LEGISLATIVE ASSEMBLY OF ALBERTA

Title: **Monday, July 21, 1986 2:30 p.m.**

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

PRAYERS

[Mr. Speaker in the Chair]

head: INTRODUCTION OF VISITORS

MR. GETTY: Mr. Speaker, all Albertans and, for that matter, I'm sure, all Canadians were thrilled and proud last week when Miss Gail Greenough won the world show-jumping championships in Germany in a superb effort. You will recall that I advised the House that I phoned Gail on behalf of the members of the Legislature and the people of Alberta to congratulate her last week. She promised then to visit us and she has. She's in your gallery, Mr. Speaker. She's accompanied by her grandmother, Margaret, her mother, Audrey, and her father, Greg. Also in the House today are brothers John and Jim and a nephew Chris. I would ask them all to rise and be recognized by the Assembly.

head: INTRODUCTION OF BILLS

Bill 224
Public Ambulance Act

REV. ROBERTS: Mr. Speaker, I beg leave to introduce Bill 224, the Public Ambulance Act.

This Bill would ensure the setting and enforcement of uniform and adequate standards and training for personnel, equipment, communications, and other essentials of good ambulance service provincewide. As well the Bill would establish the framework within which the minister responsible could enter into agreements for the provision of ambulance service anywhere in the province.

[Leave granted; Bill 224 read a first time]

head: INTRODUCTION OF SPECIAL GUESTS

MR. BRASSARD: Mr. Speaker, it gives me a great deal of pleasure to introduce to you, and through you to the members of this Assembly, a young lady from Hays, Alberta, who is a student at the Lethbridge Community College. Her name is Dominique Nelis. She has been chosen the Alberta Dairy Princess and sponsored by the milk producers of Alberta. I would ask Miss Nelis to rise and receive the customary warm welcome of this House.

MR. PIQUETTE: It's my great pleasure today to introduce to you and through you my wife of 17 years, Valerie Côté, who survived the election campaign with me. I beg this Assembly to welcome her by giving her a nice warm welcome.

head: ORAL QUESTION PERIOD

River Flooding

MR. MARTIN: Mr. Speaker, I'd like to direct the first question to the minister responsible for public safety. In view of the flood disaster of last weekend, when did the Environment department first determine that a major urban flood would take place, and what steps did provincial officials take at that point?

MR. KOWALSKI: Mr. Speaker, in addition to the major flood of last weekend, there is a major disaster going on right now. There were numerous public warnings issued by Alberta Environment and Alberta Public Safety Services beginning midweek last week advising that as a result of the enormous rainfall in the Eastern Slopes, the north-central part of the province of Alberta, a number of major waterways in this part of Alberta would be affected. Those advisories were in the media beginning Wednesday and Thursday. People were advised that the water crest in the North Saskatchewan River would probably peak in the city of Edmonton late in the afternoon of Saturday last. It peaked a little later.

MR. MARTIN: A supplementary question flowing from the minister's answers, Mr. Speaker. In terms of disaster planning for floods, is it not usual for the minister and the disaster services department to try and determine what can be done to prevent damage? I'm now talking about actual work on the site rather than just warnings. What is done in that area?

MR. KOWALSKI: The policy in the province of Alberta, Mr. Speaker, is that a number of years ago Alberta Public Safety Services undertook a major campaign to ensure that in each of the municipalities in the province a disaster preparedness plan would be in place. Alberta is the only province in the country of Canada in which every one of its municipalities has now in its hands a thoroughly thought out and devised disaster preparedness plan. There is only one municipality in our province that doesn't have that, and that's the city of Lloydminster.

It's of interest, Mr. Speaker, that quite coincidentally to all of this it was only last week that I was reviewing the annual report of the city of Edmonton disaster preparedness committee. On Thursday evening I drafted a letter and sent it to the mayor congratulating Edmonton on being one of the foremost municipalities in the country of Canada in terms of having a system in place. The city of Edmonton has an excellent team in place. It's the responsibility of each of the municipalities to have an organized plan in place. Each one of the Alberta municipalities has a very, very thick document which outlines all the steps that need be taken and should be taken, with contact phone numbers. The responsibility of Alberta Public Safety Services is to co-ordinate the existence of these plans on a provincewide basis and to assist in the implementation of these plans when disasters do occur.

MR. MARTIN: A supplementary question to the minister, Mr. Speaker. I understand the dam safety branch introduced new probable maximum flood guidelines some three years ago to create greater storage capacity to try to prevent floods and overspills at dams. My question: what assessment has the minister ordered of these guidelines in terms of

their adequacy for a flood of the magnitude we're facing now?

MR. KOWALSKI: Mr. Speaker, if we're talking about the North Saskatchewan River, it's my understanding that the water storage capacity of the both the Bighorn and the Brazeau dams — if they would have released additional waters in the last number of days, the crest level here in the city of Edmonton may very well have been a half a metre higher than it really was. Water was retained to the level that it could be at the Brazeau. The Bighorn is farther south. I think all members have to recognize that an enormous quantity of water fell in the east-central part of the province of Alberta in that locale between the two dams in question and the city of Edmonton. There was an enormous amount of runoff that came into the North Saskatchewan River.

In terms of the only other dam that's in play with the flooding that's currently going on, the Paddle River dam, it has held water very, very well. As late as 9:30 this morning I checked the water levels on the Paddle River, and the river is retaining its water within its banks. There has been no flooding whatsoever on the Paddle River, and that locale would go from Barrhead east. Starting in the last two hours, there is now some flooding on the Paddle River caused by backups from the Pembina River at the confluence of the Paddle and the Pembina rivers at a little place called Manola.

MR. MARTIN: A supplementary question, Mr. Speaker. Just for clarification, I take it that the minister meant "west-central" rather than "east-central." They would be surprised to know that they had a lot of water down there.

To come back specifically to Edmonton, given the minister's answer that it was clear by at least Friday and probably earlier that the North Saskatchewan would flood seriously in the city, why did the minister not call on the federal government to get the armed forces to undertake a major sandbagging effort in the city neighbourhoods in order to minimize damage?

MR. KOWALSKI: Mr. Speaker, the projected levels of flooding on the North Saskatchewan River that were deemed Friday and Saturday — contact was made from my office to the office of the mayor at approximately noon on Friday to advise him of when we anticipated the crest would be. There was no advice provided to me that anything done in terms of sandbagging along the North Saskatchewan River in the city of Edmonton would have alleviated the flooding that actually did occur; in other words, the peaks were such.

I had personal experience of this Saturday and Sunday morning in another river system, where I saw people helplessly pushing up dirt, gravel, and crops onto roads to it in an attempt to provide a dike or dam that would stop water flowing off the Pembina River. Quite frankly, one is in an almost helpless situation. The water levels were very acute. It is my understanding that on the North Saskatchewan River in the city of Edmonton they were the highest since the second decade of the 20th century, and certainly they were the highest in recorded history along the Pembina River.

MR. TAYLOR: A supplementary, Mr. Speaker, to one of the ministers of half agriculture. What steps is the government taking to replace the farmers' crop income as a result of losses that are happening in the floods on the Paddle and the Pembina?

MRS. CRIPPS: Mr. Speaker, with regard to crop loss, as long as a farmer carries crop insurance, the crop insurance will be evaluated and paid on the same basis as any other natural hazard which causes loss of crop.

MR. BRASSARD: Mr. Speaker, to the Minister of the Environment. I would like to know what procedure the province has to provide disaster assistance to the affected municipalities.

MR. KOWALSKI: In mid-1985, Mr. Speaker, a document titled Alberta Disaster Services Disaster Assistance Manual was made available to all the municipalities in the province of Alberta. Contained within that document is a policy statement called Disaster Assistance, and it lays out what is eligible and what is not eligible in terms of assistance provided to a municipality. In a nutshell, damage to public property, municipal-related infrastructure, in essence, could be funded to the amount of 100 percent by the province of Alberta. In terms of private property, disaster assistance and eligible factors could be provided up to a maximum of $100,000. There is a deductibility clause of $1,000, and the statement clearly points out the manner in which it can be addressed.

In the next several days, after the crisis situation that currently exists on the Pembina River, it would be my intent to issue a public statement advising the people of the city of Edmonton and other parts of Alberta affected by these disasters how they can go about submitting claims so that they can all be evaluated.

DR. BUCK: Mr. Speaker, my supplementary question is to the Minister of Transportation. Is the minister in a position to indicate how extensive the damage to roadways and bridges has been in this flood? Is there any estimate of the amount of monetary damage?

MR. ADAIR: I don't have a dollar estimate at this point, Mr. Speaker, but to our knowledge at noon today there were some seven to 11 approaches to bridges that were out. The word usually used is that the bridge is washed out, but it is the approach to the bridge. One bridge on Highway 40 has been lost and will be replaced by a Bailey bridge by July 26. For the other approaches, we're waiting. In some areas water is still rising, particularly along the Pembina. It was at noon today that Highway 18 between Westlock and Barrhead was closed because of rising waters on the highway at Rossington.

MR. SPEAKER: The second main question. I'm sorry, hon. members, the main question and all available supplementaries have been totally exhausted on the first question. The second question for the Leader of the Opposition.

MR. MARTIN: Mr. Speaker, I'd like to designate my second question to the Member for Edmonton Highlands.

MS BARRETT: Mr. Speaker, I too would like address my question to the minister responsible for public safety, particularly given that I'm the MLA for Edmonton Highlands, which embraces the flooded communities of Riverdale and Rossdale. The minister has just mentioned this policy guideline that deals with the municipalities. He specified in his

Statement that, in fact, victims of floods would be subject to a $1,000 deductibility clause. I would like to ask the minister, on behalf of those people who are not necessarily high-income people, if he's prepared at this time to waive that $1,000 deductibility.

MR. KOWALSKI: Mr. Speaker, it's a bit premature at this point. One of the difficulties for me in dealing with this whole matter at the moment is that we have a continuing crisis situation going on in the province of Alberta. I want to do the right thing, and I want to do the best thing for all the people of Alberta who have been affected by all these floods. It's my intent for the next several days to devote my attention to minimizing public safety difficulties. We've lost one person in Alberta in the last several days. I want to ensure that in dealing with the disaster in the Pembina River, everything is being done properly to ensure that no one else gets hurt, no other life is lost, and there is a minimum impact of loss of property. I want to assure the hon. member that as the week goes by and as we can resolve the problem of the Pembina and whatever impending problems there might be on the Athabasca, we will take a look at the whole policy in question. But the policy right now is public information. It's there.

Mr. Speaker, while I'm on my feet, I'm also going to point out that perhaps it might be of assistance to the Member for Edmonton Highlands to know that earlier today, on the basis of the document and the statement he made on Friday last that would provide funding for 1,700 new jobs for young people, I requested the Minister of Manpower to spare no effort in ensuring that perhaps 200, 300, or 400 of these positions might be made available to the city of Edmonton so that those young people might be able to get to work tomorrow or Wednesday assisting people in the cleanup operation in the communities within her constituency. [some applause]

MS BARRETT: A supplementary question to the minister, Mr. Speaker. I was one of the people pounding my table; I think that would be a good idea. However, under the guidelines the minister was referring to with respect to municipalities in disaster services, I wonder if it is the intention of the minister to have those guidelines insist that claims by individual residents go through municipalities, through the loops of deciding what the deductibilities are, through the loops of deciding the limits of the claim, to the province, back to the city, and back to the residents. Is it going to be that kind of endless loop process, Mr. Speaker?

MR. KOWALSKI: Mr. Speaker, it's not my understanding that in the past we've had that difficulty in terms of administering the program. In terms of disasters that have occurred in Alberta in the past, and some of those have affected constituents in my part of Alberta, I was always very, very pleased with the fine line of co-operation that was given. I recognize, the government recognizes, and the Premier informed the mayor of Edmonton the other day that we intend to be very co-operative in attempting to resolve all the concerns that are raised as a result of all these disasters. We're sparing no effort in an attempt to mitigate any difficulties that people might face.

MS BARRETT: A supplementary question, Mr. Speaker. I wonder if the minister is prepared to announce at this point the setting up of a special office to deal with the claims that might be forthcoming from the residents who were hit by this flood.

MR. KOWALSKI: Mr. Speaker, with no disrespect to anyone, I am not prepared to do that. I have issued a directive to everyone in Alberta Public Safety Services and everyone in Alberta Environment, those people who work under my jurisdiction, that our prime concern for the next number of days, until the flooding in the Pembina River and the Athabasca River is alleviated, will be to preserve life, ensure that there is no further loss of life, and to ensure the protection of property and animals in agricultural areas. That is where their intention is, and that's where I insist their attention be.

MS BARRETT: A final supplementary, Mr. Speaker. I certainly have no fight with preserving life. But in the absence of an answer I'm really looking for, I wonder if I can ask the Premier if he is prepared to assure the Assembly that special assistance to the city of Edmonton for these costs will be forthcoming and that the money won't be deducted from programs and estimates that are already in place or to be voted on for going to the city of Edmonton.

MR. GETTY: Yes, I can make that assurance, Mr. Speaker.

