A supplementary question, Mr. Speaker. I'm talking about what seems to be an emergency situation. We talked to the National Energy Board; they don't know what to do. I would hope the government would be moving.

Has this government done any assessment of whether or not this heavy oil pipeline capacity problem is likely to be a long-term problem? We know it's an immediate problem, but is it a long-term problem?

MR. ZAOZIRNY: Again, Mr. Speaker, work is constantly being done on that subject. We believe that if there were a market system for crude oil which facilitates access to the U.S. market, those problems could be largely abated. If the hon. member has some specific suggestions in that regard, I would appreciate receiving them.

MR. MARTIN: When I become minister of energy, I will.

A supplementary question, following along. As the minister is well aware, the government's white paper puts considerable emphasis on heavy oil development. Was any analysis done of pipeline capacity before that decision, or indeed before loan guarantees were provided for the Husky upgrader project?

MR. ZAOZIRNY: Mr. Speaker, the current situation has nothing to do with the Husky project, which is still in the process of moving onward. This is a subject that receives constant review and assessment. Certainly when one is examining the potential of this province in terms of development of our oil resources, whether they be the conventional oils, the heavy oils, or the synthetic oils from our oil sands, this is part of the equation.

MR. MARTIN: A supplementary question, Mr. Speaker.

MR. SPEAKER: Followed by a supplementary by the hon. Member for Vermilion-Viking.

MR. MARTIN: Has the minister held any discussions with Husky Oil about what the Alberta government might do to ensure that this pipeline capacity problem does not affect the viability of the upgrader announced recently?

MR. ZAOZIRNY: Mr. Speaker, as the hon. member has himself suggested, he talked about the immediate circumstances

and their being addressed. It would seem to me that in the first instance with regard to a matter of immediacy, as he has suggested, we should be talking about the people who are in fact putting oil into the system and those who are responsible for transporting it and the impediments that may exist to moving all that oil to the various markets that exist in North America, rather than spending time at this juncture speaking with someone who isn't moving oil into the system at this time.

MR. LYSONS: A supplemental question to the Minister of Energy and Natural Resources, if I might, Mr. Speaker. Do we have the capacity to move this shut-in oil through the system into the United States, and is there a ready market for our oil, whether it be heavy or light crude, in the United States at the present time?

MR. ZAOZIRNY: Mr. Speaker, certainly the evidence that has been produced since the prohibition was taken off the export of light and medium crude oil into the United States would indicate that that market does in fact exist, and the capacity as well. Of course, one of the constraints is clearly going to be effective pricing. That's why it's important that there be an appropriate adjustment of the so-called export charge. We won't be able to sell the oil into that market if in fact it is priced above the spot-market level, because that's the market we sell it into.

At the risk of onerous repetition, Mr. Speaker, we think the market pricing system provides the most appropriate way of addressing the overall situation.

MR. LYSONS: A supplemental question, Mr. Speaker. The minister referred to the spot market as being the price we would have to sell it into. Is it not possible to have a deal whereby we can sell it at a fixed price or a variable price rather than on a spot-market price, which is so up and down? Could we not have an agreement whereby we would have a certain supply and a certain price?

MR. ZAOZIRNY: Mr. Speaker, that's a very difficult accomplishment at this juncture, given that the National Energy Board will only permit very short-term export arrangements of almost a month-to-month duration to be entered into. So we have that impediment to being able to sell on a longer term basis, and that would certainly have to be removed before any longer term sales could be possible.

As well, the way our oil system is structured in Canada, the first call is on Canadian needs. So first there is a determination as to what the Canadian needs might be, and only thereafter are some sales into the United States permitted on a short-term basis. I suppose one should add to that that given the nature of the North American market, one certainly has to be prepared to respond on an ongoing basis. I would suggest that many of even the more long-term contracts do have an adjuster in there with respect to price. But before one could engage in a longer term contract arrangement, you would certainly have to have those significant adjustments into the current system.

MR. LYSONS: One more question to the minister, Mr. Speaker, if I may. There is a firm price and a firm market and volume and so on, on our natural gas and electricity that is exported into the United States market. Is the minister working with the National Energy Board on that inconsistency, where our oil is treated separately from any other energy or any other supply to the U.S. market?

MR. ZAOZIRNY: Mr. Speaker, the hon. member is certainly quite correct in talking about the different way oil is handled from, say, natural gas in particular. I should say that many of the new export applications for natural gas which are currently before the National Energy Board and are being assessed by them do contain a variety of pricing mechanisms, the most common being a so-called demand/commodity pricing arrangement, which provides a fixed flow of funds on the demand portion and a variable aspect dependent upon how much gas is actually taken. The reality is that we have to demonstrate some flexibility on these arrangements, given a highly competitive situation for the sale of both oil and natural gas to the United States at the current time.

I should add that with respect to these energy resources, and particularly natural gas, we are absolutely convinced that if our exporters have the opportunity to market into that huge U.S. market, we will be able to realize significant volume increments and a price arrangement which provides net benefits to both Canada and Alberta.

Physiotherapy Services in Nursing Homes

MR. MARTIN: Mr. Speaker, I'd like to direct the second set of questions to the Minister of Hospitals and Medical Care. Can the minister confirm whether his department discontinued a contract with Medical Arts Physiotherapy, I believe on June 30, for provision of regular physiotherapy services to approximately 200 elderly persons located in 10 nursing homes in Edmonton?

MR. RUSSELL: Yes we did, Mr. Speaker. That was an anomaly in the nursing home system. I'm not quite sure of the history of those specific nursing homes receiving that special consideration. In any event, the company in question was given notice on two occasions that their contract would be extended and then terminated, and that was finally done this spring.

MR. MARTIN: A supplementary question, Mr. Speaker. What backup system has the minister put in place to provide physiotherapy care for these Edmonton seniors?

MR. RUSSELL: Mr. Speaker, physiotherapy was recently extended as a medical care coverage to all Albertans and to seniors throughout the province, without limit.

MR. MARTIN: A supplementary question. We are told that there is a mobility problem. That's why people are in nursing homes. Could the minister advise the House if there is any thought of a new system for provincewide physiotherapy care to the seniors in nursing homes who need it?

MR. RUSSELL: Yes, Mr. Speaker, there is. The hon. member may recall that we set up a commission of private citizens to do a close review of our nursing home system. Special services such as occupational therapy, recreational therapy, and physiotherapy were among those that were mentioned as being very nice to have in-house in all our nursing homes. We've gone through the report of the Hyde committee, and in the coming months I hope to bring forward a proposal that will see the introduction of those services, perhaps along with an increase in nursing home fees to cover the costs. This goes along with the theme of that citizens' committee, which gave us a very good report.

But getting back to the 10 nursing homes that had the service, I said I wasn't quite sure of why they had been treated differently in the first place. There are over 80 nursing homes in the

province, and these 10 were getting this special treatment. As I said, there was long, long advance notice to the supplier that we were going to treat those facilities the same as the rest of the province.

MR. MARTIN: The point is that they had the service, and perhaps it should have been extended rather than the other way.

My question to the minister has to do with a report that I know he's aware of, submitted by the Alberta Nursing Home Review Panel in 1982, I believe. As I understand it, one of their recommendations is that travelling rehabilitation teams be established to go to all nursing homes in the province on a regular and frequent basis. Has the minister given that proposal any assessment? Is that something the government is considering?

MR. RUSSELL: Yes, Mr. Speaker. That was the report of the citizens' committee that I referred to in my previous answer.

MR. MARTIN: The supplementary question didn't refer to the travelling teams.

