

LEGISLATIVE ASSEMBLY OF ALBERTA

Title: **Monday, April 13, 1987 8:00 p.m.**

Date: 87/04/13

[The Committee of Supply met at 8 p.m.]

head: **COMMITTEE OF SUPPLY**

[Mr. Gogo in the Chair]

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

Members of the committee, before we proceed, there's been a request that perhaps we could briefly revert to Introduction of Special Guests. Would the committee agree?

HON. MEMBERS: Agreed.

MR. CHAIRMAN: Could we call, then, on the hon. Member for Redwater-Andrew.

head: **INTRODUCTION OF SPECIAL GUESTS**

MR. ZARUSKY: Thank you, Mr. Chairman. I would like to introduce to you and through you to the rest of the Assembly, 40 fine citizens from the towns of Smoky Lake and Warspite and probably Waskatenau. This trip was organized by the Warspite Women's Institute under the direction of Mrs Kulka, and the bus driver is Mr. John Carson. I guess these people heard that this is the liveliest place in Edmonton in the evening, so they're here to visit us today. They are seated in the members' gallery, and I would ask them to rise and receive the warm welcome of the House.

head: **COMMITTEE OF SUPPLY**
(continued)

MR. CHAIRMAN: Before we proceed it may be useful to spectators in the gallery to explain what's happening in the Legislature, and also to members of the committee. As people know, the Legislature opened on March 5, I believe it was, with the throne speech. March 20 had a budget speech, and now ministers of the Crown, who are the only people authorized to present spending estimates to the Assembly, are presenting their estimates. One of those ministers is presenting his tonight. Members of the committee, which includes all members of the House, have opportunities to question, make comments, and even amendments to the votes presented for expenditure. At the conclusion of that, a vote is taken, and once that vote is taken, it then has to be approved by the Assembly as a whole, and that's how they spend your tax dollars.

Before we proceed we'll be dealing . . .

MR. TAYLOR: Point of order, Mr. Chairman. I was hoping when you talked to the galleries you would let them know that the Liberals are the only party present with 50 percent of the caucus represented here this evening.

MR. CHAIRMAN: The representation . . . [interjections] Order please. The committee is about to begin. The Chair would indicate those members who have indicated an interest in speaking in the estimates. I'll read them. If there's any question, you're allowed then to approach the Chair, once we begin. I'll go through it very quickly: Edmonton Belmont, Calgary McKnight, Westlock-Sturgeon, Calgary Glenmore, Edmonton Centre, Edmonton Gold Bar, Highwood, Edmonton Beverly, Calgary Foothills, Calgary North West, Cardston, Olds-Didsbury, and Redwater-Andrew, followed by Calgary Mountain View . . .

MR. STEVENS: Point of order, Mr. Chairman.

MR. CHAIRMAN: . . . Lacombe -- one moment please -- and Edmonton Glengarry.
Banff-Cochrane?

MR. STEVENS: I just wanted to make a correction, Mr. Chairman, that there are more than 33 Conservative members here, and that's more than 50 percent.

**Department of
Community and Occupational Health**

MR. CHAIRMAN: Members of the committee, the department brought forward tonight is on page 75 of the government estimates. The authority for the votes is found on page 78 facing vote 2, The minister is the Hon. Jim Dinning, Minister of Community and Occupational Health.

Hon. minister, would you have some opening comments to make to the committee?

MR. DINNING: Thank you, Mr. Chairman, I do. I want to express my appreciation to the Member for Redwater-Andrew for having introduced some very fine people in the gallery this evening, because I wanted the Assembly to know that that was not the sum and substance of the Department of Community and Occupational Health staff up there this evening. It was important that that be clarified.

I am delighted, Mr. Chairman, to present the estimates for 1987-88 of the Department of Community and Occupational Health, as well as the estimates for the Alcohol and Drug Abuse Commission, as well as the government's contribution to the Workers' Compensation Board. I'm going to ask my colleague the Member for Banff-Cochrane and the chairman of the Alcohol and Drug Abuse Commission to make some remarks following mine, so that members will be enlightened as to the commission's activities for this forthcoming year.

I'd just like to make a few brief remarks, Mr. Chairman. The remarks that I made in my presentation to the committee on July 31 last with respect to the 1986-87 estimates of the department stand pretty well intact and give a good background to our activities, and members wishing a longer speech or a longer reference may refer to those remarks.

I want to underscore for all members just the role that the department plays in the health care system in Alberta by providing community-based services in the areas of public health, mental health, and occupational health and safety. And when we're talking about health care in the province, Mr. Chairman, I want to underscore that I'm talking about a continuum of care. And in the midst of and taking a very large portion of that continuum is without a doubt the most professional -- I would sug-

gest the best -- institutional array of services that anyone would find on the North American continent. Whether it's in our active treatment hospitals, our nursing homes, auxiliary hospitals, or even in our lodge system, there is not a health care system in the country or, I would suggest, on the continent that could possibly match it.

But I have to ask the question whether we're healthier because of that? With all those great doctors, and with those tremendous facilities, are we as Albertans a healthier lot? I ask that question wherever I am given the opportunity to travel in Alberta. I often ask Albertans why we tend to think of health and health care in terms of doctors and hospitals. Because invariably when one goes to a doctor or visits a hospital, he or she is sick. And that's not health care. We're talking about people who go to those hospitals because they're no longer well.

What we're trying to do in this department, in co-operation with my colleague the Minister of Hospitals and Medical Care, is to take that prevention step, that important preventative approach, and the promotion of good health. That takes both sides of the continuum, with the institutional setting in the middle. On one side you're talking about preventing ill health and promoting good health, talking about preventing and delaying the institutionalization of many Albertans, particularly in the area of long-term care for our seniors, and making sure that that doesn't take place or that it takes place much further down the road. On the other end of the continuum is encouraging and providing for the services in the community to get those people out of those hospitals, out of that health care institution, back into the community, using community care facilities, whether it be residences or whether it be day programs.

We're heading in the right direction, Mr. Chairman, because I know from talking to my colleague the Minister of Hospitals and Medical Care and to all of my caucus colleagues and in talking to all Albertans that they believe that is the right approach to take. They see the community-based services as a healthier environment in which to receive their health care. And in the long run, I believe it is going to reduce -- substantially, significantly reduce -- the growth in our health care costs.

Just one other comment, Mr. Chairman. As we approached our 1987-88 budget, we had to establish and decide upon some priorities. I want to confirm for all members that our number one priority was to ensure a continued provision of high-quality services and benefits to those with the greatest need. I believe our budget that is before the committee this evening reflects just that. In some cases, Mr. Chairman, we had to draw the line. We had to make some tough decisions, some critical choices, and we said, "We're not only going to deliver those services to those with the greatest need, but in some cases to those with the least ability to pay." I speak of the Alberta Aids to Daily Living program when I refer to that, Mr. Chairman, and I believe that approach is a responsible one and that it reflects the budget themes that our Provincial Treasurer announced in his Budget Address, themes of fairness, of quality programs, and protection for those Albertans with the greatest need.

Just in summary, Mr. Chairman, I want to commend and thank my colleagues in the Department of Community and Occupational Health under the good guidance of Dr. Bob Orford and all of my colleagues within the department, as well as some very important essential office staff on whom I rely deeply. I'm very, very grateful for their help.

I wanted to just make those brief comments, Mr. Chairman, and would welcome any comments, questions, or advice.

MR. CHAIRMAN: The Chair recognizes the chairman of AADAC, the hon. Member for Banff-Cochrane.

MR. STEVENS: Thank you, Mr. Chairman. Since I have received the appointment as chairman for the Alberta Alcohol and Drug Abuse Commission in June 1986, I would like to compliment the opportunity that I've had and our commission staff has had to work with the Minister of Community and Occupational Health. He has brought a positive, energetic, and dedicated approach to his position and has provided much needed advice and response for us as a commission. I would like also, Mr. Chairman, to mention the Minister of Education, who has also lent her support to the work of the commission, and of course the commission is very much actively involved in educational prevention programs. So her support has been very helpful as well. I should also mention the work of the Impaired Driving Countermeasures Co-ordinating Committee and the support that AADAC has received from the Attorney General, the Solicitor General, and the Minister of Transportation and Utilities.

I think, Mr. Chairman, while I have your attention, we should again acknowledge the work that you did, sir, as the Member for Lethbridge West and as the first M.L.A. appointed as chairman for the commission for seven years, in helping the commission and its staff develop programs and provide direction for this very necessary service.

Members of the Assembly, the commission is provided with its policy direction by 12 citizen members, including the chairman. There are 11 citizens from across this province who provide their advice. They're from all walks of life and background, and they meet regularly and travel throughout the province on occasion to represent the commission and to represent citizens' advice and input to the commission. I would also mention the dedication of our AADAC staff, headed so ably by the chief executive officer, Mr. Jan Skirrow, and supported so well by the executive director, Brian Kearns; the senior director, Len Blumenthal; and in fact, the entire AADAC team who are known throughout this province for providing caring advice for a very essential service to so many Albertans. I would also mention Jill Nimmo, who has joined me recently as the secretary to the chairman, and Betty Maurice, who was the executive assistant to the minister for personnel for seven years. I'm very pleased that she's been able to bring to her role the advice and background that she has gained in that area.

Mr. Chairman, AADAC delivers a range of alcohol and drug abuse services that I believe are second to none in Canada. There are 19 offices throughout the province, providing treatment, community education, or prevention services to rural Albertans. I would like to thank the members of all parties in the Assembly, because alcoholism and the problems of chemical abuse, solvent abuse, are well known to so many Albertans, sadly. Every M.L.A. in this Assembly has at one time or another, I know, received a call from a constituent or has referred a request to the commission, and I know the commission will be always ready to provide advice to any member of the Assembly.

There are major outpatient counseling centres and detoxification facilities in Edmonton and Calgary, and we have also two inpatient centres: Henwood near Edmonton and of course the Lander Centre at Claresholm. I would like to mention also AADAC's budget, about one-quarter of which, nearly \$7 million, is provided to 28 agencies throughout the province. These are private agencies which receive funding in whole or in part for their services. They provide detoxification, counseling, education, and training services under the guidance of local vol-

unteer boards.

Last year A A D A C delivered some 2,000 prevention, addiction, and education consulting service projects to over a 130,000 participants. I think we should all recognize the numbers of people that are in need of this service. It's a shocking indictment of all of us, of ourselves, that in fact the problems of alcohol abuse and other forms of addiction are not escaped by Albertans. In fact, we deliver two impaired driving programs: one, the impaired driving course for first-time offenders -- and I believe it was you, Mr. Chairman, who developed this concept that recognized that there are many repeat offenders -- and secondly, we now have the program called IMPACT, which is a special intervention program for repeat offenders.

Mr. Chairman, there's no question that the budget before us for AADAC's operating budget has been reduced by nearly 9 percent from last year. Now, the effects of that have so far been minimized, but they will be noticeable effects. There may be some increase in response time to requests for services. There will likely be a degree of inconvenience arising by scheduling appointments at a later date, or perhaps someone will have to use a different counselor. There will be a reduction in the frequency of services in certain communities, such as in Canmore or in Grande Cache, and there will be additional demands placed on our treatment staff. But I want to assure the Assembly that AADAC, like every other agency, board, or department of the government is doing its best to manage with less, and no clients are denied service and no one will be turned away.