MR. TAYLOR: A supplementary, Mr. Speaker, to the Minister of the Environment. In view of the answer a couple of minutes ago of the Associate Minister of Agriculture, that if farmers are not covered by crop insurance they're in problems, and your assurance that the people in the cities will have a $1,000 deductible regardless of whether they have insurance , can the Minister of the Environment assure the House that rural victims of damage will be treated the same as urban? Or is there indeed a difference between how you're going to handle the damages done by the flood?

MR. KOWALSKI: Mr. Speaker, I'd like to assure the hon. Member for Westlock-Sturgeon that the policy that was made public in June 1985 lists a variety of agricultural commodities that are coverable and not coverable. It would be my intent, not only as Minister of the Environment and minister responsible for Public Safety Services but perhaps more importantly as the MLA for the constituency of Barrhead, to ensure that equal assistance is provided to the hardy and good folk in rural Alberta as will be provided to the hardy and good folk in urban Alberta.

DR. BUCK: Mr. Speaker, my supplementary question is to the Minister of Community and Occupational Health. Is the minister in a position to indicate whether the community water supplies have been threatened and how extensive is the threatening?

MR. DINNING: Mr. Speaker, I've been in touch with officials in the Department of Community and Occupational Health and made it very clear that they are to provide all services required in order to assist the city of Edmonton and the Edmonton Board of Health to ensure that all water quality, all removal of wastes, and all cleanup is done in a proper and safe manner. Following that cleanup, an ongoing monitoring will take place, but a final inspection will take place to ensure that that which is left, that which residents find themselves living in following the cleanup,

is safe and not in any way damaging or endangering public life.

MR. HYLAND: Mr. Speaker, a question to the minister. I wonder if the minister could present or forward to members of the Assembly the document that he held up and named so that if a disaster, such as flooding or otherwise, happens in our constituency, we know what steps are to be taken when people come to see us.

MR. KOWALSKI: Mr. Speaker, that document was circulated to all Members of the Legislative Assembly last year, but I will ensure that all Members of the Legislative Assembly receive a copy of it tomorrow.

MR. SPEAKER: Does the hon. Associate Minister of Agriculture wish to supplement an earlier . . .

MRS. CRIPPS: The Member for Westlock-Sturgeon was talking about insurance and the differences. My understanding is that many of the people that the Minister of the Environment is talking about do not have and could not have insurance for a natural disaster such as a flood.

Government Expenditures

MR. TAYLOR: Mr. Speaker, this letter, or this question, is to the Premier — a Freudian slip there. In order for the government to function effectively, it must be accountable to the Legislature for its actions. It was revealed last week that some members of the Treasury Board had decided to increase spending; for instance, on the limit of ministers' cars by $2,000. The decision was reached behind closed doors. As a first step towards greater accountability, will the Provincial Treasurer or the Premier make Treasury Board minutes available to the House?

MR. GETTY: Mr. Speaker, the increase that the hon. Member for Westlock-Sturgeon is talking about was not just ministerial cars. I think we discussed that on Friday as well. There has been a traditional way of handling Treasury Board minutes. I'll review those and see if there are any changes that should be made. Then, if there are, we will announce them.

MR. TAYLOR: A supplementary, Mr. Speaker, to the Premier. Does the Treasury Board give approval for expenditures that are not outlined in the government's budget?

MR. GETTY: Mr. Speaker, I'm not quite sure what the hon. Member for Westlock-Sturgeon is referring to. There are, obviously, decisions all through the year that aren't foreseen in preparing the budget that a government has to deal with. In that case, of course, we deal with them. In some cases they may be funds that are raised by special warrant. In others they may be funds that can be transferred. In other cases there can be lapses and a variety of methods of handling those various expenditures.

MR. TAYLOR: Mr. Speaker, to the Premier. All the more the importance of receiving minutes of what this Treasury Board is doing. Could the Premier inform the House if there is any limit to the amount of money that the Treasury Board can approve outside the budget?

MR. GETTY: Mr. Speaker, the chairman of the Treasury Board may well want to answer that question. If there are such figures, I don't have them at my fingertips.

[The Provincial Treasurer and the Member for Westlock-Sturgeon rose, sat down, and rose again]

MR. TAYLOR: Do I get a free supplementary after Alphonse? Mr. Speaker, a final supplementary. Mr. Premier, what is the length of time that passes between a decision by the Treasury Board to approve an expenditure with or without budget — in secret, as it has been done — and the point at which the information is made public?

MR. JOHNSTON: Mr. Speaker, the normal practice of the government has been to publish the Treasury Board minutes in the *Alberta Gazette*, and that does take place on a normal course throughout the year.

I should note that the Treasury Board deals with matters other than financial matters. It deals with such things as appointing accounting officers and other routine things of that order, but is set in place, essentially, on the expenditure side to ensure that those limits which are imposed by government on the expenditure priorities are in fact followed out. It tests a variety of expenditure areas to ensure that the mandate, which is given to us by the Legislature and by government to some extent, is followed.

DR. BUCK: Mr. Speaker, a supplementary question to the Premier. In light of the fact that there seems to be some confusion as to who is entitled to cars and who is not. what is the policy of the chairman of the Executive Council, the cabinet, as to who is entitled to a car at public expense and who is not?

MR. GETTY: Mr. Speaker, it is determined as a matter of judgment over the years. Basically, it's those who we feel require one in order to adequately perform their function.

Municipal Policing Costs

DR. BUCK: Mr. Speaker, my question is to the hon. Solicitor General. In light of the fact that the city of Edmonton will be sending the province a bill for approximately $500,000 to pay for the overtime that has been paid for the policing of the labour and Gainers dispute, can the hon. minister indicate the government's policy as to what they do in situations such as this?

MR. ROSTAD: Mr. Speaker, I believe this was discussed a couple of days ago in the House. We have a policy whereby we contribute $18 per capita to a municipal police force. The municipal police force then works through their police commission, formulates a budget, and then carries out the policing requirements of that particular municipality.

Municipalities with populations of up to 15,000 are usually policed by the RCMP, and they negotiate a contract with the RCMP, part of which is paid by the federal government and part paid by the municipality, of which the province contributes $12 per capita. Those under 1,500 are negotiated under a provincial agreement with the RCMP, and they also get the $12. In relationship to the city of Edmonton's alleged overtime bill, I have not received a request for help in paying this from any official. It seems to be that the *Edmonton Journal* is submitting that request; I have not received that request.

DR. BUCK: Mr. Speaker, a supplementary question. Is the minister giving consideration to having some policy in place so that the municipalities will know that in an extra special

circumstance, such as we've had in Edmonton and at Suncor and at Fletcher's and at Zeidler, there will be some support in situations where the municipality does not have the fiscal capacity to pay for these extra charges? Is the government looking at some type of emergency procedure through either special warrant or some other mechanism?

MR. ROSTAD: Mr. Speaker, I guess what is determined as an emergency by one municipality as against another would necessitate our looking at each particular instance on its own. I think the Member for Clover Bar should be aware that we're all taxpayers. Whether the municipality or the provincial government pays the extra costs, it comes out in the end from taxpayers.

I hearken back to my previous comments that we contribute $18 per capita to a municipality for their policing costs. We would expect that they would budget somewhat the same as we budget, and we don't happen to have an excess capacity of money. I am open to hearing comments from the Edmonton Police Commission, but I'm giving no assurance that they will receive assistance.

MR. TAYLOR: A supplementary, Mr. Speaker, to the minister. Surely he's not saying that policing, as a requirement for an emergency, has to wait for a phone call. Surely he must be thinking of some plan so that law and order can be maintained, because, after all, it would save money if it's in earlier.

MR. ROSTAD: Mr. Speaker, again, what is classed as an emergency would have to be addressed in each particular instance. The policing is a municipal matter. I think it's up to the police commission to determine whether they have the funds and where they are going to allocate their funds.

MR. EWASIUK: Mr. Speaker, certainly the expenditures as a result of the Gainers strike are extraordinary expenses imposed upon the city of Edmonton. Is the minister not contemplating, as a gesture of goodwill, approaching the city of Edmonton and offering to pay for these expenses of overtime for the police forces as a result of the labour dispute created by the poor labour laws of this province?

MR. ROSTAD: Mr. Speaker, I beg to differ in the respect that it's poor labour laws. Of course, the labour laws are involved in this particular instance, because there happens to be a strike. The extra costs that have been incurred by the city of Edmonton have been incurred by private citizens who seem to have a disregard for the law in this particular instance. Whether it happens to be contempt or whether it happens to be violence, it's a very unfortunate circumstance. As I mentioned previously, I have not had a request from the city of Edmonton. I'm more than willing to sit down with any of them to discuss the situation.

Michener Centre Reductions

MR. DAY: Mr. Speaker, my question is to the Minister of Social Services. It regards the Michener Centre, which is located in Red Deer North and presently has some 1,300 employees. I say "presently" because it's been going through a period of downsizing. My question to the minister is: why is this trend to downsizing and cutting down the number of employees continuing in the light of present economic uncertainty?

MRS. OSTERMAN: Mr. Speaker, a very important question, obviously, by the hon. Member for Red Deer North, because it does relate to a number of people who I'm sure have expressed over time a concern about employment at Michener. Until now the folks who are operating Michener have expressed that at least no one has been laid off as the residents of Michener have expressed a desire to leave the centre and enjoy community living. Thus far the downsizing has occurred without any layoffs. There have been some 31 people, I believe, since the beginning of this particular year who have expressed that desire and left the centre for community living.

Mr. Speaker, I think it's appropriate for me to say that my responsibility relates to giving the clients at Michener, through their parents and guardians, the opportunity for community living. I don't feel moved to put the employment of people in Red Deer, as important as it is, ahead of the allocation of funds for the individuals who are residents of Michener, giving them the opportunity to make choices. Mr. Speaker, we will try very hard to see that individuals who may indeed be affected by a downsizing through clients leaving Michener — none have been so far — have an opportunity to liaise with community groups and others who are providing the opportunity for clients for community living.

MR. DAY: A supplementary, Mr. Speaker. I don't know if our information is conflicting in the area of layoffs and downsizing, but the morale reports I have coming from the Michener are such that the employees are suggesting they are not being informed of policy and of what is ahead. Could the minister advise us if the policy of her department is to inform employees of the policy that's going to be going on in a particular institution?

MRS. OSTERMAN: Mr. Speaker, I would hope that the employees would be very much aware that the clients who are their responsibility have that opportunity for community living. There is a fairly lengthy process, from the time that there is an expression of desire to move to the community, to locate a suitable residence in the community and that there is programming available. As this occurs, I certainly will seek clarification of how much information is flowing through the management to staff at Michener so that they are aware of how many people at any one time are a part of the process in seeking a community living option.

MR. DAY: A supplementary, Mr. Speaker. In relation to this community living and the downsizing involved, are the parents of the residents being consulted at all? Are they being involved at all in the decision-making process here?

MRS. OSTERMAN: Mr. Speaker, no moves would be made without the authorization of either parents or guardian, and that is unequivocal.

MS MJOLSNESS: A supplementary to the minister. It is my understanding that there is a waiting list to get into Michener Centre, and I'm wondering how the department can justify the downsizing of the staff when this seems to be the case?

MRS. OSTERMAN: Mr. Speaker, I am not aware of a specific waiting list for Michener. Throughout the province there are many, many people who would be a Michener type of client, who would be going through the process

with their parent or guardian and liaising with staff in various regions as to what the opportunities are for various types of living, if you will. For clients who opt for Michener as opposed to possibly community living in their area, I certainly have given no authority for that to be denied to them, and I will take the hon. member's information under advisement.

MRS. HEWES: Mr. Speaker, a supplementary to the minister. Has the minister met with employees in Michener and other institutions to discuss the issues arising out of privatization and commercialization of residential services?

MRS. OSTERMAN: Mr. Speaker, I haven't been able to visit Michener in particular yet. I have had some conversations, telephone calls, that relate to a number of either group homes or other institutions around the province, but with the Legislature sitting — it may be a small apology — I haven't had the opportunity to get around the province. I've certainly met with representatives of people who are, for instance, parents and have undertaken and given a commitment to them that I will be meeting across the province just as soon as the Legislature has ceased sitting.

River Flooding
(continued)

MR. WRIGHT: Mr. Speaker, seeing that the Cloverdale area of my constituency was victimized by the North Saskatchewan, my question concerns the flooding which occurred at the weekend and is addressed to the Minister of Community and Occupational Health. The flooded residents, as you probably know, are being advised to treat their damaged goods as hazardous wastes and bury their possessions. What special assistance will the province provide to city flood victims who have goods that they have to dispose of in this manner by way of disposal facilities, assistance to individuals with that task, et cetera?

MR. DINNING: Mr. Speaker, residents in the area, the city, and throughout the whole province are certainly being advised of the danger of that waste. The problem flows not so much from a toxicity of the material but from the bacteria that those wastes contain and the danger that comes from those. In the case of Edmonton and other regions throughout the province, the local boards of public health are working closely with residents in the area to advise them of the dangers and to assist them in the disposal of those wastes.

MR. WRIGHT: A supplementary, Mr. Speaker. What efforts are being made by the department to monitor the situation with respect to certain people with special health sensitivities such as asthma, the very young, and like cases who are being exposed to these bacterial hazards?

