

LEGISLATIVE ASSEMBLY OF ALBERTA

[Leave granted; Bill 267 read a first time]

Title: **Wednesday, May 1, 1985 2:30 p.m.**head: **TABLING RETURNS AND REPORTS**

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

MR. BOGLE: Mr. Speaker, I wish to table with the Legislative Assembly the annual report for the Department of Utilities and Telecommunications for the fiscal year ended March 31, 1984.

PRAYERShead: **INTRODUCTION OF SPECIAL GUESTS**

[Mr. Speaker in the Chair]

head: **INTRODUCTION OF VISITORS**

MR. R. MOORE: Mr. Speaker, it's again a pleasure for me today to introduce to you, and through you to members of this Assembly, 138 grade 6 students from the J. S. McCormick school in Lacombe. They are accompanied by group co-ordinator Marvin Pickering and several teachers and parents.

MR. DIACHUK: Mr. Speaker, if I may have the indulgence of the House, some 40 years ago the allied forces liberated the prison camps, such as Maydanyk, Auschwitz, Buchenwald, Mouthousen, Sachsenhausen, Gross-Rosen, Dora, Dachau, and many others.

Mr. Speaker, you're aware that on Monday we had 30 from Lacombe, yesterday 62, and now 138, so our popularity is increasing. They're seated in both galleries. I don't know what tomorrow will bring. We'll have to arrange extra seating. But we're certainly glad to have them here, and I would like them to now stand and receive the traditional welcome of this Assembly.

Prisoner No. 154820 of Auschwitz, at the youthful age of 17 years, was taken from his home in the town of Tolochiw in the province of Liviv in the Ukraine, with many other residents of that town. Prisoner No. 154820, which he has tattooed on his arm, is Mr. John Lahola, an Edmontonian and a Canadian citizen, and is seated in your gallery accompanied by his wife, Katherine, their daughter, Lydia, and my wife, Ollie.

MRS. LeMESSURIER: Mr. Speaker, I am pleased to introduce to you, and through you to members of this Assembly, 16 adult students from the Alberta Vocational Centre, which is situated in Edmonton Centre. These adult students are in grade 10; they are studying social studies. They are accompanied by their leader Anne Nikolai. They are seated in the members' gallery. I ask that they rise and receive the warm welcome of this Assembly.

Before I ask them to rise and receive the welcome, I want to indicate that Lydia, their daughter, was a founding member of the Ukrainian dance group Cheremosh. Of their three sons, one, Father Roman Lahola, is a Ukrainian Catholic priest; their son Myron, a graduate of the University of Alberta, is an employee of the city of Edmonton; last but not least, their youngest son, Bohdan, is with the Swiss national ballet in Zurich, Switzerland.

head: **MINISTERIAL STATEMENTS**

Just briefly, John Lahola was selected on three occasions, he recalls, for the departure from Auschwitz, knowing very well what his fate was. On all three occasions he was returned, because he was a healthy young man, to continue working. He remembers the day the American forces liberated Auschwitz. He also remembers many of his fellow countrymen and others of Auschwitz that did not return.

Department of Transportation

I want to say that even though the anniversary is May 6, John and Katherine will be leaving this weekend for Europe to visit their son and, at the same time, to participate in the memorial service at Dachau, and others.

MR. M. MOORE: Mr. Speaker, for the past nine years Alberta's 4-H clubs have banded together in an effort to clean the province's highways. This year's program is scheduled for May 4. In the case of inclement weather, an alternate date has been set for May 11. At this time, thousands of young Albertans will once again take to the roads to ensure that Alberta is kept clean. I have no doubt that many of the youngsters who were just introduced in the Legislature will be taking part in this clean-up campaign.

May I only add that it is people such as this who are living evidence that there were survivors of those terrible years that mankind should never forget but always recognize.

This program has grown over the years to the point where last year over 8,000 members from 502 clubs participated. The majority of these youths came from 4-H clubs, although junior forest wardens, along with their parents and leaders, lent their energy and enthusiasm to the program. During the program, which lasts only one day, these dedicated youngsters cleared 54,500 bags of litter from Alberta's highways, and in doing so they cleaned 7,600 kilometres of highway throughout our province.

I would ask the Assembly to now recognize Mr. John Lahola, his wife Katherine, Lydia, and my wife, Ollie, as they are seated in your gallery.

head: **INTRODUCTION OF BILLS**

Bill 267
An Act to Amend the
Landlord and Tenant Act (No. 2)

MR. OMAN: Mr. Speaker, I beg leave to introduce Bill 267, which is An Act to Amend the Landlord and Tenant Act.

It is important, Mr. Speaker, that motorists be aware that these volunteers will be out on our highways this Saturday. Orange litter bags, safety vests, and bright clothing will all contribute to make these young people more visible to motorists. Additionally, areas which are being cleaned will be marked with signs, as will all vehicles accompanying

This Bill would not allow the owner of commercial premises to require a tenant to be open seven days a week.

the groups. As well, the RCMP and the Alberta Highway Patrol will provide further support and measures.

Over the years these safety methods have proved very effective, Mr. Speaker, but no matter how many precautions participants take, it is absolutely essential that motorists be aware of this clean-up campaign. On Saturday, we request that motorists exercise a tremendous amount of caution and care while using our highways.

In an effort to increase motorists' awareness of the roadway cleanup, we have undertaken a provincewide advertising campaign. Advertisements advising motorists of the activity and urging them to drive safely have been placed in newspapers across the province. On Friday and Saturday, radio advertisements will be broadcast as an additional reminder to motorists that the volunteers are out on the province's highways. It is hoped that these extra efforts will contribute greatly to the safety of these youngsters.

Mr. Speaker, I would like to remind everyone to do their part by being extra cautious this weekend and driving safely. Together, let's make this a productive and a safe campaign. And don't forget to wave.

MR. GURNETT: Mr. Speaker, the 4-H cleanup on Saturday is a sure sign of spring in many areas of rural Alberta, and I'm pleased to have an opportunity to commend the Minister of Transportation for the program. I know from my personal involvement with it that it's usually an enjoyable day, and the results certainly show on the highways of this province.

I think Alberta Transportation should be especially commended for the program in view of the support it provides to the organizations, the young people's groups, that do the work. The encouragement they receive from the opportunity and also the remuneration they receive for it is very helpful all year round. So while it benefits Albertans who are travelling the highways, it's also a program that has a great deal of value for 4-H clubs in the province and something well worth continuing.

head: ORAL QUESTION PERIOD

Job Creation Programs

MR. GURNETT: Mr. Speaker, a large number of Albertans are visiting the Legislature today to make some inquiries about job creation. I'd like to ask a question of the Minister of Municipal Affairs with regard to that. Has the minister met recently with the Minister of Manpower to review the merits of additional funding for the cities in this province specifically directed towards job-creating capital works projects?

MR. KOZIAK: No, Mr. Speaker, not with respect to the Minister of Manpower in that regard. I know he is extremely busy in implementing the very generous programs that he has brought forward to cabinet caucus and the Legislature over the past number of months, programs that are far superior to those available elsewhere in this country.

MR. GURNETT: A supplementary question, Mr. Speaker. Has the minister scheduled any meeting with the Minister of Manpower and city of Edmonton officials to assess the immediacy of the problem or the crisis related to the water mains in Edmonton and the need for additional funding to

the city of Edmonton now, to be able to begin reconstruction work with the water mains?

MR. KOZIAK: No, Mr. Speaker, although I personally am aware of some of the problems with respect to water mains but not directly with respect to city property. The concerns that some might have with respect to the condition of mains in certain areas of the city may in fact reflect the areas that were developed by the city. I know there was some suggestion, for example, with respect to Mill Woods, that there might be some need for work in that area. Of course, the hon. member probably could inform himself of the substantial support that the province provided to the city of Edmonton in terms of the process in which that land was acquired and then given to the city of Edmonton. I'm led to believe that the city of Edmonton in turn, as the developer, acquired a certain amount of cash flow that should now be used in that respect.

MR. GURNETT: A supplementary question to the minister, Mr. Speaker. I understand that the serious problem relates to water mains that are some 30 and more years old rather than in new areas of the city. We've already discussed here the zero percent movement with regard to unconditional grants for the city of Edmonton for this year. I wonder if the minister's department is involved in any study of the impact that special additional funding would have in reducing urban unemployment rates, especially if it were used in projects such as water mains.

MR. KOZIAK: The autonomy of local municipalities is such that I would carefully consider a move in that respect, Mr. Speaker. I think we have to understand that municipalities have a fiscal capacity that's been strengthened considerably by the municipal debt retirement program we introduced in this Assembly a few years back, whereby municipalities received a little over a billion dollars which was applied towards debt retirement. Excess moneys were then banked by a number of municipalities. The fiscal position of municipalities today is much stronger than it was prior to that municipal debt retirement program. That was a means by which we placed in the hands of municipalities the capability of responding to these concerns themselves. As one knows, if one has a capital commitment that has a life expectancy of 20, 30, 40, or 50 years, one borrows for that.

If municipalities across the province have identified certain areas of concern, they can respond to those areas of concern, borrowing sufficient funds to be able to respond. We have the Alberta Municipal Financing Corporation, which ensures that borrowing is at the lowest possible interest rate, and municipalities have been taking advantage of that very useful Crown corporation.

MR. GURNETT: A supplementary question to the minister, Mr. Speaker. Certainly we're all concerned to respect the autonomy of municipalities, but there are a lot of people not working. I'm concerned that the responsibility is not being accepted as widely as it should be in view of the economic impact beyond the municipality that may be involved.

I notice that property taxes will be increasing 5 percent this fall in Edmonton, which had no increase in unconditional grants, and I think 2.9 percent in Calgary.

SOME HON. MEMBERS: Question.

MR. GURNETT: In view of those property tax increases, my question is whether the minister has his department studying whether these tax increases will in any way affect the economic recovery program in this province.

MR. KOZIAK: Mr. Speaker, I believe the hon. member is somewhat confused, because he's relating a tax increase which the Edmonton Public School Board is imposing upon the taxpayers and suggesting that that is in fact a tax increase that the municipality is imposing. That's a direct decision of the Edmonton Public School Board.

MR. GURNETT: A supplementary question to the minister, Mr. Speaker. I understand that there is a 5 percent tax increase by the city and another 5 percent tax increase by the [school board] of Edmonton. My question is still whether the minister is having his department study whether or not these tax increases, and the tax increases in Calgary as well, will have an impact on the economic recovery of the province.

MR. KOZIAK: Mr. Speaker, I'm having difficulty following the logic the hon. member puts forward during the course of the question. I presume that he suggests it's the responsibility of the provincial government to pick up tax increases that local governments impose. That's a very confused interpretation of responsible government. Governments who have taxing authority and taxing powers are responsible to those they tax for the way in which they use that authority and that power. It's up to the municipalities to justify the level of taxation they impose to those whom they will tax.

MR. GURNETT: A supplementary question, Mr. Speaker. My concern is simply that tax increases can have an economic impact. If funding and support for job creation isn't coming from the provincial government, then it's hard for the municipalities to do much. My question to the minister is whether the minister's department is looking at all at the possibility of real revenue sharing between the province and the municipalities as a means of supporting municipalities being able to do job creation effectively.

MR. KOZIAK: Mr. Speaker, we have a very generous revenue-sharing program in this province. It's about three-quarters of a billion dollars a year.

Oldman River Dam

MR. GURNETT: Mr. Speaker, not having received a lot of support for what's going to happen to create jobs in Edmonton, I'd like to move farther south and ask a question of the Minister of the Environment. Last October, during debate of the minister's trust fund estimates and during the vote on irrigation systems improvement, the minister said he anticipated that the allocation for the Oldman dam at the Three Rivers site would be made from the General Revenue Fund. Then last Thursday night, during debate here on the minister's requests, we were told instead that the dam will be funded from the heritage trust fund.

Can the minister confirm that even though we've had two separate chances to debate supply for the dam and have not yet voted any supply, planning and site acquisition money is being spent in connection with the Oldman dam?

MR. BRADLEY: Yes, Mr. Speaker.

MR. GURNETT: A supplementary question, Mr. Speaker. Can the minister indicate where this money is coming from if the Assembly hasn't voted any supply and why the minister has not presented us with any budget for the dam even though the building of it was announced almost a year ago?

MR. BRADLEY: Mr. Speaker, certain special warrants were passed to cover the initial expenditures on the dam. Those were made public at the time. It was announced in the Legislature last Thursday during my estimates that we would be coming forward with supplementary estimates from the Heritage Savings Trust Fund to cover the project from that date forward.

MR. GURNETT: A supplementary question. We need a budget so we know what's happening with the dam. Can the minister assure the Assembly that estimates for the Three Rivers dam will be presented before any more money is spent on the project and that those estimates will include the full amount that the government proposes to make available for land acquisition in connection with the building of the dam?