I'll be pleased to answer any questions, Mr. Chairman, that members may have.

MR. CHAIRMAN: The hon. Member for Edmonton Belmont, followed by the Member for Calgary McKnight.

MR. SIGURDSON: Thank you very much, Mr. Chairman and colleagues. I want to address a number of topics tonight, and I hope that the clock will allow me to get through all of them. So I'll try and be brief on a couple of points and maybe go into detail on a couple of others.

Perhaps I should start by noting that with the Workers' Compensation Board we seem to have a new experience rating program that has been introduced over the last, I believe, about 18 months. I know that theoretically it's supposed to be a much better program than the old superassessment program, but I've been contacted by a number of small employers that are finding that it's not such a great program after all. They seem to look at minor payments that come from the Workers' Compensation Board out to an injured worker, and they find that over a three-year period then their assessment is much, much higher than what it would have been under the old program. I would suggest that perhaps the experience rating program be carefully re-examined, with the plight of small business in mind. Often we hear ministers tell us that small business is the engine that drives our economy, but perhaps this experience rating program may be adding a sand-like abrasive to a place where lubricants, fine lubricants, ought to be added.

Now that we've talked about the assessment, straight away I'd like to get into the area of proposed changes or changes to the regulations. There have been a number of proposals that have been made that would affect miners and their exposure to things like coal dust and silica and asbestos. Indeed, there are some proposed changes to the regulations for workers who are exposed to vinyl chloride monomers.

I believe the minister has received a number of submissions

detailing some of the concerns and problems that the proposed regulations will in fact cause should they be implemented. Now, I know that a lot of the opposition to the proposal has come from places like the United Mine Workers.

Just a couple of concerns that I think we ought to address. These proposed regulations, as they're seen, would allow for a greater exposure by miners to some of these hazardous dusts, and I don't think that's the kind of workplace environment we want to provide to a lot of our workers.

I guess it would be all right to get sick in a workplace, but if you get sick and you're laid off, the new proposed changes would make confidential medical information of workers available to employers, and it may make some employees less likely to be employed in certain capacities if their problems are known. So we've got to be careful with what kind of information we let out. As I said, it may be all right to be sick in a workplace, but would you hire a sick worker?

I have a real fear, again, with the proposed changes to the regulations, that it would lessen the department's responsibility for codes and the monitoring of hazardous materials. I would not want to see -- I repeat -- I would not want to see any reduction in our responsibility as a province in the monitoring of hazardous materials. For those who work with the vinyl chloride monomers, the new proposed regulations would no longer require employers to provide an annual checkup for workers that are exposed to those materials. That's a real fear. We have to make sure that people are being properly looked after and indeed looked at, to make sure that they're not suffering from the hazards of the workplace.

I also worry about no longer having to submit a record of workers who are exposed to those materials, and that's another change that I think we ought to be very wary of. Given your commitment to safety in the workplace, I wonder if the minister is, first off, indeed aware of these proposed changes and if you will pull back on those. Let's look at it and maybe have a little more consideration on some of those proposed changes.

In vote 4.3 I noted -- and I have to admit that when I saw a reduction in education and program development, I went back, because I had seen a press announcement that the minister had let out some time ago, a press release on February 16 of this year where the minister, in reference to workers' safety in the oil patch, said -- and I'll quote because it's quite brief -- that safety is a shared responsibility, shared by employers, workers, and government. More retribution is not the answer; more education is.

That's from the minister in the middle of February, not very long ago. And yet what do we find in that particular vote? We find a cut of almost \$200,000 -- \$199,086 -- or a cut of 20.6 percent. More than one-fifth of the education and program development budget is being shot, just taken away.

But there are other contradictions that we see in the proposed changes. The department is proposing to change regulations regarding hazardous worksites that will reduce protection to workers.

Another contradiction: it's following the leads of other departments in turning over its responsibilities to some of the volunteer and community groups, without, quite frankly, providing the means for those volunteer and community groups to be able to operate in the same capacity that the department has. And it's really an awful thought, but I wonder if the department isn't initiating a decline in worker safety equal to the decline in real wages and job security, because I would suggest that that would make Alberta a most unrewarding province to work in, and per-

haps unsafe as well.

The cuts in the area of education and program development are going to have many negative effects, I fear.

I'm pleased to note, however, that the Alberta Federation of Labour occupational health centre will open on April 28. As an aside, I should like to note that on the Order Paper a motion will soon appear, standing in my name, asking that April 28 be declared by this Assembly to be injured workers' day, a day of mourning in recognition of Albertan workers who were killed, injured, or disabled on the job during the past year. And the reason we do that, I think, is that we've got to draw some attention to some of the working conditions that some of our workers have to go into, and perhaps by looking at an injured workers' day, we'll be able to recognize the importance of safety at the worksite. I've been advised that the city of Calgary is going to do something to recognize that date and so, too, is Fort McMurray and that they're awaiting the response from the city of Edmonton. I would hope that we'll have all kinds of support to get that motion through.

But I do want to get back to the Alberta Federation of Labour's occupational health centre. It is indeed a superb idea and one that shows that at least somebody in our province is looking out for the worker. But you know, again, as I said earlier, the department isn't funding this program for the federation, and when the department cut the occupational hygienists and suggested that the Alberta Federation of Labour fill that gap, there was no money offered, only the use of the library and, I suppose, some constructive criticism for any program that the AFL came up with. Now, I suppose constructive criticism is better than nothing, but surely to goodness when we're asking somebody in the community groups or in the labour group to fill a gap that the department has traditionally filled or looked after, then maybe we ought to be looking at some of the funding for that program too. In fact, the occupational health centre that the Alberta Federation of Labour will be opening on the 28th of this month has already had some 75 people come before them seeking help with their Workers' Compensation Board cases.

I would propose that maybe we ought to be looking at a workers' advocate or somebody that would be able to assist injured workers get through the department. If they're not satisfied with the kind of structure that's inside the Workers' Compensation Board, then perhaps we ought to make something available outside the department to workers. Clearly, the Alberta Federation of Labour is doing that, and I think some of the workers are far more comfortable with labour-representative organizations doing that than the board itself. So maybe we ought to be looking at funding outside of the Workers' Compensation Board for advocacy.

I think the real area of concern for all of us is the number of deaths and injuries that have occurred in the oil patch over the last year. Votes 3.2.2 and 3.2.3 and possibly tying in a little bit of vote 3.4.3 show, I think, a cut in the area that ought not to be cut. In votes 3.2.2 and 3.2.3, \$60,000 is being cut from northern and southern inspection services. I don't know what would constitute that amount. Is it one position or two positions? Or is it no positions? Is it just simply supplies? With the rate of inspection that we do out in the field, I wonder if it's just simply cutting down the amount of petroleum we buy for the service vehicles, so that maybe what we're going to do is not see any inspections at all out in the worksite. I would appreciate being advised on that.

Last year in the petroleum area we saw a number of programs that -- perhaps the rush, the flurry of activity was respon-

sible for some of the injuries and indeed some of the deaths and the lack of inspections. Last year we had -- again, the ministers and the government announced a number of programs, such as the exploratory drilling assistance program, the development drilling assistance program, the well service assistance program, the geophysical service assistance program. And the industry didn't respond to those programs straight away, not in the way that they were expected to, so the government extended the programs. But again industry didn't respond, so the government came out with the five-year royalty holiday program -- another program -- so that industry would respond to that. And indeed industry did. If you couple the royalty relief program with the previous programs that had been announced, what we saw was a flurry of activity for a very short period of time. Companies were rushing out spudding their wells before the end of the year.

The problem was that we didn't have experienced workers in the field. The experienced workers [interjection] ... Well, the experienced workers have traditionally been out there and have expected a longer term of employment, and that wasn't going to happen with these programs. Workers that had normally worked in the patch had gone off to another province, another state, or perhaps indeed even another country. And you can't really blame them, because even seasonal workers like to be employed for the season that they're traditionally employed in. However, we ended up with a number of green hands in the patch for this overheated period of activity. We had nine deaths in the oil patch last year, five deaths in the last few months.

Perhaps if we had planned the activity to take place over the season, perhaps we wouldn't have had so many deaths. Perhaps if we had trained the workforce and not allowed the green hands to go right into the oil patch without any training, again, perhaps we may not have had any deaths or as many deaths. I would hope that the minister would be able to assure the Assembly and indeed all of the workers in the oil patch and in Alberta that in future, programs announced will be for sustaining activity in the oil patch as opposed to overheating an already dangerous jobsite.

Another area we have a problem with in vote 3.2.2 is the lack of inspections. I want to tell of a particular incident that happened, and it relates directly to the lack of inspections on the jobsite. A chap came into my office, and he was a skilled tradesman, a journeyman carpenter. He had worked up in the oil sands and had made a pretty good dollar when the times allowed him to practise his craft. The economy soured, and he didn't make the kind of money that he was accustomed to, and he went out and worked as a labourer. Now, I looked at his work record, and it was not bad. In fact the employer had all of the hours down. He was working from a time early in the morning until sometime in the afternoon; a full 10 hours a day he was on the jobsite. He was paid for eight and a half hours out of the 10 that he was there, but we got some of that back through labour standards.

I do want to get back. Because of the lack of field inspectors we have a number of people that are employed that are not being -- the employers aren't being inspected as often as they should. Now, in this individual's case there was clear violation -- clear violation -- of the employment standards. And what that led to ... Let me just go through this very briefly, this violation. In May he worked 29.5 days; in June he worked every day of the month; in July he worked 27 out of the 31 days; in August he worked every day of that month; September, 24 days; October, the full 31 days; and in November, only eight days. You

may wonder: why would he only work eight days in November? It's because he was injured -- it's because he was injured.

He told me that his holiday or his period off was in fact at the beginning of September, so if you take the 24 days that he worked in September and you add that to the 31 days he worked in October and the eight days he worked in November, he would have worked something in the neighbourhood of 63 days in a row, clearly violating section 28. But what that was is that he was overtired, working long hours, and he stuck his hand into a machine that, perhaps because of fatigue, perhaps he wouldn't have done it. Perhaps he wasn't familiar with the machine, because he was working in an industry that as a craftsman -- as a journeyman tradesman carpenter -- he perhaps wasn't as familiar with this particular piece of machinery.

But the fact is that there was a violation of one Act, a violation of Employment Standards, and I would suggest that there was a violation of safety standards as well, because this gentleman was not being given the proper time off, and he was too tired to operate the machine.

Now, what happens to him? Here was a chap that didn't want to go on unemployment insurance. He didn't want to be on welfare, so he went out and worked in this camp at the princely rate of \$3.80 an hour -- \$3.80 an hour -- and he's going to get for the compensation rate 90 percent of his net. Now, I know that perhaps we shouldn't speculate. His hand, by the way, is injured to a point where he's going to require physiotherapy for at least two years, and he may never ever be able to regain the use of his hand. He may never ever again be able to practise his craft, perhaps because he was too tired. Perhaps certain standards were violated.

Now, I know we can't speculate on the amount of income that he would have earned over the coming two years while he's receiving physiotherapy for his hand, but we can look back at the kind of money he made while he was employed outside of this short-term job. He was only there for six months, but that's the rate he's going to be assessed on, 90 percent of whatever one would net on minimum wage. Not very good inspections; not a very good safety record.