MR. DINNING: Again, Mr. Speaker, through the local boards of health, where that responsibility rests, rather than at the provincial level. That responsibility has been given to the local municipalities, and they — close to the situation, on the scene — can best judge what is best for those residents. So with the advice and assistance of officials in the Department of Community and Occupational Health, the local board of public health here in Edmonton is providing that assistance and advice.

MR. WRIGHT: Mr. Speaker, what steps is the minister's department taking to make sure that all property, whether private or public, that has become hazardous as a result of the contamination will be satisfactorily cleaned up?

MR. DINNING: Again, Mr. Speaker, at the local level, the public health officers would be working with the residents in the member's own constituency and working with them in the cleanup of those wastes and the cleanup of the damage and would be doing a careful inspection following that cleanup again to make sure that the wastes and the bacteria have been removed.

MR. WRIGHT: A final supplementary, Mr. Speaker, to the minister concerned with public safety, and it is this: will the minister assure the Assembly that all residents who sustained damage as a result of the natural disasters of the weekend will in fact be eligible for full provincial disaster assistance irrespective of whether in the floodplain or not?

MR. KOWALSKI: Mr. Speaker, I have no reason to believe that any resident who is affected in the city of Edmonton would not be eligible for assistance.

While on my feet, Mr. Speaker, perhaps I could just supplement an answer given by my colleague the minister of community health. We have published a pamphlet called "Flood Disaster: What to do before and after flooding," which gives some do's and some don'ts, basically the result of the exchange between the hon. member and the hon. minister. I sincerely hope that these pamphlets would have been circulated through the Edmonton disaster services committee to all the individuals affected. If not, perhaps with the excellent co-operation of my colleague the Minister of Manpower these hordes of young people who will soon be available to assist all the people might undertake as one of their first responsibilities the circulation of this pamphlet.

DR. BUCK: Mr. Speaker, my question is further to the hon. Minister of Community and Occupational Health and the question asked about the contamination of water supply. I would like to know what community water supplies in other parts of the province have been endangered in the areas that have been flooded as well as Edmonton.

MR. DINNING: Mr. Speaker, I couldn't give the hon. member a report throughout the province, but I can tell the hon. member that the sampling of water throughout the province is carried on by those local public health units. The sampling and testing of that water, working through the officials in the department of my colleague the Minister of the Environment, would be done on a regular basis. In the case of this very serious situation that kind of testing would be increased and the monitoring would be very special.

MR. TAYLOR: Supplementary, to the minister of public safety. Is the minister financing the supplies of potable water to those farms and rural residents in the Paddle and Pembina areas that may have had their surface water contaminated?

MR. KOWALSKI: What we have going on right now at this very hour, Mr. Speaker, is a helicopter in the air. We've advised all the individuals living approximate to the Pembina River to be outside this afternoon waving a white cloth if they are in need of any assistance from the helicopter in the air. That, of course, only applies to those individuals

who are cut off by telephone. Individuals who have access to a telephone are finding that on the local radio station in the area the local disaster services preparedness number is being flashed every X number of minutes, asking what we can do to assist them. I have no intention of allocating any assistance whatsoever to those individuals who are phoning in and saying, "I need some cigarettes," and that has already happened.

MR. ORMAN: Mr. Speaker, a number of questions here today have addressed the matter of cleanup, and I thought I could pass on some information to the hon. members. As they will recall, on Friday we announced the extension of the STEP program and the Alberta wage subsidy program. I think those two programs would be excellent opportunities for both municipalities and farmers to access the underwriting, I guess, of some of the wages for students who may be employed to assist in the cleanup. In that regard, Mr. Speaker, I put a call into the office of Mayor Laurence Decore today to let him know that certainly he should review our announcement of Friday and, along with those two programs, review the Alberta environment employment program. All these programs are available to municipalities and farmers as well as the private sector to hire students who are unemployed for this summer. I'm sure they'd be more than pleased to assist in cleaning up the Edmonton area, and it would also give them a job for the balance of the summer.

Ambulance Service

MRS. HEWES: Mr. Speaker, my question is to the Minister of Hospitals and Medical Care, on helicopters again. The helicopter ambulance service that began operations recently will provide a needed service to the people of Alberta. Will the government be proposing a publicly subsidized provincial ambulance service with consistent standards throughout the province?

MR. M. MOORE: No, Mr. Speaker.

MRS. HEWES: Back up again, Mr. Speaker. A supplementary to the minister. Has the government conducted any studies to determine whether such a provincewide ambulance service would increase the efficiency of rural hospitals?

MR. M. MOORE: Mr. Speaker, there has been a number of studies done with respect to a provincewide ambulance system, but I'm not aware that there's one that has shown that there would be any increased efficiencies whatsoever with respect to rural hospitals because of ambulance services. We do have a very adequate ambulance service in this province right now, operated by municipalities, by hospitals boards in co-operation with one another, funded in large part in terms of transfers of patients from district hospitals to referral centres by the budget of the Department of Hospitals and Medical Care. There is nothing that I've seen that would indicate that greater efficiencies at rural hospitals could be obtained by having this ambulance service funded by the province. As a matter of fact, to the contrary, it would probably take away considerable dollars from other needed health care areas if the service were simply free and on demand, as it is in some other provinces who are experiencing very, very high costs for ambulance services.

MR. SPEAKER: The time for question period has expired. May we finish this series of supplementaries with regard to this question?

HON. MEMBERS: Agreed.

MRS. HEWES: Mr. Speaker, to continue to the minister, has the government done any analysis of ambulance calls in rural areas to determine responsiveness of ambulance service to those communities?

MR. M. MOORE: Yes, there are a number of studies that have been undertaken with respect to response to ambulance services and the time it takes. All I can say is that the ambulance response in this province, both in rural and urban areas but particularly in rural areas, is dramatically improved from what it was a number of years ago.

MRS. HEWES: Perhaps I should avail myself of some of that information, which appears to be news to me. Mr. Speaker, has the government considered the efficiency and any cost savings to be achieved by subsidizing air ambulance?

MR. M. MOORE: Mr. Speaker, the government does pay for most of the cost of air ambulance. If an attending physician believes that it is most appropriate that a patient be moved by air ambulance, then those costs are paid for. I can't recall the exact figures, but several millions of dollars each year are paid out to transport people by air ambulance.

Perhaps where the hon. member is having some confusion is that we don't buy the aircraft or pay for the capital cost or provide standby time for either helicopters or fixed-wing aircraft. What we do is pay the private or the municipal operator, whatever it might be — in the case of aircraft it's all private operators — the actual hourly cost of transporting people by aircraft. That's been a policy of this government for some time. It is in my belief the most effective way that you can possibly operate an air ambulance service in a province as large as this. We've got many very good private-sector people with aircraft charter operations more than willing to provide that service, and we pay it on an hourly basis.

REV. ROBERTS: What has been the minister's response to the AMA, the Alberta Hospital Association, the Alberta College of Physicians and Surgeons, and the Alberta Urban Municipalities Association, who have all been calling for a publicly funded, provincially planned ambulance service since 1973?

MR. M. MOORE: First of all, the hon. member's reference to all of those organizations calling for a publicly funded ambulance service is simply not correct in my view. I've had discussions with all of those organizations, and most of them express a very real concern about the increased costs of health care programs in this province. I doubt very much, Mr. Speaker, that all of those organizations would want to put as their first priority a publicly funded ambulance system funded by the province. I'd be perfectly willing to debate that with the hon. member at any time if he'd care to listen.

MR. SPEAKER: The time for question period has expired. An hon. member wishes to make a brief statement to the House. The Member for Edmonton Belmont.

MR. SIGURDSON: Thank you, Mr. Speaker. I rise to inform all hon. members that I unintentionally misled the House last Thursday, July 17, during consideration of esti-

mates for the Department of Labour. Specifically, I have been informed that my remarks at that time, in which I said that Mr. Eric Geddes was a member of a party which spent much of last week in the company of Mr. Peter Pocklington on a fishing trip to the north, were incorrect. Mr. Geddes has publicly said that he was not a member of that party. I have spoken with Mr. Geddes and accept his word on this matter. Consequently, I offered my apologies to him, and I offer my apologies to this House for conveying incorrect information.

Mr. Speaker, our most fundamental privilege as members of this Assembly is our unfettered freedom of speech. That privilege is predicated on the understanding that all members at all times will speak only the truth in this Assembly. It is the reason why the charge of misleading the Assembly is so serious an allegation. As is noted in the fifth edition of *Beauchesne* at citation 362, "It is the Member's duty to ascertain the truth of any statement before he brings it to the attention of Parliament." I thought at that time I had done that. It was not my intent to mislead this House. However, I stand corrected.

ORDERS OF THE DAY

head: COMMITTEE OF SUPPLY

[Mr. Gogo in the Chair]

MR. CHAIRMAN: The committee will come to order, please.

Department of Hospitals and Medical Care

MR. CHAIRMAN: The minister is the Hon. Marvin Moore. Mr. Minister, would you care to make some opening comments prior to the committee determining the vote?

MR. M. MOORE: Mr. Chairman, I'll be pleased to make a few comments relative to the estimates of the Department of Hospitals and Medical Care, perhaps an overview of the broad issues and the broad programs that are being offered by the department that constitute this budget. The budget of the department in 1986-87 is approximately $2.6 billion. That covers the funds required for the operation of our health care facilities throughout this province in addition to the health care insurance plan that provides medical services to our citizens. It represents some 21.6 percent of the provincial budget for operating alone, that amount being some $2.33 billion, while some $280 million is required in this budget to make repayments to the capital fund, which is a new advent with respect to the financing of capital construction.

Mr. Chairman, the budget before you this afternoon is equal to $1,100 for every Albertan in terms of health care in this department alone. In addition to the regular health care programs, which all of you are aware of — the hospital program and the funding there and the Alberta health care insurance plan — we provide to seniors and to those people who are on the Alberta widow's pension plan free Alberta health care coverage and free Alberta Blue Cross coverage.

As well as those programs, Mr. Chairman, we provide extended health benefits to senior citizens and widows over 55 years of age who are on pensions under that program. Extended health benefits provide a major portion of the costs of eyeglasses, dental care and dentures, as well as hearing aids and the like. So in addition to the normal sort of health coverages we have in most provinces, in recent years we have brought in some additional coverage here for senior citizens.

First this afternoon I want to talk about hospital services, hospital capital construction, and the commissioning of new hospitals. We have at the present time a very high level of new construction throughout the entire province. Not just in the urban centres of Edmonton and Calgary but in practically every region and every area of Alberta, new hospitals have been opened or will be in 1986 and beyond.

To give you an idea of what's happening just in the current calendar year, in May the new 102-bed hospital in Bonnyville was opened. Last Friday I had the pleasure of assisting in the opening of phase 1 of the new Rockyview hospital in Calgary, which is really a rebuilding — a major additional building and a refurbishing of the existing hospital which will start as phase 2 in September. In Cold Lake 147 beds are presently under construction, Mr. Chairman, and we're hopeful that that hospital will be completed late this fall and be in operation before the end of the year.

In late September of this year I'll be in Grande Prairie to assist in opening phase 2 of a hospital that covers part of my own constituency. A major program that's been going on over the course of about the last about seven years will be completed in September of this year, giving that area of the province a major referral centre, if you like, that will serve not only the Grande Prairie hospital district but the entire Peace River country and allow a lot of people who previously had to travel to Edmonton for medical services to get a lot of service in Grande Prairie. I might add that there are some very interesting co-operative efforts going on between that regional hospital in Grande Prairie and the W.W. Cross cancer hospital in Edmonton relative to providing certain kinds of services and testing for cancer patients in that region.

A little later on this summer we will be opening the 103-bed Olds hospital, which again is a brand-new facility to serve that region of the province. When I was in Ponoka a couple of weeks ago with the hon. Member for Ponoka-Rimbey to announce some major initiatives with respect to the mental hospital, I had the opportunity to travel a few blocks in the other direction and look at a brand-new 84-bed hospital that will be open by the end of this year and provide, again, a major improved facility for the people of Ponoka. Tofield, with 90 beds, will open at the end of this year. Two Hills, with 105 beds, is another brand-new hospital that will be opening this year.

I should mention the two new urban hospitals that are being constructed at the present time in Edmonton and Calgary. The Peter Lougheed hospital in Calgary is well under construction. There is a total complement of 496 beds in that hospital, 320 of them being active treatment beds and a number of others involved in different sorts of things — pediatrics, intensive and critical care, and some short-term day surgery. That hospital is well under construction. We are currently at or below the construction budget of $60 million. It's about 65 percent complete, and we look forward to it opening about a year from now. The new Mill Woods hospital in Edmonton, with a total of 538 beds, has a completion date of June 1, 1987, as well. It's about 62 percent complete as of this week and at or below the $65 million budget there as well. So we're moving very, very quickly with those two brand-new urban hospitals, the

Mill Woods hospital in Edmonton and the Peter Lougheed hospital in Calgary.