MR. BRADLEY: Mr. Speaker, in due course supplementary estimates will come forward which will outline the expenditures the province will be taking with regard to this project. I understand it's a normal practice in terms of an interim period. As I've already explained, funds have been passed by special warrant to cover certain expenditures, and in due course the supplementary estimates will be introduced to cover the other part of the project.

MR. GURNETT: A supplementary question, Mr. Speaker, to the Minister of Public Works, Supply and Services. What's the policy of this government with regard to use of local provincial buildings by private firms?

MR. CHAMBERS: Mr. Speaker, I'm not quite sure of the intent of the question. If it's with regard to active provincial buildings, then the only use that's permitted, other than by government employees, is for certain charitable groups in those situations where another space — for a meeting room, for example — might not otherwise be available.

MR. GURNETT: A supplementary question, Mr. Speaker. In view of that answer, can the minister confirm that the engineering firm of Underwood McLellan is using the Provincial Building in Pincher Creek as a site office in connection with the Oldman dam?

MR. SPEAKER: Perhaps we could conclude briefly this series of questions. I think the practice of the Assembly has been quite reasonable in the acting Leader of the Opposition asking his first two questions, but we now seem to be on the third.

MR. GURNETT: A point of order, Mr. Speaker. The concern about it relates to the dam and the fact that money is being spent in connection with the construction of the dam. My question was really about the fact that we haven't had estimates for the spending of that money.

MR. SPEAKER: As I understood it, we're now on provincial buildings being used for private purposes.

MR. GURNETT: Mr. Speaker, on a point of order. I'm asking about it in conjunction with the fact that this firm is involved with the building of the dam.

MR. CHAMBERS: I can't confirm that or otherwise, Mr. Speaker. Obviously, I don't keep track of where every engineering firm or other firms are working across this province — not entirely. It wouldn't be out of line, though, if an aspect of a firm fully in the employment of the government were to use space that might be available, if no other space were available, in order to accomplish a worthwhile government project. As to the individual firm, I can't answer that.

MR. BRADLEY: Mr. Speaker, I'd like to supplement that answer. The firm of Underwood McLellan has been hired by the province in terms of the preliminary engineering on the dam itself. I think it's been referred to in earlier answers in the question period that a special warrant was passed to cover expenditures on the dam project last fall, prior to the estimates coming forward in the House. In terms of supplementary estimates, that's being handled in the budget of the Department of the Environment until those appropriations come forward. But it is intended that the expenditures will be handled under the Heritage Savings Trust Fund.

Underwood McLellan has been using an office in the Provincial Building. We have a project information office there. It was felt that in terms of co-ordination of information to the public, since there would be contact with engineering firms with regard to access and other matters in the interim period, it would be wise to have both the engineering consultant and the project information office in the same place. It's our intention to see the engineers relocated at a later point out of the Provincial Building. I should note that we would be covering the cost in terms of paying the rental costs of the private engineering firm through our consulting contracts. So the fact that they are in the Provincial Building does save the province money.

I should also supplement that in the construction phase, the Oldman dam project is going to create a significant number of jobs over a long period of time in southern Alberta.

MR. GURNETT: A supplementary question, Mr. Speaker. Since the project seems to be going merrily ahead and the engineering firm is working and so on, my question to the Minister of the Environment is: has the government already completed a full environmental impact assessment of the specific Three Rivers proposal that's under way?

MR. BRADLEY: Mr. Speaker, there are a number of ways in which an environmental impact assessment can be undertaken. In terms of going back to studies starting in 1975 and through the initial planning studies, the Oldman Basin Water Management Study Committee, and in terms of public hearings with the Environment Council of Alberta, a number of reports were put together which, in fact, would be part of an environmental overview. In terms of the project at this stage, now that a site has been determined we are in the environment communication and opportunity planning, which will see extensive further studies with regard to the environmental impacts at that site.

MR. GURNETT: One final supplementary, Mr. Speaker, to the minister. Has any specific study been undertaken on the potential for mercury contamination from the dam in view of the findings released by the Environmental Centre at Vegreville, which indicated that fish downstream from

dams have significantly higher levels of mercury contamination?

MR. BRADLEY: Mr. Speaker, with regard to planning for the dam and of the earlier Dixon dam, that factor is taken into consideration. It should be put on the record that in terms of monitoring done at the Dixon dam, the levels of mercury in the fish in the reservoir are actually less than the levels of mercury in the fish downstream. Those are the preliminary findings of the department. We'll be having an ongoing monitoring program with regard to that specific.

MR. HYLAND: Mr. Speaker, to the minister. In an answer to an earlier question, the minister said a significant number of jobs would be created. I wonder if the minister could be more definite about the estimated jobs created in the building industry by that dam?

MR. SPEAKER: It seems to me that we're in an area of numbers and specifics, and really the question period, where questions are asked without notice, is not a suitable vehicle for getting that kind of information.

MR. BRADLEY: Mr. Speaker, I just happen to have some ballpark figures in my head. Overall, I believe some 1,900 jobs will be created, and there'll be 1,400 man-years of employment in the construction engineering phase.

Genesee Plant

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Utilities and Telecommunications. It is with regard to scheduling of the Genesee plant. I wonder if the minister could indicate where that is at the present time and when a possible decision by the ERCB will come forward.

MR. BOGLE: Mr. Speaker, the timing of recommendations by the ERCB is entirely within the court of the Energy Resources Conservation Board. Once the board makes its recommendations to cabinet, the recommendations will be dealt with by cabinet, the recommendations will be made public, and a final decision by government will be made public.

MR. R. SPEAKER: Mr. Speaker, a supplementary question. Could the minister indicate the position of government with regard to the Genesee plant? On a positive recommendation by the ERCB, is the government prepared to proceed and endorse that recommendation?

MR. BOGLE: Mr. Speaker, I'm sure the hon. member is well aware that under the provisions of the Hydro and Electric Energy Act, an Act that was developed during the former government's administration between 1935 and 1971, there's a clear mandate set out for the Energy Resources Conservation Board. Once the board reports its findings to government, we'll be able to deal with them. I'm not in a position today to speculate on what recommendations may be made or what final decisions may be made.

MR. R. SPEAKER: I certainly appreciate the history, and I'm totally aware of that. There are a number of people concerned about the future of that project and the job opportunities it may provide. In terms of the minister's office and responsibility, has any type of request gone to

the ERCB for the ERCB to look at this project as a top priority in the province, in light of the possible job creation it can make?

MR. BOGLE: Mr. Speaker, I'm sure the hon. member is well aware of the mandate and responsibilities of the ERCB as set out in the legislation and regulations of this House. Once the recommendations are made by the board, they'll be quickly dealt with by government.

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the minister. In terms of the scheduling of the ERCB, are we looking at a recommendation coming forward to the government or to cabinet in a month's time, two months' time, or three months' time? Has the minister an indication of what the schedule could be at this point?

MR. BOGLE: Mr. Speaker, while the exact timing certainly rests with the chairman and the ERCB members, it's my understanding that a recommendation should be coming forward in a matter of weeks.

LRT Extension

MR. R. SPEAKER: Mr. Speaker, a supplementary question to the Minister of Transportation, and it's with regard to job opportunities that may be possible in this province. It's with regard to the LRT tying into the south side from city centre to the U of A. Has the minister had discussions with the city of Edmonton with regard to this LRT extension, and what is the present position of the government on that matter?

MR. M. MOORE: Yes, Mr. Speaker, I have had discussions with the city of Edmonton with regard to the urban transportation program that they will be undertaking this year.

MR. COOK: Mr. Speaker, I wonder if I could ask a supplementary question on that. Could the minister confirm that engineering and soil testing is under way and that construction will begin shortly on that line?

MR. SPEAKER: It would seem to me that perhaps that question ought to be directed to an alderman or to the city administration. I wasn't aware that the province was that directly involved in the supervision or direction of the project.

MR. M. MOORE: Mr. Speaker, perhaps I could add just a couple of comments. The hon. members inquired with regard to the kind of work that might be carried out. I want members to recall that last November we announced a new three-year \$475 million urban transportation program. With the exception of the ring roads and the major continuous corridors, which are funded 90 percent by the province and 10 percent by the city, the balance of the work, which is arterial roadways, LRT, primary connectors, and that sort of thing, is funded with 75 percent provincial funds and 25 percent municipal funds.

In that regard, Mr. Speaker, we do approve ...

MR. SPEAKER: I have a little difficulty relating this answer to the question. It seemed to me that it had something to do with work being directly done with the project. We're now on the question of funding.

MR. M. MOORE: Perhaps the member wishes to restate his question. I understood that's what he asked.

MR. COOK: In light of the very generous funding of the province on that specific project, I wonder if the minister could advise the House whether his officials have been in contact with the city of Edmonton, monitoring the soil testing, engineering, and construction of this provincially funded project?

MR. M. MOORE: I was coming to the point of saying, Mr. Speaker, that because of the level of funding that's provided, we do in fact undertake to receive representations from the cities as to what they want to do. We do approve their projects. So we are in fact in a position to say that we know what is being planned by all of the cities.

With respect to the city of Edmonton, they have some \$39 million coming this year for capital construction work, and it involves a number of projects. On the south leg of the LRT it involves design and some initial construction of the extension from the Corona station, which is on Jasper Avenue, southward toward the Legislature. There is other construction going on on the main roadway on Whitemud Drive from 50th Street to 34th Street. There's the design of the portions of the outer ring road in the northwest portion of the city. Altogether, in the city of Edmonton there are 10 separate capital projects going on this year that will be 75 percent funded by the \$39 million I referred to.

In addition to that, I just had an opportunity last Saturday to present a cheque to the mayor of the city of Calgary for in excess of \$51 million. Again, that involves a variety of projects in that city funded by the new urban transportation program.

MR. SPEAKER: It seems to me that ...

MR. M. MOORE: [Inaudible] other cities.

MR. SPEAKER: Yes. I understood the purport of the first question to be with regard to work being done on the project. There possibly was some tenuous connection with certain other matters. But once we moved down to Calgary, it seems to me we were clearly outside the scope of the question.

DR. BUCK: Mr. Speaker, a supplementary question to the Minister of Transportation, because I believe the original question was what these projects are doing towards creating employment. In light of the fact that it seems that rail relocation in the town of Fort Saskatchewan is about to be announced within in the next week or so, I'd like to ask the Minister of Transportation if he can indicate what studies the Department of Transportation has done in conjunction with the LRT connections to see if there's a possibility of using some of the present railroads that radiate into the centre of the city which could be used to connect the LRT. What studies have been done to use those railroad lines to connect towns such as St. Albert, Spruce Grove, Leduc, and Fort Saskatchewan with the LRT system?

MR. M. MOORE: Mr. Speaker, I'm not aware of any specific studies which might have been done to utilize rail lines to tie Fort Saskatchewan or communities like that into light rail transit systems in Edmonton. My colleague the Minister of Economic Development, who is not here today,

has some responsibilities with respect to the relocation program in terms of railways and may have been involved in some studies of that nature. Of course, he was also involved in studies of high-speed rail linking the cities of Edmonton and Calgary, which obviously would have taken into consideration existing trackage to the south of the city of Edmonton. But I'm not aware of any studies going toward Fort Saskatchewan.

MR. COOK: A supplementary, Mr. Speaker, again on the topic of capital works and job creation. I wonder if the Minister of Manpower could give the House an estimate of the number of jobs being created through the \$1.7 billion capital works budget in the budget provided for. Could he give us an update on that?

MR. SPEAKER: I think we're going to have to come to some understanding about the extent to which we're going to deal with statistical questions during the question period. As hon. members know, the question period is not intended for that kind of thing, and it's specifically covered by our *Standing Orders*. I'm aware that we've had a long series of rather remarkable coincidences where certain members ask for certain statistics and they just happen to be on a minister's desk. It troubles me to some extent that in this way we seem to be getting around one of the rather practical parameters of the question period. It seems to me that all members should be treated alike with regard to statistical questions.

However, under the circumstances and it having happened before, if the minister wishes to give a so-called ballpark figure, perhaps he could do so.

MR. ISLEY: Mr. Speaker, as a result of our concern for providing jobs during this economic downturn and period of high unemployment, we've very closely watched the impact of things as significant as our \$2.7 billion capital budget. The man-years of work generated by that budget will be in excess of 60,000, many of them in the construction sector.

Crow Benefit

MR. KOWALSKI: Mr. Speaker, my question is to the Minister of Agriculture. Yesterday the report of the committee of inquiry into the method of payment of the Crow benefit was tabled in the Canadian House of Commons. Has the minister had a chance to read the report?