What about the fines for the safety violations? I would suggest that the fines that are imposed on employers are a joke. The maximum under the Act for death for a first offence is \$15,000 or imprisonment for six months and for a second offence is \$30,000 or imprisonment for a year. Now, I can appreciate that the minister cannot and should not -- and I want to re-emphasize should not -- influence Their Honours on the Bench, but some of the fines that have been levied, I would respectfully suggest, show that the value of a worker killed at the workplace is not very much. In some cases perhaps the correction of the situation would cost more than the fine being imposed. That's not very good; it's not a very good record.

Perhaps what we ought to look at doing is changing the Act so that for a worker who's killed on the worksite, perhaps the maximum fine -- or the minimum fine; let's make it that the minimum fine should amount to the amount of income that he, were he living and productive in his field, would have made until he had retired, had he had the opportunity to retire. But \$15,000 as a maximum? That's outrageous. I would suggest that if we were to put that kind of a fine in place, on the books, on the statutes of our province, we would find that the company field supervisors would be telling the workers to go out and make sure that they're wearing the proper safety equipment prior to rushing out to unsure or unsafe working conditions.

Just to conclude, while we're on the topic of fines, I noted in

the *Occupational Health & Safety Magazine* that comes out -- we saw in the winter 1986 edition that there were some fines detailed in there, as there are in every edition of the magazine. I just want to point out a couple of them: a worker was fined \$200 for entering a trench that wasn't properly secured; two other workers were fined \$100 each for entering a similar trench. And then a little lower on the page we see that an employer was fined \$50 for allowing workers to enter a dangerous trench. Now, I would suggest that there's something wrong with that; there is some inconsistency there. If the employer is drawing up the blueprint, paying for the design, and having the worker work on the trench, and the worker enters the trench, if it's not safe for the worker to enter, it shouldn't have been safe for the employer to send that worker into. But yet the fine system is very, very different.

Mr. Chairman, with that I'll conclude my remarks and advise the minister if he thinks he got off lightly because of the community health end of it, my colleague the Member for Edmonton Centre will be addressing that momentarily.

Thank you very much.

MR. CHAIRMAN: Before we proceed, Minister, the Chair would point out that there are 20 hon. members who wish to put questions. If they all utilize their time limit, that's 600 minutes, which is some 10 hours. The Chair would respectfully make the observation that if hon. members wish to put questions, perhaps they would have the opportunity of getting answers. We're now 50 percent through the total estimates; we're in day 13.

Hon. Minister of Community and Occupational Health.

MR. DINNING: Mr. Chairman, that doesn't account for the 30 minutes of rebuttal I get for each speaker, so you could be looking at a few more.

I would like to respond to the comments by the member. First of all, he mentioned something about exposure regulations in talking about the asbestos, silica, and coal dust regulations, the noise and vinyl chloride monomer regulations, as well as the occupational exposure limits. I appreciate the member's comments. I think that's exactly what the process is all about: hearing what the general public have to say, what members have to say, what affected workers and employers have to say. I appreciate the comments. I don't think I'm going to get into them in a lot of detail; I don't think it's necessary. I just consider the representations heard.

The one concern I have with the member's comments about research and education -- yes, the budget shows a reduction, but it doesn't show a reduced commitment to research and to education, particularly the education side. What I want to tell the member is that yes, what we are going to be doing is focusing more of our services on helping businesses and unions and companies, organized and unorganized labour, to develop research programs, develop education programs. And rather than the government doing one on a large group education-wise, we will help the employer or, in this case, the union to design and mount such an education program, and it will be the responsibility of the union or of the employer to deliver that program. I think that's putting the responsibility where it belongs. Yes, it is a shared responsibility of employers, employees, and the government, but I can see the employers and the employees taking on more of that responsibility, because they know full well that safety pays. It pays in the short run, it pays in the long run, and that's the responsibility of workers and employers: to ensure that they've looked after that.

WCB, Workers' Compensation Board -- a member mentioned the experience rating program, and just so he's aware, it has now been in place in full since January 1, 1987; so just three and a half short months. I, too, have heard from employers and employees; I can tell you that my mail is running in a ratio that's similar to those and how they're affected. They're running three to one by small employers, three to one in favour of this new program, because as the hon. member suggests, there are some who because of a small incident, a small accident, are affected negatively. There are some 2,000 employers in businesses of that kind, but for every one of those, there are three who enjoyed a rate decrease. So when you're talking about 6,000 employers, and you say: "Well, how can we tinker with the system? How can we protect those 2,000?" -- well, tinkering with the 2,000 means that the benefits the 6,000 have enjoyed are reduced, and I'm not inclined to do that. I think some thought was given to that, but frankly I think the benefits that flow to those 6,000 employers are ones that we cannot ignore.

In the case of the Workers' Compensation process -- claims, injured workers -- I regret that any employer or any employee, in this case, is in some way dissatisfied with the review of his or her file. Some 60,000, 65,000 claims in 1986, give or take, and I would estimate that about 60,000 of those 65,000 are claims which have no problems at all. They go through the system and workers by and large are very satisfied with the results of the process. For those other 5,000 there is an appeal process, and in some ways, I would suggest, a very lengthy, a very exhaustive appeal process. And yes, there are delays, but the claims are becoming increasingly complex.

I've got to remind all members, including the hon. member, that the Workers' Compensation Board is meant to provide income replacement to those workers who are injured on the job. It is there to protect that injured worker and provide benefits for which he is entitled. They're not there to provide needs; they're there to provide entitlement, according to the law and regulations that this Assembly has passed. For those injured workers who have needs beyond that which they are reimbursed for, we will assist those people by assisting them in going down to the Social Services people or to the Unemployment Insurance Commission, because the Workers' Compensation Board is an insurance corporation. As I mentioned the other day, it's an insurance corporation with a heart. It is not, Mr. Chairman -- it is not -- a social service agency. And the sooner all members -- especially members opposite who sit in the middle, who enjoy the socialist tag -- remember that, the sooner the Workers' Compensation Board will be able to get on with its job.

I want to just quickly go back to the Alberta Federation of Labour occupational health centre. This is an initiative, Mr. Chairman, which I fully support. It's an excellent initiative, and just as I said to the director of that centre some three, four, five, or six weeks ago when I appeared on a cable television show in Calgary which the centre supports -- I told them that we would help them. We have helped them; we will continue to help them in the establishment of their centre, just as we are helping all employers, employees in the province mounting, designing those research and education programs. I'm proud to be associated with it and I look forward to seeing the hon. member at the opening ceremonies on April 28.

As for inspections at worksites, Mr. Chairman, I've got a couple of comments that I want to make the hon. member very aware of, particularly as it relates to the level of activity that took place in the province in November and December and January, activity that we welcomed and fully support and would

like to see more of in the days ahead. We expect we will, with the royalty and fiscal regime that we put in place last October, combined with the new federal initiative, which will make for a very effective and, I believe, a very strong and vibrant drilling and servicing activity in the oil patch.

And just so that the member knows that this government took a strong initiative during that high-level activity, we were, during the period of December 1 to January 16, out very actively inspecting rigs and operations at drill sites. We had the good fortune to visit some 220 drilling rigs and 60 service rigs -- a thorough inspection at each one of those rigs. And what we found, Mr. Chairman, is something that surprised even our inspectors. We found that the rigs were in large measure in pretty good order, in good working order, that the crews in fact were not green; we would have expected they would have been. By and large, they were well experienced crews, doing their job and doing it right and those who were green -- and there were some -- were well trained. And we were delighted with that kind of initiative on the part of the industry. More can be done; there's no doubt about it.

As for the fatalities that took place during that time, Mr. Chairman, I can only agree with the hon. member that they are tragic. Any fatality is a tragedy that none of us should stand for, yet I'd encourage the hon. member to look into his facts about the circumstances related to each and every one of those accidents. I'm not going to get into specifics or particulars here, Mr. Chairman; I don't think it's appropriate in this committee. But many, many of those accidents, many of those fatalities, would never, and could never, have been prevented, and I leave it there. I underscore the tragedy of those accidents, but I look -- and I've seen the particulars, and it's something that I'm concerned about.

But I want to get into inspections, and I've got to ask the member: how much is enough? How many inspections are enough? There are 60,000, 75,000 worksites in this province, and I'm sure the hon. member, in keeping with his party's philosophy, would suggest that there ought to be a policeman at every single one of those sites. Well, we just don't agree with that; we won't take that kind of an approach. To a large measure it has to be a self-policing industry, and it is. They have to continue with that responsibility, and we will continue to focus on those situations, those worksites which are clearly hazardous, whether it's trenching, or whether it's combined spaces, or whether it's body shops. We have begun, and we're in the process of, a blitz of inspections covering body shops, with particular attention to isocyanates and the danger that that poses to any workers exposed to it.

As well, in the forestry industry, in the oil and gas business, the drilling business, the servicing business, in construction and demolition, as well as underground mining, we will continue our efforts there. And watching, keeping a very close eye on Workers' Compensation statistics and the board statistics -- we'll look at those and see where are the ones with the worst safety record, and we will continue to devote our efforts there.

I've got to ask the hon. member -- he raised a particular incident; he raised one gentleman without a name, without any details, and I'd welcome that information. But I've got to ask if the man talked to us. Did he call? Did he make a complaint? Did he express a concern? Because that's another important part of our inspection process, that where there's a dangerous situation, we want to hear about it. And we're going to take action -- and we will take action -- to make sure that if any potentially dangerous hazardous situation is there, we'll do our best,

our very best, to try and reduce or minimize or eliminate that hazard.

Fines on employers and employees -- because they both are equally responsible. I say that safety is in large measure related to attitude, and a safety attitude must begin at the top of the organization, the management and the owners, the people who are in charge of an organization. That's got to start at the top, but it's got to filter down throughout the whole organization.

I very much appreciate the support of the hon. member opposite in highlighting and identifying the need for a severe, a greater, look by our lawyers and by our judiciary at the severity of dangerous situations that lead to accidents or lead to fatalities. I endorse and support what the member has said, insofar as the judiciary and our lawyers must take a more careful and a more severe eye at those practices.

I'll leave my remarks there, Mr. Chairman, so others can participate.

MR. MUSGREAVE: Mr. Chairman, I wanted to just briefly, first of all, review the mandate of the hon. minister as he suggested it to us last year. He mentioned that of the four mandates of his department, first of all was the promotion of good, healthy living practices in all aspects of our lives, in our homes, in our communities, at our workplace. Secondly, he mentioned the prevention of ill health; thirdly, the fostering of independence by all members of our society and especially for the elderly and the sick. And fourthly, he mentioned the delivery of these services at the community level. One of the things he asked us to think about in community concerns was the acquired immune deficiency syndrome and what terrible things are happening as a result of that disease. So tonight, Mr. Chairman, I have four questions I'd like to ask the hon. minister.

First of all, if we only believe half of the horrendous forecast of the number of citizens who in a few short years will be dying in our hospitals because they will be victims of the acquired immune deficiency syndrome, some people are saying as high as 40 percent of our hospital beds will be occupied by these patients. I'd like to know what the minister is doing about this in relation to his responsibilities for our health units and their response to this terrible disease and the effects it may have on our communities.