My question goes into another area. Because the minister is concerned about costs — we hear that from time to time — has the minister asked his officials for a cost/benefit study on the potential long-term savings in medical and hospital costs accruing from regular physiotherapy care for seniors?

MR. RUSSELL: That's a very good question, Mr. Speaker, and very difficult to answer. As I mentioned, physiotherapy was recently added to the list of services covered by medical care in the province of Alberta. It's like any other program: in the beginning years it tends to be an add-on, and it's very difficult to identify any cost savings. Certainly I know that the extension of those services has brought relief to a great many Albertans located in areas throughout the province.

MR. MARTIN: A supplementary question, Mr. Speaker. It's my understanding that the governments of at least five provinces provide regular physiotherapy care for nursing home residents. Has the minister had his department do any assessment of the effectiveness of these programs in terms of both their merit and their cost-effectiveness?

MR. RUSSELL: Mr. Speaker, I can only go back to the earlier answer I gave on our objective with respect to nursing home residents. I think it's fair to say that they have tended to become more custodial than anything else over recent years, and we would like to turn that around. The theme of the report the hon. member and I referred to suggests those very things by the introduction of a number of existing services and improvements and a difference in the assessment system. Quite a complex and comprehensive program of adjustments and improvements has been suggested. I'm very hopeful we'll find a way to implement that in the system.

Insofar as the benefits that may accrue, we have identified the noneconomic ones, such as probably a longer and happier life for those people who are living in nursing homes. I think that's important. On the other hand, we know that the extension of those services is going to cost considerably more money. From the demographic estimates that have been made available to us, I know that one of the major challenges facing governments between now and the year 2000 is going to be the provision of health care services to the aging. The statistics are very alarming. Everybody here is part of the problem, because if you make it, you're going to be part of the problem.

I guess that beats the alternative. The projections are alarming, and they have a big price tag attached to them.

MR. MARTIN: A final supplementary to the minister. By his answers, I take it that they're in the process of studying and perhaps on the verge of making some announcements to deal with physiotherapy care. Could the minister give us a time frame in which Albertans might look forward to some announcement dealing with this problem?

MR. RUSSELL: Mr. Speaker, going back to the Hyde report, which was the committee on nursing home facilities, my recollection is that it included some 44 recommendations. We've started implementing that program in phases. I think the first six or seven recommendations that were identified are now in place. There are ongoing meetings in a continuing way with an implementation committee involving the nursing home system. So when the member asks when some announcement will be made, this is gradually being implemented. I'm hopeful we'll have something to say about the major ones, the ones I made specific reference to that will have the big price tag attached to them, within the next few months.

Rural Electrification

MR. R. SPEAKER: Mr. Speaker, my question to the Minister of Utilities and Telecommunications refers to a May 14 ministerial statement with regard to amendments to the Rural Electrification Revolving Fund Act. Could the minister indicate whether the funds as well as the applications are available for the loan program for three-phase power installations for irrigation motor pumps?

MR. BOGLE: Mr. Speaker, I'm advised that we're in the final stages of developing, with utility companies for direct farm customers in the utility companies and through the REAs for those farmers who will be served through their rural electrification associations, the application forms for farmers who are now eligible by the legislation we passed in the spring sittings, the Rural Electrification Revolving Fund Act, so those loans may in fact be passed on through. We're expecting those discussions to be concluded within the next short while, and the forms will be available so farmers can make their plans in terms of next spring.

MR. R. SPEAKER: Mr. Speaker, to the hon. minister. Would the farmers be able to proceed so that the power can be in place for next spring? Would the minister assure the Assembly that that time line can be met?

MR. BOGLE: Mr. Speaker, that was implicit in my answer. A number of individuals have contacted various MLAs through the irrigation regions, as well as farmers in other parts of the province who may wish to use three-phase power for other farm purposes.

While the program is not yet totally in place, the legislation certainly is. We passed it in this Legislature during the spring sittings, and we're working with the utility companies and the REAs to make sure that farmers are able to access the programs and have the facilities in place for next spring's season.

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the minister. Will the loans that will be made available be provided through a special warrant, or is the money available at the present time in one of the budgets of the government?

MR. BOGLE: Mr. Speaker, it's part of the revolving fund, and we believe there are sufficient funds in that particular program at the present time. I believe it is implicit that with the take-up in the program — and we do see a substantial new take-up — at some point in the not-too-distant future a request for increased revenues to be placed in the revolving fund will be necessary.

Workers' Safety

MR. GOGO: Mr. Speaker, I have a question for the Minister responsible for Workers' Health, Safety and Compensation. I've recently had a fair number of complaints about deregulation by this government as applicable to occupational health and safety legislation. In particular there seems to be a view that a lot of the old safety regulations are being thrown out but are not being replaced by new regulations. Perhaps the minister could tell us more about what's going on with regard to deregulation as it affects his department of occupational health and safety.

MR. DIACHUK: Mr. Speaker, the direction the department of occupational health and safety is taking is: who better knows about approaching the safest way to accomplish the work than the worker and the employer jointly? The emphasis on joint worksite committees and the fact that the heritage grant program provided some funds for the Alberta Federation of Labour to educate officers is to try to bring about safety in the workplace.

May I indicate to the hon. member and to members of the Assembly that inspections are carried out continuously, without regard to whether or not it is a workplace that has a joint worksite committee or whether or not it's a union shop.

MR. GOGO: A supplementary, Mr. Speaker. Has the minister had specific complaints about the lack of safety standards or inspections at the worksite of the Lethbridge regional hospital, which is presently under construction?

MR. DIACHUK: My officials received complaints. When the investigations were carried out, Mr. Speaker, there was no basis for the complaints. These complaints were coming from outside the work force, and they assured the parties that were concerned about safety at that particular project that good safety practices and standards were being met at that workplace.

MR. GOGO: A final supplementary, Mr. Speaker. In effect the minister is assuring this House that regardless of whether the people building the hospital are union or non-union, safety standards are indeed being enforced at the worksite of the Lethbridge regional hospital. Is that correct?

MR. DIACHUK: Yes, Mr. Speaker.

MR. MARTIN: A supplementary question. In his answer the minister suggested a move toward joint worksite committees. Has there been any recent assessment about whether these committees should be made mandatory for companies with over 20 people?

MR. DIACHUK: Yes, Mr. Speaker, there are ongoing assessments. I assure the hon. member that as the select committee report was tabled at the end of May — and I appreciate that he didn't concur with the rest of the members of the committee — the emphasis from this government is to continue with voluntary, not mandatory, joint worksite committees.

Energy Pricing

MR. LYSONS: Mr. Speaker, I'd like to direct my question to the Minister of Energy and Natural Resources again. Has the province been able to work out any deal with Canada regarding an energy price? How far along are we in those negotiations?

MR. ZAOZIRNY: Mr. Speaker, perhaps I can respond to that question in this fashion. I was absent from the House the last couple of days by virtue of being at meetings in Vancouver — where, I might add, they have less snow at the moment. I was involved in a couple of meetings with the new Minister of Energy, Mines and Resources and with my provincial counterparts, the ministers of Saskatchewan and British Columbia in particular. I should also say that it was really the first occasion that the energy ministers of the three western producing provinces had a chance to jointly meet with the new Minister of Energy, Mines and Resources after she had initially journeyed to each of our provinces for a get-together after her appointment.

The subject of that meeting was primarily the existing energy agreements in place with the provinces and amending agreements thereto, flowing from a recognition by all parties that with the new government in Ottawa and their obvious need to have the opportunity to put in place their people and their plans in every area, in the area of energy there may well be a need for some additional time that was not provided for under the current amending agreement, which expires on December 31, 1984, with respect to oil and on January 31, 1985, with respect to natural gas.