MR. FJORDBOTTEN: Mr. Speaker, as yet I have not received the report. However, I have received a preliminary report on the report. I would say that I'm generally pleased, though I'm looking forward to reading it. I just hope the federal government will now act upon it and get rid of the disincentives to our livestock sector in this country.

MR. KOWALSKI: A supplementary, Mr. Speaker. The report concludes that a pay-the-producer system is in the best interests of Canadian farmers. In the submissions that the minister made to the committee of inquiry, did he identify the level of economic benefit that will accrue to Alberta farmers with the implementation of this recommendation?

MR. FJORDBOTTEN: Yes, we did, but I don't recall that exact number. However, I would say that it's significant.

With respect to the Hall report, which I'm sure identifies some areas which show what the positive impacts would be to the economy, I hope that everyone in the country will follow Mr. Mazankowski's excellent suggestion that everyone should have an opportunity to read the report and study it before they make comments on it. The other suggestion he has made is that he would make the Hall commission itself go out and travel across the country and work with each producer group, because there has not been one issue in the last number of years that has created as much dissension in the country as this issue has. Hopefully we can now find a way to resolve it in a good, commonsense, realistic way. I think what has been suggested is excellent.

MR. KOWALSKI: A supplementary, Mr. Speaker. Can the minister tell the Assembly what impact the pay-the-producer concept will have on the implementation of a national tripartite red meat stabilization plan?

MR. FJORDBOTTEN: I don't think it would really play a significant part in that. One of the areas that's certainly important is that there are a number of figures bantered around today with respect to the disincentives by the Crow to the present resolution, the Western Grain Transportation Act, to the livestock sector. If that disincentive were removed, our producers in this province would be in a significantly better position. However, what the red meat stabilization program tries to identify works toward trying to get rid of balkanization in this country and the proliferation of programs that have been so destructive — something we have to work together to resolve.

MR. KOWALSKI: A supplementary, Mr. Speaker. Can the minister confirm that pork producers might benefit to the amount of \$7 a hog and cattle producers to the amount of \$35 per animal under this new pay-the-producer concept?

MR. SPEAKER: I'm sure the hon. member has achieved a unique accomplishment in asking a question and answering it at the same time.

MR. KOWALSKI: One further supplementary, Mr. Speaker. Does the Minister of Agriculture feel vindicated for the firm and strong support that this government gave to the pay-the-producer concept rather than the Liberal's approach to pay-the-unionized-railroads concept?

MR. SPEAKER: I'm sure the hon. minister has been vindicated by the hon. member.

Senate Reform

DR. CARTER: Mr. Speaker, my question is to the Minister of Federal and Intergovernmental Affairs. Has the minister had communication with his federal counterpart with regard to the federal government's reported intent to table a constitutional resolution restricting the powers of the Canadian Senate?

MR. HORSMAN: Mr. Speaker, there has been considerable discussion for almost the past two months between both the Premier and the Prime Minister and other premiers. In addition, I have met with and corresponded with the Hon. John Crosbie relative to the federal government's intentions to deal with the Senate. The most recent correspondence was sent by our Premier to the Prime Minister, indicating

that Alberta would join other provinces in supporting, at this stage, the federal government's limited initiative in dealing with the Senate, subject to the important qualification that a full-scale constitutional conference be held within a reasonable period of time to discuss a comprehensive reform of the Canadian Senate. Certainly, 1987 has been suggested as the latest date for such a conference.

DR. CARTER: A supplemental, Mr. Speaker, to the minister. I gather the essential elements of the proposed resolution relate to the matter of a time limit on the stalling of money Bills and perhaps some time limit with the delay on other legislation. Is that indeed correct, and are the time lines the same?

MR. HORSMAN: Mr. Speaker, the full details of the federal resolution are not public. It's my understanding that it is the government of Canada's intention to introduce a resolution into the House of Commons within a few days. Of course, it will then be the responsibility of the provinces which support such a resolution to introduce identical resolutions into those Assemblies. They require at least seven containing 50 percent of the Canadian population. It is my understanding that there is the support of the governments of enough provinces for that initiative.

As to the specifics, it is my understanding that the resolution will deal with internal operation of the federal Parliament relative to their own legislation. Our concern, as was expressed throughout our discussions and correspondence, is that in making such limited moves we not lose the opportunity of meaningful reform of the upper House. That, of course, is important to recognize. But until such time as the federal government makes fully public their resolution, I'm not at liberty to indicate the terms of that resolution.

DR. CARTER: A supplementary, Mr. Speaker. I assume from the minister's comments that the identical resolution will be debated in this Legislature. Would the time line for that be this spring sitting, and would it take place in addition to Motion 7 standing on the Order Paper?

MR. HORSMAN: Mr. Speaker, that is correct. Once the federal government has introduced the resolution, it would be the intention of this government to introduce an identical resolution, as required under our constitutional amendment procedure. So in due course, in the spring sitting, we will be debating and hopefully passing a resolution providing for Canada's second amendment to its constitution since its passage in 1982. That would hopefully be done before the House rises for the summer recess.

DR. CARTER: A supplementary, Mr. Speaker. If such a resolution were to carry a sufficient majority throughout the country, what would be the estimate of time before this would come into effect? Would we be looking at the next six months, a year, three years, or what?

MR. SPEAKER: It seems to me, apart from being in the area of speculation, that we're also dealing with a hypothetical question as to what happens if something else happens.

MR. HORSMAN: Mr. Speaker, I could just point out that the Constitution provides time lines relative to the coming into effect of an amendment to the Constitution, and it

relates to whether or not every province has concurred in that. That, of course, is public knowledge.

I do think it important to point out one other thing, Mr. Speaker. That is that we as a government have strongly urged that immediately upon the introduction of the resolution, the government of Canada and the participating provinces — all provinces, hopefully — would participate in a continuing ministerial committee to work on this issue, so that when the First Ministers' Conference on the Constitution is held, perhaps by 1987, the preparatory work would have been completed by this continuing committee of ministers. It would be our hope that that committee could commence its work within a matter of a very few months after passage of the resolution.

DR. CARTER: A supplementary.

MR. SPEAKER: Might this be brief. We're running out of time, and there are a number of members who want to ask their first questions.

DR. CARTER: Through you, Mr. Speaker, I would like to have the assurance of the minister that he will indeed press vigorously to have that working committee set up as soon as possible, but also his reassurance that it will be a meeting of federal, provincial, and territorial counterparts and that our own minister will press for that whole broad issue, including the matter of selection or election of senators.

MR. HORSMAN: Yes, Mr. Speaker, there's no question. It is our hope that that committee would be hard at work within six months and, furthermore, as I indicated when I used the term "comprehensive", that it would include the method of appointments, length of appointments, powers, and the whole role of an upper House in the Canadian federal state.

Red Meat Industry

MR. CLARK: Mr. Speaker, my question is to the Minister of Agriculture. It's in regard to some million pounds of pork — highly subsidized pork, I might add — imported into Canada from Denmark. Could the minister inform the Assembly if he intends to make representation to the federal government as to the harmful effects such a continued policy will have on our already weakened hog producers?

MR. FJORDBOTTEN: Yes, Mr. Speaker. I have on three previous occasions, starting in the month of February, raised the concern with respect to the importation of beef from the European Community and the significant quantities of pork that are coming. Yes, I have raised it, and I will continue to raise it until there is a resolution to the issue.

MRS. CRIPPS: A supplementary question, Mr. Speaker. Is the minister planning any action on the red meat stabilization program?

MR. FJORDBOTTEN: Mr. Speaker, one of the crucial issues we have to deal with in this country, as I stated earlier, is to try to rid this country of balkinization. One of the best ways to do it, of course, is to have a national program that's equal among all provinces, recognizing the difficulty that our red meat producers are in in this province at the moment. We have three members of the agricultural caucus committee meeting today in Ottawa with federal

members. Also, yesterday our Premier sent a telex to Ottawa suggesting there be a meeting of the Minister of Agriculture from Alberta as well as the chairman of economic planning, the Minister of Housing, and the Minister of Economic Development in Ottawa on an urgent basis, recognizing that we have difficulties in the red meat industry and that those areas must be addressed.

So it's my intention, with my colleagues, to be in Ottawa on Monday and Tuesday and meet with our federal colleagues to find what actions they are intending with the national red meat stabilization program and impress on them the urgency of implementing that program now.

MR. KOWALSKI: A supplementary, Mr. Speaker. Rather than a time frame for simple dialogue with other provinces in this country and the federal Minister of Agriculture, has the Minister of Agriculture considered slapping on a couple of Colt 45s and declaring that we're soon going to be in a state of war in terms of this country's agricultural production unless other provinces start backing off with some of their ridiculous incentive programs which they have that work to the detriment of Alberta producers?

MR. SPEAKER: I'm sure the minister will welcome any attempt to turn him into a big shot.

DR. BUCK: Mr. Speaker, a supplementary question. We had a war before and it just about ruined Alberta. We don't need another one.

Mr. Speaker, to the Minister of Agriculture. Is the minister in a position to indicate if one of the topics the Premier may be discussing in Washington is looking at removing the embargo that has now been placed to prevent pork from going to the United States?

MR. FJORDBOTTEN: Mr. Speaker, I can't answer specifically what's on the agenda for the Premier to discuss in Washington. However, I do know that he will be meeting with the Secretary of Agriculture, John Block, and I suspect that that would be one of the areas of discussion, recognizing that it's the position of our government to have a comprehensive free trade arrangement. Our Premier has been the leader in recognizing that for the long-term viability and future of not only Alberta but Canada, that comprehensive free trade arrangement certainly has to be put in place, and agriculture is very, very important to that whole relationship.

MRS. CRIPPS: Has the minister discussed with the federal Minister of Agriculture the free movement of specialty beef, hotel-type cuts, to Canada and a reciprocal agreement to the United States?

MR. FJORDBOTTEN: No, Mr. Speaker, personally I have not.

Maybe I could respond to a previous question. It's not my intention to strap on Colt 45s to take any actions. However, I don't want any doubt anywhere about our resolve. It's this province's intention to preserve and protect our livestock industry in this province. It is regrettable when you have to have one treasury competing with another treasury. I not only think it's regrettable; I think it can be avoided. It's my immediate intention to discuss those issues directly with my federal counterparts. If the federal government were to move immediately to revise the method of payment issue under the Western Grain Transportation Act and implement a national red meat stabilization program,

those events that could cause us so much trouble in the future could be avoided. But I don't want any doubt in anyone's mind about our concern about the health and viability of our industry in this province and the actions we'll take to protect it.

MRS. CRIPPS: What is the cost . . .

MR. SPEAKER: Might this be done very briefly, because I still would like to recognize some more members before the time runs out.

MRS. CRIPPS: A final supplementary, Mr. Speaker. What is the cost of the western grain stabilization program to the cattle and pork producers in this province?

MR. FJORDBOTTEN: Mr. Speaker, there are many different numbers that could be used; however, it's very significant. The numbers that are used by the industry today — not by us in government but what the industry uses — are \$7 per hog and some \$37 for a steer.

Oil Drilling in Southern Alberta

MR. MUSGROVE: Mr. Speaker, my question is to the Minister of Energy and Natural Resources. Without asking for any statistics in particular, I wonder if he could give us a report on the extent of the substantial oil find that we've heard about in southern Alberta.

MR. ZAOZIRNY: Mr. Speaker, I can advise the Assembly and the hon. member in particular that in my capacity as Minister of Energy and Natural Resources I would not in the normal course, and have not in this particular situation, be made privy to any information with regard to the success or otherwise of the well completion to which he refers. There has of course been a good deal of speculation publicly about the particular well.

I should advise the Assembly that in many other jurisdictions of the world, individual companies are not required to make public the results of a particular well completion. In Alberta, after a period of 12 months, companies are required to make that information public through the auspices of the Energy Resources Conservation Board. However, until that time it is a matter for judgment and determination by the individual company as to whether or not they wish to make public the results.

I can simply say to members of the Assembly that we're delighted with the oil well completions that we're seeing occur in the province of Alberta. In the year 1984 we had the highest number of oil well completions in Alberta in the history of this province.

MR. ALGER: Mr. Speaker, I wonder if the minister would care to confide to us what the legal description of this particular location is.

MR. SPEAKER: Perhaps we could survey that question outside the question period.

The hon. Minister of Agriculture wishes to deal further with some information which previously came up in the question period.

Crow Benefit (continued)

MR. FJORDBOTTEN: Thank you, Mr. Speaker. In one of the previous answers I stated that I was supportive of Mr. Mazankowski's approach to having the Hall commission go out and hold hearings across the country. Goodness

knows, we've had enough hearings. What I was suggesting is that on an immediate basis the Hall commission go out and hold information meetings about the report so everyone would understand it. I was not suggesting, in any way, shape, or form, that there should be any further delays.