My second question to the minister -- and this one concerns spending by the government. I'd point out to the minister that I have many letters on my files from my constituents who are deploring my stand on the budget and our attempts to lower the deficit. But I am concerned that the Minister of Social Services has decided to cut the food allowance of single people by \$5 a month. First of all, I think it's a very parsimonious cut, but secondly and most important, I would like to know if the minister, whose mandate is the prevention of ill health in our communities, was consulted by the Minister of Social Services before she brought forward this reduction in the food allowance.

My third question to the minister concerns family violence. Some two years ago my constituency brought a resolution on family violence to the annual meeting of the Progressive Conservative Party of Alberta, which was a result of motions I brought forward to this House, and a volunteer committee was established in Calgary by Lee Fowers, a constituent of mine, and myself, where the two of us were members of this committee. I was just a member; I was not responsible for the formation. But on that committee are people from the Calgary Women's Emergency Shelter, the Calgary Sexual Assault Centre, the Sheriff King Home, Discovery House, the Calgary

General hospital, the Calgary Mental Health Association, Kerby Centre, Alberta Native Women's Association, and the Department of Social Services, to name a few. The object of this committee, very briefly, was to commit themselves to continued learning, development, and co-operation about the issue of domestic violence; to encourage the co-ordination of existing agencies; to encourage communication between agencies and groups in the Calgary region and other programs, provincially, federally and internationally; to develop position statements; to lobby and advocate to bring about positive change in the area of domestic violence; to promote, conduct, and stimulate research; and to promote prevention of domestic violence through public and professional education.

Now, my question to the minister is this. This committee has met off and on for the last two years. I'm really aware of the work done by the Social Services department on how communities can address this concern, and I'm also aware of the efforts of the Minister of Social Services to co-ordinate the efforts of women's shelters. But our committee has come to the conclusion that unless some agency is prepared to develop an advocacy group similar to what exists in London, Ontario, to co-ordinate the activities of the various concerned groups in Calgary, any success is going to be a difficult achievement.

I would add and point out to the minister that there is a group in Calgary known as the Junior League which was prepared to donate \$30,000 for study and, more important, to provide volunteers to help arouse community support for a commitment to reduce the amount of family violence, to break the chain of violence from generation to generation. My question to the minister is: in view of his number one mandate being to promote healthy living practices in our community, could he commit to taking a strong role in co-ordinating the objectives of, say, the Social Services department, the Women's Secretariat, and such agencies as AADAC? And would his department focus on family violence and how the chain could be broken rather than on promoting the establishment of more centres where abused women and children can go? To me that's the end of the road, and we should be doing something at the start.

Mr. Chairman, the last question. Many families have handicapped members who may need special shoes, therapy, transportation, whatever. And what is happening in some families is that the financial burden is so severe that while we are attempting to reduce the costs of the various services we supply, to some people it's a very severe burden. I wonder if the minister has thought of capping this or providing some means whereby those people that are in need of a lot of services could be helped in some way, such as the cap on Aids to Daily Living, where you're not going to pay more than \$1,000 in one year? Something similar to that could be advanced by the minister.

Thank you.

MR. DINNING: Mr. Chairman, I welcome the comments, and I thank the hon. member for the reminder of the four-point approach which I spelled out in my remarks last July 31. I particularly want to address a few of the remarks he made, especially with respect to the acquired immune deficiency syndrome, better known in our day-to-day vernacular as AIDS. Clearly, this is a killer disease; there's no cure. And it's causing a real concern amongst many members of our community and our society. It's not what many of us think and are reluctant to perhaps talk about. It is not just a disease that's found in the homosexual population. It's one that can and will touch many of us in the heterosexual population in all corners of our society. Today

some 55 Albertans have been afflicted with the disease; 34 of those people have died. The statistics for Canada: the hon. member might be interested to know that some 990 Canadians have been afflicted with the disease, and some 500 of those have died. It's estimated by the experts that, say, for those 55 afflicted with the disease in Alberta, possibly some 3,000 to 5,000 Albertans could be carrying the virus. Those same experts estimate that one-third of those people within the next seven years will contract the disease, a disease again for which there is no cure, and those people will die.

The member raises one aspect: the costs. I don't need to underscore for hon. members the social costs. They are frightening. They are large; they are in fact unquantifiable. The medical costs -- the hospital costs, the doctor costs -- associated with it are at this point. I suppose, unquantifiable as well, but they are going to be something that we're going to find very difficult to manage.

What are we doing about it? What are we doing, and what will we be doing? What are we doing right now? A number of things. We are screening all blood through the Red Cross clinic, all blood that is donated through the Red Cross program, to determine those who carry the virus or have the disease, and those people who test positive are then followed up with consultation with them directly and with their doctor so that their affliction is brought to the attention of their doctor and consultation therein begins.

We have supported in the last year and I hope to support in the current year support groups who provide advice and consultation and counseling to those who are afflicted with the disease, including AIDS Calgary in my home city as well as AIDS Network in this city, both organizations and outfits doing excellent work in providing information on the disease. As well, through our sexually transmitted diseases clinic we are providing counseling, support, and blood testing where it's asked of us. People who are concerned or questioning can also approach their own doctor and be given consultation and advice and if necessary will be sent to the provincial health lab for testing. We have seen a very large increase in the amount of testing that's undertaken at that lab.

We have worked and we will continue to work with the Department of Education. I have talked at length with the Minister of Education about this disease, and clearly, Mr. Chairman, it is education at this point that is going to combat the disease. There is no cure. There is no vaccine, and it's estimated by the experts that that is still far, far away, unfortunately.

What are we going to do? What more are we going to do? Well, as I've said publicly, Mr. Chairman, we're going to approach this thing very seriously as a disease that can possibly affect many, many of us in all corners of the province, through a media campaign, through brochures, through printed and electronic material to make people aware of what the disease really is, how you get it, and how you prevent the disease from afflicting you or members of your family, your loved ones, or your neighbours and friends. We've got to work with doctors and others who are going to provide counseling and advice to Albertans to prevent the further spread of the disease. And I've met with the chairman of the provincial advisory committee on AIDS, Dr. John Gill of the Foothills hospital in Calgary, and he is deeply concerned about the number of incidences of this disease that he is seeing and especially concerned about the practices -- and it's not talked about in this Assembly very often, Mr. Chairman -- the sexual practices of those who are afflicted with the disease. Some Albertans who have the disease are

regrettably performing a form of kamikaze in knowingly, wittingly, consciously going out into the population and spreading the disease. Something must be done, but in a democratic society that we live in, what do you do? A suggestion of quarantine? A suggestion of all sorts of radical measures, but that's something that society is going to have to come to grips with. Contact tracing.

DR. BUCK: Mr. Chairman could I ask the hon. minister a very short question which wouldn't fit in if I didn't ask it at this time?

MR. CHAIRMAN: With respect, hon. member, there are a lot of hon. members that have questions. Perhaps when the minister sits down the next member may yield. [interjection] Order please. If the Member for Clover Bar has unanimous consent to put a 10-second question to the minister, would the members agree?

HON. MEMBERS: Agreed.

MR. CHAIRMAN: Any opposed? Member for Clover Bar.

DR. BUCK: Mr. Chairman, to the minister. Is the minister or the department giving any serious consideration that when people are going for their marriage licence, as well as the Wassermann test they would take an AIDS test at that time so that they would know, through compulsion, if either one of them is afflicted?

MR. CHAIRMAN: Hon. minister.

MR. DINNING: Mr. Chairman, it's an idea that we have considered, but it is not really that population, the marrying population, where we have the largest concern. I've got to tell you that we are seriously looking at: how do we eliminate the premarital blood test, the test for syphilis? It's a very inexpensive test. In the last 16 years we have found one case of syphilis through that test. That is a very inexpensive test, but the problem with AIDS is that you're looking at a test that costs as much as 20 times more than the syphilis test, so therein lies a larger cost. The member raises a very valid concern, but I think the better approach is through the measure we're proposing and possibly others.

I'm not going to get into a moralistic debate here, Mr. Chairman, but I won't leave the subject without suggesting that the best approach to preventing AIDS is not just research and education, it is abstinence, and in the case of partners in a loving relationship, monogamy. And that's the position, that's the philosophy, that's the kind of approach I take and would encourage all hon. members to have the same view.

I want to just comment about the communication side and the position taken by the private broadcasters. I don't think "hypocritical" is an unparliamentary word, Mr. Chairman, but it's one that deeply concerns me. The position of private broadcasters can best be summed up by the editorial cartoon in the *Journal*, that bastion of knowledge, where it was said, "No, we will not run these Canadian Public Health Association advertisements," and in the next bubble it suggested, "But we would be happy to make them into a miniseries." And that's simply unacceptable. Private broadcasters and public broadcasters, as well as others in the AIDS game, have a role, have a responsibility to educate and inform.

I'm going to leave AIDS. Mr. Chairman, and go to family violence quickly. What it does is raise a responsibility that's shared by many of us in this Assembly, including the Minister of Social Services. I wanted to just point out for the hon. member some activities on the part of many, many municipalities in this province, because through out budget we are supporting, to the tune of some \$30 million-odd, family and community support services. I can cite for hon. members the activities of three interesting projects in three different communities. In the case of Camrose, funding to the tune of some \$20,000 to \$25,000 for the Camrose Women's Shelter, something that I think is a very responsible initiative on the part of the Camrose community and the support services in that community.

As well, in the town of Medley, parenting courses that offer assistance and advice to people to become better parents so that they also provide great value in terms of resolving other problems the families involved may be experiencing: that's in the town of Medley, and the Medley family and community support services' agency is to be commended for that. And in the case of Smoky River, headquartered in the constituency of the Hon. Minister of Hospitals and Medical Care, the Smoky River family and community support services agency has supported programs -- prevention of child sexual abuse. It's those kinds of initiatives, Mr. Chairman, focused, prioritized, created at the local level, identifying that need that the hon. member, who, in working with his constituent, the very fine woman by the name of Lee Fowers -- that kind of local initiative is something we strongly support and are able to support through the family and community support services program.

I want to just mention the burden that any of our initiatives may heap upon one particular group of people or type of people or one particular family. In our case, in implementing and introducing the Alberta Aids to Daily Living program, we have put in place what I believe is a sensitive and responsive appeal process that will take into consideration a number of factors. Where the protection umbrella which we've provided is not sufficient for an individual family's needs, those needs can be heard out by an appeal committee, such that if that family or that person has needs that he must pay for over and above and beyond our program or other programs that are part of this government, those concerns will be heard out, and with a very sensitive and responsive ear, we will respond in kind.

MR. CHAIRMAN: Hon. Member for Edmonton Gold Bar, followed by the Member for Highwood.

MRS. HEWES: Thank you, Mr. Chairman. I'm glad to have heard the minister's opening comments about health care -- emphasis on health -- his desire to have us concentrate on the health model, not the illness model, and I couldn't agree more. And on prevention, because I believe that that's what the department is intended to do, either primary or secondary prevention hopefully. I simply wish, Mr. Chairman and Mr. Minister, that the budget were more reflective and understanding of prevention and its influence in human savings, human dignity, justice, freeing up the individual, rendering them independent. I'm convinced that if we can make it work, there will be enormous economic savings, so I'm puzzled at why this department, above all, should suffer an 8.4 percent cut. One of the . . .

MR. DINNING: Mr. Chairman, perhaps the hon. might point out the 8.4 percent cut.