As a result of that meeting, all four ministers agreed that an appropriate course to follow would be to extend the overall interim amending agreement to January 31, 1985, with regard to both oil and natural gas. That would provide some added time as well as a recognition that there may in fact be a need for some additional time with respect to specific items for discussion. If that becomes apparent during the course of our meetings in the next few months, then certainly the capacity exists to provide for such additional time on specific items.

Mr. Speaker, I should also say that what was important about that joint meeting was not only the resolution of this item of initial timing and the extension but, moreover, the commitment that all four of those governments have to getting on very expeditiously with intensive and detailed discussions of the important issues that face us on energy. I think it would be well recognized and understood that the province of Alberta put forward the same views on policy that we have enunciated consistently since the inception and imposition of the national energy program, part and parcel of which is that pricing of oil should be on a market pricing basis. That takes us back to the appropriate question on that subject asked at the beginning of question period.

So that is one of the subjects on the agenda. We have reiterated again our belief in market pricing as being the appropriate course to follow, and we look forward to intensive meetings of both officials and ministers in the weeks and months ahead. In fact, I believe the first meeting of officials will take place sometime next week.

MR. LYSONS: In case you missed it, the answer to my last two questions was no.

Mr. Speaker, my next supplemental question is: in the event that we arrive at a world price and a commodity price for our energy, and due to the fact that Canada has a \$1 billion deficit in the last agreement because of the Canadian price and the

balancing price and world price on heavy oils, are we apt to have a dramatic increase in our fuel prices here in Alberta?

MR. SPEAKER: The hon. member's question is hypothetical. He's asking: if something happens, will something else happen? Perhaps he'd like to rephrase the question in a different way either today or tomorrow.

MR. LYSONS: Mr. Speaker, is the minister anticipating . . . That doesn't work either? I'll work on it.

MR. MARTIN: A supplementary question. Would the minister confirm that the five governments have agreed in principle to world prices for oil?

MR. ZAOZIRNY: First of all, Mr. Speaker, I should make one clarification. At the gathering in Vancouver, which was also the occasion of a conference on energy matters, the Minister of Energy and Mines for the province of Manitoba was also in attendance. He was involved in some general meetings but not the detailed meetings to which I referred in my earlier answer, because they are not a party to an energy agreement.

The fact of the matter is that I think there is no question about the commitment and advocacy by all three producing provinces of market pricing or world pricing, if you will, for crude oil. The federal minister has indicated publicly and privately, both prior to and subsequent to the election, their belief in marketing pricing for crude oil. That is where the matter stands. The agreement arrived at on October 29 was simply with respect to an extension and an undertaking to get on with these extensive discussions I alluded to earlier.

With respect to that matter, I might add that there has been some discussion about the state of the petroleum compensation charge, which is a balancing factor in the way crude oil is handled in this country. Apparently there is a significant deficit in that account. Under our existing agreements there is provision that that petroleum compensation charge, which essentially ends up being passed on to consumers at the pump, should be adjusted periodically to ensure that there is in it a balance on a year-to-year basis, and that would occur in the normal course.

Ram Steel Loan

MR. McPHERSON: Mr. Speaker, my question today is to the Minister of Tourism and Small Business. Is the minister in a position to advise the Assembly of the status of the Alberta Opportunity Company in pursuing its efforts to collect on the personal guarantees of the shareholders of Ram Steel Company of Red Deer?

MR. ADAIR: Mr. Speaker, I can provide some information to the Assembly, in the sense that I've been informed by the Alberta Opportunity Company that in conjunction with their legal counsel, the Canadian Commercial Bank and their counsel, and the counsel for the guarantors, we through the Alberta Opportunity Company were pursuing for their guarantees of roughly \$2.1 million. I reached an agreement jointly for the purchase of those guarantees by the Canadian Commercial Bank from the Alberta Opportunity Company with the support of the shareholders.

MR. McPHERSON: A supplementary, Mr. Speaker. Can the minister advise if the subsequent purchase of Ram Steel by IPSCO of Regina has created any increase or loss of jobs to Albertans?

MR. ADAIR: Mr. Speaker, in relation to, say, two years ago, a great deal has occurred in that sense. The IPSCO operation is presently operating on a 24-hour basis, seven days a week, with a complement of some 112 workers on hourly wages and 10 on monthly salaries. I believe I last reported to the Assembly in the summertime; that is up from around 88 at that time. In essence it's going ahead full steam, 24 hours a day, seven days a week, with a complement of 112 members on hourly salaries and some 10 on monthly salaries. If time and conditions permit, the company will pick up local labourers as well on a casual basis, so the plant is a success story of the greatest magnitude.

MR. McPHERSON: A final supplementary, Mr. Speaker. If the personal guarantees were for \$2.1 million — the government accepted \$1 million — why wouldn't the Alberta Opportunity Company continue to seek \$2.1 million on its personal guarantees?

MR. ADAIR: Mr. Speaker, the guarantees were for \$2.1 million. The Alberta Opportunity Company was advised by their legal counsel to accept the offer that was made to them by the CCB, and that was for \$1 million. They did that on the premise that the litigation could possibly last for a good number of years, that the end result of that litigation might be around \$1.5 million to \$1.25 million net, and that in essence, to use the terms the manager suggested to me, a million in the hand was better than a possible million and half three, four, or five years down the road.

Family Violence Program

MR. WEISS: Mr. Speaker, my question is to the Minister of Social Services and Community Health. Last week the minister indicated to the Assembly that there was a problem with the northeast rural family violence pilot program. Will the minister advise the Assembly if alternate services will be maintained and funded by his department in order to provide this essential service for the town of Lac La Biche?

DR. WEBBER: Mr. Speaker, the northeast rural family violence program included more than just the Lac La Biche services, as the hon. member knows. The rural family violence program as such is no longer in operation. However, the services being provided by the Lac La Biche people — we have had discussions and made the commitment that we would see that the operations continue until the end of the year, with some financial obligations on our part plus local fund-raising.

MR. WEISS: Mr. Speaker, in view of the answer, I appreciate the fact that they will be committed until the end of the year. As there are other requests for other communities, will the minister assure the House that funding will be available to meet those requests as well?

DR. WEBBER: Mr. Speaker, as I indicated at the beginning, the northeast rural family violence program is really no longer in existence. It was a trial project that ran into some severe management difficulties. We will have an evaluation of how the program operated otherwise. There were some tremendously good ideas involved in that program; I wouldn't want to lose those ideas. I will be receiving recommendations early in the new year relative to whether or not such a program should continue there in the future.

MR. WEISS: Mr. Speaker, a final supplementary. Will there be a report issued on the merits and benefits of the program?

DR. WEBBER: Mr. Speaker, I hope the merits and benefits will be part of the assessment and final recommendations I get early in the new year.

ORDERS OF THE DAY

head: **COMMITTEE OF SUPPLY**

[Mr. Purdy in the Chair]

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

ALBERTA HERITAGE SAVINGS TRUST FUND
CAPITAL PROJECTS DIVISION
1985-86 ESTIMATES OF
PROPOSED INVESTMENTS

Department of Hospitals and Medical Care

1 — Applied Cancer Research

MR. DEPUTY CHAIRMAN: Has the minister any opening comments?

MR. RUSSELL: Mr. Chairman, I'm looking for support for two votes this afternoon, the first one on applied cancer research. Going back to fiscal year '76-77, members will recall that at that time heritage trust fund dollars were flowing in at a pretty good rate. We decided to embark upon a \$50 million applied research program in the fields of heart care and cancer, so \$10 million was programmed each year for a five-year period and divided into \$3 million for applied cancer research and \$7 million a year for applied heart research.