I could then go on to talk briefly about a number of other projects which aren't opening this year that are in either the design or construction stage and will be opening in due course. I'd like to mention a couple in my own constituency of Smoky River. The new McLennan hospital is now under construction. Tenders were awarded in May and it's well on its way. It will be about a two-year project before it's finally completed because, again, it involves some phasing with respect to certain parts of the plan, including the redevelopment of the nursing home, which will remain on the site after the original active treatment hospital bed is constructed. In Valleyview we received very recently from the former Minister of Hospitals and Medical Care approval to plan for a new hospital there. In Banff we have 66 beds under construction; in Blairmore, 100 beds; and at the St. Mary's hospital in Camrose, 122 beds. In Edmonton the Glenrose Rehabilitation centre and the Good Samaritan hospital, a 200-bed auxiliary hospital, are under construction. In Leduc a 110-bed community hospital is under construction. I should mention Lethbridge Regional hospital. It happens to be part of your constituency, Mr. Chairman, with 430 beds under construction and several phases involved there as well in completing that program. Medicine Hat, in the far southeast corner of the province, is under construction as well.

I mentioned to members a few days ago during question period that I was pretty excited and enthusiastic about what's happening at the mental hospital, Alberta Hospital in Ponoka. In that regard, members will recall that we announced two or three weeks ago a major refurbishing program there that will involve a lot of new construction as well but will see us eventually having an 80-bed brain injury unit that will be a world-class facility serving the entire province of Alberta and another 320-bed psychiatric unit that will be the very best in that regard as well.

So there's a lot happening, Mr. Chairman, in terms of construction of facilities. In total in this budget this year, there are 48 different projects that will be under construction in a major way, either completed or starting or at some phase of the capital construction. There isn't any question, Mr. Chairman; there is no other province in Canada that can come anywhere close to matching on a population basis the construction that's going on in this province. As a matter of fact, neither of the provinces of Ontario and Quebec even have a dollar amount of development of hospital facilities that is equal to what we have in the province of Alberta at the present time. So we need to be pretty pleased that we're able to approve funding in this Legislature for this kind of construction of facilities for our citizens in every corner of the province.

I could then talk just for a bit about nursing homes. I've only been touching upon those projects that involve hospital construction. Members will recall that earlier this year my predecessor announced the development of some major programs in rural Alberta with respect to nursing homes. I'm pleased to advise the Assembly that planning is now well under way for the construction of 15 high-priority, long-term projects in rural Alberta. The projects will add close to 500 long-term care beds to the province's health care system. These projects are located in Bashaw, Eckville, Elk Point, Fairview, Innisfail, Lacombe, Lamont, Manning, Mayerthorpe, Raymond, Rimbey, Spirit River, and Vermilion.

In addition to that, there are projects approved for the Thorhild-Westlock and Edson-Hinton areas, where we haven't yet been able to determine where the beds will in fact be located. The total value of these projects, including the planning and construction, is some $50 million. The addition of these nursing home beds will bring the province's total long-term care bed complement to approximately 12,000, which includes 8,000 nursing home and 4,000 auxiliary hospital beds.

I want to stop there for a moment if I could and talk about what I see as the long-term future for extended care for senior citizens in this province. We've got a waiting list which in some cases seems pretty long, and yet we've got more extended care beds per thousand population over the age of 65 years than a good number of other provinces have.

Members will recall that when we came into office in 1971, the program which provided housing for senior citizens was a lodge program. If you were unable to take care of yourself in your own home and were unable to provide your own meals, you went into a lodge. The former government in this province was building lodges at a pretty fast clip and we continued that for a few years. Then we got into some other interesting programs like self-contained units, where we built a unit financed by the federal and provincial governments and charged 25 percent of the individual's income. They could do their own cooking and live by themselves but have somebody to assist them with looking after the facility. Then in more recent years we got into the home care program, where we provide home care in the person's own home or in the self-contained unit. The result of that, as has been pointed out in the Health Facilities Review Committee report that I tabled here a short time ago, is that the lodge system now has quite a few empty spaces in it because people are saying: "I can stay in my own home with the home care program. I can get assistance to help me shovel snow and those sorts of things if I'm staying in a self-contained unit."

There are new things happening with respect to care for the elderly. I think that trend is going to continue, Mr. Chairman. I'm hopeful that we're going to see less and less need as the years go by for senior citizens to be institutionalized. Certainly it appears that the programs are working that we have under way at the Youville pavilion associated with the Edmonton General hospital, where we're bringing people in to day hospitals on a daily basis, giving them physiotherapy, and putting them on programs to rehabilitate themselves.

It seems, Mr. Chairman, as if the old way of looking after mother and father when they got too old to fend for themselves was to put their name on a waiting list at the nursing home and hope that they could get in there. Then somebody simply cared for their immediate needs until such time as they passed away. The new opportunity that exists with respect to care of the elderly is to find out what kinds of problems they have and find out how they can be helped to regain their place in our community without being institutionalized. We've already seen that there has been some very good success not only here in Alberta but elsewhere in the world in that regard.

I wanted to raise that because too often in my short time in this office hon. members, hospital boards, and others have been coming to me and saying, "We need a nursing home; we need an auxiliary hospital." I even find hospital boards that haven't thought very much about the alternatives that exist. On the other hand, in opening phase 1 of the Rockyview hospital in Calgary last Friday, I was pleased to see that they have a pretty extensive day outpatient facility

there that would assuredly involve itself in some treatment programs for senior citizens. That does point to a new direction in terms of the way boards and administrators across Alberta are thinking as well.

I'm hopeful that the next four years that I hope to have the privilege of serving as Minister of Hospitals and Medical Care in Alberta will see a very firm and committed move toward ensuring that elderly people are treated for illnesses rather than simply institutionalized and that they can stay in their own homes, regain their places in the community, and not just be sent to the nearest nursing home or auxiliary hospital.

In that regard, I could make one or two other comments about the Youville pavilion at the Edmonton General hospital. There has been a lot said over the course of the last few weeks about problems with respect to the Youville. The facts of the matter are that it's one of the finest facilities in North America and is doing an outstanding job. Very recently three internationally known geriatricians visited the Youville hospital and in due course will be making specific recommendations to the board of that hospital and to the Department of Hospitals and Medical Care and my offices with regard to the future directions it might take and how it might be improved.

One of those internationally known individuals is a man by the name of Dr. John Beck, who is with the Division of Geriatric Medicine at the U.C.L.A. School of Medicine in Los Angeles, California. Dr. Beck was quoted very recently in an article in the Calgary Herald as saying that the Youville facility was falling apart. I received just this morning a letter signed by Dr. Beck, addressed to whom it may concern. He refers to a Calgary Herald news release of July 17 written by Mr. Robert Walker; he could have referred to another one in today's *Calgary Herald*. He says:

> In the Article printed in the *Calgary Herald*, July 17th, 1986, I am quoted as saying "(the Youville Geriatric Centre) . . . . . is falling apart".
>
> I deny and refute that quote. The message I conveyed to the reporter is exactly the opposite, "it is not falling apart" was my reply to the interviewer's statement that it was.

He goes on to say:

> It is my view that the Youville is an outstanding Centre with a tremendous resource of supporting structures and services greater than anything on this continent.

And that's signed by Dr. John Beck, internationally known. I think that speaks for itself. There are those who want to cast all kinds of accusations toward the very fine people that are currently running Youville — those who haven't left — and its board, who don't speak from much knowledge of the facts of what's happening there. In terms of its concept and its work with our senior citizens, I'm extremely pleased with that facility, and all of us in Alberta should be.

Mr. Chairman, I could then go on to briefly comment upon one other matter that's been of considerable interest, particularly in the Calgary area in recent days, and that is the Calgary children's hospital. Again, we have a situation where we built a brand-new facility for children that is second to none which is going to serve all of Alberta, and particularly southern Alberta, for many years to come. But like any other new institution, there are some growing pains. You can't commission a brand-new hospital overnight with a lot of new concepts and expect the equipment, the specialists, and everything to all fall together. It oftentimes takes literally years of experience before the board, management, and medical staff can bring it all together. And I don't think it at all strange that during that process, oftentimes there is some conflict.

That's what's happening at the Calgary children's hospital; there are some growing pains there. But I did want to say that we're moving ahead with some of the requests of the board. Last year's budget for that hospital was $36,376,000. It's been increased in this budget before you to $37,718,000, which is about a 3.7 percent increase. In addition to that, the board has requested additional funds, because they believe there are other programs they should be doing or ones that are not adequately funded. They've appealed for additional funds and that's presently under consideration.

Just so that members know what happens there, it's not just a matter of the board of the hospital saying, "Here are the additional dollars we want" and us saying "yes" or "no." We ask them to outline in some detail every area of the hospital where they believe funding is not adequate. I have very capable staff who review hospitals all over the province who then sit down with the board and go over those figures and try to figure out whether or not there is some way that their dollars can be saved. If additional funds are indeed required, then that report and the recommendation is provided to me. So that's what's going on right now with the Calgary children's hospital in terms of the budget. Discussions are being held. I hope that within a month or two some final decision will be made.

On the issue of equipment for the hospital, the hospital has asked for approval to begin planning for the housing and operation of a CAT scanner in 1987. We have agreed to that and will be funding their CAT scanner in the next budget year after this one. That is in accordance with the timing that's required, because they need the time between now and then to actually plan for the purchase, installation, and operation of it.

The hospital also asked some time ago if we would consider the purchase of a magnetic resonator scanner, which is another advanced scanner. For those like me who don't know all these terms, what we're really talking about are advanced ways of X-raying people to find out what's happening in their bodies. There is not one magnetic resonator scanner in Alberta at the present time. If we can, it's my department's desire to provide one in Calgary and one in Edmonton at one of the major hospitals within the next couple of years. We had thought it would perhaps be more appropriate to provide this equipment at a major general hospital as opposed to the Calgary children's hospital. My understanding is that the Calgary children's hospital is now considering the soliciting of private donations to purchase that magnetic resonator scanner, and they may indeed move in that direction.

I could then just talk for a bit about operating budgets in hospitals before I close. The growth of hospital budgets over the course of the last five years has averaged a 14.8 percent increase. We're talking about an operating budget of $2.33 billion, and we're talking about a history of a 14.8 percent increase each year for the last five years. That's a pretty big bite to swallow. I think all of us in this Legislature are going to have to think about how we can reduce the rate of increase in the growth of hospital operating budgets, because quite clearly I think our Provincial Treasurer would say that with almost one-third of our operating budget, we can't continue with increases in the order of 15 percent per year without having dramatic increases in taxation or some other form of funding for these hospitals.

There is something else I'd like to make clear to members of the Assembly when I'm talking about funding, Mr. Chairman. Wherever I go in this province, I keep hearing about the operational costs and the mistakes that were made building 10-bed hospitals. The operating costs of our 10-bed hospitals are a fraction of 1 percent. As a matter of fact, of the amount budgeted for in this budget, there are 127 general hospitals and 2 mental health hospitals, and 80 percent of the entire budget goes to the 22 largest hospitals in the province, all located in cities. Only 21 percent is for the 107 rural facilities, and many, many of them are 100- or 150-bed hospitals in Cold Lake or places like that.

So we're not going to save a lot of money by closing down seven 10-bed hospitals. Clearly, what we have to do is to take a look at the responsibility for hospital operating costs that rests with individuals, the medical profession, boards, and all of us in this Legislature right across the province, and not just in Edmonton, Calgary, Grande Prairie, Lethbridge, or some small rural community but in every community that exists. It's clearly a problem for all of us to tackle in every region of Alberta.

Mr. Chairman, I probably should conclude with some comments about the Canada Health Act and the Alberta health care insurance plan. As I've said to members, I've been working over the course of the last several weeks on efforts to meet the terms of the Canada Health Act so that we can have our funds returned to us. With respect to the medical profession, that takes the form of consulting, as we have been doing day after day with the Alberta Medical Association, as well as meetings with other health care professionals who are not members of the AMA: the physiotherapists, the chiropractors, the dentists who are of course involved in our system as well, and so on. All I can say today to members in that regard is that progress is going on. We're coming along fairly well in our discussions on how to best preserve the integrity of the medical profession and at the same time meet the terms of the Canada Health Act. We are determined — I say "we": the Alberta Medical Association, it's president Dr. Perry, and myself — not to resolve this issue the way they did in Ontario, if you call that a resolution. We are determined instead to have some very meaningful discussions that will result in a solution agreed to gentlemanly by parties to the agreement that will without question be far superior in terms of the health of the people of Alberta than the resolution that has been adopted in Ontario.

There is one other matter involved with respect to the Canada Health Act. That's the provision of the $10 admittance charge to hospitals, which is apparently again contrary to the Canada Health Act. It may be that we will have to undertake considerations to remove that $10 charge, and that means the raising in some other way of that amount of money, which is about $2.7 million per year.

I conclude my remarks on the Canada Health Act by saying this: while the Canada Health Act addresses penalties to provinces for doctors who extra bill or hospitals who have some user fees or entrance fees, it's unfortunate it doesn't address the real problems in health in Canada. That is, how do we continue to improve our health care system, and how do we continue to afford what we've just put in place? I haven't been able to find anybody in Ottawa, in either the past government or the present one, that has seriously wanted to address that particular issue. It's my intention in this province to try and address it over the next year or two, somehow or other. I think we need to first of all make sure that all our citizens are aware of what it costs for the health care plan, what it costs to visit a hospital, and that the province spends $1,100 per person every year from the General Revenue Fund on services under this department alone. That's not to mention the departments of community health and social services, where a great many other health care dollars exist.