MRS. HEWES: Isn't it on the first page, Mr. . . .

MR. DINNING: Look at the department itself. Those are the first four votes.

MRS. HEWES: Yes I see them, Mr. Minister. If I may continue.

I have continued to be puzzled as well, Mr. Chairman, about why the departments were split, I was particularly interested in the comments of the previous speaker, the hon. Member for Calgary McKnight, who talked about some of the breakdown where we have families or individuals who need to be cared for in both of those departments. Now, I know the minister and the Minister of Social Services talk about joint committees and working together, and of course we want to believe that's happening. But I have had continuous expressions to me of that kind of concern. Picture, for instance, the circumstances where we have a child, a juvenile, who is exhibiting behaviour problems in school, comes into conflict with the law, is judged to be apprehended and go into wardship, needs to be institutionalized for treatment and care. That child, that family, has four departments to deal with.

MR. DINNING: Five.

MRS. HEWES: Five departments to deal with. Thank you, Mr. Minister, five departments. I can't help but think that even with the very best of intentions, there are people who fall down between the cracks in the departments. I have not understood, and the Member for Calgary McKnight spoke about it -- the reduced food vouchers will have consequences in the department of community health; the problems of family violence will have consequences in health and in institutions, and in Solicitor General. Mr. Chairman, I've never had a satisfactory answer. I believe this is costly in economic terms and costly in human terms.

Certainly no one has questioned, at least from my party, the need for restraint in our spending -- it's just where it happens. I'm not convinced in any way that the restraint moves here are the kind of productive ones that I would have hoped for. It'll probably cost more in the long run. The increases that I have seen, Mr. Chairman, are mainly in order to deal with an increased demand, which I appreciate . . .

MR. CHAIRMAN: Order in the committee, please.

MRS. HEWES: . . . but as far as I can tell the benefit rates, with very few exceptions, will be increased, they will be the same, and perhaps in some cases even a little less.

Mr. Chairman, I have always supported this government's position and moves towards creating systems that will increase the capacity for independence of individuals, and I will continue to do so. Seniors, handicapped, mentally and physically disabled people -- I think we have seen some concepts here that are good and supportable, but I do have a continuing fear that our commitment in following through on them has not been what I've expected. So while we have worked very hard to help people stay out of institutions or to get out of institutions, we haven't put the energy into our community enterprises that we should have to make it possible for them to stay out of the institution.

If I can just address myself to some of the specifics, Mr. Chairman. In vote 2, the rehabilitative and special health ser-

vices. I note here what appears to be a very generous increase. But I am, of course -- and I've expressed it on a number of occasions in this House -- not comfortable with the change in the ADL program. I'm not sure, and perhaps the minister will tell us, what exactly is going to be saved by these and where the savings will be expended. What does he estimate the costs will be down the road? Who wins and who loses from these kinds of moves? I submit, Mr. Chairman, that we're fooling around here with people's lives. We're trying to encourage them to be independent, to live independently, to be producers, to be contributors, and yet we are on the one hand encouraging that and on the other hand taking it away from them.

Mr. Chairman, I submit that people will be forced to use institutions, to go without longer than they should, with the concurring increased pain and tragedy. We will see a speeded-up need for institutional care. People who cannot afford -- or do not feel they can afford, or will put their family members at risk if they afford -- the kinds of extra expenses we're putting on them will believe that they perhaps should admit themselves to an institution.

Mr. Chairman, I've asked the minister and the minister of health and hospitals the same question regarding chiropractic and physiotherapy services. What are the down-the-road effects of these kinds of savings? I do not believe that they are there nor do I believe that they have been properly calculated in making these moves at this time, geared -- yes -- to save money this year. They will not, in my view, save either money or people in the long run and in fact will be running counter to the government's expressed desire for independence on the part of individuals.

Mr. Chairman, the local health services -- if I can move on, I would like to ask the minister if he's given some more thought to some of my earlier remarks about home care. I see no moves expressed either in the budget or otherwise about an integrated service with all extended care to develop a comprehensive service with home care one-stop intake, so that we would be serving our seniors and those who are dependent on health care to stay in their homes, to access it easily and appropriately rather than make them wait, drive them likewise into nursing homes or auxiliary hospitals because they wait too long for the kind of care.

Once again, the funding of local health services is a slight reduction, 3.8 percent, and I would have hoped to see that one at least stay level or, with the kinds of requests that I've made in the past, an increase to allow the integrated intake service to be put in place. I don't believe the cost would be of any magnitude whatsoever. I know the experiments are under way.

[Mr. Musgreave in the Chair]

Mr. Chairman, in the funding of family and community support services. Now, this is a piece of legislation that I have described as one of the most creative that the province has ever put in place. [some applause] I'm glad to hear. Of course, it was a previous government that did it, and we have to commend them for it, because it was a very creative initiative on their part. I believe that it's the way to go. Now, the minister spoke about this in his opening remarks; prevention is the theme of that department, and I agree with that. Yet here again we see a reduction. Now, this is the dollar, Mr. Chairman, that has the most capacity to move. This is the dollar that's flexible, that comes in great part from community, that is enhanced by volunteer effort, that is accountable to its community, where the

municipality decides the level and amount of services it wants. It's an excellent way for our government to invest in our communities, and I think it has worked well in the past.

Mr. Chairman, I suggest that these services are where we get the maximum for our dollar on behalf of people, and I regret to see, once again, the reduction. Last year we had an increase that helped to put them back. [interjection] Yes, a major increase. All right, I'll describe it as a major increase. But all it did last year, Mr. Minister, was put them back where they'd been before the freeze went on, and I think that has been attested to in many cases. The result of this one is that we're once again starting the compression. We do get a lot for our dollar, and I believe this is where the investment should be made. We're assuming here that the voluntary agencies will be able to keep up. They're already stretched to the limit. Most of us have met with a number of them who are beginning to feel desperate. Information services in the city of Edmonton have closed as a result, and we're seeing all kinds of compressions throughout FCSS, a very creative program, one where we get maximum for our dollar, and yet one that is being held down.

Mr. Chairman, on communicable disease control, I'm pleased to see the government moving on the new vaccine program; I think that's a very positive thrust. I am, however, along with other members, anxious to learn more about the government's proposals regarding AIDS patients in the province. U of A epidemiologist Dr. Colin Suskolne says Alberta may have 325 victims by 1991 and 32,500 virus carriers -- a staggering number when you consider the implications of those statistics.

Mr. Chairman, the minister has been kind enough to describe to us some of the moves that his department is making and hopefully making in conjunction with Education and other departments who are involved. I note, however, in the Education ministry that AIDS education will not become compulsory in Alberta schools unless it can be taught without discussing sex. While AIDS Network spokesmen and infectious disease specialists believe it's absolutely essential to talk about human sexuality when teaching AIDS. So I'm puzzled at that disparity that exists, and perhaps the minister will comment.

I'd also like him to respond to a question regarding the funding and the development of special AIDS hospices. I understand the Premier has asked the hospitals minister to consider this matter, and I would hope that there could be some information given to the House on it.

The minister has described some kind of a public education program. I think Albertans want to know more detail, Mr. Chairman: what it will look like. You've talked about the various methodologies. When is it going to start, at whom will it be aimed, and when can we hope to know more about it, are my questions.

And finally on the AIDS question, Mr. Chairman, the Alberta Medical Association president, Dr. Richard Kennedy, has expressed his desire to have the Alberta government launch a major radio, TV, and newspaper AIDS education program and for the federal government to undertake a national information campaign. I'd like to know if the ministry is working with Dr. Kennedy and the Alberta Medical Association in order to develop the program and with whom else is the ministry working? With the AIDS Network people? Because they appear well advanced in their education services.

Mr. Chairman, I have some questions about the provincial public health laboratory. I'd like the minister to tell us: what are the present plans? Because all of us hear that the lab is up in the air, that another review is under way or in the planning

stage, and that there are plans afoot to have it incorporated into the Faculty of Medicine at the University of Alberta as opposed to being under the provincial board of public health. I personally feel that it is absolutely essential that the public health lab be autonomous, be an independent body, not be under the university, and be responsible to the public provincial board of health and this government. I would like to ask the minister, in responding to this, if he would describe for us what consultation has taken place, both with the lab here and in Calgary, what moves are proposed, and when will we see some results of this? It seems to me that it has served this province well and that the province needs to know that there is a separate body that is a free-standing organization in the province to protect health testing in the province. I think we need some answers on that, Mr. Minister.

In occupational health, there have already been some comments about the oil field deaths, and of course we all deplore those tragedies. I would ask the minister perhaps if he'd comment about the awareness of other departments in initiating incentive programs of that kind in industry where there is high potential for greatly increased momentum in the program which could result in dangerous or quasi-dangerous situations for workers. And what kind of consultation occurs between his department and other departments when those proposals come before the cabinet and the caucus?

Perhaps the minister will comment at the same time about smoking in the workplace and whether or not there are any plans afoot -- we all note with interest that a number of hospitals across the province have taken steps to create smoke-free workplaces. Does the minister have any programs or proposals in place in that regard?

Mr. Chairman, I have a few remarks -- how's my time, sir?

AN HON. MEMBER: It's over.

MRS. HEWES: Enough questions already? He says, "Enough, enough."

I have some comments about mental health, naturally, and some questions about it. Mr. Chairman, this is a field of practice that I've been deeply involved in for many years. Years ago, in the early '60s, we developed some principles and some concepts about decentralization, regionalization, and integration, and continuity of care that I think have stood us in good stead, and the government moved quite surely. But it seems to me we've been on a plateau for some time, and hopefully when we get to discussing the new Mental Health Act and so on, we may take another leap forward.

Mr. Chairman, the province still seems to be tipped somewhat towards institutionalized care. Thank you. Do I have to read it now?

AN HON. MEMBER: Yes.

MRS. HEWES: I had 11 minutes left one minute ago, and I have a lot more questions, Mr. Minister.

I'd like the minister to tell me and tell this House whether or not that means there is a lack of commitment to the notion of continuity of care. I would hope not. But successful programs -- in order for them to work, in order for people to stay out of institutions and to have care in their homes and in their communities, we have to have a comprehensive, adequately funded system. And that system includes homes, work and learning opportunities, social support, income support, recreational ac-

tivities, and specialized treatment. We want to see this in our province. Last year community mental health clinics treated more than 21,000 persons; hospitals dealt with about one-third of that number. In contrast, the community mental health pot constitutes only 15 percent of government dollars spent on mental health programs. This compares, for example, with 43 percent in Saskatchewan. Now does that mean there are more people suffering from mental health and mental illness disorders in Saskatchewan? I think not. I think it simply means that our contribution to this particularly significant part of health care is not perhaps yet what it should be.

Mr. Chairman, I believe that the department should proceed with all possible haste to complete a planned community needs assessment, and priority should be placed on extending community mental health services.

I've spoken a number of times. Mr. Chairman, about privatization in this House and about the partnership that I think can produce great benefits for our communities. Like many others, I'm deeply worried about moves towards commercialization. I know there is a desire on the part of government to go with lowest tenders for human services, but when we are talking about people who are particularly vulnerable and perhaps lack credibility and are not as articulate as they would hope. I think we must be extremely careful, especially where standards and accountability for these kinds of services are not yet completely in place.