ORDERS OF THE DAY

MR. SPEAKER: Notwithstanding a certain concern I have with statistics, I have been provided with some statistics by the hon. minister who is my neighbour here to the right. These statistics say: Canada-3, Russia-1.

Might we revert first of all to Introduction of Visitors and then, following the introduction of our special visitors, I'm asking the leave of the House whether we might revert to Introduction of Special Guests.

HON. MEMBERS: Agreed.

head: INTRODUCTION OF VISITORS (reversion)

MR. MUSGROVE: Mr. Speaker, it's my great pleasure this afternoon to introduce to you, and through you to the members of the Legislature, some very distinguished guests from the People's Republic of China. Mr. Song Jian is chairman of the State Science and Technology Commission for the People's Republic of China. He is accompanied by various representatives from the Science and Technology Commission: Mr. Zhang Dengyi, who is director of the Department of Science and Technology Policy; Mr. Shi Guangchang, who is the deputy director of the Department of International Co-operation; Mr. Wang Lin, who is secretary general of administration; Mr. Qin Jiren, deputy chief engineer, Department of International Co-operation; Miss Zhou Linyi, China Science and Technology Exchange Centre; Mr. Jin Xiaoming, deputy division chief, Department of International Co-operation; and Mr. Liu Dongsheng, science counsellor from the Embassy of the People's Republic of China to Canada. They are being accompanied to Alberta by Mr. Joe MacDowall, senior advisor, international affairs and trade, Ministry of State for Science and Technology, government of Canada, and Mr. Ho Yu-Lin, interpreter.

This delegation is visiting Alberta as part of a Canadian tour sponsored by the Hon. Tom Siddon, minister of Science and Technology of the federal government. The purpose is to share views on science and technology policies and to learn about Alberta's research capabilities in technology.

Mr. Speaker, as part of an Alberta cold weather research mission, I recently had the privilege of visiting China and in particular Heilongjiang, which, as all members are aware, is a sister province of Alberta. It is therefore very timely and extremely important to us that Dr. Song and his delegation are here to visit with us today. I ask them to rise and receive the applause of the House.

head: INTRODUCTION OF SPECIAL GUESTS (reversion)

MR. DIACHUK: Not to detract from the special guests we have, Mr. Speaker, I wish to introduce a class of grade 6 students from the constituency of Edmonton Beverly, some 22 students from the Bannerman school. They're visiting

the Legislature and are accompanied by their teacher Laurie Tisberger. I ask them to rise and receive the welcome of the Assembly.

MR. COOK: It's my very great pleasure this afternoon to introduce to members of the Assembly and to you, Mr. Speaker, 26 very bright and enthusiastic students from the Lauderdale elementary school in the constituency of Edmonton Glengarry. I know they're very interested in the proceedings. I had a chance to meet them earlier, and I'll meet them after. I'd like to ask them to rise and receive the warm welcome of the Assembly. I believe they're in the public gallery.

head: COMMITTEE OF SUPPLY

[Mr. Purdy in the Chair]

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

Department of Hospitals and Medical Care

MR. DEPUTY CHAIRMAN: When we last met on April 26, the minister was starting to respond to a number of questions. Would the minister like to continue?

MR. RUSSELL: Thank you, Mr. Chairman. I'll try first to deal with some of the very specific questions dealing with specific votes, raised mainly by the Member for Spirit River-Fairview. His first one referred to vote 1 and the increase in professional services. He asked if that was for outside consultants. No, it is not. It is all personnel who are inside, and it's mainly medical assessors. The increase is due to the fact that they were brought on midway through the last fiscal year, and the increase reflects a full year's rather than a part year's remuneration.

Secondly, the same member asked me why the 14.1 percent increase in administration for the health care insurance plan. That 14 percent increase amounts to \$2.7 million and involves additional manpower, \$1.3 million, and data processing equipment, \$1.2 million. Part of that should have been paid from the previous year but because of cash flow was not. So it reflects a bigger amount of the purchase price for previously approved equipment. Telephone and equipment rentals increase correspondingly with the increase in data processing equipment.

The Member for Spirit River-Fairview also asked me to describe or comment on specific programs which are shown as an increase in the budget. Vote 3.1.10 was his specific reference. As well as the basic programs, Mr. Chairman, there are a number of specific programs that are funded on an ad hoc basis, which sometimes goes on for several years. I can give the hon. member a list of some of those programs. They include such things as renal dialysis, hemophilia, cerebral palsy, hereditary diseases, and the drug program for the Alberta cancer programs board is included in that vote. So the increases there are brought about by programs of that nature.

There is also an impact this year which not only my department but several of the others have included in their budget, and that is the financial impact of reorganization as a result of the Young Offenders Act. There is \$1.2 million for that. The other big item in there I referred to previously. It was the increased costs and volumes of drugs

being used and dispensed to citizens through the Alberta cancer programs board — another \$1.25 million increase there.

The same hon. member also raised the query as to commissioning costs. That's simply a term which is used for the gearing-up process of new programs or new facilities, Mr. Chairman, so that when a new hospital is coming on stream, if it's a large hospital, perhaps two or three years in advance of it opening there will be some minor commissioning costs, and those accelerate. It involves staff recruitment, staff training, moving into the building: all those things that happen to a new plant prior to the first day of operations when the first patient is admitted. Those are broken into a vote given "operational commissioning" as a description.

Other program support is simply a miscellaneous catch-bag and includes such items as volume growth, the introduction of new departments, new programs, activity increases, advances in technology, and inflationary allowances. Other program support includes the inflation allowance of 3 per cent, which is distributed among all the hospital boards on an across-the-board basis this year. So the amount due for inflation is shown under that description.

The hon. member also asked why vote 4.3.1, long-term chronic care — that's our auxiliary hospital vote — had decreased from the previous year. That's due to the fact that the Duclos hospital in Bonnyville is scheduled for closure this year. Those patients are going to be accommodated in the renovated and expanded Bonnyville St. Louis hospital.

Those are the answers to the specific questions raised. Interestingly enough, there were a good number of very broad policy and item issues raised by a number of the members during the time this vote was previously up. I must say I was really very encouraged and interested in the comments by members from all quarters of the House. It certainly showed to me a very sincere interest in the votes that are in front of us and a very good grasp and knowledge of what is becoming an increasingly complex issue for governments across Canada. Since the time the estimates were last discussed, I've gone over the notes I took during the members' remarks and tried to prepare some kind of response. Really, I think they fell into six broad issues, and I'll deal with each of those very, very quickly.

A number of members brought up the question of long-term beds or the chronically ill or the impact of the aging population. Mr. Chairman, this really identifies what, in my view, is going to be the major health care challenge facing governments in the years between now and the turn of the century. The demographics that are available are frightening in that the wave of large numbers of senior citizens, many of them very aged, many of them chronically ill, and many of them having to be supported by the state, is really quite — I'm trying to say that it's a very serious problem coming at us. It's not something you can isolate, because everybody in this room is part of the problem. We all hope we'll get there one day.

There is really a remarkable phenomenon taking place insofar as the demographics of Canada are concerned. I'm told that by the year 2000, probably around 12 per cent of our population will be in that category. That leaves 88 per cent of the population left to take care of that group, and of course not all the 88 per cent will be working. Many of them are children or unemployed or whatever. So not only will there be a larger percentage or proportion of the

population to look after but there's going to be relatively fewer of us left to look after them.

The message is coming through loud and clear. We've got to find some other way of looking after that very large number of people than by straight institutions. That has been the traditional way we've tended to look after people, but I'm predicting that there's probably going to be a major economic and social change with respect to our attitudes as we are involved in looking after the chronically ill and the aged.

Just as a matter of interest, I'm told that in the six years I've been minister of the department, the average age of populations in our nursing homes has gone up 10 years. It was 74 in the year 1979, and this year it's 84. Along with that increased age and more numbers of people involved comes a heavier nursing load, a more concentrated array of more serious medical problems to look after. So it's a pretty serious issue for us to look at. Experts in the field, and I tend to agree with them, have suggested that the care of the chronically ill and aged is probably going to be the major health care problem facing us during the latter part of what's left of this century.

The second major item that was brought up was cost effectiveness. This is a very difficult one for governments to deal with, because unfortunately we've got a parliament — I won't say a government but a parliament, because it includes all the parties in Ottawa — that is hell-bent on instilling in this nation that universal health care on demand is a God-given right and it's free. We know that isn't the case and can't be the case. In my view, we're not going to get cost-effectiveness in the system until the people who use the system and are a part of it are somehow familiar with what the costs are, what the alternatives might be, and that we start looking carefully at health care the way we do with other major expenditures, and that is see what the choices are and how we might get the best for our investment.

I mentioned earlier that I am very encouraged by the work done by the hospital trustees in the province during the last two and a half year period where, I think, they have essentially turned around the attitude present in the hospital system that there was no limit to the amount of money that was available to be put into this system. We know a lot of fat has been trimmed without affecting the quality of care one iota. I think there is still some more fat that can come out. Some hospital board chairmen have volunteered that information. In fact, the University hospital board over here has voluntarily frozen their budget for the next 18 months, and they're doing some really very serious in-house work and self-assessment. So those kinds of things being initiated by quarters like that are very interesting.

As a third item, several of the members spoke about the matter of alternatives. This has always been a very frustrating issue to deal with in my particular job. The alternatives to date have tended to be add-ons, and while different ministers are able to identify the costs of new programs that have come in, there has not been a corresponding decrease in the old traditional programs that we have been able to cut.

Now, all is not gloom. In a few years I think we are going to see a turnaround. But we're seeing, for example, a rapid growth in home care without any decreased cost in the budget for institutional care. We've seen a rapid growth, particularly in Calgary and Edmonton, of the med-centres or surgicentres or the store-front kinds of clinics that are open long hours, where people can walk in. It's

incredibly convenient, but it hasn't shown a decrease to any degree in the use of hospital emergency wards to the extent that some of them may be closed.

So the searching for programs that would allow us to reduce the number of beds to the extent that we could actually reduce staff or that we could eliminate certain programs to date has been infinitesimal, I think, but I'm hopeful that trend will turn around perhaps in the next decade. There are some signals there. Medical staffs in some hospitals are now very seriously assessing traditional ways of doing things. One prime example that comes to my mind is gall bladder surgery, where it was traditional to admit the patient the day before surgery. They are now doing it in some hospitals on the same day and getting the patient up and around and home in perhaps a day or a day and a half sooner than what has been the traditional pattern. One day's difference on an operation might not sound like very much, but when you're looking at bed utilization and the turnover of patients you can get going through one bed, then of course a one day saving in six or seven is quite significant, particularly when you have high day-bed costs.

The other theme that seemed to go through a lot of the hon. members' remarks was the role of advancing technology in the medical care system, and again this is something that is pretty scary. In my budget this year I've got something like \$26 million for equipment purchase, and we're going to say "no" more than we say "yes" to hospital boards that are standing in line for the purchase of equipment. This is just one year. We look at these machines. Some of the very sophisticated imaging and diagnostic equipment have price tags for one machine of perhaps \$3 million or \$4 million. Of course, our young medical students are coming through the educational system and expecting that kind of equipment to simply be a part of a large hospital where they intend to practice. The CAT scanners, for example, are now costing us about \$1.2 million each and in the range of \$300,000 or \$400,000 a year to operate. I recall being first introduced to the department and the deputy minister of the day telling me that for a province with just over 2 million people, we ought to be able to get by with four CAT scanners. Of course, each of the two metropolitan cities now has more than four and other regions are asking for them. So as technology advances, the patterns of the practice of medicine change, costs go up, and of course public expectations are taken along that line of thinking.

The question put to me more than once during comments on the votes was: what is the long-term plan? I suppose I could describe it this way. We've regarded health care in this province basically as a responsibility that is split between two departments. My colleague the hon. Dr. Webber deals with things that are called community health services. I think those are self-descriptive and we don't need to go into that — health units and municipal departments of health, the public health bylaws, the well-baby clinics. All of those things that are basic, ongoing administrative services to the public, as well as AADAC, our Alcoholism and Drug Abuse Commission services, are funded through that department.

We get over to my department and it's essentially a funding agency, broken down into two arms. One arm funds hospitals, whether for capital or operating, and the other arm funds professionals for the provision of services. So we're essentially a cheque-writing agency. As far as hospitals are concerned, our policy is that we're trying to maintain your basic hospital in all the communities throughout Alberta that now have them. As communities grow, the hospital

services are enhanced and improved. Then we've tried to get the secondary level of referral centres throughout the province. Those are all in good shape, either just newly built or in the process of construction being finished. They're in Medicine Hat, Lethbridge, Red Deer, Grande Prairie, and Fort McMurray. So they provide a good base of regional referral centres.