I think we have a real responsibility over the next four years in this 21st Legislature to put our minds to the best way in which we can improve our health care system and to do that knowing that it has to be financed out of our pockets. That's a big challenge that every one of us, not just me, has a responsibility for. Otherwise, we can wind up some day having the best health care system in the country, perhaps in the world, but not knowing, Mr. Chairman, how we're going to finance it.

Mr. Chairman, those are some opening comments. There are a good many issues I didn't touch on and some I went over rather quickly. I'd be prepared to answer any questions the hon. members might have, if I can, or to answer any inquiries they might have with respect to the general thrust of the department in 1986-87 or of the government in regard to the health care plan. I would invite members as well to participate in the debate in terms of letting me know their views with respect to what should occur in our health care system or what has occurred in their individual constituencies.

Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, minister. You covered almost all the votes in your estimates, so the Chair would assume that you would entertain questions on all those votes.

I'd like to point out to the committee that we have an hour and a half until the committee rises. We have 12 speakers. That's six hours of questions in an hour and a half. I draw this to the attention of the committee in that in the past, after the committee has risen, members have raised with the Chair the difficulty of getting questions to the minister. As you know, the Committee of Supply is to grant, refuse, or reduce the requests by government. So all the Chair can suggest, in accordance with *Standing Orders*, is that hon. members perhaps bear that in mind in consideration for their colleagues, so they may get questions in. I would point out that a great deal of information is in the elements book on page 87.

REV. ROBERTS: Mr. Chairman, in speaking on the health estimates, I have the feeling that I'm a bit like a squeaky mouse standing up in front of a lumbering elephant. Certainly the enormity of a $2.6 billion budget and the voracious appetite for public funds that our health care system has these days, both here and everywhere, raises both macro and micro issues that we can barely touch on in this time. But it's solace to know, I guess, that we can at least put the department through its annual checkup.

I'd like to congratulate the minister on his appointment to now another senior cabinet post. There were those of us who thought that it would not auger well for one's future to be caught not backing the winning horse at last fall's PC leadership convention, but it is no doubt credit to the minister's competence that he continues in his executive way in cabinet.

For my part, I intend to be a very definite thorn in the flesh, to use the apostle Paul's words. I've already availed myself of some of the best information and some of the best people in the health care and public policy, but I certainly will work untiringly to improve the quality of

debate on these vital issues and improve the quality of health care in our province. If hon. ministers ever stop and ask themselves who knows what evil lurks in the hearts of their departments, make sure they always remember that, yes, their shadows will know.

I'd like to divide my review of the health estimates into two areas: one, fiscal policy, and the other, health care policy — obviously interrelated but separate.

In terms of the fiscal policy of the department, and particularly when we're talking about two and a half billion dollars, the whopping 82.5 percent decrease that is shown in capital expenditures jumps out at me almost immediately. I'm not entirely familiar with all the past practices of capital expenditure. I know they have been excessive. Certainly the minister has just referred to a number of capital construction projects that are under way in hospitals throughout the province. Yet the estimates show, as I say, a whopping 82 percent decrease in capital expenditures, which is more than just a little belt-tightening, and also an overall decrease of 77.3 percent in supplies and services.

Given the dollars involved — and they are huge ticket items — I just wonder how wise it is to be so severe in these cutbacks, particularly in this time of downturn in the economy. Perhaps it is more fiscally responsible of a government to be using more of its resources to keep enough spending going to create jobs and fuel the economy. It's easy for anybody to spend money when they've got it and not to spend money when they don't have it. Certainly the trick of government is to use the moneys in a rational, long-term way which they know will benefit both health care as well as the provincial economy. It seems to me that in a sense we're just following the boom and bust cycles of our economy in the ways that capital has been expended.

Could I ask the minister: what are the long-term plans for capital development that does make fiscal sense and gives stability to the economy instead of just up and down, wild fluctuations in capital spending? Could the minister also explain, Mr. Chairman, a bit more about where and how capital projects are continuing in terms of this year's budget? I visited the Rockyview myself in Calgary and found it to be an outstanding facility. Is it all paid for? What is the future of phase 2? As the minister has mentioned, there is an announcement of redevelopment plans for the Alberta Hospital, Ponoka. Again, I don't see where that is shown in this year's budget. Is that new spending? Is that an update that we don't have?

Mill Woods: when will it come on stream? As the minister has already indicated, a great deal of spending has gone on for hospitals throughout the province, but I question the advisability of continuing to spend dollars on construction of new facilities when there's also an urgent need for the redevelopment of existing structures. I have particularly in mind the redevelopment at the Royal Alexandra hospital. They have had some quasi-commitment from the government of, I think, $46 million for the first phase of their redevelopment and need a total of $74 million almost yesterday to keep pace with the crowded waiting rooms, the emergency, the operating theatres, and the bed backup that is at the Royal Alexandra. It seems to me that's typical. As our health care facilities continue to age, more money must be set aside to redevelop existing structures than to continue to build new ones all over the place.

Though I do want to encourage spending in capital ways, we have to bear in mind that it's not too great to brag about the fact that we have the highest bed per capita ratio in the country. Certainly with so many beds available — I just wonder what the minister has in terms of the projected ratio that's going to go with this continued creation of new beds.

As well, I didn't hear any reference to the fine facility of the Walter C. Mackenzie Health Sciences Centre, which I had a grand tour of this morning. I know that it is a showcase for the government and is a fine facility indeed. But is it too late to ask how spending on it could possibly have gone from $180 million, which was the original estimate, to the final $412 million final price tag? Where is the responsibility, the accountability, in that kind of spending for new hospital construction? Who is monitoring it and who is going to take the flak for such enormous cost overruns of such building?

In vote 2, Mr. Chairman, I'd like to ask the minister in terms of the health care insurance plan — we know at the bottom line there that it's up 17.6 percent. You can't tell me that the population of Alberta has gone up 17.6 percent or that we're all getting 17.6 percent sicker. Granted, the demographics clearly show that the population is graying, that there are indeed more elderly people who no doubt need more basic health service as well as the extended service. But what is really going on there to account for a 17.6 percent raise in the payments to doctors through the health care insurance plan? And why is the basic health service revenue on that — that's vote 2.0.1 — so low? It shows only a 3.5 percent increase. Does that in fact, as we are led to believe, reflect the decreases in the federal transfer payments? Is this in fact the cost of extra billing to the province? Could we ask for a breakdown in that revenue as to what comes from the federal government, what premiums account for that percentage, and why overall it's such a low revenue total?

While we're on extra billing, may I ask the hon. minister if, in his negotiations with doctors on this very controversial item, in a sense he is also talking to them about what they've talked to me about, which is an increase in what may be termed benefits being paid to doctors in the profession; that is, sick insurance, better pension plans, and other benefits that doctors might build into their entire life earnings so that they may have a more guaranteed sort of understanding of their income that might, in a sense, force them to eliminate their need to extra bill.

Moving on to vote 2.0.3, in terms of the extended health benefits: again a whopping increase of 38 percent. I am appreciative of the fact that these extended health benefits, as is noted, are for senior citizens and widows who are using these benefits. I know that they no doubt are increasing access to those benefits, but is the increase also responsible for what I suspect to be true, which is the exorbitant fees which are often charged by dentists, ophthalmologists, and opticians? Are the fees for those services going unchecked? The same with Blue Cross: just how much is the fee schedule allowing for and how much repeat use of the fee can doctors charge to those plans, albeit for seniors and widows and those who need it? Still, is the amount of the fee and the number of times the fee is being levied going unchecked? In a fee-for-service system we can certainly have abuse on the part of patients, but we can also have some very mercenary activity on the part of doctors, particularly if these plans are not being monitored more closely.

Indeed, Mr. Chairman, the minister is no doubt aware that it is the whole fee-for-service system that many of us are questioning. He is no doubt aware of the rapid rise in the United States of what are called health maintenance

organizations. Such an organization has already overtaken Chrysler and provides health care to all of the employees of that huge corporation and many others. Such health maintenance organizations in the United States have doctors that are based on salary and have a sense of how many patients they are to see, how they are to be treated, and where they will go for specialty treatment, but in terms of that primary health care delivery, it is a vast improvement in the way costs are contained.

We also have examples of it growing in Ontario with community-based clinics, as well as, I'm proud to say, in Alberta — both the Alexandra Community clinic in Calgary and the Boyle McCauley community clinic in Edmonton — with physicians on salary. Physicians who have a sense of meeting the primary health care needs of a great number of people really save the system a huge amount in terms of dollars that might otherwise be spent in the basic fee-for-service schedule. If Albertans have to face a 17.6 percent overall increase each year on this vote, then something is wrong. I think that something will just have to change.

When it comes to active treatment hospitals, as the minister nicely outlined, it seems in vote 3 that the real fiscal squeeze is put on except for the two items in program support, vote 3.1.10, operational commissioning, and vote 3.1.11, other program support. Such support is just a kind of miscellaneous item, and no specifics are spelled out. We wonder about that as well. Why are those increases so high? What are they doing? Why are they taking the bulk of the increase in that vote? When it comes to major referral and research, major urban medical and specialized active care, all of these just get marginal increases that barely keep pace with the rate of inflation. I'm wondering about hospital staff: is their cost of living really keeping pace with what their own basic increases are as they are employed in those hospitals? If, as the minister has already said, we have such tension growing between these new facilities and the capital devoted to them as opposed to the costs of operating the existing ones, it seems to me that that tension will have to be resolved in a better way than this.

What, for instance, is going on at the Royal Alex so that it is getting only a 1.6 percent increase? As we already outlined, the work of the Royal Alex is first-class and they're overburdened. They need all kinds of support and help, and yet their overall operating for the year is an increase of only 1.6 percent. The Camsell is at 0.1 percent. The children's hospital in Calgary — I know there are problems — is only at 3.7 percent.

Similarly, with the psychiatric hospitals; the Alberta Hospital, Edmonton has only a 0.8 percent increase over last year for its operation. I know there are problems throughout the system, but it seems to me irresponsible to give them less than a 3 or 4 percent increase across the board, as the Minister of Advanced Education has already done for advanced education institutions.

I wonder what the Attorney General has going down at the Medicine Hat and District hospital that it should be up a whopping 27 percent and the Medicine Hat auxiliary care up 12 percent. They seem to be out of line with the overall tone, which is just a 2, 3, or 4 percent increase.

Then we move to the Youville. I'm glad the minister has mentioned the Youville, which, as he knows, is dear to my heart as well. Again, it is only receiving a 3.4 percent increase. If it's going to have state-of-the-art geriatric treatment and assessment of rehabilitation, it's going to need much more attention than that to keep up its current programs. Fortunately, the physicians that I've known at the Youville have been on salary. Fortunately, the day hospital there is in fact saving the province huge expenses for hospitalization that would have occurred otherwise. It's also my understanding that in terms of geriatric medicine, the nature of the practice of medicine at the Youville is not at all well-liked in the medical fraternity because of these unique qualities in it. I'm glad to hear of the minister's first-class support for this first-class institution, but we will await other things that will be going on there.

When we move to long-term chronic care in vote 4, it seems to be in the worst of all possible worlds. First, the active service delivery is way down below inflation. As well, there seems to be, in this budget at least, no indication that there's any expansion of the chronic facilities. I'm aware of the institutionalization rate that we have. Still, with the waiting lists that we have as well, there just has to be more done to meet the short-term need in that area. I would hope — and I'm going to speak a bit later about the increases in community health, but certainly I've seen only a modest increase in terms of community health for the elderly. Given the demographics, which everybody clearly is agreed upon, this vote seems to be unacceptable both fiscally and morally in terms of the needs that are in the province now.

When it comes to vote 5, again, I appreciate increases in the operating costs of nursing homes. I agree with the minister that we can't keep building them at the whim and wish of everybody who just wants to show one off It seems that the major increase in that budget is really in program support, which is up a whopping 478 percent. Votes 5.1 through 5.1.4, all under program support, have these huge increases, and then when it comes to the actual delivery of care through the nursing homes, there is again just the rate of inflation, a 3 or 4 percent increase, if I'm not mistaken. Could the minister explain how and why such a vast increase in funding is going to what seems to me to be administration? Again, we're just holding the line in terms of primary care — the personal touch, the nursing — that is involved in nursing homes. It seems to me the last thing that our elderly people need is more and more administration. They need more and more of the human touch of nurses in personal care, and I'd like to see that go up.

Certainly, the elderly are a priority, and I'm pleased that the minister has alluded to this already, but we have continuing problems in the nursing home area, particularly in terms of the contracting out of those facilities, which we also have questions about. When is the government going to start paying public nursing homes — that is, both district and voluntary — per diems per bed at the same rate that they pay private for-profit nursing homes, which always get more per patient per diem than the publicly funded ones?

What is the future of the privatization of hospital boards and the increase in the private running and management of nursing homes? This is certainly an issue in Athabasca, and we'd like to have some comment on it from the minister. It seems to me that health care, like education, is a public matter and that any attempt to move it to a for-profit kind of organization is morally and fiscally irresponsible, as we're hearing of even in the United States these days.