Mr. Chairman, I would like to ask the minister to respond to a question about suicide prevention training programs, if in fact his ministry is moving on these and moving positively to enhance them, as well as the suicide information and education programs. The new Mental Health Act, I note, contains no reference to advocacy, one of the major thrusts of the Drewry report and one that I think many of us had hoped would be included -- again, I think a real loss.

Mr. Chairman, I realize that new facilities have been designated in the province for involuntary patients to be treated in regions closer to their home with earlier care and a shorter stay. I would hope that these are extended very quickly. There was some understanding in our communities that we were going to have them in the north as well, and as yet we haven't seen any proposals in that regard.

I'd also like to ask the minister if he will comment about the Ombudsman and the extension of his jurisdiction into mental health institutions and the revisions to the Individual's Rights Protection Act to include mental health.

I am not going to have time to talk very much, Mr. Chairman, about children's mental health services -- I believe grossly underfunded and underfunded by this province, if I can use that terminology. [interjection] Well, here we have this anomaly. We have schools that are cut back, and the schools being cut back -- programs for learning disabled are cut back, and these are the children that eventually we see in our mental health programs. These are children who have difficulty in school, who become labeled as the inadequate child and so on. This is a continuing pattern, and I believe it puts us at a very high risk of a downward spiral in children's mental health services. Those services of consultants and professionals to children who are picked up in schools or in day care as having behavioural problems are one of the great forms of prevention, Mr. Chairman and Mr. Minister, that I think we dearly need to beef up and certainly to get reinstated through the budget process.

Mr. Chairman, I've already spoken in the House regarding my belief about the need for a review of the Workers' Compen-

sation and have had some responses from other hon. members. I have not changed my position despite what I've heard and will continue to push for what I believe is something that is deeply felt in our communities: that we need a review to ensure that this is operating at maximum for all constituencies.

Just finally, Mr. Chairman, I'd like to ask the minister about his consultation as he was developing this new budget, because he hasn't really remarked on that. Now, if we're going to have preventative service, we have to have consultation with the service providers, with the service deliverers, who are often private, nonprofit community organizations, and with the consumers. I haven't seen that provision in any of these documents. I'm talking here about the people who are working in voluntary organizations. When we talk about the need for restraint and the need for leadership, I have found them to be entirely reasonable, quite willing to work with government in finding ways to restrain costs and yet provide an effective service. They are reasonable, and they are sensible people, and I would hope that the minister would engage in consultation with them before any pre-emptory moves are taken that affect their consumers in their constituencies -- as well, people, for instance, in the public health lab.

Just lastly, Mr. Minister, perhaps you could tell me how having two departments or three departments or four departments has in fact increased anything but the cost. Has it improved the care? I think that in your opening remarks you admitted that perhaps care has not improved that much with increased dollars. Has it improved the benefits to individuals? Has it improved the benefits to the community groups that operate many of our services? Has it improved co-ordination or accessibility of the programs? I think not.

Mr. Minister, I'd ask finally that active consideration be given to how the department of social services and community health -- for starters -- could once again be merged, because I believe there would be many benefits to users as well as to the budget process.

MR. DEPUTY CHAIRMAN: The Member for Highwood.

MR. ALGER: Thank you, Mr. Chairman. I would like to start my remarks, or preface them, with a few supplementary answers, if you like, on the minister's behalf to the hon. Member for Edmonton Belmont, in that he referred quite a bit to long hours, long days, poor pay, and that sort of thing. And I just want him to know that most of us here weren't born with silver spoons in our mouth, and we finally got a start just through that very effort: long hours, long days, and not a great deal in the nature of pay compensation for those days and hours.

My own experience started a good while ago in the oil fields of Turner Valley and hence at Norman Wells. I want you to know that I think I'm almost as old as the compensation board is in the first place. The only time I ever heard of it was 1936, and I knew it was getting a good start then. Certainly a well-designed board and it has helped hundred of thousands of labourers for one reason or another through the years.

With reference to the long hours and the out-of-province workers and this type of thing, I think I should remind the Member for Edmonton Belmont that when we got this surge of activity in the oil patch this last winter -- through government assistance and one thing and another -- we really didn't bring in a lot of green men onto our rigs. We got the old rig hands back that we had in the first place, and so they weren't really inexperienced at all. The men that have left our province are men

that came into the province, on a good percentage basis anyway, when we did have a boom in 1980 and we were bringing in men to run 400 rigs that just weren't capable of doing it. Our accident rates were high then, and I want to suggest to the Member for Edmonton Belmont that in reality if not in fact we're not losing people out of this province to go to Ontario, but if they do, I wouldn't blame them for going if there's a job there to be had.

There again, I refer to my own experience. I spent the biggest part of my youth in the Northwest Territories, where the average temperature the first winter I was there was 37 degrees below zero. That isn't too easy to put up with at 12 hours a day and 62.5 cents an hour and no overtime. Not many of us got hurt, but when we did, we were well taken care of.

With regard to long hours once again, the Member for Little Bow can probably indicate to you that just this last fall he likely worked 20 hours a day himself. Never thought about compensation: he had to get that crop in. Long days, long hours: there's nothing to it; nothing like it, either, to keep you in business. And in fact this very day I want you to know that I've been on my feet since half past four this morning, and I'm damn well getting tired.

With regard to the nine deaths, I think somebody in this House should say something about them for the simple reason that on the morning that the Member for Edmonton Belmont -- I'm sorry he isn't here, but maybe the Member for Calgary Forest Lawn or Edmonton Beverly will chat with him tomorrow and indicate to him that I've spoken to this particular problem. It seems to me that I read the same paper that morning, the *Edmonton Sun*, and it did decry that there were nine deaths due to the activity in the oil patch. But in deference to actual fact, gentlemen, what I want you to let him know is that in reality most of those had nothing to do with the high activity in the patch that was aroused at that period in time. One was a welding accident, would happen to anybody. It had nothing to do with because he was in a panic to get the work done. The only two men that were killed on rigs -- was just an ordinary, everyday job that's being done steadily, so it had nothing to do with the panic of work. They were trained men. One was a personal friend of mine. But it was a mistake in calculation, and sometimes you takes your chances and you don't make it. In any event, I thought I should clear the air in that respect, and I'd be delighted to sit down with the member sometime and talk those accidents over.

A lot of times in the compensation board, Mr. Minister and Mr. Chairman, you'll discover that there's a certain amount of fraud going on. This takes place on the worksite primarily because sometimes the men get hurt in fist fights or in beer parlours or different places like that, but they swear they were on the well site. So they'll write up the green form. One man will write it, and the other man will swear to it, and there you are. You're hung. You can't do a thing about it. You have to pay. And in my company's case we paid hundreds of thousands of dollars for one of those silly accidents, that I proved after many years was the wrong thing to do.

Mr. Chairman, I actually got up because I'm most pleased to speak in support of the budget estimates of the Department of Community and Occupational Health. This department is a most important and crucial one for senior citizens as it funds the great majority of those programs which help senior citizens stay healthy and independent: a major goal of our government and indeed a major goal of every citizen in Alberta that is old enough to care and understand. This department, through the

extended health care benefits program, covers the cost of hearing aids, the cost of canes, the cost of crutches, the cost of walkers, the cost of special bathroom hardware, and many other supplies needed by older people in order to function fully and take care of themselves in their own homes. Through the family and community support service program of this department, grants are provided to municipalities which fund many community services for seniors. These grants help to underwrite the costs connected with senior citizens' centres and other community services.

In our province the senior citizens' centres are operated not by public service but by organizations of seniors themselves. They are examples of seniors helping seniors, and the older people involved give many hours of volunteer service. While the social aspects of these centres are most important in helping older people maintain high morale, the centres also provide many services such as information and referral, visiting to homebound and isolated older people, and educational programs. The senior centres funded through the Department of Community and Occupational Health are most important in maintaining health in older people.

The department also funds the 27 health units, who in turn provide the community health nursing services and the home care program. Mr. Chairman, to the minister, community health nurses and the home care staff, both nursing and support staff, are the best health care bargains senior Albertans have. They save many millions of dollars by serving older people who otherwise might have to be in hospitals, nursing homes, or auxiliary hospitals at a much more costly care factor. The community health nurses teach older people how to care for themselves and link people in with needed care, thereby performing a crucial preventive function. The home care nursing and homemaker staff provides services to older people in their own homes, in apartments, and in the lodges, everything from some professional health services to most important assistance in personal care and homemaking.

In December 1986 about 11,600 older persons were receiving such help. This is what we want for our seniors. However, it is impossible to provide as many people with home care as would need it and qualify it. Senior citizens' home care must continue, Mr. Minister, to be a priority with this government, and I would ask him to very seriously consider doing all he can to help fund our home care programs. I recognize that there are budgetary restrictions, but the allocation for home care must be continued, protected, and expanded as soon as possible. In the long run, with the increasing number of seniors, this will prove to be a cost-saving measure. In the majority of instances it costs less to maintain older persons in their own home than in an institution. Also, this kind of care is much more satisfying to the seniors concerned.

The people I am representing here, Alberta senior citizens, usually no longer require the services of occupational health. On the other hand, community health covers most of what is needed to give reality to the philosophy our government has followed since it came into office in 1971. The goal of this philosophy is to assure that as many older Albertans as possible live independently and live in the community. The Department of Community and Occupational Health is the centre core of all the services which aid in achieving this goal. Normally, Mr. Chairman, trying to reach our goal costs a lot of money. It is different in the case of this department. I am happy to say that in this case relatively little money goes a long, long way in maintaining the health and well-being of senior citizens and, in

fact, of all Albertans.

Mr. Chairman, I urge the minister and all members throughout the whole of this House to support the Minister of Community and Occupational Health in his estimates and give him careful heed.

Thank you, Mr. Chairman.

MR. DINNING: Mr. Chairman, I'd like to respond to a few comments made by the hon. Member for Highwood as well as the Member for Edmonton Gold Bar, both very helpful and valuable interventions, especially the pearls of wisdom that the Member for Highwood is so prone to drop on all of us from time to time. We're very fortunate to have him with us in the Assembly. Let me go through them in order because somehow they mesh very well together. I appreciate the support of both members with respect to promotion of good health and prevention of illness, prevention of accidents, something we are trying to do and trying to do more of.

I want to go to the Member for Edmonton Gold Bar's comments about the Alberta Aids to Daily Living program and the extended health benefits program, the latter remaining untouched, remaining available to our seniors free of charge, a most comprehensive range of benefits. I don't need to say any more about that. But the member raised concern about: we're saving money. Well, yes we are. We estimate that had we not introduced these measures that relate to the Alberta Aids to Daily Living program, the total combined cost of the two programs would have been \$52 million in 1987-88. We estimate that, in fact, those costs will now be \$47 million, a saving of \$5 million. And concern that that means that somebody's going to go without: well, that's simply not the case. Concern that needs may go unmet now or over time: that is simply not the case. Those benefits will still be available to all Albertans, but now we are asking a small number of Albertans to share a small cost of the benefits they receive.