At the end of five years, by the nature of the programs, the projects regarding applied heart research which had been approved for various hospitals in the province were well in place. Because it would have been very difficult to monitor or audit the costs of those on an ongoing separated basis, those hospitals that had them had those funds rolled in to their annual global budgets. So in the case of the Misericordia hospital or the Calgary General hospital, if they had an applied heart research program, it was simply rolled in and the program was allowed to terminate.

It was more difficult to terminate the five-year program for cancer research for two reasons. Number one, it had taken longer to start up. We found that the scientists and doctors who were involved in it really took about a year and a half or two years to get the thing going. Then their programs were of the nature that they tended to take two or three years to complete. The net result of this is that there have been two extensions to the program: a three-year extension in 1985 and another two-year extension which will end on March 31 in the fiscal year 1987. We've tried to give advance notice to all the persons involved in the program not to start new programs or make application for new programs if they can't wind them up by that time. It's our intention that what started to be a five-year program should in fact end at the end of eight years.

I guess one positive is that it has seen the program grow from its original \$15 million to a total commitment of \$32.5 million, which I think is quite significant. During the intervening years, the Alberta heritage medical research trust has been formed and capitalized with a \$300 million vote from the

heritage trust fund. After this program has lapsed, we hope that requests of a new nature will be directed toward that board of trustees.

The bottom line in this is that I think it has been a very successful and imaginative eight-year program. The way it has been handled has certainly generated a lot of not only Alberta interest but in fact international interest by the people who are involved and has attracted some very good new people to the province. It tends to be broken down into three components: the biggest one, naturally, is the carrying out of approved projects; the second is to purchase specialized equipment; and the third is to hire very specialized personnel or scientists. Of course the Alberta Cancer Board, which is responsible for the administration of the program, has produced excellent annual reports, which I've brought forward to the standing committee each year for assessment.

The request you have here today asks for the funds involved in the \$3.5 million annual commitment plus a rollover from the previous year. So we're asking for another \$4.6 million. I guess that's a good place for me to sit down and see if any hon. members have questions.

MR. LYSONS: Mr. Chairman, I would like to compliment the minister on his efforts to date in cancer research, in the amount of time, effort, and genuine concern he has shown for this vital disease. I wouldn't want to criticize the progress of cancer research, although it seems that the province of Alberta has expended a very considerable amount of money towards it. I am glad to see in this particular vote that there is a seven-year cap on it, extended from the five years. If the minister is able, I would like him to give us an idea of some of the dramatic research that has been done at the institute and tell us if we're in a position to make some major technological breakthroughs because of the amount of effort he is putting into this.

MR. RUSSELL: Mr. Chairman, while I appreciate those comments very much, I am unable to respond by reciting a list of very dramatic accomplishments or achievements that anybody has been able to show. By its very nature, this type of research tends to be what I might call plodding, international, careful, and slow. Our scientists and doctors are really becoming part of an international medical community that exchanges papers, develops and tests new equipment, does different kinds of demographic surveys, and attacks very specialized fields of cancer research. I suppose that one day they will be able to stand with their colleagues in other parts of the world and collectively say: our efforts have paid off; we've now arrested or significantly slowed down the damages that the disease of cancer is doing. Again, hon. members, I would like to refer you to these annual reports that are put out. They list in some detail the nature of the research projects that are carried out. You will see that they are very specialized and very target oriented.

A very important aspect of this to me is the publishing of papers. Of course these are printed internationally and are traded within the scientific community around the world. I have in my hands the annual report for '83-84. I see that during that period 246 papers were published under our heritage trust fund cancer research program; that's almost a paper a day, certainly more than one per working day. I think that in itself is a very significant achievement. It's even more meaningful when you consider that behind each paper are some very dedicated people and, in some cases, up to two or three years of lab or bedside research. Perhaps it involves the purchase of very specialized equipment. So that in itself is a very good measuring stick.

One of the things they agreed to last year was a screening program for breast cancer in women, which is going to be

involved across the country. These funds have allowed Alberta to participate in a very significant way along with other provinces. I am told that this program will see if in fact the annual testing and screening that is carried out for breast cancer in women has any positive effects, so we might develop a preventative program on a national basis for that debilitating disease. That's the kind of thing that comes across my desk in connection with what I think is a very worthwhile program. At this time though, I cannot attach the adjective "dramatic" to it.

MR. MARTIN: Mr. Chairman, just a couple of remarks. I now understand why the '85-86 estimates are going down from the comparable '84, because basically the program the minister alluded to is coming to an end. That leads me to a general observation and a question. One of the things I've heard the Premier talk about is making us a centre of excellence, if you like, in dealing in the medical area generally, in research and development. The government's white paper talks to a large degree about this as an important area. In view of this, I am wondering why we would come to an end of what I am told has been a good program — and the minister has alluded to it — when the white paper seems to be stressing that research and development is a very important area we might want to get into. I see a slight contradiction there. Perhaps the minister can fill me in on why that is the case.

MR. RUSSELL: Mr. Chairman, I didn't mean to infer that it's coming to an end. We want to phase this into the heritage trust fund for medical research. I mentioned in my introductory remarks that the two special programs, heart and cancer research, had almost been ad hoc in a way. But since then, very careful international work was done leading to the legislation that established the medical research trust. Certainly scientists now will be far better guided, and funded in a much more meaningful way, than if we continued this program. That's the message we've tried to get across — that we really don't see the advantage of having this one program spun off or fragmented in a way from the general umbrella of the heritage trust fund.

MR. MARTIN: Just to be clear about it, the minister is saying that it's been basically an ad hoc program, that the applied cancer research now will be part of a broader campaign, and that in fact there could be even more money spent in the future than has been the case with this program. I'm not asking him to nail down five or 10 years but, in general principle, is that the way it would be going?

MR. RUSSELL: That's quite right, Mr. Chairman. I go back to the year '76-77, when the program first started. For those members that were in the House at that time, there was a very strong feeling of support — because of the buoyant economy, the accelerating revenues that were coming in, and the newly established heritage trust fund — for putting some of those moneys into medical research. So we picked heart and cancer, because they're the number one and two medical problems facing people. I mentioned the very careful work that went into establishing the medical research trust since then. It's funded to a far larger extent than this program is. We've tried to get the message out to the medical community: that's where you should be going now for your new dollars, and that's where you should go in the future. But in the meantime we've provided two extensions, so there's no abrupt cutoff to this one.

MR. DEPUTY CHAIRMAN: The hon. Member for Little Bow.

MR. R. SPEAKER: It's okay; mine's been answered.

MRS. EMBURY: I want to highlight this particular program in the estimates for the Alberta Heritage Savings Trust Fund because, for the amount of money that has been spent over the years, I think most Albertans are not really aware that this program serves all of Alberta and all Albertans. I was very interested to hear the minister's brief history of the program and how it evolved so that research dollars were designated to the two large killers of mankind, cancer and heart. I'm sure he has allayed all our fears. This research money will still be available to scientists working in cancer research through the Alberta medical research foundation. One can only hope and pray that their needs will not be lost in the demands for that research money and that we will still see progress in the province in research in this area.

As I said, it is very unique. Probably one of the main reasons it was separated is that cancer care in this province is basically carried out through one board, the Provincial Cancer Hospitals Board, and this is quite unique. Instead of each individual hospital in Alberta having their own board, as occurs with other acute care facilities, it is unique that this one board in our province looks after the hospitals in the two large centres, Calgary and Edmonton.