The tertiary care and teaching hospitals, of course, are centred in the metropolitan centres of Calgary and Edmonton, and that's the last level of referral. Those centres also have to provide basic community hospital services to the citizens of the two community centres.

So that's the theory: that we get the smaller basic hospitals out there, in a geographically large province with a relatively sparse population. We've been criticized for doing that, but the visits I've had in those communities would lead me to believe that we're doing the right thing.

I should comment at this time about the remarks I've been getting, both here in Alberta and from some professional critics outside the province, about the wasted money that's perceived to be in those hospitals. The facts of life are that they're not really a very big item insofar as the total hospital vote is concerned. The seven small 10-bed hospitals, for example, account for about three-quarters of 1 percent of the budget, and when you look at the benefits they're bringing to their communities, I believe it's money well spent. It's in the 20 big hospitals in the province that we have to watch where our budget dollar goes. They account for some 80 percent of operating funds. We have 123 hospitals in the province, and I'd have to close down 103 of them to try to save roughly 20 percent of the budget. I don't believe the saving would be even that, because the budgets in the larger centres would go up to accommodate the people that are being looked after in those 100 smaller hospitals.

So when one criticizes the smaller hospitals, I think it's important to keep things in context. It's the 20 big hospitals that take 80 percent of the budget. The other 103 get the 20 percent remainder of the budget. I think the importance to the communities in which they're situated and the facts of life about our geography and our population would lead most people to believe that those hospitals are good and important institutions in those smaller communities.

The last issue that was raised during our last discussion on this vote was the matter of privatization. There still seems to be a great deal of confusion in the public mind between private ownership and private management. Of course, the two are quite different, and it's been difficult to differentiate between the two. The only privately owned hospital facilities that we have are some nursing homes. About half the nursing home beds in the province are involved in private ownership, but all the rest of our hospital facility system is publicly owned, and I expect that it will stay that way. We like to think that the medical services part of our health care system is provided by the private sector, and we've gone to great lengths to try to treat the professional groups that are involved in that as private-enterprising professional people and not as a branch of the public service. If we want to receive health care from civil servants, I think that would be a very major policy decision that we're not prepared to take.

[Mr. Appleby in the Chair]

However, I do believe that there may be a very effective role for private management in the health care system. It's

no secret that we have had inquiries out about private management taking over the management functions of the Alberta Health Care Insurance Commission. Again, that doesn't mean that the insurance itself is going to be private but that a private company might possibly manage it better than a public agency. I think we'd be wrong if we didn't seek out the answers to those questions.

Another question that's been raised, not only in Alberta but across Canada, is: could private management effectively manage hospitals? From my way of thinking, I'd like to know the answer to that. I'd love to try it. If we can find a suitable project in Alberta, I think we can try it without raising fear in anybody's mind. Some other provinces are trying it. There's one in Saskatchewan and one in Ontario. It would be very interesting to know if a large hospital could be more efficiently managed by a private management company which would report to the public board and which is responsible for the publicly owned institution. So I think there is probably a role for the skills and experience of private management in the system. I'm not suggesting, though, that there should be any enlarged element of private ownership than what is already there at the present time.

Mr. Chairman, I wanted to respond to those issues that had been raised by a wide range of remarks by members earlier. I hope I've dealt with the specific questions that were raised during the last day of estimates.

MR. MARTIN: Mr. Chairman, as I said the last day, I would like to make some comments in a specific area, dealing mainly with the economics of health care, and from there lead into some specific questions of the minister.

I believe it was a week ago when the minister's estimates were up. When I look at the overall budget, we're concerned about costs. I think we in this Legislature all should be. We may disagree philosophically on certain things, but we all want to maximize the best bang for the buck. There's no doubt about that. At least I would hope that. As I said, and I repeat it, when I see that health care is 25.7 percent, a total budgetary expenditure of \$2.23 billion, we in the Official Opposition feel that hospitals and medicare are not badly underfunded. I'll make that point. But where the minister and I may disagree is in how to organize that particular amount of money. In estimates of health care and medicare, I think that's really the most important part of what we're dealing with. I agree with the minister; you can't inevitably throw money at a problem and solve it. When I look at two and a half billion dollars, I would say that is enough money at this particular time.

So I come to a couple of philosophical points. Then I want to raise some issues with the minister. I believe the Member for Red Deer talked about the efficiencies in California. If we want to continue that debate about which costs more or less, our system or the American system, I think the Member for Red Deer will be very disappointed. If you follow what's happening, not just in California but all across the States, insurance companies are in difficulty. If you read the horror stories going on, companies are in difficulty providing private insurance. I think the minister would agree that they spend more of their gross domestic product than we do in Canada. That's not to say, as I made the point, that we shouldn't try to maximize the best bang for the buck. But if we think we have much to learn from the Americans in a two-tier system, I think we're vastly wrong in that area.

Mr. Chairman, I would like to throw out some ideas to the minister, if I may, and look at the economics. I

think we can have an even better and perhaps even cheaper health care system. That would be my point. First of all, let me refer back not necessarily to private clinics but to community clinics. I think part of our problem in our medicare system at this particular time is that we have a doctor-oriented system rather than a consumer-oriented system. That's not to say that our physicians aren't some of the best in the world. But I want them doing things they're qualified to do. When I look at the number of things doctors are doing, the fee for service seems to be an impetus for them to do more of the things that other people could do. It seems to me that nurses, paramedics, or other people that are involved could better do a lot of the things doctors are doing. It seems to me that when we look at health care, we should be looking at a preventive model rather than a disease model.

That's why I'm so encouraged by community clinics. In a community clinic they bring a number of people together to deal with the individual as a person. For example, if necessary there should be social workers, psychologists, nurses, paramedics, and physiotherapists — as a team, not as a doctor running it and their not involving themselves. All those different professions have something to add to the health care of the individual. I strongly suggest to the minister that that makes more sense in terms of a better health care system. I also suggest that over the long haul it can be cheaper.

I have evidence that we've put out before — it's not new, but I think it's worth repeating — on where they've attempted these on an experimental basis. We alluded to the Prince Albert one, which was set up in the early '70s, very much an experimental community clinic. Mr. Chairman, there was a great deal of reaction against the clinic, especially from the medical profession. But the government of the day advertised around and finally got other doctors that believed in the concept and the team approach with other health professionals.

Let me give the figures in terms of the costs, because I think they are significant. I admit the figures are slightly outdated, but I've been told that they're relatively the same since then. When we look at the figures for 1981, the clinic in Prince Albert saw a total of 17,295 individual patients. The cost was roughly \$2 million. When they compared that to 17,295 patients elsewhere in Saskatchewan, the total cost provincially was \$6 million if they averaged it out. In other words, the clinic was nearly \$4 million less expensive than the hospital care. That's a significant saving. Of course, we can say it's just because of this one group and that we had dedicated people. But I think those numbers speak for themselves.

DR. BUCK: Were they private?

MR. MARTIN: No, hon. member, it wasn't private; it was the Prince Albert community clinic.

Just to compare other interesting things in that clinic, the average hospital utilization in Saskatchewan was 2,555 hospital days used per 1,000 patients seen. In comparison with the use of the community health care clinic, only 837 hospital days were used for every 1,000 patients seen — approximately a quarter. So less people were going to the hospital and taking up hospital beds. The other interesting statistic is that for every 1,000 patients seen in Saskatchewan, 257 of the patients were admitted. For every 1,000 patients at the clinic, only 94 needed to be admitted to hospital.

Whether we buy this totally or say it wouldn't work on a provincial basis, if we want to talk about experiments, Mr. Minister, perhaps we could try something like this in the province. The minister has indicated that he's willing to experiment with new ideas. It seems to me that these savings are significant. The concept is a healthy one psychologically, and I believe it works if we can keep people out of the hospitals. The minister himself has alluded to hospital beds being used too frequently.

The other area I want to deal with has to do with the whole concept of holistic care. I believe the member from Lethbridge mentioned this, and the minister has talked about it. But we don't seem to do anything about it. The point is that when you have a system based on one group of professionals — the physicians, the medical profession — it's going to be more costly, and it becomes the disease model. That's why we have to spend so much on technology — not to say we wouldn't have to spend more, but the community clinic can keep people away from the hospital. There are other things we can do. The minister alluded to life-styles, education, AADAC, and all the rest of it. It seems to me that if we spend a lot of money in the preventive health care area, we will save money eventually in terms of basing it on a disease model.

I tie that into the minister's own report. I don't have an easy answer here, but I think we have to look at it. I forget the name of the report, but the minister is aware of it and it came to him. In that report they said the problem with unnecessary surgery may be the fact that we have the fee for service, which is encouragement for the physicians to keep that amount of power because that's the way they can make their living. If they can have 40 people go through, they're going to make more money. It seems to me that that can be a very expensive system that's based on how many patients you see, not on the quality of care.

That led to the report where they insinuated — and it was other physicians that did it — that we in Alberta had a lot of unnecessary surgery. Of course, unnecessary surgery besides being dangerous is very expensive. They sort of alluded to that. I think that's the real crux of why we're spending a lot of money. We have to recognize that. The minister said — I don't know if it's happened yet — that there is a possibility for certain doctors to bill \$1 million out of the health care system and other ones to take a lot out of it. It seems to me that if we're worried about costs and there's no control on that at some point, then you're not really ever going to be able to deal with the costs in a serious way, because that's a lot of money. I strongly suggest that the fee-for-service way we do it may be leading us in that direction.

Let me go into some other areas I think we have to look at if we're cost-conscious. Mr. Chairman, if the minister says the battle is over, whether or not he agrees with the Canada Health Act, it doesn't look like the Conservatives are going to change that. The fact is that it makes no sense to most Albertans to pay for extra billing and then turn around and be taxed again with transfer payments from the federal government. I believe it's roughly \$12 million to \$14 million a year. The minister may say the budget is \$2.5 [billion], so that's not a lot of money. But I suggest to the minister that if you look after the pennies, the dollars begin to look after themselves. We can't afford to do that. For example, if we went into user fees — some hospitals did that at some point — it would cost us even more.

Maybe the minister can allude to this whole thing that at the end of three years the government is going to change

its mind. After talking to the minister, maybe he knows more than we do, but that's not the case that has been given to us publicly. When we talk about costs, I don't think it makes any sense for Albertans to have the thrill and the privilege of paying for extra billing and then lose that money coming from Ottawa. I strongly suggest that that's another way we can save at least \$12 million to \$14 million at this point, and it could get to be more.

The other area I want to talk about — I've alluded to a number of them. I have some questions here. I think some of the other members may have talked about it. One of the other very expensive things — it certainly was in the Edmonton district last year; maybe it has changed, and if it has, I'd certainly be willing to be corrected by the minister — is the fact that we have people that really need auxiliary hospitals taking acute care beds. I was told a year ago, and I regret that I haven't time to follow it up today, that that was a serious problem, especially in the Edmonton area. I expect that if it was in the Edmonton area, it may be in the rest of the province. It seems to me that that's very expensive. I recall an administrator — it was about three times the cost if you had to have them in an acute care hospital. So that's something we're going to have to look at. I know the minister is aware of it. It will probably be an ongoing problem as our population in this province gets older, as we're told that it will, demographically, in the next few years. I wonder what we're doing about that to reshift, if you like, some of our emphasis.

The other thing — and hon. members would be disappointed if I didn't say it — is that what this government refuses to do with seat belts would save a significant amount of money. I know the minister is aware of this. I know he has looked at his own report, the hospital utilization report that was given to him in March 1981. I know he is aware of the figures, Mr. Chairman, and they're significant. The most important thing is that seat belts save lives. There's absolutely no doubt about that. But in this report given to the minister, they say they would probably save a lot of money too. I refer hon. members to those figures again:

Analysis of Ontario's experience during the late 1970's — after compulsory seatbelt use was established there — shows an approximate 15% average reduction in deaths, injuries, expenditures for physicians fees, and time of hospitalization.

Fifteen percent is a significant amount of money. They go on to say:

Even more significant, from the viewpoint of this utilization study, is that the average cost of treating each typical accident victim was markedly reduced. The patient not wearing a seatbelt cost an average \$419.00 to treat. Those who were using belts cost \$228.00 per patient — a saving in the order of 40 per cent.