I also want to point out and make sure it's on the record that the minister did table — and I was appreciative of the Health Facilities Review Committee. But one just needs to turn to the back and look at the incredible number of complaints that were raised to that committee by patients

and clients within those hospitals, both general and auxiliary, in nursing homes, seniors lodges, mental health hospitals, and others. There are a whole range of complaints from alleged wrong medication to poor management, poor patient care, missing valuables, overcrowding, poor physical condition, poor staff morale, overcharging, and the list goes on.

I know this isn't a complete picture of what goes on in our health facilities, but the complaints are there. I even wonder if the patients and the people in them have access to the committee on an ongoing basis so they can raise other concerns. I've heard it said that an ombudsman in some of these facilities might be a necessary way to go to meet the ongoing problems in terms of both human and public relations.

Then I just have some miscellaneous budget items of concern. I'm pleased to see that the deputy minister's office receives only a modest 0.5 percent increase, but I wonder if he does extra bill for other services that he provides to the department. Certainly, the health care insurance plan is the biggest ticket item in the whole number of votes.

I know that the minister has had some negotiations with Medichec, and I wonder what the status is of their proposal for an ID health card that might improve the ways in which the billing goes on and reduce the costs of administration of the health care insurance plan.

Then I have just some overall questions of summary by object of expenditure. In terms of the manpower authorization, there is a loss of 28 full-time positions and nine man-year authorizations indicated. Can the minister please explain how the loss of these positions will affect the operations of the department and assure the House that the remaining staff will not suffer with larger workloads due to these cutbacks.

In department support, professional services are up 10.5 percent. What kinds of professional services are being purchased and from whom?

Certainly policy development, at 40.8 percent, has the biggest percentage increase. There is no doubt that everybody loves to study the health care system almost to death, but what is being gotten for that? I note some of their studies in the annual report, but that still seems like a whole lot of money and I wonder how much of it is necessary and how much of it can be done just by indigenous Alberta research. The larger macro issues could perhaps be easily obtained by studies already done in other places.

Salaries, wages, and employee benefits have increased by 5.6 percent; however, permanent positions there are down by 26 and man-year authorizations by 7.1 percent. It appears that the remaining positions are going to receive more than a cost of living increase — quite a bit more — which is all right except that other departments are not even providing a cost of living increase to their staff Perhaps the minister could provide an explanation as to this larger-than-it-first-appears increase and give some comment on that area.

Certainly the increase for air ambulance is one that we applaud. As we already noted earlier today, the whole area of ambulance services is one that provides very lively debate, and we will anticipate that over the next four years.

Medical education in vote 3.1.7: I would just like to know if the minister has on record any idea of what it costs to educate a doctor in this province.

Last but not least in this budget update comes the very contentious item of heart and heart/lung transplants, which the minister has not referred to, but it does seem that in the new vote 3.1, $2.5 million will be allocated for this now and I'm told nearly a million dollars for each year that it's in operation. I've debated this in my own mind, and I still want to get more information on it, but it does appear, at least to me, that this is not a high priority item at this time. I know it is high profile, it's high tech, and the media love it, but I seriously question beginning to spend so many millions of dollars for heart and heart/lung transplants here when I feel that a lot of that money could be better spent in health promotion, in the curbing of smoking, drinking, and other stress-related problems that people in our society face which lead to problems with their hearts and lungs and other things.

No mention is made either of the bioethics project which Dr. Dossetor is beginning at the University of Alberta hospital. It seems to me that so many issues in health care these days have a basic ethical component, one that people in the field as well as in government shy away from, that could use some needed extra funding.

In conclusion, Mr. Chairman, Mr. Minister, and all members of the Committee of Supply, I would just like to address a few overall comments to the policies of health care as I see them being developed in this province. They do, in fact, agree with a lot that the minister has already said, but I think they are more severe than he has intimated. I don't want to sound too apocalyptic, but it seems to me that we will not be able to go on giving supply to the Department of Hospitals and Medical Care in this way for much longer. If the system doesn't have a coronary soon from all the pressures that are on it from within or without or if it isn't completely eaten away by powerful, cancerous interest groups, then it will surely expire because we, and governments like us, have to pull the funding plug on so many of the vital lines which keep it going.

The vision before us is that we must now be reshaping and restructuring our inefficient sick care system to make it into one of the world's most efficient health care systems, and I know the minister agrees. We must change the object of our attention from sick care to health care. We must encourage Albertans to keep themselves in far better shape. We must begin to see hospitals as institutions of last resort rather than a first choice. We must provide doctors and health carers with incentives to keep us healthy rather than being people who just treat us when we're ill.

That is why in a sense I can't wait for the estimates of community health. I believe, for example, that if we were to spend the $2.5 million on community health, we wouldn't really need the enormous empires we're building with Hospitals and Medical Care at all. We could save millions of dollars in social services as well. It would leave us with a healthier Alberta with more money overall to spend on agriculture, energy, tourism, small business, housing, schools, and parks, which seems to me would be the hallmark of a healthier province, rather than continuing to pour voracious amounts of money into a sick care system.

We must get a handle on containing and converting our health care costs. Apparently studies have shown that over 30 percent of health dollars in Canada are spent on patients with less than a year to live, usually in high-tech, life-extending intensive care units, while funds are still being denied for low-cost, dignified hospice care to relieve the suffering of the terminally ill. Some say that nearly 70 percent of our health care dollars is spent on finding cures, and less than 30 percent really helps to deliver human care. In the United States, studies show that 30 percent of all medical costs result from waste, duplication, fraud, and

abuse. I know we don't have that system here in Alberta, but there are still all kinds of ways in which the system can be tightened up. Doctors and dentists often have to perform simple medical procedures which paramedics, nurses, or others licensed to do it could do far less expensively and far more competently. The drug industry, which continues to grow in leaps and bounds, is one which I think needs to be greatly checked.

Certainly health care for our elderly, who are the fastest-growing population in Alberta and who consume an enormous amount of health-care dollars, must be a priority, and alternatives for health care for the elderly must be found in a concerted way. I really do not see that currently in either this department or in the community health field.

Yes, I agree with the minister that in our health care insurance system, patients, doctors, health professionals, as well as we legislators need to know what all the costs are. Perhaps that could be raised for people: what the real costs are and what some of the real alternatives are to the current spending for particular services, equipment, and medical treatments. What we really have to develop, at the least, are more built-in incentives for efficiency and humanity in the health care system. I know other hon. members and colleagues want to contribute more of their specific concerns, but it's profoundly important to me that we review and evaluate not only the estimates of this budget but the estimates of the future vision of health care of hospitals and medical care in the province.

I want to articulate really another vision. How we get there is by no means clear, but the scientific and demographic forces are unprecedented. The moral and ethical questions which are coming to us would test an Aristotle or an Aquinas. The human and economic issues that are so vexing to all of us often force us to unwittingly cause problems where we're trying to find solutions. There is no doubt that the health industry players are rich and powerful, but it seems to me that the role of government must have the staying power and the ingenuity to ensure that we have the most efficient system whereby our people of Alberta can renew their own health and well-being and that the system is there more for the health of the common good than just for the sickness of our various pathologies.

Thank you, Mr. Chairman.

MR. M. MOORE: Mr. Chairman, I'd like to respond if I could to some of the matters that were raised by the hon. Member for Edmonton Centre. He was going from one issue to another fairly rapidly so I may not respond to all of them, but I will certainly consider the *Hansard* remarks and try to respond at a little later time to the ones I don't deal with. I think it's important that I respond now, Mr. Chairman, because there are a lot of new members in the Legislature, and I think there are always some difficulties in reading one of these estimates books and finding out exactly what's going on.

The first thing I want to deal with in that regard is the capital spending of the department on hospital construction. The hon. member made reference to there being some reduction in capital spending. In fact, what has happened in 1986-87 is that the Provincial Treasurer has developed a capital fund for both the construction of hospitals and nursing homes and the construction of postsecondary education facilities. If hon. members would look at the capital fund, vote 1, they will see that the construction of hospitals and nursing homes in 1986-87 is estimated at $281,128,000. The comparative figure for the previous fiscal year, '85-86, is $223,476,000. So we've got a 25.8 percent increase in 1986-87.

As I understand the operation of the capital fund, it was established by the Provincial Treasurer and will provide capital financing for these two functions, hospitals and nursing homes and postsecondary education facilities. Over a 35-year period, I believe, the capital we've drawn from it will be repaid in equal amounts. I assume the interest is assumed by the Provincial Treasurer. I'm sure the hon. Provincial Treasurer would be willing to provide further explanations when his estimates are debated; in fact, I believe he already has. At any rate, the comparative estimate is really in the capital fund, and there is a 25.8 percent increase in capital construction for hospitals this year.

Mr. Chairman, that leads me to a question the hon. Member for Edmonton Centre posed a little later in his remarks about whether or not there was money in the budget for this hospital or that hospital — Rockyview phase two and so on. What we in fact do in this department is — first of all, we receive a lot of project requests every year, week by week and month by month. They are all reviewed with respect to need. We look at whether or not there is a need for either new beds or upgraded facilities or whatever and finally make a decision. Those decisions are largely going to be made on a once-a-year basis at budget time. We make a decision whether or not 15 out of 60 requests can go ahead or 30 out of 60. We then issue a letter of understanding to a hospital board saying that we approve this project. That's subject to developing a master plan. Depending on the nature of the program, we may or may not put a dollar figure on it.

I guess one good description of our letter of understanding would be the Royal Alexandra hospital, which wants to enter into an upgrading program. The letter of understanding from the Minister of Hospitals and Medical Care said that yes, we would agree in principle to an upgrading program but at a cost of $48 million. The board then started doing some planning. In this particular case they came back several months or a year later and said, "We need more than $48 million to do our upgrading program." Those kinds of things happen all the time, so there's always some debate and discussion between officials of the department and the hospital boards about the value of the project request.

However, it finally gets into the stage where they undertake to do a master plan. The project parameters of the plan are submitted after that, and there is a second stage at which the department approves or doesn't approve a particular project. Then they go into an actual program of what they're going to do in the hospital in terms of construction, operation, and so on. Again, that has to have some approval processes along the way. They get into the design of the actual building — the block schematics and the design documents. When the final design is prepared, it's submitted and it's approved or not approved or altered. Then they get into contract documents and the pre-tender report. That's about the fourth stage of approval. Finally, tender, and there has to be approval of the tender, particularly if it's over the budget that was submitted.

All of these processes take some considerable length of time. If you're doing something like the Rockyview project — I'll mention it in just a moment in terms of what's happening there — you're very fortunate if you can complete a project like that from start to finish in less than about eight years because of the planning, the phasing, and so on that has to occur.

The budget for the Department of Hospitals and Medical Care in terms of capital is not based on putting all of the

money for the Alberta Hospital, Ponoka in the budget but rather putting in what we believe is required in this fiscal year because of decisions we've made in past years. In other words, for example, at the Alberta Hospital, Ponoka the physiotherapy and recreational facilities that are under construction now, which are about $8 million, are basically the only capital in the budget this year. There are some planning funds — my recollection is about $800,000 — to start additional planning on the brain injury unit and the redevelopment of the entire hospital. The balance of the funds for that hospital will flow over a period of years as we do the construction.

If I could move briefly to Rockyview and give it as an example: obviously, we've agreed to phase one; it's built and it's open. Incidentally, for the hon. member's information, they'll be moving patients into the new building at Rockyview hospital on July 29. On that date they will vacate the old wing. Then the old wing will be completely refurbished and redesigned. As I understand it, we'll actually come up with a few more beds because some of the area that is presently used for administration and so on in the old wing was duplicated in the new building. The second phase has been approved and will start in September. Once again, there are certain approvals along the way that are required. If we estimate the cost of doing a certain amount of work at $5 million and a low tender comes in at $8 million or $6 million or whatever, we've obviously got some problems with an architect or a builder who is wanting to line the place with gold. Or maybe we made a mistake on our original estimate, and we go back and look at all the details and see what went wrong. That's the process that goes on.

The hon. member asked about the Mill Woods hospital, when it comes on stream. I referred in my opening remarks to both the Mill Woods hospital and the Peter Lougheed hospital in Calgary. Both of them will be open about a year from now. As a matter of fact, I think the Mill Woods hospital is scheduled for completion on June 1, 1987. It's 62 percent complete as of last week, and the Peter Lougheed hospital in Calgary is about 60 percent complete as well.

The member then asked about hospital bed ratios. Incidentally, Mr. Chairman, I didn't have time in my opening remarks to mention all of these things. Although I could have spoken longer, I preferred to keep it to 30 minutes. So I'm glad he asked about some of them. Hospital bed ratios are the highest in Alberta of anywhere in Canada. We look at hospital bed ratios in terms of active treatment beds on the basis of the number of beds per thousand population. Then, of course, we put all kinds of factors into it. If you've got pediatric beds, you may want more in a place like Mill Woods than you might have in an area where the population tends to be older with not so many young families. Those sorts of things have to go into every consideration.

With respect to long-term extended care beds for senior citizens — both nursing homes and auxiliary hospital beds — we look at the number of beds per 1,000 people over the age of 65 years. In both of those areas we have more beds per 1,000 than any other province in Canada. I've asked staff in my department to do a review of the method of approving projects based on numbers of beds per 1,000. First of all, I'm not sure there's a great deal of relationship any more between people 65 years of age and older — in terms of extended care facilities, not as much relationship as there was 10 or 15 years ago, because people are generally much healthier at 65. There are not that many people at that age in terms of a percentage in our extended care facilities. So we may look at the number of beds required for senior citizens on the basis of the population at 70 years of age and older rather than at 65. In my view it would make a great deal more sense to have 70 as the criteria in 1986, just as much sense as it did to have 65 in 1966, so we need to be looking at those things. I've ordered a review of that criteria that goes into the development of new facilities.