I want to say that this has been a terrific program, and I hope it will always receive some special highlight in what has been done in regard to cancer research. It isn't that long ago that all Albertans were saying, people are dying with cancer. In the last few years, the philosophy has certainly changed to where people are saying that people are living with cancer. With many of the treatments that have been initiated, that's a major step forward.

I would like to commend the volunteer members of the Provincial Cancer Hospitals Board for their great contribution to this Legislature and to all citizens of Alberta, and also the scientists, professionals, laypeople, and volunteers who work in the two major hospitals to help patients suffering from cancer and naturally their families too. I think it is only right to say that there will always be a need for research in this area to find the cures that are so desperately needed.

One of the other important aspects is that we need to have a lot more conversation and initiation in regard to the hospice concept, which is well known in North America. That isn't to say that we might have to take more government dollars to do that. Hopefully, working with volunteers — I've heard people, ministers in our churches, say that it's time they got back to looking at this specialized area and doing more with people as members of a total health team. This is certainly one area that needs to be highlighted.

I'm very pleased to make these brief remarks and to commend the government for having this money set aside for cancer research.

MR. KOWALSKI: Mr. Chairman, this discussion with respect to the applied cancer research vote was one that held a fair degree of attention by members of the Standing Committee on the Alberta Heritage Savings Trust Fund Act when they met over the summer, particularly when they met with the Minister of Hospitals and Medical Care. One major concern with the projects dealing with research that was brought forward time and time again, not only in the discussion with the Minister of Hospitals and Medical Care but with other ministers as well, was this whole question of a balance between applied research and pure research. I think this is an area we should ask the minister to respond to today. What type of balance exists

between the applied and pure sides of this whole question of cancer research?

Another item that was very important to a number of committee members was the question of palliative care — pain control and research into pain. One of the recommendations that came forward from the committee's deliberations on this was the request and need for greater attention to those two areas, the palliative care approach in pain control and the involvement of pain. Of course the subject of cancer is one which certainly leads to a discussion on those two subjects.

I'd be really pleased if the Minister of Hospitals and Medical Care could bring us up to date on those three areas and respond to them.

DR. ELLIOTT: I'm very pleased to make a comment or two on this particular topic. Like everything else, there's nothing like a little personal experience to move one to make a comment or enter into the discussion on this. When it comes to research, which has been my life to this point, and the topic of cancer, I put the two together. I can report that my mother received her first cancer treatment in this city in 1948. She passed away in the middle of September 1984. It made her the oldest open file on cancer treatment and cancer research in this province. She took part in many cancer research projects at the W.W. Cross, for which we were very thankful. There are many stories like that throughout Alberta. The impact and influence on the progress made on our cancer research — as a previous speaker said: we don't talk anymore about people dying with cancer; we talk about them living with cancer. I think this speaks well for the progress made.

Today I can repeat my comments referring to money put aside for agricultural research. The money in our heritage trust fund for research in cancer is money that is being put to excellent use. I commend the government for the programs under way and the continuation of these programs.

One question I have for the minister deals with the Queen Elizabeth II hospital in Grande Prairie and the proposed programs for cancer treatment, examination, and research, especially in the area of mammography. I wonder if the minister could tell us if the program he's discussing today would extend to a hospital like the one in Grande Prairie or if that program is to be funded under other areas.

MRS. FYFE: I'm also interested in the answer related to pure and applied research. I think this is an area that is important not only in the area of cancer but in many other diseases where memberships, voluntary organizations, and those people who are directly involved in the research have been asking for an expansion of the dollars available for a broader range of research and treatment of those people who are afflicted with cancer and other diseases.

I would also like to make a comment on the part of some physicians I have met and talked to who are involved in cancer research in the Edmonton area. They've made very positive comments about this program. Although we know cancer is not one disease, that it is a very complex puzzle with very few pieces in place, one small piece can apply to the treatment of not only the group of diseases called cancer but also other diseases. The interferon treatment that had so much hope for cancer patients did not turn out to be the magic solution that could have assisted, and it seemed so promising. Like the Member for Grande Prairie, a member of my family has been involved in an international research project related to the treatment of melanoma with BCG, which is the inoculation for tuberculosis. There's been some favourable research in other parts of the world as to the benefits of this treatment, and it is

so imperative that we have dollars available in this province to participate in international research.

I would be interested in knowing if, in addition to the annual reports which I have read, there has been an analysis of the scientists who have established themselves in Alberta through the applied cancer and heart research programs. We know the triennial report of the medical research foundation attributed the location of 47 scientists in Alberta, and at least six technical jobs go along with each scientist that locates here. I wonder if there has been any analysis of the direct impact of the cancer research dollars on the total benefit of attracting scientists to our province.

I will conclude by saying how important this money is to those people afflicted with diseases such as cancer. For some, any research that is done cannot come too soon. I think the majority of people in this province, or maybe all, would never begrudge the dollars that are spent on research. I know the minister has been most supportive of the research done within this province. I think we will all give him continuing encouragement in this area.

MRS. KOPER: Mr. Chairman, I'm pleased to be able to say a few words, and I have a few questions on this topic. First of all, I'd like to commend the programs that are operated by the cancer hospitals and of course the research that's being conducted. I had the opportunity this spring to visit Cross Cancer Institute and talk to Dr. Neil MacDonald about preventive medicine. While we talked about many things such as the safety seats, the use of seat belts, prevention of drunken driving and the kinds of things that were happening there, Dr. MacDonald spent quite a bit of time talking about cancer and how cancer can be prevented. I am really proud that our heritage fund is being used in this way.

The fact that we're talking about applied cancer research is very important. I was pleased to hear the minister talk about the \$2.5 million research study being done on breast cancer. The fact that it is a long-range study that will follow these women over a period of time and really go into in-depth study is very, very important in this field. We've gone on looking for answers for so long that I don't think there's going to be any magic cure. We have to seek the answers in the history of each one of these patients.

I have a concern though. In talking to Dr. MacDonald, it appeared that the incidence of breast cancer was levelling off and indeed showing a small decline. But at the same time, the effect of lung cancer in women was escalating at a very rapid rate. My question to the minister regards some of the studies that are presently approved for the future. I am not sure what detail he would know, but I wonder if there is any priority given to studies on the effects of changing attitudes in smoking so as to prevent lung cancer, particularly among women, as it appears that it is on the increase.

I have another question in the area of preventive medicine. It appears that there is a definite relationship between the diet of people and the kind of cancers they develop. I wonder if any research is happening in our province on this particular fact.

Thank you.

MR. DEPUTY CHAIRMAN: Would the minister like to conclude?

MR. RUSSELL: Some excellent points have been brought up. I'm not able to respond to all of them, but I'll do my best. I want to respond to what the last speaker said, because it's freshest in our minds and something I feel very strongly about;

that is, the effect of smoking and its correlation to lung cancer. With the papers that have been published and the scientific data and medical records that are available, there's just no doubt that smoking leads to or enhances your chances of getting lung cancer — particularly in women, since it was the Member for Calgary Foothills that brought the thing up. I'm fascinated by the fact that a woman will spend an hour getting ready for a date, putting all kinds of stuff on her face to make herself look as attractive, gorgeous, and appealing as possible to the opposite sex, and then take a weed, roll it up, light it, and stuff it in her mouth.

DR. BUCK: Just like kissing an ashtray.

MR. RUSSELL: Well, I didn't say that. But why would a woman do that? Men are to blame as well, but it seems that we don't spend as long making ourselves look good. It's so ironic. The hon. member is quite correct; the people I've talked to are alarmed about the rising incidence of lung cancer in women. It's directly related to the increase in the incidence of smoking, particularly among young women. I guess it's considered by your peer group to be smart or cool, but it certainly endangers your health.