Mr. Chairman, when we talk, and the minister does, about the economy of the medicare system and how we have to save dollars, it seems to me that that is a standard thing he should be pushing his colleagues on, because that would save millions and millions of dollars. When I look at the utilization rate I alluded to yesterday, I find that the estimate of shoulder belt use in Alberta as put out by the Alberta Safety Council is 19.2 [percent]. In all the other provinces where they have laws — that's in most cases except for a couple — it ranges from 72 to 54 [percent]. That's significant. That's a lot of money we're paying out for that thrill, that extreme view of individual freedom. I've

often said that if we want to take that view, then we should forget about stop signs, because they converge on my freedom. Red lights converge on my freedom. We can drive all over, because you're converging on my freedom when we're on the right. But when your freedom digs into my pocketbook, causing one of the budget increases that we've talked about, then we have to look at it. [interjection]

Sure, the minister will tell us about booze. I talked about preventive care. I've also talked from time to time about the good job AADAC is doing on it. But that's beside the point, as the hon. member is well aware. I'm trying to suggest ways that we can shift, if you like, money that is going to the medicare budget, and that to me is a significant one.

The other thing I think the minister has done correctly, and I hope it will save some money, is — I've never understood the way we used to budget. If you didn't spend all your money by March 31, I think it was, you couldn't carry it over into the next year. I think the minister has changed that; correct me if I'm wrong on this. It makes good sense not to. If your budget comes to an end, what inevitably happens is that you look for things to spend it on whether you need it or not. If you can carry your surplus over, then hopefully that adds to better management. I think that was one of the things the minister said could happen with boards. I think that makes good sense, because I can tell you that that's what they would do: "We may need something five years from now, so we'd better spend it because it's going anyhow." It just caused people to spend money.

Let me just conclude this part of it by saying that the minister has a very important department. As he said, it is very costly, but it is a cost that Albertans are prepared to pay. They want a first-rate medicare system, and we've had a good medicare system. But the point I make is that it could be even better and perhaps even less expensive. I'm not saying it would be easy, because you'd take on some very, very vested interests that have an interest in the status quo. But if we're serious about having a good system and keeping the cost down, it seems to me that we should be looking at these things. Even if we can't do it all overnight, do it on an experimental basis or do some of these things. If we don't, I suggest that the price will keep going up or we'll have to cut back on the services. As I said, inevitably somebody has to pay for it. Premiums, user fees, and all the rest of it — I won't bore the minister; he's well aware of my stand on that. I don't think that's particularly the way to go.

Let me conclude by asking some specific questions in specific areas, if I may, Mr. Chairman. First of all, the minister alluded to private management. I'm well aware of what he's saying about the difference between the private system and private management. I would say that sometimes it works to begin with, but from the experience of the United States eventually it costs more because they keep wanting more. But if the minister wants to experiment, if he will experiment with some of the other things, that's reasonable. I don't see anything wrong with attempting, if it's the management. That's my first question.

The minister alluded to the two new hospitals that are being built. Can he update if they are in fact going to do this in Calgary or Edmonton? Does he have an answer at this particular time?

The other question I have is an interesting one. We hear some talk, and I expect it's just talk, but I wonder what the contingencies are if we have a physicians' strike in the

province. Certain physicians have made the statement that they're unhappy getting the zero percent. I wonder if there is a contingency plan or if the minister thinks that's at all possible.

The other thing I have is a very specific thing that's been brought to our attention. The one has to do with cancer patient services. Mr. Chairman, we are told that the W. W. Cross Cancer Institute in Edmonton faces a critical shortage of radiotherapy machines. It is my understanding that at the present time this institute has only four machines, yet last year it treated 2,635 patients from northern Alberta. On April 6 Dr. Starreveld, director of the Cross, stated that patients needing radiotherapy treatment could be faced with going all the way to Calgary if the government doesn't spur ahead the drive for more machines. I'm told that Calgary is the only other centre in the province with radiotherapy treatment facilities. They said the routine backlog of patients and waits of up to three hours for patients booked for treatments had become acute when two of the three linear accelerators broke down during the last week in March. They pointed out that the Cross treats an average of 160 patients a day and the patient load is increasing by 5 percent per year. Moreover, the cancer-prone age, which is over 45, is on the increase. So I guess they're saying it's a crisis.

My question to the minister flowing from that, in light of this and at a time when the government generously and correctly gave money to Steve Fonyo to raise cancer research: can the minister tell us what the government is doing for W. W. Cross Cancer Institute? If he says the problem is not severe, we're told it's severe. We've been lobbied not only by people there but by patients. I'm sure the minister has too.

The other area I would like to allude to, more out of curiosity than anything, is that according to section 15 — and I have it in front of me — of the Health Care Insurance Act, money owed by Alberta health care to a doctor cannot be garnished for maintenance orders or for any other purpose or creditors. I'm not aware of any exemptions for any other group in society, and I wonder why this is. If a maintenance order was given to a physician, why is it that we cannot claim this? There must be some reasoning behind it, but it would have to be pretty good before I would accept this as being a fair situation. Last night we talked to the Attorney General. He's bringing in a computerized system because we have such a severe problem with maintenance payments. I wonder what the reasoning is behind this exemption for physicians. There may be other people that are exempted; I'm not aware of them. But certainly in this case I have it in front of me. I'm very curious about that particular area.

Let me conclude at this point, Mr. Chairman, and wait for the minister's answers. I think the challenges in his department are immense but could be very exciting. I wait to see if any of the proposals I've talked about have any interest in the department at all.

MR. STROMBERG: Mr. Chairman, I want to bring to the minister's attention a problem not only in my constituency but, I suspect, throughout the rest of the province. That's the number of Albertans who holiday in the United States and receive medical attention in that country and then the delay in the processing of the forms by your department. The delay in some instances is quite lengthy — lengthy to the extent that clinics or medical facilities in the United States are threatening to sue if payment isn't forthcoming.

The situation is quite embarrassing to my constituents. I have advised them that the best thing they can do is pay the difference and wait until the bookkeeping takes place. I've discussed this with the minister as he explained the problem, but I was hoping that in the future it could be speeded up.

The second item, Mr. Chairman, is very close to home. The minister knows the amount of correspondence he, the Premier, and I have received from the community of Bashaw as to the need for a nursing home. Perhaps I could explain why that community is so unique. It has a very high population of seniors, a hospital, a clinic, and three self-contained. The first one, built about four or five years ago, and the second one are filled up, and last year we opened a third one. They have almost what you'd call a total umbrella for health care, except for that one link, the nursing home.

I'd like to point out to the minister that Bashaw is located approximately 40 miles from Camrose, perhaps 30 miles to Stettler, and 30-odd miles to Ponoka. Let us take an example. A person is a nursing home candidate, and that person has to be moved 30 to 40 miles away. His or her spouse is left at home. It so happens that for the first couple of months the neighbourhood is quite kind. They will see that that lady gets in to see her husband on a pretty regular basis. But after five or six months she is usually fortunate to get over to Stettler or Ponoka or Camrose perhaps only once a month. It's been pointed out to me that splitting them up is a heck of a way to treat our pioneers.

[Mr. Purdy in the Chair]

There was a meeting called last winter in Bashaw on the coldest night of the year; 350 people turned out to point out to me and the nursing home board the need for this nursing home. As I said before, we have these communities that are isolated, and there's just no way the pioneers want to move out of those districts. It's quite a shock to them to have to go into a complete new area, make friends, et cetera. Of course, when you realize where Bashaw is located, the roads are terribly rough once you get over to the Stettler constituency. I don't blame them for wanting to ride there.

DR. BUCK: Mr. Chairman, I just want to make one or two comments. First of all, I'd like to say to the hon. minister that over the years he and I have had some fun in this House and I guess we give as much as we take. But I'd like to say to the minister, as fairly as I can, that this is probably as tough a department of government as you can have at this time. The only one that may be more difficult is the department of social development, but it is a tough department. I'd like to say sincerely to the minister that I think he's hard-nosed, practical, and a good administrator. The editorials don't seem to tell him that.

I would also like to say in this Legislature that probably one of the worst pieces of yellow journalism I've seen in a long time was when they blamed the minister for the responsibility of that young child dying in Sherwood Park because he swallowed a wiener. I think that is about as low a piece of journalism as I've seen in a long time, and I'd like to publicly say, Mr. Minister, that I regard it as such. I cannot see how we can blame the minister because of a circumstance that takes place right now. There was a doctor right across, and the doctor couldn't do anything; I don't know how we could blame the minister.

I would like to indicate to the committee some of the concerns we as a new political party have and some of the things I think the government should be looking into. I've always felt that we should be looking at the northern Alberta children's hospital as a freestanding entity. I know the government doesn't seem to think that's important at this time, but I still want to say to the minister that I think it should be a priority.

I'd also like to know from the minister's own mouth the future of the General hospital in this fair city and whether the petition which was presented to the minister and to the Premier is going to have any effect on changes in the makeup of that hospital.

I'd also like to know from the minister how many of these small hospitals we have in the province — which I think would have better served the area had we gone to a regional hospital concept. When the United Nurses of Alberta had a little breakfast reception for the MLAs, for the members who showed up, in room 312, I believe, the concern was expressed to us that possibly we made an error, that we should have looked at the regional hospital concept more than at the small hospitals throughout the province. I'd like to know how many of those are adequately staffed by MD coverage.

I'd also like to say that we as a party would implement a provincewide, co-ordinated, and adequately trained paramedic group servicing those ambulances. That is one policy we as a new party advocate.

I'd also like to ask the minister if the Alberta Chiropractic Association has direct dealings with the minister or his department when it comes to negotiating their fee structures. When we're looking at adding to that program, does the association deal directly with the minister, or do they have to go under an umbrella association?

I have two other areas of concern. I'd like to know what stage the Fort Saskatchewan General hospital proposal is at. I've looked at that very, very closely, and I think the board has done an excellent job. They're trying to save the taxpayers some dollars by trying to use the existing facilities as a chronic, long-term care facility and adding on a new active treatment proposal. I thought the board did an excellent job on their presentation and in trying to respect the taxpayers' dollars.

The last concern I have is what future La Crete has as far as the provision of medical services in that little community. That's the constituency of a good friend of mine, the hon. Minister of Tourism and Small Business. But I'm in the north every year, and I know that concern has been brought to the department's attention many times. It's a Mennonite community and a very densely populated area. They basically have to go to Fort Vermilion, which is anywhere from 25 to 50 miles away. Thankfully, the road is now paved, so at least you can drive on 25 miles of pavement, which helps to make the trip a little shorter. I would just like to put that plug in for that community.

Mr. Chairman, with those few concerns and remarks, I would like to have some answers from the minister.

MR. GOGO: Mr. Chairman, last Friday I raised various questions with the minister, and I appreciate his response today with regard to the aging population and the trend. I raised other questions, and I now bring the Hyde report to his attention. I don't think he mentioned where we're going in terms of nursing homes. I also raised specific questions related to the constituency: I understand St. Michael's hospital has now requested some major maintenance; if the

regional hospital is on target; and a reference to physicians leaving the country, if the manpower is adequate in this province or if it's in a surplus position.

The Member for Clover Bar mentioned meeting with the UNA. I believe it was the Alberta Association of Registered Nurses, and it's probably important for the record because some people are wondering who the spokesman is for that group. I hope it is the AARN, Mr. Chairman.

You mentioned Motion [203], which the Member for Calgary North Hill has put before this House. Mr. Chairman, because we're talking dollars in his estimates, maybe the minister could respond if he sees any hope for less intense acute health care in the province as a way to go.

The final comment, Mr. Chairman, was raised by the Member for Camrose. I see we're spending \$23 million out of health care for out-of-province costs. That's \$10 for every man, woman, and child. I know I had a list of about eight who had waited longer than six months for out-of-country claims. As members of the committee know, when you purchase private health care insurance, it cannot be paid to the insured until the health care bill has been paid by health care. I want to put this on the record. In talking to Mr. MacKenzie, the ADM in charge of health care, the matter was cleared up very quickly. But the minister may comment as to what processes are in place to rectify these out-of-province claims. I understand they're escalating at a fairly rapid rate in terms of Albertans' travel.

Mr. Chairman, if the minister can respond to those comments, I'd appreciate it. If he can't, I would appreciate it in written form at his convenience. Thank you.

MR. NELSON: First of all, Mr. Chairman, I would like to deal with some items in the estimates and some areas that may be of concern. Then I'll deal with some of the other things I'd like to briefly discuss here today as they relate to Calgary and Calgary McCall in particular. I have some concerns that relate to some of the programs, especially those that have considerably large increases in monetary requests over the previous year. To identify some of those, I would like to take some examples, and possibly the minister can assist me when he addresses the members' questions and comments at a later time.

First of all, I'm concerned that the deputy minister's office is jumping 16.8 percent in dollars requested. I'm a little bothered that the administration of that office is increasing to that extent. Also, the area of professional services: not knowing what they might be for or what they're to address, be it the development of new facilities or the improvement of old facilities. The other one is the health care insurance administration. Of course, I wonder why there is an increase of 14 percent in administration there, unless it's to address the consumers' needs and/or the doctors', for that matter, in the province. There's a 15 percent increase in the Blue Cross group benefit as a suggested budgetary requirement, and I'm not familiar with the reason for that.