I might add for the hon. member's information that I am just as concerned as anyone about building new facilities. I think that pretty soon we've got to stop adding hospital beds, active treatment beds, or whatever and begin to look at other ways to cut down on utilization. Certainly day hospitals, day surgery, and that type of thing is going to help us along the way.

The member talked about the health care insurance plan, vote 2. This is one where I could probably get some help from the opposition. What happened is that the increase of 17.57 percent — 17.6 percent if you like — in the budgetary requirements of the health care insurance plan are made up first of all from an 11.46 percent, or almost 11.5 percent, estimated increase in expenditures. Unfortunately, that's not all doctors' fees. It's utilization, to a large extent. Somewhere along the line we're going to have to take a look at how people in this province utilize the health care system. In that regard we've just recently started looking at individual utilization. Health care in this province after you pay your monthly premium is free. I can walk out of this building and go downtown every day of the week and see a different doctor, if I can find one that'll put me on his list to see. We've tracked some people who are doing just that, believing that if they see enough doctors there may be a cure somewhere along the line. There has to be some way in which individuals take greater responsibility for utilization of the system.

I tend to think there is at least as much if not more overutilization by patients going from one doctor to another as there is by doctors who say: "Come back and see me next week; I think it would be nice to make sure that your heart is still beating." Surely a lot of that wouldn't occur if the "come back and see me next week" was going to take $25 out of the patient's pocket. In fact, it takes nothing.

I tabled in this House a few weeks ago a report on utilization which was done by a committee we set up two or three years ago when utilization went up very rapidly over a couple of years. It has not grown so greatly lately, but we have to understand that if we don't do something about utilization there'll be no end to the annual increases in the health care insurance plan. Maybe instead of 30 percent we need to be bumping up the premiums to something much greater. I don't know how many hon. members know what's really happened with respect to the health care insurance plan over the course of the years since MSI. I don't have it here in front of me; I thought I did. I know that in 1970 when we originally began the health care insurance plan the health care premiums paid 57 percent of the cost. The costs were $80 million in 1970 for the billings by all the doctors in this province, and the premium paid 57 percent of the cost. In 1986 that total cost has risen to about $700 million, in round figures, and the premiums this year paid just under 30 percent of the cost. That, Mr. Chairman, will explain for the hon. member the problem with respect to the health care insurance plan, how come it's up 17.5 percent.

Utilization of the system coupled with some increases in the fee schedule bumped the costs up 11.4 percent, but

the revenue only went up 3.3 percent because we never increased health care insurance premiums in 1986. So when the health care insurance premiums pay one-third of your costs but you don't increase them, then the funds that flow — incidentally, the federal government contribution went up a little bit, but very little, so the funds that flow from the province are the ones that have to pick up the major portion of the increase. Hence the figures are that the 17.5 percent increase in our budget is what it takes to pay for the increased utilization, and the fact is that the health care insurance premiums, which cover 30 percent of the cost, didn't rise at all. So that, Mr. Chairman, is the difficulty there.

The extended health benefits: the member mentioned the significant increase there. There are no premiums at all. There are some restrictions with regard to how often you can go to a dentist for new dentures. It's once every five years. Eyeglasses, every two years. There are those sorts of restrictions. But the member is quite right; there is not much of a lid on utilization. I happen to have had the dentures I have now for about 25 years, Mr. Chairman, and they're still working as well as they ever did. I know a lot of people that would think that because I can go every five years I ought to go. There may be some dentists that every five years say, "You need a new set of dentures." Somebody has to take some responsibility pretty soon for utilization. We've been very, very generous in extended health benefits for senior citizens, and more and more of them are becoming aware of it. Our original objective was that senior citizens shouldn't be denied an opportunity to have dentures or hearing aids or eyeglasses, so we put in the program. There aren't enough controls on it, in my view, to ensure that the operating costs stay within reasonable limits.

I've got a note here about hospital operating costs. As I recall, the member said, "All these other things are going up, but hospital operating costs are not going up." When we get into hospital operating costs, we've really got a situation where we have to look individually at every single hospital and try and figure out what kinds of increases or decreases or whatever that particular hospital can get by with. I'm looking at one example where a hospital has a 1985-86 operating budget of $15.5 million. The first thing we do is look at whether or not any new programs have been approved for that hospital during the year or are going to be approved this year. For example, when we approved the new heart/lung transplant program at the University hospital, we added $1.7 million to the budget of the University hospital on an annual basis to pay for that program. So every time we approve a program, we add to the base budget of the hospital for the next year the amount of that approved program.

Then we look at activity in the hospital. If they can show that their activity increased and that it was a legitimate increase, we add another factor for activity increases. At the same time, they can't all be increases. We then get into looking at decreased activity. Oftentimes we have a decrease in activity over a year, so we take that into consideration. That's a minus figure that goes into the budget for the next year.

Finally, after doing all of those things, we look at what kind of annual inflationary increase we can provide. In that regard we have to look at salaries. Salaries amount to close to 80 percent of the hospitals' operating costs. We have known for about a month what the effect of the nurses' salary settlements made between the nurses' union and the Alberta Hospital Association have on this year's budget, although that's oftentimes very difficult to ascertain because there are changes with respect to how each hospital employs its nurses. It's not just a percentage factor all the time.

The result of all of those determinations has led us to a decision to allocate 3.8 percent inflation to all of the hospital boards across the province. We've got a 4 percent increase in this budget in terms of hospital operating budgets, so we don't have very much left to deal with situations like the Calgary children's hospital saying, "We need even more than you've allowed." But that's the process we go through with every single hospital, 127 active treatment hospitals, in the province.

If I could move on, the hon. member talked about vote 5 and the per diem rate at nursing homes. Let me make some general statements about nursing homes. First of all, other hon. members, in fact the hon. Member for Chinook, came and said to me, "Surely the member is not suggesting that we actually pay private nursing homes more than publicly-owned or board-operated nursing homes?" I said, "Yes, I guess he is, because he hasn't been involved in the system." It's appropriate that members ask those questions. The facts of the matter are that the per diem rate at nursing homes is the same no matter whether it's a private nursing home, a board-operated nursing home, or a religious-operated nursing home.

The people who are having the most difficulty in terms of continuing their nursing home operations in this province are the private nursing home operators and the religious organizations, who I might add do a very fine job of providing nursing homes and auxiliary hospital services. The reason they have difficulty is that the province has been paying all of the capital costs to build new district nursing homes. If some auxiliary nursing home district wants to build a new nursing home, a board-operated one, they make application to us. I just read a list of 15; they were all board operated. We provide the funding, a hundred percent of it, to build a new nursing home or to refurbish an existing one. They operate it, and we pay them the per diem allowances.

Mr. Chairman, I'm having a little difficulty with the competition that's going on next to me.

The situation with the private-sector nursing homes or, as I said, the religious ones is that we don't provide them with any capital with the exception of a $2 per diem allowance, which was actually set in 1964, and that's supposed to go toward keeping the nursing home up or building a new one. That's entirely inadequate. There's no way a private-sector operator could build a new nursing home if that's all he had to do it with. So we're now looking at a report that has been developed with some options for my department that will hopefully provide us with some solution to assisting both the religious organizations and the private-sector nursing home people in doing a better job of upgrading their existing facilities. I'll be meeting next week, Mr. Chairman, with the president of the long-term care society from the private-sector nursing home group to discuss opportunities for us to be of greater assistance to them.

Finally, with regard to nursing homes, the costs have indeed risen dramatically in terms of our operational support. Members may recall that the hon. Minister of Advanced Education when he had my responsibilities commissioned and brought forward a report on nursing homes called the Hyde report, that suggested we provide a considerable amount of additional funding for certain things in nursing

homes, largely in terms of nursing care and physiotherapy and nursing hours per patient and those sorts of things. That all went into the budget this year, or a lot of it has, in terms of improving those kinds of things. In addition to that, when you see global figures in this budget, they don't always reflect the increase in an individual nursing home because we're bringing a whole bunch of new ones on stream. So as well in the budget are a lot of additional dollars for commissioning new nursing homes. That will certainly show up next year and the year after and the year after. Those are the sorts of things that resulted in a pretty dramatic increase there.

If I could mention a thing or two about the positions in the department, yes, there is a reduction of 28 positions. We made a commitment three or four years ago to undertake a gradual reduction of positions over a period of four years, and that resulted this year in a reduction of 28 positions. The hon. member asked if people might have to work a little harder. The answer is, yes, they will. Someone asked the other day when I gave that same answer whether they would, and I said that in my view the staff in this department is second to none. I don't have any doubt at all that they can meet the challenge of working a little harder and giving even better service than they did before, even with some downsizing in staff We're confident that we've got adequate people to do the job, and the job will be done.

The member said that I had not mentioned the Walter C. Mackenzie Health Sciences Centre heart/lung transplantation program, which was approved and announced by the Premier during the election campaign. I didn't, but I'm extremely proud of it. The member said that there are some frills and this may be one that we have to think carefully about. I agree with that. I had a lot of comment over the course of the last few weeks about the liver transplant program. A number of very young people, children and babies in Calgary in particular, were on the waiting list for liver transplants. Some of them were obtained in the U.S. and weren't very successful. There again, it's a matter of judgment. Medical science must move along, and there are a lot of programs operating throughout the world that can't operate successfully in Edmonton.

Certainly the member mentioned the cost of the Mackenzie health sciences centre. That was explained in this House numerous times by my predecessor, and I'd be happy to have somebody research *Hansard* and give the explanations again. Because that's past history; the cost did go up dramatically but so did the concept. That hospital is capable of providing a research centre, an educational centre, plus an active treatment centre for Alberta that's second to none in North America. Certainly it is, if you like, the Cadillac of facilities.

I think it's appropriate that we begin a modest program there. It's at a level of $1.7 million, which will enable the hospital to perform 12 transplants each year. I've already had letters from people concerned about not being on the list and wondering how you obtain a heart transplant. While I'm on that issue, the last thing you should do is write your MLA, because I'm not intending to take applications. There has to be in any program like this a group of professionals that decides who should have a heart transplant, and I hope that all members in the House understand that if it were any different, you simply couldn't operate a program. We're proud of that program, and it's moving ahead. That doesn't mean to say, Mr. Chairman, that we're going to develop more liver transplant or heart transplant programs in Calgary as well. I think, as the hon. member suggested, we need to be fairly cautious about it.

Mr. Chairman, those are just a few comments on the comments of the Member for Edmonton Centre. I would be prepared to take further questions.

MR. ALGER: Mr. Chairman, as chairman of the Senior Citizens' Advisory Council and the member of this Legislative Assembly responsible for the Senior Citizens' Secretariat, I'd like to say a few words of appreciation for the programs and services provided to older people through the Department of Hospitals and Medical Care. It is one of the most important departments in terms of its effect on the lives and well-being of older citizens. Through this department senior citizens receive medical services, hospital services, auxiliary hospital and nursing home services, as well as extended health benefits and Blue Cross insurance coverage.

Let me take a few minutes to detail what this can mean in the lives of the senior citizens. The department provides the Alberta health care insurance plan to its senior citizens with no premium charge. This plan covers senior citizens and their dependents if they are in need of medical services or hospital services. Seniors are not financially penalized if they become ill. They have access to medical care of their own choice as needed. The department also, through the extended health benefit plan, covers much of the cost of dental care and eyeglasses for seniors and their dependents. These are both very important if they are to maintain good health. The Blue Cross package provided through the department enables seniors and dependents to obtain medication at little charge, since the plan covers 80 percent of the costs of prescription drugs. It also covers, among other things, ambulance charges to and from a hospital, a costly service if and when it is needed.

All of these programs help our older people maintain good health without endangering their financial security. Should an older person require special care in a nursing home or auxiliary hospital, the department covers the cost of these services for those assessed as needing such care, with the senior required to pay only a small charge to meet board and room costs. Our nursing homes and auxiliary hospitals are among the best in the country. This last year, following a major review, the department took steps through the new Nursing Homes Act and regulations to ensure that older people in these homes receive quality care. The steps being taken by the department to co-ordinate these services with home care services are also most welcome by the seniors' groups.

To the Member for Edmonton Centre — he isn't even here. I suppose it's only fair to remind the member that the apostle Paul lived through years and years of beatings while he was incarcerated, so bad indeed that his flesh hung loose from his bones. Perhaps, Mr. Chairman, to the hon. member, if all of us had his stamina and faith, we wouldn't need hospitals at all.

In conclusion, Mr. Chairman, I'd like to take this opportunity to congratulate the minister for the work which his department is doing to improve the lives of our older people and express appreciation to him on behalf of the senior citizens of Alberta. My only question to the minister is: what is the cost of the resonance scanner he described? There are several foundations throughout the province that would probably like to share in the costs of these instruments, not the least of which would be the two Alberta branches of the Shriners of North America.

With reference to the chairman's original remarks about being brief I would now like to set a good example by taking my seat.