I'm not able to respond to the diet research. I'd again refer members to the last annual report. They will be able to identify two or three specific research projects that attack specific dietary effects and their relationship to the disease.

The hon. Member for Barrhead questioned me on the difference between basic research and applied research. Of course that's one we all have a great deal of difficulty defining, because there are some gray areas on the sides of the definitions. I guess the best way to visualize it is that basic research is done at the lab bench, and applied research in medicine is done at the bedside. I know that's a rather facile definition, but it does work. In this program and also in the heart research programs, we were criticized in some cases in the early years because we were buying equipment under the guise of applied research. The comments came to us that that wasn't really research at all. Yet if the doctors don't have the equipment and can't use it under certain controlled conditions, they're never going to find out if it's useful or not. You get into that kind of debate. In any event, the definition I gave probably suits this Legislature as well as it suited me when I asked the same question.

The hon. member also asked about the control of pain. Very recently there have been some interesting publications about devices that can be inserted under the human skin, that can automatically release painkillers when required, when triggered by certain nervous impulses inside the human body. Of course those things are extremely interesting. If members are interested, I suggest that they go and visit the palliative care wing in the Youville pavilion at the General hospital, just a few blocks away on 10th street. A lot of attention is given there to specified and custom-designed programs of drug dosages to relieve pain for those terminally ill people. You can have two persons suffering from the same disease, from all outside effects. Under the old system, perhaps a doctor would say, give such-and-such every three hours. But under this system, the nurse monitors the extent and intensity of pain and has a corresponding graph of drug dosages to give. It is really a custom program of pain relief by the admission of drugs. When I went over there and visited them, I was told that along with the counselling and home care, control of pain is an extremely important part of the palliative care program, and it's done simply by testing and custom design.

The hon. Member for Grande Prairie asked me about the extent of the breast screening program that might be available

in Grande Prairie. I don't have that answer today. But I will undertake to get it for him, because there are probably members from other centres throughout Alberta who are interested.

[Mr. Appleby in the Chair]

The hon. Member for St. Albert asked about the analysis of the dollars we have invested and their effect on attracting people here. Again, that's very difficult to do. It occurred to me as we were talking that one of the glamour words that has developed in the treatment of cancer over the past few years is "interferon". You'll recall that it received a great deal of publicity, especially with Terry Fox and his run. If I'm not mistaken, it was interferon from Alberta that was administered to him during the latter part of his life. Dr. Khan, a medical scientist at the University of Calgary, is one of the leading lights in the development of the so-called superdrug interferon. That's an example of the kind of person that is attracted and is able to be supported by those research dollars.

In addition to that, the last thing is the ongoing evaluation, which in my mind is very important. As the projects are nearing completion and after they're completed, there is another team of academics who come in and are paid to evaluate the effectiveness of the programs. That was done in both the heart and cancer research program. To me, that postevaluation is another important component of the total program.

With those remarks, I would like to ask for the support of the House for \$4.662 million for this program for the next fiscal year.

DR. BUCK: I would also like to support the antismoking campaign that's going on now in the committee, hon. Member for Barrhead.

Mr. Chairman, before you ask for the vote, there is one question I want to ask the minister. I think it's not only the endangering of the lungs; it's also that nicotine is well known to be a causative factor in precipitating heart attacks. A very high-profile former medical person in this city didn't smoke at all during the day but, to relax at home after supper, he'd sit and watch TV or read his newspaper and smoke two packages of cigarettes nonstop. When he had a heart attack, his colleague was convinced that the nicotine sulphate from however many cigarettes you have in two packages was what precipitated his heart attack.

That's not really the question I wanted to ask, but I did want to make the comment. Also, if any laypeople ever saw three cadavers lying side by side — one who was a nonsmoker, one who was a smoker, and a third who was a coal miner who had lived in that environment all his life — there would be no difference between the smoker and the coal miner. If they saw those cadavers, they would never smoke again. Or if they saw a person dying from lung cancer, they would never smoke again.

The question I want to ask the minister has to do with cancer and the treatment. The minister spoke of palliative care units. Is there any move being made to legalize the use of heroin for people in the terminal stages of their disease? Seeing a loved one or a very close friend dying of cancer — some varieties are more difficult than others painwise — I have always felt that anything that is medically available should be used on these people. I would like to know if there has been any consideration — I know there has been some lobbying by medical people saying that, in the terminal stages of cancer where the pain is excruciating, these people should be given heroin. I also know that doctors in their discretion will do that at times, in almost the pure form. I would like to know if the minister

has given any consideration or thought to making heroin available for these terminal cases.

MR. RUSSELL: To my knowledge, the matter hasn't formally come before our government. I've only read the articles, and I'm aware of the current lobbying campaign by the Canadian Medical Association to the federal government to allow just what the hon. member suggested. It is a federal matter dealing with drug legislation, and it's regulated under the Criminal Code of Canada. So the lobby and the response would be to and from the federal government. That's not to say the provinces couldn't lend their support to a lobby organized by the medical community. But to date I haven't been briefed on the matter and, as far as I know, we haven't been asked.

Agreed to:

Total Vote 1 — Applied Cancer Research	\$4,662,000
--	-------------

MR. RUSSELL: Mr. Chairman, I move that the vote be reported.

MR. CHAIRMAN: There's the matter of Vote 2. Has that been considered?

MR. RUSSELL: I was going to move the same thing when we finished with this.

MR. HIEBERT: Mr. Chairman, I would like to make a few comments or raise some questions with regard to Vote 2. Is that the Walter C. Mackenzie hospital?

MR. CHAIRMAN: Would the minister like to hold the motion until we do Vote 2?

MR. RUSSELL: Yes. I guess I had the procedure wrong. I thought you required a motion on each vote.

2 — Walter C. Mackenzie Health Sciences Centre

MR. CHAIRMAN: The vote here is \$44 million. Any questions or comments?

MR. HIEBERT: Mr. Chairman, if I could speak to Vote 2 on the Walter C. Mackenzie Health Sciences Centre. It was with a great deal of interest that I listened to the debate yesterday on Motion 207 with regard to the urgency of an Alberta children's hospital. There was also some concern in that motion with respect to having that facility opened by January 1, 1987. I couldn't help but think that at the same time in Edmonton we have the Walter C. Mackenzie Health Sciences Centre under construction. It's a major commitment by this government with regard to a world-class facility, where the objective is to try to integrate health care, teaching, and research, not only for the benefit of Albertans but, in terms of that facility, possibly for all North America.

However, the Walter C. Mackenzie sciences centre has had some problems with regard to opening on time. I understand certain wings have not been opened according to schedule. There have been many commendations and positive reactions to the facility, but there have also been some concerns with regard to how certain things developed while the project was in progress. It's my understanding that there was a problem related to the design and the ventilation and air-conditioning system at the hospital. Since the minister has a background in architecture and design, it would be interesting to know what has happened with regard to this problem. Has it been resolved,

and did it in any way contribute to the cost overruns at the facility?

I could go on and on. For example, I'm aware that there were some problems associated with the electrical installations in the intensive care unit, which is highly dependent upon machines and technological equipment. It is my understanding, Mr. Chairman, that information was relayed as to what the design should be. Yet when the facility was completed, it appeared that the wiring and installations would have to be redone, because they did not fit the needs at the operational level.

Mr. Chairman, I guess the bigger question is, how did this happen? Was there consultation with practitioners in the medical team who actually carry out the work in delivering the health care to the patients? Was there a breakdown? And is there anything that we can learn that will assist the government and the minister with regard to design and construction of new hospitals?

Mr. Chairman, I would appreciate it if those particular items could be addressed.