The other area, Mr. Chairman, is in vote 3 under systems development. There is a decrease of 78 percent. Considering the Auditor General's report, especially where he made some remarks regarding the systems at the hospital in Ponoka, the difficulties they've had in developing those systems, and also the breakdown in a couple of systems in Calgary with relation to purchasing goods at the Foothills and the children's hospitals, why would we want to decrease that when we have those kinds of problems, unless the minister feels they're all fixed up?

The other one that bothers me considerably is the program support. Under vote 4, program support, it says "program costs which cannot be identified directly with individual sub-programs." I'm just wondering why they can't be identified. In fact, it goes throughout the whole of the estimates that these "cannot be identified directly with individual sub-programs." I'm a little bothered by that kind of stuff. I like to know something about what's going on, and it's pretty difficult around here sometimes. Of course, under this program support there is a very large increase. In fact, it's nearly a 100 percent increase over the previous year. We recognize the increases under vote 6 because of the program the minister and the department are developing with the new hospitals throughout province, which we certainly don't argue with.

I would like to make some other comments relative to some of the comments that have been made here, Mr. Chairman, and additionally, some of the thoughts I have in relation to the hospitals and the medical care in Alberta. It's unfortunate that many people who live in Alberta — in Canada, for that matter, but more particularly in Alberta — don't have the opportunity to do some travelling throughout North America and/or other parts of the world. Those of us that on occasion have this opportunity for one reason or another and have the time available to us to examine and look at medical systems and other forms of life in some of these countries would certainly have to agree that we have, if not the best system in the world, one of the best without a doubt. Nobody in Alberta has to go without medical care. Anybody who suggests or argues that they do certainly doesn't really know what they're talking about and is there to address some political philosophy they may have to expend additional dollars in some way, shape, or form without addressing the form of revenues that would have to be brought in to cover those kinds of costs.

Mr. Chairman, the people of Calgary McCall are sure appreciative of the concern the government has had with regard to the medical care in that particular area with the development of the new hospital in the northeast sector of the city. A large population has developed there over a number of years, and of course the facility at the General has deteriorated. I know the minister is addressing the General hospital separately. They are developing programs to suggest to the minister what is needed there, and I know that every effort will be made to upgrade that particular hospital in time.

One thing I'd like to say about the current minister of hospitals in this province is that he is probably one of the most gutsy guys you'll ever get anywhere and one of the most respected people, from my point of view, that you're going to find in a ministerial position anywhere in this country. I respect him for his honesty. Certainly, it doesn't matter which philosophical view you may have, you've got to respect a person for telling it how it is and telling it honestly. Sure, maybe he takes a lot of heat, and some of us take a little bit of the heat with him, but over the years the minister has held his portfolio I think it has been shown that he has been right more often than wrong. I would certainly hate to see the province's medical ministerial situation under another person that would have a lot of different philosophical views, considering what would happen to the medical service in this province and possibly the costs of it, because the guy that ends up paying is the poor guy out there in the middle-income bracket that's just dragging along as it is.

Doctors, of course, have complained about different things. But it's interesting that they've got a pretty good

income; they've really never had it so good either. When we have doctors being removed for various periods of time from the roll of physicians and surgeons, maybe there should be some further examination of their activities. The Attorney General's office should also take some type of look at them.

All in all, Mr. Chairman, recognizing the point of view of the residents in the northeast area of the city of Calgary, I think we generally have a pretty darn good medical system in this province. Even though there may be certain shortfalls that could be identified from time to time, we have to look at the overall picture. I commend the minister and generally the department for looking after not only the needs of Albertans but, in many cases, visitors to our province that have need for medical attention. We have the best in the world, and I'm sure that under the care of this government we will continue to have the best medical services available anywhere.

Thank you, Mr. Chairman.

MR. GURNETT: Mr. Chairman, there are just two matters I want to add to the ones I brought up last week. I appreciate the information the minister supplied on many of those questions and issues I raised last week. Before I mention those two, I'd like to comment a little in response to the comments made by the Member for Calgary McCall as well. I think he made a very good point when he talked about how excellent health care facilities are in Canada compared to most of the rest of the world. Certainly, no argument can be made that most of the people in the world don't enjoy the same kind of health care facilities and care we have in this country.

I think it's similar to something I mentioned another time in this Assembly in talking about roads; that is, in a certain way it's meaningless to draw those kinds of comparisons, because we wouldn't tolerate and it's ridiculous to imagine accepting the levels of care that most people have to put up with. The tragedy is that those people put up with that level of care; it's not that we should be particularly proud that we don't enjoy that level of care. I lived a number of years in a country where half the children died before they reached two years of age. That's certainly tragic and a horrifying thing to think about, but no real comparison can be made to say that, therefore, we should sort of gratefully accept what we've got here.

We have to continually work to have the best and most efficient medical care and health care we possibly can. I mention that because of that danger of comparing when we start looking at things. Our concern should be to continue to strive to work together to advise and question the minister to make sure that the end result is the best and the most efficient health care available to people in Alberta.

The two matters I'd like to raise: one of them relates to the Holy Cross hospital, and one relates to a trial project with the University of Alberta hospital. In connection with the Holy Cross in Calgary, I understand that the administrators of district 93 recently received a letter from the minister that indicated that district 93 would be operating the new northeast hospital and that the Holy Cross would be receiving some \$30 million for renovations. But I also understand that the minister has indicated that the Holy Cross hospital will be losing its obstetrics, pediatrics, and family practice departments. I ask the minister whether it's accurate that their losing obstetrics and family practice will also have the result that the Holy Cross will lose its accreditation as a teaching hospital.

My concern about these things is obviously that people are going to — in a sense we're going to be condemning the hospital to a closing or a deteriorating kind of fate if those departments are lost. I wonder what's happening if we provide millions of dollars of funding for capital costs on a hospital which, on the other hand, by taking certain departments away, we're very likely making less viable and, as a result, perhaps condemning to not end up providing any service anyway. If the loss of these departments is going to happen, my concern would be that this is an example where we shouldn't be commending the spending of money. We should be saying that if the money is going to be spent, let's make sure the hospital has a future that makes that capital investment a worthwhile one.

The other matter I'd like the minister to comment on concerns the one-year trial project I understand is being run at the University of Alberta hospital, where they took the old interns' residence and made it into a hostel for out-of-town patients. I understand that's been funded for this past year through the hospital's own budget and that at the end of the year it's going to be evaluated. The year may have in fact ended. I wonder if that experiment is being evaluated and its success being looked at. The operation of the hostel meant that people from out of town who needed treatment that basically would be outpatient treatment if they were living in the city would be able to stay at the hostel and receive that treatment rather than having either to be admitted into an active treatment bed in the hospital or to find their own accommodations. Certainly, for people coming from my part of the province, that hostel was a really welcome idea and a valuable service to be offered. I understand that patients from the W. W. Cross Cancer Institute have also been able to use the facility when they're in the city.

When we look at the cost of operating that kind of hostel compared to active treatment beds, we can certainly see that it's a very valuable facility in a dollar way. I understand that operating the hostel costs in the range of \$30 a day per bed compared to the \$300 or so per day that an active treatment bed costs. I'm looking forward to the minister's comments on this project, Mr. Chairman. What status does it have with the department right now? Can we look forward to its moving from a one-year experimental project to something that starts to receive permanent funding from Hospitals and Medical Care rather than from the individual hospital budgets? Also, in evaluating the experiment with the hostel at the University of Alberta hospital, is any consideration being given to that idea being extended and hostels like that being operated at other hospitals? For example, the beautiful new facility in Grande Prairie has people travelling to it from many other areas of the northwest. There's also a beautiful new school that has a lot of special education programs. In both of those areas I could see the possibility of co-operation to operate a hostel like that in Grande Prairie, again reducing the cost for medical care and providing a service I think would be very welcome to people.

When the minister is commenting on the experiment and what kind of future it might have, I'd also be interested in any comments he might have about what I understand is one of the election promises of his party in Ontario just now; that is, to take over funding of transportation when patients have to travel some distance to a hospital, as happens in our part of the province. Just as the hostel is a nice benefit to the government's cost for medical care, covering transportation would be a very nice benefit for

many patients who sometimes spend a lot of money to be able to get to Grande Prairie or, worse yet, to Edmonton, not just for treatment but also for various kinds of testing that require them to travel farther than their nearby hospital, which in very few cases provides anything like that.

Thank you, Mr. Chairman.

MRS. FYFE: Mr. Chairman, first, just a few words of compliment to the minister for the diligent way he carries out his responsibilities. Secondly, I'd like to add my words to those the minister gave to the hospital boards throughout this province that have co-operated to such an extent in controlling the hospital costs. This has been demonstrated in the bottom line in dollars and cents and is something that Albertans owe to members of hospital boards that take their responsibilities very seriously.

I'd like to make a few comments and perhaps go back to some of the suggestions, such as community clinics, made by the Leader of the Opposition for other models for health care in Alberta. First, I would say we all agree that prevention is extremely important, and if we can find ways to prevent disease, obviously that will have a significant impact on the curative aspect of medicine. As the minister pointed out in his earlier remarks, we do have public health programs under the Minister responsible for Social Services and Community Health. This is a network that provides prevention across the entire province. I'm quite aware that the Alberta Association of Registered Nurses is very interested in expanding preventive types of programs and in having people other than physicians involved in the prevention or wellness model. In my involvement and experience, without having perhaps a really deep understanding of the whole issue, the model of health units, which are clinics to some degree, is a vehicle worthy of expansion.

I would like to go on slightly and talk about one of the difficulties they see in our current fee structure program, and that relates to the incentive for quantity of procedures or quantities of cases. It seems to me that many medical problems are results of not just physical factors but also a significant number of psychological factors. If physicians had less incentive to get into what could be termed "production line medicine" to ensure that they receive a reasonable and fair financial return, if there was a greater incentive for quality medicine — and that may translate into the number of minutes that are available to see each patient — I think that would be a great advantage in our overall cost control. Of course, the hows of this suggestion are not as easy, because how do you say there will be an incentive to see only 25 patients a day and after that there will be a diminishing return on each additional number? I realize that when you get into numbers, some physicians may operate very efficiently and effectively at 25 and others at much higher numbers.

However, I would not want to get hung up on the numbers or even on the length of day. It may be something that could be looked at on a weekly basis by specialty or by procedure. Rather than looking at one suggestion that physicians were concerned about a few years ago, of capping rather than trying to put a lid on the total amount, it seems to me that if there were a diminishing return on the increased number of procedures or patients seen each day or each week, it would encourage the physicians who like to spend time with their patients to sit down and listen to some of the problems the patient has. Too often a patient goes into an examining room and the physician is there and gone. Before they even get their clothes back on again, they're

thinking of some of the questions they would have liked to ask but didn't really get a chance to think about or forgot because they felt a bit pressured.

There are some physicians that want to practise quality medicine. In fact, there is a significant number that would like to have more incentive to practise quality medicine and less pressure to ensure that they see as many as they can possibly fit in within a reasonable length of time.

Taking that one step further, I think the argument made by the Alberta Association of Registered Nurses, of bringing in additional medical personnel to assist, has some validity. One of the major concerns is additional entries into the system. It's physician-oriented as far as entry into the fee system. That's beyond the current public health programs, which are funded by a different method. If the physician could refer a patient to, for example, a nutritionist who worked through the health units, which do provide province-wide service, or if there were a way of referring to a paraprofessional or professional within the preventive program, it may be that we could prevent some of the additional visits back to the health care entry system. If a person is continuously coming back to have their blood pressure checked, yet on the other side refuses to follow a diet, there's probably little the health care system currently can do. But if there's someone who can sit down with them and work out diet and weight control on a week-to-week basis, which maybe doesn't require the skills of a physician — in fact, a nutritionist may be far better trained and able to deal with that kind of problem — they could then be monitored by a physician on a regular basis, but not as the current system is, which is simply patient demand- and supply-oriented.

The Leader of the Opposition talked about some physicians billing up to a million dollars in the health care system. Of course, one of our current problems is that when a physician develops a new technique or a new system and charges for it, there's a great human outcry: what is this person doing gouging our system? On the other hand, if this were not in place, there would be absolutely no incentive to develop new procedures and we would lose that entrepreneurship that also must exist within the medical field. New developments and techniques don't take place in a purely research type of atmosphere. Some physicians in active practice develop new programs or new procedures that should allow them receive the same kind of reimbursement or financial reward as anyone else who discovers a new invention, similar to a patent. I think it would be a very dangerous mistake to say that there should be a limit or that we should not allow a physician to be able to charge for that kind of procedure.