MR. M. MOORE: I'll try and follow the hon. member's good example. He asked one question of some import. If I might have the liberty of saying that I am pleased that the hon. member will be associated with me and other ministers in terms of working on senior citizens' matters and the council — I don't think we could have found a finer individual to head up that area. I look forward to working with him.

The magnetic resonator scanner I talked about costs $2.6 million. The installation cost, however, is another $1 million, for $3.6 million, and the estimated annual operating cost is about $800,000. So it's quite an expensive piece of equipment, but one, as I understand it, that has some features on it that are very helpful to medical people.

MS BARRETT: Mr. Chairman, I wonder if I could briefly rise on a point of order. Just a moment ago I believe the hospitals minister said that there was no difference in the per diems going to the district nursing homes as opposed to the contract nursing homes, the for-profit nursing homes. I have information from his department that is otherwise. I wonder if I heard him or if in fact there is a difference and the for-profit nursing homes do receive a higher per diem in this province.

MR. M. MOORE: Maybe the hon. member could tell me what the different information is. I've been wrong before, and I may be wrong this time, but I did mention that there is a $2 per day capital allowance that goes to the private homes. That's for capital as opposed to operating, and it's been that way since 1964. My understanding of the per diem allowances for private nursing homes versus the district nursing homes is that the per diem allowance is the same for all of them. I'd be quite prepared in the few minutes left to check that out very quickly and rise again and comment upon it. But that's my information; it may be wrong. Maybe the hon. member has correct information. I don't know.

MS BARRETT: Mr. Chairman, my information differs, but I'd be glad to take the minister up on his offer. Thank you.

MR. CHUMIR: Mr. Chairman, in light of the short time available, my comments will be relatively brief and to the point. I intend to deal with three areas. Those are, first, the Alberta children's hospital; secondly, the building and funding of rural hospitals; and thirdly, the question of medical treatment for senior citizens.

Dealing with the question of the Alberta children's hospital, which the hon. minister has euphemistically described as suffering from growing pains, there are obviously serious concerns in the city of Calgary and southern Alberta about problems at the hospital. These require some answers. The first range of problems relates to concerns of the medical staff at the hospital, unhappiness, departures of doctors. Several of the pediatricians have recently departed. Only one is left, who obviously can't carry a full load and be on call at all times. There is need for an extra neurosurgeon. I understand there have been complaints with respect to frustration about lack of equipment, some of which is to be resolved. There's an absence of a blood bank at the facility, requiring the use of taxis to bring blood from the Foothills hospital to the children's hospital. In addition, there are inadequate research facilities, which one needs to keep top pediatric medical staff content.

A second area of problems is that of the emergency department, where the numbers using the facilities have increased substantially in the last few years. The figures I have indicate a 31.9 percent increase. I've had a complaint from a constituent who spent close to three hours there with a child without seeing a doctor before leaving. There have been indications from him and others that waits of up to five hours are not uncommon. These waits result from a shortage of funding for doctors and nurses. In addition to this, I understand there is no what would be described as a holding facility, where children can be looked at for from eight to 24 hours in order to determine whether or not they need to be admitted. The result of this is that some children who should be admitted to hospital are not, and others who could be released to go home are admitted as full-time patients because there is no temporary facility. The hospital has made representations to the minister and has applied for more funding from the government.

A third overall question relates to budgeting. Government budget figures show that a 3.7 percent increase is being proposed. Information I have is that in reality the increased amount of funding presently being proposed is only $30,000. I gather this is not the final increase which will ultimately be approved, but the hospital is somewhat concerned in respect of the shortfall in funding. They are anticipating an approximate $3 million deficit this year. If further funding does not come through, we'll have to cut services and we'll also have to close 14 to 16 beds over the summer which it wishes to keep open as a result of increased demand. The hospital has applied to the province for more funding in that regard. On top of which we have a nationwide shortage of pediatric surgeons. We find that none are presently being trained in the city of Calgary. One might inquire as to what is being done either in Alberta or collectively with the rest of the country in that regard.

The question I would like to address to the minister is: what is the government doing generally to address these problems? Specifically, has the minister spoken directly to doctors and administration at the hospital or visited the hospital? Does the government have a particular plan to deal with the problems at the emergency facilities and also to deal with the additional requests for funding for research, a blood bank, and keeping beds open during the summer?

Mr. Chairman, a related question I would like to raise is with respect to the government's plans to build a separate children's hospital in Edmonton. The concern, of course, in the southern Alberta region is whether or not the funding requirements, both capital and operating, for building a separate facility in Edmonton might result in a further strangulation of funding for the Alberta children's hospital in Calgary. I might note that insofar as the hospital in Edmonton is concerned, there seems to be a paucity of information with respect to whether such a hospital is or is not needed. Let me make it clear that I personally do not have a position one way or the other as to whether it is or is not needed. But I understand from many health care professionals that there is not a need for the hospital in the city of Edmonton, that there are now collectively over 500 beds spread throughout a number of facilities, and that the rate of usage is very low, below 50 percent. I wonder if the minister might be able to tell us. Does he have studies which will assure Albertans that the building of a separate children's hospital makes economic and medical sense at this time when we have a $2.5 billion budget deficit and that it is not merely being proposed for political reasons? In answering that question, perhaps he might also

comment about the actual percentage of use of pediatric beds which we presently have in the city of Edmonton.

Briefly, on the question of senior citizens, Mr. Chairman, I was happy to hear the minister indicate that he recognizes the merits of programs with which we would end up with more senior citizens being kept in their homes and apartments rather than institutionalized. In Alberta we presently have the highest percentage of institutionalization in the whole western world. I think it is accepted that keeping citizens in their homes is not only more desirable from a personal point of view but also less expensive. I would ask the minister if he could tell us, aside from the generalizations, what concrete plans the government has to deal with this issue. What types of programs are being planned, particularly to expand the program at the Youville centre, which is presently in trouble itself, to the Calgary area? Will we be developing an integrated intake program to centralize assessment of seniors' problems so as to get them into the most desirable treatment programs?

I see that time is getting along, Mr. Chairman, and I think I will defer comments I had with respect to the rural hospitalization situation to another occasion and opportunity.

MR. M. MOORE: Mr. Chairman, I missed some of the first comments of the hon. member; I was looking at something else. I will review them and try and answer them at another time. But I do want to make some comment relative to the children's hospital in Edmonton because it has become somewhat of an issue, I think largely because people decided to focus on that development as some reason why funds aren't being provided to the children's hospital in Calgary. To be honest about it, there's no relationship whatsoever between the development of the children's hospital in Edmonton and the provision of the equipment or whatever in the children's hospital in Calgary.

I met with the board of the children's hospital in Edmonton, which has just been constituted, as the hon. member would know. I had a very good meeting with the board, who are people dedicated to making sure that the facility that is built here is one that will fit in and blend with the existing active treatment pediatric hospital facilities. In that regard it's my understanding from the board that they have asked both the University of Alberta hospital board and the Royal Alexandra hospital board to consider how they might fit in with the new children's hospital. It's my expectation that the new children's hospital might be built on a site that would be close to or adjacent to either one of those two major hospitals, the Royal Alex or the University.

At present there are about 500 pediatric beds in Edmonton city. At the present population of this region there is not a long-term requirement for more than about 250. If you add the referrals that will come to a children's hospital from other parts of northern Alberta, you may get up to 300 or so in terms of the bed requirement. Very obviously, a number of active treatment hospitals in Edmonton will want to phase out their pediatric wards as we develop the children's hospital. I hope we can do that in such a way that we can use those beds for other pressing needs, perhaps for long-term extended care, for day hospitals, or for centres for seniors who might otherwise be hospitalized, as I was talking about a while ago.

In my view, the Edmonton children's hospital will bring together all of the players in the field of pediatric medicine in Edmonton. It could develop into a very good research facility as well as an active treatment facility and a training facility for those who are involved in pediatric medicine. I have no doubt that when it's completed and open and a number of other beds in other institutions here in Edmonton are phased out in terms of pediatrics, we'll look back on the decision that was made by our Premier to proceed with the Northern Alberta Children's hospital as a very, very good decision for the treatment of children's diseases and illnesses in the northern part of our province. So I want to very strongly associate myself with that decision and say to hon. members that it was something I was very strongly in support of when it was announced.

Mr. Chairman, before concluding at 5:30, I hope to have some information on nursing home fundings. I have the figures in front of me again. They're very, very close together, but I'm not sure how much of the $2 I referred to is in the private nursing home payment. But I'll get to that; if not before the conclusion of this session, I'll let the member know.

MR. HAWKESWORTH: Mr. Chairman, there are not too many minutes left in our discussion this afternoon, so I'd like to jump in on a couple of issues that I feel need to be addressed by the minister.

As part of the discussions regarding the end to extra billing, as I understand it, the Alberta Hospitals Act allows hospitals to levy user fees. No hospital board in the province of Alberta has yet done so. Nevertheless, it's part of the legislation. Those user fees fall under the same category as extra billing, as I understand it, according to the Canada Health Act. As part of his ongoing negotiations with the federal government under the Canada Health Act, is the minister moving or will he be moving to make amendments to the Hospitals Act in order to take away the authority from local boards to levy user fees? As well, when those user fees were announced, there was a deficit surplus policy linked with those user fees. Will that policy be reviewed, altered, changed, amended, or deleted?

Secondly, global funding for approved palliative care programs: foundation money has been granted to provide funds to demonstrate the need for palliative care programs in our hospitals. I think that demonstration has been very successful. Hospital boards, patients, and staff recognize how vital, how important, how good those programs are. Will they be included under global funding in hospital budgets? Presently they have been shifted to discretionary funds, and I think that because they're recognized as being so important, boards have taken them on under their discretionary funding. Will the department recognize them as approved programs for global funding?

Thirdly, equipment approval process: last year the Alberta Hospital Association approved a resolution that approved ad hoc capital projects and equipment purchases ought to be applied and accounted for over a period longer than one fiscal year. It is extremely frustrating for a board to get approval for a project in January or February and have maybe 30 or 60 days in order to spend that money. In many instances, if it's major pieces of equipment or a large renovation project, it simply cannot be done. Those boards receive earlier approval for those kinds of approvals in order that they can conduct themselves and this whole procedure on a more businesslike basis.

Fourthly, the matter of the extensive waiting list for auxiliary hospital beds: people are sitting in our active treatment hospitals waiting for those beds. As long as they're waiting for those beds, those active treatment beds cannot be used for the purposes for which they are intended. People

waiting for auxiliary hospital beds have been assessed. Their needs have been looked at. All the other programs and options have been considered, and auxiliary hospital beds are the option that fits for those patients. As I recall, when I was a trustee on the Calgary General hospital board, there were approximately 50. I understand that somewhere in the order of 80 to perhaps as many as 100 are waiting at the Foothills hospital in Calgary. There is a backlog, and I would like some indication from the minister, if he can, in terms of how that option of auxiliary hospital bed provision is being addressed.

Hospital equipment: the formula has been unchanged for five to six years. Inflation has eaten into that formula. There has been no indexing, so the older hospitals are finding it harder and harder to get that equipment. New hospitals get new equipment as part of their construction and commissioning. The older hospitals are finding that area much more difficult to handle.

I'm particularly concerned, as the minister can well imagine, with the active treatment hospital in Calgary Mountain View, that being the Calgary General hospital. They have submitted a role statement as part of the overall renovation planning that's going on in that institution. It's one of the oldest metro city hospitals in Alberta. It's one of the very last in this province to be revised, renovated, and updated. The minister and his staff are presently undertaking a review of that role statement. I'm sure he will recognize that that's not a project which would add new beds, but it would simply bring that facility into — shall I dare say? — the 20th century. What I would like to recommend to the minister is that the process try and accommodate a meeting of minds on the role statement for that hospital. Can the department and the trustees at the hospital agree on the emphases and needs contained in that document? Once that's been dealt with, the hospital would know where they were going and could begin to define their financial needs.

Mr. Chairman, would it be appropriate considering the hour — I'm on my feet — that I move that this committee rise and report?

MR. CHAIRMAN: No, it wouldn't. It's government business, and the Government House Leader determines that business.

MR. HAWKESWORTH: Okay, I wouldn't want to step in where I'm not intended to.

MR. M. MOORE: Could I make one brief comment before the hon. House leader speaks? It's with respect to this debate that the hon. Member for Edmonton Highlands and I were having over nursing home costs. As a matter of fact, the figures that she must have been provided did include the $2 per day capital allowance that I spoke about in my opening remarks. The facts of the matter are that private and voluntary nursing homes on a per diem basis actually get slightly less than district nursing homes, when you consider that $2 of the contribution to them is for capital purposes, which I did explain in my remarks. In summary, Mr. Chairman, I believe that the information I gave the House was accurate in that regard.

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

[Motion carried]

[Mr. Speaker in the Chair]

MR. GOGO: 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, does the Assembly agree?

HON. MEMBERS: Agreed.

MR. CRAWFORD: Mr. Speaker, the Assembly will not sit this evening. The business for tomorrow night is consideration of certain Bills for second reading, and I advise the House leaders of the opposition parties of those Bills.

[At 5:30 p.m., on motion, the House adjourned to Tuesday at 2:30 p.m.]