MR. CHAIRMAN: Are there any other questions or comments?

MR. RUSSELL: Mr. Chairman, I would like to deal with those, because they're probably the key questions that relate to the controversy that has swirled around this project in the past. On the basis of what's been going on over the last 12 or 15 months, I'm happy to say that I'm confident we've got this project under control. I think the budgetary figures in front of you would support that.

The member asks a very good question: what happened? Is there anything we can learn? I guess just about everything that could have happened in that era in Alberta happened in this project. Have we learned our lesson? Yes, I think we have.

Number one, the very ambitious program was finally given its blessing in the dawning of that era in which energy prices around the world were accelerating and revenues were coming into our Treasury at a very rapid rate. No doubt there was a feeling of euphoria throughout the province. Those were the days when continuing and rapidly escalating inflation rates were upon us, when there was a desire among our citizens to start getting things that we'd done without, and while we were achieving them, to get the very best.

Out of that background, the construction industry, which was faced with competition, overheating, and high awards and prices, developed the idea that the best way to proceed was through project management. In other words, design and build a building at the same time, and keep letting more and more bits and pieces of it out under separate contracts — the theory being that you would save time and money. You would save time because you didn't have to design the whole thing; you could build the thing while the architects back in the office were still doing drawings that would be needed later, while the concrete was being poured on the site. In theory it's very good. The other attraction of that proposition was that because inflation was occurring at such a rate, anything you could build today was a saving in money. If you left it till next year, you were going to pay a lot more for it.

Against that background, the largest and most complicated health care facility in Alberta was commenced with a project management team, a large consortium of consultants stationed in two provinces, and a whole series of very complex construction contracts being awarded. I think it's fair to say that the board and the medical staff allowed a very loose system of discipline to develop in their relationship with the consultants, so we paid not only the price for inflation but the price for

what under ordinary circumstances would be called unapproved extras or changes. Something that was supposed to cost, say, \$50 million grew to \$75 million because of inflation. But because of changes, additions, and ideas put forward by any number of groups of committees or individuals, that \$75 million figure became \$100 million. That's really what happened.

This went on over a series of years. Now, as parts of the building are nearing completion, some deficiencies are turning up and people are saying: "Who's responsible? How did this happen?" There are any number of answers that on the surface would tell you what's happened. Who is responsible is more difficult to say. I think the hospital board has acted very wisely. They got a team of an experienced outside contractor plus legal assistance to review the thing, and they will be reporting to the board very shortly. In the meantime they've done two other things. They've filed claims in court with all the necessary parties to protect themselves vis-à-vis professional responsibility on the part of architects, engineers, builders, or contractors who were involved. There's no question that the commissioning of the building — that is, the putting into operation of the structure as it was built — has been very difficult in some instances because of the things I've mentioned.

The hon. member referred to the air-handling system. Yes, they've had a problem with the adequacy of some of the electrical circuits and the apparatus they're supposed to support. Those things can be determined by the analysis of the contracts that were issued and the professional responsibility that rests with the people that are involved, and they will be fixed. If it's the owner's fault, the owner will have to pay; if it's the consultant's fault, the consultant will have to pay; and if it's the builder's fault, the builder has to pay for the corrective work. It's only an opinion, but in my view there's going to be some sharing among those three parties. But I shouldn't comment any further than that, in case the matter does wind up in court.

But that's what has happened. Can we learn a lesson from it? I hope so. On the two big hospitals that are going ahead in Calgary and Edmonton, we've backed away from project management and gone back to the traditional lump-sum tender. The architects and designers took the extra time that was necessary, put the completed building out as a lump-sum tender, and we've got a fixed price on a completed set of drawings. The system to deal with change orders is very carefully guarded, so I think we did learn something. I'm confident we have turned it around.

In past years, I've had to stand here and always give a new end price for the hospital, and it was going up and up. We were taking a lot of criticism for that, and members wanted to know when this was going to end. For the first time this year, I'm able to give a lower estimate for the completed job than I did a year ago. So that's a turnaround. I can remember saying a year ago that, depending on the rate of inflation, this thing could go as high as \$600 million. I'm happy to say that the estimates have now come down from \$420 million to \$412 million. So as the building nears completion, it looks like we're not going to be anywhere near that high benchmark that I was so reluctant to put forward at the time.

I think that deals with the issues the member raised.

MR. HIEBERT: Mr. Chairman, I have another question I would like to raise, although it's not directly related to the Mackenzie Health Sciences Centre as such. There is the whole question of medical research. As we know from recent developments in California with regard to the placement of a heart in a baby, it would be my question as to whether or not the people involved in research are going to be addressing the whole question of medical ethics. Is such an event a breakthrough in modern

medicine? At what time do we reach a point where research can go only so far because of positions taken by the general public with regard to whether such advances are in keeping with their particular moral codes?

We have a dilemma in a way. On the one hand, we seem to be spending millions of dollars to preserve life, and yet at the same time, in the two urban areas in Alberta, we have an alarming rate of abortions occurring for a variety of reasons. While I'm not intending to get into the moral aspects of that issue, it really leads to the question as to what limit the public can afford to spend on medical research and medical developments when we have this contrasting dilemma.

Mr. Chairman, is the minister aware of any developments in this area by the people conducting research in a general way or as a result of our new centre, and to what extent is there public reaction to it?

MR. RUSSELL: Mr. Chairman, there is a great deal of rising public concern about that very matter. I guess research inevitably leads us to the philosophical question on ethics that must be raised. It's come at us another way, because there has been — and I've got to make the tie-in here — a very strong presentation made to government that there ought to be a very strong research component attached to a facility like the Mackenzie Health Sciences Centre, not only attached to it for basic research but built into it for the applied research at the bedside that I mentioned earlier.

This leads us to discuss two things. One is ethics, which the hon. member raised, and of course the other is money. We know that with unlimited funds it's possible to do almost anything. If you have limited funds, then you have to start making choices. You get into the kinds of questions that are going to be coming at some future Legislature. I don't believe it'll happen in the next few years in this one, but the signals are there on the horizon. I can see some MLAs following us who will have to be sitting in the House trying to allocate provincial resources and decide, for example, whether they're going to support education to a certain level or whether they won't because they're going to put hip transplants into 100-year-old senile persons who require them, are entitled to them, but would have no idea of what it is they're getting. When you get into that kind of abstract question and decision, of course the decision-making becomes very tough.

I was very interested. At the annual meeting of the Alberta Hospital Association, it's traditional for the president to produce a paper on some theme. Last year the president of the AHA raised with the hospital trustees in Alberta the question of medical ethics and the choices that are now starting to happen. The signals are there. As legislators, I suppose we're going to be involved because all of us probably have at least one hospital in our constituency. But they're facing the issues.

Over here at the Mackenzie Health Sciences Centre, the waiting list for cardiovascular surgery has grown and grown. Everybody that's deemed a candidate for open heart surgery gets it when their turn comes. The two questions raised are: should everybody get their turn and, having been put on the list, should the order be rotated in order to deal with somebody else that's perhaps further down the list? You get into all kinds of terrible, conscience-wrenching decisions when you look at cases like that; for example, the 50-year-old man who is the working head of a family, supporting four children with a wife at home. Does he take his place behind the newborn infant with multiple physical handicaps whose future may be clouded but who is a candidate for open heart surgery? If the facilities are limited, who gets in the operating room first? Those are

going to be tough questions for legislators and the medical community to deal with.