Of course, the one that comes to mind, who has been mentioned in the House a number of times, is the ophthalmologist in Calgary who has developed a procedure that allows individuals needing cataract operations to be operated on quickly and at much less inconvenience to the senior. If an added cost is involved, should government say that that shouldn't happen or that that physician shouldn't receive that financial reward for the procedure that has been of such great benefit to so many individuals, particularly senior citizens, within our society?

I'd like to make two last comments. One relates to the new addition to the Royal Alexandra hospital, the upgrading of the Royal Alexandra children's hospital on that site. I know some people in the province would like to see an additional hospital built. If the minister hasn't already commented — and I'm sorry I haven't heard of all of his

remarks — I would like to hear him comment as to whether the new hospital will provide additional pediatric beds and whether there can be greater co-ordination between the Royal Alexandra children's hospital and other pediatric wards in the province. One of the major criticisms of the current system is that because each hospital has its own pediatric ward, there cannot be enough co-ordination between the various facilities and, therefore, we can't attract the particular specialists that would come if there were only one centre.

It seems to me that there is a very valid argument to upgrade the children's hospital at the Royal Alexandra to ensure that, for example, a mother who has given birth and her newborn can be treated within one facility, rather than having the infant moved to another facility because it falls within the children's hospital mandate. I'm sure there are all sorts of examples that could be given to demonstrate that there is a great deal of argument supporting the location of a children's hospital adjacent to another active treatment hospital, whereby members of the same family can be treated very close together. There could be accidents or all sorts of examples where there are advantages to having the children's hospital physically located near an adult or regular active treatment hospital.

The last area I would like to comment on relates to an auxiliary hospital in the Edmonton area. This has been brought up by other members. I have spoken of it in other years. Our greatest health care need within the Edmonton region continues to be the need for additional beds for those people whose life span is shortened by various diseases or physical conditions. I urge consideration in the near future of approval of a new auxiliary hospital to accommodate that need. It is growing, and not just because the population is growing. It's a growing factor within the area and, in my opinion, is something we as legislators must address very quickly.

Thank you, Mr. Chairman.

MR. STEVENS: Mr. Chairman, I'd like to express to members of the Assembly the experience that I as the Member for Banff-Cochrane have had working with our colleague the Minister of Hospitals and Medical Care and his officials in a very special area of the province. The reason I would like to make these comments is that I recall when in 1979 the members of the New Democratic Party expressed some astonishment and surprise that new hospitals were being planned for Canmore and Banff.

I was rather astonished that anyone would question the needs of the communities at that time, and the work of the hospital boards and officials of the minister's department who were assessing the programs of need, particularly when one realizes that these two communities not only are representative of about 12,000 permanent residents in a mountainous area but are in a corridor that receives some 3 million visitors a year, destined for either Banff or Canmore, or driving or training through the valley to British Columbia. Of course, being in that location, sadly there are a number of accidents that occur on the Trans-Canada Highway. There are incidents that occur as a result of mountain climbing and travel in the areas of those elevations, and there are, of course, skiing injuries and a number of problems that relate to that. As well, the areas comprise a large number of senior citizens. Surprisingly, about two weeks ago I attended a meeting put on by the Banff Kinsmen and Kinettes for residents of Banff and district who have lived in that community for 50 years or more. There were 104 citizens present at that special dinner.

In the Banff community, the hospital board, acting on behalf of the owners there, the Sisters of St. Martha, and working with Parks Canada and with Mr. Russell's officials, have developed a unique plan to replace what has been a fine serving hospital with a new facility for acute care, for emergency care particularly, and for extended care, or auxiliary and nursing home needs, which will serve that area well into the next century and which will be located within the community on the near side of the Bow River, because the location of the present hospital has been very difficult to reach by automobile, ambulance, or helicopter. As well, the new facility offers an opportunity to provide service to the many residents and visitors to Banff. I understand from the hospital board that the minister's officials are pleased with the program and preparation of the preliminary drawings, and I look forward to the day when the new facility in Banff will be open and utilized.

In the town of Canmore, supported by improvement district No. 8, the hospital board members — as the Member for St. Albert mentioned, a board of volunteers who come forward and stand for election — their officials, and their consultants, working over the years with our officials, developed and established, with the assistance of the minister, one of the first, if not the first, prototypical 75-bed hospitals in our province. That hospital is one of the major employers in the community. It has provided excellent service. On behalf of the board, the physicians, the nurses, all the health care specialists, the administration staff, and the citizens of that valley, I would like to extend a long overdue, appreciative note to the minister and his officials for a wonderful program that has provided a very necessary and essential service in a rural area of our province.

I was listening to the debate with interest, and I heard from my colleagues in the opposition that they are looking for the best and most efficient hospital and medical care service. What I hear them saying outside this House is really that they want more, that they want it to be free, and that they want it to be carefully controlled. I believe the real friends of medicare are the minister, his officials, this government, and the people of Alberta, who are aware of the full range of services in this province.

Our services are well beyond those that are specified for Canadians across Canada. We have services that in other provinces are simply not available or require premiums to be paid to insurance services or require additional payments from individuals. Instead, what we in Alberta have provided is a vast array of services. We have provided a shelter system for those of lower or fixed incomes. We exempted senior citizens from health care premiums, and we have provided for students and those who are temporarily disadvantaged, perhaps unemployed, to receive a consideration in their health care premiums. But the real friends of medicare are those who are aware of our services, those who understand how their utilization can affect all of us, and those who are responsible.

There's a saying, Mr. Chairman, that is something like this: though one may live in the vast forest of Alberta, not one of the trees in that forest is as important as the one you plant and nurture yourself. All of us — patients, politicians, doctors, nurses, health care specialists — have to have responsibility for this incredible program. We have to be understanding of it.

Mr. Chairman, I want to refer our members to the Auditor General's report for the previous year. It's not related to the estimates today, but we don't yet have this year's Auditor General's report. I just noticed that in the

previous year our expenditure per capita on health care was \$1,160 per person in Alberta. If you look across the page — it's on pages 8 and 9 — the revenues from taxes are \$1,172 per capita. In other words, all the province's tax revenue, both personal and corporate, virtually equates to all the expenditure on health care. Thank goodness we have a heritage fund. Thank goodness we have investment income. Thank goodness we have payments from other government levels, such as the government of Canada, and fees to provide all the other services. Today personal and corporate income tax and other taxes are completely used up by our hospital and medical care costs.

I'd like to close, Mr. Chairman, with a comment reflective of my other concerns about responsibility. Management, employees, and unions have a responsibility. I think we collectively have made a mistake in various negotiations, in bargaining, in reaching agreements, or in having arbitrated settlements in this area of health care premiums. It's easy to negotiate in certain times and conditions for another benefit, hopefully to provide additional service. But when health care premiums are paid by the employer, whether the employer is public or private, the responsibility is taken from the employee. It's easy then to have someone else pay for that.

Again, Mr. Chairman, I appreciate the dedication of my colleague and his officials, and on behalf of our communities I thank them for work well done in this part of rural Alberta.

MR. DEPUTY CHAIRMAN: That concludes the speakers' list. Would the minister like to respond?

MR. RUSSELL: Mr. Chairman, I'll try to deal very quickly with the specific questions that hon. members raised. First of all, the hon. Leader of the Opposition asked if there was a possibility that one of the two new urban hospitals could be involved in private management. I don't know yet. It would certainly make an interesting experiment for the Canadian scene. I know the federal minister has asked me if that possibility exists. The hospitals, of course, will be the responsibility of boards which have already been named. It would be up to them to make the final decision. I don't know of any other place in Canada where we have two identical hospitals, in two identical communities, both opening on almost the same day. It would be a very interesting experiment, which might be run on a trial basis, for the Canadian hospital system. But whether or not it will come to pass, I don't know.

A physicians' strike: what is our contingency plan? I don't believe we have one. I can't contemplate such a thing taking place. If the physicians did give us notice of a strike, I suppose we would have to develop a plan. But, frankly, my discussions with the physicians in Alberta lead me to believe that is an extremely remote possibility that would not be 100 percent supported by the members of the medical profession.

With respect to the critical shortage of radiotherapy machines at the Cross Cancer hospital, I have the hon. leader's recent letter on file with respect to that matter. It is true, I'm told, that there was a recent breakdown. But as far as I know, there's no severe shortage of equipment, and to my knowledge the board has not requested equipment in the radiotherapy category in this year's or next year's equipment budget. I'm told that today the situation is pretty good. My assistant just went out and checked when the hon. leader raised the issue.

What about the use of the moneys coming from the provincial government to match the Steve Fonyo funds? We propose to give half the government money to the children's hospital board in Calgary for cancer-related uses — how they do it will be a board decision — and the other half to the cancer programs board in Edmonton with the same conditions attached.

With respect to the maintenance order guarantees, I'm told that it's simply a legislative requirement of the Alberta Health Care Insurance Act that health care benefits must be exempted from garnishee provisions because they are a benefit paid on behalf of somebody else.

The hon. Member for Camrose brought up the matter of the lag and the frustration in the payment of some out-of-province claims. There are two nagging problems at the present time within the health care insurance plan: the claims that are being reassessed submitted by doctors, and they amount to some 6 to 8 percent of the claims received each week; and the out-of-province claims submitted by either doctors or private citizens. We are having administrative difficulties in responding to those quickly. There's a whole variety of reasons. But I know the members aren't interested in reasons; they're interested in solutions at this time. We're searching for those and expect to have some good news on both those programs within a few short weeks.

The hon. Member for Clover Bar talked about the role of small hospitals versus regional hospitals. Again, I'm quite surprised that that is the official position his party would take. We know we've gone through the regionalization of people services before. We went through centralization in the education system a few years ago and saw what that did. I just repeat what I've said many times. I believe that those small hospitals situated in the smaller communities throughout Alberta are serving a good purpose and that we're getting good value for our money.

Several members asked about the specific status of capital projects in their own constituencies. I'd be glad to respond to those outside the House. I have the answers, but generally speaking, I think hon. members are aware that we had a bunch of project requests submitted in 1979, another huge batch in 1980, and since then a series of what we call unsolicited requests that have come in until very recently. Each year I've tried to introduce more new capital projects into the system as others are completed and come out of the capital part of the budget. I can only say that those projects that haven't been responded to yet are continually being assessed and updated. They'll have to be responded to on a relative priority basis with the funds that are available, but it's my hope that we will be able to release a few more this year.

I have to apologize to the Member for Lethbridge West. He's quite correct. In checking my previous notes, I did not respond to all the specific questions he asked. For example, he asked about the status of the Hyde report. I hope to be able to say more about that later this calendar year. St. Michael's hospital and the new regional hospital in Lethbridge are, of course, almost sister hospitals two blocks from each other. The request for maintenance funds for St. Michael's is under review at the present time. It doesn't have to go through the capital budget if we can keep their request down to less than \$1 million, and that's what we're looking at now. To my knowledge, the new regional hospital in Lethbridge is on budget, on target, and proceeding well.

The arguments have been mentioned with respect to Motion [203], which was well debated in this House. There

are pros and cons to that issue, and they've been discussed before. I won't mention them.

The hon. Member for Calgary McCall asked about the increase in the deputy minister's office. That's a bit misleading. It's not really his own office. It remains at four people, as it was last year, and his salary remains the same. But he does have grants and unallocated funds that deal with a variety of purposes spread throughout the department. The big difference this year is that we are winding up the report and symposium on organ transplants. You'll recall that this Legislature passed a motion to set up a special committee, which we did under the chairmanship of the former member Mr. Andy Little. They've done their work. They're concluding with an international symposium in Lake Louise this year. The report will be printed and produced for all of us, and \$137,000 of that increase is involved in those activities. So most of that is there.

The 15 percent increase in the Blue Cross requirement is a good thing to take a moment to mention, because that nongroup stuff is where we buy most of our senior citizen benefits. The expenditure is going way up, mostly for the seniors, those beyond age 65. Most of that is for a projected price increase in drugs. That is an expensive program. If you examine the data, you'll see that historically that particular vote, along with extended health benefits, is one which goes up significantly each year.

The hon. Member for Spirit River-Fairview asked me some specific questions about the Holy Cross hospital in Calgary. That's part of the ministerial statement I presented

to the House in last year's spring session. It involves a rearrangement and a reallocation of ...

MR. DEPUTY CHAIRMAN: I hesitate to interrupt the hon. minister, but I think we've got to rise and report, because we can't change the rules.

MR. HORSMAN: Mr. Chairman, I move that the committee rise and report.

[Motion carried]

[Mr. Speaker in the Chair]

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

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

HON. MEMBERS: Agreed.

MR. HORSMAN: Mr. Speaker, I move we call it 5:30.

MR. SPEAKER: Do the members agree?

HON. MEMBERS: Agreed.

[At 5:28 p.m., pursuant to Standing Order 4, the House adjourned to Thursday at 2:30 p.m.]