I'll go over it for the hon. member so that she knows that we are asking those Albertans who can afford to pay, not those 95,000 to 100,000 Albertans who we are protecting under a very massive umbrella from having to pay but just these 20,000 Albertans who we are asking to pay the first \$100 of benefits. We estimate that there could be as many as 9,000 or 10,000 Albertans who receive \$100 worth of benefits from the program, and that's it. So the remaining 10,000 -- we're saying, "Beyond that \$100 we're asking you to pay 25 percent of the cost of the program, up to a maximum of \$1000 per year." I'll give you an example. We're looking at an \$1,100 wheelchair. We're asking the person to pay the first \$100 and then 25 percent of the cost. That's a total cost of \$350 for an \$1,100 wheelchair. That's less than \$30 a month, and for those who can afford to pay, I believe that that is a very responsible and responsive approach to providing benefits to Albertans who need them.

Home care. Both members raised some exceptionally good comments about home care. In the constituency of the hon. Member for Highwood there is operating a program, exactly what the Member for Edmonton Gold Bar was talking about: a comprehensive, integrated program that provides one-stop shopping, provides single-entry assessment and placement. We are doing this on a pilot basis in Calgary, jointly between the Calgary and Mount View health units, and as well in the Foothills Health Unit in the riding of the Member for Highwood. I want to just share one statistic that just brought music to my ears when I heard that in the member's riding -- in Foothills Health Unit -- some 32 individuals, senior citizens who

were in an auxiliary hospital or in an active-treatment hospital or in a nursing home were reassessed. And what happened? They were found to be able to cope very adequately, much more happily, in their own home with a modest amount of home care provided through our home care program.

[Mr. Gogo in the Chair]

That is music to all our ears, I know, and what we'd like to do is, now that that is -- I think that program is on its way; it's becoming a proven success. It's our intention, our wish, our desire to expand it to make it available to more than just those two health units.

Family and community support services. I just have to look, Mr. Chairman, and of course the hon. member conveniently failed to look at a three-year review of family and community support services funding by this government. We're talking about \$30.6 million in this budget. Yes, that is a 3 percent decrease from last year's \$31.6 million. But be very mindful of 1985-86 funding of \$24.8 million: over that two-year period an increase of about just short of \$6 million, and that is something that is valuable . . . [interjections]

MR. CHAIRMAN: Order in the committee please.

MR. DINNING: . . . to those communities. As I've said before, I value their contribution. I want to pay a special word of tribute to the Family and Community Support Services Association of Alberta, who did an extensive amount of work to show for all hon. members and to show for me the very valuable benefits, the very valuable programs they mount and offer.

The vaccine program. I welcome the comments by the Member for Edmonton Gold Bar: the haemophilis influenza B vaccine that we are offering to two year olds, including the twins of the hon. Member for Edmonton Centre, as well as to those children who are in a day care situation, because those children are the ones who are most exposed to the airborne disease that is potentially a very crippling, fatal disease.

AIDS. I've discussed the subject of AIDS, the whole subject of education and its role within the school. How do you deal with that delicate subject of sex education? How do you discuss AIDS without talking about sex? Well, maybe -- and it's an idea, Mr. Chairman -- we take the emphasis off the sex part but concentrate on disease education and make it more salable to those families in Alberta who are reluctant, who are queasy and uncomfortable about talking about the subject. But I'd welcome the debate, and I'm going to have the debate with my colleague the Minister of Education, as to whether it ought to be mandatory in our schools. I'm frankly of the view that perhaps that ought to be done. That's a very delicate subject, but I would welcome the debate and welcome participation in it.

The public health laboratory here in Edmonton and in Calgary, Mr. Chairman. We're bringing some new direction and some new control to the operation of both those labs. Frankly, I believe that in days past they operated without adequate direction, without adequate control. It was suggested that perhaps a provincial board be set up. The hon. member referred to -- and I believe her comments were in error -- that provincial health lab has not recently reported to the public health board of the province. It does not now. It reports ultimately to the Minister of Community and Occupational Health. But it lacked adequate control, and we believe that its being housed within the University of Alberta and, in the case of Calgary, within the

Foothills hospital, that that direction and that control can be adequately and quite properly provided by the respective leaders of both of those institutions. Through direction, through co-operation, through working with our department and with our people, we will continue to provide that direction and make demands on both those labs through those organizations, through the University of Alberta and the Foothills hospital.

I want to just talk quickly about occupational health because it was raised by the hon. Member for Edmonton Gold Bar. Some very good comments. I appreciate the comments by the Member for Highwood because he's got the expertise, he's got the background and the knowledge. It's that advice that I'm able to rely upon, and I value it deeply. But on occupational health, the incentive programs, I have expressed concern publicly and privately in days past about that robust activity. The Minister of Energy and I have talked about it, and he shares my concern that increased activity is no excuse for compromising on safety. This government will not tolerate any compromising on safety.

To that end, I've had the good fortune to meet with representatives of various oil and gas industry groups, including the Independent Petroleum Association of Canada, the Canadian Petroleum Association, the Petroleum Services Association, the Canadian Oilwell Drilling Contractors, as well as the Petroleum Industry Training School and the Energy Resources Conservation Board. Somehow we've got to get those groups to work better together, to work more co-operatively together, so that the major landowners, the leaseholders, have a vested interest and perhaps a financial interest, a greater financial interest in the safe activity, the safe operations of those people working in the oil patch. It's something that I'm going to be exploring with them more in the days ahead, and I welcome those discussions and some action on their part and on ours.

Mental health. The member speaks well of it; she knows of what she speaks. I, too, am concerned about less than adequate community services. It's something that we have in spades in the way of institutional care. I think we can be proud of the institutional care that we provide in this province. What we've got to do is continue the good work we have done in the community field. I have a list of the various programs that are put on: the residential programs, the day programs sponsored by organizations like the Canadian Mental Health Association, the Calgary Association of Self-Help -- and they deserve an awful lot of plaudits and accolades -- the Boyle Street community co-op, the kind of work they do there.

The kind of services, residential and day program, that are offered within the city of Calgary are very, very good ones. We just need to do more of it, because what we can do by doing that is, again, what I was talking about before: preventing institutionalization so those people with mental illnesses don't even have to come to the front doors of those institutions, or hopefully delaying that institutionalization, and then as we're trying to do at the Rosehaven Care Centre in Camrose, trying to change the nature of the focus of that institution so that it provides for more short-term treatment, short-term diagnostic assessment, treatment stabilization, and then getting those people back out to the community where they are healthier, within their own homes, living in a normal family situation, accessing and using day program facilities, in this case some 50 day program spaces at Rosehaven which we are funding and which we will continue to fund. We've made a commitment in this budget and in future budgets to upgrade and improve the services, the facilities at the Rosehaven Care Centre in Camrose.

I'll leave the Workers' Compensation Board for now, Mr. Chairman. The consultation process is one that -- you'll never do enough, but frankly I can say quite proudly that I believe we touched an awful lot of people when we pulled together this budget. We talked to a lot of people about it, whether it was recipients and users of Aids to Daily Living benefits, whether it was the 27 health units around the province, whether it was those providing mental health care, whether it was the Family and Community Support Services Association and individual members and contracting municipalities. We touched a lot of people and talked to them and listened to what they had to say, and that input went into the budget. When it came down to it, Mr. Chairman, we had to make some decisions, some tough decisions, and we had to draw some lines. I can say quite frankly that some of them were tough, but they were done responsibly and with a great deal of sensitivity, so that we tried to meet as many of those needs and concerns of those people who made those concerns aware to us during our budget-building process.

MR. CHAIRMAN: Hon. Member for Edmonton Centre, followed by the Member for Calgary Glenmore.

REV. ROBERTS: Thank you, Mr. Chairman. [some applause] Oh, still a little life in the benches tonight.

I want to address a few remarks to the Minister of Community and Occupational Health, and before I do, I want to ask the minister whether he had his departmental estimates up early in the session in order that he could relax for the rest of the session while his wife had their next child. I do wish he and his wife well in the birth of their next child. I hope the minister is aware that many local boards of health and health units throughout the province have had to cut their prenatal classes as a result of this budget, but I'm sure that the hon. member has had several prenatal classes and has got his breathing techniques down just as they should in preparation for this new child.

But certainly the vital role of the department and health as a community affair, which has been the topic of the last two hours or so, is a really exciting area of public policy. I find in the time I've been in this Assembly that it's fast becoming one of my favourite areas of investigation, and I really think the future of a lot of public policy around health and its concerns hinges in terms of the directions and emphasis that this department has. It needs a lot of imagination, a lot of bold development. I'm glad to see the discussion as thorough as we've had it tonight and that the minister seems to be on top of most of the issues before us.

Mind you, there's not been a lot of discussion about the funding for the bureaucracy of the department, and I do wonder about some of the votes in the departmental support services. It's pleasing to me to get the departmental update every couple of weeks -- this nice blue update which lets everybody know what's happening in the department, with all the personnel and some of the movers and shakers. It doesn't explain though, for instance, why there's been this whopping 10.6 percent jump for the executive director for program support services. I take it that that's Mr. Strang's department, the new financial director for the department. He must have a lot of financial directing to do and programs to support if he alone is getting this 10 percent increase in funding. I hope he's put it to good use in his accounting procedures throughout the department and its spending. But the minister hasn't said yet why that increase has been so substantial.

Then we look down at the information systems and services. That's got this incredible 37, almost 40 percent increase in funding for information systems and services. And as I understand the department and in trying to look at it, it seems to be dedicated a lot to things like this and other things that are going to help the department and government understand the systems and services of Community and Occupational Health. What I would like to see a 40 percent increase in, Mr. Chairman, is the public communications area, vote 1.10. Certainly if this department is going to do anything in the way of raising the profile of the real needs as we've been discussing them throughout the province, it seems to me public communications is the area that really needs to get out there in terms of effective spending.

Along those lines, I tell the minister just how entirely disappointed I am that his colleague in Ottawa, the Hon. Jake Epp, is showing him up all over the country. As Minister of National Health and Welfare, this rather red Tory from Manitoba is doing some pretty good things along the lines of achieving health for all -- this framework for health promotion. Mind you, he's not doing it himself as a good Tory. He's stealing all of his ideas in this case from the World Health Organization. And certainly the World Health Organization has been a leader throughout the world in terms of good health promotion, illness prevention, vaccination, good food programs, good nutrition throughout the world, and it itself has got an outstanding program for health for all for the year 2000. The minister in Ottawa has taken parts of it, and in some very fine ways -- although I've heard recent criticisms of it being inadequate -- with his wonderful organizational chart talks very glowingly about how we can reduce inequities, increase prevention, enhance coping procedures, developing self-care, mutual aid, and healthy environments, and then fostering public participation, strengthening community health services, and co-ordinating public health policy.

All wonderful areas, nicely set out, the subject of a lot of discussion throughout the country, yet who's heard of it here in Alberta? Maybe some erudite scholars in the department, but generally I think there's been a real lack of public communication around the areas of health promotion. You know, what about Participation in Alberta or something, something that's really going to connect with people? I know that the minister is having to fight dollar for dollar with the heavyweight there at hospitals, but if he can get away with this wonderful program for taking to the public all kinds of information about hospitals and medical care, certainly this up-and-coming junior minister can get in there for some extra funding in public communications -- maybe take it away from information services; I'm not sure. But do something please, because not only do we have it there from the national headquarters but also right here, our good people in the Legislature research staff, whose own budget, I take it, has been cut, and I can understand that.