Two years ago the Canadian Medical Association commissioned a very expensive report. I understand that out of their own funds they spent about three-quarters of a million dollars on establishing the task force, headed by Joan Watson of CBC fame, to look at what they called the allocation of health care resources, which is a nice way of saying the rationing of health care resources. At what point do you turn off the machine or pull the plug or say no or provide limited funds? That whole area of ethics and research is, of course, tied up very directly to the physical facilities and the people that work in them.

So they're tough questions, and fortunately we haven't yet had to deal with them in a significant way. But other jurisdictions are having to do it, and I'm sure Alberta's turn will come.

MR. CHAIRMAN: Are there any further questions or comments?

MRS. EMBURY: Mr. Chairman, in view of the size of this health sciences centre, it's obviously unique in Alberta. I wonder if the minister could please inform the Assembly what services are unique only to this centre, that are not duplicated in any other hospital in Alberta? Or is this a health sciences centre that really serves only the northern part of the province?

Also I wonder if the minister would please tell the Assembly if there are many services that are directly related to health — what type of clinics they are serving. I notice "health" is in the title, and I wonder if there are some unique clinics and outreach into the community in this health sciences centre rather than being only an acute care facility for people who are extremely ill.

MR. RUSSELL: Mr. Chairman, this hospital and what we've commonly called its sister hospital, the Foothills hospital, attached to the University of Calgary, are really the two major tertiary care teaching hospitals in the province. There's no question about that. The one in Calgary is supposed to serve the southern half of the province and the one here, the Mackenzie Health Sciences Centre, is destined to serve the northern part of the province. As tertiary care hospitals, both of them tend to have those kinds of programs that, because of their complexity or expense, cannot be provided even in the regional hospitals in places like Medicine Hat, Lethbridge, and Grande Prairie, and certainly not in the community hospitals in the rest of the province.

You asked what was unique about them. Of course they have a concentration of applied research and teaching programs attached to them. They're not absolutely exclusive in that regard, but they do have that. Some of the other things — the cardiovascular surgical program, the neonatal intensive care — are intended to treat people from a broad part of the geography of Alberta.

Something that has caught my attention at the Mackenzie Health Sciences Centre and I predict is going to be a big success is their day-surgery program — 40 beds over there devoted to day surgery. I'm still in the process of collecting statistics. Not only in Edmonton but also in Calgary the success of the newly developing day-surgery programs has seen a very dramatic decrease in our total bed waiting list. So I think we're going to be able to get by with fewer beds per thousand people than we were, say, five years ago. The experts tell me it can all be attributed to the success of those programs.

Another thing they've done at the Mackenzie Health Sciences Centre is turn the old interns' residence into a hostel, so at least 125 people who don't require active care beds 24 hours

a day but need a bed in the city so they can avail themselves of day programs in the hospital can be accommodated in that hostel. I think that's a good program too.

There is a whole shopping list of very specialized programs, half of which I can't even pronounce, but the total package in my view adds up to one of the best health care facilities in the country. I think we're going to be very proud of it when it's finished.

MRS. EMBURY: Mr. Chairman, could I please ask a supplementary question? Could the minister tell me if the hospital will have an MRI scanner, and if you know if it will also have a doughnut X-ray machine?

MR. RUSSELL: I'll have to take that as notice. I don't know.

MR. GOGO: Mr. Chairman, I want to ask the minister a very brief question. In view of the fact that the Alberta Health Facilities Review Committee's annual report was tabled today, and I don't see any reference to the Walter C. Mackenzie hospital, does the committee indeed have jurisdiction with regard to visiting the Walter C. Mackenzie Health Sciences Centre?

MR. RUSSELL: They do. By their mandate, they have the right to visit any of the Crown hospitals in Alberta. I'm surprised they didn't make a visit there. If the chairman were here, perhaps he could explain why they didn't visit there this year. He's not in the Chamber at this time.

MRS. FYFE: I'd just like to make a couple of comments related to the comparison of health facilities in Alberta and other parts of the world. I think it was interesting to note the comments of the physicians who attended the Russian athlete who had the most unfortunate accident in Edmonton during the Universiade games. While that young man was being monitored during his last hours of life at University hospital — or the Walter Mackenzie Health Sciences Centre, whichever facility he was in — the Russian physicians were absolutely amazed at the quality of services, the structures we have in Edmonton in this hospital. They were very complimentary. I know there was a certain amount of anxiety as to how this would be deemed — an international athlete being treated in Edmonton — and the Russian physicians were extremely complimentary about the type of care he received and the level of service we're able to provide in Edmonton.

Having just returned from a visit and seen some health facilities in the United Kingdom, I think Albertans as a whole fail to appreciate the tremendous health facilities we have in this province. I would urge Albertans, when they have a chance, to simply visit the Walter Mackenzie Health Sciences Centre and see exactly what is available. Mr. Minister, I'm not sure whether the board has tours of the facilities. But even from a communications point of view I'm not sure that it wouldn't be worth while to have that centre as a visiting place so people across the province or visiting this part of the world can see the level of treatment we're able to provide to a relatively small population and the extent we have gone to in our research and the treatment that is available to Albertans. Maybe it takes place. I think it's something we in this Legislature talked about previously, but I think we can do more in communicating just how far we have advanced in the short number of years our province has been in existence and certainly within the last few years.

The Walter Mackenzie Health Sciences Centre is certainly a hallmark and something that each of us should be very, very

proud of indeed. I'm not sure all members of this Assembly have been over to see it firsthand but maybe that's where we should start, because it certainly is admirable.

MR. RUSSELL: I'm glad the hon. member made those remarks, because that is starting to happen. I think the days when we were concerned about the swirling controversy about this building are over. We've now reached a stage and stepped through the door when we can start to be proud and talk about this facility. Certainly the reports I get about out-of-province visitors coming to look at it — and I'm talking about professional hospital administrators, visitors from outside Canada. They've heard about it, they're interested in touring it, and they're coming with increasing frequency. They are extremely complimentary and, quite frankly, surprised and overawed at what they see. It is an excellent facility. It's a world-class institution. When it's finished and in full operation, I think we're going to look at those heritage funds we invested there, and a lot of people are going to be really glad we did that and toughed it out over the years, because it's turning into a really fine development.

MR. PAPROSKI: Mr. Chairman, further to the comments by the hon. Member for Lethbridge West. As a member of the Alberta Health Facilities Review Committee, I'd like to draw to his attention, if I may, that the annual report in front of him deals with the activities up to December 31, 1983. I would like to assure the member that since the release of this report, there has been a visit by the Alberta Health Facilities Review Committee to the Walter C. Mackenzie complex.

Agreed to:

Total Vote 2 — Walter C. Mackenzie

Health Sciences Centre

\$44,000,000

MR. RUSSELL: Mr. Chairman, I move that the votes be reported.

[Motion carried]

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

[Motion carried]

[Mr. Speaker in the Chair]

MR. APPLEBY: Mr. Speaker, the Committee of Supply has had under consideration the following resolution, reports as follows, and requests leave to sit again:

Resolved that from the Alberta Heritage Savings Trust, sums not exceeding the following be granted to Her Majesty for the fiscal year ending March 31, 1986, for the purpose of making investments in the following projects to be administered by the Minister of Hospitals and Medical Care: \$4,662,000 for applied cancer research; \$44,000,000 for the Walter C. Mackenzie Health Sciences Centre.

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

HON. MEMBERS: Agreed.

MR. RUSSELL: Mr. Speaker, that concludes the government's business for the day. It is not the intention of the Legislature to sit tomorrow evening. I move that we call it 5:30

MR. SPEAKER: Does the Assembly agree?

HON. MEMBERS: Agreed.

[At 4:51 p.m., pursuant to Standing Order 4, the House adjourned to Thursday at 2:30 p.m.]