They did this wonderful thing a couple of years ago on lifestyle choices and their impact on health care costs -- I think every Albertan should read this, and the minister should get this and send it to every Albertan in the mail -- which talks about things like alcoholism, smoking, drugs both over the counter and illicit, sexual abuse, and the use of seat belts for instance. My goodness, what a radical thought! Looking at diet and exercise: a host of ways that our personal health, our community health awareness can be expanded and enhanced health care costs reduced. I see none of this as being a real high profile in terms of the department's public communication with Albertans. Maybe I'm mistaken, but there does need to be, I think, some more attention paid.

Let me just talk about a few other areas of concern that actually haven't been referred to yet tonight but at this point are few. People have adequately touched on a number of concerns that I've had, but nobody has mentioned anything about adult social day care programs. Maybe it's the Department of Social Services, but it seems to me that it's going to really impact on the health care of elders in the community. It needs an avant-garde sort of program. We talk a lot about day care for children, and so we should, but with the rapidly aging population, certainly adult social day care programs as well as specific geriatric programs through the boards of health, which to my understanding are still not getting the attention they deserve, but getting again the health care that elders need in their homes, not home care necessarily but the supports that are going to help them keep healthy and keep their health status high.

Now, how are the minister's teeth? I haven't heard anybody talk about dental health tonight. I've never understood why it is that we have this health care system, but all of a sudden our teeth and our gums and everything somehow outside of that -- and dentists have this whole other empire outside of health care. I don't know; we have separate foot doctors or hand doctors. Why should we have separate dental doctors outside the plan, particularly vis-à-vis children? Certainly health care and good health promotion around dental care for children are to me very much undervalued. And again, my goodness, look at this, a 12 percent decrease for dental health. Shame on you to cut back on flossing like that, Mr. Minister.

There's a good Tory government next door, I hear, in Saskatchewan, and God knows they've run up a whopping deficit there in Saskatchewan under such Devine law. Nonetheless I'm told -- maybe the minister could check into this with his wonderful departmental researchers -- that Saskatchewan has a very solid program for dental health, particularly for children, a team approach that goes into schools and is compulsory, and with dental assistants and dental therapists goes in and really helps kids. They take a look at the development of their teeth and good dental care. My information is that we don't have such an intensive program here, and to me that's disappointing.

How about the local boards of health? We talked to some degree about them. It's so wonderful in question period to ask questions of all these ministers, except the poor Minister of Social Services who can't hide behind the boards making all the decisions. But all the rest of them sit over there and say: "Well, it's not me, hon. Mr. Speaker. It's the boards who have to make the decisions and the 27 local health units. It's their fault when everything goes awry." But maybe this minister in terms of the funding agent could help to explain to hon. members the disparity that does exist in terms of some health boards, some local health units getting a bit more funding than others.

What in fact is the funding mechanism, the methods by which the department arrives at why High Level, for instance, gets, as I'm told, \$130 per capita -- and you know, maybe they should -- Calgary gets \$30 per capita. But at least there's some disparity here; everyone acknowledges that. I'm sure there's a good explanation for it. If there's not, there's more question period material there. What is the minister's or the department's methodology or mechanism for funding health units? It's certainly not on a per capita basis. And then the medical officers of health -- God love them, because they're great folks. How about a few more of them in the province? We could well stand to have -- not that I want to get into the medical model at too much expense, but certainly good medical officers of health can go a long way in supporting the public health nurses and in the

community, and a few more of them graduating from the medical schools would be a great development in the province.

We've talked about the provincial suicidologist, and I just want to ask the minister if he knows what happened to this wonderful motion that was brought forward by the Member for Olds-Didsbury, who brought this up last session, noting how high the rate of suicide was in the rural areas, that a lot needs to be done throughout the province as well as in the schools, and that in fact a new curriculum was being developed and a new date was established. I haven't heard anything about that. I don't know if this has gotten lost somewhere, but maybe the minister could enlighten us about it all, as well as the distress lines and the health lines, which I'm told have such increased usage and such decreased funding.

Now, children's mental health was skipped over. I guess it's because, you know, we have kids and children that we're concerned. I'm concerned about these things particularly as well. But you know, this wonderful *Expanding the Circle*, a nice title taken from some native people, I'm told. But I don't know; Fewster seems to be saying some pretty nice things, but I'm not sure just how much teeth they've got. I mean, motherhood is a wonderful thing, but as one psychiatrist in Calgary told me, "We don't need another report like this; we need someone who's going to get in there and goose the government about children's mental health." I don't know how to goose the government on this one, but certainly as there are cutbacks for children's mental health in the schools, in the hospitals, on the institutional side, there seems to be the swing to the family taking care of everything, families who already have high degrees of unemployment and difficulties. The family is going to take on all the mental health needs of the children. So they should in many ways, but the support needs to be there and seems to be well undercut. I think a more thorough investigation of children's mental health services really needs to be looked at.

And similarly, on the Mental Health Act itself -- I mean it's not a Mental Health Act. I guess when we get into it we'll discover it really seems to be an Act that's going to look at the administration of mental hospitals. That says very little about communities' mental health services. And when you go up to Alberta Hospital and ask them the rate of return, recidivism there, and I say, "65 percent," they say, "Oh no, 75 percent of people go back into the institution"; just completely unacceptable and really needs a lot more emphasis. We're sure glad that that minister over there is going to take this bull by the horns and run with it and not get gored.

Provincial labs we've touched on, but again it's skipped over the aspect of it which is the proliferation of -- and I'm sure the minister, as a good redneck, free-enterprise Tory is going to love the development of private labs, private radiology clinics, which are very lucrative and are going to take from the provincial public lab a lot of business. It's going to charge automatically Alberta health care for their testing, running all the way to the bank, I'm told, some of them. Now, we had this instance of the group in Calgary that was going to have this nice private lab to do AIDS testing, and they were sure shut down in a hurry by the college and by other public pressure. But I'm aware of draft number six that the provincial public lab is now working under and the new advisory councils established. It seems that this is going to meet some of the needs that they've felt in terms of their feeling ambiguous in terms of their status, the provincial lab. But a lot more needs -- to me it's a real sleeper as an issue in health care. Maybe the minister could elaborate on just how far he wants to let private labs go, which may well close down

the public labs. For instance, the lab in Airdrie: some comments there about the fact that that lab was doing a very fine job, by agriculture, and has now been closed down and what's been happening to that.

Now, we talked at length about Aids to Daily Living and we will more, but again if I might just bring up my pet peeve, one among many. One, that the cuts to the Aids to Daily Living program were announced just the Wednesday after Rick Hansen left the province on the Friday. I know there's political timing in making some announcement, but that seems to me to be a glaringly embarrassing one. As well, under the Aids to Daily Living program, the minister of hospitals intimated that certainly this minister of community health is going to look at glucose monitoring strips for diabetics. Now, come on; every diabetic in the province and everybody who works in hematology knows that blood glucose monitoring is far more effective and more cost-effective and should be well covered for diabetics under Aids to Daily Living. It seems to be still out there with urine testing. We still tend to live in the Middle Ages with that.

Family planning clinics and family planning. It's nice in this update thing to see that the department had done a whole conference on sexuality and health, a very progressive thing. I hadn't seen any recommendations out of it, but certainly, as we've raised already, there seems to be a real lack of family planning education, counseling services for men and women just coming in off the streets. Teenage pregnancy continues to be high again, particularly in rural Alberta; teenage pregnancy is unacceptably high. Certainly a lot more needs to be done through the local health units to even have good people who can counsel in sexually transmitted diseases and family planning and contraception and so on.

I was going to make a whole lot of comments about AIDS as well. At this point I appreciate the discussion that hon. members have raised and the minister's response to them. I must share with the members how it really hit me when I was asked to take a funeral service for an Edmonton man who died of AIDS last June and was really grieved to see the grief of his loved ones and friends at that service: the first person I had known, as I had met him before. His name was Ross Armstrong, and it's after him that the Ross Armstrong house, AIDS Network, here in Edmonton is named. But it's not just a phenomenon that you read about in the press; it really is affecting real-life people, and people are dying and have died from it.

I should caution the minister and others who've talked about it tonight that there is an increasing sense that it's not just a problem in the gay community, that in fact now in Canada and the United States over 10 percent, in some cases 15 percent, of those cases with AIDS are people from the heterosexual community, that in fact both men and women heterosexuals are carrying the AIDS virus, and that that rate of up to 10 to 15 percent is a 30 percent increase from a year ago. So in fact it's not just a . . .

AN HON. MEMBER: Bisexuals.

REV. ROBERTS: No, it's not just bisexuals either. It's now transmitted through sexual contact and any sexual contact, as it's shown in Africa and other places. It's not a gay disease. It's a sexually transmitted disease, and it's something that . . . [interjections] No, it's not. In fact, I would predict that in the next five years in Alberta there will be a white, male heterosexual who develops AIDS in this province and that we all here need to be concerned about it at that level.

Home care has again been touched upon, and I just really feel that, you know, it's something that we can't talk about within the whole departmental estimates, but it needs a separate debate and discussion of its own. I can't understand how there are so many who are at it. It's obviously a new empire that's been built -- home care -- and there needs to be a lot more co-ordination and thinking through by people who are involved with it, not just at the public health level but also, say, with the Victorian Order of Nurses and others. I still commend to the minister and hon. members -- I know they can't wait for these catcalls. But second to none, I'm sorry, in home care: the province of Manitoba; right here, the Manitoba home care program, and I've got this 10-point model for home care delivery, second to none. I'm sorry it's got to come from such a place as Manitoba. The pages have gone home, but the minister will get this in the mail in the morning.

Now, since he's so concerned, though, about health care, health promotion, particularly as it impacts upon seniors, I would like to finish tonight, Chairman, with a challenge to the hon. minister. This challenge is a very direct one, and it's a very simple one. It has to do with, if I can just put it in these terms, SPINACH. I'm not sure if the minister knows about SPINACH.

AN HON. MEMBER: Popeye used to eat it.

REV. ROBERTS: Popeye used to eat spinach, but no, this is a new SPINACH. I hope that the minister is aware of this SPINACH, because it's going to be a direct challenge to him by me. SPINACH is a new game that's been put out by the Victorian Order of Nurses. SPINACH is actually an acronym that stands for Significant Points in [Normal Age Changes and Health]. Imagine. It's a wonderful game. It's kind of like Trivial Pursuit. It's a board game. There are all these questions and you go around the board and you get asked the questions. There are different categories: myths of aging, normal age changes, medications, nutrition, or different categories, and you go around the board and the person who can answer the most questions correctly lands in the middle and wins a spinach salad. It's a wonderful game. It's only \$20 from your Victorian Order of Nurses.

Tonight, with my caucus colleagues here surrounding me, I would challenge the minister of community health to play this game with me at the time of his choosing, of his place, and we will see who knows more about SPINACH here. I will take him on at any time, any place, and I was going to say that the loser of the game will forfeit his 10 percent increase in his salary from last year. So with that challenge I will continue to challenge the minister on other points, but tonight conclude, Chairman.

Thank you.

MR. YOUNG: Mr. Chairman, I move that the committee rise, report progress, and beg 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 motion, those in favour

please say aye.

MR. SPEAKER: Opposed, please say no. The motion carries.

HON. MEMBERS: Aye.

[At 10:32 p.m. the House adjourned to Tuesday at 2:30 p.m.]